



Commissioner for Children and Young People
Western Australia

Progress update for agencies on the recommendations from the 2015 Our Children Can't Wait report

September 2020

Recognising Aboriginal and Torres Strait Islander People

The Commissioner for Children and Young People WA acknowledges the unique contribution of Aboriginal people's culture and heritage to Western Australian society. For the purposes of this document, the term 'Aboriginal' encompasses Western Australia's diverse language groups and also recognises those of Torres Strait Islander descent. The use of the term 'Aboriginal' in this way is not intended to imply equivalence between Aboriginal and Torres Strait Islander cultures, though similarities do exist.

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Message from the Commissioner

The mental health and wellbeing of our Western Australian children and young people is of critical importance.

Positive mental health provides the foundation for children and young people to successfully and positively navigate their lives and experiences. For the children and young people who experience poor mental health, it is vital they receive the supports that they need.

This progress update indicates that the WA mental health system still does not adequately plan for, invest in, and support the mental health needs of our children and young people, and their families. There is also limited evidence to determine whether mental health outcomes for children and young people are improving as a result of the services that they are receiving.

I am concerned that despite the recommendations made by my office in 2011 and 2015, and those made through at least eight reviews and inquiries on the mental health system in WA, the gaps for children and young people remain.

The views of children and young people collected by my office through consultations and my recent Speaking Out Survey demonstrate that their mental health is a serious issue. The survey identified that there is a considerable percentage of children who do not view their lives positively and a substantial number of Year 7 to 12 students reporting poor life satisfaction, low self-esteem, high levels of stress and the feeling they can't cope with life's challenges.

While this does not necessarily indicate the presence of diagnosable mental illness, it shows that there is a strong need to improve children and young people's mental health and wellbeing, prevent the onset or escalation of symptoms of poor mental health, and, where needed, provide appropriate treatments and supports.

Despite both State and Australian Government agencies having strategies in place to coordinate and deliver mental health services, there is a lack of a comprehensive and collaborative approach to ensure that children and young people, and their families, have access to the services required to support positive mental health outcomes.

Financial investment and on-ground resourcing are required to address the mental health needs of children and young people, boost the capacity and capability of the existing service system, shift investment to prevent the onset of poor mental health, and commit to long-term funding for services rather than short-term funding cycles.

Unless we address mental health issues during childhood and adolescence, and do so early on when symptoms start to emerge, children and young people will more likely grow up to be adults burdened by ongoing poor mental health.

We must do all that we can to equip children and young people with the foundation of positive mental health so that they can thrive into the future.

Colin Pettit
Commissioner for Children and Young People

Executive summary

A key function of the Commissioner for Children and Young People is to monitor and oversight the wellbeing needs of children and young people in Western Australia (WA).

Over the past 11 years, the Commissioner has worked to monitor and advocate on the mental health needs of children and young people in WA. Most significantly, this work has included the 2011 *Inquiry into the mental health and wellbeing of children and young people in Western Australia* (2011 Inquiry), and the 2015 follow up *Our Children Can't Wait Report: Review of the implementation of the Inquiry into the mental health and wellbeing of children and young people in Western Australia* (2015 Review). Through both of these reports, the Commissioner made recommendations on what was required to improve the mental health outcomes of children and young people across WA.

This progress update investigates the progress of the 12 recommendations made in the 2015 Review, as well as monitoring the ongoing priority issues in the area of children and young people's mental health.

In order to review progress, the Commissioner wrote to agencies responsible for the delivery and coordination of mental health services, or services for vulnerable groups, to identify and report on their progress to address the recommendations of the 2015 Review. The Commissioner provided each agency with a draft version of the progress on the recommendations and an opportunity for them to review and submit supplementary information and comment where required. The supplementary information has been incorporated into this progress update where appropriate. As information was provided by agencies to the Commissioner between mid to late 2019, activities since then may not be reflected in this progress update.

The agency responses outlined their activities and services operating in the area of children and young people's mental health and the initiatives they have undertaken to improve service cohesion and planning. However, despite this, there is limited evidence that progress has been made in improving mental health service coordination and delivery for children and young people, or that their mental health is any better than it was eight years ago when the initial 2011 Inquiry report was released.

Overview of progress on the recommendations

<p>Recommendation 1 Initiatives in the <i>Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025</i> aimed at improving services and supports for children and young people with severe mental illness and meeting the needs of vulnerable groups of children and young people be fully resourced and implemented.</p>	Limited progress evident
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<p>Recommendation 2</p> <p>The Mental Health Commission report annually on the progress on implementation of the <i>Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025</i> and key outcomes for children and young people aged 0 to 18 years in regional and metropolitan areas.</p>	<p>Limited progress evident</p>
<p>Recommendation 3</p> <p>The Australian Government implement the findings and recommendations from the <i>Report of the National Review of Mental Health Programmes and Services</i> in relation to children and young people and their families, including Aboriginal children and young people and those living in regional areas.</p>	<p>Some progress evident</p>
<p>Recommendation 4</p> <p>The number of Child and Parent Centres be increased to support more children aged 0 to eight years and their families statewide, and services be expanded to include mental health early intervention and treatment programs.</p>	<p>Limited progress evident</p>
<p>Recommendation 5</p> <p>The WA and Australian Governments work collaboratively to improve planning and increase resources for mental health promotion, prevention and early intervention services for children and young people, to ensure children and young people across WA have access to the full continuum of services and programs they require.</p>	<p>Limited progress evident</p>
<p>Recommendation 6</p> <p>A detailed assessment be undertaken by government of the availability and effectiveness of existing parenting programs and services in WA and a model of service delivery be developed to support more equitable access to quality parenting advice and support, especially for parents at risk, tailored to children and young people’s key life stages and transition points. This needs to include both universal and targeted support, be culturally appropriate, and across all ages.</p>	<p>Some progress evident</p>
<p>Recommendation 7</p> <p>Schools be resourced to provide whole-of-school approaches that have been demonstrated to be effective in promoting resilience and supporting social and emotional learning.</p>	<p>This recommendation is being progressed through a separate process and project of the Commissioner for Children and Young People.</p>

<p>Recommendation 8</p> <p>A model of integrated services be piloted in primary and secondary schools, to provide better access to mental health and wellbeing supports and services for children and young people and their families.</p>	<p>This recommendation is being progressed through a separate process and project of the Commissioner for Children and Young People.</p>
<p>Recommendation 9</p> <p>Government agencies to report on the Rapid Response Framework in their annual report to demonstrate how they have prioritised access to services or programs to meet the health, mental health, disability, educational, housing and other needs for children and young people in care and for care leavers up to 25 years of age.</p>	<p>No progress evident</p>
<p>Recommendation 10</p> <p>The development of a specialised children in care program and dedicated youth forensic mental health service, as outlined under the <i>Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025</i>, be undertaken as a high priority.</p>	<p>Limited progress evident</p>
<p>Recommendation 11</p> <p>More innovative and flexible models of service delivery and support be adopted in regional areas, including wider and better use of technology, local workforce development and funding that takes into account the costs of regional service delivery.</p>	<p>Some progress evident</p>
<p>Recommendation 12</p> <p>More culturally appropriate mental health programs and services be provided for Aboriginal children and young people and their families, to be achieved by initiatives such as employing more Aboriginal staff, cultural competency training and the development and implementation of tailored programs and services. This must include the full continuum of services, from programs supporting wellbeing, addressing trauma and loss and building resilience, through to early intervention and treatment services, tailored to recognise the importance of culture and healing and to address the impact of intergenerational trauma, particularly for younger ages.</p>	<p>Some progress evident</p>

Background

In 2019, the Commissioner for Children and Young People requested information from government agencies to determine the progress made against the 12 recommendations of the 2015 *Our Children Can't Wait Report: Review of the implementation of the Inquiry into the mental health and wellbeing of children and young people in Western Australia* (2015 Review). A register of the 12 recommendations and information requested from agencies is available in Appendix 1.

Scope of this review

Note that the term 'children and young people' is used throughout this document and includes all children and young people under the age of 18, including infants and young children.

Two of the recommendations of the 2015 Review (Recommendations 7 and 8) relate specifically to initiatives within the school and education sector. In 2018, the Commissioner also published the *School and Learning* consultation report and recommended that 'Governing authorities and stakeholders work with the Commissioner for Children and Young People to develop a best practice model for implementation of social and personal support of schools'.¹ As a result of the link between these recommendations, the Commissioner commenced the Student Wellbeing in Schools project in 2019.

The project aims to explore the issues impacting on student's wellbeing, identify current practice that supports student wellbeing across WA schools, showcase and highlight some examples of best practice, and provide opportunities to strengthen responses and approaches to address student wellbeing concerns to ensure students receive the support and assistance they require.

Recommendations 7 and 8 of the 2015 Review are being followed up as part of the Student Wellbeing in Schools project, and therefore are not included in this current review.

