



## Position paper

May 2020

# Mental health

Children and young people<sup>1</sup> have distinct and unique needs in relation to their mental health, as recognised by the National Mental Health Statement of Rights and Responsibilities.<sup>2</sup>

A comprehensive and coordinated approach to mental health service delivery is required to ensure that all children and young people, and their families have access to and receive, the right level of services and supports they require to support their mental health needs.

## Importance of child and youth mental health

Positive mental health provides a vital foundation for children and young people to realise their potential, cope with stresses, develop and maintain meaningful relationships with others and participate in aspects of community life.

Poor mental health can impact a person's quality of life and overall wellbeing in a range of ways, such as behavioural issues, a negative sense of worth and lack of coping skills, and impact their capacity to engage in school, community, sports, cultural activities and eventually the workplace.

The Wellbeing Monitoring Framework produced by the Commissioner for Children and Young People contains data on the wellbeing of children and young people in Western Australia (WA), including mental health. While there is somewhat limited data to accurately demonstrate the prevalence of mental health issues among children and young people in WA, or the experiences of those living with mental health issues, the following figures provide some overview of the mental health experiences of children and young people.

## Mental health facts

An estimated 1 in every 7 children in Australia aged 4 to 11 years (14%) have a mental health disorder.<sup>3</sup>

**Approximately 1 in every 5 adolescents in Australia aged between 11 and 17 years suffer from high or very high psychological distress.**<sup>4</sup>

Suicide was the leading cause of death for WA young people aged between 13 and 17 years in 2017.<sup>5</sup>

**Around one-half of all lifelong mental health disorders emerge before a young person turns 15, and 75 per cent have emerged by the end of adolescence.**<sup>6</sup>

The prevalence of mental disorders in infancy and early childhood (17%) is comparable to the prevalence in older children and adolescents.<sup>7</sup> Disorders of emotional and motor regulation are the most common disorders in this age group followed by feeding disorders.

**Aboriginal children and young people are at higher risk of mental health problems than their non-Aboriginal peers, with almost 1 in every 4 Aboriginal children aged 4 to 17 years at high risk of experiencing clinically significant emotional or behavioural difficulties.**<sup>8</sup>

Substantial proportions of Year 7 to 12 students participating in the Commissioner's 2019 Speaking Out Survey reported poor life satisfaction, low self-esteem, high levels of stress and the feeling they can't cope with life's challenges.<sup>9</sup>

**60 per cent of WA students in Years 9 to 12 participating in the Commissioner's 2019 Speaking Out Survey reported they had felt sad, blue or depressed for two or more weeks in a row in the last 12 months.**<sup>10</sup>

Children and young people living in regional and remote areas have a higher rate of mental disorders than their metropolitan peers.<sup>11</sup> Around one-third of WA parents/carers of a child aged 5 to 9 years, and over one-half of parents/carers of a child aged 10 to 15 years feel their child needs special help for an emotional, concentration or behavioural problem.<sup>12</sup>

## Need for mental health services

It is a fundamental right of all children to have access to and receive appropriate health care and mental health care. Children and young people have the right to receive mental health services across their life stages, including:

- preventative services to promote positive mental health and prevent the onset on poor mental health
- assessment and early intervention that acts early in the life course and in the onset of symptoms

- appropriate diagnosis and treatment of mental health issues, such as specialist care and support.

Work undertaken by the Commissioner for Children and Young People has identified significant challenges and issues in the planning and delivery of mental health services within WA – which have largely remained unchanged over time. Between 2010 and 2019, the WA population of children and young people aged 0 to 17 years grew by 68,000 or 13 per cent,<sup>13</sup> yet mental health service delivery has not expanded to meet this population growth and associated service demand.

The issues identified by the work of the Commissioner include consistent underfunding and under prioritising of mental health services for children and young people; limitations in planning, coordination and investment in services to address their needs; gaps in the range of services available for children and young people; service capacity issues, such as waitlists for services; and a lack of evaluation of the outcomes and experiences of children and young people with mental health issues.<sup>14,15,16</sup>

## What needs to be done?

There are several priority areas that need to be addressed to improve understanding about children and young people’s mental health experiences, improve the supports and services that they receive, and ultimately improve better mental health outcomes for children and young people across WA.

