Anxious Young Women

in Aotearoa NZ

YWCA

OVERVIEW

Young women in Aotearoa New Zealand are under more pressure than ever before and their mental health is suffering as a result.

Figures show that anxiety disorders for girls and women are on the rise. Statistics from the New Zealand Health Survey 2017/18 revealed that 17.3% of young women aged 15 to 24 experienced symptoms such as anxiety, confused emotions, depression or rage often – that's double the rate of young men of the same age and higher than the average for all women across all age groups (10%). Young women also have the highest rates of diagnosed anxiety disorders (16.8%) and are hospitalised for self-injury at a rate of up to two and a half times that of young men.

What young women value above anything else is building and experiencing strong supportive relationships – with friends and family. The irony is that it is often dynamics within relationships that cause the most anxiety - family changes, moving homes, changing schools, or estrangement from a parent or siblings, alongside issues such as bullying, isolation, negative friendships and difficulties within peer relationships.

Several other theories have also been used to explain the increase in anxiety, such as the effects of social media, pressures in school and education, or worry about world events, such as climate change, and the future of work.

There are gender specific risk factors for anxiety such as the effect of gender based roles and the negative life experiences that go hand in hand with these. Other risk factors that disproportionately affect women and girls include gender based violence, socioeconomic disadvantage, low income and income inequality, low or subordinate social status and rank and the unremitting responsibility for the care of others.

In recent years there has been a renewed focus on Mental Health and Wellbeing from the New Zealand government – from the The Child and Youth Wellbeing Strategy launched this year to Inquiry into Mental Health and Addiction, with the government accepting 38 of the 40 recommendations. There is much we can do to alleviate this anxiety – from an institutional (within schools and government led initiatives) and individual level.

Recommendations

Among all the recommendations of addressing the rising anxiety on the young women of New Zealand, YWCA Auckland can make the most impact by supporting the following:

- Promote the Better Mental Health Education in All NZ Schools petition. Mental health advocate, Lucy McSweeny, has created a petition a petition calling for compulsory mental health education in New Zealand. Lucy, 23, is championing this cause because of her personal battle with mental health at the end of her high school days.
- A strong theme of resilience skills building has run through all of our community programmes over the last couple of decades. How can we build on this?
- Promote existing and/or commission new research into young women and anxiety in New Zealand.

What's going on in there?

Prefrontal Cortex

Orbitofrontal Cortex
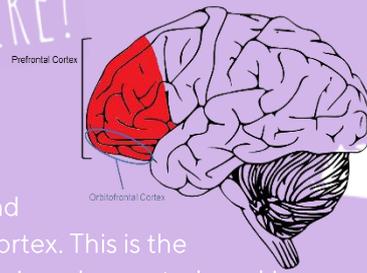
Our brains do not finish developing until we are somewhere in our mid-twenties and the last part to develop is the prefrontal cortex. This is the part of the brain responsible for reasoning, impulse control, working memory, and rational decision making. While their prefrontal cortex is developing, adolescents must rely on other parts of their brain to make decisions, such as the amygdala. That part of the brain is associated with emotion, impulse, instinct, and aggression.

The problem is that these amygdala-prefrontal cortex connections are slow to develop; they continue to strengthen into one's early 20s. The very structures and connections in the brain that help to manage emotions are in flux during this developmental period, making adolescents especially vulnerable to stress and anxiety.

Hormone changes during puberty may increase some girls' risk of developing anxiety. However, temporary mood swings related to fluctuating hormones during puberty are normal — these changes alone don't cause anxiety.

Anxious adolescents are at heightened risk for a host of long-term problems, including depression, substance abuse and suicide.

The neural connections being made in the brain at this time hardwire into the different ways we deal with life. This is why it is very important that at this time of their lives, adolescents develop good habits like positive thinking and coping strategies for when things go wrong. This groundwork makes it easier to deal with causes of anxiety and prevent the development of more serious mental health conditions in adulthood.

FRAMING THE ISSUE

It is now widely agreed that adolescence starts around 10 years of age and carries on through to around 24 years of age. This transition from childhood to adulthood, is a time of both physical and psychological changes and it is here that an anxious mind can flourish. The nature of brain maturation and the complicated environment in which young people are currently living puts adolescents at a higher risk for mental health disorders, particularly anxiety and depression.

