ALLIED HEALTH
Aotearoa New Zealand
PO Box 9893, Marion Square, Wellington, 6141
Tel (+64) 27 316 8868
Email executivedirector@alliedhealth.org.nz

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Government Inquiry into Mental Health and Addiction

Oranga Tāngata, Oranga Whānau

Introduction

Allied Health Aotearoa New Zealand (AHANZ) is the incorporated society of 29 allied health professional associations, representing the connected voice of over 30,000 allied health professionals.

AHANZ welcomes the opportunity to provide feedback on the Government's Inquiry into Mental Health and Addiction. Many allied health professionals work within mental health and addiction services. Their work gives them valuable insights into this sector. They will also be influenced and affected by the consultation and outcomes of this Inquiry.

This submission has been developed by AHANZ and reflects the comments and opinions of our overall membership. AHANZ acknowledges the efforts of the Mental Health and Addiction Inquiry panel to gain wide input and specialist opinions from persons experiencing mental health and addiction conditions, from their whanau and friends.

Thank you again for the opportunity to provide feedback. We trust the comments made in this submission will be given due consideration as part of the consultation process. AHANZ is happy to be consulted further on this topic and would welcome any future invitations for feedback or comment.

Yours sincerely,

Jennifer Pelvin

Chair

Allied Health Aotearoa New Zealand

Executive Summary

There is a growing interest in the non-pharmacological treatment of mental health conditions. Multiple studies have reported that 6.8-10% of people experiencing mental health conditions choose complementary therapies as their primary choice or as an adjunct to standard care[1]. While many health consumers rely solely on the advice of their general practitioner, the number of health consumers using complementary therapies and seeking autonomy over their choice of treatment is growing[2]. It is clear that integrative care is not only accepted by people experiencing mental health conditions, it also improves overall health outcomes[30]. Much of this research has been based on depression but given the high prevalence and adverse financial impact of this condition, integrative care also presents an opportunity to reduce the economic burden.

Allied health is a term describing the collective non-medical, non-nursing, non-dentist health workforce. Allied health professions each have a distinct, specialised body of knowledge and skills, and actively work with people accessing health and disability services across a range of settings, including community, primary and secondary care. Allied health professionals have relevant tertiary (or equivalent) education qualifications, have professional associations, appropriate code of ethics and standards of practice, and a recognised system for monitoring ongoing competence. In practice, allied health professionals provide services and engage in activities which may include prevention, assessment, diagnosis, treatment, rehabilitation, advocacy, promotion of health and wellbeing, education, research, and leadership. Within the existing allied health workforce there are a number of professions that have specialist knowledge and skills to address mental health and addiction.

One of the challenges to mental health and addiction care services is the development and deployment of workforces that can deliver affordable and culturally appropriate Interventions[3]. This challenge may be better assisted by our allied health workforce who are flexible, culturally responsive, good at problem solving, and well suited to working as part of an integrative care context.

What's working well?

Primary mental health and addiction care is hugely important and includes a variety of services such as diagnosis, treatment, education, counselling, prevention and screening. Primary care manages 95% of health care and is responsible for the diagnosis and management of 50% of mental health and addiction conditions, and partners with other services to provide a further 25%[4].

Many initiatives have been developed to evaluate the effectiveness of primary mental health and addiction care for various groups, including Māori, Pacific and

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[1] Simon, G. E., Cherkin, D. C., Sherman, K. J., Eisenberg, D. M., Deyo, R. A., & Davis, R. B. (2004). Mental health visits to complementary and alternative medicine providers. *General Hospital Psychiatry*, *26*(3), 171–7. http://doi.org/10.1016/j.genhosppsych.2004.01.002

[2] Harris, P. E., Cooper, K. L., Relton, C., & Thomas, K. J. (2012). Prevalence of complementary and alternative medicine (CAM) use by the general population: A systematic review and update. *International Journal of Clinical Practice*, *66*(10), 924–939. http://doi.org/10.1111/j.1742-1241.2012.02945.x

[3] Dowell, T., Morris, C., Dodd, T., & Mcloughlin, B. (2012). Psychological interventions in primary care mental health. *Companion to Prirmary Mental Health*, *2010*.

