1 June 2016

Members
Health Select Committee
Youth Parliament 2016

Inquiry into how can we better deal with mental health issues and suicide prevention in schools

The Health Select Committee has been asked to conduct an inquiry into: "How can we better deal with mental health issues and suicide prevention in schools?" on 19 July 2016. This paper has been prepared to assist the Committee with its examination. Issues are identified and possible lines of inquiry are provided for the Committee to consider. The Committee may also wish to raise these matters with the witnesses who have been asked to appear before the Committee to give evidence on this inquiry.

Introduction

This paper is divided into four sections.

- **New Zealand Youth – a mental health check-up** describes the current state of play for mental health issues and suicide prevalence among New Zealand young people.
- **What we do to support school-aged young people** describes the current role of government in providing support to young people who have, or are at risk of developing, mental health issues.
- **An evolving approach to youth mental health in New Zealand** describes the current strategic approach to improving the wellbeing of young people
- **Youth mental health in post-earthquake Canterbury** is a case study relating to the provision of mental health supports for young people in Christchurch.

New Zealand Youth – a mental health check-up

Most young people[1] in New Zealand are resilient, confident and content, and generally have a positive sense of their overall wellbeing. As a subset of wellbeing, the emotional wellbeing or mental wellness of young New Zealanders is also reasonably encouraging. The University of Auckland's *Youth'12 Report* (a health and wellbeing report on secondary school students in 2012) found that upwards of 92 percent of students reported feeling okay, satisfied, or very happy with their life (Clarke, et al., 2013).

However, youth – and adolescence, in particular – is a period of emotional and mental turbulence for many people. Around 20 percent of young New Zealanders "will exhibit behaviours and emotions or have experiences that lead to long term consequences" (Gluckman & Hayne, 2011) affecting their wellbeing. Some of those behaviours or emotions

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[1] For the purpose of this report, "young people" refers to New Zealanders aged between 0-19 years old.

will go on to manifest as mental health issues or disorders. These manifestations, and government's role in preventing, mitigating and resolving them, form the focus of this paper.

Why do young people develop mental health issues?

There is no single explanation as to why young people are at a higher risk of developing mental health disorders or illnesses than any other age cohort. In reality, young people experience a combination of effects and influences which, for some, can have long term negative consequences for their mental wellbeing. Factors contributing to – or detracting from – a young person's mental wellbeing include genetics, brain maturation, family structure, socioeconomic circumstance, social environments (school, communities and peers) and drug use.

A strong family is "the foundation for healthy child and adolescent development" (Gluckman & Hayne, 2011), and helps to build resilience to deal with stress and conflict. Conversely, families with histories of parental conflict (or domestic violence) and child maltreatment are more likely to put their children at risk of developing mental health issues. Often, adolescent difficulties are foreshadowed by family difficulties, including pre-natal experiences, early neurological and behavioural factors, childhood antisocial behaviour, parental drug and alcohol abuse, and poor parenting practices.

The ability of young people to manage their emotions and behaviours is strongly related to the manner in which the brain develops. Recent studies indicate that "brain maturation is not complete until well until the third decade of life, and the last functions to mature are those of impulse control and judgement" (Gluckman & Hayne, 2011). This goes some way to explaining why this phase in life can be characterised as a period of risk-taking and impulsivity, with potentially long-term adverse consequences.

Adolescence is a time of rapid development for young people as they move from childhood dependence to adult independence. This means that while young people's brains are developing, they are also increasingly subject to the pressures associated with independent decision-making. Historically, this transition was partially managed by effective role-modelling through parents, teachers and community organisations. However, these role-models have been increasingly replaced by non-conventional parties, such as celebrities (eg. through more accessible media) and peer groups (eg. through prevalence of social media) (Gluckman & Hayne, 2011). During this time, there is a higher risk that peer-pressure can result in poor decision-making, including alcohol and drug abuse (which, in turn, carries its own risks),[2] and harmful sexual behaviour.

Finally, the rate of co-morbidity of negative outcomes (ie. the rate at which these outcomes occur in same groups or individuals) is high. This means that some sections of New Zealand youth experience particularly poor mental health due to a combination of factors. This exacerbates the severity of issues faced, and can lead to intergenerational cycles of mental health problems.

How big is the problem?

Young New Zealanders struggle with mental health issues at a much higher rate than their international counterparts (Gluckman & Hayne, 2011). In 2009 the Organisation for Economic Co-operation and Development (OECD) released *Doing Better for Children*, which

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[2] Excessive alcohol use in New Zealand is significant – 70% of 12-17 year olds report that they have no problem accessing alcohol, and 30% of teenagers report that they made no attempt to control their drinking in order to avoid memory confusion or loss. (Gluckman & Hayne, 2011)

rated New Zealand below the OECD median in most measures (eg. child mortality, youth suicide, poverty).

