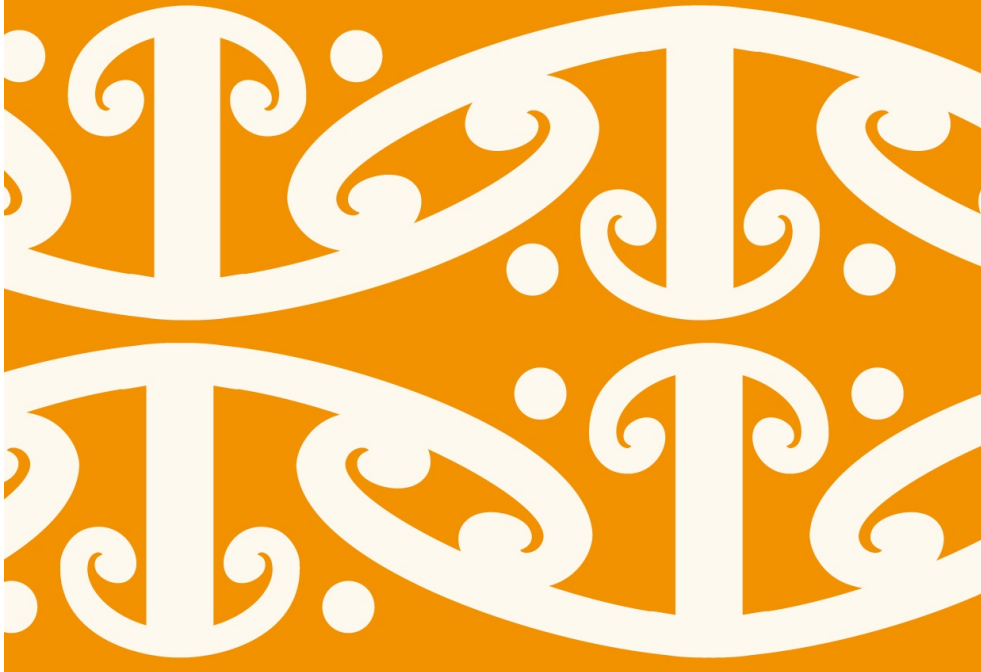


COVID-19

Kia Kaha, Kia Māia,
Kia Ora Aotearoa:

Psychosocial and Mental
Wellbeing Recovery Plan

As at 15 May 2020



Kia Kaha, Kia Māia, Kia Ora
Aotearoa –

Through strength and endurance
our wellbeing will prevail Aotearoa.

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Executive summary

The COVID19 pandemic has placed significant restrictions on all New Zealanders and has changed the lives of many whānau and communities in New Zealand.

Distress is common and a normal reaction to disruption and uncertainty. It is likely that communities and whānau will experience a range of responses and severity of distress. Most people will recover with support and time.

As with the pandemic response, New Zealand's psychosocial response must also act early to prevent an increase in mental distress and further negative consequences for whānau and communities. Prevention and early intervention are key to enhancing mental wellbeing after lives have been disrupted by the pandemic.

Psychosocial support focuses on ensuring that the mental and social wellbeing needs of whānau and communities are met, and they are supported to recover, adapt and thrive despite challenges and disruption. Psychosocial support spans a wide range of both mental health and social interventions: from ensuring whānau and communities have clear information, basic needs and community connection, through to delivering specialist mental health and addiction services for people who have or develop significant mental distress, substance use or gambling harm.

The goal of the recovery framework is to protect and enhance people's mental wellbeing so that they can adapt and thrive after their lives have been disrupted by the COVID19 pandemic. It has been designed to guide a coordinated effort across national, regional and local levels to support wellbeing. As the lead agency for psychosocial recovery, the Ministry of Health is responsible for leading and coordinating mental and social wellbeing support (psychosocial support) in emergencies, so many of the plans' actions are for the Ministry.

We recognise, however, that many of the influences on health and wellbeing are outside of the health sector. This plan will only succeed with a shared vision for a thriving and equitable New Zealand and a willingness for collective action to support the communities we serve. The Ministry is committed to fostering and developing partnerships that aim to prevent and minimise the wide-reaching impacts that COVID19 and related stressors may have on our mental and social wellbeing.

The psychosocial response to COVID19, and the subsequent recovery phase, provide an opportunity to further pursue the vision of *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction* and the Government's response. The Ministry began its work in response to *He Ara Oranga* prior to the pandemic, particularly through investment in primary, community and wellbeing support, and growing the workforce. In responding to COVID19, this work becomes even more vital.

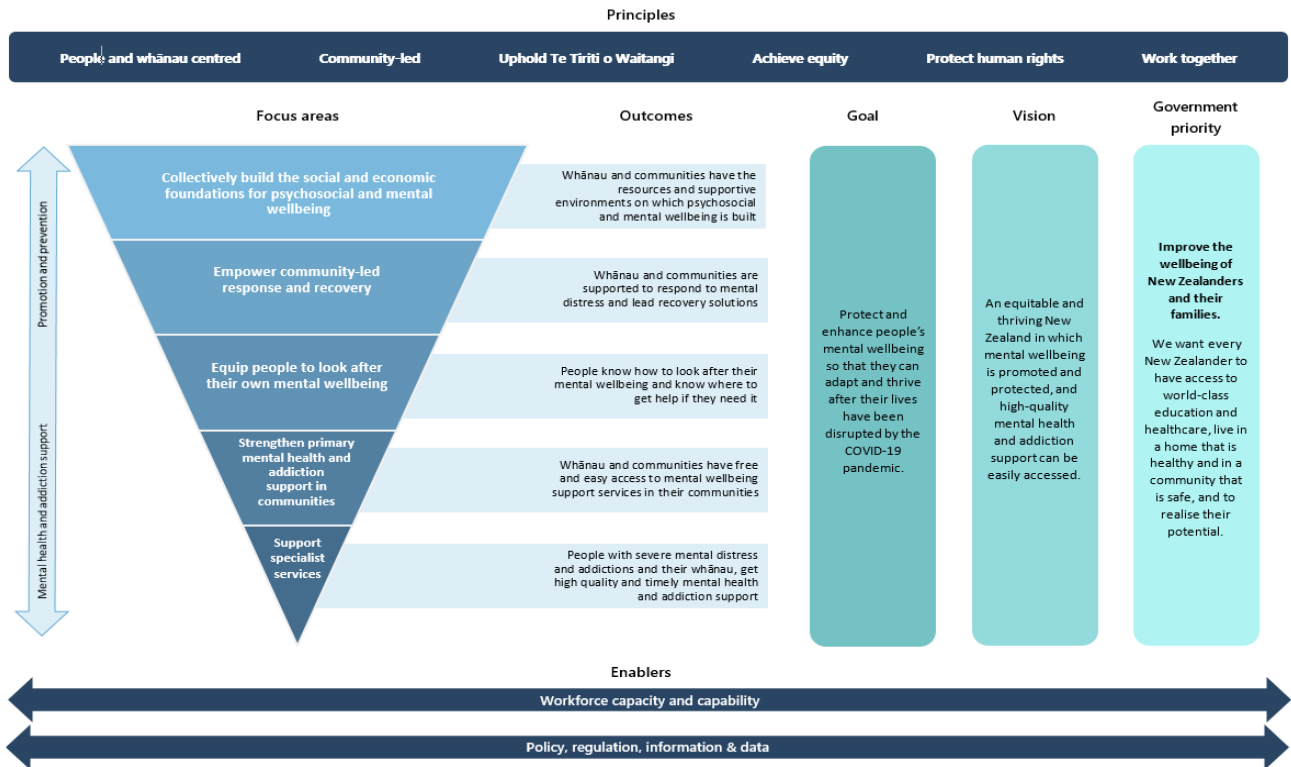
Working together, we can foster protective factors that build the resilience of whānau and communities and grow all New Zealanders' ability to strengthen their responses to distressing times.

