

12 July 2019

Royal Commission into Victoria's Mental Health System

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### **Submission**

Thank you for the opportunity for the Australian Catholic University's Institute of Child Protection Studies to make a submission to the Royal Commission.

The Institute of Child Protection Studies enhances outcomes for children, young people and families through quality research, program evaluation, training and community education, advocacy and policy development. We are recognised for our expertise in child protection, and preventing and responding to the abuse and neglect of children. We promote children's participation, strengthen service systems, inform practice and support child-safe communities.

Our key messages are as follows:

- The health of children and young people is a critical element of a strong and vibrant society.
- The right to health care is held by all human beings including children and young people and particular attention should be given to addressing barriers to the fulfilment of that right.
- Children and young people view mental health as important. They face unique needs and barriers that limit their access to healthcare.
- A child's sense of safety is linked with wellbeing as a key feature of good mental health.
- Mental health outcomes are best addressed alongside safety and protection and all require a broad public health systems approach.
- The mental health of children is the responsibility of schools, communities, families and services as well as the health sector. It calls for knowledge and child-centred skills and experience.
- The drivers for poorer mental health outcomes are complex and linked to experiences of social and economic disadvantage. A broad coordinated public health approach offers the best opportunity to address these factors and build comprehensive and lasting responses.
- Children with a lived experience of mental health issues should be recognised as experts in their own lives and should be engaged in designing supports and services.
- Driving reform in mental health for children and young people could occur in the context of the development of a broad National Plan for Children.

A more detailed explanation of our position is set in the attached paper.

Yours sincerely



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### **Introduction**

The Victorian Government has established the Royal Commission into Victoria's Mental Health System (the Commission). The Commission wants to provide the community with a clear and ambitious set of actions that will change Victoria's mental health system and enable Victorians to experience their best mental health now and into the future. It will seek to make a sustained effort to reduce the stigma and discrimination associated with mental illness and to promote more inclusive communities throughout Victoria.

Through its terms of reference, the Commission will consider and make recommendations on:

- How to most effectively prevent mental illness and suicide, and support people to recover from mental illness, early in life, early in illness and early in episode, through Victoria's mental health system, and in close partnership with other services.
- How to deliver the best mental health outcomes and improve access to and the navigation of Victoria's mental health system for people of all ages.
- How to best support the needs of family members and carers of people living with mental illness.
- How to improve mental health outcomes, taking into account best practice and person-centred treatment and care models, for those in the Victorian community, especially those at greater risk of experiencing poor mental health.

### **The Institute's Views and Experience**

The Institute of Child Protection Studies (the Institute) enhances outcomes for children, young people and families through quality research, program evaluation, training and community education, advocacy and policy development. We are recognised for our expertise in child protection, and preventing and responding to the abuse and neglect of children. We promote children's participation, strengthen service systems, inform practice and support child-safe communities.

In this submission, the Institute will focus on what is required to address the needs and experiences of children, young people and families. We will also highlight the opportunities (and challenges) in developing and implementing a comprehensive public health approach to mental health. It is our view that mental health outcomes are best addressed alongside safety, protection and health and wellbeing as part of a broad systems approach designed to build wellbeing for children, young people and their families.

## Key Principles

The Institute has based its submission on the following key principles:

The right to health is enshrined in the international human rights framework, recognising the 'right of everyone to the enjoyment of the highest attainable standard of physical and mental health'<sup>i</sup>. The right to health is held by all human beings including children and young people<sup>ii</sup>.

The Australian Charter of Healthcare Rights<sup>iii</sup> was developed by the Australian Commission on Safety and Quality in Health Care to support the provision of safe and high-quality health care. The rights are:

- Access—the right to health care
- Safety—the right to safe and high-quality care
- Respect—the right to be shown respect, dignity and consideration
- Communication—the right to be informed about services, treatment, options and costs in a clear and open way
- Participation—the right to be included in decisions and choices about care
- Privacy—the right to privacy and confidentiality of personal information
- Comment—the right to comment on care and to have concerns dealt with.

These rights must be provided to children and young people to the fullest extent possible with particular attention to addressing the barriers of experience and discrimination to their fulfilment.

The health and wellbeing of children and young people is a critical element of a strong and vibrant society, now and in the future<sup>iv</sup>.

## Key Evidence

The Institute has drawn on the work of the Public Health Association of Australia and notes:

**Children and young people view mental health as an important issue.** In Mission Australia's Annual Survey in 2018, nearly half of the young people surveyed identified mental health as the top issue facing Australia today<sup>v</sup>. Half of all lifetime mental health disorders emerge by the age of 14 and three quarters by the age of 24<sup>vi</sup>. Serious mental health conditions affect large numbers of young Australians, with even higher rates among girls and young women and Aboriginal and Torres Strait Islander young people<sup>vii</sup>. Suicide is the leading cause of death of young Australians and rates are on the increase<sup>viii</sup>. Again rates are higher amongst Aboriginal and Torres Strait Islander young people.