Mental health problems often first appear in adolescence:

- 50 percent of people who develop a disorder have experienced symptoms by age 18
- 20 percent of people will be affected by depression by age 18
- 13 percent of secondary school students are depressed at any given time (Gluckman & Hayne, 2011)
- 20 percent of young people meet the criteria for an anxiety disorder by age 19 (Oakley Browne, Wells, & Scott, 2006)
- In 2009, New Zealand had the highest youth suicide rate in the OECD (Organization for Economic Cooperation and Development, 2009), though the overall youth suicide rate has declined by 32.8 percent since the peak rate in 1995 (Ministry of Social Development, 2015)
  - In 2014, the highest rate of suicide in New Zealand was in the 15-24 year age group (23.4 per 100,000 young people)
  - Only 40 percent of people who completed suicide accessed a mental health service in the year prior (Ministry of Health, 2015).
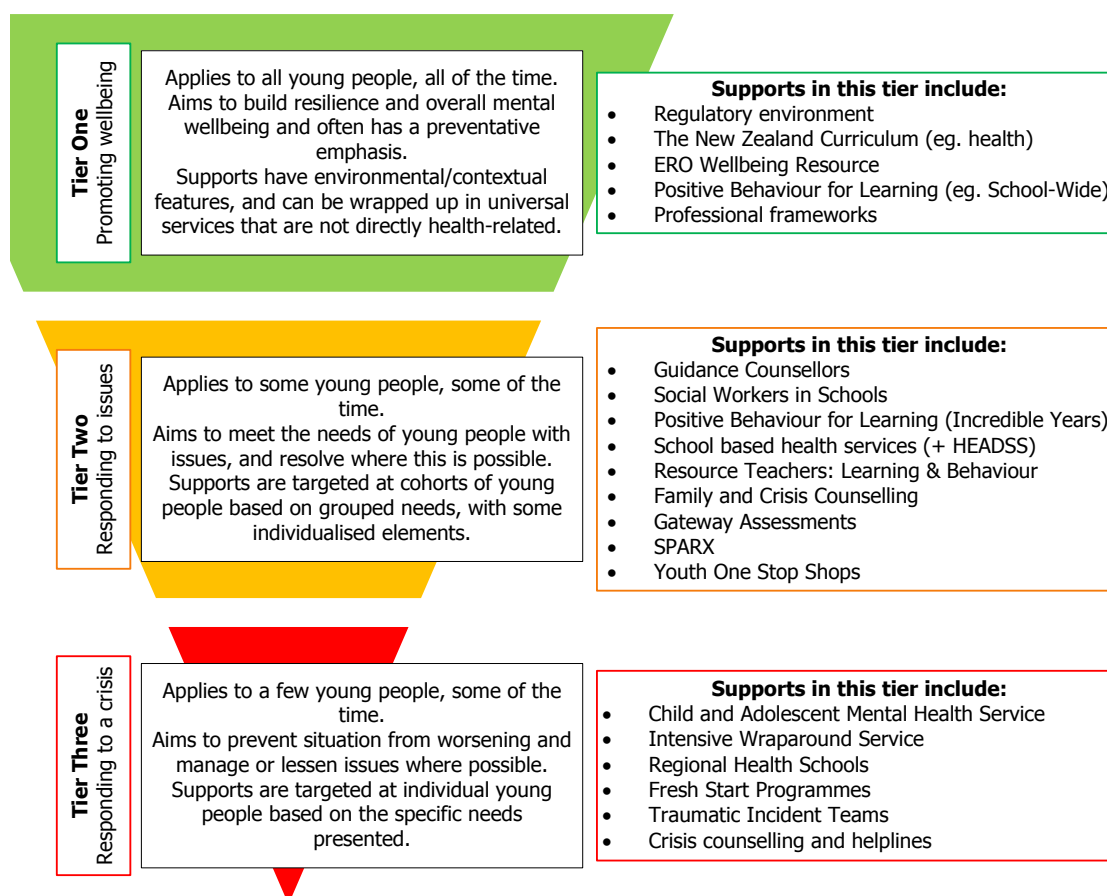
What we do to support school-aged young people

There are a number of government agencies with policies, services, or initiatives (referred to as "supports" in this paper) that have been designed to support the mental health of young people. Some of these are provided in school, some are provided through District Health Boards, and others are delivered through non-governmental organisations and community groups.

One way to understand how these services relate is by loosely grouping them in accordance to the severity of need that they are designed to address. The diagram overleaf lists a number of government supports against the "tier"[3] of need to which they relate.

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[3] This approach has been widely adopted in health literature and policy development, both domestically and internationally (Macklem, 2011).

