

28. 07. 21

Talofa lava lau afioga Sa'anapu Sandra Alofivae and your fellow Commissioners;

Re: Royal Commission of Inquiry into Abuse in Care - Tulou - Our Pacific Voices: Tatala e Pulonga

My alofa and deep gratitude for specifically setting aside space for *Tulou*, and this being a Pacific culturally inclusive hearing. I am encouraged that you are enabling our people's voices and the legacies of the trauma be heard to inform your thinking and recommendations, particularly in the context of the upcoming Dawn Raids apology - the timing of this work could not be more important. Please find some information from me for you to please consider.

In 2018 I was one of the panel members of Oranga Tāngata, Oranga Whānau – the Government Inquiry into Mental Health and Addiction. During our Inquiry we met with and received submissions from many people who experienced trauma in the past and were in care at that time. Since then I struggle using the word care in this context, because what I heard does not fit or, honour the manākitanga or tautua meanings I connect the word care with. Included in our report is a comment with the vision young people, including Pacific young people called for:

“Children and young people who represented their peers in state care asked that there be deeper training for foster parents around mental health challenges.”¹

I was angry hearing that many of these young people my age and younger at the time, who had experienced such challenges did not have someone to turn to. Please, if the Government does not meaningfully address this between now and when your final report is presented, please tautoko the advocacy of Ihurangi Peters and recommend that it become a responsibility of the state when children and young people come into care that they have a right of access to cultural, peer and clinical talk therapy, and other therapies including play and art therapy. ² In recognising the deep cultural disconnection that comes when a child is uplifted, or removed from their whānau, actions like Ihurangi is advocating for which enable their mana to be nurtured must be a right. I have included in the appendix, notes from one conversation with peer advocates of children and young people in care from an Inquiry visit. An inspiring Samoan young man who participated in this korero

¹ <https://www.mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/> - page 49

² <https://www.tvnz.co.nz/one-news/new-zealand/youth-in-state-care-deserve-entitlement-mental-health-services-teen>

wanted opportunities for young people in care to be heard in all decision making spaces about their lives, when reflecting on what we need in wellbeing education said:

“Start mental health education younger than 12—creating safe spaces in schools like mat time where you talk about feelings, the build up to being 11 or 12 and learning why we do it; it eliminates stigma around saying ‘I’m not okay and don’t feel good’ ”

We also made specific visits to talk to young people in care in prison including talking to Pacific young people there. One Fijian young man I met in prison hoped desperately that he would be able to get access to cultural supports, and deepen his identify to support him in his wellbeing and rehabilitation. I wonder about how he is often, and give karakia for him knowing that at least in 2018 this was not happening. In our report we summarise what we heard from all young people in prison:

“Young people in prison said youth development approaches and access to therapy and counselling are essential. It is vital to their mental health, wellbeing and rehabilitation to have greater access to their family, whānau, cultural and spiritual support. Young people commented that the social determinants of health are often the root cause of their offending.

Not being able to afford to live led to my offending. (Young person in prison)

They also shared about the impact of the stigma of their offending, which can affect the success of their transition to the community and diminish their mental wellbeing.

We only hear negative things about ourselves in the media. There are positive parts of our lives. (Young person in prison).³”

I would please encourage that if your team please consider Pacific young people in prison, in state care. And in case your team have not read it, please encourage them to read through the summary of Pacific peoples thoughts who shared with us in 2018.⁴ The themes we were told that would enable pacific ways to meaningfully transforming our systems could support your mahi deeply. Alongside this, would the Commission also please consider aligning any recommendations for Pacific peoples in the context of the vision for enabling mental wellbeing of Pacific peoples “Vai Niu”?⁵

I hope that as a team you will also make recommendations about how the manākitanga would look and tangibly feel in Government and organisations that support young people in care including from

³ As at 1 – page 51

⁴ <https://www.mentalhealth.inquiry.govt.nz/assets/Summary-reports/Pacific-report.pdf>

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Pacific perspectives including elevating our constitutional responsibilities to the Realm. My view is that the Realm, and our Treaty of Friendship with Samoa should have domestic implications in all policies to help strengthen and deepen the connections across the Realm, and Pacific people's ways of knowing and being embedding in Aotearoa which is a Pacific country and must act like one. Also connected to what the manākitanga looks like going forward, I support an equivalent for the Māori Health Authority being recommended in this area working parallel with the MHA. This future of care must also include a more deeply resourced VOYCE which is such an important independent positive child and youth development centred advocacy service. Their approach and the trust I have witnessed they have developed alongside young people in their mahi must not be undervalued.

Two other things I wish to note is I have supported a Pacific staff member who worked in role in one of these public service care entities who had a complain about their community advocacy outside of their work laid against them. It horrified me that despite very strong protections around how public servants can and are able to have a public political voice this was not upheld initially, and we had to go through a serious process to establish this was not wrong. We need care support spaces which empower all of the rights and responsibilities for all people involved not just child and youth rights, to role model that these actions for the children and young people are organisationally authentic. In another context I have been told repeatedly that Oranga Tamariki and their reputation is effecting at the grassroots programmes like Tamariki Ora by name association these impacts should be acknowledged by decision makers and support given to restore the mana affected and in some cases I've heard of have been lost in confusion.

