



Inside the Mental Health & Addiction Inquiry Panel

By Nathan Frost

The long awaited response to He Ara Oranga arrived last month with the Government announcing it had accepted all but two of the inquiry panel's recommendations.

The following day, the Wellbeing Budget set aside 1.9 billion to invest in what Prime Minister Jacinda Ardern stated was a transformation in both the Government's thinking and their approach to mental health and addiction service provision.

This story is not about any of that.

Much has been written – both here and abroad – about the bold new direction Jacinda Ardern's Coalition Government has taken to include New Zealanders' level of wellbeing when determining the success or failure of an economy.

Rave reviews in the international press have trumpeted Ardern as a daring political innovator, while voices closer to home have cautioned of the headaches the Wellbeing Budget may bring.

But this story is not about that either.

This story is the most important story, because it is the story of Kiwis in pain.

Kiwis who after years of underfunded addiction and mental services were in desperate need of help with nowhere to turn.

It's a story of agencies dealing with those falling through the cracks that had widened to crevasses; a story of the police responding to up to 90 mental health related calls per day.

It's a story of grieving family and whānau members who have lost loved ones to suicide, beautiful bright lives full of promise gone forever.

It's a story of simmering anger, because in many cases families had sought help only to be told there was none, and this had led to disastrous outcomes for many.

It's a story of frustration at not being listened to, so much so psychotherapist Kyle Macdonald launched the 'People's Mental Health Review Campaign' after the previous government refused to sanction an official one.

This is the story of the Inquiry Panel, tasked with the job of listening to the stories of New Zealanders affected by a flawed system in desperate need of an overhaul.



The story of six diverse individuals who over a ten month period travelled the length and the breadth of the country, received 5200 plus written submissions, attended over four hundred meetings including 26 public forums.

The panel's job didn't end with listening to the people. They then had to face the challenging questions raised by their stories and work out what recommendations to make to the Government.

Addiction Standard recently spoke to the Inquiry Panel Chair, Auckland University Law Professor Ron Paterson about his experiences over the course of the inquiry.

His reflections on this time provide an interesting social insight into Kiwi families, whānau and communities affected by not only addiction and mental health issues but lack of related health and social services.

Hi Ron, thanks for agreeing to this interview, I wondered if we could start at the beginning of this journey with your appointment as the inquiry panel chair, do you think you knew at that point what you were getting yourself into?

The job was never something I sought. I suspect they asked me because of my background as a Health and Disability Commissioner – a job that I loved. It was a job where I met with a lot both consumers and providers right across the spectrum; doctors, managers, patients, consumer groups. I connected with a lot of people in the health and disability sector around New Zealand. So, I guess that's why they asked me, but I'm not sure, it wasn't something I was expecting.

When I found out I went and personally visited Ken Mason (from the Mason Inquiry). Ken used to be my neighbour at Mum and Dad's place. I knew him from popping over for a beer from time to time. After talking with him about the role Ken said very clearly to me, 'go and listen to the people Ron, they will tell you what to do.' And that really became the panel's ethos over the course of the following ten months.

Our core function was to listen to people, the panel needed those skills, I needed those skills.

We agreed that we wanted to honour the voices of the people and put them first. Once we agreed on that as our approach that really shaped the recommendations the whole way through.

Do you think you were prepared for the level of pain that was displayed at the public meetings?

I knew it was going to be hard but I don't think I appreciated the enormity of the heartache of people, families and community members around the country. The people who stood up at meetings and talked about the pain of losing loved ones to suicide.

A father holding a pair of sneakers and saying these were the sneakers my son was wearing when he took his own life.

The mum who says I can't talk to him, I'm just talking to the addiction.

Parents of children with anorexia, families affected by methamphetamine, families who've lost someone to suicide and not received any help, you know they haven't got the help that they needed.

There was a lot of emotion, a lot of hurt and pain, some anger, and that was really hard because you're human and it affects you.

One of the things that I had to learn was we had to sit there and just listen and that was really hard because it could look like you're not responding. So just listening attentively but not trying to respond to every individual as they tell their story and then at the end of the evening we would try and acknowledge what we'd heard and summarise the themes of what we'd heard.

At the public meetings we would often stay around after the meetings had ended and have a cup of tea and talk to people and individuals would come up to you and say thank you and that the meeting had been helpful but far more afterwards would send in messages, Facebook messages, emails, occasionally a letter.