This plan has been developed based on six guiding principles: People and whānau centred, community-led, uphold Te Tiriti o Waitangi, achieve equity, protect human rights and work together. These principles guide five focus areas for action, which are to:

- collectively build the social and economic foundations for psychosocial and economic wellbeing
- empower community-led solutions
- equip people to look after their own mental wellbeing
- strengthen mental health and addiction supports in communities
- support specialist mental health and addiction services.

This plan is intended to guide actions for the next 12–18 months, but we recognise that recovery and adapting to a new reality is likely to take several years. The actions have been developed on an understanding that our response and actions must evolve to reflect emerging needs and evidence, but our overarching framework and guiding principles will remain constant.

COVID-19 Psychosocial and Mental Wellbeing Recovery Framework



Context

From December 2019, COVID19 spread rapidly around the world, causing a spike of fear and concern in communities and raising concerns about the psychological and social wellbeing of those directly and indirectly affected by the illness.

Through the COVID19 outbreak¹ and the related response, many people, whānau and communities will experience a range of responses and severity of distress as a result of disruption to their lives.

Stress, worry, fear and grief in the face of significant change and disruption is an understandable and normal response and does not necessarily mean that mental distress will develop to be severe or ongoing. Most people will recover with support and time. However, there may be a smaller proportion of people who are at risk of developing more severe and long-lasting mental distress, such as depression, post-traumatic stress, anxiety and addiction harm.²

The aim of psychosocial response and recovery to the pandemic is to minimise the psychological, physical and social consequences of the pandemic, and to enhance the emotional, spiritual, cultural, psychological, social and physical wellbeing of individuals, families, whānau and communities in the immediate response phases, and in medium to long-term recovery.³ This includes protection from further harm.

The psychosocial response to COVID19 must be grounded in equity and ensure responsiveness for Māori and for other population groups who experience inequitable outcomes or have unique needs, while also meeting the needs of the entire population. It must also recognise that preparedness, response and recovery coexist throughout the event rather than proceeding in a linear sequence. Recovery is a continual process in response to changing circumstances.

As the pandemic unfolds, the focus is turning to mitigation of its effects, in the knowledge that the peak of mental and social distress within communities is still unfolding. Just as New Zealand's 'team of 5 million' has united to effectively contain COVID19, collective action is now required to prevent and minimise the wide-reaching impact that COVID19 and related stressors may have on our mental and social wellbeing. Prevention and early intervention are key to enhancing wellbeing after lives have been disrupted by the pandemic.

We all have a role in protecting and building the mental and social wellbeing of our whānau and communities as we adapt to change.

About this plan

This plan sets out the national approach to supporting the mental and social wellbeing of New Zealanders as the nation responds and recovers from COVID19 pandemic, as well as the specific actions the Ministry of Health will take to support New Zealanders' mental wellbeing. This plan follows on from the psychosocial plan that was developed to guide the emergency response during the level four lockdown,⁴ based on the Ministry's *Framework for Psychosocial Support in Emergencies*.⁵ This new plan is not prescriptive. Instead, it provides a guiding framework and direction for collaborative action.

Importantly, this plan recognises that psychosocial recovery requires both mental and social wellbeing. In fact, mental and social wellbeing are largely dependent on each other, and are difficult concepts to separate. In this plan the terms psychosocial wellbeing and mental wellbeing are used interchangeably.

The Ministry's actions contribute to the whole-of-government response and complement other government agency actions under way to meet the psychosocial needs of those impacted by COVID19. The plan is based on an expectation of cross-agency coordination and input, a consistent approach to psychosocial response and recovery, and clarity about roles in the provision of ongoing health and social support. Community-based organisations and networks will play a key role in assisting people to connect with health and social support services in their communities. The plan is intended to guide agencies, services and communities contributing to wellbeing so that mental and social wellbeing is a key part of all support and services provided as part of the COVID19 response and recovery.

The life of this plan is for 12–18 months but we recognise that recovery and adapting to a new reality is likely to take several years.

A glossary, defining key terms used throughout this document is included in **Appendix A**.

Legal framework

For an emergency, the roles and responsibilities of New Zealand government agencies are outlined in the *National Civil Defence Emergency Management Plan Order 2015*. Under this plan, the Ministry of Health is the agency responsible for coordinating the provision of psychosocial support at the national level.⁶

The *National Health Emergency Plan*⁷ provides the overall strategic framework and guidance for the health and disability sector in planning for, responding to and recovering from health-related risks and consequences of significant hazards.

An evolving plan and living document

The need to act decisively now has meant that this plan has been developed rapidly using the best available evidence. The Ministry of Health will continue to refine actions as our response and recovery from the pandemic unfolds, circumstances change, feedback is acquired, and new evidence emerges, both locally and internationally.

This will require the Ministry of Health and partners connected to this plan to be flexible and agile to meet the changing needs of the communities we serve.

The next phase of work will focus on prioritisation of actions and reviewing this plan as we progress through recovery and jointly identify next steps.

Guiding principles

*Ngā Tohu Mātāpono: Ko ngā pae tawhiti whaia kia tata,
ko ngā pae tata, whakamaua kia tina!
Guiding Principles: Seek out distant horizons,
and cherish those you attain!*

The following six principles guide this plan and New Zealand's national approach to recovery following the pandemic. The principles are drawn from evolving evidence on the process of psychosocial recovery, align with international best practice, and have been adapted to suit New Zealand's context. These principles should be embedded across every intervention.

Principle 1: People- and whānau- centred

*Ko te tangata te hā o te whānau –
the breath of my being is my whānau.*

Placing people at the centre means ensuring support is easily available and appropriate to each person's and whānau needs. It means listening to people of all age groups and different backgrounds and recognising whānau as a crucial part of the support network for family members experiencing challenges.

Being people- and whānau- centred ensures that personal, whānau, community and cultural values are respected and integrated into how recovery support is designed and delivered.

1. How this principle will be demonstrated

- Ensure a range of actions that meets the needs of everyone, where people and families are equal partners for their wellbeing support.
- Provide support appropriate to people's culture, age, background and circumstances.
- Protect from further harm and promote a sense of safety; self-efficacy; connectedness; calm and hope.
- Acknowledge and build on the strengths and assets of people and whānau.
- Adopt a trauma-informed approach.

Principle 2: Community-led

*Ma mua ka kite a muri, mā muri ka ora a mua –
Those who lead give sight to those who follow,
those who follow give life to those who lead.*

Recovery is best achieved when communities can exercise a high degree of self-efficacy, self-determination, and agency. Communities have strengths, resourcefulness and already implement solutions to community needs. These solutions should be built on and supported to thrive.

Grass-roots approaches to identify needs is vital to understanding the reality of people's lives and meet their wellbeing needs. Supporting community-led approaches means applying bottom-up decision making and building on the social capital of communities.

There is an opportunity for support services to move to community-based delivery models, in which integrated services and supports are provided according to need and matched to population diversity.

2. How this principle will be demonstrated

- Promote strengths-based recovery, focused on prevention by enhancing protective factors and reducing risk factors.
- Create conditions for community-led solutions, eg, empower communities in decision-making.
- Build on the existing strengths and social capital of communities, that are underpinned by trusting relationships.
- Encourage social cohesion, sense of belonging, wairua, and kotahitanga.

