

Access and Choice Programme:

Improving access and choice for youth

Te pūrongo o te hōtaka o ngā whai wāhitanga me ngā kōwhiringa:

He whakapai ake i Ngā Whai Wāhitanga me Ngā Kōwhiringa mō te rangatahi

Access and Choice programme report: Improving access and choice for youth – Te pūrongo o te hōtaka o ngā whai wāhitanga me ngā kōwhiringa: He whakapai ake i Ngā Whai Wāhitanga me Ngā Kōwhiringa mō te rangatahi

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Te Hiringa Mahara – the New Zealand Mental Health and Wellbeing Commission – was set up in February 2021 and works under the Mental Health and Wellbeing Commission Act 2020. Our purpose is to contribute to better and equitable mental health and wellbeing outcomes for people in Aotearoa New Zealand.

For more information, please visit our website: www.mhwc.govt.nz

The mission statement in our Strategy is “Whakawāteatia e tātou he ara oranga / clearing pathways to wellbeing for all”. Te Hiringa Mahara acknowledges the inequities present in how different communities in Aotearoa experience wellbeing and that we must create the space to welcome change and transformation of the systems that support mental health and wellbeing. Transforming the ways people experience wellbeing can only be realised when the voices of those poorly served communities, including Māori and people with lived experience of distress and addiction, substance, or gambling harm, are prioritised.

Te Hiringa Mahara New Zealand Mental Health and Wellbeing Commission (2022). **Access and Choice programme report: Improving access and choice for youth – Te pūrongo o te hōtaka o ngā whai wāhitanga me ngā kōwhiringa: He whakapai ake i Ngā Whai Wāhitanga me Ngā Kōwhiringa mō te rangatahi.** Wellington: New Zealand.

Kupu whakataki | Introduction

This report is an adjunct to our report [Access and Choice Programme: Report on the first three years – Te Hōtaka mō Ngā Whai Wāhitanga me Ngā Kōwhiringa: He purongo mō ngā tau tuatahi e toru](#).

The Access and Choice programme is developing mental health and addiction services in a range of primary and community settings to provide free and immediate support for people in Aotearoa New Zealand who are experiencing distress. It is investing in tailored responses for priority groups with specific mental health needs, including Youth services established to support people aged between 12 and 24 years. Other types of services in the Access and Choice programme (see page 44 for further detail) are available for people of all ages, including youth.

This report focuses on whether the programme has increased access to and choice of mental health and addiction services for youth in Aotearoa

This report assesses whether the Access and Choice programme has increased access to and choice of services for youth (12–24 years) over the first three years of the five-year rollout. It builds on and provides additional depth to both last year's [Access and Choice programme report](#) (Te Hiringa Mahara, 2021) as well as this year's update report, giving a broader view on implementation progress.

It is important to note that the report is focused on Access and Choice services only. Many other new services available for youth are provided through the 2019 Wellbeing Budget, such as telehealth, school-based, Mana Ake, and Piki services, which this report does not cover.

High and increasing levels of psychological distress are reported among young people in Aotearoa and a range of data sources shows persistent patterns of inequity (Fleming et al., 2020). Young people are identified as a priority population for Te Hiringa Mahara within our establishing legislation, due to their risk of experiencing poor mental health and wellbeing. Young people aged 12–24 years make up 17% of the population of Aotearoa.

We have based our findings largely on quantitative information provided by Te Whatu Ora | Health New Zealand. Our commentary is constrained by the quality of data available, though we expect this to improve over time as services become established. We have also reflected perspectives from our engagement with lived experience and whānau networks, including the National Youth Consumer Advisor

Network (NYCAN), about Access and Choice programme services. Some people we spoke with had used the services themselves and were involved in the establishment of Youth services.

