

Submission on the Mental Health and Wellbeing Commission Bill

11 December 2019

Summary of recommendations

Barnardos welcomes and supports the Mental Health and Wellbeing Commission Bill. To further strengthen the Bill, we recommend the following:

1. Barnardos notes that there is no definition of the terms ‘mental health’ or ‘wellbeing’ included in the Bill; we recommend that these terms be defined to create clarity and certainty about the scope of the Commission.
2. Barnardos recommends including knowledge, understanding and experience of children and young people’s rights and wellbeing under section 8(2)(a), to ensure that the Commission establishes and maintains a significant focus on the mental health and wellbeing of Aotearoa New Zealand’s children and young people and takes an intergenerational perspective.
3. Barnardos strongly recommends the inclusion of the United Nations Convention on the Rights of the Child (CRC) and the United Nations Convention on the Rights of Persons with Disabilities (CRPD) under section 9, as we suggest that in addition to Te Tiriti o Waitangi, these instruments should underpin the focus and functioning of the Commission, and ensure a rights-based focus in the operation of the Commission.
4. Barnardos recommends that the family and whānau of people who have died by suicide; organisations and experts who provide mental health services and regularly work with people experiencing mental distress and/or addiction; and rainbow communities are specifically named under s 13(1), in addition to those groups already named.

A. Introduction

1. Barnardos is Aotearoa New Zealand’s national children’s charitable NGO working every day across child and family social services, early learning services and systemic advocacy for children and tamariki.¹ We have been working with children and their families and whānau in Aotearoa New Zealand for over 50 years. Our vision 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 to develop and reach their full potential.

¹ www.barnardos.org.nz

2. Right now, Aotearoa New Zealand is confronted with the unfortunate reality that significant numbers of children are experiencing complex and multiple disadvantages and stressors which are seriously impacting their wellbeing and their ability to thrive – mentally, physically and spiritually, in terms of their overall hauora and wellbeing.
3. Barnardos contributed to the consultation informing the Government Inquiry into Mental Health and Addiction.² We welcomed the findings and recommendations of the Inquiry in its report *He ara oranga*.³ However, we would have liked to have seen greater focus on the mental health and wellbeing of children and young people, tamariki and rangatahi, in the report and its recommendations.⁴
4. We strongly support the objective of the Mental Health and Wellbeing Commission Bill to establish a Mental Health and Wellbeing Commission. We look forward to seeing the Commission place a significant focus on work that will contribute to lifting and supporting the mental health and wellbeing of all children and young people, tamariki and rangatahi in Aotearoa New Zealand to flourish.
5. The recommendations outlined in this submission are directed towards strengthening the Bill, so that the Mental Health and Wellbeing Commission has an adequate focus on the youngest people amongst our population, in order to help to consistently lift and support their mental health and wellbeing, to hold government to account on this important responsibility alongside other key actors, and to take an intergenerational approach.

B. Barnardos stands for an Aotearoa New Zealand where every child and young person, tamariki and rangatahi, have thriving mental health and wellbeing and effective support

6. Every child and young person, tamariki and rangatahi in our country should be able to experience thriving mental health and wellbeing in their childhood and adolescence. They should be able to access on an equitable and timely basis effective support in their communities, and their families and whānau should be able to be equipped to support their children and young people, tamariki and rangatahi. Childhood and adolescence are crucial times in everyone's lives, and can have long-term impacts on lifetime trajectories.
7. Barnardos sees first-hand through our work with diverse children and young people and tamariki and rangatahi around Aotearoa New Zealand the impacts of poor mental health on their lives and outcomes. Through Barnardos' 0800

² See: <https://www.barnardos.org.nz/assets/submissions/FINAL-Barnardos-submission-to-the-Government-Inquiry-into-Mental-Health....pdf>

³ See: <https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/>

⁴ "Barnardos welcomes Government response to Mental Health and Addiction Inquiry, but says strong focus on child and youth mental health is urgently needed", Barnardos media release, 29 May 2019, available at: <https://www.barnardos.org.nz/who-we-are/news-and-publications/>

What's Up child and youth helpline,⁵ children and teenagers calling and web-chatting with our specialist counsellors have consistently year-on-year said that mental health is one of the main reasons for reaching out for help.