This progress update provides a summary and comment on the responses received by agencies in relation to progress against the remaining ten recommendations.

2020 context

Since the Commissioner's initial 2011 *Inquiry into the mental health and wellbeing of children and young people in Western Australia* (2011 Inquiry), there has been significant population and demographic changes for children and young people, as well as structural changes within the mental health sector.

¹ Commissioner for Children and Young People WA 2018, *School and Learning Consultation: Technical Report*, Commissioner for Children and Young People WA, Perth.

Demographic changes

The current population of WA children and young people under 18 has increased by nearly 12 per cent (or 62,300) since the time of the 2011 Inquiry. The increases in population were larger in the years between the 2011 Inquiry and the 2015 Review, however, it has continued to increase in recent years among most age groups, other than the 13 to 17 year-olds where there has been a slight decrease. The largest growth has been in the under 12 age groups, particularly in the four to 12 year-old age group.

The geographic distribution of children and young people across WA remains largely unchanged from the time of the 2011 Inquiry, with around 74.6 per cent of children and young people living in metropolitan Perth, 16.3 per cent living in regional areas, and 9.1 per cent living in remote areas of the State.²

Children and young people's experiences of poor mental health

There is little reliable data to demonstrate the prevalence and extent of mental health issues amongst children and young people in WA, making it difficult to track changes in prevalence and experiences over time.

The second Australian Child and Adolescent Survey of Mental Health and Wellbeing in 2015 assessed that approximately one in every seven children aged four to 17 years had experienced a mental disorder over the past 12 months, with approximately one in every five adolescents aged 11 to 17 years suffering from high or very high psychological distress.³ Although these findings were reasonably consistent with WA research,⁴ they did not include a separate measure to look at the experiences of Aboriginal children and young people. However, previous research in Western Australia found that almost one in four Aboriginal children aged four to 17 years were at high risk of experiencing clinically significant emotional or behavioural difficulties.⁵ Information provided by the Child and Adolescent Health Service to the Commissioner as part of this review states that the prevalence of severe mental illness amongst children and young people is approximately 3.4 per cent,⁶ though it should be noted that similar figures were not provided or available about the prevalence of children and young people experiencing mild to moderate mental health issues.

² Commissioner for Children and Young People 2020, *Profile of Children and Young People in WA – January 2020*, Commissioner for Children and Young People WA, Perth.

³ Lawrence D et al 2015, *The Mental Health of Children and Adolescents: Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*, Department of Health, Canberra.

⁴ Garten A et al 1998, The Western Australian Child Health Survey: A review of what was found and what was learned, *The Educational and Developmental Psychologist*, Vol 15 No 1.

⁵ Zubrick S et al 2005, *The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People*, Curtin University of Technology and Telethon Institute for Child Health Research, p. 25.

⁶ Child and Adolescent Health Service 2019, *Supplementary submission to the Commissioner for Children and Young People*.

The Commissioner's Speaking Out Survey was undertaken in 2019, with over 4,900 students across WA participating. Results highlighted mental health as a critical issue for children and young people, with substantial numbers of Year 7 to 12 students reporting poor life satisfaction, low self-esteem, high levels of stress and the feeling they can't cope with life's challenges.⁷ Also, 60.0 per cent of Year 9 to 12 students reported that they had felt sad, blue or depressed for two or more weeks in a row in the last 12 months, with these rates higher for female than male students. Note that this question was not intended or used as a diagnostic tool for depression and should not be interpreted as such.

Findings from both national and international research suggest the prevalence of mental health issues, particularly amongst adolescents, is increasing and that there are increases in the prevalence of certain mental health issues such as anxiety and depression.⁸ A recent report indicated that rates of psychological distress amongst young people had risen over the past seven years, particularly amongst young women and Aboriginal young people.⁹

Service use and capacity

Over the past 10 years, there have been increases in the number of:

- children and young people accessing and referred to Child and Adolescent Mental Health Services in WA
- students presenting with mental health issues to school nurses in government schools in the Perth metropolitan area
- young people receiving headspace services
- young people presenting at emergency departments with a mental health problem.^{10,11,12}

⁷ Commissioner for Children and Young People 2020, *Speaking Out Survey – Summary Report*, Commissioner for Children and Young People WA, Perth.

⁸ Youth Mental Health Sub Network Western Australia n.d, *Position Paper: Increases in youth mental health service utilisation*, Youth Mental Health Sub Network, Government of Western Australia.

⁹ Hall S et al 2019, *Can we Talk? Seven Year Youth Mental Health Report - 2012–2018*. Mission Australia: Sydney, NSW.

¹⁰ Commissioner for Children and Young People, *Indicators of Wellbeing - Healthy and connected: Mental Health*, Commissioner for Children and Young People WA, Perth. Retrieved online at <https://www.cyp.wa.gov.au/our-work/indicators-of-wellbeing/age-group-12-to-17-years/mental-health/>

¹¹ Youth Mental Health Sub Network Western Australia n.d, *Position Paper: Increases in youth mental health service utilisation*, Youth Mental Health Sub Network, Government of Western Australia.

¹² Child and Adolescent Health Service 2019, *Supplementary submission to the Commissioner for Children and Young People*.

Studies have shown gaps in the number of children and young people who meet the criteria for a mental health diagnosis and the level of access offered by specialist mental health services.¹³ Service capacity issues exist across a range of mental health services for children and young people in WA, particularly for those in regional and remote areas, as well as gaps and absences in the types of services that are available for children and young people.^{14,15}

Additionally, in its supplementary response to the Commissioner, the Child and Adolescent Health Service provided information about its limited capacity to meet current need, with estimations that approximately one in five WA children and adolescents with a moderate to severe mental illness are unable to access its service.¹⁶

It is important to note that mental health service use should not be used to measure the prevalence of mental health issues. A range of factors may impact service utilisation, including service availability, knowledge of the available services, or other barriers such as stigma and shame around seeking help.

Mental health strategies and reviews

Strategies that have been developed and implemented since 2015 to address the mental health and broader wellbeing needs of people across WA, and nationally, include:

- *Fifth National Mental Health and Suicide Prevention Plan 2017–2022*
- *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*
- *Western Australian Mental Health Promotion, Mental Illness and Alcohol and Other Drug Prevention Plan 2018–2025*
- *Western Australian Mental Health, Alcohol and Other Drug Accommodation and Support Strategy 2018–2025*
- *Western Australian Alcohol and Drug Interagency Strategy 2018–2022*
- *Western Australian Aboriginal Health and Wellbeing Framework 2015–2030*
- *Western Australian Building Safe and Strong Families: Earlier Intervention and Family Support Strategy*
- *First Interim State Public Health Plan (Western Australia)*
- *Resilient Families, Strong Communities: A roadmap for regional and remote Aboriginal communities (Western Australia)*
- *Western Australian Youth Health Policy 2018–2023*
- *Western Australian Men’s Health and Wellbeing Policy*

¹³ Ibid.

¹⁴ Commissioner for Children and Young People 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People, Perth.

¹⁵ Commissioner for Children and Young People 2015, *Our Children Can’t Wait – Review of the implementation of recommendations of the 2011 - Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People, Perth.

¹⁶ Mental Health Commission 2019, *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 - Plan Update 2018*, Mental Health Commission, Perth.

- *Aboriginal Youth Health Strategy 2018–2023* (Aboriginal Health Council of WA)
- *Women's Health Policy, Action Plan for At Risk Youth, WA Youth Strategy, Suicide Prevention Strategy 2021–2025* (all in progress).

Inquiries and reviews related to mental health and wellbeing and service provision that have occurred, or have begun, since 2015, include:

- Performance audit of access to Western Australia State-managed adult mental health services - WA Auditor General
- Mental Health Inquiry into the social and economic benefits of improving mental health and subsequent draft report - Productivity Commission
- Review of the Clinical Governance of Public Mental Health Services in Western Australia – WA Department of Health
- Western Australian Sustainable Health Review
- Western Australian Service Priority Review
- Inquest into the deaths of thirteen children and young persons in the Kimberley Region, Western Australia – WA State Coroner
- Inquiry into Aboriginal youth suicide by the Education and Health Standing Committee and subsequent release of *"Learnings from the message stick: The report of the Inquiry into Aboriginal youth suicide in remote areas"* (Western Australia)
- *Review of Quality and Safety in the WA health system: A strategy for continuous improvement*
- Special Inquiry into Government Programs and Projects (Langouland Inquiry) (Western Australia)
- Western Australian School Health Service Review – WA Child and Adolescent Health Service.

