



**Policy Position Priorities**

# **Health and Mental Health**

**2025**



**Commissioner for Children and Young People**  
Western Australia

## Acknowledgment of Country

The Commissioner for Children and Young People proudly acknowledges and pays respect to the Traditional Custodians of the lands across Western Australia and acknowledges the Whadjuk people of the Noongar nation upon whose lands the Commissioner's office is located.

She recognises the continuing connection to culture, lands, skies and waters, families and communities of all Aboriginal peoples. The Commissioner and her team also pay their respects to Elders, past and present and emerging leaders. The Commissioner and her team recognise the knowledge, insights and capabilities of Aboriginal people, and pay respect to Aboriginal ways of knowing, being and doing.

## A note about language

For the purposes of this report, the term 'Aboriginal' encompasses Western Australia's diverse language groups and recognises Torres Strait Islanders who live in Western Australia. The use of the term 'Aboriginal' in this way is not intended to imply equivalence between Aboriginal and Torres Strait Islander cultures, although similarities do exist.

## Who is the Commissioner for Children and Young People?

Jacqueline McGowan-Jones is the Commissioner for Children and Young People in Western Australia (WA). She has an important statutory role to monitor and review written laws, draft laws, policies, practices, and services affecting the wellbeing of children and young people under eighteen. The Commissioner has a duty to regularly consult with children and young people about issues that affect them and to promote the participation of children and young people in the making of decisions that affect their lives. She also has responsibility to encourage government and non-government agencies to seek the participation of children and young people in their work.

More information about the Commissioner and the work of her office is available from:  
[ccyp.wa.gov.au](http://ccyp.wa.gov.au).

## Suggested citation

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## Content note

This priority 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
- **QLife:** 1800 184 527





## Message from the Commissioner

Since commencing as the Commissioner for Children and Young People in January 2022, my team and I have undertaken extensive consultation with over 11,000 children and young people in Western Australia (WA).

Their voices are critical in informing the work of my office. In 2023, these discussions resulted in the development of Policy Position Statements for Health and Mental Health, Education, Child Protection and Youth Justice. Discussion Papers were then developed and stakeholders (children and young people; government and non-governments; individuals) were also asked to provide submissions in relation to any evidence suggestions or concerns noted.

Following the extensive engagement, including focus groups with children and young people and a review of the 42 submissions received, we evaluated both the Position Statements and Policy Priorities.


I am pleased to provide you with our updated Policy Position Statements and Priorities.

I urge you all to consider these evidence-informed documents when creating policies, programs and services that are aimed at supporting WA children and young people to live in a better world where their voices and rights are valued and respected.



**Thank you!**

**to all of the children  
and young people who  
shared their voices.**





## Priorities

The Commissioner for Children and Young People Act 2006 (WA) establishes that the Commissioner's paramount concern must be the best interests of children and young people in WA. The Commissioner undertakes research with children and young people to ensure their voices inform the activities and priorities of the Commissioner.

In line with national and international evidence, the Commissioner advocates for health and mental health to be focused on the following six priorities:

### 1 Health promotion, disease prevention and early intervention

Prioritising children and young people's wellbeing through proactive strategies leads to lasting benefits for individuals and communities. Preventative measures which seek to address the social determinants of health, such as effective health promotion, accessible primary care and early intervention, improve overall population health, enhance quality of life and reduce the long-term burden of chronic disease. A shift from crisis-driven responses to prevention and early support is essential.

Maintaining health and wellbeing extends beyond the provision of health services. Children and young people thrive in environments that are physically and culturally safe, provide opportunities for play and exercise, offer access to nutritious food, and ensure that they are supported by people who care for them. These environments must be accessible to all. At both state and local levels, planning must prioritise safe and active recreation spaces, alongside youth-friendly programs that encourage physical activity.

Effective health promotion equips children, young people and their families with the knowledge and skills to maintain their wellbeing, including staying active, eating nutritious food, and getting sufficient sleep. To ensure relevance and engagement, programs should be co-designed with children and young people.

Stronger action is needed to protect children from marketing and distribution of unhealthy food, sugary drinks, and addictive products. Regulatory and legislative measures must prioritise their health and wellbeing, ensuring they are safeguarded from harmful influences. We recommend developing and implementing a whole-of-government child and family wellbeing strategy that prioritises preventative health measures, strengthens early intervention services, and creates supportive environments that promote the physical, emotional, social and cultural wellbeing of all children and young people.





## 2

## Supporting child development through intervening early in life and in illness

The first five years of life are critical in shaping a child's long-term health, wellbeing, and development. Early experiences lay the foundation for learning, social skills, and emotional resilience. Timely access to high-quality child development services, early assessment, and intervention for health conditions and disabilities is essential to providing specialised supports and services to promote the child's development and ensuring every child has the best possible start in life.