There are new school environments and social circles to navigate, and increasing pressures to fit in with peers. Gaining independence becomes increasingly more important and with that comes increased exposure to risky behaviours as well as worries about what lies ahead beyond school. Alongside these external circumstances, young people are developing their own sense of identity and views about themselves and the world around them; they may feel a conflict between their growing sense of identity and expectations of them.

It is no wonder that this time in life is associated with an increased risk of mental health issues. The New Zealand Student's Association 2018 Report on Student Mental Health in Aotearoa *Kei Te Pai?* surveyed 1,762 tertiary students and found that "of the self-reported triggering factors of depression, stress and anxiety, the results showed that feelings of loneliness, eating habits, adjusting and coping with university/student life and academic anxiety were the most triggering factors respectively. In addition, friends and social networks, family issues and/or responsibilities as well as financial difficulties were the next most triggering factors, followed by social media and internet use."

WHAT IS ANXIETY?

According to The Anxiety Trust NZ:

"Feeling anxious to some degree is normal for everyone. Anxiety and fear are adaptive and helpful emotions which allows us to notice danger, keeps us safe and helps us adapt to our environment. However, sometimes anxiety levels can become severe or longstanding and beyond our abilities to cope, which can pose a risk to our mental and physical health. It can also cause significant distress or impair your ability to function in important areas of life such as work, school, or relationships.

The Stats:

- 1 in 4 New Zealanders will experience anxiety in their lifetime.[1]
- 17 percent of young women in New Zealand aged 15 to 24 experience anxiety, confused emotions, depression or rage - that's double the rate of young men of the same age and higher than the average for all women across all age groups (10 percent).[2]

[1]Kvalsvig, A. (2018). Wellbeing and mental distress in Aotearoa New Zealand: Snapshot 2016. Wellington: Health Promotion Agency.
[2] Ministry of Health NZ. (2017). Annual Update of Key Results 2016/17: New Zealand Health Survey.

- New Zealand women are twice as likely to have been diagnosed with an anxiety disorder as men.[3]
- An estimated 29 percent of youth (16–24 years) in New Zealand have a mental disorder in a 12-month period.[4]
- One in four secondary students report poor emotional well-being.[5]
- A sample of 1,388 students across six secondary schools in Auckland found that 37 percent reported sleep problems lasting longer than one month, with 17 percent reporting anxiety.[6]
- In a one year period (April 2017–March 2018), 10,378 young people aged 12-19 tried to access mental health support services, but a quarter of these young people waited longer than three weeks. 732 waited more than two months to be seen.[7]
- One in 13 university students – 13,000 in total – accessed campus counselling services in 2017, nearly a 25 percent increase on the 10,500 who used the services in 2015.[8]
- Māori youth (aged 2-14) are about 1.5 times more likely to have a diagnosis of anxiety disorder as non-Māori; for Māori adults (aged 15+): 1.2 times.[9]
- Those living in the most deprived neighbourhoods are almost twice as likely to report a diagnosis of anxiety disorder as those living in the least deprived neighbourhoods.[10]

Proportion of New Zealanders who experienced high or very high levels of psychological distress at some stage over the previous four weeks by age group, 2006, 2011–17

Legend: 15-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75+
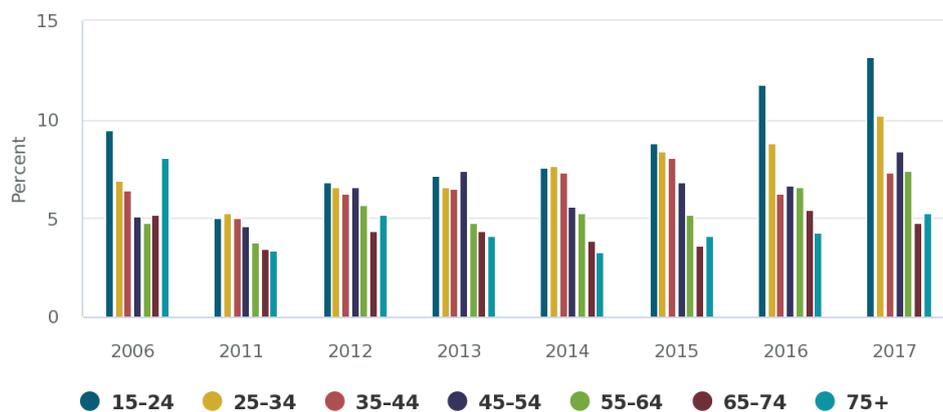
Ministry of Health, NZ health survey