I look forward as a catalyst of your actions, and those of advocates like Ihurangi that the mana of the name Oranga Tamariki would be systemically understood, and honoured through mana enhancing care and advocacy. I look forward to a future where VOYCE is resourced even more deeply and broadly and where the support for rangatahi Pacific across all of the systems and supports that would be in concert with Vai Niu and would be aligned with our context that Aotearoa is a Pacific country with special constitutional responsibilities.

la soifua ma ia manuia

A handwritten signature in black ink, consisting of stylized, cursive letters that appear to be 'J' and 'T'.

Josiah Tualamali'i

Former Panel Member Oranga Tāngata, Oranga Whānau

APPENDIX 1

MEETING WITH YOUNG PEOPLE IN STATE CARE ADVOCATING FOR THEIR PEERS – 2018

Where mentioned by the young person & with their permission their whakapapa has been noted.

KEY THEMES FROM THIS MEETING

- Awhi people who are isolation
- Remove the tall poppy culture
- Thresholds for service are too high
- Implement education in mental health, wellbeing, community at school
- Resource people to support people dealing with mental health issues
- Young people want to be part of the solution

ISSUES RAISED: WHAT ISN'T WORKING WELL

- When you ask for help it should just be passed to a mental health advocate service rather than a social worker asking 'why do you need this?' Not enough social workers compared to children in care but when anyone asks for mental health service they should be passed right along.
- Only got support because I desperately asked—kept hinting that I wasn't well but they still thought it was just because I was teenager being lazy; asked for a counsellor from social worker and she said 'why do you need it?' Had to start crying and tell her I was thinking about suicide and then she did something about it. People don't know what mental health is; I didn't know and I myself went out of my way to study it. No one at schools knows what I'm talking about. Children won't be able to talk about it unless the know adults know what it is
- The way our mental health services don't directly check-up unless things are really bad, why does it have to be after it's gone?
- Squeaky wheel gets the oil
- Support and resources; have missed so many sessions because I don't have transport or worrying about the money, amount of sessions. Not the conversation you want to have with the counsellor when you're burying your feelings. The one person I can talk to but I can't talk to that person because I don't have transport or have to get on a bus for an hour or have to have only one more session. People don't know they are entitled to mental health counsellors and they won't ask for it.

That stigma of talking to a counsellor means there's something wrong with you. Who will fund my counselling when I'm out of care, will I lose that one person I can talk to?

- New free mental health counselling initiative is awesome [Said by one of the support people not a young person in the room]
- You don't meet the criteria; you're not sick enough. Mum has schizophrenia but since she can drive and has a job she's not sick enough to get care. GP can only do so much. Very difficult—what is the threshold? If your family are concerned how is it that you don't get care? Until she can't hold down a job, crashes her car, is out on the street--it's not enough.
- People know what the threshold is, they know a young person is struggling but they have to disconnect themselves from the situation because they will never have a life for themselves and the young person is left isolated; asking someone for help who isn't actually helping [Rangatahi Māori]
- Mental health system is flawed because people with mental health problems are pushed away and not accepted by society. Prisoners are locked away and not transitioned into society as they should be. Isolation is the problem and people start doing dumb things because they're pushed away. Not encouraged to get help. Don't push people away—shouldn't matter how bad the problems are or what the threshold is, they should get support even if they have done a murder and are in prison. The whole system needs restructuring around taking away isolation. Being able to communicate and integrate makes a difference.
- Young person has had a lot of difficulties getting help—on various antidepressants but the service decided to drop her without telling her. When she tried to contact them they didn't contact her back and she went months without meds; told she had to see GP who didn't know what was going on so they gave her 100 tablets and told her they would contact her they never did, even though she was suicidal. Lucky and grateful she wasn't in the mind-set to actually do something as she would have been a lot of danger. Now starting the whole process again with that medication; has distrust in the mental health unit and the mental health system. Wasn't going to reach out; there are problems in the system and the process to get into the system. Nothing is happening, nothing is helping. NO progression.
- Culture of New Zealand is 'harden the fuck up,' that's not helpful or responsible. If you're going to tell me to harden up, then people are going to bring their children the same way. It's breeding a culture of people who don't want to open up or trust. [Rangatahi Māori]
- Contributor wasn't finding support even when she was reaching out for help; foster family labelled her as wanting attention. Thought she needed to stop asking for help and suffer alone. Asking for help is an inconvenience to others so what should I be doing?

- Need to be seen by mental health specialist if people ask for help, the threshold is too high. The threshold for youth should be if they need mental health help, gives it to them if they ask. My social worker is not qualified to do anything re: mental health—they should say ‘okay’ instead of ‘why.’
- Where does it start from, mental health issues? I’ve heard of Nathan Willis—talk about the first 1000 days, many issues can happen that alter the way we grow up as people and become adults. Can predict what a person may become. Wave the magic wand in that place to start.

