Position on Mental Health

Specifically, to improve mental health in Aotearoa, Presbyterian Support NZ advocates for:

- Te Whare Tapa Whā is embraced and embedded in all systems of public service so that silos in government departments are removed and the culture within them shifts toward understanding their – and our - common purpose, serving the people's wellbeing.
- Embrace across government the whānau ora/community-led philosophy and approach, putting faith and trust in communities to be able to determine, prioritise and work toward their own aspirations, when given equitable resources.
- Prioritise the swift and meaningful settlement of pay equity and pay parity claims of the workforces inside our Community and Voluntary Sector, so that they feel appropriately valued for the vital work they do
- Find and adopt a tax mechanism that incentivises and rewards volunteer work donations, comparable to the one that incentivises and rewards monetary donations, so that our volunteer workforces feel appropriately valued for the vital work they do
- Acknowledge the shift needed in Government's social investment spending if longstanding cultural barriers for some groups are to be removed. The shift must be over a generation while the "ambulance at the bottom of the cliff" services (such as Presbyterian Support Northern's Lifeline and Shine) are still needed, but greater investments in prevention, (such as our Family Works group therapy and social work programmes) that will reduce demand for ambulance services over time. We especially advocate for:
    - longer-term trauma-informed recovery supports for victims and survivors of race-based, disablist/ageist or gender-based crimes.
    - Significant investments in proven rehabilitation methods for New Zealand's perpetrators of abuse and/or violent crimes.
- Bigger investments by Government in the Community and Voluntary Sector, acknowledging the role this sector plays in general to serve mental wellbeing and prevent mental illness. Particularly in the research and evaluation, then roll out nationally, of programmes seen to disrupt entrenched attitudes inside homes, such as:
    - Trauma-informed practice
    - Social Workers in Early Childhood Education
    - Parenting courses for young parents
    - Consent education for young people
    - Dispute Resolution services for families
    - Anger management courses and peer-support groups for men and women who use violence
- Address appropriately across government the rapidly ageing population in Aotearoa, with
    - Diverse housing solutions and age-friendly urban development
    - A funding model for Aged Residential Care that enables us to pay our nurses what they're worth and can cope with the growing complexity of care for poorer older people
    - Enough nursing and social work training to meet our future workforce demands
    - A plan shared by Government and the Aged Care Sector, that serves the desire among most older people to age in place, but does not burden their family members

  so that poorer members of this population are not left excluded and at risk of abuse and neglect by our society

Persistent Hard Times

At Presbyterian Support we are finding that persistent hard times are affecting more and more of our clients, while they are also affecting more of our staff and volunteers. The demand for social support services has in some places overwhelmingly increased and has also become more complex. This is of course due to the impacts of recent disasters and before that lockdown conditions and the spread of Covid, its subsequent impact on higher costs of living, food insecurity and people's employment, housing and working conditions. Across Aotearoa well over 10,000 clients met with our Family Works social workers and counsellors in the 2021-2022 financial year, a 44% increase from numbers the year before, despite no increase in our contract funding.[1] When asked what the top challenges were for their clients, all regional Family Works managers noted the stress and anxiety impacting their clients' mental health.[2]

This is reflected in recent data from the 2021 General Social Survey showing that New Zealanders' overall mental wellbeing has declined significantly since 2018.[3] Over all age groups the data revealed more than a quarter of New Zealand's population suffered poor mental wellbeing. Disabled people, single parents and people who identify in the rainbow community were groups who experienced higher rates of poor overall mental wellbeing.[4] Māori, Females, and all households with an income of $30,000 or less were also found to have higher rates of poor mental wellbeing than New Zealand as a whole.

At Presbyterian Support we serve this need, but it's not just those we serve: our own people's mental health is straining. Some staff lost their homes or cars in recent disasters, our centres had to be evacuated, and we kept losing staff and volunteers through all the lockdowns too. The subsequent work to recruit others, while incorporating then maintaining new health and safety measures, in smaller teams with new members, all created high levels of workplace stress and burn-out amongst our people, including our Leaders. These hard times have been persistent across two years and have taken their toll on us, as well as on those we serve.

