

Submission to the Government Inquiry into Mental Health & Addiction



June 2018



**Kia eke ai te hunga taitamariki
ki ngā rangi tūhāhā**

Introduction

1. Barnardos has been delivering services to children and their families and whānau in Aotearoa New Zealand for over 50 years.¹ Our vision as set down in our current Strategic Plan 2016-2020 is 'An Aotearoa New Zealand Where Every Child Shines Bright'. We hold fast to this vision because we believe in the potential of each and every child, and the unfortunate reality that right now, too many children in Aotearoa have their light dimmed and are not shining bright.
2. We welcome the opportunity to contribute to the Government Inquiry into Mental Health and Addiction, knowing that the state of our children's and young people's mental health in Aotearoa New Zealand is not as thriving as it could and should be. However, New Zealand's goals and aspirations for our children and young people must be high. It is essential that we take an approach to mental health and wellbeing that is ambitious for our children and young people, and their families and whānau.
3. Today's world is a complex time and place to be a child. The childhood stresses of making friends, building relationships, developing and exploring one's identity and achieving results in school are now overlaid with the complexities of online lives, bullying through digital technology, a societal focus on external presentation and conformity, increasingly pronounced social and economic inequalities and the challenges of social inclusion and loneliness.
4. Barnardos sees first-hand through the work we do with diverse children and young people around Aotearoa New Zealand the impacts of poor mental health on children's and young people's outcomes. However, we know that it does not have to be this way, and that through some practical changes and a greater focus in New Zealand on ensuring ensure all children and young people get the support they need, in ways that work for them, at the right time for them, the mental health and wellbeing of our children and young people in Aotearoa New Zealand can flourish. Focusing on ensuring all children experience positive childhoods and adolescence, with hope and aspirations for the future, will not only be better for our children and young people, but for our society as a whole, and the wellbeing of families, whānau and communities.
5. This submission is informed by Barnardos' insights and knowledge drawn from practice working with diverse children throughout Aotearoa New Zealand, including what children and young people themselves tell us. It is underpinned by Barnardos' guiding principles: Kotaitanga; Kaitōkiritanga; Māiatanga; Ata Whakarongo; and Mahi Tōtika.²

¹ See for further information: <https://www.barnardos.org.nz/>

² Unity; Progress with Purpose; Realise Potential; Hear with Intent; Do the Right Things Well.

6. The focus of this submission is, in the main, on the issues of children's and young people's mental health in relation to suicide,³ given that this is the most significant mental health challenge we see impacting children and young people in contemporary Aotearoa New Zealand, and observing its intersection with other mental health challenges and socio-economic factors. Throughout this submission we have particularly drawn on insights from Barnardos 0800 What's Up, our helpline available for all children and young people in New Zealand to be able to talk about anything, with trained counsellors, both through online chat and phone calls.⁴
7. Barnardos advocates that we must support all children and young people from their very early years onwards, by celebrating and encouraging their potential, building their social competence and resilience, and by providing them with the support and services that work for them. We call for – and are actively contributing to – building a culture in New Zealand in which all children and young people feel safe and loved within their family, whānau and community, where no child feels so alone they would take their own life, and where all children have someone or a support service that they can talk to about anything, without shame or stigma.

Background to Barnardos

8. Barnardos' work with children is based on a commitment to ensuring that every child should have a positive start in life and flourish in childhood and beyond, regardless of their family or whānau circumstances or background.
9. Barnardos delivers services for children and their families and whānau every day throughout the motu across Barnardos Child and Family Services, and Barnardos Early Learning. Alongside our service provision, Barnardos advocates for the rights and well-being of all children in Aotearoa, grounded in the standards and norms of the United Nations Convention on the Rights of the Child (CRC),⁵ the insights and expertise we have across our service delivery, and what children, young people and their families and whānau tell us.⁶
10. Barnardos Child and Family Services (CAFS)⁷ delivers a wide range of services throughout Aotearoa New Zealand from before birth, to children, families and whānau during early childhood, throughout childhood and

³ With regard to suicide, we have integrated into this submission content from Barnardos' 2017 submission to the Ministry of Health on a draft suicide prevention strategy, to bring this to the attention of the Inquiry Panel given its continued relevance.