The Commissioner is also aware of other reviews that have occurred at the state service provider level, including the:

- North Metropolitan Health Service Mental Health Review
- South Metropolitan Health Service Mental Health Organisational Structure Review
- East Metropolitan Health Service Mental Health governance review
- East Metropolitan Health Service City East Review
- Child and Adolescent Health Service and Perth Children's Hospital Review
- two clinical incident reviews conducted by the WA Country Health Service following the suicide and attempted suicide of two young people who were involuntary psychiatric patients at the time.

The recent *Access to State-Managed Adult Mental Health Services* report by the WA Auditor General provided findings in relation to adult mental health services. While the scope of this report was limited to adult mental health services, many of the findings and recommendations are applicable across child and adolescent services. The findings included that there has been limited progress in the implementation of the WA Mental Health and AOD Plan, that the current mix of mental health services has not changed significantly nor improved service access for people who require it under the plan, and that there is limited

use of data to inform the planning, modelling and delivery of required services across the State.¹⁷

Other strategic changes

The *Health Services Act 2016* provides a legislative framework to restructure the WA public health system, with the vision to ultimately improve its quality and sustainability. Under the Act, the Department of Health has been established as the System Manager responsible for the overall direction of the WA health service system, with individual Health Service Providers being established as separate authorities delivering localised health services, including mental health services, for their regions.¹⁸ This was to create a more responsible and flexible health system which reflects the needs of their communities, improves accountability and transparency and provide for a more sustainable health system.¹⁹ This means that the delivery of mental health services for children and young people now falls under the responsibility of a range of individual Health Service Providers, predominantly the Child and Adolescent Health Service, as well as those with specific programs or services for children and young people.

The Mental Health Commission was established in 2010 to hold responsibility for strategic policy and planning for the mental health sector, as well as commissioning, monitoring and evaluating the mental health services that are required for WA. The Mental Health Commission procures mental health services across WA from the health service system and individual Health Service Providers, as well as from non-government health providers.²⁰

The responsibility for the commissioning of federally funded mental health and suicide prevention activities and programs was transferred to the government's Primary Health Networks in July 2016. Primary Health Networks lead the planning and integration of federal primary health care, including primary mental health and suicide prevention services, within each state and territory, working alongside state bodies and sectors to address local needs.²¹ In WA, the WA Primary Health Alliance oversees the commissioning functions of the state's three Primary Health Networks - Perth North, Perth South and Country WA.

¹⁷ Auditor General 2019, *Access to State-Managed Adult Mental Health Services*, Office of the Auditor General, Perth.

¹⁸ Department of Health 2016, *The Health Services Act 2016: A snapshot*, Health Reform Fact Sheet, Department of Health, Perth. Retrieved online <https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Health%20Reform/Fact%20Sheet%20-%20The%20Health%20Services%20Act%202016%20-%20Snapshot.pdf>

¹⁹ Department of Health 2016, *Changes to the governance of WA Health – Overview* – Health Reform Fact Sheet, Department of Health, Perth. Retrieved online <https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Health%20Reform/Changes-to-the-governance-of-WA-Health-Fact-Sheet.pdf>

²⁰ Department of Health 2016, *Fact Sheet: Governance of Mental Health Services*, Department of Health, Perth. Retrieved online <https://www.mhc.wa.gov.au/media/2602/fact-sheet-governance-of-mental-health-services.pdf>

²¹ Department of Health 2019, *Supplementary submission to the Commissioner for Children and Young People*.

The National Disability Insurance Scheme (NDIS) is currently being rolled out, with all participants of the previous state-based NDIS transferring to the nationally delivered National Disability Insurance Agency NDIS program. Severe and persistent mental illness can impact on an individual's capacity to participate and carry out daily tasks, in which case they may be considered to have a psychosocial disability and eligible for support under the scheme. There are a range of challenges and barriers to people being able to access the required support under the NDIS, including demonstrating the permanency of their mental illness in order to access support, given mental health conditions often fluctuate and vary over time; lengthy wait times for support; challenges for people with a psychosocial disability to engage with the NDIS because of their capacity; and limited understanding of the NDIS amongst parents and families.

There may be additional issues for children and young people and their families who require support under the NDIS, including not being able to access a formal diagnosis for younger children, barriers for families who are facing poverty and disadvantage to engage with the assessment process, and challenges in getting the required family and community-based supports.²² The National Psychosocial Support Bilateral Agreement has been developed to provide psychosocial support for people with a mental illness that are not eligible for the NDIS, however, this requires ongoing monitoring to ensure that this results in positive outcomes for those the funding is intended to impact.²³

²² Children and Young People with Disability Australia 2019, *CYDA Submission: Improving the NDIS for children and young people with disability and their families*, Children and Young People with Disability Australia, Clifton Hill.

²³ Mental Health Commission 2019, *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 - Plan Update 2018*, Mental Health Commission, Perth.

Progress on the recommendations

The following section provides details the progress made towards each of the recommendations in the Commissioner's 2015 Review.

Each recommendation is accompanied with an explanation of its intent and the context in which the recommendation was originally made, as well as a broad summary of agencies responses, examples of the information received, and some analysis and comment on the information provided.

Progress on each of the recommendations has been determined according to the following definitions:

- Significant progress evident: There is evidence that significant progress has been made towards addressing the recommendation, and the recommendation has been fully met.
- Some progress evident: There is evidence that some aspects of the recommendations have been met or progressed. Additional actions are required to progress and address the recommendation fully.
- Limited progress evident: There is evidence of some activity that may contribute towards addressing the recommendation. Significant action is required to progress and address the recommendation fully.
- No progress evident: There is no evidence to support that any progress has been made towards addressing the recommendation.

Recommendation 1: Initiatives in the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025* aimed at improving services and supports for children and young people with severe mental illness and meeting the needs of vulnerable groups of children and young people be fully resourced and implemented.

Intent of the recommendation: The Commissioner's 2015 Review acknowledged the initiatives proposed through the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025* (WA Mental Health and AOD Plan) to address the significant shortfalls in the mental health service provision available to infants, children and young people. The proposed initiatives were dependent on government budgetary processes and fiscal capacity, with little detail about the level of funding that would be provided to implement these initiatives. The intent of this recommendation was to ensure that the initiatives relating to children and young people in the WA Mental Health and AOD Plan were funded and implemented.

Respondent: Mental Health Commission

The WA Mental Health and AOD Plan included a small number of initiatives aimed at improving services and supports for children and young people. In its response, the Mental Health Commission identified that specific progress for services for children and young people as outlined in the WA Mental Health and AOD Plan has included the:

- establishment of the East Metropolitan Youth Unit (EMyU) – providing a 12-bed specialist youth mental health inpatient services for young people aged 16 to 24 years (located at the Bentley Hospital in the area previously named Bentley Adolescent Unit)
- establishment of 20 specialised mental health beds for children and adolescents up to the age of 15, and clinically appropriate 16 year-olds at Perth Children’s Hospital (12 of which were previously provided for in Bentley Adolescent Unit)
- establishment of eight Youth Hospital in the Home Beds in the North Metropolitan Health Service (beginning in March 2017)
- development of a business case for the development of a Recovery College (for adults aged over 18, but inclusive of young people aged 18 to 24 years)
- ongoing development of a youth mental health sub-plan (due for release in 2020)
- delivery of the Statewide Gender Diversity Service by Child and Adolescent Health Service based at the Perth Children’s Hospital.

Supplementary information was also provided by the Mental Health Commission in regard to other progress made, including the:

- development of the *Mental Health Promotion, Mental Illness, Alcohol and other Drug Prevention Plan 2018–2025* which included strategies for the perinatal and early years (0 to 3 years) and children and young people (4 to 17 years)
- establishment and continued funding of the Youth Community Assessment and Treatment Service from 2016, for young people aged 16 to 24 years in the South Metropolitan region at risk of developing mental health issues – providing assessment and intensive case management services
- establishment of a new child, adolescent and youth psychiatrist position in the Kimberley, although no further information was provided on when this position was filled or if there have been any vacancies in the delivery of this position or service
- establishment of the Wheatbelt Tele-Health Counselling Pilot Project providing e-counselling via Skype to three high schools – in collaboration with the WA Primary Health Alliance and Youth Focus.

This is in addition to other child, adolescent and youth services and programs that are funded by the Mental Health Commission on a recurrent basis.

The Mental Health Commission advised that since 2016, they have provided funding for the Assertive Community Intervention Team and the Acute Response Team, after the cessation of Australian Government funding for these services. These services provide a 24-hour intensive mental health support for children and young people in the community, however, the level of funding allocated by the Mental Health Commission is less than half of the funding that was previously provided for under the Australian Government agreement.

The Mental Health Commission’s response and supplementary information demonstrate that some progress has been made in addressing some initiatives in the WA Mental Health and AOD Plan. However, there is a range of priority areas and service gaps identified in the WA Mental Health and AOD Plan that have not been progressed that require ongoing attention.

