

Peter Gluckman et al (2011) “Improving the transition”: Reducing social and psychological morbidity during adolescence

Summary and implications for NZNO

(Full Gluckman report available: <http://www.nzfvc.org.nz/?q=node/35>)

Key points from document:

- > Strongly advises that application of international and domestic evidence base to policy formation will lead to better outcomes but that this will occur over several electoral cycles and must not be delayed due to ‘adversarial politics’.
- > Prevention is more effective than remediation. In particular reorientation of early childhood programmes to improve socialisation and executive functions e.g. self control will be effective.
- > Access to quality early childhood education must be improved – particularly for low income, Māori and Pasifika children.
- > Targeting of intensive but costly interventions toward higher-risk sections of the community has a high rate of social and economic return.
- > A life course approach is essential.
- > Stronger measures to restrict access to alcohol and drugs must be implemented due to susceptibility of the adolescent brain to these substances.
- > Mental health workforce capacity should be improved
- > There should be a major focus on developing policies and practices that address issues that place Māori and Pasifika young people at risk. The same rigour and evaluation must be applied to these programmes as to others.
- > All programmes aimed at improving outcomes must meet criteria for effectiveness based on evidence rather than advocacy.

Implications for nursing

- > Nurses and nursing will have significant opportunities to be involved in many of the programmes supported in the document. While most implications are likely to be during the pre and post natal periods and at the early childhood levels, there are also many opportunities at the adolescent level for nurses to be making a difference to the health of individuals and families. These opportunities include but are not limited to:
 - Development and involvement in programmes that promote attachment of mother and infant
 - Quit smoking initiatives in pregnancy
 - Assessment and intervention for children demonstrating behavioural issues in the early childhood period (as young as 3)
 - Provision of parenting programmes e.g. Triple P

- Family nurse partnership programme
- Mental health interventions at all levels and in particular depression in young people
- Involvement in multi-modal programmes (would need some up-skilling in behavioural therapies e.g. CBT and IPT)
- Provision of health services for young people at school and in the community including One Stop Shops
- Facilitating attendance in Early Childhood Education
- Early identification, assessment and intervention in family violence – screening at all levels
- Assessment and intervention for children and young people demonstrating signs of being bullied

Implications for NZNO

- > Continue to support policies that reduce harm including:
 - Raising the drinking age and age at which alcohol may be purchased to 21
 - Increasing the cost of alcohol and other actions advocated regarding alcohol
 - Improving the rating system for TV/computer and video games/movies
 - Free access to services providing contraception and screening for STIs
 - Free access to primary mental health care for young people
 - Support for policies that ensure individual cases of suicide are not detailed in the media and that any reporting is done responsibly.
 - Support whole school/institution approaches to bullying prevention
 - Support a review of legislation on the possession of cannabis to obtain a better balance between harm avoidance and prohibition
 - Support investment in evaluation of programmes utilising both Prevention Science (a 5 stage model that involves identification of the issue, reviewing the literature, conducting pilot studies of proposed interventions, evaluation through RCT, and rolling out the intervention more widely) and Kaupapa Māori approaches.
- > NZNO also needs to advocate for:
 - nurses capability and capacity to offer many of the programmes recommended or identified as effective in the document
 - more effective multi-disciplinary approaches (including inter-professional education) with teachers, social workers and youth workers as well as medical colleagues and allied health professionals.

Summary findings from each chapter – a mix of each chapter summary and other important and relevant points.

Chapter 1: puberty and adolescence – transitions in the life course

- > The age of puberty is now much lower than previously with full psychological maturity not occurring until into the 30s. Adolescence has now extended from 1 to 3 years in length to between 7 and 15 years.
- > This 'mismatch' between physical and psychological maturity is a major driver of adolescent morbidity but may also have positive consequences for the individual.
- > Attachment between mother and infant is both behavioural and biological. Secure attachment results in higher self esteem, reduced anxiety and reduced hormonal responses to stress and vice versa – these effects reflect the transmission of social determinants into a biological substrate and may have intergenerational consequences.
- > Investments in early life must target both cognitive and non-cognitive skill formation but non-cognitive skills have a broader impact on social adaptation and positive social outcomes.
- > Some later interventions are effective but prevention has broader effectiveness than remediation.

