

## **Building Fences at the Top of the Cliff: Why Socioeconomic Policy Is Youth Mental Health Policy**

*Reflections from the CEO of Skylight*

Every week, I meet rangatahi and whānau who are doing everything right and still struggling. That's what keeps bringing me back to a simple, confronting truth: the socioeconomic determinants of health shape youth mental health so profoundly that frontline services can feel like an ambulance permanently parked at the bottom of a very high cliff.

We'll always turn up with care and skill - that's our mission. But if we want different outcomes, we also need to build fences at the top: decent incomes, stable housing, inclusive schools, supported parents, safe communities, and services that are easy to access without stigma.

The World Youth Report on Youth Mental Health and Well-being examines how youth mental health and well-being are shaped by six social determinants – education, employment, family dynamics, poverty, technology, and societal attitudes. It highlights how inequalities in these areas create disparities in mental health outcomes and that stigma, discrimination, and unequal access to opportunities and care compound risks for young people.

### **Poverty and mental health are not separate stories**

The evidence is stark. Socioeconomically disadvantaged tamariki and rangatahi are two to three times more likely than their more advantaged peers to develop mental health problems. Persistently low socioeconomic status is strongly related to the onset of mental health difficulties, with low household income and low parental education among the strongest predictors. Pathways include economic stress, chaos in the home, and community violence, often mediated by parental depression, conflict, and parenting practices shaped by relentless pressure.

This isn't about a lack of love or effort. It's about what poverty does to families over time.

### **Homelessness, inequality, and what matters most**

Homelessness is both a cause and a consequence of poor mental health. Young people experiencing homelessness show higher rates of depression, PTSD, anxiety and substance use than their housed peers. At a population level, socioeconomic status shows a stronger and more consistent relationship with poor youth mental health than economic inequality alone - though inequality appears to influence the gender pattern of suicide (a higher male-to-female ratio among 15–19-year-olds). In other words, whether families have enough - income, stability, support - matters enormously.

### **What protects young people - even in tough contexts**

We also see resilience. Protective factors include a sense of purpose, higher self-esteem, and healthy coping mechanisms. That's one reason whole-school approaches and social and emotional learning (SEL) are so important: schools are universal, non-stigmatising environments where emotional literacy, help-seeking and coping skills can be built early and for everyone. At Skylight, our school-based programmes are central, not peripheral, to prevention.

### **Digital life: promise and risk**

For more than five decades, researchers have studied bullying; in recent years, cyberbullying has taken centre stage. The evidence is consistent: more time online is associated with a higher likelihood of involvement in cyberbullying, and being cyberbullied harms mental health. The core dynamics, however, mirror offline bullying (relational, verbal, physical, electronic). Poly-victimisation - experiencing both in-person and online bullying - is the most damaging, likely because it feels inescapable. I am forever grateful that my child and teenage years were not 100% all on digital experiences. Mistakes would fade, and people could be physically avoided or forgotten.

At the same time, the online world can be protective for some young people, especially non-binary and LGBT youth, providing social connection, identity affirmation, and belonging they may not find offline. Digital interventions can help - if we design them to avoid widening inequities for those without reliable devices, data, or safe digital spaces.

### **Culture, identity and the weight of norms**

Mental health isn't experienced in a vacuum; it sits inside culture, identity and social norms:

- Gender inequality and rigid gender norms undermine mental health for boys, girls, men, women, and gender-diverse youth. Poverty-related risks need to be addressed in suicide prevention - particularly for young men - while we also promote self-esteem, purpose and healthy coping.
- Stigma remains a major barrier to help-seeking, amplifying social and economic exclusion. Where schools and communities talk openly about mental health, engagement improves.
- Discrimination, marginalisation and victimisation - across sexual orientation, gender identity, ethnicity and migration status - are linked to higher risks of depression, anxiety, self-harm and poorer educational outcomes. Structural racism and colonisation have intergenerational effects; yet research tools and datasets too often miss indigenous realities, or aren't validated for indigenous youth. I think we are doing better here in Aotearoa, but I suspect we have a way to go.