These priority areas include perinatal services, community treatment services, community support services, prevention initiatives, forensic mental health services for young people, challenges with the Young People with Exceptionally Complex Needs program, and the need for a statewide subacute inpatient service for youth. There was limited progress evident in the Mental Health Commission's response of any further progress of service delivery in these priority areas, for infants or younger children, or for vulnerable cohorts of children and young people.

The Commissioner also requested a breakdown of funding allocated by the Mental Health Commission specifically to mental health services for children and young people, to determine how appropriate the current levels of funding are to meet the mental health needs of children and young people, and whether there was an equitable distribution of funding to services for children and young people as compared to that of the adult population.

The Mental Health Commission submitted information about the levels of funding provided to Health Service Providers for the delivery of public mental health services, including the amount that has been allocated specifically to non-admitted public mental health services, and the specific amount and percentage of the overall funding for non-admitted public mental health services that has been allocated to dedicated services for children and young people (0 to 24 years). The Mental Health Commission has requested that the Commissioner not publish the figures in this progress update because they are considered to be commercial-in-confidence.

Comparative figures were not provided by the Mental Health Commission in relation to the allocation of funding dedicated to children and young people across admitted public mental health services or across other public mental health services.

The Commissioner also requested further breakdowns of the funding of services for children and young people by certain age groups (e.g. specific funding of services across early years, childhood and adolescence). The Mental Health Commission informed the Commissioner that it is unable to provide this information as Health Service Providers use a number of different age brackets in their delivery of services, which do not consistently align to other services or reporting measures. The Mental Health Commission informed the Commissioner that details of the services funded for different age groups of children and young people may be held by the Health Service Providers and could be collected by contacting each one directly.

Consequently, it is difficult to determine whether the current level of funding is appropriate and proportionate for the population size and demand of services for children and young people, or whether funding is adequately allocated to respond to the needs of children and young people across different developmental stages (e.g. early years, childhood and adolescence).

Progress of Recommendation 1: Limited progress evident.

Recommendation 2: The Mental Health Commission report annually on the progress on implementation of the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025* and key outcomes for children and young people aged 0 to 18 years in regional and metropolitan areas.

Intent of the recommendation: The Commissioner’s 2011 Inquiry and subsequent 2015 Review found a lack of comprehensive data on the mental health and wellbeing of WA children and young people, and little information about the evaluation and impact of programs and services on mental health outcomes of children and young people. The 2015 Review also noted that there were no child-related and very few youth-related evaluation measures or key performance indicators included in the WA Mental Health and AOD Plan. The intent of this recommendation was to improve the collection of accurate and reliable data relating to children and young people, to ensure there was better understanding of the prevalence of mental health issues and associated outcomes for children and young people aged 0 to 18 across WA. The collection of this data would further support the appropriate development, delivery, coordination and evaluation of mental health services.

Respondents: Mental Health Commission and Health Service Providers

Public reporting on the progress of the WA Mental Health and AOD Plan is included to some extent in the Mental Health Commission’s annual reporting processes, capturing the reporting on broad outcomes as well as key initiatives that have been implemented. There is limited detail in this annual reporting process about the progress and status of other planned initiatives that are yet to be implemented.

There has been one formal review of the WA Mental Health and AOD Plan, the Plan Update 2018, which was released in 2019. The Mental Health Commission’s supplementary response to the Commissioner explains that the Plan Update 2018 delivers on the Mental Health Commission’s commitment to a bi-annual review of the service modelling framework and planning tools, addresses strategic changes for the sector, updates the service modelling and reasons for changes to this, and provides a summary of key achievement towards implementing the WA Mental Health and AOD Plan. The Mental Health Commission’s response to this review stated that the services for children and young people are guided by the WA Mental Health and AOD Plan. However, the Plan Update 2018 provides limited details about how specific initiatives related to children and young people are being progressed, or the implementation plans to further guide the delivery of the plan, particularly where strategies are behind schedule.

Given the lack of detail in the WA Mental Health and AOD Plan about the specific breakdown and plans for the provision of dedicated services for children and young people, it is difficult to determine whether the commissioning of services by the Mental Health Commission is sufficient in addressing the need and demand amongst children and young people. The Mental Health Commission does not report publically on any specific key mental health outcomes for children and young people under the age of 18, and as part of this review, recommended that the Commissioner for Children and Young People collect this information directly from Health Service Providers. In their responses, Health Service Providers reported

a range of data and outcomes measurement tools that they use to capture outcomes for children and young people accessing their services, which inform and guide their own clinical and service planning. These include both consumer and clinician completed measures, such as:

- Health of the Nation Outcome Scales - which show whether consumers have demonstrated deterioration, improvement or stabilisation of symptoms
- National Outcomes and Casemix Collection Tools – which can be used to map recovery over a period of time
- Children’s Global Assessment Scale
- Factors influencing Health Status
- Strengths and Difficulties questions (for families)
- access measurements (e.g. occasions of service, treatment provided, wait times and referral pathways)
- clinical service evaluations
- consumer (and parent) evaluation measures, including Your Experience of Service Surveys and Patient Reported Experience Measures Survey.

Some of these measures and outcomes are collated and reported to the Mental Health Commission, WA Department of Health, and nationally to organisations such as the Australian Institute of Health and Wellbeing and Australian Mental Health Outcomes and Classification Network. At a state level, this includes being entered into the Psychiatric Services Online Information System, the statewide mental health patient management and clinical information system. This data is evaluated both at an organisational level to monitor trends, opportunities for service improvement and for clinical planning, as well as evaluated through the state and national bodies detailed above.

The focus for Health Service Providers reporting to the Mental Health Commission is based around established Key Effectiveness Indicators, which predominantly measure how services are performing and their activity, rather than the specific outcomes that they are achieving in relation to children and young people’s mental health.

The responses received from the Mental Health Commissions and Health Service Providers demonstrate gaps and inconsistencies in the way that outcomes are measured and monitored in the mental health sector, and there appears to be some difficulty in determining how well services are performing or whether they are achieving improved mental health outcomes for children and young people. The challenges in interpreting outcomes in this area are impacted by inconsistency in how and when information and outcomes are collected at a service level; reporting measures that do not appropriately capture the needs and experiences of children and young people, particularly Aboriginal children and young people; and a reliance on measures relating to the delivery and activity of a service rather than those that measure mental health outcomes for patients or consumers as a result of that service delivery. Further challenges exist because there is no one central or independent organisation that provides regular and ongoing monitoring and oversight of mental health outcomes for children and young people receiving state-funded

services or that reviews how adequate and effective current services are in improving mental health outcomes and addressing need for children and young people.

Progress of Recommendation 2: Limited progress evident.

The Commissioner notes that the Mental Health Commission, in its supplementary response, is of the view that their reporting on the implementation of the WA Mental Health and AOD Plan (as detailed in Recommendation 1) demonstrates that there is 'some progress evident' towards this recommendation, rather than the 'limited progress evident' that the Commissioner has reported.

Recommendation 3: The Australian Government implement the findings and recommendations from the Report of the National Review of Mental Health Programmes and Services in relation to children and young people and their families, including Aboriginal children and young people and those living in regional areas.

Intent of this recommendation: The Commissioner's 2015 Review found the need for better collaboration and coordination between the WA and Australian Governments, and a comprehensive and integrated approach across and within government, to plan for and provide the full range of programs and services needed to maintain and improve the mental health and wellbeing of WA children and young people. The intent of this recommendation was that the findings and recommendations of the report of the National Review of Mental Health Programmes and Services be implemented.

Respondent: Australian Department of Health

The Australian Department of Health's response provided an overview of the different federal services and initiatives to support children and young people's mental health. The Australian Government released a public response to the recommendations of the National Review of Mental Health Programmes and Services in 2015, providing an overview on how the recommendations would be implemented or considered. There is no further public information detailing the specific progress towards implementing or addressing the recommendations.

In reviewing the activity reported by the Australian Department of Health and information provided in their supplementary submission, there does appear to be some progress towards addressing recommendations of the National Review of Mental Health Programmes and Services. This includes the development of the Fifth National Mental Health and Suicide Prevention Plan, establishing the role of Primary Health Networks in the planning and commissioning of localised mental health services, the delivery of the National Support for Child and Youth Mental Health Program, and the funding of suicide prevention trial sites.

Progress of Recommendation 3: Some progress evident.

Recommendation 4: The number of Child and Parent Centres be increased to support more children aged 0 to eight years and their families statewide, and services be expanded to include mental health early intervention and treatment programs.

Intent of this recommendation: The Commissioner's 2015 Review identified insufficient mental health services and supports for children aged 0 to 12 years, and the need to focus on the specific needs of infants and young children, and their families, to support and promote their healthy long-term development.

