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Ko wai au?













What we're doing

- Te Pou and Department of Māori Indigenous Health Innovation (MIHI), along with a growing number of partners, are advocating for robust, up-to-date data on the mental health and substance use of New Zealanders.
- We are developing a collaborative which can advocate for, support the design of, raise the funds for, and get underway the next Te Rau Hinengaro.











Why this data is needed

- It is 20 years since the last prevalence and impact survey.
- Robust epidemiological data on the nature and prevalence of mental health conditions and problematic substance use is critical to the equitable and efficient planning and delivery of services.
- Population-level epidemiological data is as crucial in mental health as it is in physical health research.



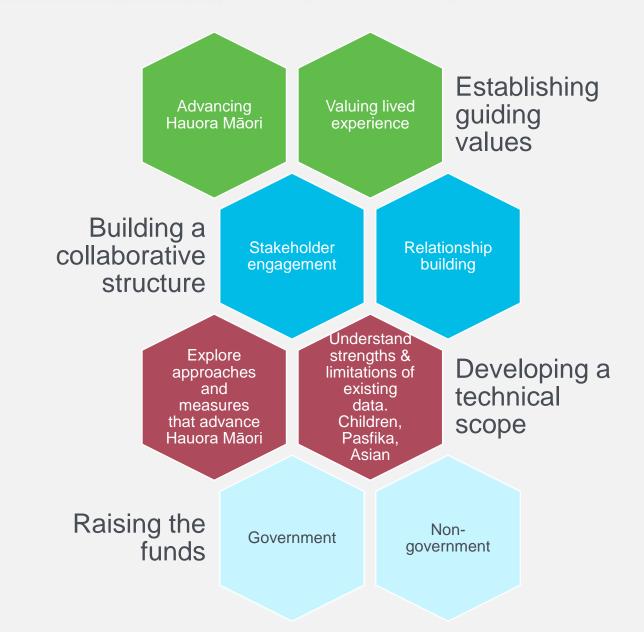








Programme of collaborative work





Some context

- 2006 Te Rau Hinengaro (2003/3004)
- 2018 He Ara Oranga
- 2021 Kia Manawanui 10 year plan
- 2022 Te Pou MIHI collaboration
- 2022 Government Data Investment Plan
- 2022 Te Ara Paerangi white paper
- 2023 Network of partners -common goal



Te Kāwanatanga o Aotearo

Te Ara Paerangi

Future Pathways White Paper 2022

Te Kaupapa mō te PanoniCase for Change

Our researchers and innovators have served New Zealand well over the past 30 years. Crown Research Institutes (CRIs), universities and other TEOs, independent research organisations, and other parts of the RSI system have contributed to New Zealand on multiple fronts.

Their contribution has spanned breakthrough research, supporting critical sectors of the economy and society, enhancing understanding of the natural world, solving environmental challenges, and responding to multiple emergencies, including underpinning our world-beating response to COVID-19. New Zealanders have all benefited environmentally, economically and socially from the work the research community has undertaken on their behalf.

But our system does not always set up our researchers and innovators for success. Too often their tremendous achievements occur despite the system in which they are operating, not because of it. In the face of tough

A well-functioning RSI system is essential to our economic wellbeing. Technological innovation and digitalisation, supported by knowledge generated within and mobilised from the research sector, can help drive the productivity increases that are essential to a high-wage economy. While our RSI system provides excellent support to many of our existing industries, particularly in the primary sector, our economic security is enhanced by growing new and diverse industries, many of which will have their roots in discoveries made by our researchers. By providing strategic direction we can channel the ingenuity of our RSI system towards the greatest challenges we face, like transitioning to a high-wage, low-emissions economy. Through these mechanisms, a reformed RSI system will directly contribute to the key pillars of the Government's Economic Strategy.

well-functioning RSI system is essential to our social and health wellbeing. An ageing and more ethnically diverse population; new, emerging and increasing threats to health, such as infectious diseases, anti-microbial resistance and mental health; and rapid technological change including increased digitalisation are demanding more from health research. The support the RSI system provided to the country during the COVID-19 pandemic is a prime example of this, and, while our system underpinned our world-beating response to the pandemic, we must ensure it is even better prepared to face future challenges.

Kia Manawanui

 One page of population health data (p. 19) With the 2018 He Ara Oranga report as the starting point for our transformed approach, this data is indicative of the state of mental wellbeing we are seeking to address.



