

Youth Mental Health Project evaluation: Spotlight on youth less well served by the existing programme

MAY 2017

THE FOCUS

Most youth in New Zealand move into adulthood successfully. Some youth however face a complicated mix of individual, family and community stressors and circumstances, or 'risk factors', that can have negative impacts on their mental health and wellbeing during this move into adulthood.

The Prime Minister's Youth Mental Health Project (YMHP) was implemented to improve outcomes for youth with, or at risk of developing, mild to moderate mental health issues. The YMHP evaluation found that the capacity of youth mental health services increased, and more youth were identified, supported and treated. It also found that some youth experienced positive changes in their mental health and wellbeing as a result.¹

This *At a Glance* presents key findings about some groups of youth that were less well served by the existing programme, namely:²



YOUTH EXPERIENCING MULTIPLE UNEXPECTED TRANSITIONS



CHRISTCHURCH YOUTH



YOUTH NOT CURRENTLY RECEIVING YMHP SERVICES THROUGH SCHOOLS



YOUTH IDENTIFYING AS 'LGBT' (LESBIAN, GAY, BISEXUAL, TRANSGENDER³)



YOUTH WITH DISABILITIES

About *At a Glance*

Superu's *At a Glance* series uses infographics to illustrate research findings or key information about a priority topic.



Key findings

- The YMHP initiatives are reaching specific groups of youth through general services but some groups of youth who may have **higher risk** of mental health issues require additional support
- Youth with, or at risk of, mild to moderate mental health issues were found in all schools included in the evaluation, irrespective of their decile
- Christchurch youth were different from youth in other regions, with just under half experiencing three or more traumatic events and **reporting higher levels of anxiety and depression**
- LGBT youth were **more likely to experience one or more risk factors** and have fewer protective factors
- Youth with disabilities experienced poorer emotional health and had higher rates of risk factors
- Both LGBT youth and youth with disabilities were **less likely to ask for help** if they were upset
- An **increased focus** on online services, continued support for school-based services, promoting existing resources and services, and greater support for youth and parent/caregivers relationships would contribute to better mental health outcomes for these groups

¹ The evaluation included interviews, focus groups and online surveys. See the back pages for more information on who we spoke to and how we did it.

² While youth not in school or engaged in employment, education or training (NEET) were considered to be important for YMHP, we found it extremely difficult to collect enough information from them to report it in the evaluation.

³ The survey question did not ask about youth identifying as inter-sex ('I'). We have therefore used LGBT throughout this *At a Glance*.

PROTECTIVE FACTORS SUCH AS A POSITIVE SENSE OF BELONGING WERE HIGH FOR MOST YOUTH

Adolescence is a period of extensive psychological and biological development coinciding with expected – and unexpected – life course transitions. For most youth these transitions are balanced with a range of protective factors that support their wellbeing and their development into adulthood.

The survey used in the evaluation considered the contribution of the following risk and protective factors to mental health and wellbeing issues.

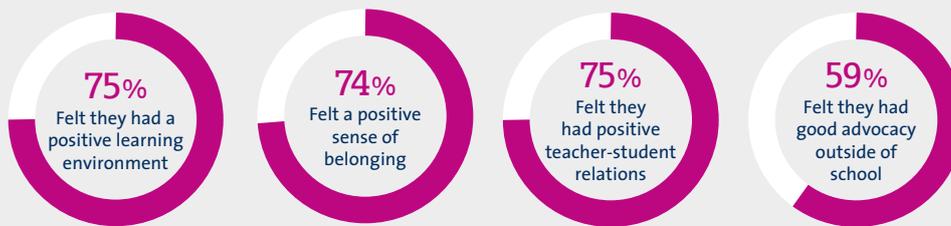
Risk Factors

- Engaged in self-harm
- Lack of feeling safe
- Experienced bullying
- Experienced 3 or more traumatic events
- Regularly truant
- Self-reported alcohol, tobacco
- Would not ask anyone for help

Protective factors

- Positive sense of belonging
- Positive relationships
- Good advocacy outside of school
- Positive teacher-student relations
- Positive learning climate

The evaluation found that for most youth:



Protective factors are associated with a lower likelihood of poor mental health outcomes. The YMHP worked collaboratively across health, education and social services to deliver interventions effectively in settings relevant to youth to improve their mental health and wellbeing.