Evaluating access for young people

Our assumption is that around 55,000 people aged 12–24 years will access services once the programme is fully established

Manatū Hauora | Ministry of Health expects that by June 2024, Access and Choice programme services will support 325,000 people (6.5 % of the total population) each year. On the assumption that youth aged 12–24 years will access the services at the same rate as other age groups, we expect the programme will support 55,000 people aged 12–24 years each year when its rollout is complete. Given the high levels of reported distress by youth, we could expect youth to access all services at higher rates than other age groups; however, it is difficult to determine the right access rate in the absence of current prevalence data.

Services available for young people by 30 June 2022

Youth services were operating in 15 out of 20 districts

At 30 June 2022, there were 23 Youth services contracted across 18 districts. Of these, 16 Youth services were operational,¹ with 12 providers delivering them across 15 districts. There were no Access and Choice Youth services active within the same five districts highlighted in our [Access and Choice report](#) for 2021, though work is under way now to develop services in Taranaki, Hawke's Bay, and Whanganui (Te Hiringa Mahara, 2021). We note that telehealth and other youth services were available in those districts. At this stage, providers have not been identified for Tairāwhiti and Nelson Marlborough districts.

¹ In this report we have focused on whether services are operational by 30 June 2022, meaning that they are actively delivering supports to youth on the ground. The full Access and Choice report has reported primarily on where contracts for services are in place; in some instances, recruitment and service development are under way, but no supports were provided during 2021 / 22.

In addition to the Youth services, youth are able to use other Access and Choice programme services:

<p>Integrated Primary Mental Health and Addiction services (IPMHA) provided in general practices</p>	<ul style="list-style-type: none"> • 364 services contracted in general practice sites across 19 districts²
<p>Kaupapa Māori services, whānau-centred services delivered by Māori, for Māori</p>	<ul style="list-style-type: none"> • 29 services contracted across 19 districts • 26 services operational within 17 districts
<p>Pacific services – Pacific-led services incorporating Pacific values, languages, and models of care</p>	<ul style="list-style-type: none"> • 9 services contracted and operational across 7 districts

Number of young people accessing Access and Choice services during the past year

Youth services activity has increased substantially, and rates of access by rangatahi Māori were relatively high

During the past 12 months, the number of sessions delivered by Youth services increased to 26,835 sessions compared with 14,124 sessions from the previous year. A relatively high proportion of rangatahi Māori accessed Youth services: 35% of all people accessing Youth services were Māori. This access rate is substantially higher than the 25% share that rangatahi Māori have within the population aged 12–24 years in Aotearoa, suggesting that the new services are beginning to respond to the needs of rangatahi Māori.

Across all Access and Choice programme services, youth have relatively good access

During 2021 / 22, 24,232 youth received support from services across the four streams of the programme. This represented 21% of the total number of people using the Access and Choice programme services (see Table 1), a slightly higher proportion than expected given that 17% of the population is aged 12–24 years. There is evidence that youth are experiencing higher rates of mental distress, particularly during the years of the COVID-19 pandemic since 2020, in which case we may expect higher access rates for youth. The 2021 / 22 New Zealand Health Survey showed that 24% of young people aged 15–24 years experienced high or very high levels of psychological distress;

² We do not know how many IPMHA services were operational by 30 June 2022.

this has more than doubled since 2019 / 20 (Manatū Hauora, 2022). However, access rates for these services need to be considered as part of the spectrum of youth mental health and addiction services, and relative to need. As noted above, it is challenging to determine need in the absence of more comprehensive and current prevalence data.

Table 1: New people seen (12–24 years) across all Access and Choice programme services, 2021 / 22

Service	New people seen (aged 12–24 years)	Youth aged 12–24 years, as a percentage of total new people seen
IPMHA services	15,584 ³	16%
Kaupapa Māori services	2,881	32%
Pacific services	1,502	26%
Youth services	4,265	94%
Total	24,232⁴	21%

The proportion of youth accessing Kaupapa Māori services (32%) and Pacific services (26%) was relatively high, likely reflecting the younger populations of Māori and Pacific peoples compared with other ethnicities.