[4] Bushnell, J., McLeod, D., Dowell, A., Salmond, C., Ramage, S., Collings, S., … McBain, L. (2003). The nature and prevalence of psychological problems in New Zealand primary healthcare: a report on Mental Health and General Practice Investigation (MaGPIe). *Faculty of Science, Medicine and Health - Papers*. Retrieved from http://ro.uow.edu.au/smhpapers/1997

low-income cohorts[5], such as 'Equally Well[6] and 'Closing the Loop[7]. These initiatives have shown many successful outcomes, which support the important role of primary mental health and addiction care[30]. However, they have also consistently demonstrated significant barriers in accessing care, especially to psychological therapies[2].

Research has indicated that clinical outcomes for people experiencing persistent or recurrent symptoms are improved with collaborative and multidisciplinary approaches[8]. These approaches, often described as 'integrative care', emphasise wellness and healing of the entire person as the central goal, providing a supportive and effective patient-practitioner relationship[9].

Where improvements could be made?

The prevalence of people experiencing mental health and addiction conditions in New Zealand and internationally is growing[30]. Mental health and addiction conditions continue to be underestimated, as demonstrated in the Dunedin Multidisciplinary Study[10]. Further, New Zealand has one of the highest rates of youth suicide in the world[30]. Because of this increase in prevalence, there has been a rise in referrals to the existing mental health and addiction services, which has created an unmanageable workload for many clinicians in the field[30]. As a result, clinicians are experiencing burn out and compassion fatigue, indicating that the current system is unsustainable[30].

Standard treatments currently employed have an identified effectiveness gap. While early intervention of mental health and addiction conditions has high effectiveness, traditional services and funding models are focused on people experiencing severe and on-going conditions which fall under secondary care[30]. Mental health has been consistently identified by primary care providers as being an area where an effectiveness gap in treatment lies[11], with inefficacious pharmacologic management of up to 60% of people experiencing depression[12] giving anti-depressants a poor risk-benefit ratio[13]. Despite international recommendations for the use of complementary or alternative therapies for mild mental health conditions[13], traditional care in New Zealand continues to rely on ineffective individual pharmacotherapy and does not

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[5] Ministry of Health, N. Z. (2009). *Evaluation of the Primary Mental Health Initiatives: Summary Report*. New Zealand Government.

[6] New Zealand College of Public Health Medicine. (2014). *Equally Well Take action to improve physical health outcomes for New Zealanders who experience mental illness and / or addiction*. Retrieved from https://www.tepou.co.nz/uploads/files/resource-assets/equally-well-consensus-position-paper-september-2014.pdf

[7] Network Four. (2016). *Closing the loop*. Retrieved from http://www.closingtheloop.net.nz

[8] Doughty, C. (2006). *Effective models of mental health service provision and workforce configuration in the primary care setting . Health Technology Assessment Effective models of mental health service provision and workforce configuration in* (Vol. 5). Christcurch.

[9] Bell, I. R., Caspi, O., Schwartz, G. E. R., Grant, K. L., Gaudet, T. W., Rychener, D., … Weil, A. (2002). Integrative medicine and systemic outcomes research: issues in the emergence of a new model for primary health care. *Archives of Internal Medicine*, *162*(2), 133–40. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/11802746

[10] *Poulton, Richie., Terrie E. Moffitt, Phil A. Silva. 2015. The Dunedin Multidisciplinary Health and Development Study: overview of the first 40 years, with an eye to the future Social Psychiatry and Psychiatric Epidemiology 50, 5: 679–693: 687.*

[11] *Fisher, P., van Haselen, R., Hardy, K., Berkovitz, S., & McCarney, R. (2004). Effectiveness gaps: a new concept for evaluating health service and research needs applied to complementary and alternative medicine. Journal of Alternative and Complementary Medicine (New York, N.Y.), 10(4), 627–32. http://doi.org/10.1089/acm.2004.10.627*

[12] *Fava, M. (2003). Diagnosis and definition of treatment-resistant depression. Biological Psychiatry, 53(8), 649–59. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/12706951*

[13] *NHS. (2009). Depression in adults The treatment and management of depression in adults. Retrieved August 18, 2013, from http://www.nice.org.uk/nicemedia/live/12329/45888/45888.pdf*

often employ an integrative care model, including counselling, psychotherapy, family and group models[30].