Figure 1: A conceptual map of government supports for youth mental health

Tier One — Promoting wellbeing	Applies to all young people, all of the time. Aims to build resilience and overall mental wellbeing and often has a preventative emphasis. Supports have environmental/contextual features, and can be wrapped up in universal services that are not directly health-related.	**Supports in this tier include:** • Regulatory environment • The New Zealand Curriculum (eg. health) • ERO Wellbeing Resource • Positive Behaviour for Learning (eg. School-Wide) • Professional frameworks
Tier Two — Responding to issues	Applies to some young people, some of the time. Aims to meet the needs of young people with issues, and resolve where this is possible. Supports are targeted at cohorts of young people based on grouped needs, with some individualised elements.	**Supports in this tier include:** • Guidance Counsellors • Social Workers in Schools • Positive Behaviour for Learning (Incredible Years) • School based health services (+ HEADSS) • Resource Teachers: Learning & Behaviour • Family and Crisis Counselling • Gateway Assessments • SPARX • Youth One Stop Shops
Tier Three — Responding to a crisis	Applies to a few young people, some of the time. Aims to prevent situation from worsening and manage or lessen issues where possible. Supports are targeted at individual young people based on the specific needs presented.	**Supports in this tier include:** • Child and Adolescent Mental Health Service • Intensive Wraparound Service • Regional Health Schools • Fresh Start Programmes • Traumatic Incident Teams • Crisis counselling and helplines

The way that government agencies distribute funding across these tiers is crucial. For example, an emphasis on Tier Three could fund high quality crisis support, but would be less effective at identifying and mitigating wellbeing issues at Tiers One and Two, before they worsen. Tier Two has received the most policy and investment focus over the last few years.

Tier One – Promoting wellbeing

The first tier is about building universal resilience and wellness for all young people. Related supports encourage a protective environment that is inclusive and engaging, often with an emphasis on restorative practice where conflict emerges.

One of the principal aims of the first tier is to ensure that these young people remain healthy; as such, it is predominantly a preventative measure. However, this tier is not always successful in preventing a decline in the mental health of any given young person, as the complexity of contributing factors responsible for mental health issues (eg. social, economic, physical/biological elements) can be difficult to resolve though government-funded intervention alone.

School regulatory environment

Schools have an important role in society. Young people spend over a thousand hours at school each year, which makes them "important sites of implementation and transformation" (Education Review Office, 2013), particularly in relation to improvement of wellbeing and youth mental health.

The role of schools in regard to students' wellbeing is outlined in a variety of regulatory instruments. For example, the National Administration Guidelines[4] requires all school board of trustees to "provide a safe physical and emotional environment for students". The New Zealand Teachers Council's *Code of Conduct* for registered teachers requires that they "provide the physical, emotional, social, intellectual and spiritual wellbeing of learners."

Schools also operate in a broader regulatory environment. One example of how this environment relates to young people's wellbeing is the Vulnerable Children Act 2014 (the VCA). The VCA requires schools to carry out safety checks to ensure that their employees do not pose a risk to children.

The New Zealand Curriculum

The New Zealand Curriculum is an example of a universal support. When implemented successfully, the curriculum enables young people to become "confident, connected, actively involved, and lifelong learners" (Ministry of Education, 2007). The curriculum gives teachers the flexibility to design learning around the development of essential skills to support the wellbeing of students, including resilience-building, problem-solving, self-reflection and self-directed learning.

As a specific element of the curriculum, the Health and Physical Education learning area supports student wellbeing by raising the awareness of mental health issues among students through destigmatising mental illness, encouraging students to recognise mental health problems in themselves and in peers, facilitating processes for appropriate help-seeking and teaching self-awareness. It also provides guidance to students on sensitive issues that can have an impact on student wellbeing, including drugs and sexual activity.

Positive Behaviour for Learning: School-Wide

Another example, Positive Behaviour for Learning (PB4L) School-Wide, is funded directly by the Ministry of Education. It is based on the principle that positive behaviour can be learnt, provided the school environment and teaching caters to the educational, physical and wellbeing needs of individual students. To that end, participating schools receive training and support over 3-5 years. Success is measured with reference to the behaviour and wellbeing of students following implementation of the framework. There are currently 600 schools using PB4L School-Wide.

Tier Two – Responding to issues

The second tier reflects the first layer of supports that are primarily responsive in nature. These supports should be available for young people who demonstrate early signs of wellbeing or mental health problems (often manifested in indirect ways, such as indications that a student is beginning to disengage from education). These supports are generally targeted at groups of students, but they may have elements of individualisation.

Guidance Counsellors in Schools

One example of a Tier Two service is guidance counselling support. In secondary schools, guidance counsellors play an important role in looking after the mental health of students. They are often the first port-of-call for students who are dealing with problems. They also work across the wider school environment, supporting teachers' ability to build resilience

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[4] The National Administration Guidelines set out desirable principles of conduct or administration for specified personnel or bodies (eg. Boards of Trustees).

among students, and to respond to early warning signs regarding emerging mental health concerns.

