

Mokopuna mental wellbeing

"What matters most to me is children's mental health which can stem from family related issues, bullying, finances etc, so increasing mental health programmes would help decrease mental health issues."

Mokopuna, Niuean, age 14 years¹

All mokopuna have the right to the highest attainable standard of health, including mental health. Improving mokopuna mental health should be a higher priority across all of government.

All mokopuna (children and young people) should have thriving mental wellbeing, and access to mental wellbeing support that works for them, when they need it. This is part of their right to health under Article 24 of the United Nations Convention on the Rights of the Child.

However, with one of the highest rates of youth suicide in the Organisation for Economic Co-operation and Development (OECD), high rates of racism and bullying, and varying access and wait times for child and youth mental health services, it is clear a stronger focus needs to be put on mokopuna mental health and wellbeing in Aotearoa New Zealand.

Preventative mental wellbeing starts in the prenatal stages with a perinatal and whānau (family) mental wellbeing perspective, continuing through a child's early years and into childhood and adolescence. When mokopuna are equipped from an early age with knowledge about mental wellbeing and tools to understand and manage their emotions, the benefits are lifelong.

Supporting children to recognise and care for all aspects of their wellbeing, for example as expressed through Te Whare Tapa Whā² and Pacific frameworks such as the Fonua model³, helps them to maintain hope and sets them up well for life.

Mokopuna have the right to equitable mental health care and support, including prevention of harm, early intervention and crisis support.

Drivers of positive mental health and wellbeing include having low-stress, safe and nurturing environments including before birth, an adequate family income, social cohesion, safe online environments, and safe neighbourhoods. Drivers of mental distress include conditions acquired before birth, brain injury, trauma, exposure to toxins, chronic stress, and unmet need for mental health support. All negative drivers are preventable or can be mitigated. Collectively we can take preventative actions, and the Government has particular responsibilities in relation to all aspects of mokopuna mental wellbeing.

The worst outcomes of poor mental wellbeing can be life threatening. It is essential that services and treatments for mental distress are available to all mokopuna when they need it, in ways that work for them.

Our calls to action

More all of government investment in prevention, support and care is needed to protect and improve the mental health and wellbeing of mokopuna in Aotearoa New Zealand. Their lived

experience must shape child and youth mental health systems and supports in order to meet their needs. We call on all of government to:

- **Implement with urgency mental health policies and supports that are shaped directly by the voices and experiences of mokopuna**, who have clearly outlined what is needed to improve child and youth mental health in Aotearoa New Zealand.
- **Act immediately to reduce wait times – and disparities in wait times – within specialist child and adolescent mental health services.** This includes addressing workforce and capacity shortages, prioritising the regional expansion of services, and diversifying support and treatment options.
- **Provide counsellors in all schools and kura** to ensure mokopuna can access trusted, trained adults to help in ways that work for them.
- **Improve accessibility of mental health care to mokopuna whaikaha (disabled children), and those in care of the State** including in places of detention so they have equitable access to mental health and wellbeing supports.
- **Ensure child and youth mental health services are funded in ways that support their promotion**, so mokopuna know they are available and how to access support.
- **Support the drivers of positive mental wellbeing and mitigate causes of mental distress.** This requires urgently investing policies and services that support the Child and Youth Strategy⁴ and stronger action on implementing the Ministry of Health's long-term pathway to mental wellbeing – Kia Manawanui Aotearoa.⁵
- **Uphold principles such as access and choice for mental health and wellbeing supports**, both to give effect to the partnership between iwi and the Crown envisaged in Te Tiriti o Waitangi and uphold rights under the UN Convention on the Rights of the Child. This includes supported decision-making and consent. Empower the tino rangatiratanga of all mokopuna and especially mokopuna Māori to choose approaches that work for them.
- **Ensure a child-centred mental health workforce for mokopuna** through training and support. Kaimahi (staff) should be paediatric specialists, culturally capable, trauma informed and understand mokopuna development, diversity, their goals, hopes, values, strengths, and beliefs.
- **Create a safer mental health system for mokopuna with mental distress** across services, from integrated primary care services through to intensive therapeutic care in secure facilities. This includes high quality transition planning, prevention of age-mixing with unwell adults, and more investment in establishing mokopuna-specific therapeutic rehabilitative and healing facilities nationwide.

