



Proactive Release

Submissions on the Child and Youth Wellbeing Strategy

August 2019

The Department of the Prime Minister and Cabinet has released the following submission received during its public consultation on the child and youth wellbeing strategy.

Some of the information contained within this release is considered to not be appropriate to release and, if requested, would be withheld under the Official Information Act 1982 (the Act).

- Where this is the case, the information has been withheld, and the relevant section of the Act that would apply, has been identified.
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5 December 2018

The Right Hon. Jacinda Ardern, Prime Minister of New Zealand
Hon Tracey Martin, Minister for Oranga Tamariki
Department of the Prime Minister and Cabinet
Parliament Buildings
Private Bag 18888
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By email: childandyouthwellbeing@dpmc.govt.nz

Tena Koe Right Honourable Ms Ardern

Re: The Child and Youth Wellbeing Strategy

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide feedback on New Zealand's first Child and Youth Wellbeing Strategy (CYWS).

The RANZCP is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises government on mental health care.

To develop this submission, the RANZCP New Zealand National Committee - Tu Te Akaaka Roa, has worked with the New Zealand Faculty of Child and Adolescent Psychiatry (FCAP) who make a significant contribution to the wellbeing of child and youth wellbeing. They have a comprehensive understanding of mental health, social and emotional wellbeing, providing services to infants, children, and adolescents. In providing care they integrate biological, psychological and social aspects of individual, whānau and community experiences.

Introduction

Mental health is inseparable from a child's overall health and development, and that children develop and thrive within their whānau. RANZCP supports the need to increase outcomes for children's wellbeing and consider this requires a whole of system approach. Our submission reinforces the need for holistic prevention and intervention services. This requires professionals and multidisciplinary teams that are trained to collaborate and supported to integrate services across health, mental health, adult mental health, child development, community services and child protection sectors.

Child and Youth Wellbeing

The RANZCP commends efforts being made to introduce a CYWS which will provide leadership and direction to improve the wellbeing of children, youth and their whānau. The impact of poverty in childhood increases the likelihood of mental health problems through the life span, therefore we support this first step to advance a wellbeing strategy.

Outcomes of mental illness in childhood have a major impact on children and young people. We consider that an effective wellbeing strategy would focus on prevention and early intervention. We suggest that engaging those who are already involved in working with children and young people would enhance early collaboration across disciplines and

services. Child psychiatrists already make a major contribution through Child and Adolescent Mental Health Services (CAMHS) to reduce the prevalence of mental health problems, including providing training and information to other professionals on the complexities of child development and mental health. (RANZCP, 2010).

We support the key principles outlined in the CYWS. We note that there are 16 potential areas of focus with mental health being included as separate theme. We argue that mental health needs to be embedded across the entire CYWS and explicitly included in the other domains. Success in many of the other domains is dependent upon children developing good mental wellbeing.

RANZCP's key priorities

Our priorities align closely with those identified in the CYWS to advance child and youth wellbeing. Specifically we support investment in enhanced training of the New Zealand multidisciplinary workforce to integrate early intervention and prevention strategies, and learn how to work together effectively to increase wellbeing.

CAMHS identify the need to strengthen interfaces between primary and secondary care, and support development of a fit for purpose workforce. We note that a stronger New Zealand evidence base is needed to inform the most effective interventions, and what is needed to develop the future direction of mental health and addiction services to meet specific needs of children, young people and their whānau.

The RANZCP hopes that the attached briefing provides an insight into the range of work undertaken by the RANZCP's members, and that this document forms a basis for ongoing engagement with you and your advisors. We look forward to contributing to implementation of the CYWS, and signal our interest in meeting with you to discuss how we can be involved with providing expert advice to progress the policy agenda, and guide effective implementation.

If we can further assist, please contact the RANZCP's New Zealand National Manager, 9(2)(a) who supports the New Zealand National Committee and New Zealand Committee for the Faculty for Child and Adolescent Psychiatry. 9(2)(a)
9(2)(a)

Nāku nā

9(2)(a)



The Royal
Australian &
New Zealand
College of
Psychiatrists

Tu Te Akaaka Roa
New Zealand National Office

Submission to the Office of the Prime Minister and Cabinet

Child and Youth Wellbeing Strategy
2018

*Improving the wellbeing of
children and young people*

*"It's really exciting that people from quite different
persuasions can work together on this towards a
common goal discovered in the future" (Mason Durie,
2004)*

The Royal Australian and New Zealand College of Psychiatrists New Zealand National Committee

Submission to the Department of the Prime Minister and Cabinet – Child and Youth Wellbeing Strategy - 2018

About the Royal Australian and New Zealand College of Psychiatrists and the Faculty of Child and Adolescent Psychiatry

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry and addiction, supports and enhances clinical practice, advocates for people affected by mental illness and advises government on mental health care. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support people in recovery – including pharmacotherapy and psychotherapy.