These key areas for reform are detailed below.

### Service modelling, planning and resourcing

The rights, needs and interests of children and young people need to be at the forefront of decisions made about mental health investment and service delivery.

A comprehensive strategy that addresses the distinct mental health needs of WA children and young people is required, supported by adequate resourcing, implementation plans and clear agency accountability.

The strategy needs to ensure that children and young people across WA have equitable access to the full range of services required to support positive mental health outcomes and address their needs across developmental stages. The strategy would need to detail the range of services required, including:

- evidence-informed mental health promotion and prevention to support children and young people’s positive mental health and prevent the onset of issues, which may include school-based programs, structured opportunities for participation, social support, physical activity and exercise, targeted programs for children at risk and their parents, and child care programs
- early intervention strategies, particularly those that intervene early in an infant, child or young person’s life course and onset of symptoms,<sup>17</sup> are targeted at key

intervention points during childhood and adolescence,<sup>18</sup> and address both risk and protective factors of the child, family and community<sup>19</sup>

- treatment services that provide children and young people and their families with the support they need to address mental health issues, such as community-based treatment, specialist services, and acute services for children and young people experiencing a mental health crisis, specifically inpatient services and appropriate alternatives
- services that have been identified as being existing system gaps by the Mental Health Commission, such as infant and perinatal services, community treatment services, community support services, prevention initiatives, forensic mental health services for young people, review of the Young People with Exceptionally Complex Needs program and the need for a statewide Subacute Inpatient Service for Youth.<sup>20</sup>

Specific targeted strategies and actions are also required for children and young people and their families who are vulnerable or more likely to experience mental health concerns, for example through the provision of outreach, community-based and culturally-specific services to improve access and address barriers that people may face in mainstream services.<sup>21</sup>

A specific child and youth suicide prevention strategy is required, which outlines age-appropriate initiatives across different developmental stages across childhood and adolescence.

Strong collaborative processes and mechanisms are required to coordinate commissioning and delivery of mental health services through the individual state-funded Health Service Providers, federally funded and commissioned services, and other private not-for-profit organisations, both at a statewide and regional level.

Investment and coordination are required to meet the needs of children and young people with complex needs, such as:

- services to meet the needs of children and young people with mental illness and co-existing alcohol and other drug issues
- coordination and collaboration for children and young people with involvement with multiple agencies, including but not limited to child protection, housing, health, disability, justice
- specialist mental health support for children and young people in care, for example screening, assessment and planning, regular monitoring of children and young people's mental health needs, and mental health supports for young people leaving care
- specialist mental health support for children and young people involved in the justice system, specifically screening, assessment, planning and treatment, the provision of forensic mental health services, as well as dedicated supports for young people leaving detention and transitioning back into the community to ensure continuity of care

- supports for young people as they transition between child and adolescent services into adult or older youth services.

## **Data, evidence and oversight**

Ongoing collection of data on children and young people's mental health is required to understand the prevalence and experiences of children and young people's mental health issues over time.

Comprehensive data is required in order to appropriately model and determine the demand and need of services to address children and young people's mental health, as well as to monitor and evaluate programs and services to determine their effectiveness and whether they are meeting the needs of children and young people.

Improved independent oversight of the mental health system is required to monitor children and young people's mental health outcomes and the impact and adequacy of services that they are receiving.<sup>22</sup>

Proactive engagement of independent advocates for children and young people who are voluntary mental health patients is also required, as currently these children and young people only receive independent advocacy services if they request contact with an advocate.<sup>23</sup>

The governance and coordination of the mental health system need to be strengthened to enable a single organisation to have a comprehensive picture of service delivery, funding and outcomes, and to determine whether investment and services are adequately allocated to respond to children and young people's mental health needs.