Child and Parent Centres were identified as a model of integrated service delivery that helps to facilitate access for parents of young children to a range of early childhood programs, parenting information and supports. At the time of the 2011 Inquiry and the 2015 Review, there were no mental health interventions and treatment programs being delivered at the Centres. The intent of this recommendation was that the number of Child and Parent Centres increased across WA, and that mental health services were provided at the Centres.

Respondent: WA Department of Education

There has been limited expansion in the number of Child and Parent Centres in WA since the recommendations of the Commissioner's 2015 Review. The response from the Department of Education stated that five centres have opened in this time. These were previously Australian Government Child and Family Centres, and funding, governance and oversight for these centres transferred to the WA Government in 2015, at which point they became Child and Parent Centres. One additional centre will be established at Arbor Grove Primary School, with construction to occur in the 2019–2020 financial year.

The response from the Department of Education outlined that while all of the centres provide programs and services with a preventative mental health component and are based in early prevention and intervention, only ten of the 21 centres actually provide any specific mental health treatment programs (e.g. counselling, therapy and psychology services), with no centre having a permanent or full-time clinical psychologist or social worker on site. Some of the specific mental health programs being offered in centres include part-time counselling, therapy, social workers, and a range of other early intervention/prevention programs which focus predominantly on building parenting capacity and parental skills. Three school psychologists have been employed by the Department of Education to provide the Positive Parenting Program for families and a range of other services such as protective behaviours, mindful parenting and separation anxiety, however, this has been in place since 2014 prior to the 2015 Review. The variation in mental health service delivery is explained as being a result of varying demand for services across centres, limitations on building sizes, or other existing services that operate in the area.

In 2017, the Department of Education published the *Evaluation of the Child and Parent Centre Initiative*, which appears to have addressed some of the recommendations of this review. Ongoing evaluation, monitoring and review are required to ensure that services are

reaching the vulnerable families it aims to connect with, and are achieving improved outcomes for children and young people and their families.

Progress of Recommendation 4: Limited progress evident.

Recommendation 5: The WA and Australian Governments work collaboratively to improve planning and increase resources for mental health promotion, prevention and early intervention services for children and young people, to ensure children and young people across the State have access to the full continuum of services and programs they require.

Intent of this recommendation: The Commissioner's 2015 Review identified that while there had been some progress on acknowledging and providing for the mental health needs of children and young people from 0 to 18 years in WA and Australian Government planning, significant gaps remained. The report noted that the current WA and Australian Government strategies failed to plan and provide the range of services required to maintain and improve the mental health of children and young people in WA. Particular gaps existed for different population groups, as well as different types of services and programs, including for children and young people presenting with severe mental health disorders, as well as those with mild and moderate mental illness, and with early signs and symptoms of mental health problems. The intent of this recommendation was to increase the provision of promotion, prevention and early intervention services for children and young people, and to ensure a coordinated approach between WA and Australian Governments.

Respondents: Australian Government Department of Health, Mental Health Commission

The Australian Government Department of Health and the Mental Health Commission provided information about the approaches that they use to plan for mental health service provision for children and young people, both at an individual service level and across organisations.

Both the Australian Government Department of Health and the Mental Health Commission outlined the role of the Primary Health Networks in leading planning and commissioning for mental health and suicide prevention services at a regional level, in collaboration between the Primary Health Networks (through the WA Primary Health Alliance), the Mental Health Commission, and other local stakeholders. Through this process, the WA Primary Health Alliance undertakes a Needs Assessment process for each Primary Health Network to determine unmet health and healthcare needs. This then informs planning and priorities for service delivery for the region and across the State.

The Mental Health Commission included details of work they are undertaking with the WA Primary Health Alliance towards the development of Joint Regional Planning for Integrated Mental Health and Suicide Prevention Services. The Mental Health Commission acknowledged that these Joint Regional Planning processes would identify gaps and priorities within different regions and communities, and that there was the potential that

specific issues for children and young people may be addressed and considered through these processes.

The Australian Government Department of Health provided further examples of planning and delivery of services for children and young people to meet local needs, including the headspace Pilbara regional trial, a Youth Hub site in Albany, and the development of a dedicated funding stream to plan and deliver early intervention services for young people in each Primary Health Network region who have, or at risk of developing, severe mental illness.

While this information indicates positive steps to improving the broad collaboration and planning between State and Australian Government funded services and commissioning bodies, there is limited evidence of how these processes will translate specifically to address the gaps or plan for mental health service provision for children and young people, or increase resources for children and young people across the full continuum of services that they require. There is also a lack of evidence of how collaborations or initiatives have improved resourcing or service offerings for children and young people.

The National Mental Health Service Planning Framework is used by the Mental Health Commission in determining service need and planning. The National Mental Health Service Planning Framework – recognises the need for the tool to undergo further development to adequately account for the mental health needs of young people,²⁴ however, does not identify a similar need for development to account for the needs of children.

Additionally, there is no modelling that has been comprehensively tested to guide optimal services for prevention activities,²⁵ making it challenging to determine whether services in this area are sufficient in meeting demand and need.

These issues are all further compounded by the lack of comprehensive evaluation mechanisms to determine how well the system is delivering the range of services required to meet the needs of children and young people, and if the services are actually achieving the desired improved mental health outcomes.

There is a clear sense from the responses received that several mental health services for children and young people are unable to meet the demand for their services. Additionally, the service gaps for children and young people identified in the WA Mental Health and AOD Plan remain, with gaps in specific community support and community treatment services for children and young people, outreach services, mental health promotion and prevention, appropriate eating disorder treatment for 16 and 17 year-olds, and perinatal services. There is a lack of clarity in the Plan Update 2018 about how these gaps will be addressed, or who

²⁴ National Mental Health Service Planning Framework 2018, *Further development of the NMHSPF*, National Mental Health Service Planning Framework. Retrieved online at <https://nmhspf.org.au/further-development-of-the-nmhspf/>

²⁵ Mental Health Commission 2019, *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 - Plan Update 2018*, Mental Health Commission, Perth.

holds the ultimate responsibility for the delivery and resourcing of these services. There are further gaps in terms of services for children and young people presenting with severe mental health disorders, as well as those with mild and moderate mental illness and with early signs and symptoms of mental health problems.

In its response, the Australian Government Department of Health provided an overview of the services it is implementing to address the mental health and wellbeing of children and young people, which included:

- National Support for Child and Youth Mental Health Program (including the Be You national education initiative and the National Workforce Centre for Child Mental Health)
- headspace services
- Early Psychosis Youth Service Program
- support for young people with severe mental illness through Primary Health Networks
- suicide prevention trial site activities and mental health research projects.

There has been significant investment in the funding of headspace services, with the Australian Government committing \$263.3 million over seven years from 2018–2019 to expand the number of headspace centres and support service improvement and capacity at existing centres. The Australian Government has also committed to invest \$30 million to establish 10 new or expanded headspace services over four years from 2020–2021. While this investment goes some way to addressing youth mental health issues, young people who are presenting with moderate to complex and high-risk needs often fall through the gaps in terms of service offerings. These young people, commonly referred to as the ‘missing middle’ in the mental health system,²⁶ often require more specialised care than is available through a primary health care service such as headspace, but do not reach the clinical threshold or have severe enough symptoms to be able to access acute care.

Currently there is no whole-of-system oversight, or a mechanism that systemically measures and maps the current and future mental health needs of children and young people, and the mix of services that are required to address those needs across both state and federally funded services. There is an absence of solid data about the prevalence of mental health issues affecting children and young people, which further compounds the challenges in being able to accurately or adequately plan for services to meet demand, given the prevalence is largely unknown.

The Australian Government has also provided supplementary information about a number of recent announcements of strategies and activities that will be undertaken to address mental health planning in Australia, including:

²⁶ National Mental Health Commission 2014, *Report of the National Review of Mental Health Programmes and Services: Volume 1*, National Mental Health Commission, p. 13.

- a new National Children’s Mental Health and Wellbeing Strategy aimed at children and young people aged 0 to 12, with a focus on preventing mental illness and reducing its impact on children, families and the communities
- 2030 Vision for mental health and suicide prevention, which will inform the approach for mental health care, suicide prevention and wellbeing in Australia
- an announcement by the Federal Minister for Mental Health that the Australian Government would work in partnership with states and territories to develop a single and integrated mental health system across Australia, with a focus on prevention, early diagnosis, mild to moderate treatment, acute treatment and recovery.

Progress of Recommendation 5: Limited progress evident.

Recommendation 6: A detailed assessment be undertaken by government of the availability and effectiveness of existing parenting programs and services in WA and a model of service delivery be developed to support more equitable access to quality parenting advice and support, especially for parents at risk, tailored to children and young people’s key life stages and transition points. This needs to include both universal and targeted support, be culturally appropriate, and across all ages.