⁴ <http://www.whatsup.co.nz/> 0800 What's Up was established in 2001 under the auspices of the Kids Help Foundation Trust. The Trust was dissolved six years ago and 0800 What's Up became a service of Barnardos. We are a member of Child Helpline International.

⁵ 1989, United Nations, Treaty Series, vol. 1577, p. 3, available at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx> States Parties (governments) are the primary duty bearers under the CRC.

⁶ See for an overview of Barnardos Advocacy: <https://www.barnardos.org.nz/what-we-do/advocacy/>

⁷ See for an overview of Barnardos CAFS: <https://www.barnardos.org.nz/what-we-do/child-and-family-services/>

adolescence, and once children turn 18. Children are at the centre of the social services we provide for them and their families and whānau. We are based in the community and support a community-led approach to development. Our work contributes to positive, sustainable change in the individual lives of children and their families and whānau, as well as their wider communities.

11. This is the case whether it is through delivering early intervention programmes for vulnerable children and their parents such as Family Start; by supervising children's contact with a parent or family member who cannot live with them; through our Social Workers in Schools Service; through providing foster care and specialist residential services; working with children who have experienced a family breakdown in our delivery of the Family Breakdown Assessment Service Hub, or by working with families and whānau to prevent family violence and child abuse, by equipping them with positive and practical parenting and communication skills and strategies. A significant proportion of our CAFS work is delivered as a contracted service provider to Government (currently delivering contracts for Oranga Tamariki, Ministry of Education, Ministry of Justice and Ministry of Social Development). Some of our CAFS work is targeted, supporting particularly vulnerable or disadvantaged individual children and their families and whānau, while other services we provide (such as [0800 What's Up](#)) are universal, available to all children in Aotearoa New Zealand. We work with children from diverse backgrounds, however, a significant number of the children Barnardos CAFS supports are tamariki Māori. In our work with tamariki Māori, Barnardos aims to support tamariki Māori to achieve outcomes equal to or better than those of the rest of the population.
12. While Barnardos does not deliver a specific named service focusing on mental health and/or addiction, these issues are part of the profile of many of the children, families and whānau who we work with.⁸ These problems are often evident and require a direct response from Barnardos or referral to another agency. An example of a direct response Barnardos has provided is our 'Inspire Kids' project in Kaikoura and Hurunui, to support children, families and whānau experiencing wellbeing challenges following the earthquakes.
13. Through many of the programmes and services we provide through CAFS, Barnardos works with children and young people who are experiencing a range of issues which can be risk factors of suicide, such as family violence, bullying, discrimination and deliberate self-harm. The fact that New Zealand now has the highest rate of youth suicide in the developed world is highly concerning. Barnardos sees the significance and severity of this reality up-close on a daily basis. We work with children and young people – including tamariki and rangatahi Māori – who have or are experiencing suicidal thoughts or fears, who are planning suicide, or who have attempted or are attempting suicide. We also work with children and young people who have

⁸ For example, in our LEAP service: <https://www.barnardos.org.nz/what-we-do/child-and-family-services/leap/>

experienced the impact of suicide or suicidal behaviour that they have seen in their family and/or friends.

14. Barnardos Early Learning (BEL)⁹ provides quality early childhood education through our early learning centres and home-based care networks. BEL operates on a not-for-profit basis and is available for all children and tamariki from zero to five years of age. Through BEL's tailored learning and care, children are supported from their very first years of life to shine bright and develop an understanding of themselves, those around them and the world they are a part of. Scientific evidence shows that children's early years are crucial for later positive lifetime outcomes,¹⁰ and early learning is an important part of fostering this healthy development for all children.¹¹ Our early learning centres and home-based networks are located in diverse communities and embody the spirit and values of these communities. Through BEL, Barnardos works to ensure children have a positive start in life and are supported along a path to positive educational and lifetime outcomes. Our early learning services help to create strong connections and networks in Aotearoa's communities amongst children, whānau and families.
15. Barnardos takes a holistic approach to supporting children and their families and whānau. Wherever possible, we draw connections between our services and seek to work more as one. A prime example of this is happening in the context of high deprivation through our Te Korowai Mokopuna service (TKM),¹² which delivers social services to some of New Zealand's most disadvantaged children and their families and whānau in South Auckland. Children and their families access CAFS support through four Barnardos Early Learning Centres in Otara, Mangere, Clendon and Manurewa, with barriers to accessing services broken down through this co-location and through the provision of Kaimanaki Whānau Workers who walk alongside families and whānau with children, providing them non-judgmental professional support, advice and advocacy. Through TKM, bridges are built between whānau and the services they need to improve child outcomes and the well-being of children and their families and whānau. Recent external evaluation of TKM by Malatest International shows that TKM is highly effective in supporting positive change for children and their families and whānau, the majority of whom experience poverty, multiple disadvantage and complex needs including mental health and addiction challenges as a daily reality.