Studies from all over the world show that stress and anxiety is on the rise for adolescents. But these trends do not affect girls and boys equally. It's the girls who suffer more:

[3] ibid
[4] MA Oakley Browne, JE Wells, KM Scott (eds). 2006. Te Rau Hinengaro: The New Zealand Mental Health Survey. Wellington: Ministry of Health.
[5] The Monitoring and Advocacy Report of the Mental Health Commissioner 2018. (2018). [online] Auckland: Health and Disability Commissioner.
[6] Fernando AT, Samaranayake CB, Blank CJ, et al. Sleep disorders among high school students in New Zealand. J Prim Health Care 2013;5:276–82.
[7] Ministry of Health | Nationwide Service Framework Library, 2018. Mental Health and Addiction Waiting Times April 2017 to March 2018, New Zealand [Table].
[8] students.org.nz. (2018). Counselling Data.
[9] Ministry of Health NZ. (2017). Annual Update of Key Results 2016/17: New Zealand Health Survey.
[10] ibid

[The OECD's Programme for International Student Assessment (PISA) 2015](#) found that more than 64 percent of girls feel very anxious, even if they are well prepared for a test.

[This Swedish study](#) from 2017 found that the number of adolescents reporting that they are experiencing emotional problems and are highly anxious is on the rise. It also found that 31 percent of girls and young women experience symptoms of anxiety, compared with 13 percent of boys and young men.

[This British study](#) in 2015 found that the number of teenage girls who said they often felt nervous, worried or fearful jumped by 55 percent from 2009 to 2014 while remaining unchanged for adolescent boys over the same time period.

[This Belgian study](#), from 2018, found that anxious feelings are becoming more prevalent among all young people but are growing at a faster pace in girls.

WHAT'S THE PROBLEM?

A [2018 survey](#) of 1,000 young people and rangatahi run by Action Station and Ara Taiohi highlighted multiple sources of stress and anxiety for youth, including:

- economic insecurity
- unaffordable housing
- student debt
- insecure, low paid work
- body image
- oppression of various kinds (racism, sexism, homophobia, transphobia, ableism)
- concern about damage to the natural environment
- concern that they lack the life skills and knowledge to flourish in the 21st century
- loss of community and communal spaces

TOP ISSUES

Living a digital life

Young women between the ages of 15 to 25 have grown up immersed in digital technologies and social media. It is here that a lot of the blame for their problems are laid.

At its best, social media strengthens and expands friendships and allows young people to talk about tricky topics they wouldn't discuss offline. It enables creativity, learning, and civic participation. Young people learn key online and technological skills that are valuable in workplaces.

At its worst, social media fuels social isolation, and compels young people (and adults) to constantly compare ourselves to others and find ourselves wanting. Their self-esteem plummets and they engage in negative behaviour (cyberbullying/stalking, trolling) towards other people they would never do face-to-face. They are bombarded with an overwhelming amount of information about the dire state of the world. Fertile ground for anxiety issues to blossom.

One of the most recent studies to look at the effects of screen time on the mental health of adolescents surveyed 6,500 adolescents between the ages of 12 to 15 living in the U.S. The findings, published in September this year, revealed that adolescents who spend 3 hours on social media every day have a 60 percent higher risk of mental health problems compared to those who do not use social media at all. Those who are logged into their online accounts for 6 hours or more increase their risk by 78 percent.[11]

Multiple studies show that moderate use of digital technology has positive effects on mental wellbeing, "moderate" being the operative word. The OECD's PISA survey found that extreme internet users (more than 6 hours a day) were most likely to have lower life satisfaction and wellbeing. Moderate internet users (1-2 hours a day) had the highest life satisfaction, even when compared to those who used the internet for one hour or less on a weekday. Similarly, the World Health Organization has found adolescents who report very low or very high levels of internet use reporting the lowest life-satisfaction scores.