The Faculty of Child and Adolescent Psychiatry is a specialty within the RANZCP that promotes the highest standards in clinical practice, training and research pertaining to child and adolescent psychiatry.

Child and adolescent psychiatry addresses mental health problems experienced by infants, children, adolescents and their whānau. Child and adolescent psychiatrists have training and experience in delivering mental health care for individuals from birth to the age of 18 years. In addition to hearing the voice of children and youth, we work with parents, whānau and systems that contribute to a child's holistic wellbeing. Child and adolescent psychiatrists are committed to the benefits of early intervention and prevention by integrating biological, psychological and social aspects of individual, whānau and community experiences (RANZCP, 2016).

Introduction

The RANZCP New Zealand National Committee - Tu Te Akaaka Roa - and the New Zealand Committee for the Faculty of Child and Adolescent Psychiatry (FCAP) are pleased to provide feedback to the Department of the Prime Minister and Cabinet on its Child and Youth Wellbeing Strategy 2018.

We welcome and acknowledge the intent of the Child and Youth Wellbeing Strategy (CYWS) to guide improvements in wellbeing outcomes for children and young people.

RANZCP is concerned that the growing number of children and young people experiencing mental illness will have enduring adverse outcomes if not better resolved. (RANZCP, 2010).

The New Zealand Faculty of Child and Adolescent Psychiatry (FCAP) has extensive experience and expertise in working with children and young people whose futures may be adversely impacted by insufficient investment in their early lives. It is willing to provide advice to advance wellbeing outcomes for children and young people.

1. RANZCP response to the Child and Youth Wellbeing Strategy

RANZCP acknowledges the work to develop New Zealand's first CYWS and supports the principles outlined. We consider development of policies and implementation of the Strategy would be informed by evidence, best practice, those working within the system and the voices of children, young people and their whānau. We suggest greater investment is needed to support an effective wellbeing system.

RANZCP:

- Upholds the United Nations Convention on the Rights of the Child which stipulates that children have the same fundamental human rights to health and wellbeing as adults.
- Notes that early social adversity has lasting effects on mental health and wellbeing, which may have incremental and enduring consequences into adult life, with potential to create intergenerational patterns, adding larger problems for society to address.
- Supports the Office of the Children's Commissioner's¹ definition of Wellbeing which emphasises the importance and dependence on whānau wellbeing.
- Agrees that the Child and Youth Wellbeing Outcomes Framework provides a useful tool to guide sector direction, monitor outcomes and inform sector discussion to progress the CYWS.
- Acknowledges the Minister for Children being instrumental in taking a leadership role to promote changes across government and society to effect wellness for children and young people.
- We appreciate that the draft framework makes reference to children building resilience, self-control and mental wellbeing, and wish to emphasise that we consider good mental health is important for overall wellbeing. We advise embedding the concept of te whare tapa whā² to acknowledge the higher level interrelationships between physical, spiritual, family and mental health.

a) Implementation of the strategy

RANZCP agrees with the approach suggested for implementation of the Strategy. (Eppel, 2018). We also suggest that it builds on lessons learned from the implementation of the New Zealand Primary Health Care Strategy (NZPHCS) (MOH, 2001) which was also based on evidence and principles to address inequalities, provide better access to primary services and increase community participation (Starfield, 1998), (WHO, 1978).

An evaluation of the implementation of the NZPHCS (Smith, 2009), found that the health system did not fully maximise the strong base of primary care provision as effectively as it could have, nor did it utilise levers available to influence changes in services. Where implementation was successful, it was attributed to communities of interest advancing common goals and collaborating to develop new skills.

