

**Submission on the Government Inquiry into
 Mental Health and Addiction**

June 2018

Ehara taku toa i te toa takitahi, engari he toa takitini
My strength is not the strength of one, it is the strength of many

Introduction 1
 About the Citizens Advice Bureau (CAB)..... 2
 CAB’s role in mental health and addiction services 2
 What’s working well? 4
 What are we seeing? 4
 CAB provides a safe and easy entry point to access information and services .. 4
 Situations are often complex and it takes time to provide adequate support 6
 The value of listening should not be underestimated 7
 Trust is important 8
 Services need to be responsive to the whole person 9
 Services need to be better resourced 10
 What could be done better?..... 12
 What sort of society would be best for the mental health of all of our people? 13
 Summary 14

Introduction

Citizens Advice Bureaux New Zealand (CABNZ) Ngā Pou Whakawhirinaki o Aotearoa welcomes the opportunity to contribute to the Government Inquiry into Mental Health and Addiction.

Our submission is based on information from analysis of enquiries made to the 84 Citizens Advice Bureau (CAB) sites around Aotearoa New Zealand and from reflections provided by CAB volunteers and staff. Client stories, and comments from CAB workers, have been used to illustrate points made. Identifying details have been removed from the client examples provided but the essence of the clients’ circumstances and experiences remains.

About the Citizens Advice Bureau (CAB)

The purpose of our organisation is to:

- Ensure that individuals do not suffer through ignorance of their rights and responsibilities or of the services available; or through an inability to express their needs effectively — *Me noho mataara kia kaua te tangata e mate i tōna kore mōhio ki ngā āhuatanga e āhei atu ana ia, ki ngā mahi rānei e tika ana kia mahia e ia, ki ngā ratonga rānei e āhei atu ana ia; i te kore rānei e āhei āna ki te whakaputa i ōna hiahia kia mārama mai ai te tangata.*
- Exert a responsible influence on the development of social policies and services, both locally and nationally — *Kia tino whai wāhi atu ki te auahatanga o ngā kaupapa ā-iwi me ngā ratonga ā-rohe, puta noa hoki i te motu.*

We work to empower individuals to resolve their problems and to strengthen communities. The person-to-person service provided by over 2,300 CAB volunteers is unique in New Zealand. From 84 locations around New Zealand, the CAB provides individuals with a free, impartial and confidential service of information, advice, advocacy and referral. We use our experience with clients to seek socially just policies and services in Aotearoa New Zealand.

In the 2016 / 2017 financial year we had over 520,000 interactions with clients, including over 200,000 in-depth enquiries where we offered information, advice and support across the range of issues that affect people in their daily lives.

CAB's role in mental health and addiction services

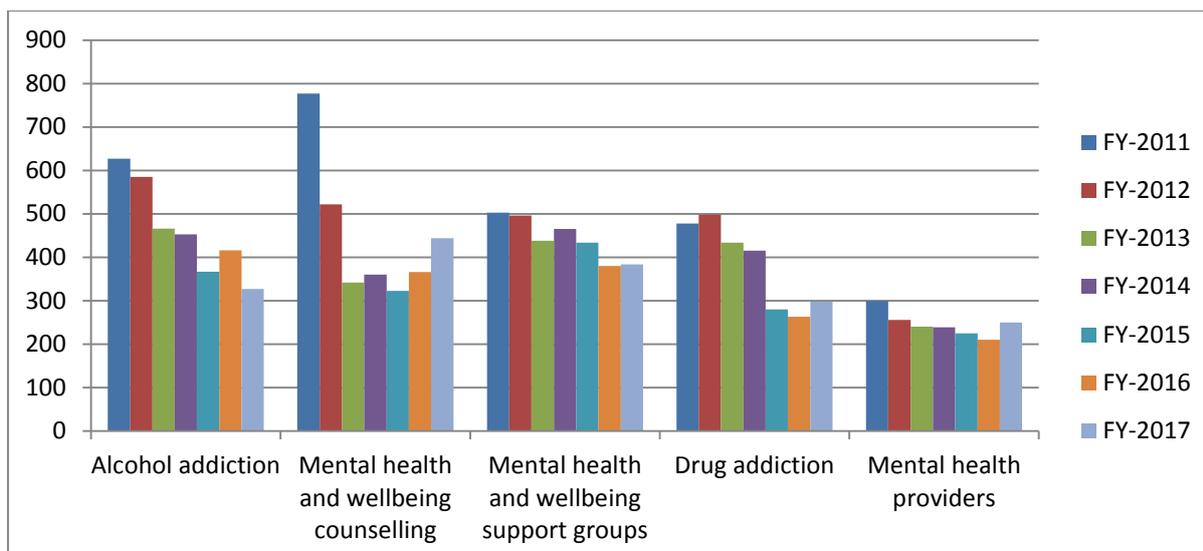
The CAB provides a universal service, meaning that we help anyone about anything. This means that enquiries from people impacted by mental health and addiction are across the whole range of issues affecting them in their lives. In addition to the enquiries that relate to various topics, the CAB also has many enquiries from people seeking direct support, or support for a friend or family member, about mental health and addiction issues.