This organisational stress and anxiety for our people is reflected in the qualitative data gathered in ComVoices 2022 State of the Sector Survey Report.[5] Many survey respondents across the Community and Voluntary Sector spoke of increased demand for services and more complexity in the demand, while remaining underfunded, some to the point where they faced significant restructure, if not closure. What's happening? More importantly, are we doing anything effectively, to confront it and contain it?

If poor mental wellbeing was an iceberg out at sea, we regard New Zealand's system as historically one that has addressed only the tip above water, that is, the people that actually reveal mental health crisis. The system has tried to resolve these crises as they've presented - while the waiting times keep growing across the country[6] - without addressing their causes, social, cultural and economic (or even adequately identifying them). The outcome of this persistent blind eye in our system becomes chillingly evident in New Zealand's rates of child abuse (7000 cases of common/serious/aggravated sexual assault against children under 15 in 2021)[7], youth suicide statistics (highest rate of teen suicide in the OECD)[8], family and sexual violence statistics (one in six New

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[1] Cite our 2020-2021 Annual Report on the website.
[2] Cite our 2021-2022 Annual Report on the website.
[3] New Zealanders' mental wellbeing declines | Stats NZ
[4] Ibid.
[5] ComVoices, April 2023. State of the Sector Survey 2022 Report. PROVIDE LINK AFTER LAUNCH
[6] Those waiting for child and adolescent mental health services over 8 weeks has grown from 1386 (9.3%) year end 2015 to 2217 (15%) year end 2020. For adult wait times the increase in those waiting over 8 weeks is smaller between 2018 and 2020, but was already higher than for children and adolescents in 2018. See: https://fyi.org.nz/request/15122-mental-health-waiting-times#:~:text=April%2009%2C%202021,(pages%2023%20and%2024).
[7] Salvation Army, 2021. State of the Nation Report
[8] UNICEF Innocenti Report June 2017. See: Unicef report: New Zealand 34th out of 41 developed countries for child wellbeing | Stuff.co.nz

Zealand women experience sexual violence from an intimate partner during their lifetime)[9] and the growing complexity of demand for social services like ours in every community.

This position is therefore developed because we see the positive difference we make, us and the Community and Voluntary Sector we network with, actively preventing mental health crisis. How? By identifying risk factors with our communities and then for us at Family Works, working intentionally to develop evidence-based programmes and services that support people to mitigate those risks as they impact their lives personally. Family Works programmes like counselling and anxiety groups for children and young people, parenting courses for caregivers, Family Start and Social Work in Schools (SWiS), Family Dispute Services and our child-centred group learning courses, are measures chipping away at the least visible part of the iceberg, submerged where we think the iceberg gathers and forms for children, young people and their whānau. At our Enliven centres for older people and people with disabilities, we have more programmes designed to maintain connection for these otherwise isolated members of our community. New Zealand needs to appreciate and action more of these types of preventative programmes because they chip away at the bulk of social, cultural and economic conditions cementing poor mental wellbeing statistics in Aotearoa.

Some context to the persistent failure of New Zealand’s system

While mental wellbeing rates are falling, the outcomes of relatively high rates of poor mental wellbeing in Aotearoa have been evident over generations, such as the relatively high suicide rate. Despite this, successive governments have failed to fund the mental health and addiction system adequately. It therefore struggled to provide adequate services long before there was a pandemic. Despite bigger recent investments, access to specialist mental health and addiction services has not changed over the past five years.[10] Wait times for young people to access specialist mental health services continues to be high: 1 in 5 people are not followed up after discharge from acute inpatient mental health units; 1 in 6 are re-admitted to hospital within 28 days of discharge. As Te Hiringa Mahara, Mental Health and Wellbeing Commission Chief Executive notes:

> *“The arrival of the Omicron variant has exposed long-standing, fundamental weaknesses in our health system. There is little capacity in the mental health system to cope with shocks, there are entrenched inequities in access to services.”*[11]

This Government’s cross-agency $1.9billion package for mental wellbeing in the 2019 Wellbeing Budget was therefore historic. It included $664million to roll out a five-year Access and Choice programme to provide greater access to and choice of mental health and addiction services for people experiencing mild to moderate mental health and addiction needs. Government claims more than 380,000 primary mental wellbeing sessions have been delivered with this investment and more than 900 additional FTEs are working to support mental wellbeing in the community.[12] Despite this historic investment, we note the Mental Health and Wellbeing Commission’s review found “no change” in access to specialist mental health services in 2022.[13]