## **A holistic approach**

To improve mental health outcomes, a social determinants approach is needed, recognising and addressing other factors which impact and influence mental health and overall wellbeing, including socioeconomic position (education and material wealth), early life experiences, social exclusion social capital, employment and work, access to housing and residential environment.<sup>24</sup> This is consistent with current WA mental health and health policy.<sup>25,26</sup>

A whole-of-government Child Wellbeing Strategy should be implemented to set long-term targets to improve wellbeing outcomes for children and young people and span individual agency responsibilities to address social determinants and wellbeing experiences. These agencies would include but are not limited to, broader health services, child protection, disability, housing, justice, education and training and employment sectors.

## **Child and youth participation**

Children and young people have unique needs and experiences, distinct from those of adults, and their views and voices should be considered in decision making that impacts them. This should occur both at an individual level in regards to their needs, treatment and

care, as well as at a systemic level in the development of policies, strategies and services that impact them.

Mental health services should be designed and developed through co-design processes with children and young people, factoring in their experiences, needs and preferences for service types and models.

## **Aboriginal-led solutions**

It is vital to recognise and acknowledge the enduring impact of colonisation and intergenerational trauma for Aboriginal people and the ongoing impacts this has on mental health and wellbeing.

Aboriginal people need to have control over identifying the needs of children and young people within their communities, and in the design, development, implementation, monitoring and evaluation of strategies and initiatives that are implemented to address local needs.<sup>27</sup>

Holistic and culturally-secure mental health and wellbeing services are required to build cultural connection and positive mental health outcomes for Aboriginal children and young people and their families.

## **Building capacity to support better mental health outcomes**

Children and young people should be equipped with the knowledge and information about mental health to recognise symptoms of poor mental health for themselves and others, as well as skills to be able to respond and support their peers.

Parents, families and community members should be provided with the appropriate information and skills to be able to recognise, respond to and support children and young people's mental health, including having knowledge of the specific supports and services available.

Specific strategies are required to support the capacity of parents to develop nurturing, safe and supportive environments for their children to promote positive mental health and wellbeing outcomes. This should be complemented by both targeted and universal parenting supports and advice from the early years and parenting sectors, particularly for parents at risk.

Supports for parents and families need to be tailored to children and young people's key life stages and transition points, provide ongoing support and skills development for parents as their children age, and work intensively with families where required to address mental health issues impacting the child or family.

Building the capacity and capability of the health and professional workforce to work alongside children and young people and their families impacted by mental illness is critical. Specific capacity building is required to ensure that the workforce is equipped to deliver trauma-competent care and to work with diverse groups of children and young people.

Schools have an important role in supporting student mental health and wellbeing by:

- providing mental health promotion and prevention initiatives
- supporting the development of children and young people's social and emotional skills such as self-regulation and resilience
- raising awareness and understanding of mental health, and building the capacity of children and young people to identify signs and symptoms of poor mental health
- identifying early signs and symptoms of mental ill-health
- providing a referral point for students to access other services.

Schools should be resourced and supported to implement whole-of-school approaches to support mental health and wellbeing, and build capacity amongst teachers and education staff to implement and deliver this work. This needs to be monitored and evaluated over time to ensure it is having the intended impact.

## **Priority groups of children and young people**

There are certain groups of children and young people who have unique needs and experiences that place them at a higher likelihood of experiencing poor mental health, including:

- children in the early years – including infants and children under 5 years
- Aboriginal children and young people
- children and young people in regional and remote Western Australia
- children and young people in the justice system
- children and young people in care
- children and young people with a disability
- children and young people from culturally and linguistically diverse, refugee or migrant backgrounds
- Lesbian, Gay, Bisexual, Trans and Intersex (LGBTI) children and young people
- children and young people with parents/carers with a mental illness.<sup>28</sup>

There are also gender differences in the prevalence of certain types of mental health disorders and experiences of mental health, which also need to be factored into planning for mental health service delivery.

The needs of these diverse groups of children and young people should be considered in the development of any strategies addressing children and young people's mental health.



