

Briefing

Meeting with Te Hiringa Mahara Mental Health and Wellbeing Commission

Date due to MO:	24/07/2023	Action required by:	3/08/2023
Security level:	UNCLASSIFIED	Briefing number:	BN2023-026
To:	Minister Prime – Minister for Youth and Associate Minister of Health		
Copy to:	Minister of Health, Hon Dr Ayesha Verrall [REDACTED]		

Contact for Telephone Discussion

Name	Position	[REDACTED]
Karen Orsborn	Chief Executive	[REDACTED]
Matt Bloomer	Acting Director, Wellbeing System Leadership	[REDACTED]

Minister's Office to Complete

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Decline | <input type="checkbox"/> Noted |
| <input type="checkbox"/> Needs change | <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by event |
| <input type="checkbox"/> See Minister's note | <input type="checkbox"/> Withdrawn | |

Comment:

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Security level: UNCLASSIFIED **Date:** 24/07/2023

To: Minister Willow Jean Prime
Minister for Youth, Associate Minister of Health

Purpose of report

1. This briefing supports your meeting with Te Hiringa Mahara, the Mental Health and Wellbeing Commission on 3 August, at 12:00pm – 12:30pm. Attendees will be Kevin Hague, Deputy Board Chair and Karen Orsborn, Chief Executive.

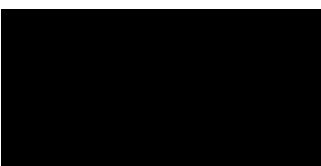
Summary

2. This meeting provides an opportunity to discuss our work to improve mental health and wellbeing outcomes for rangatahi Māori and young people. We propose three areas for discussion:
 - a. Addressing the barriers to wellbeing that rangatahi Māori and young people have identified, with the participation of rangatahi Māori and young people in all decisions that affect them.
 - b. Reducing the number of rangatahi Māori and young people admitted to adult in-patient mental health services to zero
 - c. Expanding access to youth mental health and addiction services in all localities

Recommendations

We recommend you:

- | | |
|--|-----------------|
| a) note the contents of this briefing, which will shape the discussion on 3 August 2023 | Yes / No |
| b) note Te Hiringa Mahara intends to proactively release this briefing as part of our proactive release policy. | Yes / No |
| c) sign and return this advice to Te Hiringa Mahara | Yes / No |



Karen Orsborn
Chief Executive
Date: 24/07/2023

Hon Willow Jean Prime
Minister for Youth, Associate Minister for Health
Date:

Meeting with Te Huringa Mahara Mental Health and Wellbeing Commission

Context

1. During youth week (May 2023), Te Huringa Mahara released *Young People speak out about Wellbeing: An insights report into the Wellbeing of Rangatahi Māori and other Young people in Aotearoa (the wellbeing report)*; our special topic report *Admission of young people to adult inpatient mental health services*, as part of our Te Huringa Tuarua 2023 series; and attended the Ara Taiohi event you hosted.
2. Following these activities, we agreed with your office to arrange a meeting to discuss our findings and the transformation we would like to see.

Barriers to wellbeing for rangatahi Māori and young people

3. In our wellbeing report, and the accompanying analysis from Koi Tū, rangatahi Māori and young people identify key challenges they face relating to uncertain futures, racism and discrimination, social media and safety online, and whānau and intergenerational connections.
4. Each of these areas need action. Rangatahi Māori and young people, their whānau and communities, show strength and resilience, wisdom and insight in the face of many challenges; and the policy decisions that address these challenges should be underpinned by a wellbeing lens and the views and involvement of rangatahi Māori and young people.
5. We are taking opportunities to support rangatahi and young people to improve wellbeing outcomes:
 - a. Hon Jan Tinetti has convened an ad-hoc Child and Youth Wellbeing Strategy Ministerial Group meeting on 16 August. This will provide an important avenue for rangatahi Māori and young people to provide their views directly to decision-makers. We are supporting this meeting, liaising with the rangatahi and young people, ensuring the meeting provides a safe environment for them, and attending to summarise our insights. It is important that the rangatahi and youth attendees feel listened to in the meeting itself and can see action after the meeting.
 - b. With Whāraurau and Mana Mokopuna, we are exploring a Rangatahi and Youth Leadership Symposium for next year. This hui would bring together young leaders, between 16 and 30 years old from across Aotearoa to explore mental health and wellbeing. As we are in early stages, we are yet to determine objectives for the hui. We will keep your office updated as this symposium evolves.
 - c. We are engaging with the Department of Internal Affairs (DIA) on their *Safer Online Services and Media Platforms Proposal* and have made a submission through the public call for input. We can provide a copy of that submission to your

office if that would be appreciated. In short, we call for: stronger partnership with Māori and reflection of Māori needs and experiences; different education and support for different cohorts; and greater clarification of the definitions of harm used and the accountability measures to be employed.

