



Commissioner for Children and Young People
Western Australia

Discussion Paper: Health and Mental Health in Western Australia

January 2024

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Content note: This discussion paper covers issues that may be distressing for some readers. Please read with care.

If any of the topics discussed raise issues for you, you may wish to contact:

Lifeline: 13 11 14

13YARN: 13 92 76

Kids Helpline: 1800 551 800

Butterfly Foundation National Eating Disorders Helpline: 1800 33 4673

Introduction

The role of the Commissioner for Children and Young People

The Commissioner for Children and Young People WA (the Commissioner) is an independent statutory officer who provides reports to the Parliament of Western Australia, relating to the three key platforms outlined in the *Commissioner for Children and Young People Act 2006 (WA)*:

- promoting the rights, voices and contributions of children and young people
- monitoring and advocating to strengthen the wellbeing of all WA children and young people
- prioritising the needs of Aboriginal, disadvantaged and vulnerable children and young people.

In addition, the Commissioner is required to have regard to the *United Nations Convention on the Rights of the Child (UNCRC)*. In undertaking these functions, the Commissioner engages with, and encourages the participation of, children and young people in decision-making by the Commissioner. The Commissioner is also required to work in cooperation with, and consult with, other government and non-government agencies. This includes the development of guidelines for government and non-government agencies regarding the participation by children and young people in decisions which affect them.

This discussion paper outlines priorities raised by children and young people about their health and wellbeing and notes key areas of concern where action is required. We are seeking your feedback and input into the discussion.

Health and mental health: A national priority

The physical and mental health of children and young people are paramount for their holistic development, learning and overall wellbeing, and has been an important priority for each Commissioner since the establishment of the office in 2007.

Physical and mental health are intricately connected. Individuals facing challenges with their mental health are also more likely to experience difficulties with their physical health, and vice versa.¹ Unfortunately, many children and young people struggling with their health and mental health are unable to access the support they need to thrive. Children and young people accessing health and mental health services deserve holistic support to improve their emotional, social, cultural and physical wellbeing.

With respect to health, the Commissioner acknowledges the National Action Plan for the Health of Children and Young People 2020-2030, and its priorities of health equity, healthy development, mental health and risky behaviours, preventive care and empowering the health workforce.²

With respect to mental health, the Commissioner supports the recommendations of the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years in Western Australia (ICA Taskforce), and advocates for implementation of their recommendations to enhance the performance of infant, children and adolescent mental health services in Western Australia.³

The Commissioner advocates for a health and mental health care system that listens and is responsive to children, young people and their families.

What is needed is a holistic, integrated approach to health and mental health care that prioritises health promotion and prevention; provides effective early diagnosis, intervention and support; provides universal access to affordable health and mental health care; implements culturally safe practices, empowers children and young people to make decisions about their health and wellbeing; and ensures the wellbeing of children and young people with complex and intersecting needs.

Setting

All children and young people have the right to be well, safe, healthy and thriving. In accordance with the *United Nations Convention on the Rights of the Child*, children and young people have the right to enjoy the highest possible standard of health, and to high quality, accessible health services. They have the right to live in a safe and healthy environment, with access to clean water, nutritious food and information about their health and wellbeing. While the best interests of a child or young person is the paramount consideration in the provision of health or mental health services, children and young people have the right to have their views sought and considered in decisions about their health and health care.

Advocating for the good health and wellbeing of children and young people in Western Australia is a priority for the Commissioner. While children and young people in Western Australia generally enjoy good health, inequities in access to health services and in health outcomes, significant increase in chronic disease risk factors including poor nutrition and sedentary lifestyles, and rising rates of mental illness are of concern.⁴

Children and young people's health and wellbeing is profoundly influenced by social determinants of health – that is, the pre-birth health of their parents, the conditions in which they live, their family relationships, how included they are in their community and their access to health

resources.⁵ Rising rates of homelessness, poverty, food insecurity and lack of access to safe, affordable health services are having a significant impact on the health of wellbeing of children and young people.⁶

Underlying inequalities in social determinants of health are exacerbated by barriers to accessing healthcare such as the lack of local, affordable services, lack of culturally secure services or lack of services that are developmentally appropriate for children and young people.⁷ Current and projected health and mental health workforce shortfalls are impacting the capacity of services,⁸ including critical assessment and early intervention services, to meet the needs of Western Australian children and young people.