⁹ See for an overview of BEL: <https://www.barnardos.org.nz/what-we-do/early-learning-and-childcare/>

¹⁰ See, e.g. National Scientific Council on the Developing Child, Harvard Center on the Developing Child, *The Foundations of Lifelong Health Are Built in Early Childhood*, 2010, available at: <https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>

¹¹ Ibid, p.18.

¹² TKM is funded in partnership between Barnardos and Save the Children New Zealand, with additional funding from the Tindall Foundation.

Children exist and best thrive in families and whānau

16. Within the context of thinking about children's and young people's mental health, at the outset Barnardos emphasises the importance of recognising that children exist within families and whānau. The preamble to the CRC states that

“the family is the “fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community”,¹³

and

“the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding”.¹⁴

The CRC further establishes the right of the child to “as far as possible, know and be cared for by his or her parents.”¹⁵ The CRC also states the principle that:

“States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child shall be their basic concern.”¹⁶

17. Furthermore, Maori models of child well-being and whānau well-being emphasise the importance of connections between tamariki and whānau, hapū and iwi, and the importance of concepts such as whakapapa, whanaungatanaga, mana, manaakitanga, kotahitanga and wairuatanga.¹⁷ Identity and a sense of belonging and connectedness to whānau, hapū, iwi, whakapapa and culture is important to uphold mana tamaiti. Positive connections within whānau and beyond are important for the well-being and safety of tamariki. Professor Mason Durie focuses on Taha whānau as one of the four walls of the whare in the Whare Tapawha Model, emphasising the crucial role of family and whānau as a key dimension of wellbeing.¹⁸

¹³ CRC Preamble.

¹⁴ CRC Preamble.

¹⁵ Art. 7(1), CRC.

¹⁶ Art. 18(1), CRC.

¹⁷ See, e.g., Superu, *Frameworks to measure family and whanau wellbeing*, June 2015, p.3, available at: <http://www.superu.govt.nz/sites/default/files/Families%20and%20Whanau%20Frameworks.pdf>

¹⁸ For a summary of the Whare Tapawha Model relating to wellbeing and hauora, see <http://health.tki.org.nz/Teaching-in-HPE/Health-and-PE-in-the-NZC/Health-and-PE-in-the-NZC-1999/Underlying-concepts/Well-being-hauora>

18. Strong and resilient families and whānau are key enablers and supporters of positive child outcomes,¹⁹ including positive mental health and wellbeing. All children should be able to grow up healthy and safe in the care and love of their families, whānau, hapū, iwi and family groups, so they can thrive mentally and physically. Indeed, growing up in a family with meaningful relationships, love, safety and care, is what the majority of children and tamariki who Barnardos works to support tell us they want most.

Too many of our families and whānau with children are not thriving

19. Much of Barnardos' work is with families who have complex needs such as a history of attachment difficulties, mental health challenges, drug/alcohol addiction, living in poverty, and experiencing family violence. These factors impact significantly on family and whānau relationships. Barnardos spends time promoting positive parent-child relationships using a strengths based approach, alongside behavior based programmes. In the majority of referrals to Barnardos services, both child and parental mental health problems are present. For example, during 2016/2017, 41 percent of assessments made by Barnardos using the LEAP Vulnerability Tool identified a need relating to 'parental mental health', and 25 percent of assessments using the LEAP Vulnerability Tool identified an 'alcohol and drug' related need. Positively, our data indicates that 82 percent of vulnerable tamariki/children who left Barnardos' services during 2016/2017 reported increased mental, emotional or physical wellbeing, and 89 percent of parents who received support from Barnardos and left our services during 2016/2017 were able to provide a safer, healthier and nurturing home for their tamariki/children.

