



Commissioner for Children and Young People submission to the draft National Children's Mental Health and Wellbeing Strategy (February 2021)

The following document provides an overview of feedback provided by Commissioner Colin Pettit to the National Mental Health Commission during a consultation on the draft National Children's Mental Health and Wellbeing Strategy.

The following questions were posed to consultation participants via an online survey, and the below responses were provided by the Commissioner in the online format.

Parenting programs

Parenting programs that help families identify when a child is struggling and teach parents/carers how they can help a child are useful for all families. Parenting programs are discussed in the Strategy in Focus Area 1, which is outlined briefly on page 8 and detailed on pages 26-33.

The Strategy proposes that parenting programs be routinely offered to all parents/carers. What might help encourage parents and carers to engage with these programs?

CCYP response:

Due to the limited community and parental understanding of children and young people's mental health, many parents and carers do not recognise younger children can experience mental health issues or concerns. Therefore it is important to undertake initiatives to improve community awareness about the experience mental health issues amongst young children, and to promote greater uptake of parenting programs which aim to support positive child mental health outcomes.

The Strategy discusses increasing understanding about signs and symptoms of mental health concerns, however should include additional actions relating to providing activities to build parental and community capacity to appropriately respond to such concerns for their child.

In order to encourage parents and carers to engage with these programs, it is suggested that programs are co-designed and delivered in partnership with parents, place-based, low-cost or free, and are led by community groups with strong ties to the local area.

There should also be targeted parenting programs to connect with certain communities or cohort groups who may face barriers or difficulties in engaging in a mainstream programs or services. This may include having dedicated culturally safe parenting programs for Aboriginal or Culturally and Linguistically Diverse parents, or parenting programs delivered in low socio-economic areas. It would be especially important for these programs to be co-designed to ensure they are meeting the needs of parents and families.

It would also be valuable to look at what parenting programs or other supports are offered and available to expecting parents who are yet to have their child, as well as programs that are available as a child ages beyond the early years, given the gaps in parenting programs for children as they enter school years and beyond.

Integrated care model

The Strategy discusses a model of integrated child and family care. This model proposes co-location of multidisciplinary service providers in various centres that are networked across the country. They would provide a combination of general and select specialist care, through both face-to-face and telehealth services. It's proposed that these new centres would largely emerge out of existing services, e.g. Child and Adolescent Mental Health Services and Child and Youth Mental Health Services, but would also require additional funding. A model of integrated child and family care is described in Box 3 on pages 36 and 37 of the Strategy.

Would the model outlined in Box 3 help to achieve the objectives outlined in Focus Area 2? What do you consider critical to this model working?

What changes would you suggest to the model to make sure it achieved the stated objectives

CCYP response:

The following suggestions are consistent with the previous recommendations of this office through various mental health inquiries and reviews.

Implement a model of integrated services 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. These models should be co-created with local service providers such as health networks, local councils, community organisations, private sector organisations, early childhood services, schools, workplaces and non-government organisations to ensure service providers are located close to where families and children live and spend their time.

These services could act as an assessment and referral point for other services in the area as well as offering mental health promotion, prevention, early intervention and treatment programs at these sites.

In order to ensure that these models are meeting the needs of, and will be utilised by, the local communities they are located in, it would be important to engage parents and families in co-designing the range of services offered.

Mental health workforce

The Strategy discusses the need for increased consistency across care received by children and their families, and details some approaches for incentivising training by speciality and location. This content is in Focus Area 2 and is covered briefly on page and in detail within pages 34-51. What additional actions may be required to ensure there is a sufficient workforce skilled in child and family mental health?

CCYP response:

The Strategy should more clearly articulate the need for mental health workforces to be equipped and skilled in working with diverse communities, for example, children and families with disability, Culturally and Linguistically Diverse families, LGBTQI+ children and young people and families, as well as having the capacity to work with families who are in crisis or facing other challenges. It is important the mental health workforce also represents the diversity of the community, as this will support the sector to better understand and respond to the needs of diverse communities.

Further, there is significant evidence that shows people in diverse communities sometimes utilise avenues other than the mental health service providers in their communities. These may include seeking support from community elders and religious leaders who should be involved in the provision of basic mental health support through training, collaboration and partnership.

