

Submission on He Ara Āwhina Framework

Moira from [Te Ngākau Kahukura](#) provided the following brief response to the Mental Health and Wellbeing Commission's online consultation in April 2022 on the draft [He Ara Āwhina](#) Framework for assessing and monitoring the mental health and addiction sector.

1. Does He Ara Āwhina reflect your hopes for a mental health and addiction system?

Overall, the framework does well at articulating a system based on self-determination, rights, wellbeing and holistic consideration of a person's needs. While the rainbow population is not named at this level, the principles can be interpreted in ways that speak to rainbow and takatāpui wellbeing.

2. Is He Ara Āwhina missing anything that is important to you?

Acknowledging that the framework is at a high level, I would like to see rainbow populations and needs recognised more explicitly (for example, naming transphobia alongside racism, recognising that whānau is broader than a person's birth family and that whānau rejection is a particular determinant of distress for rainbow people, recognising the importance of linking people with gender-affirming healthcare as a particular example of "health, social, and justice system supports that benefit us", etc).

I would suggest a useful way of doing this may be developing a population-specific framework under He Ara Āwhina that articulates what these high-level principles mean for rainbow populations. Without a population-specific consideration of this framework, it would be possible for rainbow needs, aspirations and experiences to be invisible in any reports or strategies based on this framework.

3. Is there anything else you want us to know about how we should monitor services and system transformation?

A specific piece of work is needed to develop a service and system monitoring approach for the rainbow population.

It is not currently possible to monitor the effectiveness of services for rainbow people at a population level. Identity information related to sexuality, gender and variations of sex characteristics is not routinely captured within services, and often can not be recorded accurately or appropriately in medical information systems.

We have significant bodies of evidence indicating that rainbow populations experience higher lifetime rates of distress and substance use, population-specific minority stressors, specific barriers to accessing services, and discrimination within services. However, the lack of routine monitoring data mean that rainbow populations are not currently recognised in regular monitoring reports. This under-recognition contributes to a cycle of under-prioritisation of rainbow mental health, low levels of funding and a lack of specific requirements for rainbow competency, leading to service provision that does not meet rainbow needs.

Addressing this issue is not as straightforward as upgrading services and technical systems to capture rainbow demographic information. For example, limited rainbow competency and safety within services mean that service users may be unable to trust providers with this sensitive information, as it may expose them to discrimination or hostility.

To design a system-wide approach to gathering information about rainbow service user experiences, a specific new piece of work is needed that engages rainbow people with lived experience, expertise in demographic standards, and mental health systems knowledge.