New Zealand

General Information

New Zealand is a country with an approximate area of 271 thousand sq. km. (UNO, 2001). The country consists of two main islands and a number of small outlying scattered islands. Its population is 3.905 million, and the sex ratio (men per hundred women) is 97 (UNO, 2004). The proportion of population under the age of 15 years is 22% (UNO, 2004), and the proportion of population above the age of 60 years is 16% (WHO, 2004). The literacy rate is 99% for men and 99% for women (UNESCO/MoH, 2004).

The country is a high income group country (based on World Bank 2004 criteria). The proportion of health budget to GDP is 8.3%. The per capita total expenditure on health is 1724 international $, and the per capita government expenditure on health is 1323 international $ (WHO, 2004).

The main language(s) used in the country is (are) English and Maori. The largest ethnic group(s) is (are) European, and the other ethnic group(s) are (is) Maori. The largest religious group(s) is (are) Christian.

The life expectancy at birth is 76.6 years for males and 81.2 years for females (WHO, 2004). The healthy life expectancy at birth is 70 years for males and 72 years for females (WHO, 2004).

Epidemiology

There is substantial epidemiological data on mental illnesses in New Zealand in internationally accessible literature. No attempt was made to include this information here.

Mental Health Resources

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1994.

The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. Community based care, quality improvement, services for Maori, balancing personal rights with protection of the public, and developing a national drug and alcohol policy are the major issues addressed in the policy (the document 'Looking Forward' outlines the 10-year national mental health strategy). The strategy requires specialized mental health services to be delivered to the 3% of people who are the most severely affected by mental illness and mental health in primary care for the other 17%. A strategy to address Maori mental health issues, 'Te Puawaitanga; Maori Mental Health National Strategic Framework', was published in 2001.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1998. The National Drug Policy (1998) emphasizes the need for strong law enforcement (to control the supply of

drugs), credible messages about drug-related harm (to reduce demand for drugs) and effective health services (to manage drug problems which do still occur).

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1997.

The Mental Health Commission was established in 1996 to monitor the progress of implementation of the national strategy. In 1997, 'Moving Forward' was released. This document set a national mental health plan for more and better services. In 1998, the Mental Health Commission released the Blueprint for Mental Health Services in New Zealand. It provides a description of the mental health service and workforce developments required for the implementation of the National Mental Health Strategy. It emphasizes appropriate attention to mental health promotion, early intervention services and treatment for moderate and mild mental illness. In June 2000, the five-year mental health workforce plan was completed. Most of the milestones in the national mental health strategy have now been met. A successor strategy, with new milestones for 2006-2010 is being prepared. National mental health standards were developed in 1997 and subsequently revised in 2001. All mental health services must comply with these standards.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. Details about the year of formulation are not available.

An organization set up by the Government evaluates drugs considered to be essential for the health services and subsidizes them. Other drugs considered non-essential by the organization have to be paid for in full.

Mental Health Legislation

There is a Mental Health (Compulsory Assessment and Treatment) Act of 1992, which was amended in 1999. The Criminal Procedure (Mentally Impaired Persons) Act 2003 regulates forensic issues in conjunction with Part 4 of the Mental Health Act. There is no capacity for diminished responsibility. The Mental Health Commission Act 1998 sets up a Commission to monitor and report on the implementation of the Government's mental health strategy.

The latest legislation was enacted in 1992.

Mental Health Financing

There are budget allocations for mental health.

The country spends 11% of the total health budget on mental health.

The primary sources of mental health financing in descending order are tax based, out of pocket expenditure by the patient or family, private insurances and social insurance.

Hospital and community-based mental health services are publicly funded. Since 1999, District Health Boards have taken over the funding role from the erstwhile Health Funding Authority. They provide 70% of the mental health and drug abuse services directly and fund the other 30% of services provided by around 400 NGOs and independent general practitioner associations. Patients pay a proportion of the cost of their drugs and tests. Lower rates are levied for those on benefits. Public sector funding increased by 125% between the years 1994 and 2003 to support the implementation of the national strategy. The Accident Compensation Corporation funded by employers and employees finances sexual abuse

counselling. About 34% of people have private health insurance, but these provide limited mental health cover. Private expenditure on clinical psychological services is primarily out of pocket.