We further applaud this government’s 2022 announcements that a further $100million investment would be made over four years for workforce development to build the capability and capacity of the specialist services workforce; to enhance existing specialist child and adolescent mental health and addiction services and to deliver a variety of intensive supports such as residential and home-based crisis respite, community crisis teams, co-response teams

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[9] As at January 2021 and reported at Childmatters.org.nz. See NZ Child Abuse Statistics (childmatters.org.nz)

[10] New Zealand Mental Health and Wellbeing Commission, 2022. Te Huringa: Change and Transformation Mental Health Service and Addiction Service Monitoring Report 2022 FINAL-MHWC-Te-Huringa-Service-Monitoring-Report.pdf

[11] Karen Osborne, CE Te Hiringa Mahara: Te Hiringa Mahara welcomes Health Quality and Safety Commission report on the mental health impacts of COVID-19 on Aotearoa | Mental Health and Wellbeing Commission (mhwc.govt.nz)

[12] Next steps for specialist mental health and addiction services | Beehive.govt.nz

[13] Review finds no change in access to specialist mental health services in 5 years despite $1.9 billion funding boost | Newshub

and peer-led services in the community.[14] Furthermore we note the $15million boost over four years for youth development services. This new investment represents a 40% funding increase to the Ministry of Youth Development and Government estimates over 7000 rangatahi will benefit from this new investment annually.[15]

Bigger investments by government on the service end, for people suffering poor mental wellbeing - while applauded and seen as necessary - addresses New Zealand's decline in mental health with an "Ambulance at the bottom of the cliff" approach. It should help us at Presbyterian Support by providing us with new possible funding partners across government as well as more stakeholders we can partner with and/or refer our clients to for support when they present to us with mental health service needs. It does not stop clients from presenting however, and as we have noted, they are presenting in increasing numbers while hard times persist, with no present increases to our funding,[16] even while our services are impacted.

How do you turn the tide? How can we begin to ensure through persistent hard times "a new norm" for Aotearoa, that *all* New Zealanders feel connected, with a sense of belonging, meaningful purpose and hope for the future, that enriches their pae ora, mauri ora and whānau ora? We think the system should at least desist with its Ambulance for the bottom approach and think transformatively, about creating the policy conditions for communities to be self-determining, all its people connected and child-centred. For this reason we celebrate this government's introduction of Te Aurerekura[17], a 25-year strategy to eliminate family and sexual violence, that begins with a longterm shift to prevention, through cross-governmental collaboration to address the social and cultural conditions driving violence in the home. As a 25-year strategy it holds a vision to disrupt intergenerational harm caused by the past systemic neglect for these social and cultural conditions.

Presbyterian Support sees itself within this strategy, already doing the work in communities to try and prevent those worst-case scenarios. But at Family Works we note staff find themselves increasingly working with children and their whānau members when they have been re-traumatised by our government services. There is a long way to go, then. We hold this position to shine a light on what we do as community stakeholders in mental health, that we know works for the children and whānau we serve. We hold that the mental health of Aotearoa demands a valued, well-funded Community and Voluntary Sector, and only this might stem the tide of outcomes in our mental health system.

The persistent breaching of Te Tiriti o Waitangi

The Crown has an obligation as a Tiriti partner to protect Māori and play a role in delivering targeted and robust solutions to hauora Māori. Throughout New Zealand's colonisation however, Pakeha settler attitudes were often both interpersonally and culturally racist, experienced by tangata whenua in everyday life as deminishments of their mana. Similarly government policy was institutionally racist, driving the loss of Māori land and erosion of Māori concepts and values. These confrontations on behavioural, cultural, structural and institutional levels, significantly impacted the Mauri Ora and Wairua of tangata whenua over generations.[18] This lived experience of daily racism alongside policy breaches of te Tiriti o Waitangi over two centuries have taken their toll traumatically on Māori mental wellbeing.

[14] Ibid

[15] Budget 2022: Supporting our young people to thrive | Beehive.govt.nz

[16] In 2022 the funding stream from Oranga Tamariki, Government's Ministry for Children, was in fact reduced severely for our Family Works services.