¹ Office of the Commissioner for Children. Working definition of wellbeing. <http://www.occ.org.nz/wellbeing/what-have-we-learnt-about-wellbeing/>

²Mason Durie. Taha hinengaro (mental health), <https://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-whare-tapa-wha>

b) Building on the base

RANZCP highlights the need to build on New Zealand's strong multidisciplinary base to implement the CYWS. We consider it is important to work with those who are actively engaged in the process, and focus discussion on learning from success to improve and strengthen the base. This would stimulate futures thinking capability and generate learning and interest within the system (Durie, 2004).

c) Sector engagement

At a high-level, the wellbeing space is complex, crossing government jurisdictions and disciplines. A commitment to ongoing engagement is critical to foster sector and community relationships. This would embed a culture of shared communication, encourage wider acceptance of the CYWS, and those in the system would be more sensitive to learning or contributing new ideas. Further, we support participants in the system being able to define and contribute to the goals of a strategy from their own perspectives.

d) Children's voices

RANZCP supports the recognition of children, young people and their families/whānau as active participants in the child and youth wellbeing space. Working with children to include their voices in decisions about service design is known to be beneficial. Durie (Durie, 2006) reinforces the importance of children's experience and believes they should be supported to participate, by giving them space to develop their ideas, rather than being managed or stifled. He notes that fostering creativity in this process cannot be overemphasized, however, engagement of children and young people in collective decisions must result in benefits for them.

There are good examples of children's voices informing policy (Office of the Children's Commissioner, 2015) (Save the Children, 2011) (UNICEF, 2015). RANZCP advises caution during implementation, as the impact of assumptions made on children's behalf can affect decisions and have consequences that compound problems rather than solve them (Forster, 2013).

Important Considerations

The RANZCP welcomes the CYWS focus on targeted cross-sector, multidisciplinary prevention and early intervention strategies to mitigate social determinants that affect children's wellbeing, opportunities and life outcomes.

Our concern is that some children are more at risk of developing a mental illness. Children's first five years are a period of extraordinary cognitive and behavioral development, and results of their experience during these years are directly affected by parental mental health, family structure, parental education, occupation, income, and increasing disparity. Their early experiences determine whether developing brain architecture will provide a strong or weak foundation for all future learning, behaviour, and health (Center on the Developing Child, 2007). We reinforce the importance of early identification of environmental factors which trigger mental illness to mitigate potential risk factors that affect wellness. (Furber, 2016) (Morgan, 2017).

a) Social determinants

RANZCP notes that social determinants of health³ and child maltreatment have their greatest impact in the early years of life (WHO, 2008). Not only do they contribute to poor mental health outcomes for children and young people, they are associated with rising inequities.

The first symptoms of behavioural problems typically predate a diagnosed mental disorder by two to four years (O'Connell, 2009), making early identification of learning and emotional problems in childhood paramount. Known indicators of poverty directly affect some children who never recover or cannot recapture wellbeing, because they miss out on basic skills that enable them to learn and progress through life, and when children do not get help it puts them on an increasing downward spiral (Farkas, 2002). In this context we support the notion of proportionate universalism and the Government's Child Poverty Reduction Bill.

b) Barriers to access

While social determinants contribute to barriers faced by children and young people accessing services, these are compounded by other barriers, such as financial, transport, language or educational perspectives. In addition some populations have a poor understanding about how, or when, to access services. One fifth of young people have difficulty in accessing health care (RANZCP, 2010). Delays in accessing prevention and early intervention opportunities are incongruent with a wellbeing model, and this perpetuates cultural barriers for some groups, such as Māori and Pacific populations who may not be proactive in seeking help from mental health and addiction services.

The concept of whakamā may also prevail at the expense of seeking care. Integrating a kaupapa Māori paradigm which includes principles such as whanaungatanga, whakapapa, tikanga Māori and the wider context of hauora, is integral to a mental health system that improves access for Māori (BPAC, 2008).

c) Māori children and young people have a disproportional level of risk

There is an over-representation of Māori children and young people featuring in social determinant risk factors associated with poor mental health. Mental illness prevalence statistics reflect a system that currently is not meeting the needs of Māori, despite ten years of Government prioritisation (Ministry of Health, 2017). RANZCP advises precedence for targeted investment in Māori mental wellbeing.