**Young people face unique barriers that limit their access to health promotion and healthcare.**

Marginalised young people require person-centred and targeted approaches that support access to health promotion, prevention and health care services across the whole health system<sup>ix</sup>. LGBTIQ young people have an increased risk of poor mental health that is related to their experiences of stigma<sup>x</sup>. Refugee and vulnerable migrant young people, culturally diverse young people and Aboriginal and Torres Strait Islander may experience racism, trauma and discrimination that can affect their mental health and their ability to access health services<sup>xi</sup>.

**We cannot assume that our current health service delivery model in Australia is universally effective in delivering adequate quality health care for all groups in Australian society<sup>xii</sup>.** There are a range of barriers and challenges to the delivery of health care and the enjoyment of good physical and mental health including for children and young people. Some groups of children and young people experience particular disadvantage that affects their mental health and wellbeing<sup>xiii</sup>. These groups include children and young people who are Aboriginal and Torres Strait Islander, homeless, in contact with the criminal justice system, refugee and asylum seeker, LGBTIQ, living with a disability and young parents<sup>xiv</sup>.

## **Mental Health and Safety**

The Institute is currently conducting research into a child's sense of safety within organisations that provide services or facilities for children. The initial results of the research offer insights into how a child's sense of safety is linked with their sense of wellbeing as a key feature of good mental health.

Better perceptions of safety in organisations, including child safety, confidence levels in adults and a lack of barriers to help-seeking, are associated with positive wellbeing in young people. When young people felt less confident in the ability of organisations to keep them safe, this was also reflected in their sense of wellbeing and quality of life.

There is also widespread awareness across sectors that children should be included in the creation of environments of safety. It is felt that further efforts in child participation and empowerment will improve their perceptions of safety and in turn their sense of wellbeing and quality of life.

## **Key Suggestions**

### **Cross-sector responsibility**

Mental health should not be the sole responsibility of the health sector. The experiences of children and young people play an important role in setting the scene for their futures. So their schools, communities, families and services must be able to recognise and respond to issues and concerns and support the development of resilience and recovery.

### **Address specific needs of children**

Children and young people have needs and experiences that are distinct from those of adults. So there must be plans and services that address these needs and experiences. There is the opportunity to build strong preventative practice across sectors and awareness of opportunity for interventions and supports where required.

### **Build capacity of practitioners**

This practice must be based on appropriate knowledge of child and adolescent development and effective child-centred skills and experience. Practitioners in the health and education sectors often have these skills but not universally. Planning must ensure these skills are more widely held (and valued).

### **Target communities that need support the most**

There is much better awareness of the importance of good mental health and less stigma. But even amongst children and young people, there are already groups that are missing out. These include young males and children and young people in rural and regional communities and in communities that experience disadvantage and discrimination. Often these same groups experience barriers in access to preventative strategies and to services. Particular attention is necessary for young people in indigenous communities, culturally and linguistically diverse communities, young males and same-sex attracted or questioning young people.

Often the drivers for poorer mental health outcomes are complex and linked to experiences of social and economic disadvantage. These can include poverty, violence, housing and welfare needs and experiences of stigma and discrimination. A broad coordinated public health approach offers the best opportunity to understand and address these factors and build comprehensive and lasting responses.

## **A Coordinated Public Health Approach**

The Institute highlights the importance of considering how to most effectively address the needs and experiences of children, young people and families. We support the development of a comprehensive public health approach to mental health. We already advocate for a public health approach to child safety and protection. It is our view that mental health outcomes are best addressed within the context of a broad systems approach that is designed to build wellbeing for children, young people and their families. This approach should recognise safety, protection and health as essential components of an appropriate understanding of and commitment to wellbeing.

Maintaining separate and isolated systems for addressing health and providing protection from harm misses opportunities for coordination in service delivery. It also leads to failure to address key underlying causal factors, and can contribute to interventions across systems that work against each other. Effective prevention of adverse outcomes in health and safety involves reducing risk factors and promoting protective factors both within particular population groups and in the wider community.

### **Integration and coordination**

Each of these systems would benefit from better integration and coordination. This would enable better information sharing, referrals and supports between services. Integration and coordination would include health services such as child and youth community health services, drug and alcohol services, sexual health, healthcare and mental health services including headspace. It would also include family violence services, housing, education and employment supports. Entry points into the health service system, such as GPs and emergency departments can act as links for children, young people and their families to gain access and referrals to suitable community-based support services<sup>xv</sup>.