YOUTH WHO FACE UNEXPECTED LIFE CHANGES MAY REQUIRE MORE SUPPORT

While most youth will be perfectly fine, some who experience expected and unexpected transitions may require extra support, particularly those who have fewer protective factors.

Expected life course transitions for youth include shifting from primary to intermediate or secondary school, from intermediate to secondary school, and leaving school and entering the workforce or tertiary study. Unexpected life course transitions for youth can include death of close family or friend, family changes such as divorce or separation or being personally affected by a natural disaster. All these transitions are associated with increased risk of developing mental health issues.



76% of all youth experienced at least one unexpected transition

As risk factors build up and there are fewer protective factors present, the likelihood that youth will suffer from mental health issues increases.

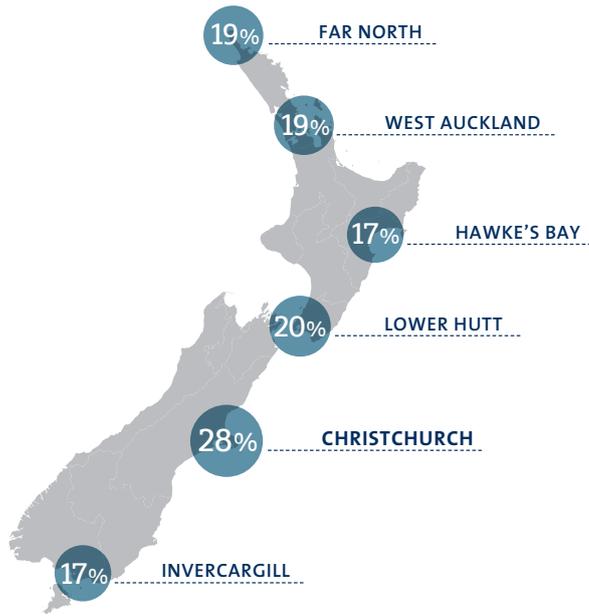
34% of youth had experienced three or more traumatic events. Such youth are more likely to be Māori, or from Christchurch or identify as LGBT.

CHRISTCHURCH YOUTH EXPERIENCE WORSE EMOTIONAL HEALTH THAN YOUTH IN OTHER AREAS

Encouragingly, **70%** of Christchurch youth surveyed said their school was providing a **positive learning environment** similar to the other areas we studied (76%). At the same time, however, Christchurch youth reported higher rates of most risk factors than any other areas.⁴

Parental/family support was less evident, with only **49%** of Christchurch youth reporting good advocacy outside of schools compared with **60%** for all other areas

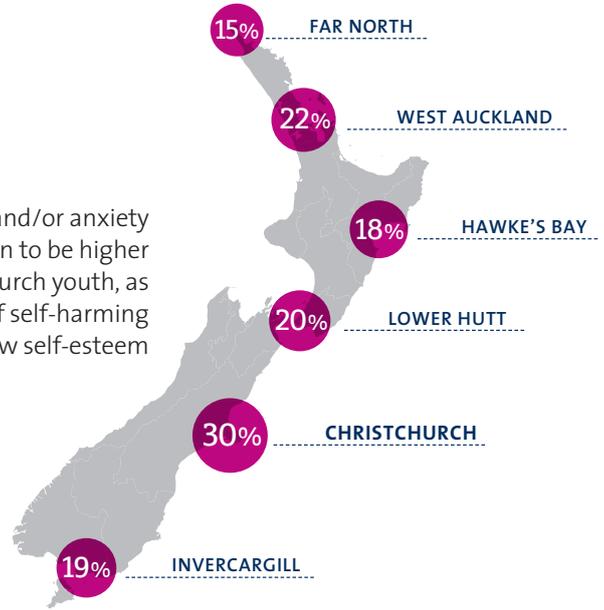
Rates of reported SELF-HARM across the areas we studied



