PRECIS - OECD MENTAL HEALTH AND WORK: NEW ZEALAND REPORT

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Purpose of the report

The purpose of the OECD review of employment and mental health policies in Aotearoa New Zealand was to assess how policies in New Zealand are performing in fostering labour market inclusion of people with mental health conditions and to identify policies and practices in line with the OECD Council Recommendation on Integrated Mental Health, Skills and Work Policies that could help the New Zealand government to improve social and employment outcomes.

As previous reports in this series (covering the situation in Australia, Austria, Belgium, Denmark, the Netherlands, Norway, Sweden, Switzerland and the UK), the report on New Zealand covers four major policy fields:

- 1. Youth and education policy
- 2. Workplace policy;
- 3. The mental health care system; and
- 4. The benefit system and employment services.

Education policy needs to have a stronger focus on youth mental health, workplace policy a stronger focus on worker's mental health, health policy a stronger focus on people's working lives, and welfare policy a stronger focus on preventing long-term disconnection from the labour market.

The report is timely with the launch of He Ara Oranga and provides the cross-government policy roadmap for addressing the employment inequities experienced by people with mental health conditions. He Ara Oranga actively endorses the OECD report stating that:

"Many of the challenges the OECD team has identified in its draft report, provided to us as we finalised our own report, are similar to those expressed by people we heard from" (p. 67 He Ara Oranga).

The OECD recommends that shifts are needed in:

WHEN we intervene, actions are coming too late, WHO intervenes, mental health conditions are not only the responsibility of the mental health system, and WHAT the intervention looks like, care and support is largely inadequate due to divisions between systems.

The OECD team have provided presentations on the report findings and recommendations to the mental health and addiction services Inquiry team and to the Welfare Expert Advisory Group and are due to present the findings to the Health and Disability System review group in early 2019.

Key messages for health policy

- There is no focus in the health system on people's employment aspirations and employment outcomes.
- There is a significant lack of access to quality appropriate treatments for mental health conditions in a timely manner and access is inequitable.
- Other policy areas, particularly welfare, workplace and education also need better access to nonpharmacological treatments, this is not only an issue for health policy.

Recommendations

- Shift spending (i.e. somatic mental health, and hospital primary care).
- Develop and implement a cross-government mental health and work strategy.
- The performance and quality frameworks in the mental health and health systems need realigning so that supporting people with mental health conditions to stay at work, return to work, and obtain work is a valued part of health treatment.
- The availability of evidence-based Individual Placement and Support services, which provide intensive employment assistance to people in contact with specialist mental health and addiction services should be increased.
- Access to high-quality, non-pharmacological treatments which are integrated with employment support needs to be nationally available for people who are not working and for people who are.
- National stigma and discriminations campaigns should have a focus on the interrelationships between mental health and work, the role of the workplace in health promotion and the ability of people experiencing mental health conditions to be productive and effective workers
- Employment and mental health knowledge among primary-based care needs developing and the collaboration between mental health and primary-care based teams and between primary-care based teams and employment services significantly improved.
- Incentives for primary care to spend time discussing employment and mental health issues in consultations, and training on meaningful sickness certifications and to integrate employment support services should be provided.
- The cultural diversity and the cultural competency of the health workforce needs strengthening and there needs to be a greater practice of Māori and Pacific models of care.

Key messages across government

- In New Zealand people with mental health conditions are three times more likely to be unemployed than those people without (this increases to four times more likely for people with more severe conditions).
- Labour force disadvantage is even greater for Māori people experiencing mental health conditions.
- The risk of poverty for New Zealanders experiencing mental health conditions is high, especially when compared to other OECD countries.
- New Zealand has a good platform to build on is awareness of mental health is high, however policy and awareness raising around mental health and work has not advanced
- Pilots do not get converted into structural reforms
- The last wave of welfare reforms have had a limited impact on the labour force participation of people with mental health conditions.
- Health services and employment services are highly fragmented
- There is a lack of cross-government leadership on mental health and employment
- ACC creates an inequitable divide between injuries and illnesses, especially for mental health conditions, in terms of access to health services and employment support services.
- There are significant ethnic and regional disparities in service access.
- Interventions come to late and are not always suitable.

Recommendations

• All policy making in this area must be culturally led, informed and responsive.

- Rigorously evaluate all the experiments and pilots and scale-up effective ones.
- Systematically collect data (including a mental health survey).
- Increase the focus on highly prevalence conditions, with non-stigmatising support.
- Build the mental health competencies of all key actors.
- Investigate and resolve the inequities created by ACC.