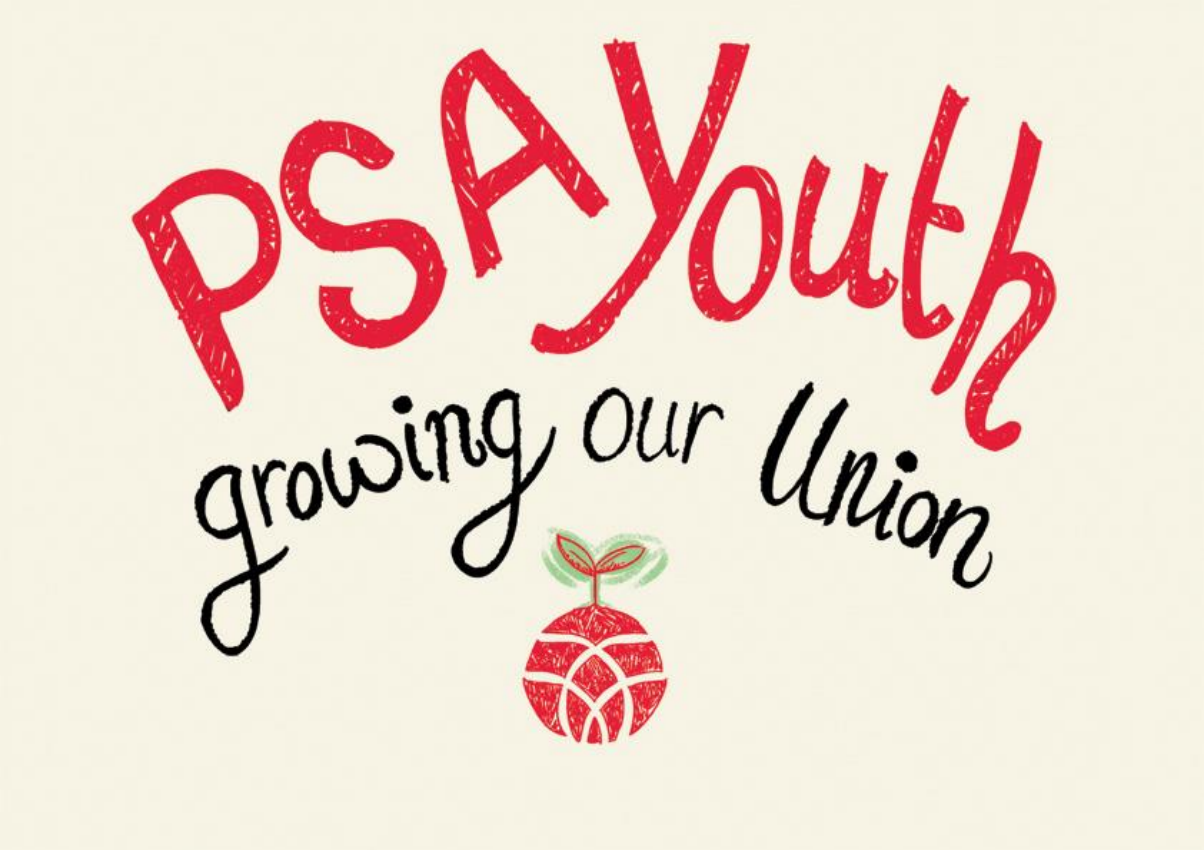
PSA Youth Network Submission on the Inquiry into Mental Health and Addiction Services



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Executive Summary

This submission has taken the key issues identified through a survey of PSA members who belong to the PSA Youth network. It was responded to by 149 people.

Key issues identified included:

- Funding of services in the area.
- Availability of care pre-crisis.
- Lack of understanding around mental health.
- Treatment of addicts as criminals.
- Strong links between mental health, addiction and poverty.
- Social stigma around mental health.
- The idea of medication being the best treatment for mental health.

From these issues below are some key recommendations that aim to minimise or eliminate them:

1. Greater funding for organisations working in the sector so they can administer the level of care they so want to be able to give.
2. Subsidised counselling for those who ask for it.
3. Improved education and awareness of mental health as a society, this should start in schools.
4. Moving from a punitive drug policy to a rehabilitative one.
5. Addressing inequality.
6. Holistic approaches to mental wellbeing be made available.

