THE PAEDIATRIC SOCIETY OF NEW ZEALAND

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Position Paper
The Paediatric Society of New Zealand
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Position Statement

The Paediatric Society of NZ notes that:

- Children/tamariki and young people/rangatahi have a range of mental health needs which are in many respects distinct from adult/pakeke needs.
- Tamariki and rangatahi with mental health issues are often vulnerable and nervous about receiving services and so the environment is an essential element of acceptable and effective care, otherwise described as 'child- and youth-friendly'.
- Separate areas of waiting and treatment has become a standard of practice for other areas of emergency and hospital services for children and youth, particularly where prospective development of services is possible.
- New Zealand is a signatory of the United Nations Convention on the Rights of the Child and we reference in particular to Article 3 (seeking the 'best interests of the child') and Article 12 (emphasising the importance of giving the views of the child 'due weight').

The Paediatric Society of NZ does not support co-location of Child and Youth Mental Health services with Adult Mental Health Services, particularly where there is not a practical and visual separation of waiting and service areas.

Background

Over the last 50 years mental health care in New Zealand has undergone a transformational journey. Mental health and addiction services in New Zealand have moved from an institutional model of care to a recovery model of care (Ministry of Health, 2016). There has been significant Ministry of Health investment in mental health services, resulting in the establishment of a wide range of community, kaupapa Maori, specialist and acute services (Ministry of Health, 2016).

Despite these achievements, the sector faces new and shifting challenges. In 2016 a record number of people accessed specialist mental health and addiction services. This increase is consistent with international trends and has occurred in the context of population growth, improved non-governmental organisation (NGO) reporting, growing social awareness, and increasingly open discussion of mental health issues. While it is positive that more New Zealanders are seeking and receiving specialist mental health care, services are experiencing increasing pressure (Ministry of Health, 2016).

Recent analysis using the Strengths and Difficulties Questionnaire found that an estimated 57,000, or 8%, of New Zealand children between the ages of three and 14 years had significant difficulties. (Ministry of Health, 2018). Given national and international trends, numbers of tamariki and rangatahi requiring severe mental health services in New Zealand are unlikely to reduce in the coming years.

Traditionally, Child, Adolescent and Family Mental Health Services (CAMHS) in New Zealand have been delivered from specialist outpatient clinics. Often these are stand-alone premises separate from adult mental health and addictions services. In some, smaller, rural areas CAMHS are co-located with adult services.

There is limited research investigating the relationship between the setting from which CAMHS are delivered and any impact on client wellbeing and/or efficacy of assessment and treatments offered.

Internationally, guidelines for youth-friendly health care services are referenced by the World Health Organisation (WHO). The WHO's definition of youth-friendly health-care standards includes that services should be accessible, acceptable, equitable, appropriate and effective for different youth subpopulations (WHO, 2002).

A Swedish study of professionals' perspectives for sustaining youth-friendly health services used thematic analysis relative to the WHO domains of youth friendliness. Analysis revealed four themes: meeting youths on their own terms, organizational challenges and strategies in keeping professionals' expertise updated, accessibility of youth clinics, and the challenge of combining strong directions and flexibility in diverse local realities. (Thomee *et al*. 2016)

Australia's National Mental Health Strategy statement of rights and responsibilities states that children and adolescents admitted to a mental health facility or community program have the right to be separated from adult patients and provided with programs suited to their developmental needs (Francis, Boyd, Sewell, & Nurse, 2008). However, in rural areas, CAMHS are sometimes co-located with adult mental health services. In a study evaluating the impact of relocation of a regional CAMHS from co-located to stand-alone premises a key finding was that the relocation was perceived as positive for clients. Perceived advantages of the relocation for clients related to the child-friendly, homely environment of the new setting and separation from the adult psychiatric services. Findings also included that clinicians experienced a loss of social support due to physical separation of the CAMHS team from the same setting as the adult psychiatric service clinicians. The study concluded that, consistent with the Australian National Mental Health statement of Rights and Responsibilities, CAMHS clients may benefit from service delivery at stand-alone settings compared with a co-located setting and that the impact of relocation on clinicians should be taken into account (Francis, Boyd, Sewell, and Nurse, 2008).

Internationally, overarching principles and practices for child and adolescent mental health care in community systems of care are embodied in the American Academy of Child and Adolescent Psychiatry's Practice Parameter on Child and Adolescent Mental Health Care in Community Systems of Care (Winters and Pumariega, 2007). This practice parameter makes a number of recommendations. Most pertinent to the present paper are that mental health services for children should be culturally competent and should address the needs of underserved, culturally diverse, at-risk populations and that the provision of child and adolescent mental health care services should be delivered in the most normative and least restrictive setting that is clinically appropriate (Winters and Pumariega ,2007).

While the American Academy of Child and Adolescent Psychiatry's Practice Parameter provides guidelines for ethical practice compliance, elsewhere, related practice is mandated in New Zealand.

As a signatory to the United Nations Convention on the Rights of the Child (UNCROC) New Zealand has identified responsibilities in relation to children's rights. UNCROC is a comprehensive human rights treaty that enshrines specific children's rights in international law. It was adopted by the United Nations in 1989 and defines universal principles and standards for the status and treatment of children worldwide. UNCROC was ratified by New Zealand in 1993.

UNCROC is important because it undertakes to guarantee basic and fundamental rights to the world's children. The rights are set out in 54 articles that establish human rights standards for the treatment of children and young people.

Article Three of UNCROC states that, in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

Article 12 of UNCROC states that parties shall assure to the child who is capable of forming his or her own views, the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

In summary increasing pressure on mental health services for children and adolescents is likely to present both opportunities and challenges for the delivery of mental health services for children and adolescents.

Traditionally, outpatient Child, Adolescent and Family Mental Health Services (CAMHS) in New Zealand have been delivered from specialist outpatient clinics. Often these are stand-alone premises separate from adult mental health and addictions services. In some, smaller, rural areas CAMHS are co-located with adult services.

There is limited research in respect of potential benefits or otherwise of the location of CAMHS for children and adolescents. Of the limited extant research, some findings suggest that children/tamariki and adolescents/rangatahi attending CAMHS services may benefit from stand-alone compared to co-located settings.

In the context of the provision of mental health services for children and adolescents, the Paediatric Society of New Zealand acknowledges and endorses the American Academy of Child and Adolescent Psychiatry's Practice Parameter on Child and Adolescent Mental Health Care in Community Systems of Care. In particular, that mental health services for children should be culturally competent and should address the needs of underserved, culturally diverse, at-risk populations and that child and adolescent mental health care services should be delivered in the most normative and least restrictive setting that is clinically appropriate (Winters and Pumariega, 2007).

In the context of the provision of mental health services for children and adolescents, the Paediatric Society of New Zealand also acknowledges and endorses requirements set out in the UNCROC agreement. In particular, that the provision of mental health service delivery New Zealand is mandated to prioritise the best interests of children as well as to ascertain the views of children in matters affecting them.

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