



“New Zealand’s peak body representing the entire health and medical research pipeline”

Submission on Mental Health and Wellbeing Commission Bill

Introduction

New Zealanders for Health Research (NZHR) was established in November 2015 to bring about increased investment in health research from government, industry and philanthropy. We have a commitment to ensuring that the results of health research are translated into policy and practice, and for there to be a level of investment in health research to enable this to happen as optimally as possible.

Submission summary

NZHR’s submission is that

- We support the establishment of the Mental Health and Wellbeing Commission and want it to be successful in improving both New Zealanders’ mental health and outcomes from the delivery of mental health and addictions services.
- We note that the Bill’s objectives effectively require it to be an agent for causing the results of different types of health research to be translated into mental health and addictions policy, practice and service delivery
- Most of the recommendations in He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction are not supported by any referenced evidence
- The current level of government investment in mental health and addictions research is about 20% of what it should be
- In order for the Commission to be successful in meeting its objectives the provisions of the Bill require strengthening, as follows:
 - Clause 8 (2)(ii) of the Bill should be amended to include clinical factors that affect people’s mental health and wellbeing
 - Clause 11 (1)(c) of the Bill should be strengthened to also require the Commission to make evidence based recommendations to improve the effectiveness, efficiency, and adequacy of approaches to mental health and wellbeing
 - There be a new clause 11 (1)(f) providing for an additional function to operate, or contract with the Health Research Council to operate, a new research investment stream comprising no less than 2.4% of the costs of providing publicly funded mental health and addiction services, in order to undertake, and commission external research agencies to undertake, mental health and addictions research which will enable the commission to fully perform its functions 11 (1) (a) to (e)



Adequacy of New Zealand government mental health and addictions research investment.

In 2011 direct government investment in health research stood at 0.8% of health care costs. By 2015 the figure had fallen to 0.57%. Funding for the health related national science challenges and increased Health Research Council funding over four years through to 2019/20 has restored the figure to 0.78% of health care costs. The 2019/20 budget specifically projects no further increases for the next four years, and NZHR is forecasting that the rate of investment will fall to 0.6% by 2025.¹

He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction states that public spending on mental health and addiction services in the last year amounted to \$1.4b. The report also indicates that the Health Research Council had allocated an average of \$7m per year to mental health and addiction research over the past twelve years, or about 0.5% of mental health care costs.

NZHR also notes that most of the He Ara Oranga recommendations lack a clearly researched evidential base which demonstrate that they will result in better mental health outcomes. We surmise that this is because the research simply isn't available either internationally or here in New Zealand. This underscores the imperative for mental health and addictions research investment levels to be significantly lifted.

NZHR has repeatedly recommended that the government adopts a health research investment target of 2.4% of health care costs², while noting that the government through its own R&D investment strategy has an implied target of 2%. We also note that 75% of the NZHR Roy Morgan 2019 opinion poll respondents said that the government's direct investment in health research was too low.³

The above figures indicate that investment in mental health research is inadequate both relatively (compared with research investment in the health sector as a whole) and absolutely when compared to NZHR's recommended 2.4% target. In light of this we maintain that the government's 0.5% investment in mental health research is about 20% of what it should be (ie 2.4%). Moreover, and for the record, we have consistently argued that the government's 2% R&D investment target is too low⁴.

NZHR is therefore concerned that the current inadequate investment in mental health and addictions research will prevent the Commission from optimally achieving its objectives and we therefore recommend that:

There be a new clause 11 (1)(f) providing for an additional function to operate, or contract with the Health Research Council to operate, a new research investment stream comprising no less than 2.4% of the costs of providing publicly funded mental health and addiction services, in order to undertake, and commission external research agencies to undertake, mental health

¹ <https://www.nz4healthresearch.org.nz/wp-content/uploads/2019/06/government-health-research-investment-trajectories-090619.pdf>

² Ibid.

³ <https://www.nz4healthresearch.org.nz/wp-content/uploads/2019/09/NZHR-Report-2019-GENERAL-EDITION.pdf>

⁴ See for example <https://www.nz4healthresearch.org.nz/wp-content/uploads/2019/11/NZHR-submission-re-MBIE-RSI-strategy-101119.pdf>



and addictions research which will enable the commission to fully perform its functions 11 (1) (a) to (e)

Translating research into policy and practice

The Bill's objectives effectively require the Commission to be an agent for causing the results of different types of health research to be translated into mental health and addictions policy, practice and service delivery. In light of this interpretation we believe its provisions could be strengthened by:

- Acknowledging the importance of clinical factors, along with the cultural, economic, educational, spiritual and societal factors that affect people's mental health and wellbeing, when considering the composition of the Commission Board.
- Giving the Commission a mandate to make evidence based recommendations to improve the effectiveness, efficiency, and adequacy of approaches to mental health and wellbeing

NZHR therefore recommends that:

Section 8 of the Bill be amended to:

In appointing the members, the Minister must have regard to the need for members to collectively....have knowledge, understanding, and experience of....the cultural, economic, educational, spiritual, societal, clinical and other factors that affect people's mental health and wellbeing

Section 11 of the Bill be amended to:

The functions of the Commission are....to assess and report publicly on, and make evidence based recommendations to improve, the effectiveness, efficiency, and adequacy of approaches to mental health and wellbeing (including mental health services and addiction services)

In developing this submission we have consulted with our partners and members as set out below (and from whom we derive 100% of our funding).

11th December 2019

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NZHR partners and members

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