Intent of this recommendation: The Commissioner’s 2015 Review recognised that there was poor coordination and integration of parenting programs and supports in WA, as well as gaps in terms of the availability of both universal and targeted programs and supports across geographical locations, across the age span of children and young people, and the type of need and support required. The 2015 Review identified the need for greater awareness of mental health and increased mental health literacy, particularly for parents and caregivers, as well as to improve access to parenting information and support, particularly for families of older children and young people. The intent of the recommendation was to develop a better understanding of the services available and required to meet the needs of parents and families across WA. Since the Commissioner’s 2015 Review report was released, the Department of Communities undertook this assessment and released the Mapping Report of Parent Services in Western Australia.

Respondent: Department of Communities

The Centre for Parenting Excellence commissioned the *Assessment of Parenting Services in Western Australia* report, conducted by AOT Consulting. The final report was provided to the Centre for Parenting Excellence in 2017, and while it was shared amongst sector agencies, it has not been made publically available. The report outlined a range of recommendations to improve the availability and effectiveness of parenting programs and services in WA. In its response, the Department of Communities outlined that it has considered the report’s recommendations in the development of its Early Years Initiative and service design. Further, the Department of Communities has outlined that the functions of the Centre for Parenting Excellence are being transferred back to the department, and that it will further consider and respond to the recommendations of the *Assessment of Parenting Services in*

Western Australia report as part of its strategic priority setting and ongoing work in this area.

In its supplementary response, the Department of Communities informed the Commissioner that support for the Early Years Networks has transitioned from the WA Council of Social Services to the Department of Communities. The Department of Communities states that this will enable better linkages between place-based District Leadership Groups and Early Years Networks and will include support provided to the Early Years Networks to develop strategic plans to address the local needs of parents and children.

The Department of Communities provided details about the actions that they have taken to progress the recommendations of the *Assessment of Parenting Services in Western Australia* report. Ongoing monitoring is required to ensure that the Department of Communities implements the recommendations of the report in full.

Progress of Recommendation 6: Some progress evident.

Recommendation 7: Schools be resourced to provide whole-of-school approaches that have been demonstrated to be effective in promoting resilience and supporting social and emotional learning.

This recommendation is being progressed through a separate process and the Commissioner for Children and Young People's Student Wellbeing in Schools project, which is looking at the role of the education sector in supporting student wellbeing. The project aims to explore the issues impacting on student's wellbeing, identify current practice that supports student wellbeing across WA schools, showcase and highlight some examples of best practice, and provide opportunities to strengthen responses and approaches to address student wellbeing concerns to ensure students receive the support and assistance they require. This will be achieved through a literature review; consultation with sector stakeholders, including the Department of Education, Catholic Education WA and the Association of Independent Schools of WA; as well as through feedback from school principals. This project has commenced, with further information to be released about the findings and outcomes of the project in 2020.

Progress of Recommendation 7: Progress on this recommendation will be assessed through the Commissioner's Student Wellbeing in Schools project.

Recommendation 8: A model of integrated services be piloted in primary and secondary schools, to provide better access to mental health and wellbeing supports and services for children and young people and their families.

This recommendation is being progressed through a separate process and the Commissioner for Children and Young People's Student Wellbeing in Schools project, as described above. The Commissioner will work in partnership with the education sectors to further explore this recommendation.

Progress of Recommendation 8: Progress on this recommendation will be assessed through the Commissioner's Student Wellbeing in Schools project.

Recommendation 9: Government agencies to report on the Rapid Response Framework in their annual report to demonstrate how they have prioritised access to services or programs to meet the health, mental health, disability, educational, housing and other needs for children and young people in care and for care leavers up to 25 years of age.

Intent of this recommendation: The Commissioner's 2011 Inquiry and 2015 Review identified concerns for the mental health and wellbeing of children and young people in or leaving care, in particular, the level of risk and need facing many of these children and young people, and the inadequacy of services being provided to them. The 2011 Inquiry further stated that the cross-government Rapid Response Framework was needed to ensure timely supports to services for children and young people in care, including mental health supports, in order to improve outcomes for these children and young people. The intent of this recommendation was to ensure that the Rapid Response Framework was implemented to prioritise service access for children and young people in care and leaving care.

Respondent: Department of Communities

This recommendation related specifically to WA Government agencies reporting on and demonstrating how they have prioritised access to services under the Rapid Response Framework for children and young people in care or leaving care. This information is not publicly available, and therefore information was requested directly from the Department of Communities.

There is limited evidence in the response from the Department of Communities about how the Rapid Response Framework has improved outcomes or achieved prioritised service access for children and young people with a care experience in WA to date. No information was provided about how specific government agencies are working to meet the Rapid Response Framework, or how it is prioritising access to services for children and young people in care, or with a care experience.

In its response, the Department of Communities acknowledges the economic pressures affecting government services and the continued difficulty facing workers in being able to access services under Rapid Response. It also outlined that legislative amendments have

been recommended through the *2017 Review of the Children and Community Services Act 2004* to strengthen the Rapid Response Framework, with these proposed amendments requiring certain public authorities to be prescribed in regulations and prioritise requests for children and young people in care, under a protection order, or who have left care and are under the age of 25. The Department of Communities advised that it is working with members of an interagency working group to develop a new framework to operationalise the amendments, by defining the responsibilities and service response parameters of agencies under the new legislative requirements. The development of this new framework will also be informed by feedback from child protection staff, carers, and children and young people with a care experience, as well as by identifying opportunities to improve service access emerging from current initiatives supporting young people leaving care (including the Towards Independent Adulthood and Home Stretch WA trials).

The Department of Communities also outlined a range of options it is exploring to improve accommodation and housing options for young people leaving care, including a review of the Department of Communities operational guidelines on this matter and the Assisted Rental Pathways Pilot.

The Commissioner appreciates the above activity, however, there is no evidence to demonstrate any specific achievements or progress in prioritising access to services needed by children and young people in out-of-home care.

Progress of Recommendation 9: No progress evident.

Recommendation 10: The development of a specialised children in care program and dedicated youth forensic mental health service, as outlined under the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025, be undertaken as a high priority.

Intent of this recommendation: The Commissioner’s 2011 Inquiry and 2015 Review highlighted the urgent need for better mental health supports and treatment for vulnerable and at-risk children and young people who had experienced significant abuse and trauma, specifically for children and young people in care and for those requiring a forensic mental health facility.

The 2011 Inquiry and 2015 Review identified that children and young people in care have a higher prevalence of mental health issues than other children and young people, however, there were insufficient services available to meet the mental health needs of children and young people in care. The reports also found there were no dedicated, secure forensic mental health facilities for children and young people with a mental illness in WA. While this is outlined as a priority under the WA Mental Health and AOD Plan, the plan further states this facility will not open in 2025.

The intent of this recommendation was to ensure that children and young people in care had access to specialist mental health assessment, referral and early intervention and treatment services; and that a dedicated forensic mental health unit for children and young

people be established to meet the needs of those who are mentally unwell and need to be held in custody.

Respondents: Mental Health Commission, Department of Communities, Department of Justice

There has been no progress in developing a specialised children in care program, despite this being identified as a priority area in the WA Mental Health and AOD Plan. In the responses, it has been revealed that a joint business case for a Children in Care program was submitted by the Mental Health Commission and Department of Communities to the WA Government through regular budgetary processes in 2015 but did not secure funding to progress. There are no clear plans in place around how this service will be progressed, or any alternative models that are being considered to ensure appropriate mental health service access for children and young people in care.

In its response, the Department of Communities outlined the strategies being used to address the mental health needs of children and young people in care, or children and young people in care with complex needs. The Department of Communities also acknowledged that these strategies cannot take the place of more specialised services. The strategies reported by the Department of Communities include:

- development and implementation of the Needs Assessment Tool, which includes an assessment of mental health needs (amongst other needs) for children in care. This is reviewed annually and/or when there are significant changes to children's needs or circumstances
- Complex Care model for children in care with high needs to better align resources to individual children
- evaluation of the Kath French Secure Care Centre and consideration of recommendations, including a recommendation that a specialised children in care mental health program be developed as a priority
- evaluation of Young People with Exceptionally Complex Needs program for young people with complex needs that span across different agencies
- the development of the Action Plan for At Risk Youth, with consideration of the findings from the evaluations of the Kath French Secure Care Centre and the Young People with Exceptionally Complex Needs program
- project to explore drivers of voluntary out-of-home care for children with complex needs (e.g. with a disability) and a response to better meet the needs of these children and their families
- reviewing the agreement with the Child and Adolescent Mental Health Service to improve service delivery and support for children and young people.

These strategies need to be monitored and evaluated over time to ensure they are achieving improved mental health outcomes and services responses for children and young people in care.