[17] The Board for the Elimination of Family Violence and Sexual Violence Te Kāwanatanga o Aotearoa | New Zealand Government, December 2021. Te-Aorerekura-National-Strategy.pdf (tepunaaonui.govt.nz)

[18] Moewaka-Barnes H, McCreanor T. Colonisation, Hauora and Whenua in Aotearoa. Journal of the Royal Society of New Zealand. 2019. 49(Sup1):19–33.

By the end of last century, Māori scholars were documenting the lost connection to Māori culture and language as a form of spiritual and cultural poverty with its own social, cultural, physical as well as political consequences.[19] By 2018 scholars had found Māori youth reporting seriously higher prevalence of suicide attempts (Māori 6.5% vs. NZ European 2.7%) while suicide death rates for Māori youth were almost twice that of non-Maori (17.8/100,000 vs. 10.6/100,000).[20] Looking at the national Youth12 secondary school students survey results, they found evidence that Māori youth who have a strong cultural identity were more likely to experience good mental health outcomes, while discrimination had a serious negative impact.[21]

Persistent confrontation with racist attitudes and policies of New Zealand society and government leave Māori in this century not only over-represented in poverty statistics, but with high (50.7%) lifetime prevalence of any mood disorder, the most common of which being anxiety.[22] According to urban Māori scholars, poor urban Māori internalized their negative experiences of alienation and their identity as Māori became tied up with their experiences of poverty.[23] It is important that we challenge this identity-association.

To reshape New Zealand into a country in which Māori hold equal mental wellbeing resources to that of Pakeha, racist discrimination has to be stopped and Māori's indigenous cultural values and traditions accepted alongside their rights to the resources initially taken from them. Māori health perspectives emphasize the importance of managing together four interacting dimensions: taha wairua (spiritual health), taha hinengaro (emotional/mental health), taha tinana (physical health) and taka whānau (family health).[24] We sincerely hope that Government's recent re-establishment of Te Hiringa Mahara - the Mental Health Commission and the transformation of New Zealand's health and disability system with the inclusion of Te Aka Whai Ora, a Māori Health Authority, will support and inform the commissioning, funding and planning work inside this broad sector with indigenous perspectives.

PSNZ's aspirations toward Te Tiriti o Waitangi

Here at Presbyterian Support we aspire to eliminate racism in our workplaces proactively. In each region we've embarked on cultural development pathways led by Te Pou Tohu Tohu Ahurea, Regional Cultural Advisors. These leaders come together to form a national advisory group to Presbyterian Support New Zealand, Te Kahui Rangatira, who in 2017 developed Te Pātikitiki o Kōtahitanga – PSNZ's Māori Engagement Policy.

We believe that building the cultural knowledge, skills and competencies to engage and respond in culturally appropriate ways locally to clients and communities is of particular importance in the attainment of equitable outcomes for Māori.

In 2022 the National Council (traditionally made up of regional Chairs) agreed to revise the Constitution and Family Works Trust Deed so that two members from each region – a Tauiwi and a Māori representative – sit on the National Council. This is so that even in our governance and decision-making, we reflect the bi-cultural and diverse nation we serve. We do this not simply to improve our outcomes for Māori but to ensure the mental wellbeing of our own Māori staff.

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[19] M Durie, Mental health and Maori Development. Australian & New Zealand Journal of Psychiatry, 1999 - journals.sagepub.com

[20] Williams, d. Clark, T and Lewycka, S. The Associations Between Cultural Identity and Mental Health Outcomes for Indigenous Māori Youth in New Zealand. Frontiers in Public Health, November 2018 https://www.frontiersin.org/articles/10.3389/fpubh.2018.00319/full

[21] Ibid.

[22] Baxter, J and Kingi, Te Kani. Prevalence of Mental Disorders Among Māori in Te Rau Hinengaro: The New Zealand Mental Health Survey in Australian & New Zealand Journal of Psychiatry Vol 40, Issue 10, 2006.

