7 Someone To Love: Make Whānau Wellbeing the Norm
Action on Family Violence and Mental Health

Health equity in Aotearoa has been left unaddressed for far too long. The longer we ignore it, the more urgent the issues will become and the greater the resources which are lost in terms of human potential and lives. The RACP is committed to making health the norm for all, now.

Our members look beyond a three-year election cycle for the resources to make and sustain the changes urgently needed to realise the promises of Te Tiriti o Waitangi – equity, active protection, and tino rangatiratanga for all people of Aotearoa. We recognise that good health is supported by much more than infrastructure or staff: we need to look at the factors that promote healthiness, and work outside our traditional borders to advocate, collaborate and create.

The RACP's vision for health equity in Aotearoa NZ is enduring. We want to see a more fair and just society for the year when Aotearoa commemorates the bicentennial of Te Tiriti o Waitangi in 2040.

Our vision for Aotearoa in 2040: Hauora is the norm

- Children and whānau in Aotearoa NZ enjoy lives free of violence
- People living in Aotearoa NZ enjoy positive mental health and wellbeing
- People and whānau experiencing mental health conditions, addiction and/or distress have access to wraparound support

RACP recommendations to make Whānau Wellbeing the norm

- Whānau experiencing family violence have access to wraparound support to assist with health, counselling, and accessing the justice system
- Primary mental health and wellbeing initiatives must be implemented as a priority, especially in the wake of COVID-19
- Addiction to alcohol and other drugs is treated through the health system rather than the justice system

Jo recently left a violent relationship. She'd tried a couple of times to leave already, but he would always make promises, and she'd believe him. Jo would wear long sleeves under her checkout operator's uniform, so people couldn't see the bruises. Jo took the domestic violence leave but was anxious that her workmates would find out.

Jo knew that her two children were aware of their Dad's temper. She knew that they would get into the same bed at night, huddled together listening to their parents fight. She was glad that her kids were safe, living in a foster home until she could get enough money for a bond, but she wished they were all living together.

> *"The system is like a tangled web. I didn't know how to find support or what I am entitled to.*
> *You think you're on the right track to get help but there's always a bit of paper I don't have, or information I don't know"*

JO ON ACCESSING SUPPORT

Family and Intimate Partner Violence

Family and intimate partner violence (IPV) is widespread: 35 per cent of women who have ever been in a relationship report having experienced physical and/or sexual violence in Aotearoa NZ. When emotional and psychological abuse is included, this rises to more than 55 per cent.

These statistics are estimates. Robust prevalence data is not regularly collected, and incidence data reflects only reported episodes: around 87 per cent of IPV is unreported. Although all humans are capable of violence and abuse, the overwhelming majority (98 per cent) of family violence deaths are perpetrated by men.

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The trauma of colonisation is a driver of violence that reverberates intergenerationally, compounding inequities exacerbated by depression and addiction. While colonisation is intertwined into contemporary Māori experience, there are corollaries for Pākehā – the antecedents of unchecked privilege, entitlement, and patriarchal structures which have their origins in the establishment of British law through colonisation. These patterns of sustained privilege perpetuate and reinforce inequities in housing, employment, education, and justice.

Our systems must support survivors

Survivors and whānau continue to experience a complicated and convoluted system that can contribute to re-traumatisation. Having the proper support to assist victims with health, counselling, and their options within the justice system is important to creating an environment where people feel safe and heard.

The court process has the potential to inflict mental harm on victims who access it. This harm is systemic violence effectively retraumatising survivors of family and intimate partner violence. Māori report being excluded from the Family Court decision-making process, systems are difficult to navigate, extended whānau are excluded from speaking, and Courts do not encompass Te Ao Māori perspectives or kaupapa Māori approaches.

*"I wanted to help my ex with his anger, because I honestly don't think he would have been violent if he didn't carry so much anger within himself, you know?
Lots of the programmes seemed to be for people in the system. Like, something had to go wrong for people to take notice"*

JO ON HER EX-PARTNER'S ANGER

Trauma-informed services

There is significant overlap between determinants of health, violence and justice, and the barriers experienced by perpetrators and survivors are similar: a culturally unsafe and racist system privileging western concepts of health, wellness and family, which does not centre Indigenous approaches to harm prevention.

Structural change using a trauma-informed approach can dismantle existing barriers which perpetuate violence and inequities for whānau. In Aotearoa NZ, trauma-informed services would recognise the intergenerational legacies of colonisation and structurally embedded privilege and the resulting impact on inequities and violence.

Family violence must be acknowledged as a public health issue. Violence is the end result of the same social, economic, cultural and political structures that influence inequity, and contributes to significant harm and health loss. Preventative actions must recognise the diverse experiences and impacts of trauma to begin to strengthen connected whānau and communities.

Pathways to violence can be influenced

The sixth report of the Family Violence Death Review Committee (released 2020) states that over 90 per cent of perpetrators of violent deaths in the Review's cohort had either sought support from, or were know to health and social services, including 40 per cent having involvement with Child, Youth and Family as a child, and 61 per cent having a previous conviction. These agencies represent the downstream interventions at the individual level. There is little emphasis placed on the 'causes of the causes' and how systems could work together to prevent family violence through the social determinants of health.