Accessible and well-resourced Child Development Services (CDS) are key to identifying and addressing developmental delays, disabilities and health conditions as early as possible.<sup>i</sup> Research shows that best practice in early childhood intervention is family-centred, inclusive, and responsive to the diverse needs of children and their caregivers. However, delays in accessing services, whether due to long wait times, financial barriers, or lack of availability in regional and remote areas, can have lifelong consequences. To ensure all children receive the support they need, we must improve access to child development services, primary health care, and dental services, with a focus on addressing availability and equity.

For Aboriginal and Torres Strait Islander children and those from other culturally and linguistically diverse communities, culturally safe and community-led child development services are essential to closing the gap in early development outcomes. Health and education systems must work together to ensure services are delivered in ways that respect and reflect cultural identity, community strength, and family structures.

Equally, governments must address the socioeconomic conditions that impact early childhood development, such as poverty, housing insecurity, and food instability. Families experiencing these challenges often face additional barriers to accessing healthcare and developmental support for their children. One way to break down these barriers is by investing in holistic, integrated child and parent centres, where child health and development programs are co-located with wraparound family and social services. Establishing community-led hubs that bring together early learning, parenting programs, and health services in one accessible location would increase awareness, improve service navigation, and provide more equitable support for families.

By strengthening early intervention, expanding access to essential services, and embedding family-centred and culturally appropriate approaches, we can give all children the strongest possible start in life and reduce the long-term impact of preventable health and developmental challenges.



### 3

## **Accessible, evidence-based and timely mental health and addiction services**

Too many children and young people struggling with mental health concerns or addiction cannot access the support they need to thrive. Barriers such as long wait times for GPs, specialists or emergency services, high costs, limited service availability, and poorly integrated systems leave many without the care they need. Children and young people have consistently told the Commissioner that improving access to mental health services is a key priority. Addressing these concerns requires a coordinated, and well-resourced approach to mental health and addiction services that prioritises prevention, early intervention, and continuity of care.

Children and young people accessing health and mental health services deserve holistic support to improve their emotional, social, cultural and physical wellbeing. Access to mental health services should not be determined by where a child lives, their financial situation, or their cultural background. Community-based mental health services must be expanded and resourced to meet demand, ensuring that every child and young person can receive timely, affordable, and developmentally appropriate care. The majority of mental health support and treatment for children should be delivered by community treatment teams, as recommended by the Ministerial Taskforce on Infant, Child, and Adolescent Mental Health.<sup>ii</sup> Increasing the availability of early intervention services, step-up/step-down care, and accessible crisis support will prevent children and young people from reaching a point of crisis.<sup>iii</sup>

Suicide remains the leading cause of death among Australians aged 15-24, with Aboriginal children and young people disproportionately affected in some regions of Western Australia.<sup>iv</sup> Embedding effective, evidence-based suicide prevention strategies and providing culturally-safe mental health services and spaces is critical to improving social and emotional wellbeing of children and young people.

Similarly, eating disorders represent a significant and growing concern, with serious physical and mental health implications. Early identification and treatment of eating disorders must be a priority, ensuring that young people receive timely, evidence-based support before conditions escalate.<sup>v</sup>

Children and young people are also at heightened risk of substance-related harm, as their developing brains make them more vulnerable to permanent damage from alcohol and drug use.<sup>vi</sup> Thus, it is crucial to enhance availability of and accessibility to children and young people specific addiction and other drug (AOD) treatment services. Comprehensive addiction services must integrate prevention, detoxification, treatment, and recovery support, addressing both the symptoms and underlying causes of addiction. A holistic, youth-centred approach is essential, with services designed to be developmentally appropriate, trauma-informed, and accessible.



To ensure all children and young people can access the support they need, mental health and addiction services must be universally available, affordable, and responsive to diverse needs. This includes expanding youth-friendly services, improving regional and remote access, and embedding culturally safe and trauma-informed practices within all mental health and addiction programs. By prioritising early intervention and community-based care, we can reduce crisis-driven responses and ensure children and young people receive timely, evidence-based, and developmentally appropriate support.

## **4 Child and family-focused, integrated and culturally safe health services**

Children and young people often require support from multiple providers including health, mental health, and disability services. To effectively promote their wellbeing, these services must be accessible, integrated and delivered in a timely manner. However, fragmented systems, long wait times, and geographic barriers make it difficult for many children and families to access the care they need, particularly those in regional or remote areas, experiencing homelessness, or frequently moving between locations. When services are poorly coordinated or difficult to navigate, the burden falls on families, caregivers, and young people themselves, increasing stress and reducing the likelihood of early intervention.