Social Workers in Schools

Social Workers in Schools (SWiS) and Multi-Agency Social Services in Secondary Schools (MASSiSS) are school-based community social work services in low decile primary and secondary schools, respectively;

- SWiS caters to 674 decile 1-3 schools, meaning around 142,000 students in Years 1-8 can access the service where required. They work with disadvantaged young people to overcome concerns that are affecting the student's safety or wellbeing, or their ability to learn, or their family's ability to manage aspects of their lives.
- MASSiSS is in place in 17 schools around Auckland, Hawke's Bay and Wellington, with a specific focus on the transition into secondary school where students are showing early signs of educational disengagement (eg. truancy).

Resource Teachers: Learning and Behaviour

Resource Teachers: Learning and Behaviour (RTLBs) are funded to work with schools, teachers and students (Years 1-10) with learning and behaviour difficulties. Some support is provided directly to the student, and also to teachers to help develop professional practice. Although the RTLB service is not directly targeted at young people with early signs of mental health issues, there is a high rate of co-morbidity between behavioural difficulties and mental health problems.

Tier Three – Responding to a crisis

The third tier contains supports at the most severe end of the scale, where a young person's mental wellbeing has become (or is likely to become) severely compromised. These supports are characterised by the way that they generally act as a circuit-breaker from everyday life for these young people.

Child and Adolescent Mental Health Services

Child and Adolescent Mental Health Services (CAMHS) are provided by District Health Boards (DHBs) to deliver specialist mental health and addition services for young people aged 0-18. The specific nature of CAMHS differs across DHBs, but generally they serve students who have severe mental health problems. They provide specialist assessment, treatment and consultation, and also make referrals to other services.

Schools' role in preventing and responding to suicide

Schools have a "challenging but vital" (Ministry of Education, 2013) role to play in caring for students who may be affected following a traumatic incident, including where another student at the school has committed suicide. As well as having a more general role in ensuring the overall wellbeing of students, schools must also be able to identify and respond to students at risk of suicide, and respond to suicide (and manage possible consequences). The Ministry of Education has published guidance for schools on these themes (Ministry of Education, 2013).

In addition to this, the Ministry of Education also funds Traumatic Incident Teams. These teams work with schools to build an understanding of the emotional and physical impacts of

traumatic incidents (such as suicide), and to develop processes to ensure the safety and wellbeing of affected students.

An evolving approach to youth mental health in New Zealand

There are a number of developments taking place in the policy context which are designed to improve mental illness prevention and care for young people in New Zealand. Some, like the Children's Action Plan and the Youth Crime Action Plan, deal with youth mental health indirectly. Although not addressed in this paper, these programmes play a significant role in protecting and restoring the mental health of young people by targeting underlying issues.

Prime Minister's Youth Mental Health Project

The Prime Minister's Youth Mental Health Project (YMHP) is a four-year (2012-16), cross-agency package of initiatives that aims to improve mental health and wellbeing for young people with, or at risk of developing, mild to moderate mental health issues. The project involves the Ministries of Health (lead agency), Education and Social Development, and Te Puni Kōkiri, who are working to bring social sector services together across the health sector, communities, schools, and online.

The expected outcomes for the YMHP after four years are:

- improved knowledge of what works to improve youth mental health
- increased resilience among young people, to support mental health
- more supportive schools, communities and health services
- better access to appropriate information for young people and their families/whānau
- early identification of mild to moderate mental health issues in youth
- better access to timely and appropriate treatment and follow-up for young people with mild to moderate mental health issues.

One of the initiatives under the YMHP is 'Youth Workers in Secondary Schools' (YWiSS). Nineteen youth workers, focused on addressing students with referred and assessed (using MASSIS or 'Check and Connect' models) mild to moderate mental health issues. YWiSS workers are currently placed in low-decile schools in Northland, Auckland, Hawke's Bay and Porirua/Lower Hutt. A final evaluation is yet to be completed, but preliminary evaluation from the first tranche of secondary schools in Auckland has been positive.

The Education Review Office – Wellbeing Indicators

As part of the YMHP, the Education Review Office (ERO) produced a set of indicators for student wellbeing. These indicators describe "the school values, curriculum and systems that help students experience a high level of wellbeing during their school years" (Education Review Office, 2016). These indicators were used to evaluate 159 primary schools and 68 secondary schools, with reference to the overall question "to what extent do schools promote and respond to student wellbeing?"

Of the 159 primary schools surveyed:
- 11 percent had an extensive focus on wellbeing, woven through all actions
- in 18 percent, wellbeing was well promoted through the curriculum, and responded well to wellbeing issues
- in 48 percent, there was a reasonable promotion of, and response to, student wellbeing
- 20 percent had some promotion of and response to student wellbeing, but had an overreliance on behaviour management
- 3 percent were overwhelmed by wellbeing issues (Education Review Office, 2015).

