

Aide-Mémoire

Meeting with Hon Karen Chhour, 27 February 2024

Date due to MO: 19 February 2024 **Action required by:** 21 February 2024

Security level: IN CONFIDENCE **Health Report number:** H2024036144

To: Hon Matt Doocey, Minister for Mental Health

Consulted: Health New Zealand: Māori Health Authority:

Contact for telephone discussion

Name	Position	Telephone
Robyn Shearer	Deputy Director-General, Clinical Community, and Mental Health Te Pou Whakakaha	s 9(2)(a)
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Details of meeting: 27 February 2024
4.00-4.30 pm in 4.1R EW

Purpose of meeting: This meeting is to discuss connections between your Mental Health portfolio and Hon Karen Chhour's ministerial portfolio of Prevention of Family and Sexual Violence. Minister Chhour is also Minister for Children.

Robyn Shearer, Deputy Director-General, Clinical, Community and Mental Health, from the Ministry of Health will attend the meeting to support you.

Comment: **Family violence and sexual violence (FVSV) and mental health**

- New Zealand has high rates of FVSV. Some population groups are disproportionately impacted, such as women, children and young people, Māori and Pacific peoples, disabled people, older people, rainbow communities and ethnic communities.
- FVSV is a key determinant of health that has significant and intergenerational impacts on individuals, families, whānau and communities.
- People exposed to FVSV are at an increased risk of mental health impacts alongside physical harm. These impacts include depression, anxiety, post-traumatic stress disorder, suicidal ideation, substance misuse, eating disorders, panic disorders and other difficulties.
- Children and young people who experience FVSV are at risk of emotional, social and other problems which can lead to poorer mental health and wellbeing, a higher likelihood of involvement in the justice system and poorer socioeconomic status as adults.
- It is notable that the population groups disproportionately impacted by FVSV also tend to have lower levels of mental wellbeing and higher levels of mental distress.

- There is a complex and often multi-directional relationship between poor mental health, substance misuse and FVSV.
- We know that mental distress and FVSV share many common risk factors such as social and economic deprivation and discrimination. They also share many protective factors such as support for parenting and the early years and strong community connections, as well as early detection of and intervention in problems.

Health system responses to FVSV

- The health system has a broad role in preventing, identifying and responding to FVSV, largely through existing services such as primary and community healthcare, which can address factors that can increase the risk of FVSV as well as treating its effects.
- The Ministry of Health (the Ministry) is one of nine government agencies that are part of Te Puna Aonui, an Interdepartmental Executive Board that brings together government agencies to provide a whole-of-government approach to eliminating FVSV.
- Te Puna Aonui agencies collaborate to implement *Te Aorerekura – the National Strategy and Action Plan to Eliminate Family Violence and Sexual Violence (Te Aorerekura)*, a 25-year strategy to eliminating FVSV.
- More information about FVSV and the mental health system's responses to it is at **Appendix 1**.

Child and youth mental wellbeing

- Although you are meeting with Minister Chhour in her capacity as Minister for the Prevention of FVSV, she is also Minister for Children so may raise some issues about child and youth mental wellbeing.
- A key issue Minister Chhour may raise is the mental wellbeing of children and young people involved with Oranga Tamariki (OT).

Mental health and wellbeing of children and young people involved with OT

- A number of studies have found that children and young people involved with OT have much worse mental wellbeing and higher levels of mental distress and substance use, than their peers. This can be either addressed or exacerbated by the experiences they have while in the OT system (care and protection or youth justice).
- Children and young people involved with OT have much higher rates of access to specialist infant, child and adolescent mental health services (ICAMHS) than the general population. For example, children with a recent

child protection intervention are over five times more likely to use these services than other children and young people (22.5% vs 4%, 2019/20 data).