The Commissioner's Speaking Out Survey in 2021 highlighted that mental health is a critical issue for many children and young people in Western Australia. A substantial number of Year 7 to 12 students reported poor life satisfaction, low self-esteem, high levels of stress and the feeling they can't cope with life's challenges.⁹ These views are reflected in international research, which indicates that mental health issues among children and young people are a significant concern in Australia and globally.¹⁰

Because children and young people have less decision-making autonomy over their health, ensuring that the opportunities and choices available to them are in their best interests is a particularly important responsibility for legislators, regulators, health service providers and the broader community. Addressing these factors requires a whole of government approach to support families, communities and all of our young people.

The Commissioner's Policy Statement: Health and Mental Health advocates for approaches to health and mental health that prioritises:

- improving the social and cultural determinants of health
- health promotion, prevention of injury, illness and disease, and intervention early in life and illness
- universal access to affordable, effective, evidence-based, developmentally appropriate health and mental health care, with targeted services to ensure equitable outcomes
- child and family-focused, integrated and culturally safe holistic health services
- empowering children and young people to make decisions about their health and wellbeing, and to inform the development and provision of healthcare services
- peer and lived experience informed services.

There is a real opportunity for government and non-government service providers to collaborate to build a holistic approach to the above priorities. Engaging the following provides an opportunity to not only expand services, but to ensure families have access across the State:

- National Disability Insurance Scheme (NDIS) early childhood providers
- Aboriginal Medical Services (AMS') which often fall under the umbrella of Aboriginal Community Controlled Health Organisations (ACCHO)
- health and mental health providers
- and other Commonwealth and State funded services, including child and parent centres and schools.

Themes

Health promotion, disease prevention and early intervention

Childhood overweight and obesity is one of the most significant health challenges we face.¹¹ Overweight and obesity directly cause physical, psychological and metabolic problems as well as increasing the risk of chronic illnesses including Type

2 diabetes, cardiovascular disease, disability and premature death.¹²

Overweight and obesity for children negatively impact growth and development, as well as being risk factors for overweight and obesity in adulthood.¹³ Research shows that children and young people who are overweight or obese are also at increased risk of bullying, which may result in feelings of shame and poorer mental health.¹⁴ Alarming, one in four Australian children are living with overweight or obesity.¹⁵

In working to address overweight and obesity, it is important to avoid stigmatising children and young people with these conditions. Weight based stigma and discrimination are associated with weight gain over the longer term, can lead to disordered eating and eating disorders, higher levels of psychological distress, avoidance of physical activities and lower quality of life.¹⁶ Marginalised populations, including people experiencing poverty, racism, who are LGBTQIA+ or living with disability are vulnerable to having existing health disparities exacerbated by weight stigma and discrimination.¹⁷

Supporting children and young people to have and maintain healthy body weight is important to improve their current and future health. It is important to note that many of the causes of childhood obesity are contextual rather than based on individual choices – such as genetics, early years, environment, poor nutrition, and sedentary lifestyles.

The Commissioner advocates for greater focus on prevention strategies rectifying the environments that contribute to obesity and overweight. At the state and local level, we need to plan for safe, active recreation space and taking action against the marketing and distribution of unhealthy food and drink to children and young people.

The Commissioner also advocates for health promotion and support programs that mean that children and young people are physically active, eating healthy and nutritious food and know how to support their health and wellbeing.

Efforts to encourage physical activity, particularly through youth-friendly programs, are essential to enhancing the wellbeing of children and young people. More needs to be done to ensure equitable access for children experiencing poverty and financial disadvantage. The Commissioner supports initiatives that promote equitable access to healthy activity. Examples of such programs include KidSport,¹⁸ which provides financial assistance to support eligible children in WA participate in community sport and recreation and Fair Game,¹⁹ which delivers health and fitness programs and recycles sports equipment for remote and under-serviced communities.

Developing children, young people and their families' health literacy and promoting the development of a healthy lifestyle is a key strategy to prevent or reduce overweight and obesity. In WA, Healthway's Healthy Schools Program supports schools to develop and align school activities with the Health Promoting Schools Framework.²⁰ It also encourages schools and families to be involved hence increasing the effectiveness of the program.

Children and young people must be engaged in design and deliver of programs and services to ensure their preferences, cultural and local knowledge are considered and services meet their needs. Children and young people can be powerful advocates for their health amongst their peers.

"I believe if we had youth encouraging healthy habits and getting help more youth would; because teenagers do not always listen to adults, but they might listen to other teenagers."
17-year-old

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Prevention is better than cure. By prioritising children and young people's wellbeing and implementing comprehensive strategies addressing physical and mental health, we can ensure a brighter future for our youth. Addressing the social determinants of health, effective health promotion, accessible primary care and early interventions have far-reaching benefits including improved population health, enhanced quality of life and the prevention of chronic disease. It is crucial to focus on proactive measures rather than crisis-driven responses.