[23] George, Lili. Expressions of Māori multiplicity in (re)connection to Ngā Taonga Tuku Iho', Social Identities 18, no. 4 (2012), pp. 435–50, p. 435 https://journals.sagepub.com/doi/full/10.1177/0306396820923482#

[24] M Durie, Māori Cultural Identity and its Implications for Mental Health Services: International Journal of Mental Health Vol 26, No 3 Fall 1997.

It takes a village to raise a child - Examples

Presbyterian Support Central has held a Memorandum Of Understanding with the local Infant, Child, Adolescent and Family Service (ICAFS) since 2017, when waiting times of more than 12 months for young people already saw no end, without more effective collaboration among community stakeholders. The partnership meant Family Works could be referred children for secondary level mental health services, giving them ongoing regular supervision delivered by a child psychologist. Our MOU has reduced child waiting times to within 3-8 weeks and client feedback has been very positive.

Throughout New Zealand there is currently no early intervention strategy that specifically supports families and whānau of children between the ages of 3 and 5. So Presbyterian Support Northern piloted their own Social Workers in Early Childhood Education (SWiECE) program in Kawerau, through private donations and grants. Oranga Tamariki had stopped sending a social worker to the area regularly and the travel costs into Rotorua, where the nearest government service is, are too much for most households to access. The median income in Kawerau is just over $20,000 per annum. That means without Presbyterian Support filling the gap and despite the high needs of this area, families with children under 5 were getting no government-funded social support except a child's B4 school check with Plunket.

In all regions our Parenting Courses – some government funded, some not - keeps growing: in the last financial year we helped over 700 more parents than the year before (a 50% increase). Our group learning programmes like "Incredible Years" and "Tuning into Kids" increased in outreach too: we helped 5100 clients this year compared to 4678 the year before, a 9% increase. We firmly believe programmes like these prevent poor mental / social outcomes for the entire family and should be seen as a long-term solution that deserves Government's greater social investment.

Trauma's lasting effects on mental wellbeing

Our Family Works' vision is for Aotearoa New Zealand to be the best place in the world to grow up – a place where all tamariki are safe, families and whānau are strong and communities are connected. But conditions of growing up in New Zealand are in fact isolating for many kiwi kids, even neglectful or violent. Sadly, when left unidentified and not disrupted, children living in these harmful, often traumatic conditions can come to see them as "normal".[25] This is not the culture we want for Aotearoa New Zealand.

On average, one child dies every 5 weeks in New Zealand as a result of family violence,[26] a death rate we cannot accept when we know it is entirely preventable. But among those children that survive family environments of neglect and/or violence, there is a higher chance they grow up to be adults with poor mental wellbeing, who nevertheless raise their own children in the same violent, neglectful way.[27] This is how a culture of neglect and violence is reproduced intergenerationally and we believe to break its cycle therefore takes at least two (both at once) generations. So our services for children and young people are trauma-informed; that is, we understand and face with our clients the lasting psychological effects that can incur from single incidents or ongoing situations of conflict or struggle.

Traumas are the events and situations that overwhelm us, leaving us feeling out of control, helpless and alone. When something stressful occurs, our bodies are wired to release a cocktail of chemicals into our bloodstream to activate our nervous system's fight/ flight/ freeze/ appease defence responses. This is meant to be a short-term strategy to keep us alive. Once the event is over, our bodies are supposed to return to a state of balance where we can function again calmly and in a clear-minded way. Mental and emotional wounds persist long after the physical body has healed however (many traumas occur without the body even being touched).

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[25] Child Abuse | Psychology Today New Zealand Wright, K. Turanovic, J. O'Neal, E. Morse, S. Booth, E The Cycle of Violence: Revisited: Childhood victimisation, resilience, and future violence in Journal of Interpersonal Violence, Volume 34, Issue 6. May 2016

[26] UNICEF Innocenti Report, 2021 This and more statistics from this report here: NZ Child Abuse Statistics (childmatters.org.nz)

[27] Wright, K. Turanovic, J. O'Neal, E. Morse, S. Booth, E The Cycle of Violence: Revisited: Childhood victimisation, resilience, and future violence in Journal of Interpersonal Violence, Volume 34, Issue 6. May 2016

Not everyone experiences trauma the same way and not everyone who goes through the same events will necessarily be traumatised.