What mokopuna say

Mana Mokopuna frequently asks children and young people about what matters most in their world, or what they think the solutions are to issues they face. They often bring up mental wellbeing as a key issue and provide clear solutions.

"Mental support and emotional support is lacking for youth. I can't name five places where I get the mental and emotional support I needed. For me, what lacked the most is the counselling, so I buttoned things up and didn't share it. If I'd had someone to talk with it would have been heaps easier."

Mokopuna, age 15-18 years⁶

"Mental Health: More access and outlets; more people to come out from behind a desk and be involved to see things first hand,"

Mokopuna⁷

"[what matters most to me is] Good and safe adults/parents/influence around them, even mental health"

Mokopuna⁸

"We are told to ask for help if mentally distressed and suicidal but where is the help? There needs to be so much more available... not waiting for weeks and months."

Mokopuna⁹

"That people can communicate their concerns in a way that ensures that they are heard and safe if action is taken."

Mokopuna, Tāmaki Makaurau, age 14-17 years¹⁰

"Counselling - free – can talk about feelings and experiences."

Mokopuna, age 11-13, Rural Waikato¹¹

"It's really hard, especially me being LGBTQ, that goes against what my parents believe in..."

Mokopuna, Samoan, Māori, Rainbow, age 17 years¹²

"Well I mean, I'd probably like, you know, put more funding into mental health and just like, 'cos it's just a really low funded thing and I feel like it's just we need more."

Mokopuna, Pakeha, Filipino, Rainbow female, age 16 years¹³

"I would give a lot more money towards mental health stuff in general...there's no one here. There's nothing...it kinda confuses me why there's so, not so much help."

Tāne Māori, Rainbow, age 23 years¹⁴

When we monitor places of detention as a National Preventative Mechanism under the Optional Protocol to the Convention Against Torture,¹⁵ mokopuna have told us they need mental health services that work for them and ensure their human rights to participate in the decision-making around their treatment.

"But being under the Act has never, like, has always made me so, so much worse and (my doctor) knows that. And so (they) have learnt how to deal with me in a way that I will somehow agree to the treatment without agreeing to the treatment. But they know how I work because every time I've been under the Act, u-huh, doesn't go well. Like it just makes you so much worse."

Mokopuna¹⁶

Endnotes

- ¹ [“You need to get in early, as soon as you see people struggling”: Understanding the life-course journey. Mana Mokopuna](#) engagement in relation to the Child and Youth Strategy refresh, 2024 p 18
- ² [Te Whare Tapa Whā is a Māori wellbeing model](#) developed by Tā (Sir) Mason Durie in 1984. It describes four walls of a whare (house), whereby family, body, mind, and life force or spirit all need to be healthy for holistic wellbeing.
- ³ [The Fonua model is a Tongan wellbeing framework](#) to health developed by Sione Tu`itahi in 2009. Fonua means people and their environment; the model describes five interdependent dimensions of life (Laumalie - Spiritual, Atamai - Mental, Sino - Physical, Kainga - Collective/Community, and 'Atakai – Environment) essential for maintaining harmony.
- ⁴ [MSD Child and Youth Strategy 2024-27](#)
- ⁵ [Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing](#)
- ⁶ [“You need to get in early, as soon as you see people struggling”: Understanding the life-course journey. Mana Mokopuna](#) engagement in relation to the Child and Youth Strategy refresh, 2024
- ⁷ Ibid p 39
- ⁸ Ibid. unpublished voice of mokopuna.
- ⁹ Mana Mokopuna, 2023 What matters most? Survey respondent (chose to not self-identify; unpublished).
- ¹⁰ Mana Mokopuna 2024 [“Without racism Aotearoa would be better”: Mokopuna share their experiences of racism and solutions to end it](#)
- ¹¹ ibid
- ¹² Mana Mokopuna 2024. [“A place to talk peacefully”: Mokopuna voices on healing from family violence and sexual violence in Aotearoa](#) Te Aorerekura strategy refresh engagement
- ¹³ Ibid.
- ¹⁴ Ibid.
- ¹⁵ See [Monitoring of Places of Detention in Aotearoa](#) for more information about the role of OPCAT monitoring undertaken by Mana Mokopuna.
- ¹⁶ [Ngā Kāhano Adolescent Inpatient Unit OPCAT Monitoring Report](#) | Mana Mokopuna OPCAT Monitoring Report (mokopuna mental health), February 2024