The pressure to achieve

In 2015 the Education Review Office released a report warning that "students in all schools were experiencing a very assessment-driven curriculum and assessment anxiety". Many schools reported "major challenges" keeping students well, and others were "overwhelmed".[12]

In the last PISA (Programme for International Student Assessment) tests run by the OECD in 2015, 72% of New Zealand 15-year-olds – more than in any other OECD country – agreed with the statement "Even if I am very well-prepared for a test, I feel very anxious".[13]

In the report "Kei te Pai? by the New Zealand Union of Students' Associations in 2018, 56% of respondents (2,000 students from all universities in NZ) considered dropping out of tertiary study. The main reasons cited were feeling overwhelmed, living with mental illness and fearing failure.[14]

[11] Kira E. Riehm, MS; Kenneth A. Feder, PhD; Kayla N. Tormohlen, MPH; et al (2019). Associations Between Time Spent Using Social Media and Internalizing and Externalizing Problems Among US Youth.
[12] Education Review Office NZ. (2015). Wellbeing for Young People's Success at Secondary School.
[13] OECD (2017), PISA 2015 Results (Volume III): Students' Well-Being, PISA, OECD Publishing, Paris. p.41
[14] Gharibi, K. (2018). 'Kei Te Pai? Report on Student Mental Health in Aotearoa. NZ Union of Students' Associations. p.21

Jay Kumar, a Counselling Psychologist at Anxiety NZ Trust, works with a lot of young women aged 18 to 25. She sees young women who are entering tertiary education overcome with worry: "They really want to make a difference and have high expectations of achievement. With the free first year of uni, there is perceived pressure that they have to get it right. The variety of study and career options is overwhelming. There is so much information out there - everything matters, everything is important. How do you choose? Then going into 2nd year students worry "am I coping with this?" and by 3rd year it is the panic of "where am I going?".

Jay says this is especially hard for girls from migrant/refugee backgrounds who have to navigate the two worlds they live in - their parent's traditional worldviews and cultures and New Zealand society. "These young women often have to also make big decisions on what they choose to value and it's complex."

So where does gender come into all of this? Isn't this the same pressure felt by young men? Jay says it comes down to gender roles and inequality: "Boys and men don't question there place in the world. Men are allowed to work it out and take their time. There is more pressure on young women to have it all figured out before the inevitable pull of motherhood takes over. And it's even harder for young women going into male dominated industries like STEM. There is still the story of "is it ok for me to be here?" Do I belong here?" running through their heads and this is also provoked by how they are treated by their male colleagues."

Through the YWCA's work, we know that young women set high expectations for themselves and face self-judgement. They feel pressure to balance school, family, sports, church. And while issues are improving for women, some women are limited by their cultures to participate – either their own, or others.

Social and economic determinants

A range of social determinants are risk factors for poor mental health: poverty, lack of affordable housing, unemployment and low-paid work, abuse and neglect, family violence and other trauma, loneliness and social isolation (especially in the elderly and rural populations) and, for Māori, deprivation and cultural alienation.

A 2016 report about poverty and child health from the U.S. found that children raised in poverty face compromised mental health, behavioural health and relational development.[15] A 2016 report about the links between child poverty and mental health problems from the U.K. found that children in the poorest households are three or four times more likely to have mental health problems than children in the best-off households.[16] A major New Zealand report in 2011 "Reducing social and psychological

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[15] AAP Council on Community Pediatrics (2016). *Poverty and Child Health in the United States.* [online] *Pediatrics.*
[16] Ayre, D. (2016). *Poor mental health. The links between child poverty and mental health problems.* [online] UK: The Children's Society.

morbidity during adolescence" identified poverty as one of several factors influencing the mental health of adolescents and the importance of early intervention.[17]

1 in 3 Māori, 1 in 3 Pasifika and 1 in 6 Pākehā children (under 15 years old) in New Zealand are in poverty.[18]

In He Ara Oranga, the report from 2018's Government Inquiry into Mental Health and Addiction, "young people identified insecure employment, spiralling housing costs and the burden of debt as major sources of anxiety." They also say "While many Māori and Pasifika children are subject to inequities in material and socio-economic circumstances as well as institutional racism, they also experience the benefits of a rich cultural life and sense of belonging that is seldom accounted for in research reports that focus on deprivation."