Often people are looking for next steps, many want a listening ear, and some are at a point of crisis. From our analysis of enquiries, we are able to gain some insights about what's working and what's not in the mental health and addiction services space. Amidst all of this, one thing is constant in the stories of our clients – this is that people need people, and the CAB is one of the ways this need is fulfilled.

Our reflections are grouped under the following themes:

- **CAB provides a safe and easy entry point to access information and services** – People are looking for an easy starting point to access mental health and addiction services.
- **Situations are often complex and it takes time to provide adequate support** – Working through the many issues that a client presents with can take considerable time and commitment. This is particularly relevant where clients present in a state of crisis.
- **The value of listening should not be underestimated** – Clients often want to talk and work through their thoughts and questions without necessarily wanting a particular action or outcome. The availability of people who can take time to listen and provide support is invaluable.
- **Trust is important** – People sometimes express fears and concerns about ‘professionals’ and services. Being able to trust in the integrity, confidentiality and values of the people and organisations providing help is essential.
- **Services need to be responsive to the whole person** – The services that are available to support people need to be responsive to the whole person and recognise that mental health and addiction issues do not sit in isolation from the rest of the person’s life. People often identify that they are passed from service to service for different issues or that one issue is considered without reference to the fact that it impacts on other areas of the person’s life.
- **Services need to be better resourced** – People frequently experience difficulties accessing appropriate mental health and addiction care and support. This reflects inadequate resourcing, the lack of availability of services and appropriate professionals, and bureaucratic processes that get in the way of people being able to access the support they need when they need it.

The graph below shows enquiries made specifically about mental health and addiction matters in the past 7 years. There is a noticeable spike in enquiries in 2011, which we suspect may reflect the devastating impact of the Christchurch earthquake that year (we have not had the capacity to examine this closely). We also receive enquiries about problem gambling, suicide, tobacco addiction, eating disorders and other dependency problems that are not reflected in these statistics. In addition mental health issues are often bound up in other enquiries that clients make.



What's working well?

Unfortunately we didn't receive much feedback about what is working well. One volunteer identified that things worked well in her community because there is good liaison between staff from mental health services and clients and other aligned services. Another person reflected on the value of support groups that operate in her community where people with mental health issues benefit from sharing together. There was also recognition of the positive work that has been done to reduce stigma about mental illness through public education (such as the campaign fronted by John Kirwan).

What are we seeing?

What we are perhaps more usefully able to contribute to the Inquiry are the insights our organisation has from our many interactions with clients. These clients reflect a broad spectrum of people whose lives intersect in one way or another with mental health and addiction issues or services.

As highlighted above, these insights are grouped in terms of themes. These are primarily reflections on what we have identified as important, either because we can see how something is being valued through our service, and / or because it is a deficiency in the existing support systems that is apparent to us through the enquiries of our clients.

CAB provides a safe and easy entry point to access information and services

People in need of mental health or addiction support are often looking for information and services and need an accessible starting point. They may be unsure where to go or what help is available, or may be in search of a particular type of service but want

options and guidance about who to see and what to do. These kinds of enquiries are common and include people needing this support for themselves, but also are frequently situations where concerned family and friends are looking for support and guidance to help others.

The CAB is one of the places where people can start, and work out next steps, through a safe, non-judgemental, non-stigmatised, accessible service. Having this kind of easy access point to mental health and addiction services appears to be a clear area of need.

Examples of clients looking for information / services:

Mental health related examples

Client has depression and has been treated by her doctor with antidepressants and was able to access some counselling. She doesn't feel like she is getting enough support via her doctor and wants to know what options there are for accessing other free counselling.