### **Prevention**

Coordinated prevention activities should be undertaken across a range of settings, such as individual, family, school, community, and workplaces with different strategies delivered in different settings. In both child protection and in child development, activities for children and young people can address risks early in life and in the living environment.

### **Data collection**

Building effective activities and strategies for wellbeing for children and young people calls for consistent and coordinated data collection, monitoring and evaluation. Once again the value of a coordinated approach that combines these activities using a national framework for protection, health and development for children and young people would support more effective planning and the responsible allocation of resources. Those would be underpinned by the best available research on the social determinants of adverse outcomes in health, safety and development and the most effective prevention and treatment strategies.

### **Communication strategies**

Building communications strategies that support prevention and appropriate intervention into broad community campaigns and targeted messages for protection, health and development would be possible with a coordinated public health approach. This would include information, education and training in health, education and community sectors. Initiatives that should be supported include Emerging Minds, the National Workforce Centre for Child Mental Health and the National Youth Mental Health Workforce Strategy<sup>xvi</sup>.

More targeted strategies, programs and services would be developed and implemented for particular groups that experience poorer outcomes, disadvantage and barriers to access to services.

### Child and youth participation

There is a growing awareness of the value of participatory processes in both practice<sup>xvii</sup> and policy that draw on and support client or user experience. This includes children and young people. Children and young people with a lived experience of mental health issues should be recognised as experts in their own lives and should be engaged in designing child and youth-friendly mental health supports and services and supported as advocates on important mental health issues.

### Technology

There is the opportunity for increased use of technology particularly in working with children and young people. This can complement and extend the impact of face-to-face service delivery. Technology is also a tool for reducing stigma in providing health and service information.

## **Current Knowledge around Public Health Approaches**

The Institute refers to key research in the context of safety and protection that supports broader public health planning<sup>xviii</sup>. Some key messages from this research that are also relevant in the mental health context include:

- Parenting programs should be incorporated as core business across the range of universal service delivery platforms that provide services to children and families.
- Strategies for strong community and consumer engagement will consolidate relevance, particularly if linked with positive child development messages.
- There should be a coordinated commitment across and within governments.
- Parenting support strategies should be built across childhood and into adolescence.
- A secure and integrated funding model will help to build sector ownership.
- An integrated and funded evaluation and research framework will build knowledge.
- Prevention in service contexts can be built into professional development and practice.
- Community development, coordination and collaboration can be supported through shared values.

We also note the summary of current knowledge on child protection based on a public health approach published by the Productivity Commission in a recent Consultation Paper<sup>xix</sup> which offers these key points:

- Complex systems combine processes and structures with normative elements (attitudes, assumptions and value systems).
- Systems should be built around children, families and communities.
- Efforts for prevention should address the needs of children, families and communities.
- Prevention programs should use a skilled and professional workforce in organisational settings where families and children regularly or routinely attend.
- Evidence should measure the nature and extent of the problem, what programs and services are effective, and what outcomes the system is delivering.
- Collaboration and coordination are required across organisations, settings and government
- Shared underlying values should be reinforced across the system structures and processes.

The Consultation Paper notes that change is required at multiple levels. This includes structural change that operates and interconnects at local, regional and national levels; improving outcomes at a family and community level; and at the same time builds system capacity and streamlines processes and funding arrangements.

### **Governance, Leadership and Monitoring**

The Institute suggests that driving reform in mental health for children and young people could occur in the context of the development of a broad National Plan for Children. This would support the integration of programs and initiatives across health, education, safety and wellbeing and use measures that acknowledge the impacts (benefits and challenges) across these domains.

We note that there has been work recently on the development of a National Action Plan for the Health of Children and Young People. So far consultations have not been extensive but this could be an important initiative. Crucially the health sector already possesses a key body of knowledge<sup>xx</sup> around constructing services for children and young people including in circumstances where access will not be appropriate through a family setting.

There are other opportunities that could be used to build awareness and commitment across government and the community of the interrelated nature of health, mental health and other wellbeing measures. These include the national conversation around child safety (which could be supported through the National Office of Child Safety) and the work of the National Children's Commissioner in building respect for the rights of children across their lived experiences.

### **Listening to the Views of Children and Young People**

Critical to the Institute's understanding of children's safety and wellbeing is the importance of listening to the views of children and supporting their involvement in decision making. Planning for how to most effectively protect children and support good mental health outcomes will also be enriched by their contributions. There is considerable research to support the involvement of children and young people in public policy<sup>xxi</sup>.