The programme capacity must scale up significantly over the next two years to meet access expectations for the youth population

For the year ending 30 June 2022, we estimate that 2.9% of the population aged 12–24 years were receiving support from Access and Choice services. An additional 30,000 people aged 12–24 years will need to be seen each year to reach the youth population expectation of 55,000 per year. This means services need to be scaled up to well over double current capacity by the end of the programme rollout on 30 June 2024.

What people have told us about access to services

Discussions with lived experience and whānau networks reflected support for the expansion of services, alongside a sense that the real potential of the Access and Choice programme is yet to be delivered.

³ For IPMHA services, we have used unique people seen to more accurately combine the data from the different types of services.

⁴ Estimates of ‘new people seen’ are added across the four services to determine overall population coverage. It is important to note that some individuals may have accessed more than one type of service within the year.

After this period of time ... we should at least have heard about them. We should probably know people who have been involved in them. And we should have some experience to be able to tell you 'quality, or not quality'. But we haven't.

- Yellow Brick Road whānau group

Young people valued easier and less restrictive access to services, particularly in comparison with child and adolescent mental health services (CAMHS). They gave positive feedback about being able to reach services through self-referral, and options that removed barriers, such as drop-in centres and online booking systems that prevented the need for a phone

conversation to request access to services. However, despite the intention to provide immediate access, we heard that some services have wait times, though shorter than for secondary services.

The main concern was that currently many people are not aware of these services, which limits access to them. Many youth consumer advisors highlighted that few people were aware of this major national initiative, and even those working within the sector sometimes had limited knowledge about services available.

Evaluating choice for young people

A key goal of the Access and Choice programme is to provide increased choice of services in addressing people's holistic needs. Specifically, Youth services must be tailored to meet the needs of people aged 12–24 years and be delivered in spaces and ways that are acceptable and accessible to them. The aim is to expand the continuum of support, treatment, and therapy available for young people experiencing distress and to provide that support early.

How Youth services are developing

Youth services are provided in a range of different ways

Across the country, Youth services are developing in ways to meet the needs of local communities. Different models include drop-in youth centres, helplines that can be reached by phone, text, email, or webchat, and counselling services provided with a whānau ora approach embedded in Kaupapa Māori services. Interventions may be offered as one-on-one sessions or in groups, at home, or in centres, both indoors and outdoors.

Some services build on and have expanded long-standing models, such as the Kāpiti Youth Support One Stop Shop, while others are newer, such as the model of He Kākano Ahau developed in Te Tai Tokerau (Northland). Larger providers, such as Emerge Aotearoa NZ, are running services across districts in a range of locations and

some services are available across the whole country, such as the national Healthline service and supports for Rainbow young people, including peer and wellbeing support services.

We look forward to seeing results from the independent evaluation of Youth services in early 2023, commissioned by Manatū Hauora. The review includes a focus on understanding what works well and what doesn't, to inform the design scalability and transferability of services to other areas of Aotearoa.

What people have told us about how much choice is available

Youth services are providing different models and more youth-friendly options, particularly where young people have been involved in co-design. We heard that Youth services can feel more person-led than traditional models. Including peer support and mentoring from others with lived experience is valuable to young people. Local adaptations to service models have greater flexibility in the supports that may be offered.

Being able to have the opportunity to say what I want, what I need from someone, and to have them meet that need was really powerful.

- Youth consumer advisor, NYCAN

They're not coming in at an early stage in their distress. They're coming in at a point where, to use clinical language, they would meet criteria for a moderate to severe level of distress and impairment, rather than mild to moderate.

- Youth consumer advisor, NYCAN

With minimal barriers to access, Youth services respond to the needs of the young people seeking their support. We are told many young people are presenting with moderate to severe levels of distress, and some of them are waiting for assessment or intervention from CAMHS. Youth services are not resourced to provide more intensive support over

longer time frames, and although this practice may be of value to young people, it may threaten the ability to reach a sufficient population and impact ongoing sustainability.

Ngā puna kōrero | References

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