To date, there are no forensic mental health beds for young people, despite this being an identified priority area in the WA Mental Health and AOD Plan. In their responses, the

Mental Health Commission and Department of Justice outlined a number of meetings that were held in 2018 and 2019 to explore the viable options to commission youth forensic mental health beds. The responses pointed to a range of challenges that the agencies have faced in establishing and resourcing the capital and clinical response required for this service. The responses and the Plan Update 2018 provide no concrete plans or details about how or when these beds will be established, or alternatives to appropriately manage children and young people with forensic mental health needs. In 2019, the Australian Government pledged \$14.8 million towards a new dedicated 10-bed forensic mental health ward for young people in WA. This is being funded under the Australian Government's Community Health and Hospital Program and will support the capital costs of building infrastructure.

The Mental Health Commission informed the Commissioner that they have committed funding in the 2019–2020 budget specifically for the purposes of planning for the decommissioning and reconfiguration of mental health services and divestment activities at the Graylands Hospital site. This planning work will include a focus on expanding and modelling for forensic services, with youth being identified as a priority.

In its response, the Department of Justice outlined the current mental health service provision for young people within Banksia Hill. This includes a three-tiered model of mental health care which provides young people with services to address their assessed mental health needs, a full-time Mental Health Nurse, a visiting psychiatrist from the State Forensic Mental Health Service (1 day a week), and 6.4 FTE of clinical/counselling/forensic psychologists who work in collaboration with mental health staff to provide services to young people with complex trauma, mental health issues and who are at suicide risk. There is no data available to indicate whether this level of service is adequately meeting the needs of the young people in Banksia Hill; however, in its response, the Department of Justice outlined that the access to mental health care services for youth at Banksia Hill is considered to be below acceptable general community standards.

The Children's Court Links program is still in place, providing mental health assessment and support to children and young people appearing before the Children's Court.

Progress of Recommendation 10: Limited progress evident.

Recommendation 11: More innovative and flexible models of service delivery and support be adopted in regional areas, including wider and better use of technology, local workforce development and funding that takes into account the costs of regional service delivery.

Intent of this recommendation: The Commissioner's 2011 Inquiry and 2015 Review highlighted the lack of mental health services and supports for regional children and young people, and the need to develop more innovative and flexible models of support and funding. The 2015 Review referred to the issues facing rural and remote mental health services, including workforce shortage and transience, inadequate funding for regional delivery costs, and the need to utilise technology and build community capacity to support

better mental health outcomes. While the WA Mental Health and AOD Plan in 2015 outlined the need to improve service delivery across regions and the need to build capacity of the workforce, there was little detail about the planned service delivery for children and young people in regional areas, or the specific actions to develop the child and adolescent mental health workforce across the regions.

The intent of this recommendation was to ensure that children and young people in regional areas were better able to access quality services, including through the use of technology; the local community workforce are better positioned to support mental health provision for children and young people; and funding arrangements which reflected the true costs of delivering services in regional and remote WA.

Respondents: Mental Health Commission (on behalf of Health Service Providers) and the WA Primary Health Alliance

Across regional and remote WA, there are often limited service offerings for children and young people across the continuum of services that they require, which can be further exacerbated for those living in more remote locations. There has been some investment in improving mental health services access for children and young people living in regional and remote areas, including increased use of teleservices and online services (such as psychiatric and counselling services). Additional funding has been provided to the WA Country Health Service to improve services for children and young people across the Kimberley, Pilbara, South West, Wheatbelt and Great Southern areas; however, it is unclear from the responses for what period of time this funding has been allocated. The Mental Health Commission provided detail on the amount of funding provided but have requested this not be included in this progress update as it is considered to be commercial-in-confidence.

There are limited options for children and young people experiencing acute mental health issues who require hospital admission outside the Perth metropolitan area. This is coupled with ongoing issues relating to the timeliness and appropriateness of triage and transfer for these children and young people to appropriate care settings in the metropolitan area.²⁷

The Country WA Primary Health Network has commissioned some specific programs for young people in the regions including suicide prevention initiatives, headspace service delivery, capacity building initiatives for general practitioners and community members around youth mental health and other programs, however, this is not occurring across all regions.

The responses do not provide details around the processes which have been used to determine the prevalence of issues in specific areas, the demand for services, or the modelling used to determine the mix of services required in particular regional locations.

²⁷ Mental Health Advocacy Service 2019, *MHAS Annual Report 2018-2019*, Mental Health Advocacy Service, Perth.

The WA Primary Health Alliance provide some details about the outcome measurements that are used across all funded services, as well as the specific monitoring mechanisms used across headspace services to measure access, engagement and outcomes for young people accessing this service.

While some examples of workforce training initiatives were detailed, it was difficult to determine any real progress in terms of developing local regional workforces to support mental health service delivery for children and young people and their families, as there continue to be challenges in recruiting and maintaining professionals to mental health positions in regional and remote areas. This was evident in the Coronial Inquest into the deaths of thirteen children and young persons in the Kimberley Region, Western Australia, where mental health professionals and clinicians were not always readily available to address the mental health needs of the children and young people in their communities.²⁸

Progress of Recommendation 11: Some progress evident.

Recommendation 12: More culturally appropriate mental health programs and services be provided for Aboriginal children and young people and their families, to be achieved by initiatives such as employing more Aboriginal staff, cultural competency training and the development and implementation of tailored programs and services. This must include the full continuum of services, from programs supporting wellbeing, addressing trauma and loss and building resilience, through to early intervention and treatment services, tailored to recognise the importance of culture and healing and to address the impact of intergenerational trauma, particularly for younger ages.

Intent of this recommendation: The Commissioner's 2011 Inquiry and 2015 Review outlined that Aboriginal children and young people are at increased risk of experiencing mental health problems due to the ongoing disadvantage that they face. These reports highlighted gaps in culturally appropriate mental health services for Aboriginal children and young people, in the workforce capacity to support Aboriginal children and young people, and a lack of holistic mental health and wellbeing services to build cultural connections and support Aboriginal children and young people and their families. The intent of this recommendation is to increase the provision of culturally appropriate services for Aboriginal children and young people across the continuum of services and improve workforce capacity to support Aboriginal children and young people and their families.

Respondents: Mental Health Commission, Aboriginal Health Council of WA, WA Primary Health Alliance, WA Department of Health, Australian Department of Health, WA Country Health Service

²⁸ Coroner's Court of Western Australia 2019, *Inquest into the deaths of thirteen children and young persons in the Kimberley Region, Western Australia*, Coroner's Court of Western Australia, Perth.

The responses outlined a range of strategies and activities being undertaken to improve mental health service delivery for Aboriginal children and young people and their families. The strategies varied amongst organisations and included the delivery of specific mental health programs and initiatives for Aboriginal children and young people, strategies for building Aboriginal workforce capacity and the capacity of the non-Aboriginal workforce, and initiatives to hear from Aboriginal consumers in the evaluation of services.

The Specialist Aboriginal Mental Health Service (SAMHS) is commissioned by the Mental Health Commission through service agreements with the Child and Adolescent Health Service (CAHS) (for infants, children and young people in the metropolitan area), the East Metropolitan Health Service (for individuals over 18 in the metropolitan area), and the WA Country Health Service (for all age cohorts in regional areas), with six-monthly monitoring of this program.

CAHS clearly articulated a range of initiatives in place within their organisation, and across CAMHS, to improve cultural responsiveness. This also included the evaluation mechanisms that they use to determine the cultural competency of the organisation, as well as the outcomes on the efficacy of their services for Aboriginal children and young people. SAMHS is provided at five out of the ten community CAMHS, and whilst they have received temporary approval to increase FTE to allow a worker at each clinic, they do not have the funding to be able to provide this in the long-term. CAHS has also provided an overview of the impact that the SAMHS has had in improving mental health services for Aboriginal children and young people and their families, including increased referrals and service activations for Aboriginal children and young people at clinics where there was a dedicated Aboriginal mental health worker compared to those clinics without one.

The WA Country Health Service provided supplementary information about the implementation of the SAMHS across all regions, and further information about the cultural Model of Service that has been developed and implemented. WA Country Health Service also provided further information about work they are undertaking to develop a cultural governance framework for its mental health services, the organisation's investment in Aboriginal staff development and associated improved outcomes for Aboriginal people accessing their services.

The WA Primary Health Alliance provided details of some specific services they commission for Aboriginal young people in regional areas, including in the Great Southern, South West, Pilbara, Goldfields and Midwest regions.

The WA Aboriginal Health and Wellbeing Framework provides important direction for health services, however, there appears to be inconsistency in the way it is being implemented in a practical sense within agencies. Also, while the WA Primary Health Alliance and the Mental Health Commission have some level of oversight in terms of how the system is performing in this area, ongoing monitoring would be important to determine any improvements in service delivery and consumer outcomes, as well as ongoing areas that need to be further addressed.

Progress of Recommendation 12: Some progress evident.

Conclusion

In the past four years since the release of the Commissioner's 2015 Review, there have been numerous reforms and strategies that aim to address the mental health needs of children and young people and change to status quo of service delivery.