Chapter 2: Social and emotional competence

- > Newly established links between maternal smoking and conduct problems in children
- > Children who go on to demonstrate a persistent pattern of anti-social behaviour can be recognised as young as 3 years of age
- > Primary mechanism is an 'extended chain of problematic parent-infant interactions' and a home environment that is characterised by neglect, harsh discipline and inadequate monitoring
- > Low socio-economic circumstances in early childhood has long lasting negative influences on adult health
- > Recommended early interventions include:
 - Providing developmental assessments and intervention services for young children experiencing diversity e.g. Family nurse programme, early start
 - Ensuring programmes focus on early relationships – particularly the infant/child-primary caregiver relationship
 - Develop services that include all agencies
 - Develop strategies that address both child issues and parent issues e.g. mental health, substance abuse
 - Investigate, implement and evaluate the most promising interventions that offer a combination of home and centre based services
 - Ensure that planning is done in partnership with Māori, Pasifika, Asian and immigrant people to ensure cultural issues are sensitively managed.
- > Examples of effective programmes include:
 - Universal/preventative:

- Early head start
- Healthy steps for young children
- Starting early, starting smart
- Indicated/targeted home visitation:
 - Nurse family partnership programme
 - Early start
- Therapeutic interventions
 - Child-parent psychotherapy for family violence
 - Parent child interaction therapy (PCIT)
 - Watch, wait and wonder
 - Vulnerable infants programme (Rhode Island and equivalent in Miami)

Chapter 3: Self control

- > Research from the Dunedin longitudinal study showed that self control predicts a range of life outcomes including physical and financial health, and criminal offending up to 30 years later
- > Policies aimed at teaching self-control in early life may have positive long term pervasive effects thus saving money and enhancing future prosperity
- > Such policies must be targeted at the pre or early adolescent period and the early childhood period e.g. Perry preschool programme, although early childhood seems to be optimal
- > Also recommend universal programmes as benefits are present for all children regardless of self-control status however funding availability may mean targeted programmes only
- > Self control is critical to the development of the non-cognitive skills outlined in chapter 1

Chapter 4: Childhood conduct problems

- > 2 pathways of conduct problems:
 - Life course characterised by long term problems from early childhood largely due to genetic and/or environmental factors
 - Adolescent initiated based around peer influences – generally self limiting to adolescent period
- > Effective prevention programmes:
 - Home visitation:
 - Nurse Family partnership programme is effective at addressing conduct problems
 - Early Start programme may also be effective
 - Centre-based programmes (different from ECE)
 - Abecedarian
 - Perry Preschool Programme
 - Community-based programmes
 - Chicago Child-parent centres
 - Communities that care
- > Effective treatment and intervention programmes:
 - Parent Behaviour Training Programmes
 - Triple P

- Incredible Years
- Parent Management Training Oregon
- Parent Child Interaction training
- Most effective ages 3 to 7
- Teacher Behaviour Management Training
- School wide interventions
- Multi-modal programmes – as effectiveness of above programmes declines over time multi-modal programmes can then be implemented
 - Better in adolescence
- Residential/out of home programmes
 - Specially trained foster parents etc
- > Programmes of limited efficacy:
 - Wilderness camps
 - Boot camps
 - Mentoring programmes
 - Restorative justice
 - Scared straight programmes
- > Chapter advocates for increasing workforce capacity to offer evidence based problems – noting need for trained therapists, teachers, psychotherapists etc – no mention of nurses who are already offering many of these programmes in NZ and internationally (e.g. Nurse family partnership and Triple P) and could be upskilled to offer others (e.g. some multi-modal programmes). We need to advocate for nurses capability and capacity to be able to offer these services and programmes.