Principle 3: Uphold Te Tiriti O Waitangi

*Mana motuhake, mana tangata, mana Māori,
mana whakahaere – Tihei Mauri Ora!
Māori self-determination and autonomy, Māori equity
rights, rights to Māori customary practice, philosophy
and mātauranga Māori – hear this call and the right to
speak!*

The principles of Te Tiriti, as articulated by the courts and the Waitangi Tribunal, underpin the Ministry's commitment to Te Tiriti and guide the actions outlined in this plan. The principles that apply to work across the health and disability system are: – tino rangatiratanga, equitable outcomes, active protection, options and partnership. In responding to the pandemic,

these principles need to be understood and upheld, to ensure Māori rights are recognised and the health and wellbeing of whānau, hapū, iwi and Māori communities is supported.

3. How this principle will be demonstrated

- Ensuring iwi, hapū, whānau and Māori organisations are supported to respond directly to the increasing health and other needs of their people due to COVID19.⁸
- Enabling iwi, hapū, whānau and Māori health organisations to utilise mātauranga Māori approaches in the design and delivery of appropriate services for their people in response to COVID19.⁸
- Adopt a holistic wellbeing approach that incorporates mental, physical, spiritual, whānau, and environmental wellbeing.
- Monitor delivery and outcomes for Māori and ensure accountability to whānau, hapū and iwi.

Principle 4: Achieve equity

*Mai te iti me te rahi o te hunga rawakore,
ka kitea te hunga e tika ana –
From the least to the greatest of those in need,
one will see the most in need.*

Equity recognises different people with different levels of advantage and experience require different approaches and resources to get equitable outcomes⁹. Differential access to power and decision making, resources, and service access and quality on the basis of social identity (eg, ethnicity, age, gender, disability) are key drivers of health inequity.¹⁰

All New Zealanders should experience the best support and care, regardless of where they live or who they are.

4. How this principle will be demonstrated

- Acknowledge the cumulative impact of pre-existing, historic and generational inequities.
- Show fairness and respect by directing resources and effort in a timely manner to populations and groups that most need it.
- Support tailored delivery to different groups to achieve equitable outcomes, eg, for Māori, Pacific,¹¹ people with disabilities, children and young people, and older people.
- Empower disadvantaged groups to make their own decisions.
- Address institutional racism and discrimination in services and policy design.

Principle 5: Protect human rights

*He Tapu te Oranga o ia Tangata –
Everybody's life is meaningful.*

Human rights place responsibilities on government and others holding public power, and they also place responsibilities on individuals to their communities. The human rights values – partnership, participation, protection, safety, dignity, decency, fairness, freedom, equality, respect, wellbeing, community and responsibility – are central to implementing an effective, equitable and balanced way forward as we respond and recover from COVID19.

5. How this principle will be demonstrated

- Ensure actions adhere to human rights values – partnership, participation, protection, safety, dignity, decency, fairness, freedom, equality, respect, wellbeing, community and responsibility.
- Abide by international conventions (Universal Declaration of Human Rights¹², Convention on the Rights of Indigenous Peoples¹³, Convention on the Rights of Persons with Disabilities¹⁴, Convention on the Rights of the Child¹⁵).

Principle 6: Work together

*Ma tini ma mano, ka rapa te whai –
Many hands make light work, unity is strength.*

Strong leadership at all levels is at the heart of working together. Central and local government, DHBs, NGOs, community groups, rural communities, businesses, families, whānau, hapū and iwi all have leadership roles to play in responding to COVID19 and supporting psychosocial wellbeing for recovery. We are in this together. Issues led by different government agencies cannot be dealt with in isolation, as they are interlinked. Coordination, clarity of roles and governance, and communication are essential to achieve locally-relevant and effective responses, within a coherent national framework.

Lessons learned from previous local disasters highlight that pre-existing, established trusting relationships between and within agencies and communities are a protective factor and stabilising influence during psychosocial recovery.

6. How this principle will be demonstrated

- A shared vision, cooperative relationships and collaboration between government, DHBs, NGOs and communities in the ongoing planning and recovery.
- People, whānau and communities are empowered by all partners and stakeholders to recover, adapt and thrive.
- Stay connected, share information and keep checking activities are aligned.

Impact of COVID19 on our mental health and wellbeing

Impacts of COVID19

The global pandemic and the measures taken to control it have disrupted the lives of all New Zealanders. This has created the need to support the wellbeing of the whole population and also ensure we support and address the needs of those most severely impacted.

Stress, worry, fear and grief are normal reactions to the COVID19 pandemic, given the immense uncertainty, fear of losing a loved one, and concerns of becoming infected or unwell. In fact, stress and grief are anticipated for people who have been unwell or bereaved by COVID19.¹⁶

COVID19 is an unprecedented situation. Our understanding of how the mental wellbeing of New Zealanders will be affected is limited. Evidence from other large outbreaks, pandemics and disasters shows that while many people experience some distress, most will recover with support and time and do not develop severe or ongoing mental health issues or problems with substance harm. However, a smaller proportion of people may experience exacerbation of existing mental health and addiction issues or develop new severe and long-lasting mental distress such as depression, post-traumatic stress, anxiety and substance or gambling harm.¹⁷

Indirect stressors of COVID19

New Zealand has done well in efforts to control COVID19, 'going hard, early' to prevent its spread, with strong support for containment measures such as physical distancing, self-isolation, quarantine, 'lockdown', and closing our borders.¹⁸ There has been noticeable social cohesion, with a 'team of 5 million' focused on 'getting through together'.

Many people have felt a sense of relief that we may have avoided the severe health outcomes that have been seen in other countries. However, while necessary, these containment measures and the consequences of these measures can also be a source of secondary stressors for mental wellbeing. Given New Zealand's current situation, the secondary impacts of the pandemic are likely to have a serious and sustained impact on the mental wellbeing of Aotearoa New Zealand.

Evidence shows that physical isolation measures can increase mental distress and negatively affect a person's mental, social and physical health

and wellbeing.¹⁹ Some people have understandably felt scared, angry, lonely, stressed, bored or frustrated having to stay within the confines of their 'bubble' at home. Not being able to visit loved ones, practice religious or cultural customs, or continue with normal activities have been frustrating or stressful for many.

There are many other ways in which the secondary impacts of COVID19 can affect mental wellbeing. These include financial hardship, unemployment, disengagement from education and homelessness. Some people will also experience a reduced sense of control and agency over life compared with pre-COVID19 times. These stressors can compound and contribute to sleep problems, fatigue, experiences of trauma, loss and grief, and also alcohol, drug and gambling harms. Indirect stressors and their impacts can also contribute to relationship problems. It is also likely, that without intervention family and sexual violence in our communities will increase. This has a profound impact on the mental wellbeing of those harmed, particularly women and children.²⁰

'Who' is impacted

All New Zealanders will be impacted by the pandemic, and there will be groups that are disproportionately impacted. We must provide appropriate and accessible wellbeing support that will minimise the negative consequences of the pandemic, tailored to meet their needs.

Understanding 'who' may be disproportionately impacted by the pandemic can point to how psychosocial and mental wellbeing interventions should be tailored.