However, these reforms fall short of making the desired impact for children and young people without proper financial investment and resourcing, realistic timeframes, clear implementation strategies and responsibilities, and a mechanism to monitor that the reform approaches are achieving the intended outcomes.

There is clear evidence that the current system is not meeting the needs of children and young people. We must improve our planning, commissioning and investment of services for children and young people and their families, to ensure that they can receive the help and support that they need.

For the continued health and wellbeing of our children and young people, and our society's future, now is the time to act.

Appendix 1: Register of recommendations, respondents and information requested

Recommendation 1: Initiatives in the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025* aimed at improving services and supports for children and young people with severe mental illness and meeting the needs of vulnerable groups of children and young people be fully resourced and implemented.

Respondent: Mental Health Commission (noting liaison with other services as required)

Request for information:

Please report the following information on the implementation of all child and youth-related initiatives in the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*, as per the register of initiatives (detailed in separate document HPRM 18/549):

- The progress of key related actions, including any significant changes to hours of service or beds that are outlined in the plan and relate to all child and youth-related initiatives.
- The funding provided for all child and youth mental health services as an overall figure and as a percentage of the total expenditure on publicly funded, specialised mental health services.
- Further breakdown of the funding allocated to child and youth mental health services, broken down by age groups: 0 – 15 years and 16 – 17 years.

Recommendation 2: The Mental Health Commission report annually on the progress on implementation of the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025* and key outcomes for children and young people aged 0 to 18 years in regional and metropolitan areas.

Respondents: Mental Health Commission; Government Health Service Providers (Child and Adolescent Mental Health Service, North Metropolitan Health Service, WA Country Health Service, South Metropolitan Health Service and East Metropolitan Health Service)

Request for information:

Please report the following information:

- Demonstration of reporting on the implementation of the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*. (Direct from Mental Health Commission)
- Demonstration of the mental health outcomes for children and young people across Western Australia as a result of service provision, reported as annual figures since the implementation of the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*. (Direct from Government Health Service Providers).
- Details on how the information has been collected and evaluated.

Recommendation 3: The Australian Government implement the findings and recommendations from the Report of the National Review of Mental Health Programmes and Services in relation to children and young people and their families, including Aboriginal children and young people and those living in regional areas.

Respondent: Australia Government Department of Health

Request for information:

Please report the following information on the implementation of all child and youth-related initiatives to measure:

- The progress of each action, and key outcomes.
- The collaboration mechanism between the Australian Government and State government.
- The monitoring process being used to measure the implementation of different recommendations, and the evaluation process used to determine this.

Recommendation 4: The number of Child and Parent Centres be increased to support more children aged 0 to eight years and their families state-wide, and services be expanded to include mental health early intervention and treatment programs.

Respondent: Department of Education

Request for information:

Please report the following information:

- The number of Child and Parent Centres and locations currently operating, and the type of mental health early intervention and treatment programs being delivered in each different centre.
- The number and location of any Child and Parent Centres that have either opened or closed since 2015.
- Plans for the opening or closing of Child and Parent Centres in the future.
- The number and location of Child and Parent Centres that offer mental health early intervention and treatment programs, details on the staffing allocated to the delivery of these programs, and the type of programs being delivered.
- Plans to further progress and implement the findings of the Evaluation of the Child and Parent Centre Initiative Report and conduct further evaluation.

Recommendation 5: The WA and Australian Governments work collaboratively to improve planning and increase resources for mental health promotion, prevention and early intervention services for children and young people, to ensure children and young people across the State have access to the full continuum of services and programs they require.

Respondents: Australian Government; Mental Health Commission; WA Country Health Service

Request for information:

Please provide the following information:

- The planning mechanisms that are in place to determine the mix of services that are required for children and young people.
- The mechanisms used to ensure that the delivery of services is planned and coordinated (between State and Commonwealth Government, and between organisations), so that children and young people have access to the full continuum, and right mix, of services (i.e. promotion, prevention, early intervention and treatment services) that they need.
- The measurement and evaluation techniques that are being used to ensure that the services are meeting the needs of children and young people and improving mental health outcomes.

Recommendation 6: A detailed assessment be undertaken by government of the availability and effectiveness of existing parenting programs and services in WA and a model of service delivery be developed to support more equitable access to quality parenting advice and support, especially for parents at risk, tailored to children and young people's key life stages and transition points. This needs to include both universal and targeted support, be culturally appropriate, and across all ages.

Respondents: Department of Communities

Request for information:

Please provide the following information:

- The progress that has been made in addressing the recommendations and findings of the Mapping Report of Parent Services in Western Australia.
- Plans and strategies in place to progress the recommendations and findings raised in the Mapping Report of Parent Services in Western Australia, or alternative strategies that are being implemented.

Recommendation 7: NO FURTHER ACTION AT THIS STAGE

Schools be resourced to provide whole-of-school approaches that have been demonstrated to be effective in promoting resilience and supporting social and emotional learning.

Respondents: Department of Education; Australian Government

Request for information:

Please provide the following information:

- What approaches are being implemented across primary and secondary schools?
- How are these delivered?
- What monitoring is in place to measure uptake?
- What resourcing is available to support these initiatives?

Recommendation 8: NO FURTHER ACTION AT THIS STAGE

A model of integrated services be piloted in primary and secondary schools, to provide better access to mental health and wellbeing supports and services for children and young people and their families.

Respondents: Department of Education; Mental Health Commission; Department of Health

Request for information:

Please provide the following information:

- What existing models of integrated services are in place across primary and secondary school sites.
- Any plans to establish new integrated services across primary and secondary school sites.

Recommendation 9: Government agencies to report on the Rapid Responses Framework in their annual report to demonstrate how they have prioritised access to services or programs to meet the health, mental health, disability, educational, housing and other needs for children and young people in care and for care leavers up to 25 years of age.

Respondents: Department of Communities

Request for information:

Please provide information on:

- Each government department's commitment under the Rapid Response Framework.
- Any changes that have occurred to Rapid Response commitments since 2015 (either new commitments or changed commitments).
- Any outcomes that have been measured in terms of prioritised service access for children and young people in care or leaving care.
- Plans or strategies that are in place to progress government support for the Rapid Response Framework.

Recommendation 10: The development of a specialised children in care program and dedicated youth forensic mental health service, as outlined under the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*, be undertaken as a high priority.

Respondents: Mental Health Commission; Department of Communities; Department of Corrective Services

Request for information:

Please provide information on:

- Plans and progress for the development of a specialised children in care program, including proposed dates, service models, funding allocations, and location of services.
- Other alternative strategies or specialised supports that have been implemented to address the mental health needs of children and young people in care.
- Plans and progress to developing a dedicated youth forensic mental health unit including proposed dates, service models, funding allocations, and location of services.
- Plans to manage forensic mental health patients until the youth forensic mental health unit is opened.
- Other actions or activities undertaken to address the mental health needs of children and young people in detention.

Recommendation 11: More innovative and flexible models of service delivery and support be adopted in regional areas, including wider and better use of technology, local workforce development and funding that takes into account the costs of regional service delivery.

Respondents: Mental Health Commission (collating a response on behalf of MHC, WACHS and CAHS); WA Primary Health Alliance

Request for information:

Please provide the following information:

- The utilisation of technology and tele-link for children and young people's mental health in regional areas.

- Regional workforce development and training in the child and adolescent mental health space.
- Changes or developments to service provision for children and young people's mental health in regional Western Australia.
- The measurement and evaluation techniques that are being used to determine that the services are meeting the needs of children and young people and achieving improved outcomes.
- Demonstration of the mental health outcomes for children and young people across Western Australia as a result of service provision.

Recommendation 12: More culturally appropriate mental health programs and services be provided for Aboriginal children and young people and their families, to be achieved by initiatives such as employing more Aboriginal staff, cultural competency training and the development and implementation of tailored programs and services. This must include the full continuum of services, from programs supporting wellbeing, addressing trauma and loss and building resilience, through to early intervention and treatment services, tailored to recognise the importance of culture and healing and to address the impact of intergenerational trauma, particularly for younger ages.

Respondents: Mental Health Commission; Aboriginal Health Council of Western Australia; WA Primary Health Alliance; Department of Health including Office of Aboriginal Health and Specialist Aboriginal Mental Health Service; Australian Government; WA Country Health Service

Request for information:

Please provide the following information:

- Initiatives that have been implemented to improve Aboriginal workforce capacity.
- Any tailored mental health services and programs that are being delivered for Aboriginal children and young people.
- Details on how cultural competency is being measured and monitored across the mental health service system spectrum.
- Details on how outcomes are being monitored about the effectiveness of these initiatives.
- Details on the implementation of the WA Aboriginal Health and Wellbeing Framework 2015–2030.