Chapter 5: Resilience

- > The seven Cs of resilience:
 - Competence
 - Confidence
 - Connection
 - Character
 - Contribution
 - Coping
 - Control
- > Psychopathological outcomes are the result of the summative effects of risk and protective factors
- > Although some people are genetically predisposed to negative outcomes e.g. depression, psychosis, antisocial behaviour and violence, the environment appears to mediate this effect.
- > Resilience rests fundamentally on relationships
- > Strategies for addressing resilience:
 - Investment in teacher education to enhance social learning skills at all levels
 - Parent skills training
 - Family friendly workplace policies to allow parents more time with families especially during first 5 years and at puberty
 - Investment in out of school activities for all young people
 - Provision of health services for young people in primary care at school and in the community

Chapter 6: The value of evidence-based life skills education

- > Formal life skills education and harm minimisation programmes in schools must be subject to formal evaluation for efficacy
- > Formal Life Skills Education includes a broad range of topics such as:
 - Nutritional education
 - Civics education
 - Financial skills
 - Sex education
 - Parental skills
 - Relationship education
 - Dealing with drugs and alcohol
 - Personal health
- > Some programmes demonstrate no efficacy e.g. DARE programme, parenting skills programmes in school, and some may even cause harm e.g. driver skills education
- > Appropriately trained teachers/mentors are essential for effective implementation of programmes
- > There is some evidence that nutrition education programmes are effective
- > The Botvin Life Skills Training programme is a substance abuse prevention programme that has been demonstrated to reduce a range of risk taking behaviours, is very cost effective, and is durable.

Chapter 7: educational outcomes in adolescence for Māori and Pasifika students

- > 18% of Māori and Pasifika students leave with university entrance level qualifications compared with 44% of European/Pakeha
- > Māori and Pasifika students are more likely to be expelled or excluded from school
- > Not graduating high school restricts further study, employment opportunities, earnings and long term health status
- > Most notable cause appears to be disparities in attendance at early childhood education
- > Programmes that address parental engagement in school/tutoring at the secondary level may have some success – these must be culturally relevant
- > Increased access and participation in quality ECE will also be beneficial
- > Increase effectiveness in teaching and relationships in cultural terms may also be beneficial

Chapter 8: Adolescents and the media: consequences and policy implications

- > The predominant form and content of media consumed by children and young people is violent, sexualised and embedded with advertising for cigarettes and alcohol;
- > High levels of exposure to violent television programmes may lead to increased aggressive behaviour among susceptible children and young people;
- > Children and young people who frequently view sexual content on TV/movies may initiate earlier sexual intercourse and be at greater risk of teenage pregnancy;

- > Children and young people are exposed to significant levels of advertising for cigarettes and alcohol and this exposure does result in greater usage of these drugs;
- > Policies must be designed to decrease the adverse effects of exposure to harmful programme content and protect children from advertising effects;
- > teaching young people and their family how to understand and interact positively with the media may be a useful strategy
- > current legislation should be broadened to include greater protection for children e.g. improve the rating system

Chapter 9: Adolescents and digital media

- > digital media use is pervasive in New Zealand and adolescents and young adults are high frequency users.
- > Digital media has the potential to enhance learning, development and well being including greater social connectedness, linguistic and cognitive development, help-seeking, identity development, perspective taking, increased cultural awareness and social support for marginalised youth.
- > Digital media also has some risks including bullying, sexual grooming and predation, exposure to sexually explicit material, internet addiction and depression.
- > Up-skilling parents to engage with their adolescents over the safe use of the internet is important
- > Support for Netsafe should be improved.

Chapter 10: Sexually healthy young people

- > The sexual health of young people is poor in terms of teen pregnancy and STIs
- > One Stop Shops have been shown as an effective approach for attracting young people to be involved in early intervention
- > Other interventions include:
 - Help for low socio-economic families
 - Early and sequential, holistic sexuality education that provides a clear message for specific behaviours
 - Free access to services providing contraception and screening for infections
 - Ensuring schools are more effective at engaging young people
 - Good access to career and employment advice
 - Free access to primary mental health care for young people

Chapter 11: Adolescent development for Māori

- > Most Māori are born healthy but into an environment with a greater number of risk factors for poor outcomes
- > There is little existing evidence on effective interventions for Māori and young Māori in particular
- > There are 3 models that attempt to explain patterns of disadvantage for Māori:
 - Determinants model (based around the social determinants of health as causative)
 - Cultural deficit, cultural difference model