Questions about supporting children, young people and their families through effective health promotion, disease prevention and early intervention

1. How can we build children, young people and families' confidence and competence in accessing accurate health information?
2. How are we hearing the views of children and young people and supporting them to overcome barriers to active lifestyles and healthy eating?
3. How can we balance the need to prevent childhood overweight and obesity with the need to prevent weight stigma and harm?
4. What legislative and policy options are available to reduce children and young people's exposure to, and the availability of, unhealthy food and drink?

5. What can we do better to ensure children experiencing poverty and disadvantage have food security and are able to participate in physical activity?
6. How could schools and health services work together to improve experiences of children and young people to better support their health and mental health?

Supporting child development through intervening early in life and in illness

Early childhood intervention is about providing all children with developmental delay or disability, and their families, supports to enable the child to have the best possible start in life. We know that the early childhood years are critical as they set the foundations for how children learn and develop. Early intervention means that infants and young children and their families can access specialised supports and service that promote the child's development. Child Development Services (CDS) are most effective when they are provided early and in a timely fashion.²² Current research indicates that best practice in early childhood intervention centres on a family centred and inclusive approach.

Despite this, in Western Australia, it has been widely acknowledged that there are unacceptably long waiting times and gaps in the provision of child development services by the public health system.²³ Wait times of one to two years are too often a case of 'too little, too late' for children and young people whose early diagnosis and treatment can help provide better foundations for their growth and wellbeing. It appears the NDIS Early Childhood Approach is either not well known, or is unavailable to, many in Western Australia. Children under the age of six can access the NDIS early childhood services without a diagnosis. For children with a disability, they can access these services if aged under nine years.

In 2023, the Select Committee into Child Development Services interim report confirmed that significant health service gaps persist for children and young people in Western Australia, with significant delays in treatment heavily affecting children in regional and remote areas.²⁴ Funding increases for recruitment, expansion, and improvement of facilities to reduce waiting times and monitor funding effectiveness were recommended by the CDS Committee to maintain acceptable waiting times in free and publicly funded CDS, including the Child and Adolescent Health Service and WA Country Health Service-Child Development Service.²⁵

In addition to increased funding for CDS, it should also be ensured that formal services such as community health services, general practitioners, paediatricians, and Early Childhood Early Intervention (ECEI) partners assist children to access early assessment and diagnoses. Practice guidelines in these areas should be aware of the implications of late treatment and diagnoses for children and their families.

It is critical to support and protect children during their first five years of life to increase their chances of improved outcomes in the future. For Aboriginal and Torres Strait Islander children, it is especially important that child development services be targeted and culturally appropriate, to close the gap in early development outcomes.

For children in regional and remote areas, barriers to access the early development services for assessment or treatment are exacerbated. This can have flow on impacts on children and young people who may require referrals to other services.

Governments must also consider socioeconomic conditions such as poverty and homelessness, which can impact the accessibility of services for some families.

Investing in holistic, integrated child and parent centres so that they become social, economic, and service hubs can enable these centres to better serve the needs of vulnerable families.

Questions regarding supporting child development through intervening early in life and in illness

1. Apart from increased funding, what strategies would assist in reducing wait times?
2. How can early years services and health services work together for earlier identification and intervention for children and young people with additional or complex needs?
3. How do we ensure children in regional and remote areas have equitable access to screening, diagnostic and treatment services in the early years?
4. Is it feasible to extend the Child and Parent Centre initiative to create service hubs or is there an alternative model that would improve accessibility to early support and information for families?
5. Is the NDIS Early Childhood Approach accessible and working well in Western Australia?
6. In the context of lengthy wait times, do the benefits of formal clinical diagnoses and tailored treatment plans outweigh the benefit of earlier intervention with accessible intervention and support strategies?