2018/19

LIFE SATISFACTION

of of

of New Zealanders rated their overall life satisfaction as 7 out of 10 or above

(General Social Survey 2018)



2016/17 CHILDREN

(Health Survey 2016/17 mental health module)

8.5%

of children aged 2-14 years had emotional and/or behavioural problems



2018/19 HAZARDOUS DRINKING

(Health Survey 2018/19)

20%

drank alcohol in a way that could harm themselves or others



2016/17 RISK OF PROBLEMATIC SUBSTANCE USE

(Health Survey 2016/17 mental health module)

32%

of adults in New Zealand had a moderate or high risk of problematic substance use (eg, tobacco, alcohol and other drugs)



2018 GAMBLING

(Health and Lifestyles Survey 2018)

1.9%

of the adult population are moderate risk and problem gamblers



2018/19

PSYCHOLOGICAL DISTRESS IN THE PREVIOUS FOUR WEEKS

(Health Survey 2018/19)

10.4% compared to of women 5.9% of men

13.7% 12.4% of Maori of Pacific

5.8% 8% of European/

compared to 6.6% of nondisabled adults

26.7%

of disabled

8.2%

of adults

14.5% fyoung peopl 16-24 years



12.6% of adults in most socioeconomically deprived areas

compared to 6% in least deprived areas



CROSS-SECTOR STATISTICS

Mental wellbeing is influenced by diverse social, cultural, environmental and economic factors. In turn, mental health and addiction challenges affect people's engagement in diverse aspects of life.

In 2018, 40% of health and disability benefit recipients had their primary incapacity listed as a psychological or psychiatric disorder (56,543 people).

The Youth19 Rangatahi Smart Survey found 23% of secondary students in 2019 reported significant symptoms of depression.

The 2018 Transitions Cohort Needs Assessment survey of 15–17 year olds in care found 78% had, or were suspected to have, mental health needs, while 54% had, or were suspected of having, a substance abuse problem.

A 2016 study found 91% of people in prison had a lifetime diagnosis of a mental health or substance use disorder, while 87% had a lifetime diagnosis of a substance use disorder (Department of Corrections).

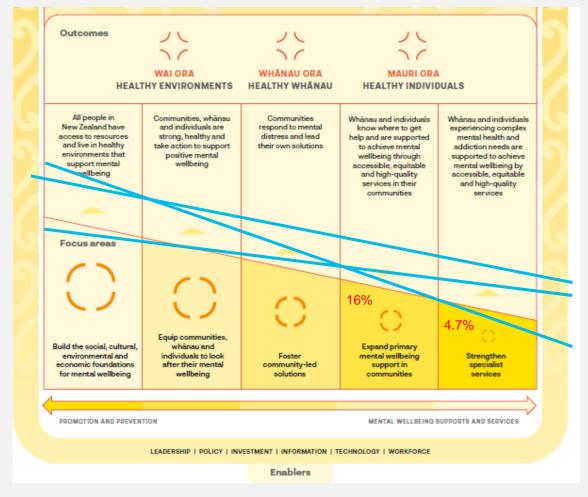
At 30 June 2018, 23% of primary applicants on the social housing register had a common or significant mental health condition.





Kia Manawanui (p. 24) Pae ora: Mental wellbeing framework

A 10 year plan for system transformation













Addressing two widely held beliefs about existing mental health and substance use data

- 1. Data on health service access
- 2. Data from brief screening tools like Kessler 10, the AUDIT, WHO-5











Values-led evaluative framework

1. Advancing Hauora Māori

2. Valuing and including people with lived experience

3. Utilising principles of good science

4. Practicality and utility

5. Inclusive of diverse population groups

6. Accessible and responsive

Lockett H., Lacey, C Jury, A., Postelnik, T., Luckman, A. & Poulton, R (2022) Whakairo: carving a values-led approach to understand and respond to the mental health and substance use of the New Zealand population. *NZMJ*, 135(1567).

Lockett, H., Luckman, A., Jury, A., Postelnik, T. & Lacey, C. (2023). Whakairo – a values-led approach to psychiatric epidemiology, ANZJP 57(2), 57-160.











Developing Partnerships Stakeholder engagement















Technical scoping work



Advancing Hauora Māori Alcohol and other drugs

Pasifika data

Infant, child and youth

Disabled people

Asian New Zealanders











In summary

- Aotearoa New Zealand can lead the way in how the prevalence and impact of mental health conditions and problematic substance use are quantified and understood.
- We have observed a shift in thinking away from a one-off survey to a series of interconnected studies.
- This research is a national science priority, and investment is needed.
- Establishing a collaborative structure.











If you want to get involved, contact us:

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