

Submission on the Government Inquiry into Mental Health and Addiction

To the Government Inquiry Panel

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Contact person

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Chair

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Introduction

1. The Wellington City Youth Council welcomes the opportunity to submit to the Government Inquiry into Mental Health and Addiction. It was great to meet up with some the panel members during the process, and we would love to further the discussion with any opportunities for oral submission.

Overview of submission

2. The submission by the Wellington City Youth Council on the Inquiry topics will address the following points:
 - a. What's currently working well?
 - b. What isn't working well at the moment?
 - c. What could be done better? What would a refreshed system look like, how would it be different from what we have today, where would you start, and where would you focus your efforts?
 - d. From your point of view, what sort of society would be best for the mental health of all our people?

What's currently working well?

3. With regard to what is working well, anecdotal experience suggests that current services, when available and known of, generally are of a good quality and offer sound solutions. The people working in the mental health space on the whole do a good job in helping young people deal with their mental health issues.
4. Especially considering the significant mental and financial pressure that those who work in the sector face, services provided by organisations such as Evolve, offer tailored services, to specific community groups, and are a great example of an effective service. Online services such as The Lowdown are a significant step forward, however much can still be improved upon.

What isn't working well at the moment?

5. We believe that there are substantial inequities across the board with regard to mental health services and treatment. Some have access to an effective support network, through their schools, universities, GP's, social groups etc. However, many do not enjoy such support; chronic underfunding in the sector is an obvious issue which demands immediate remedying. Moreover, the way in which funding is distributed, is an issue we believe requires more specific investigation.
6. Currently, people experiencing mental health issues receive different levels and qualities of treatment, depending on what DHB area they live in, or even what PHO their GP belongs to. We would suggest a minimum basic model of care is developed and implemented across New Zealand. This standardisation would ensure basic levels of care are provided to patients across the country. The care you receive should not depend on where you live.
7. The mental health experience in schools is thoroughly inconsistent - an inconsistency that often breeds inequality. Some schools have well-resourced counsellors and well-trained staff who can notice signs of trouble. These schools acknowledge the effects of mental illness on student capability. Other schools, including a number that lack counsellors or trained staff, often don't acknowledge or discuss mental health at all. This creates a system of 'good schools' and 'bad schools'.

What could be done better? What would a refreshed system look like, how would it be different from what we have today, where would you start, and where would you focus your efforts?

8. Increased training and education for members of staff and coaches, within education and within the wider community, would have significant benefits for those looking to access mental health services. Often a trusted teacher, coach or instructor are the first people that young people turn to when grappling with a mental health issue, aside from their peers and close family members.
9. Currently it appears that teachers and other support staff are often unprepared for effectively dealing with mental health issues and crises. Targeted training in addressing mental health issues and supporting young people, whilst also having the knowledge to direct and inform them of various support services, would be a valuable improvement.
10. We would also support providing increased resources for young people to help improve their own personal mental health, and support those surrounding them. Offering specific teaching in the school curriculum around mental wellbeing we believe would be a positive step, as no official “health” based curriculum is mandatory, or is sometimes ineffective or rushed after drawing from a limited pool of youth counsellors’ experiences.
11. These resources should be offered not only resources in the classroom, but also increasingly online.

From your point of view, what sort of society would be best for the mental health of all our people?

12. Youth Council believes that a society that is caring, open, and involved would be best for the mental health of our people. However, this question seems misplaced. It is hard to see what this Panel could do to enact a systematic change in culture at large. This is not something the government is actually able to do in a precise manner without massive investment and perseverance (over more than a three year election cycle).
13. The government can achieve some success with targeted messages and social campaigns. An example of this is the Australian ‘*Are You OK?*’ day. Any targeted campaigns that are run should map to the priorities highlighted in the previous sections of our submission.
14. Government organisations are generally not best placed to run campaigns such as this. For example, we feel campaigns and online content such as “The Lowdown” does not adequately cater for several groups with large proportions of mental health issues.
15. Government should instead fund other organisations such as the Mental Health Foundation to carry out these campaigns.

Conclusion

16. Youth Council believes it is clear to all that mental health is one of the biggest issues facing young New Zealanders today. Although there are some good examples out there of positive mental health interactions, the vast majority of experiences are not positive.
17. Youth Council believes that addressing the chronic underfunding in the sector, increasing ease of access to professionals, specific training for those who work directly with young people and resources for all, are key areas to address.