Of the 68 secondary schools surveyed:
- 16 percent were well-placed to promote and respond to student wellbeing
- 58 percent had elements of good practice that could be built on
- 26 percent had major challenges that affected the way they promoted and responded to student wellbeing. Some of these schools were overwhelmed (Education Review Office, 2015).

ERO has since published *Wellbeing for Success: A resource for schools,* which is designed to help schools evaluate and improve student wellbeing (Education Review Office, 2016). It includes guidance for school leaders, trustees and teachers to think about how they can promote the wellbeing of all students in their school community, and the way in which they can respond to emerging wellbeing concerns.

Suicide Prevention Strategy 2006-16

Since 2006, the Ministry of Health has provided a framework for New Zealand's suicide prevention efforts, and has been responsible for administering and measuring progress made in implementing the strategy. The strategy has a number of goals, including (Ministry of Health, 2016):

- promote mental health and wellbeing, and prevent mental health problems
- improve the care of people who are experiencing mental disorders associated with suicidal behaviour
- improve the care of people who make non-fatal suicide attempts
- reduce access to the means of suicide
- promote the safe reporting and portrayal of suicidal behaviour by the media
- support families/whānau, friends and others affected by a suicide or suicide attempt
- expand the evidence about the rates, causes and effective supports.

The *Suicide Action Plan 2013-16* was established under the strategy. It specifies the type of activities to be undertaken, identifies which government agency leads which action, and specified outcomes and timeframes. The action plan has a number of objectives (Ministry of Health, 2016):

- support families, whānau, hapū, iwi and communities to prevent suicide
- support families, whānau, hapū, iwi and communities after a suicide
- improve services and support for people at high risk of suicide who are receiving government services
- use social media to prevent suicide
- strengthen the infrastructure for suicide prevention.

Case study: Youth mental health in post-earthquake Canterbury

In the months following the 2011 Christchurch earthquake, the Prime Minister's Chief Science Advisor, Professor Sir Peter Gluckman, warned that Christchurch residents would experience a "spike" in psychosocial issues, given the intrinsically traumatic nature of significant earthquakes, and the way in which repeated aftershocks can extend the recovery process. He predicted that:

- about 5 percent of affected people will have on-going significant psychological morbidity requiring professional help,
- children may exhibit behaviours such as irritability, aggressive behaviour, separation anxiety and school avoidance,
- adolescent behaviour may become similar to the predicted adult response, including aggression, defiance, substance abuse and risk-taking behaviour (Gluckman, 2011).

The process of psychosocial recovery is still in its early stages and is anticipated to take a number of years to reach a "new normal" equilibrium. Cantabrians are now predominantly dealing with what is referred to as "secondary stressors", which are "indirectly related to the disaster, such as insurance processes, relocating, the lack of infrastructure and parents' concerns about impacts on their children." (Canterbury Earthquake Recovery Authority, 2015)

The actual psychosocial impact of the earthquakes has been the subject of debate, and is discussed in the latter part of this case study.

Government support

A number of Christchurch-specific responses were made to manage the predicted increase in mental disorders, some of which focussed specifically on children and young people. In the years since the quake, the core funders of psychosocial services were the Ministry of Social Development (MSD), the Canterbury District Health Board (CDHB), the Ministry of Health (MoH), the Ministry of Education (MoE), Te Puni Kokiri (TPK), and Inland Revenue (IR). In 2013/14, these agencies contributed an additional $17m for psychosocial services in Canterbury, including $6.35m from MSD and $6.40 from CDHB.

MSD has made a notable contribution to the provision of psychosocial supports and initiatives in Canterbury. For example, In Budget 2014, $13.5m of new funding was provided to support core psychosocial services and initiatives in Canterbury over the next four years (the Canterbury Social Support Fund - CSSF).

The agencies involved in the Canterbury recovery helped to provide a wide range of services and supports to protect and restore the wellbeing of residents. Some of these are described below, and range from strategic collaboration to the provision of on-the-ground, direct support. Note that most of these efforts are youth-centric, and exist within a much broader scheme of overall wellbeing government supports in Canterbury.

Canterbury Youth Mental Health Action Plan

The Prime Minister's Youth Mental Health Project has a specific emphasis on Canterbury youth health. Initiative 26 challenged the CDHB, MoH and MoE to develop an action plan to address emerging youth mental health issues in the region. At the time, CDHB reported increasing levels of distress, both among children and young people, and their parents,

teachers and counsellors. This was leading to an increase in referrals to child and youth mental health services.

The action plan was to provide support to school communities in managing children and young people affected by the earthquakes and the recovery process. One of the key features of the action plan was the School Based Mental Health team, which is described below.