8. Childhood and adolescence should be a time in life full of hope and promise. Despite this, between 2002-2017 there were 1,887 child and youth deaths in Aotearoa New Zealand due to suicide, making it the leading cause of death in adolescents.⁶ New Zealand's youth suicide rate is the worst in the OECD, with young Māori, Pasifika and LGBTQIA+ people disproportionately affected.⁷ Anxiety, depression and self-harm rates among New Zealand's children and young people and tamariki and rangatahi are alarmingly high too, as are rates of bullying experienced by this section of our population.⁸ The mental health crisis being experienced by our country's children and young people is such that any effort at the systems level – such as the establishment of a mental health and wellbeing commission – to address mental health and wellbeing must have a significant focus on children and young people and be developed in consultation with them, to reflect the things they say are important to them and effective for them in their lives.
9. Barnardos believes that a whole-of-system, holistic approach to understanding and protecting the wellbeing of children and tamariki and young people and rangitahi – and their families and whānau – is vital for addressing the complex and intersecting factors that are leading to poor mental health outcomes. Barnardos welcomes the focus of the Government on the wellbeing of children and young people in New Zealand, including a focus on mental health. We view the Mental Health and Wellbeing Commission Bill and its objective and intended purposes as an important part of strengthening the system settings affecting children and young people's lives, alongside other recent initiatives such as the publication of the *Child and Youth Wellbeing Strategy*; the Government's pledge of recommitment to the United Nations Convention on the Rights of the Child; the establishment of Mana Ake; the publication of *Every Life Matters - He Tapu te Oranga o ia tangata: Suicide Prevention Strategy 2019-2029* and the *Suicide Prevention Action Plan 2019-2024 for Aotearoa New Zealand*; the establishment of the Suicide Prevention Office; and the investment into strengthening mental health and addiction services in 2019's Wellbeing Budget.
10. We make four recommendations in this submission, intended to further strengthen the Bill, so that the Mental Health and Wellbeing Commission has an adequate and appropriate focus on the mental health and wellbeing of Aotearoa New Zealand's children and tamariki and young people and rangatahi. All

⁵ Barnardos 0800 What's Up is a helpline available to all children and young people in New Zealand. They can call and web-chat with specialist counsellors about anything. In 201-2019, 0800 What's Up received 19,134 calls and web-chats from children and young people. 0800 What's Up is a member of Child Helpline International.

See: <http://www.whatsup.co.nz/>

⁶ See: <https://www.hqsc.govt.nz/our-programmes/mrc/cymrc/news-and-events/news/3285/>

⁷ *Every Life Matters – Suicide Prevention Strategy 2019-2029 and Action Plan 2019-2024*, p 44.

⁸ E.g. see: <https://www.educationcounts.govt.nz/publications/series/PISA/pisa-2018>

recommendations are summarised at the start of this submission and appear in bold text throughout.

C. Barnardos supports the establishment of a Mental Health and Wellbeing Commission

11. Barnardos strongly supports the intention to establish a Mental Health and Wellbeing Commission under section 7 of the Bill, and the stated objective of the Commission at section 10, to contribute to better and more equitable mental health and wellbeing outcomes for people in New Zealand.
12. Barnardos' own evidence base through the work we do every day with children and young people throughout the country, together with the views and voice of children and young people documented in the *What Makes a Good Life?* (report by the Office of the Children's Commissioner and Oranga Tamariki)⁹ make clear that not all children and young people in Aotearoa New Zealand are experiencing positive mental health. It is also clear that tamariki and rangatahi and Pacific children and young people, as well as children with disabilities, children and young people living in the regions, children and young people refugee backgrounds and from rainbow communities currently experience disproportionately worse mental health and wellbeing outcomes.¹⁰ A focus on equity is therefore vital to ensure that all children and young people and tamariki and rangatahi in Aotearoa New Zealand have equal opportunity to thrive.
13. Barnardos supports the establishment of the Mental Health and Wellbeing Commission as an independent Crown Entity independent of government policy, to ensure its ability to hold government to account and to act as a constant and integral part of the systems architecture to support positive mental health and wellbeing outcomes of all people in New Zealand, including children and young people. We are also pleased to see the broad spectrum of functions contained in section 11, which provide for a general focus on universal wellbeing through to a specific focus on the needs of those experiencing mental distress and/or addiction. Barnardos believes that this dual focus on universal support to build resilience and promote wellbeing on an enduring and ongoing basis, alongside targeted and specialised support for those experiencing mental distress is essential.
14. Barnardos notes that there is no definition of the terms 'mental health' or 'wellbeing' included in the Bill. **Barnardos recommends that these terms be defined in the Bill to create clarity and certainty about the scope of the Commission.**

⁹ Available at: <https://www.occ.org.nz/assets/Uploads/What-makes-a-good-life-report-OCC-OT-2019-WEB2.pdf>

¹⁰ Ibid.