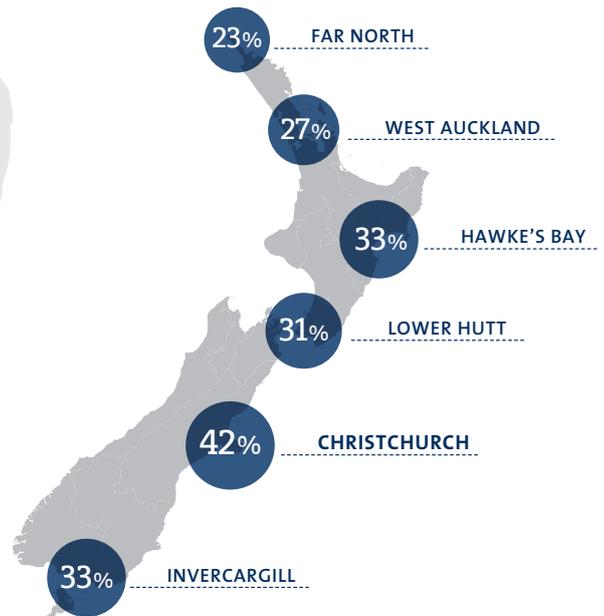
The consistently different values for emotional health, risk and protective factors of Christchurch youth complements research showing the negative impacts of earthquakes on residents' mental health.

Rates of ANXIETY across the areas we studied

Depression and/or anxiety rates were seen to be higher for Christchurch youth, as were rates of self-harming and low self-esteem



Rates of LOW SELF-ESTEEM across the areas we studied⁵

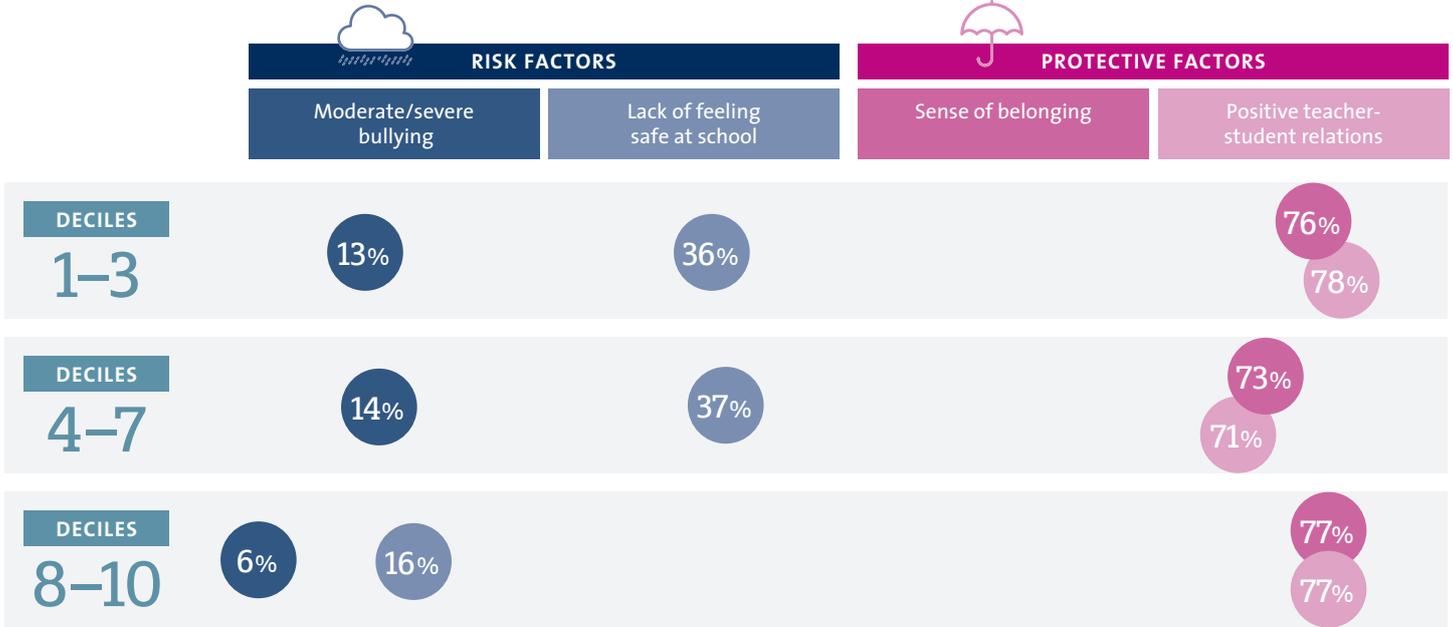


⁴ The way we collected information means that the regional comparisons should be treated as indicative only.
⁵ Superu is carrying out more in-depth analysis of the youth survey data and will report on it in 2017.