Client's daughter has mental health and addiction issues. When her daughter next comes to visit the client would like to encourage her daughter to get help but doesn't know where to go. She would like some ideas for next time.

Client wanted help for his partner who is depressed and suicidal. He wanted strategies for helping relate to her in a way that would improve rather than worsen her mental-wellbeing. Her depression was affecting the family and his work.

Client's step son has ADHD and some mental health issues. She is concerned about her step son's living situation and particularly about safety for him and others in his flat. What can she do to help her?

Client wanted to know if there are any friendship groups in her neighbourhood. She has lived in New Zealand for 12 years but still doesn't feel like she has any friends or support here. The client advised that she has been on medication for depression.

Client wanted to get some free counselling for his mental health issues. He said that he had had counselling when he was younger and wanted to access this kind of support again.

Alcohol and drug addiction examples

Client wanted help for his alcohol addiction. He explained that he has been managed to stay off alcohol for a few months but is concerned about an upcoming social event where he knows there will be alcohol present. He's worried it will be too much of a temptation and wants to get some help. The client has children and he doesn't want them to end up addicted to alcohol.

Client was looking for drug and alcohol counselling available in his area.

Client had been out of prison for one week. He has been sent to live in a part of the country where he doesn't have contacts. He is doing okay but wants some help with his alcohol addiction problem. He wants to attend counselling meetings to keep on the right track.

Client sought information about Alcoholics Anonymous for her husband. Client also asked if there was counselling she could access to help her dealing with the situation.

Client was looking for information on drug and alcohol rehabilitation counsellors. He then asked to use the phone to ring Corrections.

Client has an adult son who has a gambling problem. She wants to know what intervention programmes are available. Her son has had some help that hasn't worked.

Client was concerned about his son who is taking drugs, is not working, and is living with a drug dealer. The client doesn't know where to start. He had taken his son to their family doctor but didn't get very far as his son was reluctant to talk. He wondered where else he could go for help.

Situations are often complex and it takes time to provide adequate support

In addition to people who have general queries about accessing mental health or addiction support services, we also have clients coming to the CAB who are working their way through complex circumstances or who may be in a state of crisis. In these situations it is essential that people are able to access appropriate support without barriers. This in part is about the ability to give people the time they need when they need it.

CAB volunteers offer the rare gift of giving people their time and offering support in an unhurried, calm manner. In general we have not described the nature of the service provided by the CAB in this submission, but in this section we have done so to give a view of the depth of support people need.

Examples of in-depth support:

Client stated that she is suicidal and needs help. She explained that she had been thinking about suicide for a while but that things had escalated today. We talked with and spent time with the client **[3 hours]** exploring options for support. She was agreeable to the idea of counselling but asked for help to set that in motion because she felt that if she left our premises she would not have the courage to seek help for herself. We contacted local counselling services but there was no answer on the phone. We tried to contact the Crisis Assessment Team. While it was a slow process getting through to right people we eventually spoke to a case worker who undertook to arrange a psychiatric appointment for later that day. We worked with

the client to contact a friend who would come and accompany her to the appointment. The client moved from a state of crisis to being willing to seek help once she knew we would stay with her until there was a firm plan in place.

Client came to the CAB and stated that he was thinking about suicide. We talked with the client **[2 hours]**. We contacted the Community Mental Health case worker and arranged for them to visit the client that afternoon. We arranged for a food parcel to be delivered and provided contacts for emergency support. We then worked with the client to make a plan for the day, which included having a meal, picking up medication and getting home in time for the delivery of the food parcel and the visit from the case worker. We also provided the client with a range of options for community activities and involvement that might help the client with ongoing social and emotional support.

Client has a young person in her care. The young person is self-harming and has previously attempted suicide and needs constant supervision. The client feels she wasn't adequately advised about this and needs support. Client went to the local mental health centre but felt that they just fobbed her off. She wants to complain about this. We discussed the issues with the client **[1.5 hours]**, and she decided that the young person really needed crisis support from mental health services. With the client's permission we called the intake team at the mental health service. The person the client had seen previously was not available so we arranged for a direct call back to the client. We tried to contact a Health and Disability advocate, but there was only an answerphone to leave a message - no human contact available. We provided the number to the client so she could follow up. We summarised the plan for the client and gave her encouragement before she left.