Accessible, affordable, evidence-based services for eating disorders

Eating disorders are a significant issue for children and young people in Australia. Evidence shows that approximately a third (31.6%) of Australian adolescents engage in disordered eating behaviours within any given year.²⁶

The ICA Taskforce Report shows that eating disorders among children and adolescents in Western Australia have been increasing since 2017. Yet, mental health support remains limited and such conditions often go unidentified, until they require crisis intervention.²⁷

“The mental health system is not all that great. My doctor was trying to get me into a mental health facility because I was at high risk and the wait list for each place was over a month and I’m still waiting to be accepted – when I had an eating disorder it wasn’t taken seriously until I was underweight and having health problems - headspace, SARC and psychiatrists have an extremely long waits and can be from 1-5 months before you get seen. Teenagers and people needing help deteriorate as they wait for help and parents are left feeling hopeless.”
17-year-old

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In the Speaking Out Survey 2021, female high school students were significantly more likely than their male peers to report not eating meals every day.²⁹ Data analysis showed that there was a strong correlation between missing meals and girls feeling not happy or not good about themselves.³⁰

Early intervention and treatment for eating disorders are crucial due to associated serious mental and physical health risks.³¹ More than 50 per cent of children and young people do not seek professional help because of stigma, shame, denial, lack of understanding, high treatment costs, low motivation, lack of encouragement, and knowledge about resource access.³²

“I don’t know where to go, and am afraid that if I tell people why I need to get help they will be worried, I have a hard time eating and don’t want to be in hospital for it so I keep quiet.”
15-year-old

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Even for children and young people who do gain access to the mental health system, there are serious concerns with how they are treated and whether they are receiving appropriate supports and care. Advocates from the Mental Health Advocacy Service have raised a range of issues identified by children and young people experiencing eating disorders, including:

- nursing staff not having sufficient experience or training in working with children with eating disorders
- children and young people feeling discomfort, if not high levels of distress, with aspects of their care
- use of restraints or security guards to manage challenging behaviour
- delay of discharge for children and young people due to them lacking suitable accommodation and support to live well in the community
- young people struggling to accept treatment forced upon them.³⁴

In December 2022, the ICA Taskforce produced a Model of Care for eating disorders. The Model outlines the level of care children, young people and their families should be able to expect when being treated for an eating disorder.³⁵ The Commissioner is supportive of the Model of Care and recommends that this document serve as a guide for the WA Government in their ongoing development of an Eating Disorders Framework.³⁶

As recommended by the ICA Taskforce, the majority of mental health support and treatment for children should be provided by community treatment teams. This is

particularly important for children and young people in remote and rural areas, who often face barriers in accessing mental health treatment. Integrating primary and hospital-based care can enable holistic management of the treatment process for an eating disorder. Further, a community-based model of care could alleviate strain on families and promote family support, which is essential to helping children and young people recover from an eating disorder.³⁷ There is a critical need to assess the viability of engaging the Aboriginal Medical Services to provide support – particularly in regional and remote locations.

More research is required regarding the prevalence of eating disorders amongst children and young people of diverse backgrounds, including Aboriginal and Torres Strait Islander people, sexuality and gender diverse individuals, and culturally and linguistically diverse people, and how best to meet their needs.³⁸

Questions regarding accessible, affordable, eating disorders services

1. What is needed to increase awareness of risk factors for eating disorders and implement effective early intervention and prevention strategies?
2. What needs to happen to ensure children and young people who need intensive treatment services for eating disorders can access them in the public health system when and where they’re needed?
3. How can options for vulnerable children and young people (e.g. those living in regional and remote areas) be expanded to ensure equitable access?
4. What actions can be taken now to address current and future health workforce shortages affecting the availability of eating disorder and other services across WA?
5. How can families be better resourced to support children and young people in treatment for eating disorders?

Accessible, developmentally appropriate addictions services

Addictions, including nicotine, alcohol, drugs, and behavioural addictions, are significant issues for young people in Western Australia.³⁹ Although an estimated 11,319 young people in WA aged 12 to 24 (2.5% of young people) had mild, moderate or severe alcohol or other drug issues, there is limited availability of treatment services that meet the specific needs of children and young people.⁴⁰ In WA, there is evidence that substance misuse, including alcohol, has been a contributing factor in youth suicides.

Children and young people face specific risks in relation to harmful substance use and addiction issues. As children and young peoples' brains are still developing, they are more vulnerable to permanent damage from alcohol and drug use.⁴¹ Rates of risky behaviours are generally higher among young people than the general population.⁴² Increased risk-taking in the context of alcohol and/or other drugs can also have long-term consequences.

Treatment for addiction in children and young people requires the implementation of a multifaceted approach that considers prevention, management, detoxification, rehabilitation, and recovery support in a developmentally appropriate context. Perth Children's Hospital's Australia-first development of an alcohol and other drug withdrawal and management guideline for young people is an encouraging development.⁴³

Children and young people who experience poverty, trauma, poor family support or supervision, mental health issues, issues at home and school, and family histories of addiction issues are at greater risk of developing addictions.⁴⁴ Services must take a holistic view of the child and young person and be able to provide integrated responses addressing both symptoms and causes of addiction.