The wellbeing of the following groups may be disproportionately impacted:

1. **Groups at higher risk of contracting COVID19**, which has an impact on their mental wellbeing – for example, frontline health workers. Evidence shows that health workers may be at increased risk of mental distress during the COVID19 pandemic, particularly post-traumatic stress.²¹ People that are not directly impacted but may have lost a loved one or are concerned for others wellbeing are also impacted.
2. **Groups with pre-existing inequitable or poor health outcomes** that may be exacerbated as a result of the pandemic. For example, people with underlying medical conditions who may be immunocompromised, people with mental health and addiction issues or disabilities, a history of trauma, Māori, Pacific and young people.
3. **Groups who are already experiencing hardship or poverty** who may face additional and compounding hardship due to job loss, reduced household income and economic downturn. Being out of work is associated with worse physical and mental health.²² So as New Zealand's unemployment rate rises, there may be an increase in mental health and addiction issues.
4. **Groups whose lives have been more severely disrupted.**
 - **People that have lost their job or household income for the first time**, so are exposed to new stress levels, but are not accustomed to reaching out to ask for emotional support – and people around them may not be accustomed to offering them

support. This includes business owners with forced closures in the face of rising debt. This group of people may find themselves for the first time in their lives applying for work and income support, or they may not know how to access support in the first place. For many, loss of work can mean loss of connection, identity and sense of belonging. Men, women and other genders may experience this disruption differently. There may be many displaced people taking on new roles that require significant adaptation.

- **Cultural and religious values, customs and protocols may have been disrupted or compromised** during lockdown, impacting on wellbeing. The restrictions on church and mosque visits, hospital visits, and tangihanga or funerals have been very challenging. Cultural connections, cultural identity and a sense of belonging are protective factors for mental wellbeing. Restrictions have been an immense source of pain and grief for many whānau, particularly those experiencing illness and bereavement during the lockdown period.
 - **Children and young people are at risk of longer-term impacts.** Mental distress and substance related harm in adult life is largely an outcome of child and adolescent mental health and exposures. It is important to actively protect children and young people from the flow-on impacts of parents'/caregivers'/whānau wellbeing, as well as prevent intergenerational transmission of negative impacts in the future.
5. **Groups of people that are likely to fall into more than one of the above groups**, or people at intersectional risk, may experience disproportionate mental distress, for example, Māori, Pacific, people with disabilities, and young people.

Level of impact

How people respond to stressors and adapt and recover varies due to complex interactions between psychological, social, cultural, political, environmental and economic factors. Each person has a unique set of skills, attributes, support systems and circumstances that influence their experience of an event and their response to it. These include beliefs, values, early life experiences and resources of the individual, family, whānau and community.

Protective factors can reduce the likelihood of psychosocial and mental health impact. That is, being connected and cared for, with help available if needed. These supportive resources can be emotional, tangible (for example, financial assistance), informational (for example, advice) and relationship-based (for example, sense of belonging and identity).²⁰ Both perceived levels of social support available and actual support received, particularly from family, whānau and friends, buffer the effects of stress and can reduce the prevalence of distress and psychological symptoms.

Other protective factors include autonomy and control, caring for others, being in a relationship, employment, a secure sense of identity, being equipped with coping strategies, spirituality, and for children, a stable caregiver in a safe and loving environment.²⁰

Building mental wellbeing together

*Mā ngā pakiaka ka tū ai te rākau –
With strong roots, a tree is able to stand.*

All New Zealanders have played a role in working toward eliminating COVID19 and we all have a role in protecting and building the mental wellbeing of our whānau and communities.

This plan is designed to guide coordinated effort at national, regional and local levels. Working together is essential to support and empower individuals, whānau and communities to recover, adapt and thrive after their lives have been disrupted by COVID19. This requires a shared vision and cooperative relationships across many parts of government and with communities.

At national level, the Ministry of Health works with other agencies to ensure a consistent and collaborative approach to policy and mental wellbeing, and clarity about roles in the ongoing recovery and response. Regionally, DHBs play essential roles in coordinating the provision of psychosocial services. At all levels, community voices are vital for creating community-led solutions and influencing policy-makers and service design.

Mental wellbeing is supported and protected by the work of communities and agencies outside of the health sector through their influence on income, employment, education, justice, housing and more. Mental wellbeing support needs to fit together with other responses – such as financial assistance, shelter and accommodation, and household goods and services.

Working together also ensures that both financial and practical resources can be shared and maximised and the potential for duplication removed.

Roles and responsibilities

The following is a summary of roles and responsibilities. For further information about key support agencies and activities under the Psychosocial Response Framework, please refer to **Appendix B**.

National level

Governance and coordination	<p>The National Emergency Management Agency hosted by the Department of Prime Minister and Cabinet is the lead agency responsible for coordinating the management of emergencies, working through the National Crisis Management Centre (NCMC). The NCMC is predominantly staffed by National Emergency Management Agency staff.</p> <p>The National Welfare Coordinating Group has the responsibility for coordinating welfare functions in the time of an emergency. Psychosocial support is a sub-function (one of nine subfunctions) of this group.</p> <p>The Caring for Communities Executive Group has recently been established to lead the transition for community wellbeing and supplement oversight and guidance of welfare agencies. The committee specifically coordinates welfare responses and has executive management of community as the nation transitions from a state of national emergency.</p>
The Ministry of Health	<p>Responsible under the <i>National Emergency Management Plan</i> for leading and coordinating psychological and social wellbeing support [<i>psychosocial support</i>] in emergencies. The Ministry leads the response to <i>He Ara Oranga</i>, by setting the framework for mental health and addiction services, collaborating with other agencies, and steering new service directions.</p>
Government agencies	<p>Each government agency is responsible for leading the response for the sector it serves, working in collaboration with others. Government agencies will develop relevant materials based on the direction set by the Ministry of Health.</p>
National NGOs and agencies auxiliary to the government	<p>National-level NGOs and those agencies auxiliary to government will support the psychosocial plan by leading the response for the sector it serves, working in collaboration with others. These agencies will develop relevant materials based on the advice set by the Ministry of Health and coordinate the activities of community-based service providers and networks, and work with government to influence policy development.</p>

Regional and local level

District health boards	<p>DHBs are responsible for planning, funding and delivery of health services for their local communities, including appropriate support for their frontline staff. This includes collaborating and communicating with other agencies, Māori and Pacific providers and non-government organisations.</p>
Iwi, hapū, whānau	<p>The Ministry of Health's initial COVID19 Māori Response Action Plan establishes a framework to ensure the health and wellbeing of Māori is protected during the COVID19 pandemic.</p>
Local authorities	<p>Local authorities are also tasked with supporting "social, economic, environmental, and cultural wellbeing" under the Local Government Act 2002.</p> <p>Local authorities are essential for psychosocial wellbeing. They provide services that support wellbeing, such as parks, libraries, sports and art centres and transport. They are also integral in designing and creating healthy and connected cities and towns and supporting that natural world to flourish.</p>

NGO service providers	NGO service providers provide a myriad of essential health and social services to local communities.
Community groups and networks	Volunteer-led groups and community networks organise local initiatives that strengthen community resilience by drawing on local assets and capabilities; mobilising input; and building connectedness, trust and reciprocity (social capital).
People and whānau	As individuals and whānau, we all have skills and abilities that allow us to support mental wellbeing in our friends and whānau. We all have the ability to listen, provide comfort, and practical support to those we care for.

Framework for recovery

*“Psychosocial recovery is not about returning to normality.
It’s is about positively adapting to a changed reality”.*

He Ara Oranga as a driver for recovery

*He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (He Ara Oranga)*²³ provided a clear way forward for New Zealand’s approach to mental health and addiction. This has driven the development of the framework, focus areas and enablers in this plan.

The Government’s response to *He Ara Oranga* set a clear direction for mental health and addiction – an approach grounded in equity and wellbeing, recognising the importance of social determinants, providing readily accessible support for all (where and when people need it, and across all levels of need), and requiring collaborative actions.