The country has disability benefits for persons with mental disorders. People are eligible for a range of Government funded benefits according to need.

Mental Health Facilities

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. In 2001, a new Primary Health Care Strategy was developed and it led to the establishment of Primary Health Care Organizations (PHOs). The Strategy builds on a population health focus. As part of the implementation of the Strategy, work is under way to better integrate mental health into primary care. Even for those people who have moderate to severe mental illness, their needs are met in primary health care. Some specialist mental health and primary health shared care services operate jointly to manage people with severe mental illness in primary care.

Regular training of primary care professionals is carried out in the field of mental health. To support shared care services, additional training of primary care professionals in managing people with severe mental illness has been undertaken.

There are community care facilities for patients with mental disorders. A broad range of community services are available, for instance, residential care, community support, supported employment, consumer and family networks, education and some home based services. About 6-7% of people estimated to be using mental health services live in supported accommodation. Most of these are provided or funded by Community Housing Limited, with support services provided by DHBs or DHB contracted community providers. Currently, community-based services form around 68% of all mental health services. Increased community-based service delivery is a result of deinstitutionalization and the greater focus in recent years on the recovery based model of mental health as well as increased recognition of the human rights issues.

Psychiatric Beds and Professionals

Total psychiatric beds per 10 000 population	3.8
Psychiatric beds in mental hospitals per 10 000 population	1
Psychiatric beds in general hospitals per 10 000 population	2.8
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	6.6
Number of neurosurgeons per 100 000 population	0.4
Number of psychiatric nurses per 100 000 population	74
Number of neurologists per 100 000 population	1.23
Number of psychologists per 100 000 population	28
Number of social workers per 100 000 population	

There are 1837 occupational therapists. Specialist mental health services are available for the 3% of people with severe mental illness. As a result of deinstitutionalization, stand-alone psychiatric hospitals have been replaced by mental health units in general hospitals. Inpatient beds have decreased by about one third in the last decade. In the same period, beds in services delivered by the community have more than doubled. There is only one private hospital. About 7% of available beds are earmarked for the elderly. Two-thirds of psychiatrists are based in Christchurch and Auckland. About 15% of psychiatrists and 30.5% of psychologists offering clinical, counselling and psychotherapy services are in private practice. The deployment of mental health professionals in the public mental health services has increased in the last decade (e.g. psychologists by more than 50%), but still a shortage is perceived. Psychologists and psychiatric nurses do not have medication prescribing privileges.

Non-Governmental Organizations

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation. NGOs also provide residential care facilities. Mental health services run by and for consumers operate throughout the country, and consumer representatives make an invaluable contribution in all policy and service development issues.

Information Gathering System

There is mental health reporting system in the country. The centralized information system is known as the Mental Health Information National Collection (MHINC). Details are available from the website:www.nzhis.govt.nz. This provides ongoing information about people accessing mental health treatment and support services in inpatient and community settings, their diagnoses and the services they receive.

The country has no data collection system or epidemiological study on mental health. The development of systems to routinely collect information about client outcomes is in the early stages. A major epidemiology study, as part of the WHO World Mental Health Consortium, to

examine the determinants of mental health and to provide information on the prevalence of mental disorders, disability and service utilization is also under way.

The Mental Health Information National Collection (MHINC) provides ongoing information about numbers of adults, children and young people accessing mental health services, their diagnoses and the services they receive. A major epidemiology study that examines the determinants of mental health and provides information on the prevalence of mental disorders, disability and service utilization is under way .

Programmes for Special Population

The country has specific programmes for mental health for minorities, refugees, disaster affected population, indigenous population, elderly and children. In addition, there are specific services for deaf subjects and those with alcohol and substance abuse, as well as forensic and maternal mental health services.