Trauma can result from a single event, a series of events or multiple sets of circumstances that cause physical, emotional, psychological or spiritual harm. Complex and relational trauma describes the experience of multiple traumatic events that are ongoing, such as abuse or neglect that are interpersonal in nature. These events and experiences are especially impactful in the earlier years of life. Distressing events at a young age can potentially impact brain development. If these are perpetrated by a child's caregivers it can be particularly traumatic.

From our experience of demand on the ground, backed by the evidence within the State of the Sector Survey 2022, we believe the social isolation many felt through the pandemic, alongside its economic aftermath, has caused complex and relational trauma among more households than ever before. We fear that the increasing frequency of climate events, impacting differently and regionally, will only compound those social impacts and create more complexity and relational trauma in homes. It is Family Works and often only Family Works in the area (see inset for examples), where families in those homes will find trauma-informed support.

Parents and grandparents should be asking of New Zealand government: Where's my support? Who can help me make sure my child is safe? New Zealand's government has a shifting number of services and programs supporting whānau to raise young children. There is Family Start, a flagship home-visiting program for pregnant mothers and families with infants and children up to 3 years old. Then there is Social Workers in Schools (SWiS) which is primary school based (years 1-8). Both interventions have been proven effective in addressing social challenges for at-risk families, such as housing unaffordability, food insecurity, financial hardship and trauma, yet both our Family Start and SWiS budgets were cut by Oranga Tamariki, and these cuts were sector-wide across the country, by up to 10% in 2022.

So for now, government has a big gap in its safety net for struggling whānau. Unless a trauma-informed Social Worker recognizes and develops their strengths, resources, resilience and problem-solving abilities, some children - and their families - are not as likely to get ahead or flourish. Their brain development may be compromised as well as their long-term mental wellbeing, from growing up in conditions our system should have addressed and prevented.

People with disabilities and poorer older people need our connection

As with the mental health system, successive governments have for years failed to fund Disability access nor Aged Care adequately, while New Zealand now forecasts a rapidly growing older population. We believe societally entrenched poor attitudes towards the value of older people and people with disabilities has implications for their physical and mental wellbeing. Both populations have greater likelihood of under-employment, isolation and lower income, while a growing number of poorer older people learn they have less options at retirement for care.[28]

Despite being recognized as a major global health issue, older adult abuse remains largely undetected and under-reported in New Zealand, but we fear it will increase as the population ages, and will increase disproportionately for poorer, disabled older people. We know this because of the statistics of reported crime against disabled people in New Zealand: significantly more are likely to experience all personal and household offences, with 45% of disabled adults at elevated risk of sexual assault and intimate partner violence.[29] This leaves almost twice the proportion of people with disabilities – most notably the older people among them - living in fear than non-disabled.[30]

[28] Retirement Commission, 2022. Review of Retirement Incomes Report

[29] NZ C&V Survey June 2022

[30] Statistics NZ 2014. Disability Survey 2013.

The last Disability Survey in New Zealand found 24% of the nation's population identified as disabled - a total of 1.1 million people – among them 59% of the nation's population aged 65+.[31] The unemployment rate for disabled people was significantly higher (9%) than the national rate among those seeking work. Of those who work, well over half earnt just $30,000 or less (compared to 35% non-disabled workers) and just 7.5% earnt over $70,000 (compared to 24% non-disabled). It follows that a significantly higher proportion (23%) of households with disabilities had incomes with $30,000 or less, compared to households with no disabilities (13%).

Enliven: Caring, enabling, supporting

At Presbyterian Support we provide Enliven services to older people and people with disabilities. We know how much people with disabilities and older people are able to contribute to society and we do what we can to support this. Those we serve know the difference between our philosophy of care and the general attitude of others, that disabled people's employment and income rates in Aotearoa reflect. We believe in the cultural capital – the wisdom – of these members and what value this adds to our nation. When older people and people with disabilities are not cared for with this philosophy, their mental wellbeing is impacted.

At our Enliven services we already see people with financial equity at the age of retirement having more housing and care options as they age, while people on low incomes and who don't own their home at retirement forced to rely heavily on their families and the public health system for accidents and general care. The statistics above already indicate how disproportionately people with disabilities will be represented within poorer older people's population. A booming for-profit model of Aged Care will provide for able, older people who can afford it, but not-for-profit entities like ours struggle to either support people at home or support the public health system with beds for those with disabilities and/or needing higher levels of care.