Action 2.5 (b) could also be expanded to include incentivising and building the capacity of adult mental health and other service providers to work with and support children and their families. There is an opportunity to provide targeted interventions for children who may be at risk of developing poor mental health due to other issues present for parents (e.g. parental mental health concerns, housing instability, or substance use).

What could be done to facilitate a skilled child and family mental health workforce that is equitably distributed, including across rural and remote areas?

Education

The Strategy discusses actions for the Education Sector in Focus Area 3, which is outlined on page 10 and detailed in pages 52-62. Do the actions outlined in Focus Area 3 capture the role educators should play in supporting children's mental health and wellbeing? If not, what needs to be changed or added?

CCYP response:

[In my 2020 Discussion paper - Supporting student wellbeing in WA schools www.ccyp.wa.gov.au](https://www.ccyp.wa.gov.au) I provide an overview of work undertaken by my team looking at the role of schools in supporting student wellbeing.

There needs to be further emphasis in the Strategy about the importance of embedding a whole-of-school approach to supporting student mental health and wellbeing, and acknowledgement of the links between strong mental health and wellbeing approaches within schools, and positive student wellbeing and academic outcomes. Current individual school approaches to supporting student mental health and wellbeing are often inconsistent and ad-hoc, with little guidance provided by education sectors around what constitutes a comprehensive approach.

The Australian Student Wellbeing Framework, which has been endorsed by all State and Territory education Ministers, provides a clear framework by which

schools can embed a systemic whole-of-school approach to student wellbeing, including through the areas of leadership, inclusion, support for positive behaviour, partnerships with family and community, and student voice and participation.

Whilst I am supportive of schools developing wellbeing plans, these need to be based on a comprehensive whole-of-school approach. The actions and options for student mental health support described in the Strategy fall short of being a comprehensive approach, with actions appearing to be overly focused on the delivery of programs and activities to support mental health and wellbeing, rather than a cohesive set of factors that are considered to be a whole-of-school approach to mental health and wellbeing.

The Strategy should include further guidance and actions for implementing a whole-of-school approach, including, but not limited to: how schools can ensure clear direction, governance and a systemic approach to mental health and wellbeing across the school; the partnerships and protocols with other agencies which would support student mental health; the continuum of mental health initiatives and supports to be offered in a school setting (e.g. from development of social and emotional learning skills through to targeted and individualised supports); the participation of children, families and communities in determining issues of importance and strategies to address this; and funding and resourcing required to implement this.

As part of a comprehensive approach Action 3.2 should include a requirement for schools to have processes in place to identify students at risk, or who may be experiencing current mental health challenges, and provide targeted interventions or supports for these groups. This may include specific supports for certain groups of children, such as Aboriginal, CaLD, or LGBTQI+ children.

Whilst the Draft Strategy focuses on the mental health of a younger children, there should be an additional requirement for secondary schools to also have a wellbeing plans for students, to ensure transition and continuity of mental health and wellbeing approaches and support for students as they enter into secondary schooling.

The Strategy discusses the role of bullying prevention programs for children and young people to promote positive and healthy peer relationships. However, certain cohorts of children and young people (and the wider community) experience discrimination as a result of their identity or diversity, for example, their cultural background, disability, gender identity or sexual orientation, or religion or faith background. Therefore, it is important that such programs also address and aim to reduce stigma and discrimination for these groups and promote greater awareness and inclusion towards diversity.

Does the Strategy sufficiently outline the additional support, training and/or system amendments educators would need to facilitate change? If not, what needs to be changed or added?

[My 2020 Discussion paper - Supporting student wellbeing in WA schools](#) outlines a range of enabling factors, as well as barriers, for schools in supporting student mental health and wellbeing, and implementing whole-of-school approaches. It is suggested that you review this document in order to understand these factors in full. They include include:

- Strong leadership support and involvement of all of staff in implementing systemic approaches
- Resourcing for systemic wellbeing approaches
- Participation opportunities for students, parents and community to provide feedback and input to student wellbeing approaches
- Strong relationships with external service providers and support services
- Ongoing development opportunities for staff
- Focus on promoting and supporting teacher and staff wellbeing

Barriers can include:

- Limited school funding and resourcing to be able to employ dedicated wellbeing staff
- High demand in terms of the number of students requiring support
- Limited services within the local area to support schools with specialist input
- Gaps in the services and resources available to support the mental health of primary school aged children, and limited ability to refer them for external supports
- Conflicting priorities for schools in terms of pressure to address student wellbeing, as well as meet academic requirements.