Introduction

There has been recent recognition that New Zealand has had serious issues with mental health with one of the highest suicide rates in the developed world. Particularly for its youth, with teenagers between the age of 15 and 19 having the highest suicide rate of a long list of 41 other OECD and EU countries. This rate is 15.6 suicides per 100,000 people, almost double that of the United States and almost five times that of Britain (UNICEF Office of Research - Innocenti, 2017). This makes the current inquiry into New Zealand's Mental Health and Addiction Services one of particular relevance for the youth of our country and a primary reason for PSA Youth entering their own submission alongside the PSA's.

This submission aims to channel the direct feedback of our members to provide an avenue for them to have their voices heard in the inquiry. This has been done by the issuing of a survey to our members with the following questions:

1. What mental health and addiction needs are not currently being met?
2. Who isn't receiving the support they need and why?
3. How could support be better provided to those who need it?
4. What do you think is currently working well in the area of mental health and addiction support and services?
5. Are there reasons for why some things are working well? Who are they working well for?
6. What are your ideas about what could be done better or differently to be improve mental health and wellbeing in Aotearoa | New Zealand?
7. What could be done better or differently in the field of addiction with direct reference to substances like alcohol and drugs?
8. What could be done differently around suicide and/ or to support those affected by suicide?
9. What would a society (and systems) that promote better mental health in this country look like to you?
10. What are the recommendations you expect the Inquiry can or should begin to implement first?

Many responses to individual questions cover a number of the questions asked. However, we have kept the responses below to the questions they were answered to, in the aim of providing a true reflection of our members' voices. To conclude we will then pull together information across all the questions asked.

What mental health and addiction needs are not currently being met?

In the vast majority of responses that we received there was an acknowledgement of the lack of availability of support for individuals suffering from mental health or addiction issues. Subsidised services are often only available to those at a stage of crisis.

> *"Support (counselling etc rather than medication) seems to only be available for those in active crisis, i.e. those at risk to themselves or others. However, this is a ambulance at the bottom of the cliff method. People who are experiencing difficulties are not usually able to access help until their situation gets much worse. This causes a number of issues including increased risk to those people and increased cost in their care as by the time they need help they often need more help than they would have earlier. By the time they get help they may also be unable to work etc."*

There were a number of reasons for difficulty getting access to support services, however the number one appears to be cost. The cost of services such as counselling make them an exclusive service for the wealthy and privileged. The exclusive access of these services bars some of our most at-risk citizens from ever being able to access them.

> *"I can only speak from my own experience seeking treatment, and also indirectly in regards to a family member's treatment. In my own case, my GP referred me to a psychiatrist because she didn't feel qualified to prescribe anything other than general psychiatric medications, and these were not working for me (a decision I respect - all professionals need to know their limitations). The issue then was that the psychiatrist charged nearly $400 for the initial consultation (which I am told is fairly typical), and then a further $100 - $200 every time I needed to change a prescription. Although I was able to pay it, I am aware that many other people could not, and it got to the point where I left his practise for the last time nearly in tears at the thought of where I was going to get the money. In short, the cost aggravated my existing condition, which turned out to be anxiety-related. In my family member's case, they were admitted as an acute patient after being caught in public attempting suicide. They were screened for anxiety and depression (but nothing else), medicated, and sent on their way. Other members of my family (including one with a Masters in Psychology) were suspicious of this oversimplified diagnosis, and spent $700 having the person independently assessed, which revealed that they actually had another, far more complex condition. When the public health authorities were confronted with his information, they were unhelpful and defensive. Thankfully, my family member is now doing very well for themselves, but once again (as in my own case), this was only because we had the money as a family to seek private healthcare assistance."*

Due to mental health or addiction issues not being adequately treated many people affected by these issues end up in prison which is not only a negative influencer the individual concerned but also for society. There is a monetary cost in holding people in prison along with an opportunity cost of not having the incarcerated individuals contributing to society.

> *"Minimal support available for prisoners and offenders in the community. People with mental health issues being placed in the prison. Not enough support for high risk or at risk offenders in the prison with multiple comorbid factors."*

Who isn't receiving the support they need and why?

There was a high correlation in the answers to the previous question and this question. The cost of private counselling is a major issue.