20. The common issues and challenges faced by families and whānau with children in our TKM service provide a further sense of the nature of some of the greatest challenges that too many of our families and whānau with children are experiencing in Aotearoa New Zealand. The connection and interrelated nature of these issues with our current child and youth mental health crisis should not be underestimated. Common issues we are seeing are in our TKM service are:

- **Housing:** availability and affordability issues, low quality – unsafe and unhealthy, overcrowding.
- **Lack of economic well-being:** low incomes, multiple low income jobs, unemployment, higher living costs, and an inability to provide basic necessities of life (food, clothing, bedding).
- **Physical health issues:** often related to poor housing conditions, poor nutrition.

¹⁹ For further discussion on the functions of families, see Superu, *Frameworks to measure family and whanau wellbeing*, June 2015, p.2, available at:

<http://www.superu.govt.nz/sites/default/files/Families%20and%20Whanau%20Frameworks.pdf>

- **Mental health issues:** high levels of anxiety and depression due to stressful lives, exposure to adverse behaviours and high prevalence of alcohol and drug use; social isolation and alienation.
- **Unsafe neighbourhoods:** high gang presence in some areas.
- **Teenage pregnancy:** high numbers in some communities, and low confidence among teenage mothers to ask for help.
- **Stigmatisation:** feeling a sense of disconnection from other areas of the community, which impacts on identity, community and social connectedness.

21. In many cases, more than one of the above group of issues are present for many of the children, families and whānau who we work with through TKM. Many of the families and whānau who we support through TKM express a sense of whakamā (shame) about asking for help and accessing services, or before seeking help from TKM have believed that no help is available to them. This sense of whakamā is often underpinned by previous negative experiences accessing services and/or government support, and a lack of trust in government or service providers. Our experience in TKM shows that building relationships with children and their families and whānau who are experiencing disadvantage requires perseverance over time, consistent efforts to build trust, and the provision of support that is non-judgmental. This is particularly important when working with families and whānau who have experienced multiple layers of trauma over their life-courses, and who may be unwilling or lack the confidence and trust to disclose issues and ask for help.

22. When it comes to children and young people themselves, the five main reasons for talking or online chatting with an 0800 What's Up counsellor in 2017 were:

- **Mental health issues:** children and young people concerned with their own mental health or that of another person. Common issues are anxiety, feeling down or depressed, through to self-harm and clinically diagnosed mental health conditions and medication issues.
- **Family relationships:** children and young people facing issues with parents and caregivers, siblings, extended family and whānau.
- **Peer relationships:** children and young people experiencing problems with their friends, and concerned about friends' wellbeing, peer group pressure, making friends, friendship breakdowns.
- **Relationships with partners:** children and young people calling/chatting about problems between them and their partner or intimate friend, including sexual issues in significant relationships.
- **Bullying:** children and young people experiencing deliberate psychological, emotional and/or physical harassment of one person by another or a group, occurring at school or in transit between school and home, and including bullying online. Callers/chatters contacting

0800 What's Up about bullying are predominantly in the age group 11-16, but children as young as five years old call to talk about bullying.

23. Based on the above experiences and insights, Barnardos urges that any future approaches to supporting positive mental health and wellbeing of children and young people in Aotearoa New Zealand are framed with a systems-thinking approach, taking into consideration the significant impacts of interrelated problems including New Zealand's high rates of child poverty, child abuse and family violence, and the significant economic inequality which has become entrenched in our country. Taking a holistic approach to framing solutions and approaches to support better mental health outcomes is essential, given that these underlying socio-economic conditions can trigger lifestyle trauma that can result in children and young people engaging in behaviours such as bullying, self-harm and suicide, and can also lead to social exclusion, loneliness, anxiety and depression.