The models for funding and investment for schools to support mental health and wellbeing of students also requires review. As part of my recent project, a report was developed investigating the extent and distribution of funding to address student health and wellbeing needs. This report found that there was no significant visible, targeted funding to schools to specifically address student health and wellbeing, and that whilst schools had some budgetary autonomy to determine the supports they provided, resources were limited, and financial investment in these areas meant redirecting funding from other school priorities, such as highly accountable curriculum priorities. There were further differences in the way that funding was received through both State and Commonwealth sources, and across different education sectors (e.g. government, independent and Catholic schooling).

The Strategy should further investigate and address the resourcing that will be required by schools to effectively deliver whole-of-school wellbeing approaches, as without this, progress in this area will be limited.

In addition to these areas, pre-service training for educators around children's mental health and wellbeing should also be included as an action, to ensure that new teachers entering the education system are equipped with a baseline level of knowledge and understanding about children and young people's mental health, and how to support students in their role as teachers.

Connecting with children and families who are struggling

The Strategy recommends using (almost) universal mechanisms such as schools, early childhood learning centres and maternal child and family health checks, as opportunities to identify children who are struggling and connect them with services. However, there are some children and families who do not engage with these touchpoints and may miss out on crucial support. This topic is discussed in Focus Area 1 and Box 2 of the Strategy. Box 2 can be found on page 27 and 28.

How would you recommend we reach these children and families? How might we do this systematically across the country?

As identified in the Strategy, there might be options such as home-visiting and outreach supports that could be offered to support families who are not engaged in mainstream services. It would also be important to consult directly with these parents and families to identify what options or supports could be put in place to support their engagement in services.

Are there any additional actions necessary to improve the mental health and wellbeing of children who may be struggling, such as those in the care of the State?

CCYP response:

Action 2.4 (c) outlines a requirement for government departments to outline and regularly report on what they do to support children in State care. However, it is not clear whether this is a requirement for government departments who are responsible for the delivery of out-of-home care, or other government departments who may provide a support or service to children in care.

Similarly, Action 2.4 (b) should be more explicit in the type of services that it is referring to, and also address ways to overcome barriers that government agencies may face in giving priority access for children in care. In WA, efforts to embed this priority access have been at times hampered by services being required to prioritise access based on clinical need, rather than care status. This has impacted the ability to ensure meaningful mental health supports are being provided to children and young people in care in a timely way.

The actions relating to children and young people in care could be further expanded with a requirement that government departments conduct checks for children and young people entering State care, and connect them to appropriate supports. This should be reviewed at a minimum annually, or more frequently as required.

Actions relating to children and young people involved in the justice system could also be expanded to discuss the need for mental health assessments and provision of adequate supports for children entering and in youth detention. There should also be further discussion about the use of mental health court diversion programs to prevent children with mental health issues from a formal entry to the youth justice system.

The Strategy does not identify LGBTQI+ children and young people as a particular group who may benefit from improved mental health support. Evidence shows that LGBTQI children and young people often experience poor mental health outcomes, and have higher levels of self-harm and suicidal attempts than their non-LGBTQI+ peers, and particularly so for trans and gender diverse children and young people. The Strategy should recognise and identify this group of children and young people as a priority group for mental health service provision, and outline actions that can be taken to ensure there are suitable and accessible services available to meet their mental health needs.

It is crucial that the Strategy considers the experiences of children and young people and their families who might be homeless or at risk of homelessness. The experience of homelessness can create barriers both for the children and young people from accessing the services as a result of not having a stable or safe home

as well as the mental health service providers due to the challenges of not being able to reach or communicate with their clients. The role of outreach programs can be vital in supporting families experiencing homelessness therefore it is suggested that Action 1.1 should include making funding available for mental health organisations to enable their outreach service delivery.

Mechanisms for data capture and use

The Strategy discusses mechanisms for data capture and use in Focus Area 4, which is outlined on page 11 and detailed in pages 63-71.

What additional indicators of change would you suggest should be included to measure progress against the Strategy's objectives?