It's important New Zealand has ratified the United Convention on the Rights of Persons with Disabilities but we have a long way to go however, before we realise the purpose of this Convention, which is similar to our Enliven services' mission - to ensure those living with disabilities have maximum independence and enjoy fulfilling lives.[32] Without Government's immediate prioritisation and redress of funding levels, we believe New Zealand's commitment will remain unrealised, and this will have serious impacts on this population's mental wellbeing because not-for-profit entities like ours that serve these populations, are for now forced to cut back on services and worse, in places even close our doors.[33]

The mental wellbeing of individuals relies on social cohesion

Social cohesion is important for mental wellbeing and arises when enough bonds link all members of a society to one another as well as generate a sense of belonging among members to the society as a whole. Good whānau and family relationships, community support and connectedness and access to support and help are identified as protective factors against depression and suicide.[34]

New Zealand's society has changed and grown significantly over the last two decades: its domestic birth cohorts show a growing, younger Māori/Pacific population while immigration settings have also allowed greater ethnic diversity of the population and over time a 'Baby Boomer' generation has aged, now in retirement. While it is necessary to build our critical physical infrastructure such as hospitals, bridges, schools etc. to meet this changing society's demands, Government must not ignore the social infrastructure this greater more diverse population

[31] Statistics NZ 2014. Disability Survey 2013 https://www.stats.govt.nz/information-releases/disability-survey-2013

[32] At Enliven services our mission is to support older people and those living with disabilities to maximise independence and enjoy fulfilling lives. See https://www.ps.org.nz/enliven-nz/

[33] At November 2022 three Enliven facilities have either closed down completely or ceased to take on new residents because of staff shortages and lack of adequate funding. In the aftermath of Gabrielle more facilities have been temporarily evacuated, including Taradale's facility for young people with disabilities.

[34] Ministry of Health, 2019. Every Life Matters – He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy and Suicide Prevention Action Plan for Aotearoa New Zealand. https://www.health.govt.nz/publication/every-life-matters-he-tapu-te-oranga-o-ia-tangata-suicide-prevention-strategy-2019-2029-and-suicide

requires. We argue that historical neglect by successive governments has already negatively impacted New Zealand's mental well-being.

Presbyterian Support is an active member of New Zealand's social infrastructure. Not only do we provide social services, but we partner with whānau, iwi and community organisations locally to drive community-led initiatives, raise funds and public awareness (see inset for examples). Community organisations like us in networks across Aotearoa create social bonds not just for our clients, but also for our staff and for our volunteers, all neighbours and members of the same community. The Community and Voluntary Sector reflects the diversity of our population and society needs Government to provide equitable investment in it, if it is to enhance the nation's mental wellbeing, alongside its economy, health and productivity.

Community makes the Home - Examples

At Presbyterian Support we have Community-led programmes that focus on building social cohesion for high-risk populations, to prevent the social factors that lead to both low mental wellbeing and/or housing crisis for individual members. In South Canterbury for example our Refugee Settlement programme works responsively with Refugees toward this vision. At Presbyterian Support Northern our Communities Feeding Communities Project has created a central place in one of Auckland's most impoverished suburbs, for members to call theirs despite whatever housing conditions they go home to.

Initiatives like these build social cohesion for groups with otherwise less connections and higher anxiety and stress, to still manage to grow and share food, give their children safe places to play and learn, alongside supportive sector stakeholders and partners providing essential services.

In the past decade Government has embraced digital technologies and we applaud its efforts to make public services available online. We oppose the 'digital-first' approach however because it marginalises members of society frustrated or with mental health issues, who have trouble operating online, or have no access to online devices and facilities. They find themselves socially excluded, with less access to public services they need, when Government agencies focus their delivery through online portals.

At Presbyterian Support our most remote and most isolated clients – often shared with Government agencies – experience the 'digital-first' approach as digital *exclusion*. This experience creates more work for our Social Workers: On one hand, with our face-to-face engagement, we deal first-hand with the mental anguish and confusion people experience engaging online, with impersonal online public services. On the other hand, a failed online engagement is often the point at which our social work kicks in, 'battling the system'[35] to speak, on a client's behalf either to contest outcomes of the online experience, or to ensure their conditions are assessed appropriately and clients receive exactly what they are entitled to.