Creating an Aotearoa New Zealand where all children and young people experience positive mental health and wellbeing

24. Barnardos is actively working to help make Aotearoa New Zealand a country where all children and young people experience positive mental health and wellbeing. This includes helping to prevent children and young people from ever feeling so helpless and alone that they die by suicide.
25. Barnardos advocates for efforts to build positive wellbeing and counter suicidal behaviour to start from the very early years in all children's lives. By the time young people reach their mid-adolescence, behaviours that lead to suicidal behaviour may already be ingrained. We believe it is essential that greater focus is placed on building positive wellbeing amongst children from their pre-school years, and that this focus continues in age-appropriate ways throughout childhood and adolescence.

The importance of the early years

26. For younger children and tamariki, Barnardos takes the position that it is crucial that greater focus is placed on the following aspects in the early years of all children's lives in Aotearoa New Zealand, to foster better mental health outcomes:
- Ensuring all children have a safe and loving family and whānau environment;
 - Ensuring all children have adults in their lives who they trust;
 - Building children's social competence, resilience and self-esteem;
 - Building children's capability to talk about their feelings, and to know that feeling sad/down is expected, but there are strategies and people who can help and that it is good to talk about problems when we have them;

- Growing a culture of asking for help and seeking support, and that this is to be encouraged and respected;
- Building children's confidence that they will be listened to and respected when they express their views and feelings;
- Growing a culture where kindness and empathy is actively developed amongst children, and difference is celebrated and valued; and
- Ensuring children are aware there are other places they can go to/call and say anything and be confident that they will be listened to, supported and treated with dignity and respect.

The aspects mentioned above need to be reinforced and bolstered through childhood and adolescence, however, it is crucial that the foundations are laid during all children's early years.

Putting in place the broader foundations for children's and young people's positive mental health and wellbeing

27. In terms of the broader foundations Barnardos thinks need to be in place to build an Aotearoa New Zealand where children and young people experience positive mental health and wellbeing and do not resort to suicide, we make the following suggestions:

- The process of building social competence, resilience, self-esteem and confidence must be better recognised as beginning from birth onwards, with the early years of a child's life of critical importance for later childhood and lifetime outcomes. All children and young people should be supported throughout childhood and adolescence to develop and fulfil their potential, to feel loved and valued, to be kind and respectful of others, to celebrate difference, and to know they can ask for help and support at any time;
- Ensuring access to, better resourcing for and strengthening of existing nation-wide support services for all children and young people that they can access with confidence, in ways that work for them, when they need them; and
- Strengthening and supporting children's and young people's ability to recognise and support their friends in distress on a peer-to-peer level, and to know where to go to access specialist support as and when needed.

28. Furthermore, the above must be underpinned by developing a culture in Aotearoa New Zealand society where more broadly:

- Inequality is reduced;
- All children and young people are supported to develop and thrive in childhood and adolescence, and to have a sense of hope and aspiration for the future;
- Children are recognised and valued as active citizens; and

- All children and young people know it is okay to ask for help if they need it, to speak openly about how they are feeling and to have trusted adults and friends who they can do so with.

The importance of strengthening services already delivering effective outcomes for children and young people

29. Greater commitment is needed to growing and strengthening existing services in New Zealand which have a proven record of providing effective support to children and young people and their mental health and wellbeing. The strengths of these services need to be bolstered, so they are positioned to grow and extend their work to further support children and young people. One practical way this can happen is through providing access to specialised training for primary-level workforce members, such as counsellors working with children and young people, so they can respond to children and young people in mental health distress (including suicide) as effectively as possible.

30. Barnardos 0800 What's Up is one such service which is highly trusted by children and young people themselves. 0800 What's Up is a vital service for all children and young people in New Zealand, particularly for children aged between 7-12 who are underserved by other mental health services. There is no other professional helpline devoted solely to children's concerns that provides a place where children can call or chat online and talk about anything. 0800 What's Up's counselling practice is based on child-centred practice and empowerment. Our telephone counsellors listen and help children to solve problems, and help children to develop skills to help them in the future. Our counsellors are asked to reflect on their own experiences as a child, which helps them to walk alongside our callers and chatters and to see the world from a child or young person's perspective.

