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## Consultation with Māori on Inquiry into Mental Health and Addiction

To: Hon Dr David Clark, Minister of Health

### Purpose

This paper provides advice on consultation with Māori on the draft terms of reference for the Inquiry into Mental Health and Addiction ahead of your meeting with your Māori caucus colleagues tomorrow.

### Background

One of the key drivers for the Inquiry into Mental Health and Addiction is addressing inequalities in mental health and addiction outcomes. The Inquiry will help build consensus on the specific changes that are needed to provide equitable and improved mental health and addiction outcomes. There are particular inequalities for Māori, Pacific peoples, people with disabilities, refugees and youth.

Māori experience disproportionately higher rates of poor mental health and suicide than other ethnic groups, so there will be strong interest in this Inquiry from whānau, hapū, iwi and tangata whaiora.

The draft terms of reference (TOR), which were considered by Cabinet Business Committee on 29 November 2017, were prepared to reflect these higher rates for Māori and include principles to guide the Inquiry's engagement with Māori. As directed the Ministry of Health has only consulted government officials (including Te Puni Kokiri and the Ministry of Health Māori Leadership) in preparing the draft TOR.

*The redacted sections below are withheld under s9(2)(h) of the Official Information Act to maintain legal professional privilege.*

[Redacted]

### Key points

[Redacted]

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|-----------|--|--|
| Contacts: | Hannah Cameron, Deputy Chief Policy Officer, Strategy and Policy           | [Redacted]   |
|           | John Crawshaw, Director of Mental Health, Protection, Regulation Assurance | [Redacted] <i>Contacts withheld under s9(2)(g)(ii)</i> |

[REDACTED]

[REDACTED]

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## Recommendations

The Ministry recommends that you:

- |  | Yes/No |
|--|--------|
| a) <b>agree</b> to consult on the draft terms of reference before establishing the Inquiry in January 2018   |        |
| b) <b>seek</b> your Māori caucus colleagues' advice on how best to engage with Māori on the Inquiry's terms of reference   |        |
| c) <b>note</b> that work will continue to progress appointments of the Chair, panel members and secretariat so that the Inquiry is ready to start in February 2018 |        |
| d) <b>note</b> that the Inquiry panel must start work by early February 2018 to meet the October 2018 reporting deadline.  |        |

Hannah Cameron  
Deputy Chief Policy Officer  
Strategy and Policy

**Minister's Signature**

**Date:**

## Talking Points for discussion with Māori Caucus Colleagues

### *Inquiry purpose and scope*

- The key drivers for the inquiry are addressing inequalities in mental health and addiction outcomes, concerns about underfunding of mental health and addiction services and stubbornly high suicide rates. There is strong support from consumers, providers, experts and the wider public for changing New Zealand's approach to mental health and addiction.
- The inquiry is an opportunity to obtain an accurate picture of how well our current approach to mental health and addiction is promoting mental well-being, preventing poor mental health and addiction issues, and identifying and responding to the needs of people experiencing mental health and addiction problems. It will help build consensus on the specific changes that are needed to provide equitable and improved mental health and addiction outcomes.
- The inquiry should have a broad focus on both meeting the needs of people with poor mental health and addiction issues as well as prevention and promoting mental well-being. The inquiry could also advise on opportunities to build on the efforts of whānau, communities, employers and others to promote mental health.
- The inquiry will need to understand and acknowledge the wider social and economic determinants of mental health and addiction (for example poverty, inadequate housing, family violence or other trauma) and consider the implications of these for the design and delivery of mental health and addiction services.

### *Addressing inequalities*

- There are particular inequalities for Māori, and also Pacific peoples, people with disabilities, refugees and youth.
- Across the spectrum of poor mental health are inequalities in mental health and addiction outcomes, Māori experience disproportionately higher rates of poor mental health and suicide than any other ethnic group. In 2016, Māori were 3.6 times more likely than non- Māori to be subject to a community treatment order, 3.4 times more likely to be subject to an inpatient treatment order, and 4.8 times more likely to be secluded. Current data indicate that these inequalities may be worsening.

### *Process for the Inquiry*

- As an independent inquiry, the Chair and members will decide how to conduct the inquiry within the terms of reference set by the government. To guide their approach, the draft terms of reference outline several principles. One of which references the special relationship between Māori and the Crown under the Treaty of Waitangi.
  - To give effect to this special relationship I expect the inquiry will incorporate the voices of whānau, hapū, iwi and tangata whaiora in addressing Māori inequalities in mental health outcomes. Through this the inquiry is likely to build a deeper understanding of:
    - the unique determinants of presenting Māori mental health conditions
    - how well services respond to Māori
    - what would be required to better address the prevention and treatment of Māori mental health, which may be outside of traditional services and informed by a Māori world-view.
- This inquiry will be cognisant of and interface with other relevant inquiries such as the inquiry into the abuse of children in state care; and the Wai 2575 Health Services and Outcomes Kaupapa Inquiry, which will hear all claims concerning grievances relating to health services and outcomes of national significance.

**END.**