Through the YWCA's work, we know that girls and young women between the ages of 14 to 25 are worried about money and supporting their families. They are also keenly aware that they live in a society that values them lower than men. That although women have more opportunities than previous generations, they still do not have the same opportunities as men. They are keenly aware of the unfairness in relation to pay, job roles, "women's work", and family responsibilities. Young women also don't feel safe and feel they have to actively monitor their surroundings to remain safe. It's little wonder they're so anxious.

[17] Office of the Prime Minister's Science Advisory Committee (2011). *Improving the Transition. Reducing Social and Psychological Morbidity During Adolescence*. [online] Auckland.
[18] Simpson, J., Duncanson, M., Oben, G., & Wicken, A, (2016). Child Poverty Monitor 2016 Technical Report. Dunedin: NZ Child and Youth Epidemiology Service, University of Otago

THE BEST PLACE IN THE WORLD FOR CHILDREN & YOUNG PEOPLE

[The Child and Youth Wellbeing Strategy](#) launched on 29 August 2019, sets out a shared understanding of what's important for child and youth wellbeing, what government is doing, and how others can help.

The Government has given priority to actions that will...

➢ Reduce child poverty and mitigate the impacts of poverty and socio-economic disadvantage
➢ Better support children and young people of interest to Oranga Tamariki and address family and sexual violence
➢ Better support children and young people with greater needs, with an initial focus on learning support and mental wellbeing

The six wellbeing outcomes:

1. Children and young people are loved, safe and nurtured
2. Children and young people have what they need
3. Children and young people are happy and healthy
4. Children and young people are learning and developing
5. Children and young people are accepted, respected and connected
6. Children and young people are involved and empowered

While all of these outcomes affect mental health, the outcome that resonates most with this report is "Children and young people are happy and healthy."

This means:

➢ they have the best possible health, starting before birth
➢ they build self-esteem and resilience
➢ they have good mental wellbeing and recover from trauma
➢ they have spaces and opportunities to play and express themselves creatively
➢ they live in healthy and sustainable environments.

Focus areas and key actions:

1. **Redesign maternity and early years support.**
2. **Inspire active, healthy and creative children and young people.**
3. **Increase support for mental wellbeing:**
   - Expand access and choice of primary mental health and addiction support
   - Promote wellbeing in primary and intermediate schools

SOLUTIONS AND INTERVENTIONS

It is clear that any solutions or interventions have to do two things: provide young women with the capacity to better cope with the stresses of adolescence; and reduce societal stressors, with a particular focus on equity.

Reframe anxiety

We need to get better at reassuring and convincing our young women that anxiety is a normal and healthy function.

Dr. Lisa Damour, a psychologist and author of the new book *Under Pressure: Confronting the Epidemic of Stress and Anxiety in Girl* has spent decades working with adolescent girls and their families. She says that adults can make a difference simply by "reassuring them that, a great deal of time, stress is just operating as a friend and ally to them." Dr Damour's advice to parents, carers, or friends:

"Weather the storm together". You can't stop a storm," she said. "You have to wait it out. But these storms do pass. The brain will reset itself. Don't try to stop the storm or fix it in the moment." Instead, sit with her, go on a walk together, watch a funny show, or offer have a cup of tea. After weathering a few storms successfully, "parents and teenagers get to discover that -- all by itself -- the storm will pass. At that point, either the problem completely evaporates and she moves on, or the girl can now look at the problem with clear eyes, assess it with her prefrontal lobe back online, and figure out what she wants to do."

Other steps:

- **Help young women confront the stressor.** Avoidance feeds anxiety. Girls often feel stressed because they overestimate the difficulty of a situation and underestimate their ability to deal with it. When they avoid a situation, they miss the opportunity to correct that perception and recognize their own strength.
- **Talk about the importance of downtime**. Young women can't always control the stressors in their life but they can have a say over how they choose to restore themselves.
- **Encourage healthy sleep hygiene**. No devices in the bedroom or mindfulness meditation before bed, for example. Sleep deprivation is one of the simplest explanations for the rise in anxiety-related concerns.
- **A caring, working relationship with at least one loving adult**. Within that context, adults can offer teenagers empathy, grounded perspective and a vote of confidence as they work through challenges - helping them aim for courage, not avoidance.