31. Three key points of difference of 0800 What's Up are:

- No problem is too big or small – children and young people can call and talk about anything. Many children and young people call and 'test' our service a number of times, before they build up confidence to discuss a problem they want to talk about. This is important, because it means that children and young people learn there is always someone to talk to if that is what they need.
- Was New Zealand's first ever online chat service for children and young people. This has proven to be extremely popular, especially with callers who find it hard to communicate verbally about their problem and for those who are worried they might be overheard by others when calling us.
- Children and young people can talk to the same counsellor on a regular basis if they want to. To enable this aspect of our service, all 0800 What's Up counsellors are paid, trained counsellors, who work regular hours.

32. Between January 2016-June 2017, Barnardos 0800 What's Up answered a total of 46,027 calls and 4,303 online chats. In addition, we had 83,032 attempts to call us. 11,853 of these attempts were outside our operating hours. We also had 6,377 attempts to connect with us online.
33. With regard to 0800 What's Up's engagement with children and young people thinking about suicide, from January 2016-June 2017, 855 of the calls 0800 What's Up answered were from children and young people calling in relation to suicide. The bulk of children and young people calling us about suicide during this period were aged between 13-18, with the largest group aged 14-16. However, some children who called us were very young – aged between 5-10. 715 were female and 118 were male (22 sex unknown).
34. During the same time period, 387 children also called 0800 What's Up and spoke about deliberate self-harm, 1,239 called and spoke about bullying, and we had a total of 266 calls where the child or young person spoke about challenges they or others were experiencing in relation to sexual identity.
35. Of the 387 children and young people who called about deliberate self-harm, the majority were aged between 10-18 years of age. 329 were female and 30 were male (with 28 unknown sex). Of the children and young people who called us about bullying, 712 were female, 449 male and 78 sex unknown. A significant proportion of these children and young people were aged between 9 and 17. Children and young people called in relation to bullying taking place in a number of ways. Verbal bullying was the leading bullying 'type', followed by physical bullying, and bullying taking place via technology (such as Facebook, Instagram, Snapchat, txt messaging).

Ensuring that the mental health of particular groups of children and young people is supported in Aotearoa New Zealand

36. Barnardos advocates for a focus on strengthening and supporting positive mental health and wellbeing for all children and young people. However, we also emphasise that particular attention and prioritised effort needs to be directed towards safeguarding the mental health and wellbeing of some groups of children and young people who are experiencing or who may experience disproportionate mental health harm.
37. Given the over-representation of rangatahi Māori our suicide statistics, Barnardos strongly suggests that an explicit focus is necessary on ensuring positive and flourishing tamariki, rangatahi and whānau mental health and wellbeing. Within the context of strengthening and supporting positive whānau outcomes connected to hapū and iwi, we urge that greater attention is placed on systems that support tamariki and rangatahi Māori to experience strengthened resilience and self-esteem, thereby contributing to ensuring

their mana is upheld and they can reach their potential, grounded whanaungatanaga and connectedness to whakapapa.

38. Barnardos also advocates for strengthened focus on safeguarding the mental health and wellbeing of other sub-groups of children and young people in Aotearoa New Zealand who face particular vulnerability to discrimination, social exclusion and broader mental health impacts. This should include a focus on effective support and creating an inclusive environment within society for children and young people with disabilities, children and young people from ethnic minority and refugee backgrounds, LGBTI children and young people, children and young people who face significant extra pressures due to their family situations (such as children of parents with mental health issues), and children and young people experiencing intersecting vulnerability factors (for example LGBTI children of parents with mental health issues). We also note that for children in the Oranga Tamariki system, particular attention needs to be given to ensuring support systems that build their positive wellbeing and resilience in an active and on-going manner, to safeguard their rights and mental health now and into the future.

39. Barnardos suggests that continued attention is given to directing investment in and support for activities in geographical areas where there are known high rates of suicide and/or mental health issues among children and young people. In this respect, we welcome the Government's recent investment in responding to child and youth mental health needs in the Canterbury region in the post-natural disaster context.