Are there other challenges to undertaking research on child and family mental health and wellbeing that are not broadly captured in the Strategy? What are they and how would you suggest these challenges be addressed? What further actions need to be taken to encourage more service evaluation in clinical work?

CCYP response:

The Strategy should speak to the need for accurate data in order to inform service modelling and planning for children.

It is important that data is collected directly from children and young people themselves, where possible, given that their views and experiences, or perception of the severity of their mental health symptoms, may vary from their parent's perspective.

It is also important that there is a strong focus on research which looks into the mental health needs and experiences of vulnerable or diverse cohorts of children and young people, to understand their specific needs, and/or the effectiveness of the current service landscape in addressing their diversity and providing an inclusive service. It is also important that members from these communities are consulted in the design and delivery of the research to ensure the collection of relevant and important data as specified by the community, and also improved community participation in mental health related research.

Improving mental health and wellbeing for all Australian children

The Strategy will only be successful if it contributes to improved mental health and wellbeing of all Australian children.

*Which of the Strategy's objectives and actions do you consider most critical to improving the mental health and wellbeing of children and families from **Aboriginal and Torres Strait Islander** communities?*

*Are there any additional actions you think are necessary to improve the mental health and wellbeing of children and families from **Aboriginal and Torres Strait Islander** communities?*

CCYP response:

The Strategy should include an action requiring governments to support the development of Aboriginal-led solutions in addressing the mental health and wellbeing of Aboriginal children and young people. These solutions need to be place-based, with local communities identifying the issues and local solutions, and being involved in the design, delivery and evaluation of these solutions. Aboriginal community controlled organisations should be resourced to deliver these services and also work with local communities to build their capacity and involve them in service development.

The full continuum of culturally appropriate mental health programs and services are required to holistically address Aboriginal children and young people's mental health. As previously recommended by my office through my mental health reviews, these programs need to recognise the importance of culture and healing to address the impact of intergenerational trauma. Where service provision by Aboriginal organisations is not possible, organisations need to have strong strategies in place to support Aboriginal workforce development, embed cultural competency and safety across the service and workforce, and work with communities to develop tailored programs and services for Aboriginal children.

*Which of the Strategy's objectives and actions do you consider most critical to improving the mental health and wellbeing of children and families with **disability**?*

*Are there any additional actions you think are necessary to improve the mental health and wellbeing of children and families with **disability**?*

CCYP response:

There could be greater emphasis placed in the Strategy about the need to strengthen mental health supports provided to children and families with disabilities. Actions should include identifying and establishing specialist services to meet the needs of children with co-occurring mental illness and intellectual and developmental disability, as there are currently significant gaps in the provision of these services.

Further detail and associated actions should also be included around the role of the National Disability Insurance Scheme in providing psychosocial support and other supports for children and young people with disability, and potential oversight of this scheme to ensure that it is providing the required supports for children and their families.

Challenges to accessing services for children under the NDIS include where a formal diagnosis may not be able to be provided for younger children and young people, barriers for some families to engage in the assessment process, as well as challenges in gaining access to required family and community based supports.

Furthermore, the sometimes fluctuating nature of psychological disabilities may result in misdiagnosing or failing to recognise a disability. Therefore, better training is required for mental health clinicians to further understand and better identify psychological disabilities. It can also be very difficult for children and young people with psychological disabilities to seek or even navigate the system to find the support their need from NDIS. Similarly, it can be difficult for mental health service providers to support their clients navigate the system due the lack in NDIS training.

Therefore, the actions in the Strategy need to specifically include the upskilling of mental health service providers in navigating NDIS as well as actions which relate to monitoring and overcoming these barriers to ensure a more targeted support for children and young people with disabilities.

*Which of the Strategy's objectives and actions do you consider most critical to improving the mental health and wellbeing of children and families from **rural and remote** communities?*

*Are there any additional actions you think are necessary to improve the mental health and wellbeing of children and families from **rural and remote** communities?*

CCYP response:

The Strategy could include additional actions around supporting local mental health workforce development in rural and remote areas, as a way to address some of the challenges in recruiting and attracting mental health professionals to work in these areas.

Funding and commissioning of rural and remote services also needs to accurately account for the costs of delivery in these areas, and this should be identified and addressed through the Strategy's actions.