The action plan is part of the wider psychosocial response to the earthquakes – Community in Mind Strategy (Canterbury Earthquake Recovery Authority, 2015) – which was coordinated by the Canterbury Earthquake Recovery Authority until it was wound down in April 2016.

School Based Mental Health Team

The School Based Mental Health Team, funded by MoH, is currently providing regular supports in 63 schools, tailored to the needs of each school. Supports can include training for teachers and support staff, offering education for parents and identifying students who need intervention from specialist mental health services.

Workforce development

MoE has funded the Mental Health Education and Resource Centre (MHERC) to deliver training for professionals delivering a range of services to young people.

In response to concerns from schools about new entrants with delayed language, social skills and poor self-regulation, MoE has piloted a transition to school project in partnership with RTLBs, called 'A Positive Start'. This approach supports schools and early childhood centres to work together to better align their expectations, environments, language and experiences for children, so their transition to school is smoother and their needs are identified and understood early.

MoE has also developed a workshop for teachers to help them understand the impact of trauma on brain development. This workshop is available to schools and in early childhood settings.

Expansion of Youth Mental Health Project initiatives in schools

The Ministry of Education has prioritised the implementation of PB4L: School-Wide and Check and Connect in schools and communities across greater Christchurch. School-Wide is about improving school environments through training and development, whereas Check and Connect is a long-term educational mentoring programme for students at-risk of disengaging from school.

The Ministry of Education has engaged a facilitator to work with secondary schools on the My FRIENDS Youth programme (Initiative 10 of the Prime Minister's Youth Mental Health Project). Eight schools in Christchurch are now delivering this programme to year 8 and/or year 9 students, with teachers and the guidance counsellor representative reporting positive outcomes. My FRIENDS Youth is a 10-session programme designed to build young people's self-esteem and resilience by teaching them practical skills to cope with life challenges.

Promoting information about mental health support

A number of initiatives were rolled out following the earthquakes to facilitate access to mental health supports. Most prominent of these was the 0800 Canterbury Support Helpline,

a free helpline for greater Christchurch residents that provides referrals and information about the range of services and advice available. MSD, in collaboration with a number of NGOs, also runs the Earthquake Support Co-ordination Service, which helps to provide information and practical help to those whose homes and lives have been directly affected by the Canterbury earthquake (Ministry of Social Development, 2013).

Demand and funding

In February 2016, a public debate arose about the provision of government funding for psychosocial support in Canterbury. At the centre of this debate was the issue of how demand for mental health services is measured, and how this affects the amount of funding that this attracts.

There have been a number of reports which generally point towards an increase in the psychosocial needs of people in Christchurch – generally noting that the largest increase in needs occurs in vulnerable populations (eg. the youngest and oldest demographics):

- A 35-year longitudinal study conducted by the University of Otago identified a 40 percent rise in overall mental disorder (depression, anxiety, suicidal thoughts and nicotine dependency) (Fergusson, Horwood, Boden, & Mulder, 2014).
- At the more severe end of the scale, Otago's Mental Health Clinical Research Unit has also noted an 8 percent rise in mental disorders serious enough to warrant immediate medical treatment (McCrone, 2015).
- There was a 55 percent increase in suicide-related calls to the police in 2015 relative to 2011 (Young, 2016).
- CDHB reported a 69 percent increase in children and youth presenting for mental health support (Canterbury District Health Board, 2015).
- The difference between Canterbury and the next worst affected metropolitan DHB is reportedly equivalent to nearly 8,000 more people in Canterbury accessing mental health services. (Humphrey & Renison, 2015).

In February 2016 MSD responded to an Official Information Act request and acknowledged that there had been a drop in funding for psychosocial services for Christchurch between 2014/15 and 2015/16. For Trauma Counselling this reflected a decrease of $480,000 (a reduction of 53 percent), and community-based organisations lost around $1,515,910 (a reduction of 93 percent) (Hutton, 2016). MSD explained that this funding was demand-driven, and that a drop in funding reflected a drop in demand for those services. For example, it cited a 58 percent reduction in calls made to the 0800 Canterbury Support line between 2012/13 and 2014/15 (Hutton, 2016).

In March 2016, Health Minister Jonathan Coleman announced an additional $20m in funding for mental health support in Canterbury for the next three years. This included an extra 27 primary care and community based mental health workers (including eight clinical staff for child, adolescent and family services and to ensure increased school based mental health team capacity), as well as further funding for current programmes (Beehive, 2016).

Report to the House

The Committee is required to report its findings on this inquiry to the House. The purpose of your report is first to inform the House and stimulate debate. In doing so your report should reflect both the oral and written evidence the Committee received, the issues the Committee considered in-depth, and the views of the members. From these the Committee should develop conclusions and recommendations to the Government.