Progress has been made throughout 2019 and 2020 to deliver on the Inquiry’s vision of a people-centred approach to mental health and addiction that meets the full range of need. The Ministry of Health has been leading work to deliver initiatives to expand access and choice of primary mental health and addiction supports, prevent suicide and support people bereaved by suicide, improve support for people experiencing mental distress and addiction, strengthen specialist alcohol and other drug addiction services, and expand and enhance school-based health services.

Also, the mental health and addiction sector has shown innovation and dedication in responding to *He Ara Oranga* and expanding approaches to meet the needs of all people.

COVID19 has presented additional challenges for the mental health and addiction sector, with the transformation called for by *He Ara Oranga* now even more critical. Many wellbeing stakeholders recognize the opportunity presented by COVID-19 to pause and re-evaluate to ensure this transformation is relevant to our current circumstances²⁴.

Steps towards the longer-term transformation will continue throughout the COVID19 response and recovery, and be developed in partnership with Māori, Pacific, people with lived experience, communities, whānau and other stakeholders.

Multi-level interventions

This plan sets the framework for actions across the spectrum of wellbeing need so that people are supported to adapt and thrive, with positive wellbeing, during recovery from the COVID19 pandemic (page 19).

The psychosocial and mental wellbeing recovery from the pandemic is complex. Diverse people and groups with different capabilities and needs, require different types of support. The framework for recovery attempts to capture and clarify this complexity, encompassing multiple levels of interventions that reflect the spectrum of mental wellbeing and psychosocial needs, integrated within pandemic recovery activities. Psychosocial support ranges from ensuring basic needs are met (such as food and safe housing), through to providing specialist mental health and addiction services.

The framework starts with our guiding principles and illustrates the logic for the interventions by connecting our focus areas and outcomes, and how these outcomes feed into the goal of this plan, the Ministry of Health's vision for mental health and finally the Government's commitment to wellbeing.

Focus areas and enablers

This plan has five focus areas for action that take into account the unique and dynamic nature of the pandemic and its impacts. Within each focus area, there are specific actions indicated. Some of these actions began prior to the pandemic, some arose in the immediate response to COVID19, and some will start in the coming months or years of recovery.

Many of the health sector responses covered in this plan were supported through Budget 2019 funding in response to *He Ara Oranga* and additional one-off government investment in COVID19 mental wellbeing initiatives. Some actions are within other agencies' remit.

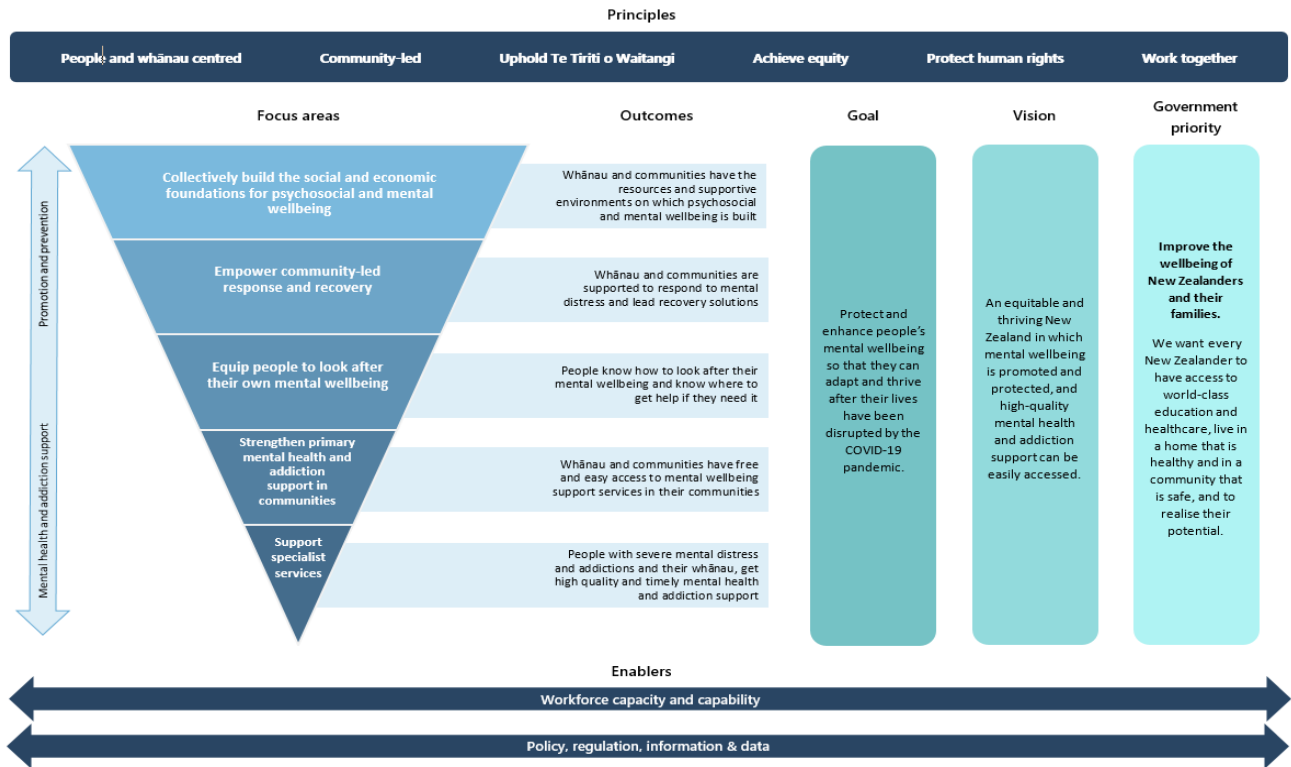
The first focus area sets the scene by focusing on the social and economic foundations. This is crucial as we are all shaped by our environments, and many of the influences on psychosocial and mental wellbeing sit outside of the health sector. While the Ministry of Health leads development of work in mental health and addiction service delivery, most of this plan is only possible as a coordinated effort, involving other government agencies, DHBs, local government, iwi/hapū/whānau, health and social service providers, and community action.

Our framework also includes the enablers that support our ability to implement actions in these focus areas. These are information and data; workforce capacity and capability; policy and regulation. Achieving the goals of this plan will require sustained investment in these areas.

The complexity, scale and evolving nature of the COVID19 recovery means that it is not feasible or practical for this plan to be a prescriptive, operational document. Instead, this plan has been designed to provide direction and guidance to communities and organisations that support psychosocial wellbeing.

Feedback and guidance from our partners will allow us to adjust our actions as we progress through recovery. The next phase of work after this plan will focus on prioritisation of actions, and clarification of accountability and reporting lines across national, regional and local levels.

COVID-19 Psychosocial and Mental Wellbeing Recovery Framework



7. Focus area 1: Collectively build the social and economic foundations for psychosocial wellbeing

Positive mental wellbeing, healthy families and thriving communities cannot be achieved by the health sector alone. We are all shaped by our environments and circumstances. Income, employment, housing, education, recreation, social connection, cultural identity, safe and healthy relationships, and many other factors impact on our wellbeing. Negative impacts in these areas can have deep impacts on the mental health and wellbeing of individuals and those around them.

This focus area is based on working together to ensure that whānau and communities have the resources they need to recover and adapt from this pandemic. We also want to support and create environments in which whānau and communities thrive. This includes supportive schools and workplaces that prioritise mental wellbeing, green spaces in our neighbourhoods that are safe and accessible, affordable and connected housing and connection with marae and places of significance.