Jay Kumar says that we need more emphasis on personal development: "It's not about getting it right, it's ok to make mistakes and there's time to do so. Each person is unique in their journey; comparisons are futile. Success is not about what you do and achieve but who you are."

Teaching resilience and social skills as a core part of school's curriculum

Our education system primarily rewards academic achievement. We need a curriculum that prepares students for the futures they are going to lead and sets them up for success. A big part of that success is being adaptable, being unafraid to fail, being able to be creative and work with others well.

The World Health Organisation's Global Accelerated Action for the Health of Adolescents says a strategy that has proven to be effective in preventing and treating anxiety disorders focuses on

strengthening adolescents' emotional resilience and cognitive skills to avoid or to manage anxiety disorders.

In their report to Government Inquiry into Mental Health and Addiction the [The NZ Social Sector Science Advisors](#) recommends a primary focus on "the building of individual resilience and social skills that support individual and group well-being, including skills of self-control, empathy, perspective taking, and collaboration. Self-control and social skills can be enhanced – from an early age. This means that a life-course perspective is needed, with early promotion of needed agency skills in both educational (starting with early childhood services) and family settings. School- based programmes are needed that provide deliberate promotion within a context of caring teacher-student relationships, safe and orderly environments, and adult norms of high expectations and academic success...There is a further set of skills that contribute indirectly to resilience and positive mental health, namely critical-thinking and critical-literacy skills, which include: problem solving; recognising when information is needed; locating, evaluating, and using needed information effectively; and making judgements about the reliability and usefulness of information. These are especially required in the new digital environments to effectively filter and use the knowledge and information that impinge on everyday lives."

There is positive movement in this regard. The government's Budget 2019 put significant investment into promoting wellbeing in primary and intermediate schools. From this year, resilience-building and mindfulness resources will be more readily available to primary and intermediate schools and teachers across New Zealand.

Mental health education is compulsory in all schools for year 9 and year 10 students through the subject Health, which covers stressful situations, loss and grief. Beyond that, schools are self-managed and are required to work closely with their school communities to draft their own health curriculums specific to their needs. A more effective way to approach mental health education would be to integrate it into the entire school curriculum from year 9 to year 13.

Ideally, programmes will be long-term (6 months or more), be culturally responsive and incorporate Māori values into their service philosophy and delivery.

Wellbeing Programmes in Schools and our Communities:

The Social Sector Science Advisors recommend redesigning the Ministry of Education's [Positive Learning for Life (PB4L)](#) initiative with a focus more specifically on the promotion of resilience, as well as the development of personal and collective wellbeing, including prosocial skills (with empathy); and the prevention of stressors such as bullying in schools.

The World Health Organisation highlights the [Australian FRIENDS programme](#) as an example of an effective programme for children aged 7–16 years, and which has been widely used in schools, health centres and hospitals. FRIENDS is a cognitive-behavioural programme of 10 sessions that teaches children skills to cope with anxiety more effectively and builds emotional resilience, problem-solving abilities and self-confidence.

 It is important that we have better access to mental health support in our communities to complement the in-school programmes. The [Piki pilot expansion](#) was launched in Porirua in February 2019. It provides free counselling and age-appropriate mental health support for young people aged 18 to 25 years with mild to moderate mental health conditions. The pilot will be fully operational across the Wellington region by the end of 2019 and will run until 2021.

Encourage responsible online participation

If we want to empower young people to be responsible online participants then we need a wrap-around approach as recommended by the OECD:[19]

Parents and carers should be talking with children about their use of social media and should adopt an approach that works best for their child's age, interests and needs. This should be proportionate – maximising the protection against online risks without restricting the opportunities and benefits, or undermining the child's ability to explore, learn and express themselves. Supporting a child's exploration of the internet and enhancing their opportunities is important, including joining in with them via joint screen time activities.

The Government should promote parental controls for different devices, as well as encourage co-viewing of content with children to help children understand what they are seeing and apply it to the world around them. For example, in Germany, education is provided to parents about possible risks of online activities; while in Japan, legislation has funded increased education on appropriate internet use and promoted internet filtering and monitoring to parents. By developing digital knowledge and confidence, parents and carers can actively engage with technology and model constructive and balanced digital habits. Any approach should account for the differences in parents' media proficiency, which is influenced by socioeconomic status, educational background and family structure

Schools should develop digital literacy, providing young people with digital skills to recognise risks such as cyber-bullying and excessive use of social media, as well as strengthening emotional resilience, empathy and reaching out.