Barnardos ideas for further initial priority activities

40. In Barnardos earlier submission to the Ministry of Health on the draft suicide prevention strategy, we made some suggestions for priority actions relating to children and young people with regard to suicide prevention. This list is reproduced below, given that we still believe these are areas where priority focus could best be directed:

- Building the capacity and resilience of parents, family and whānau to develop, support and strengthen children and young people's resilience, self-esteem, kindness and empathy;
- Strengthening and developing nation-wide, small-group programmes in schools which are run by independent expert providers to educate children about respectful relationships, mental health, strategies to develop self-esteem and solve problems;
- Strengthening and developing nation-wide programmes to build the peer-to-peer capability of children and young people to support each other in times of distress, develop solidarity and to know how and where to access help;

- Strengthening and implementing nation-wide programmes in schools encouraging children and young people to stand up for each other in bullying situations, and implementing evidence-based programmes and systems in schools to prevent bullying;
- Creating opportunities for children and young people to hear the stories of a diverse group of young people and young adults who have experienced mental health struggles and suicidal behaviour who have developed positive strategies and approaches, so that children and young people can see these behaviours role-modelled. Media (traditional, digital and social media) has a role to play here;
- Māori leading programmes to promote positive wellbeing and address specific needs for Māori;
- A public education campaign to lift the taboo on suicide, reduce stigma associated with mental health and talking openly about feelings, particularly targeted at children and young people, and young Māori males (utilising high-profile New Zealanders who these audiences will connect with/find something in common with);
- A public education campaign focusing on celebrating difference and diversity, to encourage greater social inclusion, kindness and respect in New Zealand society, particularly targeting children and young people;
- Implementing interventions to address the powerlessness and hopelessness that children and young people feel as a result of the far-reach of online and technology-based lives, including online bullying;
- Ensuring the provision of service response for children and young people whose parents or friends have committed suicide, including counselling, support groups and wraparound crisis management systems in schools;
- Increasing funding to strengthen and expand existing services with a proven record of supporting children, young people and adults in distress, including to be able to better serve children and young people from diverse backgrounds so they can relate to counsellors (e.g. a need exists for more male, Māori and Pacific counsellors); and
- Providing specialised training for primary-level workforce (e.g. counsellors) to respond to people in distress, in particular children and young people engaging in suicidal behaviour.

Creating an Aotearoa New Zealand where every child shines bright

41. The Inquiry has asked ‘what sort of society would be best for the mental health of all our people?’. The following are some of the elements that Barnardos suggests are crucial to get right to build a society where the mental health of all our children and young people is thriving – in short, an Aotearoa New Zealand where every child shines bright:

- The capacity and resilience of parents, family and whānau is supported, given the crucial role of parents, family and whānau in

developing and supporting children's and young people's outcomes, as well as their resilience, self-esteem, kindness and empathy;

- All children are empowered and valued as active citizens in our society, where their views, ideas and experiences are heard and appropriately taken into consideration by decision-makers in matters affecting children and young people ;
- All children experience in practice their full range of rights as guaranteed under the CRC;
- All children and young people feel loved and safe, and are supported to develop their resilience, kindness and empathy for others, and are equipped to stand up for and support each other;
- All children and young people have strong, quality relationships with others, are connected to their whakapapa and culture, and have trusted people with whom and services with which they can talk openly about how they are feeling and seek help;
- All children feel their potential is valued and feel encouraged to fulfil their potential; and
- No child or young person in Aotearoa New Zealand should reach the point where they become suicidal.

42. Barnardos is of the view that any Government plan to address mental health and wellbeing in Aotearoa New Zealand must include a significant focus on children and young people, for the reasons already outlined in this submission. We are also supportive of the development by the Government, in consultation with a wide-range of non-government actors, of a new Strategy to Prevent Suicide in Aotearoa New Zealand, or for a focus on suicide prevention as a key strand of any new broader strategy or approach regarding mental health. We agree with the World Health Organisation that a suicide prevention strategy is a way for government to demonstrate its commitment and intent to addressing the problem.²⁰ Barnardos is of the view that developing and implementing a strategy of this kind including an explicit focus on suicide prevention is essential to not only address the problem of suicide in our country, but also to chart a course towards Aotearoa New Zealand being a country where all people feel a sense of wellbeing through connections with their family and whānau, friends, community, cultural connections and whakapapa. Therefore, any new suicide prevention strategy, or a broader strategy or approach to mental health, should be one which all people in Aotearoa New Zealand feel they have a stake in and can take ownership of – including children and young people themselves, and their families and whānau.

Contact details for anything relating to this submission

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²⁰ WHO, *Preventing Suicide: A global imperative*, 2014, p.8.