



# **Public Health Solutions Series: Mental health services can't solve a mental health crisis: public mental health priorities in Aotearoa**

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**This blog looks at solutions to improve mental health: increasing benefit levels, increasing physical activity, drug and alcohol legislation reform and employment support for those with mental illness.**

*This blog is part of the [Public Health Solutions series](#) looking at effective public health measures to reduce demand on healthcare quickly.*

[One in four people](#) will experience mental distress this year and the number of New Zealanders experiencing [poor mental wellbeing is increasing](#). [Police responses](#) to mental health crises have increased by 60 percent over the past five years, with this trend predicted to continue. On top of this, we know the pandemic and rāhui/lockdowns [exacerbated mental distress for those with a history of mental illness](#).

Despite increased investment in supports, access to specialist services has [remained stagnant](#) for the past five years. Most people with mental health disorders are treated in primary care. While [access](#) to primary mental health services is increasing, there are gaps for Māori, Pasifika, and rangatahi. There is no doubt the system and its services are under considerable pressure, and many have questioned whether more of the same is going to fix it.

In this series of blogs, the editors have asked for policies and interventions which could rapidly relieve the pressure on health services. While mental health and addiction services need to improve and transform, [providing more services does not lessen population levels of mental health need or psychological distress](#). Here we present four interventions that would reduce demand on services, either by reducing population levels of mental health need and psychological distress or by supporting recovery and thus reducing need for services for those who have existing mental health problems.

## **Increasing benefit levels**

[Financial stress](#) and [debt](#) contribute to mental ill health and poor wellbeing. The cost-of-living crisis which is occurring internationally is increasing mental health service demand, [particularly among those on benefits](#). Benefit generosity is directly linked to [reduced inequities in mental health and lower demand for mental health support](#). Increasing government benefits to reduce financial stress would reduce the demand for mental health support, as well as reducing demand for child health services as noted in a [previous blog](#) in this series.

## **Increasing physical activity**

Increased levels of physical activity are associated with [better mental wellbeing](#) and reduced risk of mental health conditions such as [depression](#) and [anxiety](#). The evidence is strongest for the mental health benefits of [physical activity in leisure time and transport related physical activity](#). Policy interventions which we know will increase physical activity in the population, such as transport system changes recommended in a [previous blog](#) in this series, therefore need to be part of our approach to reducing demand for mental health care.

## **Drug and alcohol legislation reform**

Alcohol is the [main drug of addiction](#) in NZ and is linked to mental health conditions. For example, [recent research](#) found that one quarter of suicide deaths in NZ involved alcohol intoxication. Reform of the legislation governing access to alcohol was covered in a [previous blog](#) and is a key intervention for reducing demand for mental health and addiction services. The Sale and Supply of Alcohol (Harm Minimisation) Amendment Bill currently before Parliament aims to give communities a greater say in the local availability of alcohol and ban alcohol sponsorship of broadcast sport: a first step towards needed alcohol legislation reform.

Reforming drug policy and law is also key to improving mental health. A health-based approach to drug policy would be in line with [international best practice](#) and has been called for by [the Law Commission](#) and the [Mental Health and Addictions Inquiry](#). This approach would enable the redirection of funds from the criminal justice system to the health system, would address the inequitable consequences of drug use in NZ where [Māori and Pacific are much more likely to suffer drug harms](#). It would result in a reduction in adverse health consequences of addiction which require treatment, such as overdose and infection. We know the benefits of a health-based approach to drug use: the peer led needle exchange programme is one of NZ's public health success stories, [preventing an epidemic of HIV among injecting drug users](#).

## **Employment as a key part of mental health recovery support**

Demand for mental health and addiction services can also be reduced by supporting the recovery needs of people using those services. Gaining employment improves the mental health and wellbeing of people with [severe mental](#) illness. [Individual Placement Support](#) programmes are effective in supporting people with mental health issues into competitive employment. Employment support should be a core part of care for mental health conditions.

While mental health need is continuing to rise in NZ as it is elsewhere, simple policy interventions could reduce this need by both preventing mental ill health and by promoting the mental health of people who are already experiencing mental illness.

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