A culturally safe approach is essential to ensuring that services are responsive to the diverse needs and experiences of children, young people, and their families. Services must respect and acknowledge the cultural, historical, and social contexts of the communities they work with, ensuring that care is delivered in a way that is inclusive and builds trust. This includes training service providers in cultural competency, improving availability of interpreters, and embedding lived experience and community leadership into service design and delivery.

Integrated and well-coordinated service models are critical to ensuring that children and young people receive continuous, comprehensive support. Service systems should work together to provide streamlined pathways that prioritise the needs of children and families rather than requiring them to navigate complex bureaucratic structures. Access to dedicated support workers or service navigators can help families connect with the right services, reducing delays and improving health outcomes.

For Aboriginal children and young people, Aboriginal Community Controlled Health Organisations (ACCHOs, on Aboriginal Medical Services (AMS)), play a vital role in delivering holistic, culturally safe healthcare. These organisations provide comprehensive social and emotional wellbeing services within community-led models of care that are trusted and effective. Their leadership in integrating health services should be recognised, and similar models should be considered for broader implementation across the health system.

To improve access and outcomes for children and young people, health, mental health, and disability services must be better integrated, with clear pathways for care coordination and improved support for families navigating the system.





# 5

## **Empowering children and young people to make decisions and self-advocate about their health and wellbeing**

Children and young people are experts in their own lives and should have a meaningful say in decisions that impact their health and wellbeing. Their voices must be heard, respected, and taken seriously in the context of their families, communities, and personal circumstances. Ensuring that children and young people can actively participate in health-related decisions not only improves their immediate care experiences but also fosters lifelong skills in self-advocacy and health management.

Developing strong health literacy is key to empowering young people to navigate the healthcare system, understand their rights, and make informed choices about their health. Access to developmentally-appropriate and culturally safe health education, including inclusive sexual health and relationship education, is critical in supporting children and young people to develop the knowledge and confidence they need to advocate for themselves. The Commissioner has heard from young people that they want clearer information about available support services, as well as education that helps them build self-advocacy skills.

To truly empower children and young people, healthcare services must provide communication avenues that are developmentally appropriate, accessible, and culturally secure. For some children, family members, trusted adults, or system advocates can play an essential role in helping them express their needs. However, the views of children and young people must always be actively sought and given weight in decisions that affect them.

This is particularly important in healthcare settings, where children's capacity to consent to treatment is legally determined based on their age and level of development.<sup>vii</sup> Regardless of their legal decision-making status, their perspectives must always be considered seriously, and their best interests must guide treatment decisions.<sup>viii</sup>

Children and young people must also have access to child-friendly complaints systems to address concerns about their healthcare experiences. These systems should provide multiple avenues for raising issues, be linguistically and culturally appropriate, ensure timely and effective responses, and contribute to systemic improvements in health services.

To strengthen the accessibility, safety, and participation of children and young people in decision-making and advocacy, we recommend engaging young people from diverse backgrounds in a review of how health and mental health services can better support their rights and needs.



## References

- <sup>i</sup> Select Committee into Child Development Services, *Interim Report: Child Development Services in Western Australia: Valuing our Children and their Needs*, November 2023, accessed 3 January 2024.
- <sup>ii</sup> Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0 – 18 years in WA, *Final Report*, 3 March 2023, accessed 3 January 2024.
- <sup>iii</sup> ICA Taskforce, *Infant, Child and Adolescent (ICA) Taskforce Implementation Program Eating Disorders: A Model of Care*, Government of Western Australia, 1 December 2022, accessed 2 January 2024..
- <sup>iv</sup> AIHW, '[Deaths by suicide among young people](#)', AIHW website, 20 October 2023, accessed 20 Dec 2023.
- <sup>v</sup> J Arcelus, A Mitchell, J Wales and S Nielsen, 'Mortality rates in patients with anorexia nervosa and other eating disorders: a meta-analysis of 36 studies.' *Archives of General Psychiatry*, 2011, 68(7):724-731, doi: 10.1001/archgenpsychiatry.2011.74. See also: A Keshaviah, K Edkins, E Hastings et al, 'Re-examining premature mortality in anorexia nervosa: a meta-analysis redux.' *Comprehensive Psychiatry*, 2014, 55(8): 1773-1784, doi: 10.1016/j.comppsy.2014.07.017.
- <sup>vi</sup> Department of Health, *National Drug Strategy 2017-2026*, Government of Australia, 2017, accessed 2 January 2024.
- <sup>vii</sup> The Royal Australian College of General Practitioners, 'Consent to medical treatment: the mature minor', *Australian Family Physician*, 40(3), March 2011, accessed 3 January 2024.
- <sup>viii</sup> *Mental Health Act 2014* (WA).