While many young people experiment with alcohol and drugs, the majority will not develop a dependence on them.⁴⁵ However, preventing the supply and marketing of addictive and harmful substances to children and young people has the potential to prevent the development of addiction, reduce harm, improve their health and the health of the whole population in the long term.

The rapid rise of e-cigarettes – 'vapes' - now threatens a new generation of children and young people with widely available addictive and harmful substances. Recent research has shown that use of e-cigarettes has particular associations with mental health challenges among adolescents, including depressive symptoms, anxiety, perceived stress, and suicide-related behaviours.⁴⁶

In early 2023, the Commissioner's office undertook the 'Talking about vaping' survey, where over 3,000 Western Australian young people aged 12 to 18 years shared their views and experiences about vapes and vaping. Most young people who engaged in the survey want support from adults. The most common responses included wanting help to quit or not start 'vaping', implementation of bans, restrictions or other action to stop vaping, providing information, education or advice to help young people avoid or stop vaping, and for adults to be understanding and open, not punitive, angry, or judgemental towards young people who vape.⁴⁷

The potential of health promotion, regulation and legislation to prevent harm was demonstrated by the resounding successes of anti-smoking and tobacco campaigns in reducing smoking.⁴⁸ Replicating the success of those campaigns in the prevention of harm to children and young people is a challenge that must be met.

The Commissioner supports the key strategies identified in the WA Mental Health Commission in the 'Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025'.⁴⁹

Such strategies include promoting wellbeing, early intervention, culturally appropriate and child and youth friendly services, and partnering with families and communities.⁵⁰

Questions regarding accessible, developmentally appropriate addictions services for children and young people

1. Are we doing enough to prevent harmful substances being marketed, supplied and sold to children and young people?
2. What legislative and regulatory options are available to reduce children and young people's exposure to, and the availability of harmful addictive substances and activities?
3. How are children and young people being involved in designing services that meet their needs?
4. How can wrap-around services better support children and young people to address underlying challenges contributing to development and maintenance of addiction?
5. What supports are available for children and young people in regional and remote locations?
6. How can we improve a holistic approach to children and young people with substance misuse challenges including treating their mental health concurrently with the provision of support for their addictions?

Child and family focused, integrated and culturally safe health services

Children and young people with complex needs may need services from a variety of providers from systems including health, mental health, disability services, and child protection. It is important to recognise the burden of accessing these services on families, especially if those

services are not well coordinated. Integrated services can help children and young people with more complex needs access the services they need in a timely manner and improve their health outcomes. The cultural context in which these services are provided also has a significant impact on their accessibility.

Culturally safe services are responsive to the requirements of the culture of people they serve, which involves ensuring that the service workforce is culturally competent and sensitive to cater to diverse populations' needs and experiences, and having an understanding and respect for the cultural, historical, and social contexts of the individuals and communities they work with.

Listening to the voices of children and young people is important in ensuring health services are accessible to them and their families.

Nowhere is the provision of culturally safe integrated services more pressing than in youth suicide prevention. Suicide is the leading cause of death among Australians aged 15-24, with Aboriginal children and young people being overrepresented in these statistics in some parts of Western Australia.⁵¹

The 'Learnings from the message stick' report made a number of findings regarding Aboriginal youth suicide in remote areas.⁵² Findings included that Aboriginal community owned and led programs have the greatest impact in preventing suicide, however the Western Australian government has been reluctant in funding programs of this nature.⁵³ Further, a lack of cultural competency persists amongst staff of government agencies that provide services to Aboriginal people, resulting in few government programs that are sufficiently culturally safe or appropriate.⁵⁴

For Aboriginal children and young people Aboriginal Community Controlled Health Organisations (ACCHO), including Aboriginal Medical Services (AMS), provide comprehensive social and emotional wellbeing supports and services. The AMS are a vital part of the service system and there is opportunity to improve engagement across the system to see improved outcomes for Aboriginal children and their families.