Online broadcasters, digital developers and entrepreneurs should be required to produce technology that fits a child's development via 'age-appropriate' content, as well as ensure inappropriate content is not accessible. Companies are starting to respond to these calls, enabling easy-to-use safety features that are accessible to those with basic digital literacy. Apps are now available to help limit children and young people's screen time and track their online activity.

Better access to mental health support and E-Therapy

The Government Inquiry recommends more access and choice of mental health services:

"New Zealand has deliberately focused on services for people with the most serious needs, but this has resulted in an incomplete system with very few services for those with less severe needs, even when they are highly distressed".

The Pacifica and Maori young women we work with have that mental health support in Aotearoa NZ is very "white" and they don't feel comfortable being so vulnerable in that context.

We need more Pacifica counsellors – Sela, YWCA Auckland Future Leader

From the Inquiry again: "We describe a vision for mental health and addiction services, with people at the centre; responsive to different ages, backgrounds and perspectives; centred on community-based support and local hubs, using a mix of peer, cultural, support and clinical workforces."

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[19] OECD (2018). Children & Young People's Mental Health in the Digital Age Shaping the Future. Shaping the Future.

In their response to the Inquiry, NZ's Social Sector Science Advisors recommended E-therapy:

"E-therapy has been shown in more than 30 randomised controlled trials to be as effective as traditional face-to-face therapy for the most common and burdensome mental disorders of depression and the family of anxiety disorders (e.g., panic disorder, agoraphobia, specific phobia, social anxiety disorder).[20] Moreover, they are far more cost-efficient and represent excellent value for money...In an environment in which funding is tight and that is characterised by massive unmet need, as in the case in New Zealand currently, E-therapy represents a potentially major tool, the exact reach and limits of which remain to be established."

An online solution like E-Therapy makes a lot of sense for young women. Being digital natives they are comfortable online and it avoids having to be face to face with an adult, something they are not so comfortable with.

Recommended Tools:

SPARX is an award-winning computerised, interactive fantasy game based on cognitive behavioural training that the University of Auckland developed. SPARX teaches young people the skills they need to help combat depression and anxiety. It is supported by trial evidence for use with many ethnic groups, has been adapted for use by Rainbow young people, and is effective in reducing depressive symptoms and emotional distress.

Common Ground features a series of videos exploring the challenges faced by young people in a fictional community. The series explores themes that are relevant to the mental health and wellbeing of young people, and are reflective of real life scenarios. Common Ground is a central hub providing parents, family, whānau and friends with easy access to information, tools and support to help a young person who is struggling.

Āta Hihiko: Āta Hihiko is customised technology that aims to motivate small behaviour changes to build aspiration, good habits, resilience, and mental and emotional well-being in young Māori. It is being run as a trial with 100 young Māori.

Research

We need to find out more about why anxiety is rising in young women.

We need research to find out exactly what the causes are, how they affect each person and most importantly, what we can do about it.

Research needs to be multi-disciplinary and involve young women with lived experience to ensure we are addressing the questions that matter most to young women.

With the NZ Government's focus on Wellbeing and the acceptance of 38 of the 40 recommendations from the Government Inquiry into Mental Health and Addiction, we know politicians are beginning to take heed of the statistics and findings. It is important that they have the right evidence base and input from young women. Without this gender focus, it will be hard for the government to make the right decisions to prevent the epidemic of anxiety growing among young women.

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[20] Andrews G, Basu A, Cuijpers P, et al. Computer Therapy for Anxiety and Depressive Disorders Is Effective, Acceptable and Practical Health Care: An Updated Meta- Analysis. Journal of Anxiety Disorders 2018; 55: 70-8.

RIGHTS AND LEGAL FRAMEWORKS

Legislation:

The *New Zealand Bill of Rights Act 1990 (NZBORA)* sets out a number of rights dealing with all aspects of government, including the right to be free from discrimination on the grounds of, among other things, psychiatric illness and psychological disability (section 19[1]).

The *Human Rights Act 1993 (HRA)* outlaws discrimination on a number of grounds (Ministry of Justice, 2004), including disability (incorporating mental illness), while New Zealand's ratification of the Convention on the Rights of Persons with Disabilities has further strengthened these rights.