Initiatives that actively reduce the extent of harm caused directly or indirectly by COVID19 and/or address the foundations on which mental wellbeing is built are crucial for the COVID19 recovery. Whānau and communities which experience the most disadvantage and hardship will require particular attention. This will require joined-up policy-making as the issues impacting on people's lives are interlinked. The role of central and local government, iwi/hapū, NGOs and businesses are crucial to the success of this focus area.

Outcome: Whānau and communities have the resources and supportive environments on which psychosocial wellbeing is built

Actions

Address social and economic deprivation

How we are going to do this

Collaborate with partners to ensure the basic needs of all New Zealanders are met (such as access to food and shelter) during periods of lockdown and through the recovery phase.

Use policy levers to respond to changing social and economic needs during the pandemic.

Pursue initiatives in communities that resource those that need the most support.

Outcome: Whānau and communities have the resources and supportive environments on which psychosocial wellbeing is built

<p>Consider mental wellbeing when developing policies, regulations and programmes</p>	<p>Address mental wellbeing in the development of policies and programmes, such as considering:</p> <ul style="list-style-type: none"> • how mental health and addiction services and employment support can be linked • ways to address the housing needs of people with severe mental health and substance harm issues • maternal mental health impacts on mothers, infants and children • the social isolation impacts on the elderly • the mental health benefits of sports, arts and culture. <p>Pursue a harm reduction approach to alcohol, drugs and gambling through regulatory, rights and protection mechanisms as appropriate.</p>
<p>Focus on equity and Te Tiriti o Waitangi</p>	<p>Uphold the principles of Te Tiriti o Waitangi, when developing policies that affect mental wellbeing.</p> <p>Consider impacts for Māori, including the various segments of Māoridom including but not limited to kaumatua, pākeke tamariki, rangatahi, pākeke and hapori Māori (including urban Māori) when developing policies that affect mental wellbeing.</p> <p>Apply an equity lens when developing policies that impact on mental wellbeing, eg, for population groups such as Māori, Pacific, people with disabilities, LGBTIQ, children and youth, rural populations.</p> <p>Prioritise support for interventions that meet the wellbeing needs of Māori and other groups who have been disadvantaged and experience inequitable wellbeing outcomes.</p>
<p>Gather mental wellbeing data and evaluate impacts</p>	<p>Measure and track mental health and wellbeing in the population and share data with policy-makers across government, and other agencies.</p> <p>Include mental wellbeing in the evaluation of policy implementation.</p>
<p>Partner with other agencies to support mental wellbeing</p>	<p>The Ministry of Health is partnering with other government agencies to support mental wellbeing, for instance with:</p> <ul style="list-style-type: none"> • the Ministry of Education to pursue mental wellbeing initiatives in schools • Worksafe to support mental wellbeing in workplaces • the Ministry of Social Development to support employment opportunities for people with lived experience of mental distress or substance harm • Police, the Ministry of Social Development and community organisations to support delivery of trauma-informed engagement.

8.Focus area 2: Empower community-led response and recovery

Communities are the heart of recovery. Psychosocial support often starts with family and friends. However, the networks and groups we belong to (such as marae, sport and recreation clubs, arts groups, playcentres, churches and peer support groups) play a vital role in helping us find a positive path through challenging times. These social connections are a key protective factor for the wellbeing of communities.

This plan recognises that communities have a wealth of knowledge, skills and resourcefulness to support one another. In fact, caring for one another is an important action in looking after our own wellbeing. However, sometimes additional support, resources or coordination is required for community solutions. Focus area two aims to strengthen community-led responses and solutions. In particular, solutions led by iwi/hapū, Pacific organisations, and people with lived experience of mental illness or addictions.

Outcome: Communities, families, whānau, hapū and iwi are equipped to respond to mental distress and empowered to lead collective recovery

Actions	How we are going to do this
Support tāngata whaiora (people seeking wellness) and their whānau	<p>Develop the mental health and addiction peer workforce to support early intervention and ongoing support for people with mental distress and substance harm issues.</p> <p>Assist lived experience groups to support whānau and communities and have input to policy, response and recovery planning, delivery and communications.</p>
Empower community-led solutions for mental wellbeing	<p>Provide support for community-led initiatives that enhance whānau, hapū and community wellbeing and resilience, including by:</p> <ul style="list-style-type: none"> • creating innovative locally-responsive responses that help build mental and social wellbeing • enabling community-based organisations to adapt during social distancing • drawing on local resources and strengthen community leadership and volunteering • supporting populations with specific mental wellbeing needs. <p>Accelerate community-based initiatives in <i>Every Life Matters</i>, the national suicide prevention strategy and action plan.</p>
Support coordination of community-led initiatives	<p>Support existing national providers and umbrella NGOs to provide leadership and coordination during COVID19 response and recovery.</p> <p>Provide region-wide community-led development support through central and local government and DHBs.</p>
Equip communities with skills to recognise and respond to mental distress, substance use and gambling harm issues	<p>Support evidence-informed and culturally relevant mental health, addiction and suicide prevention education.</p>
Encourage communities to reimagine our future	<p>Foster opportunities for local and New Zealand-wide discussion of what is important for mental wellbeing; what thriving, connected communities and society could look like; and what is needed to achieve this.</p>

9. Focus area 3: Equip people to look after their own mental wellbeing

Supporting people, whānau and communities to nurture and look after their own and each other's mental wellbeing can reduce the impact of stress on whānau, prevent and protect from developing long-lasting or more severe mental distress, and enhance overall wellbeing of communities.

New Zealanders are increasingly aware of the impact of mental health and addiction issues on their wellbeing. Knowledge and openness about mental health and substance and gambling harms are important for reducing stigma and enhancing access to informal and formal support.

This focus area recognises the need for promotion of public messages as well as access to evidence-informed self-help tools and educational resources. Design and delivery of tools, resources and messaging should be accessible and tailored to meet diverse needs, such as for older people, Māori, Pacific, young people, and people with disabilities.

Outcome: People know how to look after their mental wellbeing and know where to get help if they need it

Actions	How we are going to do this
Promote wellbeing, for all New Zealanders through national campaigns and resources, tailored to local needs	Fund and monitor public communication campaign/s to support mental wellbeing. Ensure groups with specific needs are reached (eg, older people, Māori, Pacific, parents, unemployed, rural communities and people with disabilities). Provide guidance to media and journalism that promotes mental wellbeing. Promote awareness of availability of services, including a focus on online gambling and addiction services. Develop additional suicide prevention resources and media guidelines. Provide access to mental wellbeing and resilience building supports for children and young people.
Enable access and choice for practical self-help resources and tools	Fund and monitor high-quality digital mental health and substance harm resources and tools. Boost telehealth and other free outreach services. Utilise media and social media to promote free access to digital mental health and addiction support, e-therapy and telehealth support. Accelerate development of a national digital mental health and addiction framework to promote clinical, digital and cultural safety of digital support. Promote access to self-help tools including substance harm and problem gambling resources.

10. Focus area 4: Strengthen primary mental health and addiction support in communities

This focus area seeks to address the need for more accessible and affordable mental wellbeing support for people with mild to moderate mental health and addiction needs. While this work was under development prior to COVID19, increased mental wellbeing needs due to the pandemic will elevate the importance of this focus.

An increased and diversified range of government and community-based responses will be provided across the country. Good information will help people find support that works for them, and there will be clear links between services.

There will be more choice of services and increased accessibility, where no door is the wrong door. People of different ages, ethnicities and identities will easily find support that is appropriate for them, no matter where they live. Kaupapa Māori services, designed by and for Māori, will be expanded.

Effective evaluation and workforce support will supplement this focus area. Services will be designed collaboratively, including input from people with lived experience of mental health and addiction services.