RANZCP notes Māori involvement in service development was reinforced by the Mental Health Commissioner in his discussions with Māori consumers, whānau, and wider community members (Health & Disability Commission, 2018). The RANZCP maintains that prioritising Māori insight at all levels across the mental health system is essential to facilitate improved service experience and associated outcomes for Māori children and youth wellbeing. We support greater emphasis being given to initiatives that were successful in addressing the health and wellbeing of Māori children and youth, e.g, programmes based on clear Māori leadership, increased Māori participation, an examination of kaupapa Māori approaches and solutions to taha hinengaro.

We also suggest building on Whānau Ora successes, such as Māori navigators, which are an important element for improving service responsiveness and encouraging engagement and

³ Social determinants include: stigma, social isolation, poverty, parental mental illness, substance dependency, alcohol misuse, engagement with the justice system, educational challenges and failure and exposure to domestic violence.

collaboration with Māori. RANZCP notes that for investment in kaupapa Māori services to be maintained, they need adequate funding within all District Health Board service models across the continuum of care from promotion, prevention to intervention.

d) Trauma

The RANZCP maintains that trauma and adverse experiences are significant risk factors for long-term mental illness, and thus reinforce trauma care as a foundational service component. We also support public health approaches to mental wellness, and reinforce the role of primary, secondary and tertiary prevention based on the principles of the Ottawa Charter for Health Promotion (WHO, 1986). Specifically, we support strengthening communities through service level, advocacy and socio-economic activity, noting that community action, social connectedness, and people's immediate environmental circumstances are important enablers of mental wellness.

e) RANZCP considerations to improve the wellbeing of children and young people

RANZCP identifies three high-level priorities that would deliver change and improvement in the wellness for infants, children, adolescents engaged in Child, Adolescent and Family Mental Health Services (CAMHS).

- Invest early in wellbeing services for infants, children and adolescents
- Design a whole of system approach to improving wellbeing for infants, children and adolescents
- Implement future-focused approaches to enable wellbeing of infants, children and youth based on evidence and best practice

3.1 Invest early in wellbeing services for infants, children and adolescents.

a) Monitor risk

There is evidence that the onset of many adult psychological problems originate in childhood or adolescence (Dadds, 2000), and families affected by parental mental illness are at higher risk (RANZCP, 2010). RANZCP considers that children must receive mental health intervention, care and support as soon as it is required. This will assist with risk management, build resilience and prepare children to meet economic and social challenges in the future. (RANZCP, 2018)

b) Early intervention and prevention

RANZCP supports evidence based prevention and early intervention activities that address risk factors and intervene early when mental illness arises. In this area it is of particular significance to ensure research and evaluation cycles inform ongoing relevance, acceptability and effectiveness of programmes. (RANZCP, 2010).

3.2. Design a whole of system approach to improving wellbeing for infant, children and adolescents

a) A Fit for Purpose System - Integrate biological, psychological and social

RANZCP supports better integration of biological, psychological and social aspects at the interface of children, young people, whānau and community. Development of experiences and approaches that include collaboration with other professionals and sectors, better provide opportunities for integration and continuous care across health, education, justice, social development and non-government organisations.

b) Sector alignment and integration

For child and adolescent psychiatrists to work efficiently, inter-sectorial links including primary care need to be strengthened. Multidisciplinary and cross-agency services must also focus on improving mental wellbeing and align their services appropriately.

We consider that all sectors need to take ownership for areas of expertise, e.g. for education to identify and manage educational needs, or disability services to provide timely, wrap around care. Agencies outside health, including the Department of Corrections, the Ministry of Social Development, and the Ministry of Education all have a role in improving societal mental health.

c) Include children, young people and their whānau

Communities and local resources play an important role in helping parents to develop confidence with parenting. A wellness system would recognise and understand more about existing skills and strengths that exist in whānau. In this respect, we consider children are an untapped resource and greater emphasis should be given to building on their values and understanding what is important to them (Cowan-Fletcher, 1994), (Clinton, 1996). There are also good examples of successes resulting from informed parents being supported to value their own skills and networks to make a difference for their children, particularly during the first five years (Flono, 2007).

d) Whole of Community approaches

Efforts to maximise children's mental health and reduce the long-term burden of mental illness require whole-of-community approaches. RANZCP advocates for the inclusion of community development approaches that focus on and develop mental wellbeing, such as those that recognise the role of community action to strengthen and protect mental health, as exemplified in Australia by the Everymind Prevention Framework (NSW Ministry of Health, 2017)

3.3 Implement future-focused approaches to enable wellbeing of infants, children and youth based on evidence and best practice

a) Evidence and best practice

To keep abreast of changes that constantly impact on wellness, RANZCP supports evidence and best practice responses that result from collaborative research involving medicine, health, education, welfare and justice working together to develop new practices (Australian Medical Association, 2006).

b) A responsive and integrated health workforce

The priorities of child and adolescent psychiatrists and general psychiatrists are to address and reduce the prevalence of mental health problems proactively and provide leadership and training to multidisciplinary teams (RANZCP, 2010). To achieve this, an adequate level of services with a responsive and integrated health and social workforce is required.

