



**Te Ao Māramatanga
New Zealand College of Mental Health Nurses (Inc.)
Partnership, Voice, Excellence in Mental Health Nursing**

The Green Paper for Vulnerable Children
PO Box 1556
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yourresponse@childrensactionplan.govt.nz

27 February 2012

Dear Sir/Madam

Te Ao Māramatanga New Zealand College of Mental Health Nurses (the 'College') thanks you for the opportunity to comment on The Green Paper for Vulnerable Children. This is an important document that establishes the future direction for a positive child and youth development approach and service provision in New Zealand i.e. how best to assist our children to “thrive, belong and achieve”.

Currently the government has not got the balance right between supporting parents and families and whānau and protecting children and this is evident in the concerning and relatively poor health statistics for children and young people in Aotearoa New Zealand. Family violence, mental health problems, heavy alcohol use and other addiction problems, and poverty all contribute to the poor health and wellbeing of children and young people and are often intertwined.

The ability to parent well is affected by the resources that are available to parents. It is well known that parents who are financially stressed and who do not have certainty about income may inflict their stress on children especially under the influence of alcohol and other drugs. Decreasing poverty especially for families with children must be a top priority

The College is also concerned with the impact on siblings of children with disability or chronic illness (including mental health and addiction problems) and has publically supported the Royal Australian and New Zealand College of Psychiatrists Faculty of Child and Adolescent Position Statement... *Addressing the needs of siblings of children with disability or chronic illness*. Siblings of such children are themselves at risk of mental health and addiction problems and yet their needs are overlooked i.e. not often included in assessment, health statistics, or research processes even though a child with a disability is a family and whānau problem.

The College identifies the following priorities:

1. Decreasing poverty via multiple strategies including ensuring that parents can earn a basic living wage and are not discriminated against for receiving a welfare related benefit.
2. An improvement in the way services are delivered to children. Often the threshold for accessing child and youth services is high, with those with the most severe problems being given priority. Vulnerable children who do ‘not



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meet criteria' for services and fall through the gap are at risk. Further gaps arise as families become transient due to housing issues. These issues require a 'whole of system approach'.

3. We stress the importance of addressing the mental health and addiction needs of parents within a family and whānau ora approach, particularly mothers, who often struggle in isolation with little support due to stigma and fears about having their children removed from their care. Parents who have such issues should not be exposed to institutional stigma. Education and training for all front line workers is required to ensure parents are supported to receive the help they need (wherever possible) to be 'good parents', within a family and whānau focused approach.
4. We strongly stress the importance of strategies to decrease violence in the home and advocate strengthening the Government's response to the Law Commission's review which outlined how change in legislation is a powerful strategy in preventing the harms of excessive alcohol use – in this case family dysfunction, physical and emotional abuse and intergenerational substance use/addiction problems. Reducing violence and improving the health and wellbeing of our children can directly be impacted by: restricting alcohol availability, including removing alcohol from supermarkets ("alcohol is *no* ordinary commodity"); instituting a minimum price for a standard drink; decreasing the adult blood alcohol level to at least 0.05 (put an end to legal drunk driving); stopping alcohol advertising and sponsorship except for objective printed product information and; increasing treatment opportunities for heavy drinkers that include: 1) a focus on brief and early intervention services across a wide range of health, education, social care and justice services and, 2) improved treatment for people with addiction that is family focussed and linked to a blueprint for mental health and addiction service delivery.
5. A particularly glaring omission in the Green Paper is the lack of any comment on fetal alcohol spectrum disorder (FASD) as a small but critical contribution to the nation's vulnerable children burden. New Zealand research indicates that we could have one of the highest FASD rates in the Western world, producing up to 3000 FASD babies every year. The learning problems (memory, concentration, problem solving) and behavioural problems (hyperactivity, impulsivity, poor communication ability, poor social skills) associated with FASD are not apparent at birth and so the tragedy of producing an unnecessarily brain damaged baby becomes hidden under the radar as the child begins to develop and engage other children. The College recommends introducing explicit FASD health warnings on alcoholic beverage containers.
6. The College supports strengthening the role of the Primary Health Care sector in identifying, referring and monitoring vulnerable children and in particular



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children and young people with mental health and substance use/addiction problems). Linking children from birth (and vulnerable pregnant women at notification of pregnancy) more closely with primary health care providers supports communities to be more closely involved in keeping children safe. This could be brought about through addressing the roles of midwives, plunket nurses, public health nurses, practice nurses, general practitioners, social workers, youth workers and cultural health workers, and their linkages within primary care and with community groups, secondary care providers and organisations that have the health and wellbeing of children and families and whānau as their focus.

7. To assist with identifying vulnerable children and vulnerable families and whānau, health checks should be linked with *educational checks* so that both health and disability (including mental health and substance use/addiction problems) and learning difficulties are identified as early as possible i.e. checks to be scheduled from pre-school until the end of education with particular vigilance at transition points e.g. from pre-school to primary school, primary to intermediate and intermediate to high school, on leaving education. Specific training is required to increase the capability of nursing workforces in identification, brief intervention and referral.
8. The College supports a government action plan that comprises a multi-systemic, whole of government approach - involving education, welfare, work and income, corrections/justice and health (including mental health and addictions) across government and non-governmental agencies, with established integrated funding mechanisms that maximise inter-agency and community collaboration and *plug* the gaps.

Finally new developments should be evidence based, monitored and carefully evaluated from the point of implementation. Evidence based interventions should be the basis for shared personal information between providers and agencies and the level of monitoring required for vulnerable children.

Yours sincerely

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President
Te Ao Māramatanga NZCMHN®