> *"People with lower level mental health issues who cannot afford to pay for private counselling but whose conditions may prevent them from fully engaging in work or community life are not receiving the necessary support. They are often given a prescription for anti-depressants without full understanding of their side effects or the next steps in their recovery. people with complex personality issues often aren't supported because they're perceived as being 'difficult' and their legitimate medical condition is not recognised."*

It also highlighted the care gap between those in crisis stage and those suffering with mental health.

> *"My husband has bipolar disorder and seriously struggles with anxiety and depression, which makes it difficult for him to do his job and lead a normal life. He needs to take a sick day every fortnight and regularly talks about killing himself. For the past 3 years, Capital & Coast DHB have said that his condition isn't serious enough to warrant treatment with the mental health team, and he has been referred back to his GP (who appears to have no aptitude or interest in mental health)."*

Many individual circumstances were reported that are by-products of a system that has been severely under-funded for a very long time.

> *"My friends and family, and people in my communities. My partner began abusing me when her mental health went into decline and she became psychotic. Despite community mental health having her 'on their books', her appointments were repeatedly delayed, and she was left just in the sporadic care of her GP-who is not a specialist in serious and complex mental illness. She also could barely afford to see her GP as she is on a fixed income from ACC. She pleaded with people at Community mental health, explaining she needed help, but was told to wait and that there weren't enough staff, there was nothing they could do. She was a serious risk to me and to herself, and we were both lucky to get out of that alive, but it left me with PTSD. When she finally saw a psychiatrist in the community mental health team, her psychosis was spotted, and she was put on anti-psychotic medication, which has helped enormously. The whole system seems totally under-resourced; recently she became unwell again, and despite calling and presenting at Community mental health, she could not be seen for days, could not access respite despite the fact she was in danger and a flight risk-staff on the phone when she or I called, or her flatmates called, would say-we don't have many staff today/at the moment, and tell her to do relaxation exercises. it's not their fault-they don't have even nearly enough resources to handle even the most severe cases."*

This under funding is also putting those working within the sector at risk and compromising the level of care that could otherwise be provided.

> *"Staff are increasingly burnt out due to work load, low staffing and high stress. Staff assaults are not adequately dealt with (not taken seriously) by management and there is inadequate support. Patients and families are left managing at home with inadequate support and high risk. Or left in a hospital context with inadequate time or effort from staff due to other pressures."*

Responses also highlighted that marginalised members of society were at a heightened level of risk these include; the LGBTQ community, Maori, Pacific Islander's, addicts and the homeless.

> *"Poor folks, Maori & Pacifica folks, folks with mental illnesses, refugee communities, LGBTQ folks, and youth. Why? These communities are more vulnerable due to institutional bias, misunderstanding of cultural differences, their problems aren't taken as seriously, and there's very little funding injected into our vulnerable communities as a whole."*

> *"Addicts - as addiction is treated as criminal in our country rather than a mental health issue. This also comes down to lack of preventative education to teens and young adults. We incarcerate rather that rehabilitate. I know people who have kicked lifelong addictions in less than 6 months given the appropriate, in patient care, support and resources. They paid for this out of their own pocket at a cost of more than $10,000. Where are our services for those who cannot afford private treatment? Also, those struggling with other mental health issues, counselling is not readily available for those who are unable to afford it. This also exacerbates the problem in low socioeconomic areas and disproportionately effects Maori and PI. Why isn't counselling available to young adults who need it? This NEEDS to be funded. It's not negotiable. If we want our youth to stop committing suicide at one of the highest rates in the developed world we MUST fund treatments such as counselling and therapy."*

As well as certain members of society being highlighted as being more at risk there were also different geographical locations that were highlighted as being more at risk such as the far North, Canterbury and those living outside of the larger metro areas.

> *"Isolated areas - either geographic isolation, social isolation, or economic isolation can be a serious barrier to seeking support"*

Social stigma around mental health and New Zealand's ideology of "just harden up" were also seen as particular risk to males.

> *"I believe younger people and men are [at risk] due to society's formation of masculinity/stigmatization and not enough services available. I also believe culturally, and many aspects of institutionalized racism make those vulnerable populations such as Maori, Pacific, Asians and refugees more likely not to receive support. This can be due to spiritual reasons or socioeconomic statuses and so positions of poverty and less health literacy. These are considered minorities and not part of the majority mainstream system. We need to be multi-cultural in the ways we support diverse populations."*

How could support be better provided to those who need it?