RANZCP advocates for collaborative learning to build relationships and new expertise by a wide range of disciplines including child psychiatry, nursing, psychology, social work, speech therapy and occupational therapy within Child and Adolescent Mental Health Services. We consider this would enable more effective wellness approaches to be developed by those who are already working in the system. This approach would enable services to broaden their roles and deliver effective and responsive approaches to wellbeing.

c) *New models and skills for infant, child and adolescent primary mental health care*

The RANZCP Faculty of Child and Adolescent Psychiatry considers it is critical that an enhanced workforce is supported to focus on infant, child and adolescent primary mental health care. We suggest acquired skills would include developing competence in psycho-social assessment tools and appropriate psychotherapy options⁴. A revised commissioning system that enables a longer period of commitment for effective family-centred consultation⁵ and the consideration of referral management for youth who are known to value building trust and rapport with health professionals (Bennett, 2015). This approach is also known to ensure their ongoing engagement with care pathways.

d) *Therapeutic and eHealth interventions*

RANZCP advocates for the increased uptake of therapeutic interventions. Evidence-based research continues to favour early therapeutic and eHealth intervention strategies which have the potential to be both beneficial and cost-effective (RANZCP, 2010). These approaches are demonstrated to be highly effective at limiting the severity and/or progression of problems (Hazell, 2000), particularly for mild to moderate mental health problems, designed with and/or for those at greatest risk, culturally and developmentally appropriate. (Merry, 2016)

4. RANZCP recommendations for influencing child and youth wellbeing

To achieve sustained coordination, involvement of a wider range of people and resources is required. RANZCP recommends new policies to influence culture change and practice in the Child and Young Wellbeing space must be in collaboration with a wider range of stakeholders. (RANZCP, 2010).

In summary, RANZCP:

- Advocates for future funding models to enable treatment and secondary prevention, to better support and enhance existing primary Child and Adolescent Mental Health Services. We note that CAMHS is experiencing a significant increase in numbers. This burden constrains ideal service provision and the ability to focus appropriately on primary prevention for child and youth wellbeing. Additional support would increase the ability to recognise and respond to risk, and support development of effective pathways to influence wellbeing.
- Emphasises the importance of drawing from the evidence-base for effective Māori models of prevention, intervention and rehabilitation of tamariki and rangatahi in care including kaupapa Māori parenting education and the application of Te Pae Mahutonga, as discussed by Cram (2012).
- Supports collaboration between the health and community sectors, Oranga Tamariki and Ministry of Health collaborate to support effective child and wellbeing systems across their respective agencies to maximise positive outcomes from new investment in Child and Youth Wellbeing.
- Considers that increased investment in identification and intervention of key risk factors⁶, are essential to intervene early in children's life course. We support policies and services that cover perinatal and infant services, parenting education, and both universal and targeted family home-based visiting services. (Superu, 2018).

⁴ For example, the evidence for cognitive behavioural therapy as an effective intervention for anxiety and depression and the SPARX e-health platform.

⁵ Appreciating that brief interventions are often less robust for children and adolescents (Moor, 2013).

⁶ Such as, parental substance abuse, presence of family violence, poor housing and maternal mental health.

The Royal Australian and New Zealand College of Psychiatrists New Zealand National Committee

Submission to the Department of the Prime Minister and Cabinet – Child and Youth Wellbeing Strategy - 2018

- Reinforces the need to improve the interface between community, primary and secondary services to enable new models of care to provide timely, appropriate and effective care for children and adolescents in need.

We emphasise our interest in working with you to assist with the implementation of the Child and Youth Wellbeing Strategy. RANZCP has access to extensive expertise throughout its members who are willing to provide assistance. We would be keen to meet with you to discuss support available and how we can support you with expert advice to progress the wellness policy agenda, and guide implementation.

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