D. Barnardos supports the requirements for the knowledge and experience of the board under section 8

15. We are strongly in favour of the requirements under s 8 for the members of the board of the Commission to have collective knowledge and understanding of te ao and tikanga Māori, the broad and intersecting factors affecting mental health and wellbeing, mental health and addiction services and improving overall system performance, as well as having lived experience of mental distress and addiction. We believe that the board must be representative of the people for whom it will act on behalf and in the interests of, to ensure a non-judgemental, equitable and effective approach. We are also of the view that the Commission and its board should take a trauma-informed approach to its work, to ensure its effectiveness in delivering on its mandate.
16. Barnardos recommends including knowledge, understanding and experience of children and young people's rights and wellbeing under s 8(2)(a), to ensure that the Commission establishes and maintains a significant focus on the mental health and wellbeing of Aotearoa New Zealand's children and young people and takes an intergenerational perspective. We note that children and young people are specifically included under section 13(1)(g) of the Bill. We submit that in order to maintain a consistent and effective focus on improving outcomes for children and tamariki and young people and rangitahi, the board should collectively have specific knowledge of the rights of and challenges facing children and young people in Aotearoa New Zealand today. We think that it is important that the board is equipped to be able to take an intergenerational perspective, focusing on both the situation for children and young people today, and the impact of mental health and wellbeing on them in the future, and that of future generations.

E. Barnardos strongly supports the specific inclusion of Te Tiriti o Waitangi in the Bill and the requirement for a whānau-centred approach to mental health and wellbeing

17. Barnardos welcomes the inclusion of sections 3 and 9 in the Bill, which clearly set out the obligations of the Minister and the Commission under Te Tiriti o Waitangi, including ensuring that a te ao Māori, tikanga Māori and a whānau-centred approach to wellbeing is taken, and that the Commission has the capability and capacity to engage with Māori and understand perspectives of Māori.
18. Strong, resilient and connected families and whānau are key enablers of positive child mental health and wellbeing. The United Nations Convention on the Rights of the Child (CRC, to which New Zealand is a states party) states that the family must be protected and assisted to fully assume its responsibilities within the community as the natural environment for the growth and well-being of its

members.¹¹ Article 18(1) of the CRC also establishes that the best interests of the child shall be the primary concern of parents and caregivers. The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) recognises “the right of indigenous families and communities to retain shared responsibility for the upbringing, training, education and well-being of their children, consistent with the rights of the child”.¹²

19. Furthermore, Māori models of whānau well-being emphasise the importance of connections between tamariki and mokopuna with whānau, hapū, iwi and whakapapa as vital to upholding mana tamaiti. Growing up in a family and whānau with meaningful relationships, love, safety and care is what the majority of tamariki and children who Barnardos works to support tell us they want most.
20. The United Nations Convention on the Rights of Persons with Disabilities (CRPD) establishes under Article 7 that “States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.”
21. Barnardos strongly recommends the inclusion of the UN Convention on the Rights of the Child (CRC) and the UN Convention on the Rights of Persons with Disabilities (CRPD) under section 9. It is our view that in addition to Te Tiriti o Waitangi, these instruments should underpin the focus and functioning of the Commission, and ensure a rights-based focus in the operation of the Commission.

F. Barnardos supports the holistic, whole-of-system approach of the Commission as contained in the Bill

22. Barnardos supports the specific inclusion of sections 11(d) and 11(e) in the Bill. A holistic and joined-up approach which seeks to promote alignment, collaboration and communication between entities involved in mental health and wellbeing is vital to delivering better wellbeing outcomes. Advocating for the collective interests of people who experience mental distress or addiction (or both), and the persons (including family and whānau) who support them is also, in our view, essential. Taking a joined up and whānau-centred approach has proven highly effective within Barnardos’ own services. A prime example of this is our Te Korowai Mokopuna service (TKM), which delivers social services to some of New Zealand’s most disadvantaged children and their families and whānau.¹³ This service breaks down the barriers to accessing services through the provision of Kaimanaki Whānau Workers at Barnardos Early Learning Centres in Otara, Mangere, Clendon and Manurewa who walk alongside families and whānau with children, providing them non-judgemental professional social

¹¹ Preamble para. 5, CRC, available in English and Te Reo Māori at:

<https://www.occ.org.nz/publications/resources/uncrc-30th-edition/>

¹² Preamble para. 13, UNDRIP, available at: https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf

services support, advice and advocacy. Recent independent 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 disadvantages and complex needs including mental health and addiction challenges as a daily reality.