Client contacted us wanting to know about a particular mental health condition. He thinks he may have suffered from this condition since he was young and now has an appointment to see someone about this. He was anxious about the appointment and wanted to have more information beforehand so he isn't misdiagnosed. We spent time **[2 hours]** listening to the client and spoke with him about his concerns. We provided pamphlets about the condition and looked up additional information online. The client stated that he felt much better about going to the appointment as he is now more aware of his rights and the possible outcomes of the meeting.

The value of listening should not be underestimated

In addition to the significance of giving people time, a particularly valued commodity is the opportunity to be listened to and feel heard. This is a role our service plays in relation to mental health and addiction support, but is something we believe represents a fairly consistent need and one that is not always readily able to be met by formal mental health and addiction services.

Our experience is that the process of being listened to with empathy and understanding can be transformative in some situations. The value of listening should not be underestimated.

Examples where the value of listening is evident:

Client is lonely and depressed. He is well-educated and has a successful business but has difficulty socially. He wanted to talk.

Client presented in a confused state. She has mental health issues and has been in before. She has no specific issues or questions we can help with, but just wants to talk.

Client came to the CAB to talk about sports clubs but then became quite upset and explained that she was worried about her daughter who lives overseas and has had a relationship break-up. She also described difficulties in her own relationship and that she felt isolated and had no-one to talk to about the things that were important to her. Her doctor had recently prescribed antidepressants for her. A friend advised her to come to the CAB to find out about counselling services.

Client explained that he is suffering from depression and a number of other health issues. He came to the CAB because he wanted to talk through some self-help options he's considering rather than seeking specific 'professional' assistance.

Client regularly contacts CAB. He lives alone and has mental health issues. He wanted to talk about the counselling services he is using. He wanted a listening ear.

Client's wife is experiencing mental health issues and is not taking her medication. He talked at length about how this is affecting him and the children.

Client phoned and stated that she felt she was losing it and just wanted someone to talk to so she could get some control. She is under the care of her GP and is on medication but her next appointment is some time away. She explained that she doesn't always talk to her doctor about how she is feeling because the doctor doesn't have time. She doesn't have many friends or other support.

Client was very agitated. He was afraid of himself, that he would do harm to someone. He had rung the Depression Line but still felt unsafe and wanted more immediate help.

Trust is important

Clients who access the CAB service sometimes express fears and concerns about mental health 'professionals' and services. Sometimes this is a reflection of their mental ill-health but it can also be because they have had bad experiences. This might be because they feel they have not been listened to, not been treated well, not received the service they needed, or because they are fearful of the implications of

disclosing information about their mental health or addiction issues. Being able to trust in the integrity, confidentiality and values of the people and organisations providing help is essential.

As described by one of our CAB volunteers:

“Some clients that have mental health issues feel they get ignored or constantly referred elsewhere from government organisations – likely due to them being difficult to work with due to their mental illnesses – they become distrustful of the government and quite angry even, which further inhibits their access to services.”

Examples where trust is an issue:

Client phoned to say the doctors were deliberately making patients ill. She is a mental health patient and has complained to police and to the Ministry of Justice who referred her to CAB.

Client was very distressed and frightened to be at home. She had a number of mental health issues and needed someone to talk to and wanted to know who could help her. She was very reluctant to go to the services that were available.

Client was upset about the way he was being treated by family members. He felt they were lying to him and being verbally abusive. He had a caregiver and GP whom he trusts, but does not trust the mental health professionals he is working with. He wanted the opportunity to explain his concerns.

Client that has ongoing mental health issues came in to ask for feedback about the actions of his lawyer. He was concerned that the lawyer was keeping his important papers and that he was being monitored by government officials. He was suspicious about their actions and wanted reassurance.

Client had a range of mental health issues and had been in hospital and care facilities. She was very distressed and possibly suicidal. She wanted to contact a social worker as she dislikes her GP and doesn't want to deal with her. We got in touch with the social worker and arranged for her to contact the client, though this would be in a few days' time. The social worker suggested that if the client felt suicidal she should contact mental health services. The client said that she hated mental health services. She said she was grateful that we had listened to her and that she would wait to see the social worker in a few days' time.

Services need to be responsive to the whole person

People's lives are made up of interconnected issues and relationships. Because of the inter-related nature of people's issues, the services that are available to support them need to be responsive to the whole person. This includes being able to see mental health and addiction issues in the context of rest of the person's life and

recognise that support may be needed across issues (eg, tenancy issues, difficulties at work, relationship breakdown, income support issues, debt).