*Which of the Strategy's objectives and actions do you consider most critical to improving the mental health and wellbeing of children and families from **culturally and linguistically diverse** communities?*

*Are there any additional actions you think are necessary to improve the mental health and wellbeing of children and families from **culturally and linguistically diverse** communities?*

CCYP response:

The wellbeing continuum should be an approach that considers and is inclusive of Australia's current and growing cultural and linguistic diversity. Evidence suggest that migrant and refugee children and young people and their communities particularly are at higher risk of severe mental illnesses due to experiences of trauma in their journey to safety and the experiences of settlement stressors. The experiences of trauma, social isolation and inaccessibility of mainstream services create barriers for CaLD children and young people and their families from accessing mental health services.

Stigma is also a strong barrier for CaLD families from accessing mental health services. This is supported by research that suggests higher rates of stigma around mental health challenges and mental illness amongst non-English speaking communities. A number of CaLD community organisations across Australia suggest that the issues of mental health stigma are better tackled by the communities themselves, and therefore Action 1.3 of the Strategy should include providing funding to CaLD community led organisations to break the barriers of stigma and improve the mental health literacy of their communities.

Further detail should be provided in the Strategy around building the capacity of mental health workforces and community organisations to support CaLD children and families. When supporting families, as per Action 1.1, it is crucial that parenting programs are designed in consultation with CaLD parents and community leaders to ensure the programs will meet the needs of the communities. Actions in the Strategy should also include the co-design of transcultural mental health services and targeted programs and interventions to support CaLD children and their families.

It is essential that cultural competence beyond just the availability of interpreter services is incorporated into mental health care. No two children or young people from different CaLD communities will have the same needs or cultural context. Therefore, local CaLD children and young people and their communities must be consulted by mental health service providers to improve cultural competency and responsiveness. The Strategy needs to highlight this need and should be included as actions under Objective 1.3.

General

In your opinion what avenues should be used to promote the Strategy upon publication, to ensure it reaches as many people as possible?

Please provide any additional feedback you would like considered regarding the Strategy.

CCYP response:

Focus Area 2 looks at the mental health service system, with Objective 2.1 specifically focusing on improving system navigation. However, the Strategy fails to include any objectives or actions around the need to improve service system gaps, and ensure that the right services are available for children and their families to access. It is not possible for children and families to navigate a mental health service system which does consist of the services that they need.

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. The Strategy should include comments and actions related to the need to accurately model the current and future demand for mental health services, and to plan and resource these services accordingly to meet the need of children and young people.

The existing National Mental Health Service Planning Framework is a planning tool used by state and federal government to plan for mental health service provision, however the framework does not accurately capture or plan for the needs of children and young people, given the lack of accurate data for these groups. This issue needs to be urgently addressed, and should be included as an action in the Strategy.

There is also a need for the Strategy to identify how mental health support might be provided to children with other complex or diverse needs, for example, children and young people with experiences of trauma or abuse; who display harmful

sexual behaviours; trans and gender diverse children and their families; children with alcohol or other drug use issues; or who have other varying complex needs.

As well as Action 2.4 (a) to provide specific funding for care coordination for children with complex needs, it is also important to include an action around having service criteria developed in a way which does not exclude children and young people with complex or co-occurring needs, and services that are prepared and equipped to draw on the expertise of other specialist supports to provide a holistic response to individual needs.

The participation of children and their families in the development, design and evaluation of mental health services to support them is critically important. The Strategy should strengthen the language in its actions to ensure this is undertaken as a priority.

As suggested, the implementation of this Strategy needs to be monitored regularly by an independent body to ensure that it is being delivered as agreed, and to track any related outcomes. It is also recommended that the implementation progress is reported publically, to ensure greater accountability and transparency to how the Strategy is being rolled out.

The Strategy should provide some detail about how it will respond to and support implementation of recommendations made by the Productivity Commission's Inquiry into Mental Health relating to children's mental health and wellbeing. This may include, for example, reviewing actions of the Strategy in line with the implementation of recommendations, or ongoing work to further develop and provide support for recommendations that relate to improving children and young people's mental health. This might include those recommendations that are specific to identifying and addressing children's mental health, as well as broader recommendations such as reviewing the number of psychological treatments funded through Medicare, which would also be of benefit to children.