Stress and mental anguish are common in this context. Without local services kanohi ki te kanohi (face to face) like ours, some communities will continue to exist in greater isolation and vulnerable members within those communities will continue to have greater risk of remaining underserved by Government. We see the underservice and digital-first approach undermining our clients' mental wellbeing. We support the sentiments of retiring Green Party member Jan Logie:

> *"The starting point for public service is to find out, actually, how do people engage? How do people want to engage? And how can Government meet them where they are at rather than the starting point of what is easy for the organisation, the bureaucracy."* [36]

Local services like Presbyterian Support, when it's our workforces – not Government's online portals - that ensure citizens receive access and their entitlements, should be acknowledged for the part we play providing social cohesion and thereby mitigating poor mental wellbeing, for remote communities across Aotearoa.

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[35] Quotation from minutes of a national Family Works Practice Leads Service Group, November 2022.

[36] Jan Logie during Special Debate 28 July 2022 – Petition of Citizens Advice Bureau New Zealand – Leave no-one behind – campaign to address digital exclusion. [Special Debates — Petition of Citizens Advice Bureau New Zealand—Report of the Petitions Committee - New Zealand Parliament (www.parliament.nz)]

Hope for a brighter future, and a meaningful part in creating it?

For mental wellbeing, we need more than connection, we need hope. But after enduring a pandemic and more frequent climate events, most of us struggle to find resilience, let alone connections and hope for a brighter future. Not only have recent events killed, left homeless or simply disrupted the lives of too many New Zealanders, they have disrupted our services and made a churn of our workforce populations, forcing us to innovate and adapt rapidly in response, because we know we're needed more than ever.

New Zealand needs leadership that disrupts and removes cultural barriers of a time before Covid, and keeps the focus of Government policy on wellbeing, connectivity and social cohesion. We believe this focus begins with honouring Te Tiriti o Waitangi and the models and frameworks put forward by Māori for Māori mental wellbeing are the models that will get it right for all populations across Aotearoa. Honouring Article 3 of Te Tiriti o Waitangi happens when Aotearoa's systems cease to have such inequitable mental health outcomes, not simply for tangata whenua but for all groups in Aotearoa. We hold that honouring Articles 1 and 2 starts with adopting across all government Te Whare Tapa Whā, the wellbeing model developed by Sir Mason Durie in 1984.[37] It is complete when all sub-groups of New Zealanders are treated the same inside our society, each given the right resources to enrich their own pae ora, mauri ora and whānau ora.[38]

At Family Works we know and serve children and their families in increasingly severe material hardship, with complex feelings of fear, frustration and confusion, trauma, isolation and neglect. At Enliven we know and serve their poorer grandparents facing fewer housing options and the fear of onset of matewareware – dementia – and other challenges to staying connected in their community. Then we see our Sector and ourselves in it, struggling to operate with positions vacant, exhausted teams and unnecessary work created by lack of systemic coordination amongst government's funding agencies for what we do.

We see our services removing systemic barriers and we see, when we do, how much we are part of New Zealand's mental health system: Not the one funded to address the nation's mental illness, but the under-funded one, serving its social, cultural and mental wellbeing. When we ever look up from our work, our vision is for a vibrant Community and Voluntary Sector, fully funded and valued by government for the social cohesion it provides, the connections it builds and hope it gives back to struggling whānau.

We believe social support provision like ours, provided in the community, should be seen for the culturally and economically beneficial *protective* measure it is within New Zealand's mental wellbeing picture. There is so much our people at Presbyterian Support do for clients – particularly children - to help them out of poverty, housing crisis, family disputes and/or violent relationships, food insecurity, etc – *persistent hard times* – and what we do by the way of social support may be stopping New Zealand's mental wellbeing statistics from looking even worse than they already are.

[37] Durie, M. 1994 . Waiaora-Māori health development. Auckland, NZ. Oxford University Press.

[38] Durie, M. (1998). *Te Mana Te Kawanatanga: Policies of mäori self-determination*. Auckland, NZ: Oxford University Press.