

# The Mental Health Inquiry

## Implications for how we work

Presentation to  
Māhuri Tōtara

Barbara Disley - Panel Member  
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# Panel Members



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# What stood out for me

- The system is stretched
- Gatekeeping
- Adverse childhood events and trauma informed care
- Few kaupapa Māori options
- Few Pacific specific service options
- Narrow range of psychiatric illness exclusion of behavioural distress
- Lack early intervention
- Hospital and DHB prioritised
- Services narrow focus
- Poor access to talk therapies
- Too few community support options
- Housing big problem
- People sophisticated needs
- Value peer services
- Services are individually focused
- The Privacy legislation used as barrier
- There is a lack of choice/options
- Cost barriers primary/general practice
- Harm reduction approach A&D
- System still very coercive
- When it works it is because of the attitude and skills of the workers



# Key Directions to get Change

- More access and more choice
- Transform primary health care
- Support NGOs and kaupapa Māori services
- Get the basics right (housing, violence, jobs, learning)
- Put people at the centre - work in partnership
- Treat addiction as a health problem
- Reduce the suicide rate by 20% by 2030
- Reform the Mental Health Act
- Set up a new Mental Health and Wellbeing Commission
- Look at the big picture, like how District Health Boards, GPs and community services should work.



# Big Community- Mary O'Hagan





# What I think this means for us

- Rangatiratanga – having agency over one's life key
- Co-construct
- Equity lens
- Become coaches, mentors, navigators
- Trauma informed
- Connect to individuals, connect them to whānau and community
- Grow our peer services
- Strengthen our cultural workforce – everyone culturally competent
- Increase choices
- Take a broad view – do what needs to be done
- Offer a smorgasbord of services and choices
- Videos of the He Ara Oranga report findings



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