To improve the low mental health status of Maori, as compared with the rest of the population, Kaupapa Maori mental health services have been developed. These services are run by and for Maori, and operate according to Maori perspectives of health and well-being. Similarly, there are services by and for Pacific people living in New Zealand. Mainstream services must also ensure culturally responsive service delivery. The Ministry of Health's Public Health Directorate has developed a national mental health promotion strategy entitled 'Building on Strengths.' The Directorate is also leading a national campaign entitled 'Like Minds, Like Mine: Project to Counter Stigma and Discrimination associated with Mental Illness.' Broadly, the campaign comprises both national and regional components. The national work consists of mass media (including a television and radio advertising campaign), benchmark and tracking surveys on the general public's attitude towards mental illness and collecting information on attitudes, behaviours and policies that are, or could be, discriminatory. In collaboration with the Education sector, two programmes 'Health Promotion in Schools' and 'Mentally Healthy Schools' are available for school use. The Mental Health Directorate has responsibility for managing problem gambling through community services. DHB's have responsibility for developing 'Major Incident and Emergency Plans'.

Therapeutic Drugs

The following therapeutic drugs are generally available at the primary health care level of the country: carbamazepine, ethosuximide, phenobarbital, phenytoin sodium, sodium valproate, amitriptyline, chlorpromazine, diazepam, fluphenazine, haloperidol, lithium, biperiden, carbidopa, levodopa.

Though there is no WHO style national drug policy or essential drug list, there is a therapeutic policy and regulation that has all the elements of the WHO policy, and the current regulatory environment meets the WHO definitions. The Government funds pharmaceuticals in New Zealand via a separate agency (PHARMAC) that apply a cost utility approach to selection of medicines to fund. Inherent within the PHARMAC approach is consideration of maintaining a number of medicines in particular therapeutic groups.

Other Information

The life expectancy for Maori, the country's indigenous population, is lower than the general population at 69.0 for Maori males and 73.2 for Maori females.
The Government has established a broad based approach to social policy. A priority in this initiative is the low mental health status of Maori compared with the rest of New Zealand's population.

Additional Sources of Information

•Bale, R. (2002) An experience of New Zealand psychiatry. Psychiatric Bulletin, 26, 192-193.

•Brinded, P. M. J. (2000) Forensic psychiatry in New Zealand. International Journal of Law and Psychiatry, 23, 453-465.

•Durie, M. (1999) Mental health and Maori development. Austalian and New Zealand Journal of Psychiatry, 33, 5-12.

•Joyce, P. E. (2002) Focus on psychiatry in New Zealand. British Journal of Psychiatry, 180, 468-470.

•Mental Health Commission (1998) Blueprint for Mental Health Services in New Zealand, How Things Need to Be.

•Mental Health Commission (1999) New Zealand's National Mental Health Strategy: Review of Progress 1994-1999. Wellington.

•Ministry of Health (1994) Looking Forward, Strategic Directions for the Mental Health Services.

•Ministry of Health (1997) Mental Health in New Zealand from a Public Health Perspective. Wellington.

•Ministry of Health (1997) Moving Forward, The National Mental Health Plan for More and Better Services.

•Ministry of Health (1998) National Drug Policy, A National Drug Policy for New Zealand 1998-2003.

•Ministry of Health (2000) Health Expenditure Trends in New Zealand. 1980-1999. Wellington.

•Ministry of Health (2000) Social Inequalities in Health-New Zealand. 1999. Wellington.

•Ministry of Health (April 2004) Health Expenditure Trends in New Zealand 1990-2002.

•Ministry of Health Information Service (2004) Psychologist Workforce in New Zealand 2003.

•Wilson, J. (2000) Mental health services in New Zealand. International Journal of Law and Psychiatry, 23, 3-4, 215-228.

•Wright, D. (1997) Mental health in New Zealand: positive developments in mental health services in New Zealand, and the role of the Mental Health Commission. Healthcare Review Online, 2, 3.

•Statistics New Zealand, 2004.

•Stewart, M. W. (2001) Medical psychology in New Zealand. Journal of Clinical Psychology in Medical Settings, 8, 51-59.