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Preventative interventions, especially in supportive parenting programmes, community connection, and early childhood and education settings, can influence development trajectories and prevent neglect and abuse. We must initiate a society-wide conversation on violence. Aotearoa NZ must actively foster a culture of anti-violence, anti-racism and anti-sexism by acknowledging historical and intergenerational trauma, and legacies of structural privilege and its colonial antecendents.

Mental Health

In any month, at least 460,000 people – just over 9 per cent of the population – will experience symptoms of psychological distress, like anxiety, depression, and mental fatigue.

Since 2011/12, reported rates of psychological distress have increased. The burden of disease associated with anxiety disorders alone has increased by one third since 1990; and in 2017 diagnosed mental health conditions contributed to 8.5 per cent of health loss, behind cancers, cardiovascular diseases, and musculoskeletal conditions.

Young people in Aotearoa NZ aged 12 – 24 report higher rates of psychological distress than other age groups, and these rates have increased in the last two decades. Rangatahi Māori, Pasifika, Asian and LGBTQIA and genderqueer youth are more likely to experience depressive symptoms than Pākehā youth. Strengths-based interventions and barrier-free access to culturally safe primary care can support improved mental wellbeing outcomes for young people.

Mental health conditions, like other health conditions are strongly influenced by the social determinants and inequitable distribution of resources. People living in poverty experience more than twice the rate of psychological distress, compared to people in the least deprived areas. The incessant stress of hardship is toxic, contributing to depression and anxiety, addiction, self-harm and suicidal behaviour. For many people, this leads to a profound loss of dreams, aspirations, and hope for the future.

25 year-old Anna had experienced periods of anxiety and depression while at university and had been prescribed medication. Anna was made redundant in June, and she found her days unstructured, beginning to withdraw from activities even as the lockdown measures began to relax.

Anna found her mind occupied with thoughts of getting a new job, being able to pay her rent, buy food and pay down debts. She worried her plans for travelling would be delayed indefinitely. She felt anxious most of the time, had racing thoughts, feelings of hopelessness and trouble sleeping. She was irritable and short with her flatmates, who were worried about her. She began to spend long stretches of time in her room, and spend less time with her flatmates, who were all among her close friends.

> *"My doctor prescribed me an antidepressant, and we agreed that counselling could be good for me too. There's a long waitlist for subsidised counselling. I can't afford to go privately, so I don't know when I'll get help"*

ANNA ON ACCESS TO MENTAL HEALTH SERVICES

Primary mental health and wellbeing initiatives announced in the 2019 Budget must be implemented as a priority. Increasing access to culturally safe mental health and wellbeing services for people for moderate needs is urgent.

People should not have to wait until they are at the point of hospitalisation or self-harm to access support.

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Our system focuses almost entirely on people with the most severe needs: with services honed to focus on this population, our system fails to support those with more moderate symptoms who could benefit from a range of interventions. The fact that specialist services were free, while most primary care services, including talk therapies incurred a charge was labelled as a "perverse incentive" for people to remain in specialist services by He Ara Oranga, the report of the Panel on Mental Health and Addiction.

Anxiety and distress are normal responses to times of uncertainty such as the current pandemic. This underscores the acute need for greater access and availability of culturally safe mental health services, particularly those that draw from Te Ao Māori.

The pandemic will lead to a long tail of unmet need for younger people, who have faced extreme upheaval in education, work and employment, and aspirations. For groups already at increased risk of psychological distress, including LGBTQIA and genderqueer young people, Māori, Pasifika, and Asian youth, strengths-based approaches will support cultural identity and improved wellbeing.

Addiction

Addiction to alcohol and substances are health issues. The RACP strongly supports health and recovery approaches to understanding and treating substance use disorder.

Around 12 per cent of New Zealanders will experience a substance use disorder at some point in their lifetimes, and of the people that seek support, more than half are seeking treatment for alcohol addiction. Although rates of substance use, for opioids and amphetamine-type stimulants are low in absolute terms, methamphetamine, or "P" continues to have a devastating impact on whānau and communities in Aotearoa NZ.

Mark is 47 and lives alone. He's used alcohol since his teen years and started using methamphetamine around 5 years ago. Mark's relationship ended two years ago, due to his alcohol and drug use, and his partner moved with their children to another town. Mark's substance use increased during this time. Drug rehabilitation and addiction treatment programmes are limited in Mark's town. He had a few sessions with a counsellor, but periods of stress saw Mark relapse. He starts work at the rest home as a cleaner but continues to use methamphetamine regularly.

> *"Meth's pretty easy to get around here. I've been using for a while now. I had counselling for a bit, that helped some. I know I need to kick it, but I need support to do that"*

MARK ON ADDICTION

Around 1 per cent of adults will use methamphetamine regularly, with males in the 25-34 years age group more likely to use at more than double the national average (2.4 per cent). Methamphetamine is also accessible: 31 per cent of regular methamphetamine users – mostly outside of the main centres – were able to purchase the substance in less than 20 minutes.

The impact of methamphetamine in Aotearoa varies between regions, and understanding the needs of the communities most affected is critical to reducing harm. All approaches to reducing methamphetamine use and addiction must be health-first, strengths-based approaches, not punitive; informed by kaupapa Māori practices and involve whānau, hapū and iwi. They must be accessible and available in regions most affected by methamphetamine addiction.