## End Notes

- <sup>i</sup> United Nations International Covenant of Economic Social and Cultural Rights (1966) Article 12
- <sup>ii</sup> United Nations Convention on the Rights of the Child (1990) Article 24
- <sup>iii</sup> <https://www.safetyandquality.gov.au/our-work/partnering-consumers/australian-charter-healthcare-rights>
- <sup>iv</sup> Patton, Sawyer, Santelli, Ross, Afifi, Allen et al. "Our future: a Lancet commission on adolescent health and wellbeing" (2016) *Lancet*. 2016;387(10036):2423-78
- <sup>v</sup> Mission Australia (2018) National Youth Survey <https://www.missionaustralia.com.au/publications/youth-survey>
- <sup>vi</sup> McGorry "Early intervention, youth mental health: the value of translational research for reform and investment in mental health" (2014) *Australasian Psychiatry* 22(3):225-7.
- <sup>vii</sup> In 2016, almost one in four young people aged 15-19 years had a probable serious mental illness (rising from 18.7% in 2012 to 22.8% in 2016). Mission Australia and Black Dog Institute. (2017) "Youth mental health report: Youth Survey 2012-16" ; Department of Health "The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing" (2015); Australian Institute of Health and Welfare "Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing" (2018)
- <sup>viii</sup> Australian Bureau of Statistics (2017) "Causes of Death, Australia"
- <sup>ix</sup> Australian Institute of Health and Welfare. "Australia's Welfare" (2015); Robards, Kang, Usherwood, Sancı. "How Marginalized Young People Access, Engage With, and Navigate Health-Care Systems in the Digital Age: Systematic Review". *Journal of Adolescent Health* (2018) 62(4):365-81. Brown, Rice, Rickwood, Parker "Systematic review of barriers and facilitators to accessing and engaging with mental health care among at-risk young people" (2016) *Asia Pac Psychiatry* 8(1):3-22
- <sup>x</sup> Australian Research Centre in Sex, Health & Society, La Trobe University "Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians" (2012); Australian Research Centre in Sex, Health and Society "From Blues to Rainbows: Mental health and wellbeing of gender diverse and transgender young people in Australia" (2014); Noto, Leonard and Mitchell "Nothing for Them : Understanding the support needs of Lesbian, Gay, Bisexual and Transgender (LGBT) young people from refugee and newly arrived backgrounds" (2014).
- <sup>xi</sup> Robards, Kang, Steinbeck, Hawke, Jan, Sancı et al. "Health care equity and access for marginalised young people: a longitudinal qualitative study exploring health system navigation in Australia" (2019) *International journal for equity in health* 18(1):41.
- <sup>xii</sup> Australian Institute of Health and Welfare "Australia's Health 2018" (2018)
- <sup>xiii</sup> Agerbo, Nordentoft and Mortensen "Familial, psychiatric, and socioeconomic risk factors for suicide in young people: nested case-control study" (2002) *BMJ*. 2002;325(7355):74
- <sup>xiv</sup> Siegel, Brandon "Adolescents, Pregnancy, and Mental Health" (2014) *Journal of Pediatric & Adolescent Gynecology* 14;27(3):138-50.
- <sup>xv</sup> Robards, Kang, Steinbeck, Hawke, Jan, Sancı et al. "Health care equity and access for marginalised young people: a longitudinal qualitative study exploring health system navigation in Australia" (2019) *International journal for equity in health* 18(1):41.
- <sup>xvi</sup> Orygen National Centre of Excellence in Youth Mental Health. "The National Youth Mental Health Workforce Strategy" (2016)
- <sup>xvii</sup> Farhall et al "Outcomes and change processes of an established family education program for carers of adults diagnosed with a serious mental health condition" (2019). *Psychological Medicine*.
- <sup>xviii</sup> Higgins "A public health approach to enhancing safe and supportive family environment for children" (2015) 96 *Family Matters*, Australian Institute of Family Studies (AIFS); Sanders, Higgins and Prinz "A population approach to the prevention of child maltreatment" (2018) 100 *Family Matters*, AIFS; Lonne, Scott, Higgins, & Herrenkohl, (Eds.) (2019). "Re-visioning public health approaches for protecting children" *Child Maltreatment 9: Contemporary Issues in Research and Policy*.
- <sup>xix</sup> Productivity Commission, Secretariat for the Steering Committee for the Review of Government Service "Systems for Protecting Children – Consultation Paper".
- <sup>xx</sup> Robards, Kang, Steinbeck, Hawke, Jan, Sancı et al. "Health care equity and access for marginalised young people: a longitudinal qualitative study exploring health system navigation in Australia" (2019) *International journal for equity in health* 18(1):41
- <sup>xxi</sup> Collin et al "Creating Benefit for All: Young people, engagement and public policy" (2016)