- This finding indicates that services are prioritising their workload by clinical need, and that these children and young people have high need – both of which are appropriate.
- However treatment of these children and young people is often interrupted or stopped early because of placement insecurity. All mental health treatment is relationally-based and is most effective if the environment the child or young person lives in is positive and supportive, and their caregivers are engaged partners in treatment.
- Our view, which we have shared with our colleagues in OT, is that OT staff including social workers and caregivers require far greater support to be able to protect and promote, in trauma-informed ways, the mental wellbeing of the children and young people in their care. This gap is apparent at all levels of the OT system from strategy and policy to front-line work.
- Health New Zealand (HNZ) has some specific work underway to support the mental wellbeing of this cohort. More information about the mental health and wellbeing needs of OT-involved children and young people and about health system activity underway is at **Appendix 1**.

Potential opportunities for you and Minister Chhour to work together

- Officials are preparing advice for you regarding the development of an action plan for *Kia Manawanui – Long-term pathway to mental wellbeing (Kia Manawanui)* and there could be opportunities to align elements of this with *Te Aorerekura* and other relevant cross-government action plans.
- The Action Plan associated with *Te Aorerekura* expired at the end of 2023. We understand that Minister Chhour's officials are preparing advice for her on a new action plan. This was a recommendation of the Auditor-General following an audit by his office on progress implementing *Te Aorerekura* in its first 18 months.
- Aligning the two action plans would recognise the common risk and protective factors in both domains as well as provide for strategic and operational alignment of policy and service responses. We can provide further advice on this if needed.
- There are a range of other areas that may present opportunities to work together including:
 - s 9(2)(f)(iv) [REDACTED]
 - the potential development of a cross-agency work programme for child and youth mental wellbeing [HR 2024035287 refers], which could be a mechanism to respond to the Auditor-General's recent report on how well government understands and responds to youth mental health

- as part of the Crown response to the final report of the Abuse in Care Inquiry, due to be published before 31 March 2024
- through ongoing work to support mental wellbeing under the Oranga Tamariki Action Plan.
- This aide-mémoire discloses all relevant information.



Robyn Shearer

Deputy Director-General

Clinical Community, and Mental Health
Te Pou Whakakaha

PROACTIVELY RELEASED

Appendix: Further information

Family Violence and Sexual Violence

- Findings from a range of studies include that:
 - One in three women experience physical or sexual violence from a partner, and one in three women experience sexual assault in their lifetimes. These figures are much higher for Māori women.
 - There is a high co-occurrence of partner and child abuse.
 - Men are affected by FVSV as both perpetrators and victims.
 - Almost one in five people born between 1991 and 2001 experienced child sexual abuse, and one in ten young people aged 12 to 18 have been physically hurt by an adult in their home in the past year.
 - Of perpetrators of FVSV homicides studied in Australia, around half had substance misuse issues and a third had a history of mental health issues.
 - Half of prisoners have experienced FVSV (75% of female prisoners).
- Health New Zealand (HNZ) is the operational lead for the health system's implementation of *Te Aorerekura - the National Strategy and Action Plan to Eliminate Family Violence and Sexual Violence*, a 25-year cross-government strategy to eliminating FVSV.
- It holds responsibility for funding specialist FVSV services and workforce training, alongside wider health services that play a key role in preventing, identifying and responding to FVSV.
- Three of the key services are Sexual Abuse Assessment and Treatment Services (SAATS), Non-fatal Strangulation Services (NFSS) and Violence Intervention Programme (VIP) services.
- SAATS, NFSS and VIP services ensure that victims can access highly-trained medical practitioners who are accredited to provide specialist responses to incidents, including in-depth assessments, medico-forensic reports and appropriate referrals for further health services including mental health and addiction.
- A significant aspect of the training in these services is to create local connections and partnerships to enable efficient and effective referrals.
- We understand that Minister Chhour is considering establishing a FVSV Ministers Group. We can provide you with further advice on this group and how it might link with other groups following your meeting with Hon Chhour if needed.

Mental health and wellbeing needs of children and young people

- You recently received advice about approaches to improve child and youth mental wellbeing [HR 2024035287 refers] and our response to the Auditor-General's recent report on how well government understands and responds to youth mental health.
- The Auditor-General found that both government's understanding and responses in this area could be enhanced.
- The Auditor-General emphasised the need for better integrated services and support for children and young people's mental wellbeing. He recommended the Ministry take a stronger cross-government approach, strengthen its mental health and addiction system leadership

role, and prioritise the development of a cross-agency implementation plan for Kia Manawanui.