- Colonisation/racism model
- > There are 3 approaches to addressing differential outcomes for Māori:
 - Māori advancement (government models such as closing the gaps)
 - Māori development (by Māori for Māori type approaches)
 - Decolonisation and Māori development (kaupapa Māori approach)

Chapter 12: Pasifika child and youth well-being

- > the majority of Pasifika young people do not experience severe conduct disorders but do live in economically disadvantaged circumstances
- > Berry's acculturation concepts of social integration, separation, marginalisation and assimilation are a useful explanatory framework when considering Pasifika peoples' adaptation in New Zealand
- > Pasifika people experience higher rates of mental disorder (25%) compared with the general population (20.7%).
- > While older Pacific people are less likely to use alcohol and drug services, Pasifika youth use these services as frequently as other young people
- > The Pasifika population is the most at-risk ethnic group in NZ for developing problem or pathological gambling behaviours
- > Those who migrated to NZ prior to age 18 have a lower prevalence of mental health disorders
- > There is little evidence for effective interventions for working with young Pasifika peoples.

Chapter 13: 'Asian' and immigrant minority youth in Aotearoa/New Zealand

- > The term Asian is a politically constructed ethnic category consisting of a highly heterogeneous composite of ethnic groups.
- > Most Asian young people have positive relationships with adults at home and school although Chinese and Indian students are more likely than NZ European students to experience family adversity or hardships (changing homes more often, overcrowding and unemployment among parents)
- > The majority of Asian students report good health but face access barriers such as lack of knowledge of the health system, cost of care and lack of transport
- > Mental health issues are of concern in this group with Chinese and Indian students (18% of females and 7-8% of males) showing significant depressive symptoms
- > Asian youth are subject to various forms of racism, prejudice and discrimination on the basis of ethnic and national origin – pressure to conform to 'host' community expectations is also a significant issue
- > There is a critical need for greater awareness of the sources of resilience and risk among immigrant communities in NZ. Issues include:
 - Declines in socio-economic status on arrival in NZ
 - Barriers to services because of language and cultural issues
 - Changes in the dynamics of family structure and social support systems
 - Discrimination, racism and invisibility
 - Difficulties in navigating systems in the host country

- > Need to provide more opportunities for young people to engage with and contribute to the discourse.

Chapter 14: Families and children: a focus on parental separation, domestic violence and child maltreatment

- > Inter-parental conflict, separation-divorce, domestic violence and child maltreatment have a significant economic impact on society
- > Early identification, assessment and intervention with at risk families would significantly decrease the societal impact of family-based trauma
- > Improved standards of training for family and child welfare professionals and the development of risk assessment procedures is required
- > Population norms for child mental health need to be established
- > Children are at risk of negative psychological outcomes from within a family context when they are exposed to:
 - Acute or chronic economic strain;
 - Parental psychopathology;
 - Interparental conflict;
 - Negative parent-child relations;
 - Parental separation-divorce and remarriage;
 - Child maltreatment

Chapter 15: depression in young people

- > Depressive disorder is common and affects approx 1/5 of young people before age 18
- > Funding for mental health services for young people is inequitable
- > Most young people with depressive symptoms never receive help due to a lack of services
- > Interventions must start in adolescence

SPARX computer based CBT is effective (BMJ, 2012, <http://www.bmj.com/content/344/bmj.e2598>)

- > Need to improve detection
- > Improve access to treatments
- > Develop services that young people will attend (SPARX is computer game)
- > Need to train more therapists in CBT and/or IPT – opportunity for nurses
- > CBT/IPT must be funded for young people to attend
- > Improve screening for depression in young people
- > Can provide self-help therapy through e-therapy and bibliotherapy (books)
- > Need to measure the impact of interventions and implement a research programme

Chapter 16: youth suicide

- > About 100 young people under the age of 25 die by suicide annually in NZ
- > Although the total youth suicide rate has almost halved in the last 10 years, NZ rates remain double that of Australia and there has been no decline in the high suicide rates of young Māori.

