Mental Health Bill

A submission by Whānau Āwhina Plunket

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Introduction

Whānau Āwhina Plunket is the largest provider of health and wellbeing support services to tamariki under five and their whānau in Aotearoa New Zealand. We see three-quarters of all new babies across Aotearoa New Zealand, including nearly six out of ten Māori pēpi. We have been supporting pēpi, tamariki and their whānau for 117 years.

This submission is guided by our vision: Setting the path of wellness in our communities for the early years, for generations to come. Our vision is underpinned by our strategic goals: Pae ora (Healthy futures); Mauri ora (Healthy babies and children); Whānau ora (Healthy confident families); Wai ora (Healthy environments and connected communities) and our equity goal (all our services are delivered equitably by 2025).

We welcome the opportunity to engage on the proposed Mental Health Bill "the Bill". Our submission focuses on raising the rights of the tamariki/pēpi and considering the specific and unique needs of the patient as a māmā when compulsory mental health treatment is required. These are considerations missing from the proposed legislation.

We use the terms "mother", "women", "māmā", and "maternal" as these are the terms predominantly used in literature and reports. However, not all people who are pregnant or give birth identify as female. It is important to recognise that all people who are pregnant or give birth are at risk of developing mental health issues in the perinatal period.

Key Points

- Attachment between pēpi and their key caregiver, bonding, and breastfeeding are important building blocks for lifelong wellbeing (Ministry of Health, 2021) and this must be considered in the context of compulsory treatment in Mental Health legislation.
- The Mental Health Bill must consider the United Nations Convention on the Rights of the Child, and the United Nations Convention on the Rights of Persons with Disabilities.
- Currently there is no data measuring the number of new parents that come under the Act. We recommend measuring the number of new māmā who receive compulsory treatment under the Mental Health Act to enable future monitoring of the impacts of the Act on new māmā and their pēpi.
- Currently there is an inequitable use of compulsory treatment on Māori. We strongly encourage further consideration of how Kaupapa Māori approaches within the Act and beyond can actively support equitable outcomes, especially for Māori.

Section A: Maternal Mental Health and the first 2000 days

1. The perinatal period refers to the period of pregnancy to one year post birth (The Royal Australian and New Zealand College of Psychiatrists, 2021). The first 2000 days refers to the period of pre-conception to when the child turns five years old (Ministry of Social Development, 2024). Both periods are referred to in this submission and, while there is overlap, they are different. Whānau Āwhina Plunket supports whānau in the first 2000 days; however, much research on maternal mental health focuses exclusively on the perinatal period.

2. The perinatal period is a high-risk period for new onset and recurrent mental health issues (The Royal Australian and New Zealand College of Psychiatrists, 2021). It is estimated that 12-18% of māmā in New Zealand will develop mental health issues during the perinatal period (Ministry of Health, 2021).

3. While most mental health issues can be managed through voluntary treatment, from July 2020 to June 2021, 11,149 people required compulsory treatment under the Mental Health Act "the Act" (Ministry of Health, 2022a). It is unknown how many of these people were hapū or new māmā.

4. In 2023, 18% of new māmā seen for a core one contact by Whānau Āwhina Plunket had a pre-existing mental health condition. The rates were highest for NZ European and Māori māmā at 28% for both ethnicities.

5. Our kaimahi screen for postnatal depression using the Patient Health Questionnaire (PHQ-3) and refer to other providers when required. In 2023, 10% of new māmā had a positive postnatal depression screen at their pēpi core one contact. Māori māmā had the highest rate at 15%.

6. In Canterbury we offer our Plunket Perinatal Adjustment Programme (PPNAP) and Parent and Infant Relationship Service (PPAIRS). From July 2023 to June 2024 these services provided more specialised support to 800 whānau who were struggling to adapt to parenting.

7. Our 24/7 PlunketLine telehealth service is freely available nationally and receives approximately 250 mental health related calls per month.

8. Supporting children and families in the first 2000 days is one of the three priorities in the Child and Youth Strategy 2024-27. A key action in the strategy is supporting maternal mental health during pregnancy, recognising the benefits to child development and health across the lifespan (Ministry of Social Development, 2024).

Section B: Our feedback

9. The Regulatory Impact Statement "RIS" (Ministry of Health, 2022b) specifies eight high level policy approaches to guide the proposed mental health legislation. Two of these principles are: a human rights approach, and respect for family and whānau. These are the two principles that we suggest warrant further consideration regarding compulsory mental health treatment in the context of the unique needs of the māmā and pēpi relationship.

10. Māori receive compulsory treatment under the Mental Health Act at higher rates than any other ethnicity. The RIS acknowledges that the current mental health legislation is discriminatory towards Māori (Ministry of Health, 2022b). We support the addition of the provisions in the Act to give effect to the principles of te Tiriti o Waitangi.