There are a few recurring themes in the responses to this question though almost every single response comes back to increased funding. Increased funding for more staff and better paid staff working in the sector, for subsidised counselling and for availability of alternative therapy for those who do not wish or need to go on medication.

> *"First and foremost, we need support for our frontline workers through fair and increased pay and pay equity. Secondly, we need to do the work necessary to provide people with counselling support that is accessible and affordable no matter what their circumstances. Often people just need someone to talk to on a confidential basis to help them figure out what's going on and why they feel the way they do and come up with positive strategies for coping. Under 25s in particular should be able to access this support for free."*

> *"Mental health and addiction issues can be hard to come to terms with for the person suffering, the more accessible support can be, the more likely people are to get help. Quite often it is not until the situation is drastic that things become accessible, there needs to be more support early on, rather than the ambulance at the bottom of the cliff approach."*

> *"More holistic services which provide a first point of contact with mental health professionals and provide treatment and prevention services for those who may not be at immediate risk of causing harm to themselves or others; both a) to reduce the number of people who end up in that category and b) in acknowledgement of the obvious fact that suicide and assault are not the only relevant negative social or economic consequences of poor mental health."*

Another key trend is the recognition of a gap in the preventative care being provided and support for those who need it but prior to reaching a crisis point.

> *"need more guidance counsellors available at schools and for all schools to have a curriculum around mindfulness, stress management, self-care, and supporting others. We need counselling to be available at affordable rates in a timely fashion and GPs to know how to make a referral. - Phone based or web-chat based counselling and support is an avenue that should be explored more, especially as low-income or disabled persons can't travel readily to appointments"*

There also needs to be the same level of care being provided in rural and more isolated areas of the country as there is in the big cities. Different avenues in order to provide care to these more isolated areas should also be explored, for example web-based care.

> *"funding given to all pockets of Aotearoa. Not just the cities and well built up areas. Far North is screaming for more help, so they can help those who need help."*

As a country we also need to change the way we approach the issue of addiction by changing from a costly punitive system to a rehabilitative system of care.

> *"By finding alcohol and drug addiction facilities instead of building more prisons. It costs about $15,000 to put a person through one of the better residential treatment facilities in Auckland, including aftercare services and it takes about 16 weeks. Thus, for the $100,000 a year that it takes to keep someone in custody ($120,000 for women), you could send about 6 and a half people through treatment and potentially never see them again. Equally, in the mental health area, there is a dearth of services available to those who aren't assessed as*

critically impaired by mental health, intellectual disability or other 'sectional' diagnoses, which means that those who aren't quite at the point that they are a threat to themselves or others fall through the cracks and don't receive support. On that note, supportive housing is urgently required for both."

What do you think is currently working well in the area of mental health and addiction support and services?

There is an overwhelming recognition of the work that staff in the industry do and the care they provide with what little funding they do have.

> *"Speaking from my own experience, the staff and services that I have accessed (helplines, counselling, GP for medication) have all been extremely professional, helpful, and supportive. I feel those that are involved in the Mental Health community are amazing and should be acknowledged for the hard work they do."*

> *"Some of the staff working in this area are exceptionally talented, kind, and specialised-they are intelligent, caring and know how to implement traditional western treatment models well-but they are stressed and need to be paid better, and working with realistic resources for their caseloads."*

For those in crisis, assistance can be received with speed.

> *"Severe cases seem to be actioned quickly and efficiently"*

There is also recognition of changing social stigma in society around mental health. Advertising campaigns seem to be a part of this changing stigma. However, this is something that needs to be pushed even further.

> *"Campaigns such as John Kirwan's depression campaign and the work done by Federated Farmers to reach communities that don't normally seek mental health support has been great. The work being undertaken by Wellington City Council to provide a wet shelter for homeless residents with addiction issues is a great step."*

It is also recognised while there is good help it is just too expensive – as covered earlier. In addition to this it is recognised that phone line services are a valuable resource.

> *"People who have enough money can usually access the service - if they can get an appointment. I Think the existence of helpline services like Youthline and Lifeline are invaluable but then again, they are not funded by the government but are rather self-funded and rely on volunteers as far as I'm aware. I think it's good that most schools have a counsellor now, but they are often overworked and in high demand. Would be good to see more work in that area."*

Are there reasons for why some things are working well? Who are they working well for?