YOUTH WITH OR AT RISK OF DEVELOPING MILD TO MODERATE MENTAL HEALTH ISSUES ARE FOUND IN ALL SCHOOLS, REGARDLESS OF THEIR DECILE

The focus of school-based services and supports under YMHP was on decile 1-3 schools. Our results show that protective factors, such as positive teacher/student relations, were consistently high across all schools that took part in our evaluation.

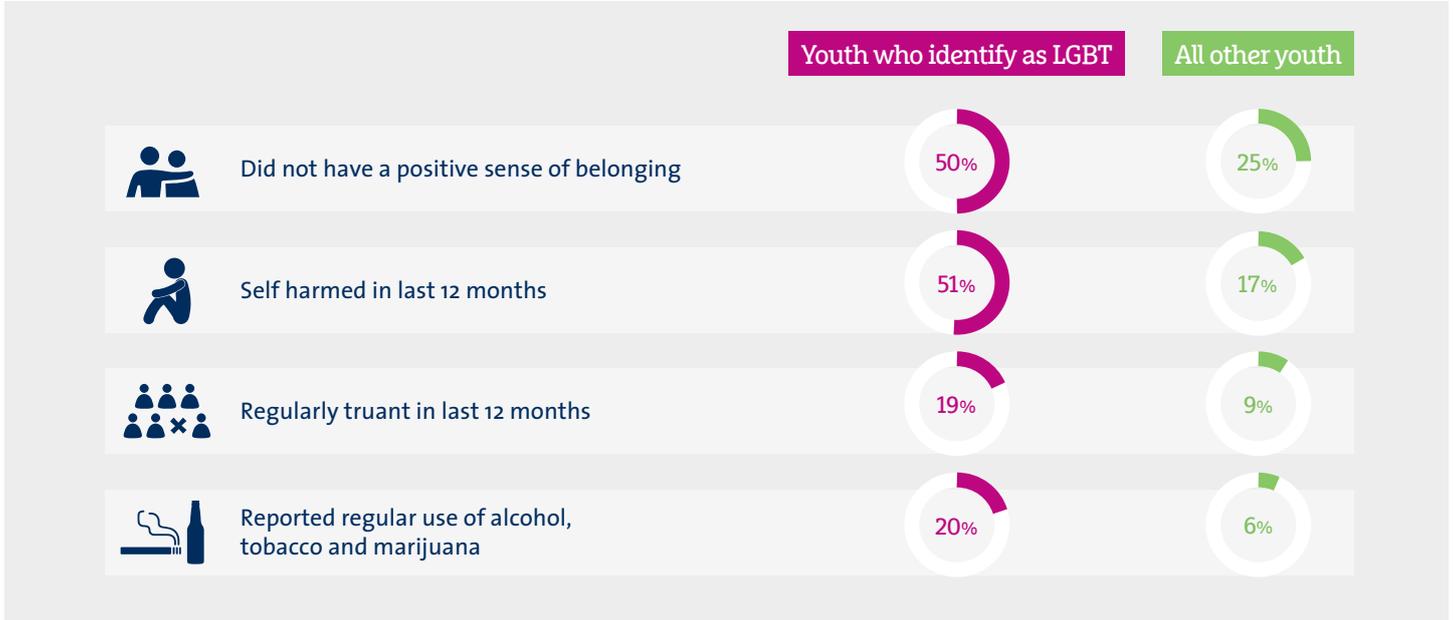
Where schools varied, however, was in youth emotional wellbeing. Despite having similar risk and protective factors, decile 4-7 school students experienced higher levels of anxiety, depression and lower self-esteem compared to those in decile 1-3 schools.



The study found that, like those parents of youth in decile 1-3 schools, parents of students in decile 4-7 schools may not have the resources or the knowledge to access services and supports for their youth who were struggling.

YOUTH IDENTIFYING AS LGBT HAD HIGHER RISK FACTORS AND LOWER PROTECTIVE FACTORS

Youth identifying as LGBT in the survey were found to have poorer emotional health outcomes, had fewer protective factors, and exhibited more risky behaviour than other youth surveyed.