The *Health and Disability Commissioners Act 1994 (HDCA)* protects the rights of patients to be treated with respect, dignity and independence; to be free of discrimination; to have proper standards of care; to be fully informed; to make informed choices and to give informed consent; to have protection of privacy; and to have the right to receive support.

Patients have rights to privacy under the *Privacy Act 1993*, which governs access to medical notes and the sharing of patient information. If patients feel that these standards have not been maintained, they have access to legal redress (Human Rights Commission, 2010).

In 2013 New Zealand's Mental Health Commissioner signed a promise with the national and state commissioners in Australia, and the Canadian Mental Health Commissioner to support *the Wharerātā Declaration*. The Wharerātā Declaration provides a framework to improve indigenous mental health through indigenous leadership and values (spirituality, cultural identity as a source of strength, family, and community) that enhance therapeutic work and conventional approaches. It stems from the understanding that a strong sense of cultural identity fosters wellbeing and builds resilience.

UN Conventions (signed onto by the NZ Government):

The *Convention on the Rights of People with Disabilities (CRPD)* was ratified by New Zealand in 2008. Its purpose is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

The description of disability in the CRPD encompasses the human rights of people who have 'long term mental impairments', which is generally understood to include mental ill health or psychosocial disability. The CRPD fosters a new understanding of disability. In the past the focus was on the impairments of people, but the CRPD widens this understanding to include the barriers faced by people with disabilities, including those with mental ill health.

Articles 3(a), 12, 14, 17 and 25 of the CRPD are particularly relevant to tangata whaiora / service users and discussions about the relationship between the CRPD and Mental Health Act. Article 12 is a central article and requires equal recognition before the law for people with disabilities, including the right to exercise legal capacity (with support if necessary). Interpretation of Article 12 is not yet settled.

Committee on the Elimination of Discrimination against Women (CEDAW)

Mental health is specifically mentioned several times in the concluding observations on the eighth periodic report of New Zealand (20 July 2018). The committee remains concerned about the mental health of women in specific regards to:

1. Inadequate services of mental health for women, including addiction treatments, targeting primarily Māori women and women with disabilities (CEDAW/C/NZL/8, s D(39)(d))

In regards to above the Committee recommended that the NZ government:

1. Take the necessary steps to improve the availability and quality of accessible mental health care services, including addiction treatments, targeting primarily Māori women and women with disabilities (CEDAW/C/NZL/8, s D(40)(d)).

The mental health of young women is linked to the achievement of several Sustainable Development Goals and targets, including:

The role of mental health affects most, if not all, of the 17 Sustainable Development Goals (SDGs). The SDGs are universal and mental health concern all, whether rich or poor. Efforts to eradicate poverty, prevent conflicts and disasters, and promote education will not be successful unless mental health is prioritized. Poverty, marginalization, violence, complex emergencies and violations of human rights threaten both human development and sustainable economic development, and constitute an important context for global mental health. Poor mental health and unfulfilled human potential pose major risks to the changes that are needed if we are to reach the SDGs.

SDG 1: End poverty in all its forms everywhere

SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture

SDG3: Ensure healthy lives and promote well-being for all at all ages

SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

SDG 5: Achieve gender equality and empower all women and girls

SDG 6: Ensure availability and sustainable management of water and sanitation for all

SDG 7: Ensure access to affordable, reliable, sustainable and modern energy for all

SDG 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

SDG 9: Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation

SDG 10: Reduce inequality within and among countries

SDG 11: Make cities and human settlements inclusive, safe, resilient and sustainable

SDG 12: Ensure sustainable consumption and production patterns

SDG 13: Take urgent action to combat climate change and its impacts

SDG 14: Conserve and sustainably use the oceans, seas and marine resources for sustainable development

SDG 15: Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss

SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

RESOURCES

Community Members

We undertook community consultation with both young women with lived experience of anxiety and representatives from the mental health sector. We acknowledge their generosity and knowledge:

Janelle ("Jay") Kumar – Registered Counselling Psychologist, [Anxiety Trust NZ](#)
Lucy McSweeny - Mental Health Advocate, [Better Mental Health Education in NZ Schools](#)

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