One of the areas where we see this happening is in relation to clients of Work and Income who experience mental health issues. A client's mental health issues may result in them being trespassed from accessing Work and Income offices and so they come to the CAB for help to access their entitlements.

It can be a bit of a chicken and egg situation with one issue triggering another or the reverse. For example, a relationship breakup that triggers depression, or a decline in mental health that impacts on a relationship; a period of mental ill-health which results in failure to meet debt repayments, resulting in increased un-wellness, which results in loss of work, loss of income, and loss of a home; addiction issues that result in debt issues or criminal issues. There can be multiple inter-connected issues and it is important that services are able to assist people in a holistic way.

Examples of interconnected issues:

Client is trying to find short term accommodation for a man with mental health issues and is homeless. He has been in hospital for a few days and does not have anywhere to go.

Client wanted help for her daughter who has mental health issues and has just been told she needs to move from her accommodation.

Client has complicated problems including mental health issues. He has been charged with a number of criminal offences (due to behaviour when he was off his medication). He also has a large debt to pay off and his relationship has ended badly. He has been trespassed from where he was staying. He has an upcoming court appearance and needs some help to deal with all this. Client had previously been directed to community law to sort out legal aid but said he had been turned away.

Client presented as being deeply depressed. He expressed concern about his personal circumstances. His marriage had ended and his ex-wife had moved away taking their two children with her. He has a high level of debt and can't see a way through all this. He stated that he felt like he was living in a black hole and he couldn't work out where to go or what to do next.

Services need to be better resourced

An overwhelming reflection that comes through loud and clear from our volunteers and staff on the frontline is that mental health and addiction services are under-resourced.

The result of this is that people are falling through the gaps, are being passed from service to service, or are being left in the community without adequate support. Many of these clients come to the CAB because they don't know where to go, or they have been everywhere already, or in some situations because the specialist services have referred them to the CAB.

Examples that reflect resourcing issues:

Client is a nurse from a local medical centre. He phoned to ask if there were any mental health support services available for a patient who is being dropped from the local community mental health and addiction support service.

Client's sister is mentally ill. She has been living with her extended family but was taken away by Police yesterday in response to a violent incident. Her sister was assessed by the Crisis Team and then discharged to the local backpackers. The family is astounded, having expected her to be provided with some mental health treatment and care. What should she do? Where is her sister going stay? Should she just leave her homeless?

Client's boarder has mental health issues. She recently tried to attack him so he rang the Police. He was told that the Police contacted the Mental Health Crisis team who said that they could do nothing to help him. Who can he contact for support?

Client called and explained that he was referred to the CAB by a mental health nurse. He is having flash-backs of past events and needs support.

Client was very distressed. She explained that she had been to many services, but no one has helped her. She has dealt with Victim Support, WINZ, Community Law and budget advice - all to no avail. In addition to her mental ill-health, she had a complex bundle of issues including an assault, relationship breakdown and debt and needed help.

Following are some quotes from CAB volunteers and staff. These reflect their frontline experience of the impacts of inadequate resourcing of mental health and addiction services:

"Sometimes we feel a little helpless on where people can go to access help quickly."

"We hear that it is difficult to access mental health services because of the process that clients need to go through, and that services and resources are limited. In a smaller centre like ours there is not a 24 hour service."

"Our community has a conveniently located mental health unit. Clients speak positively of it. However, the unit is stressed with too many clients and insufficient staff and time. Waiting times for new clients are too long"

"I have heard many clients describe how their calls for help are met with answer phone messages and nobody gets back to them."

"It is very difficult to be seen at [our local service] because of the backlog and also they will not see people over 65. Those over 65 must go to the hospital which is difficult for some because it has limited parking and the parking is very expensive."

"Not everyone has access to mental health and addiction help simply because there are no funds being allocated. [The service in our community] is desperate for funding to help their clients."

"Youth, drug and alcohol addiction services are not working well due to lack of youth and adult facilities and a lack of knowledge of what patients' rights to services are."

"People often come in with a problem, but the root of that problem is actually mental illness, which then is something we can't solve. We can only point them in the right direction to help - and honestly it isn't clear where it would be best for them to seek help."

"Clients with chronic mental health issues have nowhere to go. Government departments eg, WINZ, send them to CAB but we are not equipped to do anything more than listen."

"We can listen but we know the services we recommend have very limited resources and may not be able to do any more than we can."