Outcome: All New Zealanders have free and easy access to mental wellbeing and addiction support services

Actions	How we are going to do this
Increase access and choice of services for people with a range of mild to moderate mental wellbeing issues	<p>Increase access to a range of mental wellbeing supports including talk therapies, counselling, wellbeing coaching, mental health peer support and addiction peer support.</p> <p>Increase access to services for alcohol, other drug and gambling harm.</p> <p>Expand the range of settings where help is available, including through general practices and telehealth.</p> <p>Ensure collaborative design in service development.</p>
Support the expansion of primary services by and for Māori	<p>Invest in kaupapa Māori primary mental health and addiction services.</p> <p>Support kaupapa Māori services to explore and implement new forms of service delivery to meet the needs of tangata whaiora.</p> <p>Ensure access to tikanga based interventions are supported alongside of Māori clinical interventions.</p>
Provide support for groups of people with specific mental wellbeing needs	<p>Engage with populations that have greater levels of need, either due to COVID19 or due to pre-existing disadvantage.</p> <p>Develop and resource initiatives that meet the needs of these particular groups of people.</p> <p>Provide dedicated clinical and counselling support to meet the needs of these particular groups of people, eg health and essential workers.</p>
Provide clear pathways for getting mental wellbeing support	<p>Provide information in multiple languages and on a range of platforms, to help whānau and communities locate support.</p> <p>Support coordination and integration between primary and community and specialist services to ensure appropriate care is provided.</p>
Support the delivery of primary and community mental health and addiction services and service continuity	<p>Support the ability of primary and community mental health and addiction service providers to operate while maintaining public health measures and under added pressure.</p> <p>Facilitate coordination and knowledge sharing between primary care and specialist services, and between primary care and communities.</p> <p>Support mental health and addiction providers to flex and adapt to the changing needs of their communities and tailor support options to meet their needs.</p> <p>Support workforce development including ensuring that a priority on equity of diversity of the workforce is maintained.</p>

11. Focus area 5: Support specialist services

Specialist services are essential for the health of people with severe or enduring mental health and addiction issues.

The need for specialist mental health and addiction services may increase over the COVID19 recovery period. This will put pressure on these services, and some services will need to change the way they meet the needs of clients and whānau.

More access and greater choice of services will be provided to people needing specialist services. This will involve determining how to best use alternative forms of support, such as group therapies and telemedicine. It will require increased consult liaison support from DHB specialist services to health, disability and community services and the ability for clients to seamlessly access care between hospitals, general practice and community clinicians.

Decision-making to prioritise and implement changes in our services will continue to involve clients and whānau.

Outcome: People with mental distress experience high-quality mental health and addiction treatment and care, regardless of where they live or who they are

Actions	How we are going to do this
Enhance specialist services	Continue to encourage flexible, adaptive and innovative approaches to address service pressures across the mental health and addiction system.
Support Māori mental health and addiction services	Grow the Māori mental health and addiction workforce. Enhance the cultural safety of the mental health and addiction workforce.
Provide support for specific groups of people	Encourage a diverse workforce that reflects New Zealand's diverse population. Enhance the cultural safety, cultural competency and the mental health and addiction workforce's understanding of diverse groups.
Support the delivery of specialist mental health and addiction services and service continuity	Support the ability of mental health and addiction service providers to operate while maintaining public health measures and under added pressure. Support DHB planning and reporting cycles (guidance, monitoring, performance measurement). Support DHB and NGO services to ensure high-quality and equitable delivery of specialist services. Support the mental health and addiction sector with managing workforce shortages. Support the mental health and addiction sector with new models of delivering mental health and addiction care. Provide ongoing monitoring of regulatory performance and rights protection.

Enablers

Enablers are the tools that allow the Ministry of Health and other agencies to put this plan into action. Below are actions that are needed to support the work detailed in the Focus Areas.

12. Information and data for an agile and rapid response

- Systematically gather on-the-ground information about the effects of COVID19, intelligence on community needs (nationally and regionally), predicted and emergent psychosocial needs, at-risk groups, and workforce pressures (including for Māori, Pacific, different population groups and life stages).
- Develop a range of indicators for monitoring psychosocial supports and community wellbeing, including:
 - collecting data in a way that also builds a picture of the strengths and resourcefulness of whānau and communities
 - considering commissioning of additional data collections to supplement understanding from routine data collection insights including updating *Te Rau Hinengaro* (national mental health and addiction survey);²⁵ and
 - improving the routine collection of ethnicity data, particularly for Māori and Pacific people.
- Evaluate services and policies and develop tools that measure wellbeing and its determinants with Māori, people with lived experience of mental distress and substance harm, service users and priority populations.
- Establish a mechanism to review information and data collected, and facilitate sharing across government, community organisations, and other agencies.
- Work with other agencies, including the Social Wellbeing Agency, to better understand the mental and social wellbeing needs of our shared populations.
- Evaluate and disseminate emerging evidence for best practice and innovative solutions, such as knowledge exchange networks and digital mental health solutions.
- Monitor the implementation of the COVID19 Psychosocial and Mental Wellbeing Recovery Plan and systematically review for unmet needs in whānau and communities.

13. Workforce capacity and capability

- Respond to mental health and addiction workforce needs during COVID19 response and recovery.
- Maintain a national picture of mental health and addiction workforce, gaps, service need and use.
- Build on links with agencies to maintain a picture of the broader community agency workforce.
- Support the health and wellbeing of people who work in the mental health workforce.

- Invest in enhancing the cultural competency and safety of the workforce and health system for Māori, Pasifika and other population groups.
- Support the national mental health and addiction workforce centres to grow the capacity and capability of the workforce.

14. Policy and regulation

- Collaborate and promote alignment with other government social and welfare agencies on policies relevant to fostering mental and social wellbeing during COVID19 recovery.
- Clearly communicate the regulatory framework and application of regulatory functions relevant to COVID19 response and recovery (including personal data security), as well as mental health and addiction services.

Appendices

Appendix A: Glossary of terms

Addiction	<p>For the purposes of this plan, addiction has been used to refer to a wide range of harm from the misuse of substances or from gambling.</p> <p>Addiction services refers to services which support people’s recovery from alcohol and other drug or gambling harm.</p>
Equity	<p>In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.</p>
<p>Kaupapa Māori primary (community) mental health and addiction services</p> <p>Māori health service providers</p>	<p>Kaupapa Māori services provide health and social services for Māori within a Māori cultural context across a broad range of conditions and ailments and within a whānau-centred framework.</p> <p>Kaupapa Māori services provide health and social services that are:</p> <ul style="list-style-type: none"> • whānau centred • delivering service for Māori by Māori • supportive of kaupapa Māori principles and practices • strong in te reo Māori • skilled in tikanga Māori • steeped in mātauranga Māori • experienced in rongoa Māori <p>This includes Māori health service providers, which are:</p> <ol style="list-style-type: none"> a) A provider that is owned and governed by Māori and currently funded by the Ministry of Health and/or District Health Board and/or Primary Health Organisation for the provision of health services; and b) A provider that is delivering health and disability services primarily but not exclusively for Māori.
Mental distress	<p>Mental distress is any thoughts, feelings, and behaviours that negatively impact on day to day wellbeing.</p>
Mental health	<p>Mental health is a state of wellbeing in which people realise their own potential, can cope with the normal stresses of life and have meaning, connection and purpose in their life.</p>
Mental wellbeing	<p>Mental health and wellbeing form one component of broader wellbeing.</p> <p>Te Whare Tapa Whā is a model that uses the symbol of the wharenui (meeting house) to illustrate the four cornerstones of wellbeing: taha wairua (spiritual health), taha hinengaro (mental health), taha tinana (physical health), and taha whānau (family health).</p> <p>Positive mental wellbeing is most likely when we are safe and secure and feel a sense of belonging, identity, connected, valued, worthy, accepted for who we are, and hopeful for the future.</p> <p>Mental wellbeing isn’t just about the absence of mental distress or harmful substance use. Ideas about wellbeing differ widely among different populations, groups and individuals. They also change throughout our lives and as our circumstances change.</p> <p>For many of us this comes from growing up in loving families and whānau where we feel strongly connected and are nurtured and nourished; learning in great schools; having strong cultural, social and, for some, spiritual connections; being fit and healthy; having friends and family, a job, a home and a safe neighbourhood; being creative and having fun; contributing to our communities; having control over our lives; and mattering to other people.</p> <p>For Pacific peoples, traditional views of mental health and wellbeing are holistic. Wellbeing encompasses mental, physical, spiritual, family, environmental, cultural and ancestral components, and includes cultural values that strengthen family and individual wellbeing, such as respect, reciprocity, collectivism and a focus on relationships.</p>

