

# NEW ZEALAND RURAL GENERAL PRACTICE NETWORK

11 December 2019



*Submission to the Parliamentary Health Select Committee on the Mental Health and Wellbeing Commission Bill presented to Parliament by the Hon Dr David Clark on the 19 November 2019.*

The New Zealand Rural General Practice Network is the membership organisation representing almost all of New Zealand's 200 rural medical practices. We also represent New Zealand's rural nurses, provide a secretariat function for the New Zealand Rural Hospital Network that has around 25 rural hospital members, and the Rural Health Alliance Aotearoa NZ (RHAANZ). We currently chair the National Rural Health Advisory Group.

New Zealand Rural General Practice Network commends the Government on presenting the Mental Health and Wellbeing Commission Bill to the Health Select Committee for consideration.

The prompt implementation of this important recommendation from He Ara Oranga – Government Inquiry into Mental Health and Addiction demonstrates an impressive cross-party commitment to improving the mental wellbeing of every New Zealander.

However, the New Zealand Rural General Practice Network has some concerns about the Bill as it is presented and wishes to draw these to the attention of the Health Select Committee through this submission.

## **1. Rural Proofing Policy applied to the Mental Health and Wellbeing Commission**

Rural New Zealanders are dependent on the Mental Health and Wellbeing Commission for holding current and future Governments to account for the mental health and wellbeing outcomes of the 600,000 people living and working in rural New Zealand.

As a component of our contract with the Ministry of Health, the New Zealand Rural General Practice Network chairs the National Rural Health Advisory Group (NRHAG). As the lead rural-facing advisory group to the Ministry of Health, the NRHAG has the expertise to apply Government's Rural Proofing Policy to the development and implementation of health policies.

The Bill's **Department Disclosure Statement, Section 3.6: External Consultation** lists agencies that the Ministry of Health consulted with in the development of this Bill. Unfortunately the Ministry of Health's own National Rural Health Advisory Group is not on this list but we contend, should have been.

It is our view that this oversight is likely to have contributed to the Mental Health and Wellbeing Bill's lack of recognition of rural New Zealanders as a priority population. We contend that it is vital that this oversight be addressed.

Reference: <http://disclosure.legislation.govt.nz/bill/government/2019/188/>

## 2. Rural mental health and wellbeing, and general practice workforce

*'In rural New Zealand, people find it difficult to find the services that they need with any sense of anonymity,' He Ara Oranga, 2019*

The New Zealand Rural General Practice Network recognises the rural health workforce crisis has a significant impact on the ability of all rural New Zealanders to access mental health and wellbeing services when they need them.

Table 1 provides a summary of the distribution of DHB Provider Arm Mental Health and Addiction clinical staff across some rural areas within the Southern District Health Board. It is reasonable to connect this maldistribution of skills and expertise to the access that people living in southern rural New Zealand have to specialist mental health and addiction services. It is equally reasonable to conclude that this has a negative impact on the mental health and wellbeing outcomes across those rural communities.

	Population	MH&A Staff FTE	FTE per capita
<b>Dunedin</b>	130700	314	416
<b>Waitaki</b>	22300	11.85	1881
<b>Clutha</b>	17700	11.55	1552
<b>Central Otago</b>	21000	12.19	1722
<b>Queenstown Lakes</b>	39100	17.38	2249

*Table 1: a summary of the distribution of DHB Provider Arm Mental Health and Addiction Services across some rural areas of Southern District Health Board. Note: this data does not include NGO contracted mental health and addiction staff.*

It is reasonable to assume there are similar statistics relating to the distribution of mental health and addiction expertise across most of the 20 District Health Boards. We acknowledge the rationale for centralising specialist services however, the impact that this has on rural general practices already over-burdened by the widely acknowledged rural health crisis cannot be understated. More importantly the impact on health outcomes for rural patients cared for by those practices is unlikely to be equitable to the outcomes for urban patients.

Rural General Practice and rural hospital staff have in many areas, by default, become the first responder to mental health crisis. They frequently work outside their area of expertise to provide front line support for patients who are experiencing a mental health crisis or seeking help and support through an episode of mental unwellness or substance abuse.

We note Government's planned investment into the future mental health and addiction workforce and acknowledge implementation of some of this is already underway.

The New Zealand Rural General Practice Network contends that all mental health and wellbeing workforce initiatives must be implemented under the lens of the Rural Proofing Policy. The Mental Health and Wellbeing Commission will be mandated to monitor the implementation of this.

### CONCLUSIONS

The New Zealand Rural General Practice Network concludes that the Mental Health and Wellbeing Commission Bill as presented:

- Has not been placed under the lens of Government's own Rural Proofing Policy
- Will not hold current and future Governments to account for the mental health and wellbeing outcomes of the rural communities in which our members live and work.

## **RECOMMENDATION**

The New Zealand Rural General Practice Network recommends that the Mental Health and Commission Bills is redrafted to reflect the unique needs of rural communities in relation to their mental health and wellbeing.

In doing so, the Mental Health and Wellbeing Commission will have the mandate to monitor the development and wellbeing of the rurally provided mental health and wellbeing workforce.

It will also have the mandate to monitor the development and wellbeing of the rural general practice workforce that is so often the front line of service for a rural community's mental health needs.

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