YOUTH WITH DISABILITIES ALSO REPORTED POORER EMOTIONAL HEALTH

Like youth identifying as LGBT, youth with disabilities also experienced poorer emotional health than other youth surveyed, and experienced one or more risk factors and fewer protective factors.

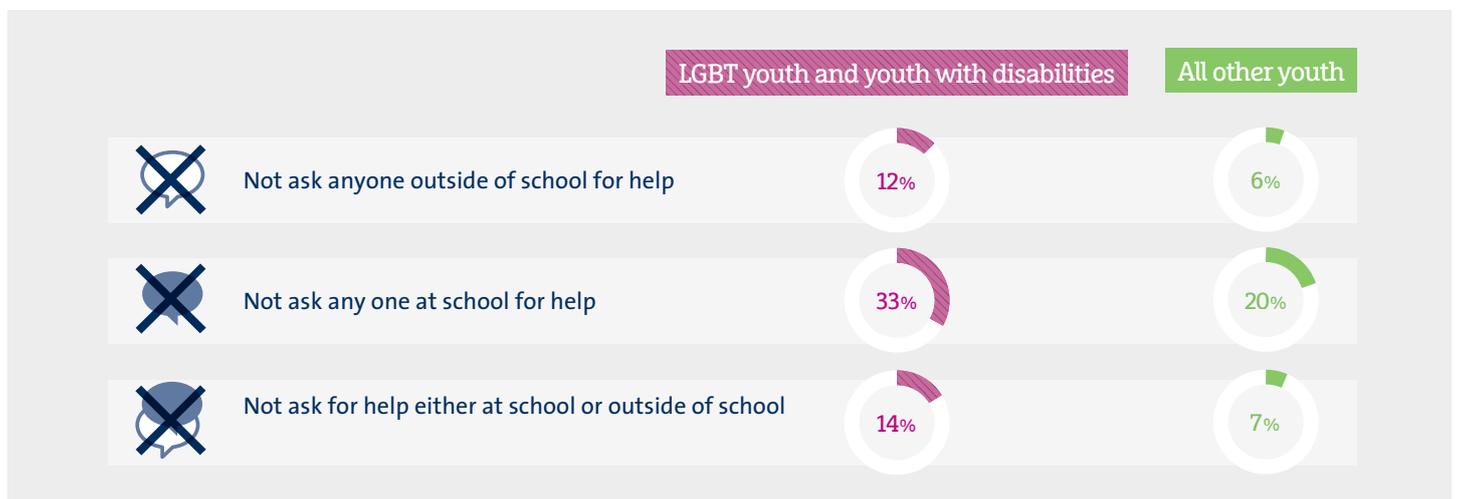


While youth identifying as LGBT and youth with disabilities are shown to have similar outcomes in terms of poorer emotional health, the factors within the findings varied. For example, youth with disabilities reported slightly lower rates of alcohol, tobacco and marijuana use than youth identifying as LGBT.



LGBT YOUTH AND YOUTH WITH DISABILITIES WERE LESS LIKELY TO ASK ANYONE FOR HELP IF UPSET

Both groups were more likely to have used telephone or online support in the past 12 months than other youth. However, they reported feeling “invisible” in the mental health resources and websites, as their specific needs were not identified or addressed.



HOW CAN WE IMPROVE YMHP FOR THESE POPULATIONS?

The evaluation findings provide some ideas about how YMHP could be improved for these particular populations.



Youth experiencing multiple unexpected transitions

- Think about extending services supporting youth experiencing expected life course transitions
- Provide greater support for youth experiencing unexpected transitions



Christchurch youth

- Provide support for youth and their parents/caregivers relationships, particularly in Christchurch where families were under significant pressure
- Introduce further support and treatment initiatives in Christchurch



Youth not currently receiving YMHP services through schools

- Continue support for school-based health services including in medium and high decile schools: Extending school-based services to at least decile 4-7 schools would reach more youth in need



Youth identifying as LGBT and youth with disabilities

- Better promote existing information and services to increase awareness and use
- Ensure online services cater to LGBT youth and youth with disabilities. LGBT youth and youth with disabilities need to feel “included” in online websites and services and e-therapy tools such as SPARX
- Care needs to be taken to ensure services cater to youth identifying as LGBT or youth with disabilities



In December 2016 the Ministry of Health announced that government agencies would continue working to strengthen the reach and impact of YMHP. It also proposed that further investment be made in a number of the initiatives.