- > Some current interventions designed to support families at risk seem very piecemeal – a variety of governmental and non-governmental agencies trying to help but with no overall co-ordination.
- > In the education setting this is no clarity around the role of the school counsellor. There needs to be a system that facilitates early detection in schools and at the primary care level that is integrated with well-resourced child and adolescent mental health services within schools so that primary health care workers can be supported and able to refer appropriately.
- > Increased media coverage of suicide has been demonstrated to be harmful to young people and contribute to copy cat suicides.

Chapter 17: Bullying in adolescence

- > Children who bully make up 10% of the school population worldwide (likely to be conservative)
- > Children who bully are at risk of increased levels of other forms of aggression and violence, anti-social behaviour and later criminal behaviour
- > Children who report being bullied make up approximately 11% of the school population
- > These children may show physical signs of stress such as stomach aches, headaches, sleep problems and bed wetting. They are also more likely to experience anxiety, sadness, depressive symptoms, lowered self esteem, social withdrawal, self harm and suicidal ideation.
- > Approximately 6% of the school population are bully victims – bully victims have the greatest incidence of social, behavioural and mental health problems
- > Schools with greater disparity between poorest and wealthiest have a greater prevalence of bullying as do countries with greater economic disparity.
- > Targets of bullying are likely to be children who score higher on scales of anxiety, depression, withdrawal, low self regard and assertiveness. These are risk factors not just consequences of bullying.
- > Children who are obese, have developmental difficulties or do more poorly than peers academically are at greater risk of victimisation
- > Whole-school multidisciplinary interventions have been estimated to reduce bullying by just over 20% and are the most successful known interventions.
- > Whole school interventions involve teacher training, information and materials for students, staff and community members, workshops, training of peer supporters, conflict resolution training, and policy work on school rules and sanctions around bullying.
- > Whole school interventions reflect a reasonable rate of return on investment.

Chapter 18: Smoking impacts on adolescent development

- > Individually, genetic tendencies alongside a lack of academic and social skills contribute to smoking.
- > Mental health, in particular depression, is one of the strongest predictors of smoking – the link is stronger in females
- > Collectively, a disadvantaged family environment with parents who smoke, coupled with the need for social bonding in adolescent groups with smokers is predictive of smoking in children.

- > Prevention and intervention programmes should address the predictors of smoking – in particular depression
- > A significant influence on the prevalence of adolescent smoking is the presence of parents who smoke – particularly if children are exposed to smoking prior to 13 years of age.
- > School based programmes are effective in smoking prevention when they address adolescent intentions, beliefs and attitudes regarding smoking – the most successful programmes:
 - Take place over multiple sessions
 - Are interactive in delivery
 - Teach refusal and social skills related to smoking
- > A parent focus on smoking prevention has also shown promise as children whose parents are more engaged, set limits and discuss smoking with their children are less likely to smoke.

Chapter 19: Alcohol use in adolescence

- > Over a third of young people engage in binge drinking or hazardous drinking and by the age of 25 over 20% will have developed a significant alcohol related problem.
- > Effective policies in reducing the risks of alcohol related problems in young people include:
 - Increasing the cost of alcohol
 - Raising the drinking age and the age at which alcohol may be purchased to 21
 - Adopting a zero-tolerance policy for drink driving by under 21 year olds
 - Further restriction on the advertising of alcohol
 - Greater regulation of hours of sale and supply of alcohol in licensed premises frequented by young people
 - Greater investment in treatment for young people with significant alcohol related problems.
- > Approaches that have little or no effectiveness include:
 - Alcohol and drug education in schools (although the 'Keeping' it real' programme is showing limited success)
 - Public service advertisements advocating responsible drinking and avoidance of drink driving
 - Warning labels on alcohol containers
- > Table 19.1 in this chapter offers a comprehensive overview of effective and ineffective strategies for addressing alcohol related harm
- > In terms of cost effectiveness, strategies that were cost effective include:
 - Population level alcohol policies (e.g. pricing and availability policies) are more cost effective than individual level policies such as brief interventions for hazardous alcohol use
 - Tax increases
- > Strategies that are not cost-effective include:
 - School-based education
 - Mass media awareness campaigns