Principle: Respect for family and whānau

Consider the holistic wellbeing of the whānau

11. Whānau wellbeing must be viewed through a holistic lens, where the wellbeing of the individual cannot be separated from the wellbeing of the whānau. This is especially relevant when considering the wellbeing of a new māmā and their pēpi (Ministry of Health 2021).

12. Tāngata whaiora Māori must be recognised in the context of their whānau, and through the lens of te ao Māori. This is required to uphold te Tiriti o Waitangi (Potiki, 2023). The Royal Australian and New Zealand College of Psychiatrists (2021) state that Whānau Ora models must be integrated in maternal mental health services.

Consider the importance of attachment theory

13. We urge you to consider how the attachment between māmā and pēpi can be supported when compulsory treatment is required. Secure attachment between an infant and their primary caregiver promotes lifelong wellbeing (The Royal Australian and New Zealand College of Psychiatrists, 2021).

14. Māmā often do not want to be separated from their families, especially their pēpi and tamariki. This can be a barrier to accessing care, and separation can add to the distress experienced (Ministry of Health, 2021). When inpatient treatment is required, keeping māmā and pēpi together has been associated with improved care satisfaction and faster recovery (Bergink, 2016).

Consider how breastfeeding can be supported when desired

15. Supporting breastfeeding can be positive for mental health and promote māma and pēpi bonding. In contrast, poor support around breastfeeding can worsen existing mental illness (Billings et al., 2024). Appropriate support, education, and advice regarding breastfeeding when receiving compulsory mental health treatment is essential.

16. While maternal mental health is the priority during compulsory mental health treatment, the breastfeeding relationship and the benefits of breastfeeding must be considered and protected (Bergink, 2016). We recommend adding a provision in the legislation to consider how to provide support to preserve the breastfeeding relationship if desired by the māmā.

Principle: Human Rights approach

Consider the United Nations Convention on the Rights of the Child

17. We are concerned that the United Nations Convention of the Rights of the Child (UNROC), which New Zealand has ratified, does not appear to have been considered in the Bill.

18. The UNROC requires the best interests of the child to be a primary consideration when planning legislation. The UNROC specifies that:

    a. A child is not to be separated from parents against their will, unless such separation is necessary for the best interests of the child.

    b. If the child is separated from the parent, the right to maintain personal relations and direct contact with the parent is respected, except if it goes against the child's best interest.

    c. Recognises the right of the child to the highest attainable standard of health and includes appropriate pre and post-natal health care for mothers (United Nations, 1989).

19. We recommend considering the best interests of the pēpi in line with the UNROC when māmā is receiving compulsory mental health treatment. This includes considering a provision for keeping māmā and pēpi together when appropriate and taking measures to maintain the relationship if māmā and pēpi must be separated.

Consider the United Nations Convention on the Rights of Persons with Disabilities

20. We are concerned that the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) does not appear to have been considered regarding compulsory mental health treatment of a māmā with a pēpi.

21. The UNCRPD has a similar provision to the UNROC around separating a child from their parent. It states that "In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents" (UNCRPD Article 23). Separation must only happen if necessary for the best interests of the child.

21. Undergoing compulsory treatment for mental illness is not a reason in and of itself to separate māmā and pēpi. However, if separation was to occur in the best interest of the māmā and/or pēpi, or due to practical constraints, it is important that the relationship be nurtured in an appropriate way. This may include whānau visits or support to continue breastfeeding or expressing breastmilk.

Data collection

Consider how best to measure the number of new māmā who receive compulsory treatment

22. During our research for this submission, we were unable to find any data on how many new māmā receive compulsory treatment under the Mental Health Act. However, people aged from 25 to 34 years are the largest age group receiving compulsory treatment under the Act (Ministry

of Health, 2022a). Based upon national birthing data (Stats NZ, 2024), we can assume that a portion of people receiving compulsory mental health treatment will be māmā with pēpi.

23. We know the perinatal period is a time of increased risk of mental illness and distress. Not knowing how many new māmā are being treated under the Act means we are unable to evaluate whether this part of the mental health system is responsive to new parents.

24. Collecting data on new māmā who receive compulsory mental health treatment under the Mental Health Act would also provide information on populations who have inequitable mental health outcomes, including wāhine Māori (Government Inquiry into Mental Health and Addiction, 2018). This is important to learn how the system is serving these populations with higher health needs.

Conclusion

Whānau Āwhina Plunket welcomes the opportunity to provide a submission on the Mental Health Bill. We know that new māma have an increased risk of mental health issues and that the first 2000 days have a lifelong impact.

We recommend consideration of the specific and unique needs of māma and pēpi regarding compulsory treatment under the Mental Health Act. We also recommend specific consideration to ensure the legislation supports equitable outcomes, especially for Māori.

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