For further recommendations see Superu's other YMHP publications including the summative evaluation report and the YMHP research summary superu.govt.nz/ymh



Download the full reports: superu.govt.nz/ymh

WHO DID WE SPEAK TO?⁶

NORTHLAND

Including Kerikeri, Kawakawa, Moerewa and Okaihau

Schools: 3 and 1 wharekura

Decile: 2-6

YMHP initiatives: In 1 school

Health and social services: Combination of Māori health service providers and small NGOs providing services

HAWKE'S BAY

Including Flaxmere, Hastings and Havelock North

Schools: 4

Decile: 2, 3, 9, 10. Included 3 boarding schools

YMHP initiatives: In 2 schools

Health and social services: Large number of small providers, YOSS, large Māori health provider

WEST AUCKLAND

Including Henderson, Te Atatu and Massey

Schools: 4 and 1 wharekura

Decile: 3-5

YMHP initiatives: In 2 schools

Health and social services: Multiple small NGOs provided services

LOWER HUTT

Including Wainuiomata

Schools: 3

Decile: 2, 3, 10 and 1 private school

YMHP initiatives: In 3 schools

Health and social services: Centralised around one well established YOSS. Smaller NGOs offered targeted specialist services

INVERCARGILL

Including Invercargill city

Schools: 3

Decile: 5-6. Two of the schools had boarding students

YMHP initiatives: In 1 school

Health and social services: YOSS and several small NGOs

CHRISTCHURCH

Including East Christchurch, from the central city to the east coast including Mairehau to Rawhiti and Aranui and down to Sydenham and Bromley

Schools: 3

Decile: 4-6

YMHP initiatives: In 2 schools

Health and social services: Multiple mid-size and small NGOs

GLOSSARY

NGO: Non-Government Organisation

YOSS: Youth One Stop Shop

⁶ Note that because localities were selected to ensure adequate representation of decile 1-3 schools, there were only four decile 8-10 schools involved in the evaluation.

HOW OUR VIEWS ABOUT YOUTH WERE INFORMED

We collected this information through six in-depth locality studies. We spoke with or surveyed representatives of youth, communities, schools (including teachers, counsellors, school-based health service providers and parents), health and social service providers, and regional managers of the government agencies involved in YMHP, using a combination of one-on-one interviews, focus groups and an online surveys.⁷

In total, approximately **3,200 youth** and **700 people who support youth** participated in the evaluation. 11% of youth we spoke with had a disability and 7% identified as LGBT.

To confirm the validity of our results, we compared our youth survey data with other youth datasets, most notably Youth 2012 survey results (involving 8,500 students across 91 New Zealand schools). For example, our finding that the prevalence of emotional health and of risk factors and protective factors does not vary according to school decile is reinforced by a similar analysis of the Youth 2012 data which found no significant difference between low, medium and high deprivation areas, nor between urban and rural areas, for students' experiences of emotional worries, depression and self-harm in the last 12 months.

⁷ The primary information from youth was gathered through an online survey of schools that agreed to participate in the evaluation. Because of this, for comparison of localities, deciles, or individual schools, the results can be treated as indicative only. That said, the youth surveyed were both broadly representative of all schools in a given locality in terms of school year group, gender and ethnicity.

About Superu

Superu is a government agency that focuses on what works to improve the lives of families, children and whānau.

What we do:

- We generate evidence that helps decision-makers understand complex social issues and what works to address them.
- We share evidence about what works with the people who make decisions on social services.
- We support decision-makers to use evidence to make better decisions to improve social outcomes.

We also provide independent assurance by:

- developing standards of evidence and good practice guidelines.
- supporting the use of evidence and good evaluation by others in the social sector.

Related Youth Mental Health Project publications:



Formative evaluation report (May 2015)



Localities and national perspectives evaluation report (December 2016)



Research summary: Improving youth mental health: What has worked, what else could be done (May 2017)



Summative evaluation report (December 2016)



Cost-benefit analysis (December 2016)

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