Liam Williams
Ministry of Education
Report Writer
Youth Parliament 2016

Members may wish to ask:

1. Getting the right emphasis at the right time

Mental health issues amongst young people appear to be placing strain on supports that are designed to respond to these needs (see pages 4-5 of this paper). One way to alleviate this strain is to reduce the demand of these services by more effectively dealing with mental health issues before they emerge, by adopting a preventative approach. This would involve putting a stronger emphasis on supports. A recent Select Committee Report found that intervening early and effectively with young people can avert more serious issues in the future, and is highly cost-effective (Ministry of Social Development, 2015).

A preventative approach would require innovative ways to encourage the development of resilience among all young New Zealanders. Examples of this could include:

- further guidance within the New Zealand Curriculum, to support the discussion of wellbeing issues and ideas in the health and physical education learning area,
- introducing a mandatory requirement for all schools to adopt approaches like PB4L School-Wide,
- increasing the emphasis on student mental health or wellbeing in initial teacher education.

2. Funding – have we got the amount right?

At present, children and young people receive approximately 11 per cent of the mental health funding even though they constitute 28 per cent of the population (Gluckman & Hayne, 2011).

If funding was increased, how would the efficacy of the spend be measured? The supports described in this paper are publically funded, which means that related expenditure should ultimately be held to account by the public. The public has a reasonable expectation that the funding granted for these purposes is used in an effective manner. However, measuring effectiveness in relation to mental health support is complicated – positive outcomes are difficult to measure or quantify (eg. how to measure the effect of a support on a person's wellbeing?), and they may have medium to long-term impacts.

3. How to ensure coverage of supports?

Government-provided mental health supports for young people are delivered by a range of agencies, crown entities and NGOs. There is no comprehensive system to track the use of these supports, which means we cannot get a clear picture of how well these services are targeted, or how comprehensive the coverage provided is. This means that there may be overlaps or gaps between services.

A question for the committee to consider is what is the best 'mix' of pastoral care professionals in school settings: SWiS, YWiSS, school-based health service (SBHS) nurses as well as guidance counsellors and Deans, for instance? All? Or a combination of these?

4. How to ensure that supports are relevant?

There is a growing acceptance that generic health (including mental health) services are not appropriate for all young people.

This is particularly true in a cultural context. For example, for some Māori, spiritual and mental wellbeing are intrinsically linked.[5] How do we provide services which are sufficiently nuanced to cater for these diverse needs?

Young people tend to "snack" on social services - dipping in and out, instead of sustaining deep engagement. This means that it is important that youth services are flexible in terms of accessibility. How can we encourage services to develop this flexibility?

5. A youth-specific suicide prevention strategy and action plan?

The current Suicide Prevention Strategy and Action Plan is not age-specific. A predecessor – the New Zealand Youth Suicide Prevention Strategy – was. However, in 2006 a decision was made to extend the strategy to all ages. This was because, at the time, the 0-25 age group only amounted to 20 per cent of New Zealand suicide statistics. In 2014/15 this number had risen to almost 30 per cent.

Given the age-specific pressures which can lead to youth suicide, and the increasing proportion of suicides taking place relative to other age-groups, should the Government reconsider adopting a youth-specific suicide prevention strategy?

6. Learnings from Canterbury: What is our response when people are not ready to engage?

At times there has appeared to be a discrepancy between the perceived demand for mental health support (by practitioners, health providers, clients and researchers) and measured demand (ie. the actual uptake of services provided). One reason for this could be that some people in need of support were not prepared to engage with what was available. How do we encourage engagement?

7. How can the Government more effectively engage the Canterbury community?

In his report immediately following the earthquakes, the Prime Minister's Chief Science Advisor recommended empowering local communities as an effective means of protecting and restoring Cantabrians wellbeing. How successful was the Government in achieving this? What could be done differently in the event of a natural disaster in the future?

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[5] As a population with a disproportionately large youth cohort, a generally lower socio-economic position and lower physical health outcomes, Māori have high mental health needs relative to non-Māori. Thus it is doubly important that the provision of mental health services specifically cater for Māori needs (Baxter, 2008)

References

Baxter, J. (2008). Māori mental health needs profile: A review of the evidence. Palmerston North: Te Rau Matatini.

Beehive. (2016, 21 March). $20m mental health package for Canterbury. Retrieved from Beehive.govt.nz: https://www.beehive.govt.nz/release/20m-mental-health-package-canterbury

Canterbury District Health Board. (2015). Minutes of Canterbury District Health Board Meeting: May 2015. Christchuch: Canterbury District Health Board.

Canterbury Earthquake Recovery Authority. (2015). Community in Mind: Shared programme of action. Christchurch: Canterbury Earthquake Recovery Authority.

Clarke, T., Bullen, P., Denny, S., Crengle, S., Dyson, B., Fortune, S., et al. (2013). Youth '12 Overview: The health and wellbeing of New Zealand secondary students in 2012. Auckland: The University of Auckland.