When contemplating why some things are working well many responses brought up the commitment and care shown by staff in the sector.

> *"In general, mental health professionals are hard-working, knowledgeable and compassionate people - their hard work and knowledge about mental illness translate into many improved and good outcomes for patients. This works well for people who can access mental health professionals - people who have mental health providers nearby to where they live, that are not out of reach because of a lack of money or a sense of shame in their family and community about getting help for mental health issues. People who can access private health care often have better outcomes because they have the ability to switch to another provider if they are not achieving well with another - people in the public system don't have this option."*

There was also a recurring theme of those who can access private care often receiving a better quality of care.

> *"The people in this sector are so dedicated. However, access and quality are biased towards the richer members of society"*

It was also recognised that the care system which is currently provided is far more geared towards those in crisis as opposed to taking preventative measures to stop people from reaching this stage.

> *"The system works for the people who are most unwell"*

> *"Working well for those in absolute crisis and ASK for help. But many are turned away when the crisis isn't at its height."*

What are your ideas about what could be done better or differently to be improve mental health and wellbeing in Aotearoa | New Zealand?

There were four key recommendations that can be seen being made by several respondents. The first being education around mental health in schooling.

> *"More talks in schools with the youth, so they are better prepared for these issues and teach them strategies of how to deal with them and that its ok to feel this way and there is help available."*

> *"Reducing the stigma at a young age - to make it part of the curriculum from primary school and ongoing. Mental health nurses at GP clinics."*

A need for more and better funded services to deal with mental health issues before a crisis is reached was clearly identified.

> *"Lower costs to access psychological support. My therapy sessions cost $250 each, for 45 minutes, and are for the treatment of anxiety, depression and post-traumatic stress, none of which are really things that 'go away' at any point, and, which are all widely experienced conditions that have a major impact on people's lives. Public funding, to reduce these to the cost of a GP visit, for instance, would make a huge difference."*

> *"I would love to see more funded counselling, subsidised counselling and pay what you can afford counselling. Counsellors have the ability to determine if clients need more frequent counselling or if they are ok with infrequent or a few sessions to help them. For most people they need time with the same counsellor to build rapport and often there are not enough sessions available for this and to continue is insanely expensive."*

Another point of focus related to improving the stigma around mental health in New Zealand and the societal issues such as poverty that lead to poor mental health.

> *"Communication is everything. New Zealander's are known for being staunch, with the 'she'll be right' kind of attitude, even if things aren't alright. There needs to be a mentality change, where it's okay to share your thoughts, and concerns, and when someone asks how you are, not giving an automatic response of 'good thanks', but actually sharing with someone if they are having a hard time at the moment."*

> *"The more you talk about taboo subjects, the less uncomfortable the topic becomes for people. A lot of people lack understanding of really common mental illnesses, for example, almost everyone suffers from some type of anxiety, whether it's mild-severe, panic attacks/panic disorders, etc. These can alienate people from their peers when there is a lack of knowledge around mental illness and the reasons for it. - Often physical illness is more widely accepted, because if we can visibly see it, then we understand/accept it for what it is. However, often because mental illness isn't visible, or we don't understand it, it can be pushed under the rug or disregarded as something serious that needs help."*

Another concern was having the funding for those working in the sector to provide the level of care they want to be able to provide.

"Increase nursing numbers. More nurses means lower caseloads, the ability to take breaks (currently these are taken 'when possible' and this is viewed as normal), decrease in mental fatigue/stress for staff."

What could be done better or differently in the field of addiction with direct reference to substances like alcohol and drugs?

The single most common response to the question dealt with a shift in punitive treatment of those suffering with addiction to one of restoration. This would involve an overhaul of current drug policy in New Zealand and a shifting of funds from persecution to rehabilitation. Decriminalisation of certain drugs should be seriously considered.

"addressing addiction as a health issue, rather than a criminal issue. - Providing good information to younger people about the impacts of drug use in our society, and to their young bodies, in a fact-based (rather than emotive or agenda) way."

"I would like to see addiction treated as a mental health issue, rather than a crime issue. Obviously for those involved in supplying addictive substances into our community this is a criminal offence and should be treated as one, however for those disadvantaged individuals who do not even own the shoelaces to pull themselves up by, we need to support them within the communities rather than persecute them and isolate them from their support systems."