The Empowered Young Leaders project is a vital example of a policy initiative that foregrounds children and young people's voices in a culturally safe way. The project consisted of two youth suicide prevention forums run by Kimberley Aboriginal emerging leaders, which resulted in a report containing recommendations for change in youth suicide prevention services. Priorities agreed include ensuring youth suicide initiatives are youth informed, place based, and Indigenous led; that service providers and agencies are accountable to the communities they serve; that young people be included in the planning associated with delivery of services, and the need for increased funding and resources to improve service delivery in the West Kimberley region.⁵⁵

The Health Navigator pilot program is an example of an integrated health service that aims to improve link up of services to better meet the health needs of children and young people in out of home care.⁵⁶ This program employs health professionals (or 'health navigators') to assist children in out of home care and others involved in their care to navigate health services. Early evaluation of this program has shown benefits of faster health assessments, additional health support and better cross-organisation working relationships.⁵⁷ Continued funding of such programs are vital to ensuring their sustainability, and the continuity of care for vulnerable children and young people.

For children and young people in remote communities, holistic health services such as the Healthy Country Kids program are key to ensuring continued access to

services. This program is an integrated child health and development service in WA that offers free services for families of children aged 0-18 and offers place-based care across a number of local South West communities. Such initiatives support families in addressing developmental delays and difficulties for children early, providing families with information on parenting, and linking families to other health services where required.⁵⁸

Hearing children and young people's voices, in the context of their communities is vital to ensure health services are child and family focused, culturally safe, and relevant to their needs.

Questions regarding child and family focused, integrated and culturally safe health services

1. How can the voices of children and young people inform initiatives that meet their needs?
2. What can be done to ensure that the service workforce and services environments are culturally appropriate and safe for children and young people who use them?
3. What can be done to build strong partnerships and relationships between services and communities, families and children and young people?
4. How are families supported to navigate the health and mental health service system and access relevant services?
5. How can children and young people be better supported in navigating these service systems? How can their experiences of these service systems be improved?

Empowering children and young people to make decisions about their health and wellbeing

Children and young people have their right to be heard enshrined in the *United Nations Convention on the Rights of the Child*.

When this right is upheld, children and young people are consulted, and their views inform the decisions that are made about them and the services that they engage with. The models of engagement must be culturally safe, developmentally appropriate and use methods of communication that are relevant to them.

This is of particular importance in the context of health, where the best interests of the child must be prioritised by health services when making treatment decisions.⁵⁹ Children and young people's authority to consent to their treatment is determined by rules limiting their capacity to make treatment decisions related to their age and development.⁶⁰

Child friendly complaints processes need to be in place to support children to resolve problems they may experience when accessing healthcare.

Child friendly complaint systems **must**:

- provide children and young people with a variety of safe ways to share concerns
- respond appropriately to any complaints, disclosures or suspicions of harm
- review all complaints from children which result in systemic improvements.⁶¹

Children and young people's views should also be sought and valued in designing and delivering health services.

Surveys such as the 'ABS Patient Experiences in Australia Survey' collects data on access and barriers to health care services, and capture the views of young people's use of those services.⁶² Such surveys are a good way to consider how health services are operating for children and young people, and what can be done to improve them.

Children and young people who spend lots of time in and out of health services develop significant insight into how those services can work better for children and young people. The lived experience of

these young people means they have valuable insight into how the health system can better meet the needs of children and young people, and they should be empowered to influence and improve services at system level.

Ensuring that children and young people are able to communicate in ways that are developmentally appropriate, culturally secure and accessible are important elements of ensuring they are empowered to have their voices heard. For some children having family members, trusted adults or systemic advocates may support them in communicating their needs.

For example, youth advocates based at the WA Mental Health Advocacy Service have been able to assist children and young people in mental health services to raise their concerns with decision makers and health services. Their concerns included not being treated with dignity or humanity by health practitioners due to workforce shortages, lack of experienced staff, and complexity and diversity of support needs.⁶³

Maintaining health and wellbeing is more than health services. Living in environments that are safe, include access to spaces to play and exercise, nutritious food, youth-friendly evidence-based information about health issues and services and people who care about them support children and young people's wellbeing. Such environments should be accessible to everyone.

Children and young people know best how their lives are impacted by decisions regarding their health and wellbeing. Their diverse voices must be heard about what works for them in the context of their own families, communities and environment, and their views taken seriously.

Questions regarding children and young people's experience of health and health services

1. How can we make sure children and young people are involved in making decisions in their communities that will impact their health and wellbeing?
2. Where can we do better in delivering the services that children and young people say they need?
3. How can children and young people have more influence in decision-making about what health services they want, and how services meet their needs?
4. Are children and young people confident in being able to express their needs about their health?
5. How could families, services, advocates and complaints support organisations be supported to better empower young people?
6. Where can we remove barriers to engagement for children and young people who experience difficulty accessing health services or expressing their health care needs?

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