"We have unwell people ringing us, sometimes abusive, sometimes just wanting to be heard. They will ring time and again until we tell them we can't help. Some will ring around different CABs. We deal with these incidents on a regular basis. Who is looking after these people?"

What could be done better?

Our CAB staff and volunteers, who are on the frontline providing services to people in their communities, have provided some of their thoughts about ways they think things could be done better or differently to improve mental health and well-being in New Zealand. Clear themes relate to better resourcing and easier access to appropriate services.

- Easier access to mental health services.
- Mental health services to be better resourced.
- More wrap around services. For example, some people dealing with WINZ have mental illnesses or addiction issues. Mental health support could be incorporated into the service provided by WINZ to ensure that people can access their entitlements.

- More support workers are needed.
- Combat bullying issues in schools and workplaces.
- Make help services for the mentally unwell more accessible by locating them in community areas where people can access all services they need.
- Provision of suitable housing that has care-based services or independent support.
- More funding for organisations that address homelessness and poverty.
- 24 hour 'drop-in' services, especially during winter.
- It seems that resources are the key. Key mental health and social service agencies are dealing with crisis situations without adequate resourcing. Organisations like these need more funding.
- Mental health patients need non-threatening support to manage medications and life-style solutions in their own home below the level which requires admission to the mental health unit.
We need specific programmes for Māori and Pacific Islanders. Mental health is not a one size fits all. It needs to be tailored for the individual and take into account a person's cultural background.
- There should be work done with families of the mentally unwell so that they are educated and can take a greater part in the well-being of a family member.
- If a whole community is to help look after the mentally unwell, then the whole community needs to be educated so that everyone feels supported. Health professionals also need to be supported so that workloads do not overwhelm them.
- Community care is a system that seems a good idea, but systems, health professionals, family and the wider community need to work together – perhaps having small hubs in communities so that they are easily accessed.

What sort of society would be best for the mental health of all of our people?

We sought feedback from CAB volunteers around the country about the kind of society they envisaged where the mental health of all people is supported. These are some of their reflections.

- People with mental health issues come from all parts of our society and there is a need for the stigma around mental health to be broken down.
- People who need help are able to access mental health services in a timely manner and society has a better understanding of the challenges which impact the daily lives of people who are facing mental health challenges. Also, family members who are supporting those with difficulties are kept in the loop.

- Change will be able to happen when mental health issues can be spoken about without stigma. Open discussion in schools about health issues would also help.
- Do not separate people away from their communities. Develop community-based centres, for living, treatment and health services.
- A truly inclusive society is one which welcomes and provides support and opportunities for its newcomers.
- I think the mental health and safety of children and young people is a neglected area. If diagnosis, treatment and support could be improved for the young, the whole of society would benefit long term.
- A society which is less judgemental and more accepting of mental health issues would be helpful. I believe a big problem lies in the lack of knowledge the "average" person has about mental health. Some don't care, some are frightened...some don't know what to do, so they do nothing. Public education may be a good start and generally more resources for counselling, psychotherapists, psychiatrists and a general acceptance of the problems without the stigma.

Summary

We recognise that the ultimate goal of the Government Inquiry is to improve the mental health and addiction outcomes of New Zealanders. A clear message from the stories of our clients and the reflections of our volunteers and staff is that a major area of current failure is the inadequacy of resourcing of mental health and addiction services across our country. We are confident that this will be a recurring theme in the submissions made on these issues.

We hope that an outcome of the Inquiry will ultimately be increased support for frontline services. The effectiveness of many existing services is seriously compromised by insufficient funding, inadequate staffing, lack of accessibility in communities and lack of coordination between services. If we are going to see services transformed to respond more effectively to the needs of people experiencing mental health and addiction challenges, then this requires considerable investment.

In addition to the issues of resourcing, we believe that any efforts to enhance services or to support a society-wide response to mental health and addiction issues needs to be informed by some fundamental principles that reflect the value of human connection. In a society where services are increasingly moving online and withdrawing from being readily available face-to-face, some of our most vulnerable people are further marginalised, overlooked or entirely excluded. At Citizens Advice Bureau it is our experience that a better future includes an ongoing commitment to provide services that are open, accessible, and human, and where people can be

listened to with empathy and given the time they need to navigate the complexities and interconnected challenges that life presents.

Thank you for this opportunity to comment on the Government Inquiry into Mental Health and Addiction. Please contact us if you have any questions, or want any clarification about our submission.

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