"De-criminalise certain drugs, better education to children on the effects of things like methamphetamine, more easily accessible help for people dealing with addiction i.e. rehab, help to get off drugs and how to go about it in the first place"

In addition to this there was a recognition that as country we have a drinking problem that needs to be addressed.

"Culture. Go to any rugby/cricket club and you will see the booze flowing like water. booze sponsors events, it is everywhere, and it is inherently part of 'how we grow up'. I don't know the answer - self-awareness is important. I drink more than I should, but I know it's not good for me, so I go now for quality over quantity. 'Getting smashed' is a rite of passage in NZ and if we could shift our focus to be able to enjoy alcohol (and drugs once reviewed) responsibly I think the mental health will get better (slowly but surely)."

In addition to drinking, methamphetamine use is rife in our country and there is not enough residential help to get people off it.

"A huge boost to the number of residential beds for those needing help with addiction to methamphetamine and synthetic cannabis. At present, people who are ready to get help have to wait at least 6 months to access residential support. I would like to see the cost of alcohol increase. We need a concerted and multi-faceted approach to understanding the effects on alcohol use and misuse by those who self-medicate (for instance, people who have experienced significant and chronic trauma)."

What could be done differently around suicide and/ or to support those affected by suicide?

There were essentially two key areas that were highlighted in this response: Education and support. We need a heightened level of knowledge around suicide within society in order to be able to identify when those around us are going through difficult times.

> *"Education around self-harm depression etc in high schools because these are very real issues and teenagers are ill equipped to support their friends and unaware of the support services available for them and their friends."*

> *"don't block it from the media. people need to be aware of how big a problem it is. maybe people hearing more about it would make them more inclined to seek help (it's not going to encourage them to do it)"*

> *"Resources, resources, resources. There's always so much need and not enough resources. There needs to be better early intervention instead of being the ambulance at the bottom of the hill. It needs to be part of the curriculum throughout early childhood right through schooling and in the work place and tertiary institutions. There should be workshops for understanding the different aspects of mental health, symptoms, what it affects, signs to look out for, learning to listen well and being there for those who are suffering, knowing how to approach those conversations and the content of those conversations, learning how to be compassionate and love them for the long haul. Also, there needs to be better support for those supporting those going through mental health issues. It is draining and exhausting and it's a long process so supporting them too is super important otherwise they could end up with mental health issues themselves."*

Support needs to be available in a timely manner for those who have requested or are seeking it. Families affected by suicide also need to be supported so they can help their loved ones or come to terms with what has occurred.

> *"So much! More support is needed for those who attempt suicide, and on-going help should be assigned to them for a long period after an attempt. Currently it can be hard to access the emergency mental health services, and people end up waiting around in the hospital waiting room rather than being supported in a caring way. The support services need to recognise that night time is the worst time for a lot of people, especially the early hours of the morning when the majority of suicides occur."*

> *"I think better funding for phone mental health services. I tried to call one once when I was desperate, and their wait time was insanely long."*

> *"Supportive and resourced crisis response teams, who can respond in an extremely timely manner, and are supportive and warm to the families, friends and people themselves."*

> *"The biggest issue is that people contemplating suicide feel they are a burden to the people they love and their communities. This is why I believe support being given to those people in the communities and the family members of people contemplating suicide need to have support and training for how to deal with this from the point of view of being a member of the support system. Helping to eliminate the feeling of anger and failure as a parent. Helping to dispel the stereotype of selfishness that is associated with people who commit suicide."*

What would a society (and systems) that promote better mental health in this country look like to you?

The answers to this question quite closely reflected the answers to the previous three questions.

> *"People would talk more openly about these problems; prison population would be down as people are treated as addicts rather than criminals; suicide numbers would be down."*
>
> *"A society that discusses mental health freely in schools, free classes for children and adults alike with education around things like mindfulness and other various coping mechanisms such as identifying and sticking to your own values"*
>
> *"Engagement at all levels is necessary, the individual, whanau, neighbourhood, community and the broader context. Good staffing and decently paid mental health professionals. Access to services for those who need it, not only those who meet criteria. Media empathy and work toward de-stigmatization of mental illness. Support for families of those affected."*
>
> *"Acute mental health and addiction support available everywhere in the country for all who require it, and free at the point of use. Public funding of ongoing therapeutic/psychological treatment for chronic mental health conditions, in addition to pharmacological interventions. Higher staffing in residential/inpatient mental health services, to keep staff safe and reduce burnout."*
>
> *"I'd like to see a society that puts more money into the mental health system than the criminal justice system at the bottom of the cliff. It's not rocket science and it would be great to see money put into the precursors like education, housing and health care too. Ideally, I'd like to see us close some of our prisons like Sweden (and maybe even convert them into better community-based transitional housing) because we no longer need them. I'd also like to see the inquiry seek to learn from other countries like Sweden as to how to invest smarter not more and not re-invent the wheel."*