- For LGBT and rainbow young people, we should emphasise protective factors - positive identity, self-esteem, social support from friends and family, and effective coping strategies - and build safe, respectful and inclusive environments where adult intervention is expected when discrimination occurs.

### **Family, whānau and the post-migration environment**

Family dynamics are central. Poor family cohesion and adverse childhood experiences (ACEs) are strongly associated with poor mental health; other risks include youth substance use, discrimination and negative parenting. For migrants and refugees, post-migration realities (family functioning, living situation, cultural identity, acceptance, education, and socioeconomic status) can weigh more heavily on mental health than earlier trauma - a reminder that how we welcome families now matters as much as what they survived before.

### **Spirituality, climate and whenua**

There is evidence that religiosity/spirituality can be protective (including lower suicide and self-harm in some contexts). Climate-driven natural disasters increasingly affect youth, with risks spanning PTSD, depression, anxiety and sleep difficulties. For our context in Aotearoa, we see the importance of connections to whenua and whakapapa, and nurturing agency in young people as part of adaptation and recovery.

### **The sentence that should drive our strategy**

If there is one line I want policymakers and funders to hold onto, it's this: **“Maximising adolescent health is key to optimising adult health and wellbeing.”** Investment in adolescence pays forward across lifetimes and generations.

### **What should we do? Policy recommendations from the report – some food for thought**

#### **1. Reduce the impact of poverty on families**

- Expand parenting programmes, supports to reduce family conflict and violence, and dedicated help for parents living with mental illness.
- Tackle stigma, build social networks, reduce isolation, and promote resilience through community-based, strengths-focused initiatives.

#### **2. Make economic fairness real**

- Consider universal basic income and progressive taxation to ensure a fair distribution of income.

- Ensure mental health care is a core part of universal health coverage and expand access to education at every stage.
- What could be achieved if we piloted and evaluated unconditional cash transfers for youth and families, and guarantee equitable access to services in rural and remote regions.

### **3. Prevent suicide with protective environments**

- Promote self-esteem, purpose, and healthy coping in all youth settings.
- Address poverty-related risks explicitly in suicide prevention, with tailored strategies for young men and for gender- and sexually-diverse youth.

### **4. Address neighbourhood risk factors**

- Invest in programmes for young people who are homeless, use substances, are in the youth justice system, or are engaged in survival sex work - with pathways to safe housing, education/employment, and wrap-around care.

### **5. Make every school a protective hub**

- Adopt whole-school approaches to mental health that cultivate safe social-emotional and physical environments.
- Provide SEL programmes for students, and tailored education and support for families and the wider community.
- Ensure school-based supports connect directly to housing, health care, transportation, income security, and employment services when needed.

### **6. Use digital tools wisely**

- Scale evidence-based digital supports for youth while ensuring no one is left behind through device and data access, cultural safety, and protection from online harm.
- Strengthen anti-bullying responses across both offline and online spaces, with particular attention to poly-victimisation.

### **7. Create inclusive, anti-racist systems**

- Invest in anti-racism, anti-discrimination and culturally grounded models of care. We are so proud of our Te Tiriti based approach.
- Validate assessment tools for Indigenous and diverse ethnic youth; research beyond broad demographic categories to understand identity development, intersectionality, and the cumulative impacts of discrimination.

### **8. Back resilience and strengths**

- Fund multilevel, cross-sector models that work across family, education, work, and culture.
- Expand research on resilience and adaptation, recognising that most young people exposed to adversity do not develop mental health disorders - and that protective factors are buildable.

### **What this means for Skylight (and partners)**

- We'll keep delivering school-based programmes that build emotional literacy, belonging and coping - and keep extending our reach to rural schools and kura.
- We'll co-design digital supports that enhance access without widening the digital divide.
- We'll partner with iwi, hapū and Māori providers to anchor programmes in whakapapa, whenua and whānau, and with rainbow organisations to foreground positive identity and protective factors.
- We'll keep using our voice to advocate for income adequacy, universal mental health coverage, education access, and anti-stigma action.

Because if we keep putting most of our resources at the bottom of the cliff, we will always be overwhelmed. The most responsible mental health strategy we have is to change the conditions that push young people over the edge in the first place - and to equip and empower them, their whānau, and their schools with the strengths to thrive.