Mental health and addiction specialist services	Mental health and addiction specialist services are services designed specifically for people with complex and/or enduring mental health and/or addiction needs. These services include NGO- and DHB-delivered community and residential services and services delivered in a hospital setting.
Physical distancing	Physical distancing, sometimes known as “social distancing”, is keeping a safe physical distance from others (2 metres) to prevent the spread of COVID19.
Primary care/ Primary health care	Primary health care relates to the professional health care provided in the community, usually from a general practitioner (GP), practice nurse, nurse practitioner, pharmacist or other health professional working within a general practice. Primary health care covers a broad range of health services, including diagnosis and treatment, health education, counselling, disease prevention and screening.
Psychosocial support	Psychosocial support focuses on easing the psychological, social and physical impacts of an emergency. It also includes enhancing wellbeing for individuals, families, whānau and communities to support recovery and help people adapt after their lives have been disrupted.
Quarantine	Quarantine or ‘managed isolation’ is where travellers entering New Zealand (from 10 April 2020) are required to go into ‘managed isolation’ in a government-provided facility (hotel) or go into a quarantine facility (separate hotel) if they have COVID19 symptoms. People that have come into contact with someone with COVID19 are also required to self-isolate.
Recovery (<i>psychosocial</i>)	Recovery begins with response and continues following the end of an emergency response, or over a transition period from response to recovery. Recovery activities are sustained for as long as required. Recovery involves activities which help restore social support structures, enabling individuals and communities to seek further support through existing and new pathways, such as community-based health and social services. Community engagement should be used effectively in recovery planning to ensure communities retain their sense of ownership.
Response (<i>psychosocial</i>)	Response involves ensuring that agencies work together to deliver services that contribute to psychosocial support and reduce any long-term negative psychosocial impacts on communities, families/whānau and individuals. Psychosocial considerations should be well integrated into and considered in all response activities.
Self-isolation	Self-isolation is an effective precautionary measure to protect those around you – your family, friends, colleagues – from potentially contracting COVID19. It means taking simple, common-sense steps to avoid close contact with other people as much as possible, like you would with the seasonal flu virus.
Social wellbeing	Social wellbeing is about enabling people, whānau and communities to live the lives they aspire to, including both material conditions and quality of life. A social wellbeing approach is centred on people, with an emphasis on broad measures of wellbeing. It promotes a strengths-based approach that recognises the connections people have to family, iwi, communities and regions.
Tāngata whaiora	Tāngata whaiora, literally translated, means ‘people seeking wellness’. In this report, it refers to people from all ethnic backgrounds who experience mental health or addiction challenges and who are seeking wellness or recovery of self. It includes mental health and addiction service users and consumers of mental health and addiction services.

Trauma informed care	Trauma-informed care uses a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.
Wellbeing	Wellbeing is when people are able to lead fulfilling lives with purpose, balance and meaning to them.

Appendix B: Key support agencies and activities

15. National level

At the national level, the Ministry of Health is responsible for coordinating the provision of psychological support, and funding, planning and providing services (including through contracts). It organises a national health coordination centre and a psychosocial subgroup, working with DHBs.

Under CDEM Plan Order 2015, other government organisations that may be required to coordinate psychosocial services are:

- the Ministry of Education – support for schools and early childhood services
- the Ministry for Primary Industries – funding for rural support trusts and other organisations to provide psychosocial support to rural communities
- the Ministry of Social Development – information and resources to help individuals, whānau and communities to connect with psychosocial support providers
- Te Puni Kōkiri – provides links to iwi and Māori providers and advice on appropriate cultural responses.

Under CDEM Plan Order 2015, roles are also identified for three NGOs:

- the NZ Red Cross – to provide psychological first aid training and support services and bereavement support
- the Salvation Army – to provide psychological support, including pastoral support
- Victim Support – to facilitate access to trained counsellors.

The psychosocial plan is also relevant to the other government agencies and Crown entities including:

- the National Emergency Management Agency, within the Department of Prime Minister and Cabinet, provides overall leadership in emergencies
- the initial Mental Health and Wellbeing Commission is laying the groundwork for the permanent Commission to provide independent oversight of mental health and wellbeing in New Zealand
- the Ministry of Business, Innovation and Employment has responsibilities for workplace responses to COVID19, and immigration system support for recent migrant and refugees

- the Ministry of Justice and New Zealand Police (working with other agencies) oversee policy and activity to prevent and respond to family violence
- the Ministry for Pacific Peoples provides policies and interventions to support Pacific Peoples
- the Office for Disability Issues provides a focal point within government on disability issues
- the Office for Ethnic Communities seeks to ensure ethnic communities are strong and connected and the benefits of ethnic diversity are realised
- Oranga Tamariki supports children, family and whānau and provides a number of essential services
- the Ministry of Housing and Urban Development advises people affected by COVID19 in terms of housing
- Ministry of Youth Development which supports development of young people
- the Social Wellbeing Agency considers the social wellbeing impacts of (and potential responses to) COVID19
- the Health Promotion Agency provides mental wellbeing campaigns targeted to a range of audiences
- Health Quality and Safety Commission works to improve the quality and safety of health and disability support services
- the Human Rights Commission is responding to enquiries and complaints regarding human rights in relation to COVID19 responses
- Worksafe which is the primary health and safety regulator.

National community sector organisations relevant to the plan include:

- membership-based organisations, such as the Platform Charitable Trust and the NZ Drug Foundation
- national community organisations with local branches such as the Emerge Aotearoa, Pathways, Salvation Army, Red Cross, Victim Support, Plunket and Neighbourhood Support
- the Mental Health Foundation
- workforce development agencies such as Te Pou, Te Rau Ora, Werry Centre and Le Va.

16. At the Civil Defence Emergency Management Group (CDEM) level

DHBs are responsible for coordinating the provision of psychosocial support services. DHBs advise non-governmental organisations (NGOs) and primary health organisations (PHOs) on the type and nature of services needed for ongoing psychosocial support. NGOs and PHOs in turn also identify need and provide advice to DHBs.

At regional and local levels, the psychosocial plan is also relevant to:

- iwi, hapū and Māori service providers and tangata whenua governance organisations such as marae committees
- Whānau Ora Commissioning Agencies
- local authorities, which are responsible for local civil defence, and have community development functions
- ambulance, fire and police services

- aged care and disability support providers
- local branches of national community organisations providing health and social services
- community organisations focused on particular communities or population groups, such as Pacific organisations, faith-based groups, youth development organisations and rural support trusts
- philanthropic funders and businesses with social responsibility goals.

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