- We have proposed in HR 2024035287 that we provide you with advice about development of a cross-government work programme to support child and youth mental wellbeing.

Mental health and wellbeing needs of children and young people involved with Oranga Tamariki (OT)

- A cross-agency child and youth mental wellbeing work programme would, like all of our approaches to improving child and youth mental wellbeing at the whole-of-population level, take explicit account of at-risk subgroups in the population. This includes children and young people involved with OT.
- Ministry and OT officials currently work closely together to support the mental wellbeing needs of the children and young people involved with OT, alongside HNZ. Recent work includes:
 - The Ministry partnered with OT to publish an assessment of the needs of its population for mental wellbeing support, and a joint agency response. This response is currently being re-targeted and we continue to closely support our OT colleagues.
 - A key finding of the needs assessment was the lack of coherent system responses to trauma (which is different to mental disorders and requires different responses) available across the health and OT systems. Addressing this is a priority for both agencies.
 - We are also working with OT to enhance information sharing across the sectors and to review the Gateway assessment which is conducted when children come into care.
 - HNZ is delivering some specific initiatives in ICAMHS for OT-involved children and young people funded by Budget 2022, as well as developing support for social workers and caregivers in a range of areas.
 - HNZ and OT are co-funding an extension of a current pilot at the Starship Child and Family Unit which involves having an OT social worker located in the youth mental health inpatient unit. This pilot is being expanded to the other two child and youth mental health inpatient units in Wellington and Christchurch.
 - HNZ is establishing dedicated specialist mental health and addiction staffing to provide additional mental health and addiction support into OT residential care facilities in Wellington and Southland.

A key challenge is that OT involvement is not visible in health systems, meaning that health services including mental health and addiction services may only be made informally aware that a child or young person is involved with OT, or may have no access to this information. The Ministry, HNZ and OT are working to address this issue.

- However children and young people involved with OT are able to access the general services available for child and youth mental health, such as the Access and Choice programme, school-based services and Youth One-Stop Shops.
- OT also provides clinical mental health and addiction services to its population, although we understand capacity in this service is constrained.

Talking points

- It is clear to me that our portfolios are linked in a range of ways including through our aspirations and challenges.
- My key priorities for mental health and addiction are service access, workforce and prevention and early intervention. By focussing on these areas, we can make a real difference for the shared population groups our agencies are supporting.

Family Violence and Sexual Violence

- While the relationship between mental health, substance misuse, family violence and sexual violence is complex and multi-directional. There are some good opportunities for us to address the common risk and protective factors that underly them all.
- I am interested to know your thoughts about the development of a second action plan for *Te Aorerekura*? I can see value in aligning it with the refreshed action plan for *Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing* my officials are developing.

Oranga Tamariki

- The evidence about the poor mental wellbeing status of children and young people who are involved with Oranga Tamariki concerns me. We have a responsibility to do better for them.
- I note that children and young people involved with Oranga Tamariki have high levels of access to specialist mental health and addiction services relative to the general population. This is as it should be.
- However, the solution to mental distress lies not only in service access. We must ensure that our most vulnerable children and young people spend their hours, days and weeks in supportive, protective environments, whether that is in homes, Oranga Tamariki residences, schools, or other places.
- Ensuring there are appropriate system-wide responses to trauma is very important for the wellbeing and future success of vulnerable children and young people and this responsibility sits across both our sectors.
- My officials advise me they have long-term working relationships with your officials at Oranga Tamariki, which I am pleased to hear.

Child and youth mental health generally

- I also have a strong interest in child and youth mental wellbeing, as you know. I am committed to ensuring that we provide better support in this area.
- I believe we need a much better integrated set of services and support for children and young people, from early intervention to specialist mental health and addiction services.
- I am considering directing my officials to develop a cross-agency work programme and this is another area where there would be opportunities for collaboration.
- I am also considering how to respond to the recent report of the Auditor-General into government's understanding of and support for youth mental health. I support the recommendations made by the Auditor-General and consider his findings align with my priorities.