Mental health in schools—in schools there’s physical health and the health subject is the only time you learn about the brain and body but there needs to be a whole dedicated subject or space in school to do with mental health—mental health is as important as physical health; verbal bullying is just as bad or worse than physical bullying. People don’t like going to the counsellor and open up because they’re not comfortable talking to random people; needs to be something where kids can feel comfortable to talk about mental health stuff without feeling vulnerable or out of place. Shouldn’t have to ask for mental health help, it should just be given.

WHAT WOULD A WELLBEING SCHOOL LOOK LIKE?

- I run a lunchtime group where kids come and hang out, kids who are lonely and need support. Need somewhere to go and for people to care about them
- It’s not structured or systematic, a space that’s just there. Just rock up and talk about some shit I have to talk about [Rangatahi Māori]
- Education is so important—we all have that health class about sex and that stuff and it was uncomfortable but we need to do that for mental health—only learned about mental health in health class because I chose to study health, got to learn about mental health. People don’t know what it is. Needs a compulsory health course. People go to counsellors because they want to talk to someone out of their space, out of their own homes. If family were educated in mental health I would talk to them but they are not; me trying to educate them is really bad
- Start mental health education younger than 12—creating safe spaces in schools like mat time where you talk about feelings, the build up to being 11 or 12 and learning why we do it; it eliminates stigma around saying ‘I’m not okay and don’t feel good’ [Rangatahi Pacific]
- Should be implemented in health classes every year, not just one course. Continuously maintained and learnt about

- Good not to have it structured too much because it's too daunting; kids will be embarrassed to go to mental health class because they don't want to tell everyone about it.
- If we're saying we shouldn't have to ask for help, then how do ask someone if they need help? How do you approach that situation?
- Education in noticing the signs, their patterns start to change, noticing and asking if someone needs support, do you want to talk. Implement normal activities in class around mental health: teambuilding, communication
- Why can't that be integrated in kindy or primary school where you cultivate an environment for young people?
- Primary school is about teaching people to socialize
- Kohanga do waiata and karakia, so why does that not carry on? Waiata is about wellbeing
- Why is mental health not taught in school and that it's okay to have a shit day and it's okay to talk or not talk? [Rangatahi Māori]
- Re: teenage brain going offline for several years—you do need that time even though your brain isn't fully there. Teaching others how to support others is also important [Rangatahi Māori]
- We want to help people around mental health—family should have education as well around mental health
- There's no place for foster parents around mental health [Rangatahi Māori]
- There should be training for foster parents to keep up with new systems with kids, even if they don't have mental health doesn't mean that they won't have some symptoms in the future
- Need to include whānau and friends
- New Zealand has culture that people don't talk about themselves; as soon as someone does we think they're arrogant or bragging. If people don't talk about themselves they won't have the help they need, talk about their situation.
- Re: counsellors, would there not be a period of time for holding before the actual counselling time.
- People need to know someone cares; when you isolate yourself you think no one gives a shit about me, why am I breathing? If one significant person comes in and be there then eventually they will see the change, this person needs to be here.

- Sometimes the biggest thing is the smallest thing: saying hi when you walk past. People take for granted how kindness is never wasted
- Even doing shit you said you were going to do, following up. [Rangatahi Māori]
- There should be more information out there, media, etc., to help people help other people.
- Education in also not expecting people want to access that support immediately, that it's okay not to want to talk but the support will be there. [Rangatahi Māori]
- System is not easy to get in touch with, took six hours to get picked up. The hardest part is when the family turned up and they don't understand what is happening in the space. Not just about the individual but about their network; people go back to the environment they were in before. [Rangatahi Māori]
- If we're going to look at addictions we should start when kids are young; why give them pills when they're young, you're making them addicts; look at other alternatives to Ritalin, etc.
- Addictions aren't just AOD, etc. So many different addictions. Giving kids devices in year four is too young, from a young age they can develop online addictions. Mental health is about starting from a young age, bring them up to know how to get help
- Was made to believe the only way she can be happy is to take the pills; she knew the pills weren't there she felt she was getting worse; that was her knowing the pills weren't there and thinking the only way she could be happy was to take the pills

SOLUTIONS PROPOSED: WHAT NEEDS TO CHANGE

Improvements – building on what's working

- Refer young people immediately to mental health services when they ask for help
- Restructure the entire system away from isolation and towards communication
- Social workers should say 'okay' instead of 'why?' when asked for mental health help
- Give mental health help without being asked
- Include mental health in health class curriculum
- Implement wellbeing schools: places where kids can hang out and know people care about them
- Implement a compulsory health course
- Educate families about mental health
- Start mental health education in primary school

- Don't structure mental health education too much because of stigma
- Implement normal activities in class around mental health: teambuilding, communication
- Train foster parents in mental health systems for kids
- Include whānau and friends [in mental health intervention]
- Increase media and other information about how people can help other people
- Do not give kids psychiatric medication at a young age
- Look at other alternatives to Ritalin
- Do not give young children devices in order to avoid addiction