There is a high economic burden associated with mental health and addiction conditions. This cost alone represents a strong incentive to change the existing system. Further, people experiencing mental health and addiction conditions often also experience other physical health problems which is infrequently prioritised[14,15,16]. Research has even demonstrated that mental health conditions have greater health care costs than chronic somatic diseases, such as cancer or diabetes[17]. National and international studies have demonstrated:

1. Raised inflammatory markers in adults with a history of abuse[10];
2. Positive and negative connections between mind states and physical healing[18]; and
3. Ineffective investigations of physical symptoms that require psychosocial intervention (e.g. chronic headache, chronic pelvic floor dysfunction, irritable bowel syndrome, atypical chest pain etc.).

There is a lack of integration between mental health and physical health services in New Zealand.

Due to the general underfunding of mental health and addiction services there are issues with access to services due to availability and cost[30]. There is also a huge inequity issue for access to services affecting New Zealanders living in more rural and isolated communities.

From a cultural perspective, there appears to be a limited Māori mental health and addiction workforce which puts limitations on the ability of services to integrate with Whanau ora Tikanga Māori approaches.

Finally, the initiatives, such as 'Equally Well[19] and 'Closing the Loop[20] which have shown successful outcomes, have consistently demonstrated significant barriers in accessing care, especially to psychological therapies. There has also been a noticeable absence of dedication to implementing these models and as a result their uptake has been lacking[30].

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[14] *Ministry of Health, N. Z. (2009). Evaluation of the Primary Mental Health Initiatives: Summary Report. New Zealand Government.*

[15] *New Zealand College of Public Health Medicine. (2014). Equally Well Take action to improve physical health outcomes for New Zealanders who experience mental illness and / or addiction. Retrieved from https://www.tepou.co.nz/uploads/files/resource-assets/equally-well-consensus-position-paper-september-2014.pdf*

[16] *Network Four. (2016). Closing the loop. Retrieved from http://www.closingtheloop.net.nz.*

[17] *Trautmann S, Rehm J, Wittchen H. 2016. The economic costs of mental disorders: Do our societies react appropriately to the burden of mental disorders? EMBO Reports. 17(9):1245-1249.*

[18] *Schechter D., Smith, A. P., Becj, J., Roach, J., Karim, R. and Azen, S. 2007.* Outcomes of a mind-body treatment program for chronic back pain with no distinct structural pathology - a case series of patients diagnosed and treated as tension myositis syndrome. Altnernative Therapies In Health and Medicine, 13(50:26-35.

[19] New Zealand College of Public Health Medicine. (2014). *Equally Well Take action to improve physical health outcomes for New Zealanders who experience mental illness and / or addiction*. Retrieved from https://www.tepou.co.nz/uploads/files/resource-assets/equally-well-consensus-position-paper-september-2014.pdf

[20] Network Four. (2016). *Closing the loop*. Retrieved from http://www.closingtheloop.net.nz

How improvements could be achieved?

It is important to draw from the insights of the existing initiatives, such as 'Equally Well[21] and 'Closing the Gap[22] to guide and develop a system that provides the best services for people experiencing mental health and addiction conditions. A consistent theme from these initiatives is for broad scope and integrated care that seamlessly incorporates allied health into the framework for the provision of mental health and addiction care services[23].

Fostering such collaborative care approaches requires clear and effective communication and referral pathways, not just between primary and secondary care, but also the wider team of health care providers who fall outside this, including allied health working for other organisations or in private practice[30]. It would also need to allow the preferences of treatment options for people experiencing mental health and addiction conditions to be considered[30].