Chapter 20: Cannabis use in adolescence

- > Cannabis is the illicit drug most commonly used by NZ adolescents. Estimates suggest by age 21, 80% of young people will have used cannabis on at least one occasion and 10% will have developed a pattern of heavy dependent use.
- > The effects of cannabis are particularly marked for adolescent users due to the biological effects of cannabis on the developing adolescent brain. Among the adverse effects are:
 - Increased risk of psychosis/psychotic symptoms
 - Increased risk of other mental disorders including depression
 - Increased risk of other illicit drug use
 - Increased risk of school dropout and educational underachievement
 - Increased risk of motor vehicle accidents
- > There is a sound case for reviewing current legislation on the possession of cannabis to obtain a better balance between prohibition and harm avoidance.
- > Drug education programmes currently in NZ show little effectiveness in reducing risks of drug use and robust evaluation of existing programmes is required before further investment in this area is undertaken – Botvin LifeSkills programme does show success.
- > There is growing evidence to suggest the following treatments are effective in treating cannabis abuse and dependence:
 - CBT
 - Motivational enhancement
 - Contingency training
 - Family based intervention
- > A combination of CBT and motivational enhancement over a 6 week period was considered the most cost effective approach of these.

Chapter 21: Adolescent obesity: prenatal and early life determinants of metabolic compromise

- > There has been a rise of over 40% over the last 20 years in the prevalence of childhood obesity
- > Pasifika children are 2.5 times more likely to be obese than children in the total population
- > Extreme obesity affects 1 in 10 Pasifika children, 1 in 20 Māori children and 1 in 100 NZ European children.
- > Children and adolescents who are obese or overweight:
 - Have an increased risk of metabolic and cardiovascular health risk
 - Have lower self esteem
 - Have higher rates of anxiety and depression
 - Suffer social pressures and bullying
 - Are more likely to be involved in substance abuse
 - Demonstrate reduced scores on health related QoL questionnaires
- > Although obesity in childhood is related to poor QoL, few studies have investigated whether weight loss results in improved QoL
- > There are clear links between prenatal conditions and obesity – poor nutrition and/or stress in pregnancy leads to greater risk of obesity and metabolic disorder

- > These effects need not be permanent – early environmental enrichment may ameliorate these impacts
- > The impact of lifestyle interventions on influencing BMI is small
- > School based interventions are effective only in the short term
- > There are a lack of studies targeting the prenatal time period as the period for intervention
- > Recommendations for investment include:
 - Investment in evaluation of antenatal/postnatal education programmes targeting high risk populations emphasising healthy pregnancy
 - Empirical evaluation of the Plunket system and whether there is room for reprioritisation into structured support for pregnant women
 - Structured support programmes for young mothers – a properly controlled intervention trial.

Chapter 22: From evidence to policy, programmes and interventions

- > The preceding chapters provide a range of recommendations that can be broadly classified as:
 - Universal (applied to all adolescents e.g. raising the drinking age)
 - Programmes targeted toward at risk young people and their families (e.g. home visiting and centre-based programmes)
 - Interventions targeted at young people who have already experienced problematic outcomes (e.g. CBT for depression)
- > This chapter focuses on three areas:
 - The use of the Prevention Science paradigm as a framework for identifying, implementing and evaluating policies, programmes and interventions;
 - Kaupapa Māori perspectives on policy development, and programme selection and evaluation; and
 - Reconciliation of both using the He Awa Whiria (Braided Rivers) model. This model allows the integration of the two separate approaches to ensure all voices and perspectives are heard in identifying, implementing and evaluating policies, programmes and interventions.

Date: July 2012
Principal author: Jill Clendon

Correspondence to: nurses@nzno.org.nz

Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

© 2012 This material is copyright to the New Zealand Nurses Organisation.

Apart from any fair dealing for the purpose of private study, research, criticism or review, as permitted under the Copyright Act, no part of this publication may be reproduced by any process, stored in a retrieval system or transmitted in any form without the written permission of the Chief Executive of the New Zealand Nurses Organisation (NZNO), PO Box 2128, Wellington 6140.

ISBN: 978-1-877461-49-1