The overwhelming sentiment was that people felt heard, for the first time people felt heard and that was very special feedback to receive because you felt as if the inquiry process itself was a healing process for some people. Not for everyone but for some people.

The other thing about the public meetings was it brought people together, tāngata whaiora, community groups, people affected by addiction, family and whānau groups affected by drugs and mental illness, provider groups. The inquiry ended up being a bit of a catalyst for bringing people together.

What were some of the examples of the positives you saw happening in the community?

What is working in the community, is the community. It's people coming together and supporting each other. There are so many people out there doing amazing things.

We heard about the positive impact of arts based programmes in the community, drop in centres and self help groups. We met with He Waka Eke Noa and they just completely blew us away. The honesty and courage of the people. People who are clean supporting each other, sometimes lapsing but supporting one another.

What are some of the things people talked about wanting to change?

People told us they don't just want to be medicated. They told us they want support centred in their own communities, not institutions or services where they can't get the help they need when they need it.

They told us they want addiction treated as a health issue, not a criminal law issue. There was a lot of emphasis on the impact of trauma, of unemployment, of racism. A lot of the social determinants of poor health were highlighted in a very personal way by the stories we heard at those public meetings.



The fact is people who talked to us kept on talking about the need for kindness, compassion and connection guiding a new way of doing things. They were themes that we heard universally. I think the approach we took made it possible for people to speak their hearts and they did.

We had this consultation document that we kept really simple, what's working, what's not working, how can things be improved, what things are broken that need fixing. People started to come together with ideas and some very clear themes started to emerge as we travelled the country.

So, when you say 'we agreed', who were your colleagues on the panel?

Yes and please make this story about them not about me!

We had Sir Mason Durie. It was like having God on the panel, he is just a wonderful and wise man with so much to contribute, but he's quite a shy man and you've got to get to know him. We all looked up to him and called him Matua. He provided wonderful guidance to us all.

We had a human Dynamo in Josiah Tualamali'i. Twenty-two, charismatic and extremely connected.

We had a driving Chief Executive in Dr Barbara Disley, who has enormous experience as the first Commissioner and is the current head of Emerge Aotearoa. Barbara knows the health sector backwards.

We had Dean Rangihuna who was our consumer member. Dean is just the most remarkable loving man. Every meeting we went to I would try to have him standing right by me because I learnt so much from him. He really helped me. In many of the meetings Dean would be the person who'd respond. He'd respond in te reo, he'd lead us in karakia, and he'd really respectfully acknowledge the pain in the room.

We also had Dr Jemaima Tiatia-Seath who has a huge amount of experience in Pacific mental health, and suicide prevention and postvention.

So we had this really wide range of backgrounds. We virtually lived together; travelled together, ate together, and went into difficult meetings together. And then every three weeks we'd have to work out how on earth we'd use all the stuff we'd heard, and pull that together and agree on the sort of recommendations we were going to make.

The way we bonded as a group was incredible. It's quite an unusual thing to be taken out of your normal routine for ten months and suddenly you've got to chair a group of people, completely different backgrounds, aged 22 to 79, who don't know each other.

What proved critical in the process was, well there's no other word but aroha actually. We became very closely bonded and established a very high level of trust in one another and that made it quite a lot easier.

They're all good people, I'd have them home for the weekend. I have had them home for the weekend! We've remained in close contact, the two younger guys I call my brothers.

So as a group you developed a collective gauge of the mental health and addiction service provision and saw very common sentiments expressed nationwide. What do you then do with that information?

As I said earlier, listening was a really important part of the inquiry process which was absolutely necessary and if we hadn't done that well then I believe the inquiry would have failed. But it's not enough just to listen, you've got to be able to think about the really challenging questions we'd been asked – I mean there was no shortage of views – and we had to come together and work out as a panel what we were going to say to the Government.

A lot of this interview has focussed on the idea of allowing people to have a voice, of respectfully listening to the stories of everyday Kiwis and taking action based on their experiences. Now that the dust has settled and the Government has responded to the recommendations of the inquiry panel, do you feel a sense of satisfaction, do you feel like the Government listened and was the panel's voice heard?

Yes, we do feel satisfied – that the Government has listened to the voices of the people, reflected in He Ara Oranga, has accepted nearly all our recommendations and has made a huge investment in mental health and addiction in Budget 2019.