- d. On 20 June we hosted a workshop to work towards more alignment of youth wellbeing frameworks and measurement. Attendees represented Te Puna Aonui, Manatū Hauora, Ministry for Youth Development, Ministry for Social Development, DPMC's Child Wellbeing and Poverty Reduction Group, and Ministry for Ethnic Communities. We will continue to engage across agencies to align our understanding and reduce duplication, and the insights from the workshop will feed into our planning and activity in 2023/24.

Rangatahi Māori and Young people in adult in-patient mental health services

6. Our report into admissions of young people (aged 12 to 17 years) to adult mental health inpatient services found that the rate of admission has decreased over the decade to 2021/22. However, over 150 young people each year are admitted to adult units each year.
7. Young people we spoke to told us the negative impacts of admission to adult services (e.g., being around extremely distressed adults, losing hope for recovery, having their rights overridden, losing access to education) outweigh any potential positive aspects (e.g., earlier intervention, or receiving care closer to home).
8. Young people want youth-specific acute response services across New Zealand. This includes more community residential alternatives to child and adolescent hospital inpatient mental health care, and kaupapa Māori services as part of the network of acute options for rangatahi Māori. Young people told us that, for services to meet their needs when experiencing acute distress or crisis, services need to be co-designed with young people who have lived experience of mental distress.
9. We echo this call, to enable a reduction in the number of young people admitted to adult inpatient units to zero. This will require:
 - a. Investing in acute alternative options for rangatahi Māori and young people, including kaupapa Māori services, peer support options, residential alternatives to hospital based inpatient mental health care and short-term respite care.
 - b. Investigating the practice of using adult mental health services for rangatahi Māori and young people, including the reasons why this occurs, and the variables associated with admission to adult services.

Expanding access to youth mental health and addiction services

10. Our Access and Choice monitoring report (2022) showed that, in the year to 30 June 2022, youth services delivered 26,835 sessions and saw 4,535 new people, of whom 4,265 were between the ages of 12 and 24 years. Both the sessions delivered, and

young people seen were trending upwards across the year, in line with the increased number of people being employed to roles over time.

11. Rāngatahi Māori make up 35% of all young people utilising the youth specific Access and Choice services.
12. Young people have relatively high utilisation of all Access and Choice programme services representing 21% of those using these services. Approximately 24,000 young people used these services up to end of June 2022.
13. To provide access to early, accessible, and appropriate mental health and addiction services, effort should be focused on:
 - a. Developing Access and Choice services in the remaining two districts as a priority, to ensure that all rangatahi Māori and young people across Aotearoa have access to services early and without delay.
 - b. Involve rangatahi Māori and young people in the design and implementation of youth-specific supports and services across all localities.

Consultation

14. In the process of preparing our reports, we consulted with Manatū Hauora, Te Whatu Ora, Te Aka Whai Ora, Ministry of Youth, mental health advocates, and representatives of the lived experience workforce, as appropriate. We have consulted with subject matter experts, rangatahi Māori and young people, and those people who experience mental distress, addiction and substance/gambling harm. Their voices, advice and experiences are reflected in our reports and the insights we share.

Equity

15. An enduring priority for Te Hiringa Mahara is achieving equity for priority groups, as outlined in the Mental Health and Wellbeing Commission Act 2020. The focus areas outlined in this report contribute to achieving this priority. The focus on rangatahi Māori as separate but alongside other young people, are kaupapa Māori services and Māori-led change, which are important parts of improving equity for Māori, and upholding Te Tiriti o Waitangi obligations.

Next Steps

16. We will meet with you to discuss our work on 3 August 2023.

ENDS