We need to be doing more than treating the symptoms of poor mental health. If we want progress in our country we need to try and address some of the causes of poor mental health.

What are the recommendations you expect the Inquiry can or should begin to implement first?

First and foremost, those working in the mental health sector need greater funding, so workers can be paid a fair wage, and to increase the level of staffing so both nurses and patients have a safe and more effective service. A fair remuneration for the work that mental health professionals do will also encourage more people to enter this sector.

> *"Retain nurses by paying them more and treating them better. Regular assaults are something we should not be dealing with. As a second-year mental health nurse Australia is somewhere I am looking to move to due to the current disgraceful way nurses are treated in this country."*

> *"More trained professionals - my own visit to the Emergency Psychiatric Services (EPS) involved a lengthy waiting process because it is a severely understaffed and underfunded service."*

Linking in with the education sector to introduce the topic of mental health during a person's education This will better create awareness of the issue of mental health and create a society that is far more understanding of what a serious issue it is.

> *"Reaching out to the education sector and having discussions around how these topics can be brought up in high school to better prepare students."*

> *"Support in our schools, universities*

Improving access to services such as counselling so that when people reach out they receive the help they need. This will likely require some level of subsidisation, people should not be unable to see a counsellor due to the cost.

> *"Free or subsidised support for everyone who feels they need it. Counselling is expensive and so people are not likely to seek help because they cannot afford to pay for it"*

> *"more services, that can be accessed with ease. This is key - people need to feel like they can have easy access to support services."*

It would be helpful if the Inquiry is also able to signal areas that require priority investigation and pointers to innovative solutions.

> "*Decrease wait times to access support services, and promote how to access them, look to subsidise similar to community service card holders, with caps on visit costs if by GP referral benchmarked to twice minimum wage hourly rate (e.g. $30 limit). Investigate the over prescription of medications for mental health, and other options available for care and support. "*

Conclusion

As a country we have a long way to go with mental health. We have had a seriously under-funded mental health system for far too long. Professionals working in the sector are underpaid, understaffed and over worked. This undoubtedly has a flow on effect not only to the level of care they can provide but also their own mental and physical health. These factors will also undoubtedly be impacting the number of staff who want to work in mental health and the length of time those who are working in mental health can keep it up.

There needs to be a greater focus on preventative measures as opposed to letting things reach a point of crisis before support is provided. Currently counselling is a luxury either afforded to those with money or those who have hit rock bottom. We need services such as this to be available to people when they deem it necessary and in a timely manner.

New Zealand has a poor culture when it comes to mental health, the “she’ll be alright” and “toughen up” attitude is not serving us well. We need to improve education and understanding of mental health within our communities. These topics should be introduced at a young age, so individuals are better equipped to assist themselves and their loved ones as they grow.

Our criminal justice system needs an overhaul with drug policy moving from a punitive system to a rehabilitative system based on the understanding that addiction reflects external and internal issues in one’s life. Addiction should be treated the way an illness is as opposed to putting people in jail, an environment unconducive to any healing or rehabilitation.

There also needs to be an understanding that many negative influencers of mental health have strong links with poverty, for example housing and nutrition (UNICEF Office of Research - Innocenti, 2017). If we aim to lower levels of homelessness and poverty we will be reducing the external influencers of poor mental health. The current level of inequality in New Zealand must be addressed.

The way in which we treat mental health also needs to be reviewed. Particularly in respect of preventative measures. A more holistic approach is needed, with education on topics such as mindfulness and the importance of a good diet and exercise.

This Inquiry is the first step in what we hope to see as an overhaul of the current state of the responses to mental health and addiction in New Zealand. Recognition of a problem is the first step in solving it.

References

UNICEF Office of Research - Innocenti. (2017). *Building the Future: Children and the Sustainable Development Goals in Rich Countries.*