23. Barnardos also welcomes the wide scope of reporting functions of the Commission contained in section 11 of the Bill, which enables the Committee to provide oversight at a systems level. From our work with children and tamariki, young people and rangatahi and their families and whānau, we know that poor mental health can affect anyone at any time. Because of this and also because we work with children from their very early years and right throughout childhood and adolescence, we are very conscious of the importance of building resilience generally and in an ongoing manner as children develop, so that when unexpected shocks and setbacks happen, children, young people and their families and whānau are equipped to deal with them, rather than solely focusing on providing intervention or support at crisis points. Targeted and specialised support for mental health and wellbeing is also essential, but must be layered over underpinning universal support and services.
24. The Explanatory Note to the Bill describes how the reporting functions of the Commission include looking at how the system as a whole promotes mental health and wellbeing, builds resilience and prevents poor mental health and wellbeing generally, as well as how it identifies and responds to specific needs.
25. Therefore, Barnardos believes that a focus on prevention through ensuring that the system builds resilience and supports positive mental health and wellbeing outcomes universally is necessary, as well as ensuring the adequate and effective provision of targeted support for people experiencing poor mental health and wellbeing.

G. Barnardos welcomes the inclusion of specific requirements to include and seek the views of specific groups experience inequitable outcomes, including children and young people, and those with lived experience

26. Barnardos is pleased to see the inclusion of the obligation under section 13 for the Commission to establish mechanisms to ensure the effective means of seeking the views of Māori and Pacific peoples, persons with disabilities, people with lived experience of mental distress and addiction, children and young people and other groups who have disproportionately poorer mental health and wellbeing. Barnardos recognises that children and young people are experts in their own lives and must be actively involved in decision making which affects them. Barnardos is of the view that the Mental Health and Wellbeing Commission must have a significant focus on children and young people and undertake its work actively in consultation with them. Together with the focus on a whānau-centred approach to wellbeing as included under section 3 of the

Bill, we believe that this will make for a strong and effective approach to the work of the Commission.

27. Barnardos recommends that the family and whānau of people who have died by suicide; organisations and experts who provide mental health services and regularly work with people experiencing mental distress and/or addiction; and rainbow communities are specifically named under section 13(1), in addition to those groups already named.

28. We note that section 13(1)(d) provides for 'other groups of people who have disproportionately poorer mental health and wellbeing'. However, we believe that as a group which consistently experiences poor mental health and wellbeing outcomes, rainbow communities should be included alongside the other groups named under section 13. As previously noted, New Zealand's youth suicide rates are amongst the worst in the OECD with young LGBTQIA+ people, as well as young Māori and Pacific people, disproportionately represented.¹⁴ We note that from the Explanatory Note, it seems clear that the purpose of the Bill includes to address inequitable outcomes experienced by people from rainbow communities and that this purpose should be consistently reflected throughout the legislation. We further note that the category under section 13(1)(d) does not currently capture the family and whānau of people who have died by suicide or mental health providers and experts, both of which are groups with unique and important perspectives, which we think should be considered alongside other groups by the Commission.

H. Conclusion

29. Barnardos thanks the Health Select Committee for considering our submission. We are happy to meet with members of the Committee at its upcoming hearings in relation to this Bill.

30. We believe that the Mental Health and Wellbeing Commission will undertake an important and necessary function in Aotearoa New Zealand. We encourage the members of the Select Committee to recommend the Bill is strengthened, to ensure a stronger focus within the Commission's work on the mental health and wellbeing of children and tamariki and young people and rangatahi. We believe this will benefit Aotearoa New Zealand, now and into the future.

Contact details for anything relating to this submission

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¹⁴ [Every Life Matters – Suicide Prevention Strategy 2019-2029 and Action Plan 2019-2024](#), p 44.