Education Review Office. (2013). Improving Guidance and Counselling for Students in Secondary Schools. Wellington: Education Review Office.

Education Review Office. (2015). Wellbeing for Children's Success at Primary School. Retrieved from Education Review Office: http://ero.govt.nz/National-Reports/Wellbeing-for-Children-s-Success-at-Primary-School-February-2015/Methodology

Education Review Office. (2016). Wellbeing for success: A resource for schools. Wellington: Education Review Office.

Education Review Office. (2015). Wellbeing for Young People's Success at Secondary School. Retrieved from Education Review Office: http://www.ero.govt.nz/National-Reports/Wellbeing-for-Young-People-s-Success-at-Secondary-School-February-2015/Overview

Fergusson, D., Horwood, L., Boden, J., & Mulder, R. (2014). Impact of a major disaster on the mental health of a well-studied cohort. JAMA Psychiatry.

Gluckman, P. (2011). The psychosocial consequences of the Canterbury earthquakes. Wellington: Office of the Prime Minister's Science Advisory Committee.

Gluckman, P., & Hayne, H. (2011). Improving the Transition: Reducing social and psychological morbidity during adolescence. Auckland: Office of the Prime Minister's Science Advisory Committee.

Humphrey, A., & Renison, P. (2015, May). Earthquake stress triggers mental health issues. Retrieved from The Press: http://www.stuff.co.nz/the-press/opinion/68769392/Earthquake-stress-triggers-mental-health-issues

Hutton, C. (2016, February). Christchurch mental health funding slashed. Retrieved from Radio New Zealand: http://www.radionz.co.nz/news/regional/296627/chch-needs-more-mental-health-funding-not-less-gp

Macklem, G. (2011). Evidence-Based Tier 1, Tier 2, and Tier 3 Mental Health Inverventions in Schools. In G. Macklem, Evidence-Based School Mental Health Services (pp. 19-37). New York: Springer-Verlag.

McCrone, J. (April 2015). Christchurch quake survivors and the long road to mental recovery. Retrieved from The Press: http://www.stuff.co.nz/the-press/news/christchurch-earthquake-2011/67919822/Christchurch-quake-survivors-and-the-long-road-to-mental-recovery

Ministry of Education. (2013). Preventing and responding to suicide: Resource kit for schools. Wellington: Ministry of Education.

Ministry of Education. (2007). The New Zealand Curriculum. Wellington: Learning Media.

Ministry of Health. (2015). Office of the Director of Mental Health Annual Report 2014. Wellington: Ministry of Health.

Ministry of Health. (April 2016). What the Government is doing to prevent suicide. Retrieved from Ministry of Health: http://www.health.govt.nz/our-work/mental-health-and-addictions/working-prevent-suicide/what-government-doing-prevent-suicide

Ministry of Social Development. (2013). Earthquake Support Co-ordination Service. Retrieved from Community Investment: https://www.familyservices.govt.nz/working-with-us/programmes-services/connected-services/supporting-canterbury/earthquake-support-co-ordination-service.html

Ministry of Social Development. (2015). Social Services Select Committee Inquiry into Youth Mental Health Social Services. Wellington: Ministry of Social Development.

National Party. (March 2016). $20m mental health package for Canterbury. Retrieved from The National Party: https://www.national.org.nz/news/news/media-releases/detail/2016/03/21/-20m-mental-health-package-for-Canterbury

Oakley Browne, M., Wells, J., & Scott, K. (2006). Te Rau Hinengaro: The New Zealand Mental Health Survey. Wellington: Ministry of Health.

Organization for Economic Cooperation and Development. (2009). New Zealand - Country Highlights. Retrieved from Doing Better for Children: https://www.oecd.org/newzealand/43589854.pdf

Young, C. (2016, January). Suicide-related calls rise in Canterbury. Retrieved from Radio New Zealand: http://www.radionz.co.nz/news/regional/294612/suicide-related-calls-rise-in-canterbury

Further reading

www.ero.govt.nz

www.justice.govt.nz/courts/coroners-court/suicide-in-new-zealand

cera.govt.nz

cph.co.nz/about-us/mental-wellbeing

pb4l.tki.org.nz

www.wellbeingatschool.org.nz

www.pmcsa.org.nz

www.health.govt.nz

www.education.govt.nz

nzcurriculum.tki.org.nz

Suggested keywords and phrases for Internet search engines:

- wellbeing
- mental issues
- youth mental health
- mental disorder in school
- adolescents
- young people
- youth suicide
- Canterbury psychosocial impact.

As well as considering this background paper, Youth MPs are welcome to undertake their own research on their committee topic (or on the Bill or any other aspect of Youth Parliament 2016). The Parliamentary Library has agreed to accept one question per Youth MP which they will endeavour to answer to inform your work. If you have not already done so, please contact jill.taylor@parliament.govt.nz to take advantage of this opportunity.