Further collaborative care need not only apply to the different mental health and addiction services, but also to physical services. Simple movement, such as walking or other exercise have been shown as highly effective in assisting depression and other mental health issues. Models that integrate both mental and physical health services will help to address some of the existing stigmatism aimed at mental health and addiction services. There are many allied health professions including, physiotherapy, osteopathy, chiropractic, along with music and art therapies that are well place to support and enhance healing.

International research suggests that for every $1 invested into mental health services there is a financial benefit of $4 to the wider economy[24,25]. This is partly due to the link with physical health, as improved mental health has been associated with reduced hospital admissions, psychological wellbeing and Māori dental care[26].

AHANZ urges the Inquiry to explore the many international models available that have demonstrated effective outcomes, including the Independent Mental Health Taskforce to the NHS[27] which proposed the following goals for 2020/2021:

1. A seven-day service - right care, right time, right quality;
2. An integrated mental and physical approach; and
3. Promoting good mental health and preventing poor mental health - helping people lead better lives as equal citizens.

To fully support the development of an integrative care framework, it is essential that representatives from allied health, complementary, alternative and traditional care backgrounds are included in strategic discussions[30].

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[21] *New Zealand College of Public Health Medicine. (2014). Equally Well Take action to improve physical health outcomes for New Zealanders who experience mental illness and / or addiction. Retrieved from https://www.tepou.co.nz/uploads/files/resource-assets/equally-well-consensus-position-paper-september-2014.pdf*

[22] *Network Four. (2016). Closing the loop. Retrieved from http://www.closingtheloop.net.nz*

[23] *Ministry of Health, N. Z. (2005). Improving Mental Health 2005 – 2015; The second New Zealand Mental Health and Addiction Plan.*

[24] *Nobel, Carmen. 2016. The $1 Trillion Link Between Mental Health And Economic Productivity. Forbes. June 29. https://www.forbes.com/sites/hbsworkingknowledge/2016/06/29/the-1-trillion-link-between-mental-health-and-economic-productivity/#92e27c622474*

[25] *Kaiser, Rabal. 2017. What are the current costs and outcomes related to mental health and substance abuse disorders? https://www.healthsystemtracker.org/chart-collection/current-costs-outcomes-related-mental-health-substance-abuse-disorders/*

[26] *Steinman M., Nichol J., Wright S., Johnson R., Johnson M., McGibbon M., Laing B., Hikaro P. 2013. Oranga niho me ngā tangata whaiora: Oral health and Māori mental health patients. Dunedin: University of Otago.*

[27] *Independent Mental Health Taskforce to the NHS In Engalnd. (2006). The five year forward view for mental health. Retrieved from: https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf*

AHANZ endorses the recommendations from the Primary Mental Health Policy 2005[23], which are yet to be fully actualised, to:

1. Expand the range of treatment options for people experiencing mental health and addiction conditions using evidence-based talking and psychosocial interventions.
2. Provide flexible integrative care, as well as complementary, alternative and traditional treatments for people from different cultural and ethnic backgrounds when there is clear efficacy for these.
3. Have clear referral pathways with specialist mental health and addiction services, and other relevant community organisations.

AHANZ Supports

- Moving straight to system redesign and the provision of new services, following the inquiry process.
- Greater investment into mental health and addiction services in a more cost-effective[28] and long-term manner[29].
- Fully utilising allied health professions as an effective way to address unmet needs.
- The stages of life recommendations included in the New Zealand Association of Psychotherapists Te Roopuu Whakaora Hinengaro.
- A health service that integrates both mental and physical health services

[28] *Brooke, Roger. 2013. Cost-effectiveness of psychological services: A summary review of the literature. http://rogerbrookephd.com/cost-effectiveness/*

[29] *Layard, R. 2016. The economiccs of mental health. IZA World of Labor 2016: 321. https://wol.iza.org/articles/economics-of-mental-health/long*

[30] *Roberts, K. (n.d.).* 'Let's talk'; The development and implementation of effective communication and collaboration strategies between acupuncturists and general practice for the management of mental health. *University of Otago.*