## Actions by the Commissioner

The Commissioner has undertaken a range of work addressing children and young people's mental health in WA:

- the 2020 *Progress update to agencies on the recommendations from the 2015 Our Children Can't Wait report*
- the *Speaking Out Survey 2019 - Summary report*, representing the views of almost 5,000 children and young people on their wellbeing, including mental health
- participation as a project partner in the 2019 *Informing youth suicide prevention for Western Australia* report
- facilitating two youth advisory committees in 2017 with a focus on supporting the mental health and wellbeing of children and young people through social media and technology
- hosting the 2016–2017 Thinker in Residence Professor Jane Burns on the topic of strengthening children and young people's mental health and wellbeing through technology and social media
- the 2015 report *Our Children Can't Wait – Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*
- the 2012 *Speaking Out About Mental Health* report, capturing the views and experiences of Western Australian children and young people on mental health
- the 2011 *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*.

The Commissioner will be releasing a report in 2020 looking at the role of schools in supporting student wellbeing, including mental health, which will further the recommendations in the 2015 *Our Children Can't Wait* report and 2018 school and learning consultation.

The Commissioner has also developed a range of policy briefs outlining children and young people's experiences of mental health, continued to work with government and non-government stakeholders, advocated for children and young people through submissions and stakeholder engagement on the need to improve the approach to their mental health and wellbeing, and provided advice and input into mental health inquiries, reviews and the development of mental health and wellbeing strategies.

The Commissioner will continue to monitor and report on WA children and young people's mental health through the Wellbeing Monitoring Framework. The Commissioner will continue to seek and hear the views of children and young people about their experiences of mental health through consultation and research, for example through the Speaking Out Survey. Priority areas identified through the Wellbeing Monitoring Framework, as well as the key reform areas identified in this position paper, will be used to guide the Commissioner's ongoing advocacy and engagement on children and young people's mental health.



## Endnotes

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- <sup>1</sup> Note: The term children and young people is intended to be inclusive of all children and young people under the age of 18, including infants and young children.
- <sup>2</sup> Standing Council on Health 2012, *National mental health statement of rights and responsibilities 2012*, Commonwealth of Australia.
- <sup>3</sup> Lawrence D et al 2015, *The Mental Health of Children and Adolescents: Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*, Department of Health, Canberra.
- <sup>4</sup> Ibid.
- <sup>5</sup> WA Ombudsman 2018, *Annual Report 2017–18*, WA Government, p. 79.
- <sup>6</sup> Kim-Cohen J et al 2003, Prior juvenile diagnoses in adults with mental disorder: Developmental follow-back of a prospective longitudinal cohort, *Archives of General Psychiatry*, Vol 60, No 7.
- <sup>7</sup> Klitzing K et al 2015, *Mental disorders in early childhood*, Deutsches Arzteblatt International.
- <sup>8</sup> Zubrick S et al 2005, *The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People*, Curtin University of Technology and Telethon Institute for Child Health Research, p. 25.
- <sup>9</sup> Commissioner for Children and Young People, *Speaking Out Survey 2019. The views of WA children and young people on their wellbeing – a summary report*, Commissioner for Children and Young People WA, Perth.
- <sup>10</sup> Commissioner for Children and Young People, *Speaking Out Survey 2019. The views of WA children and young people on their wellbeing – a summary report*, Commissioner for Children and Young People WA, Perth.
- <sup>11</sup> Lawrence D et al 2015, *The Mental Health of Children and Adolescents: Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*, Department of Health, Canberra.
- <sup>12</sup> Patterson C et al 2019, *Health and Wellbeing of Children in Western Australia in 2018, Overview and Trends*, WA Department of Health (and previous years' reports).
- <sup>13</sup> Australian Bureau of Statistics 2020, 3101.0 Australian Demographic Statistics, TABLE 55. Estimated Resident Population By Single Year Of Age, Western Australia, ABS.
- <sup>14</sup> Commissioner for Children and Young People 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People, Perth.
- <sup>15</sup> Commissioner for Children and Young People 2015, *Our Children Can't Wait – Review of the implementation of recommendations of the 2011 – Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People, Perth.
- <sup>16</sup> Commissioner for Children and Young People 2020, *Progress update on the recommendations from the 2015 Our Children Can't Wait report*, Commissioner for Children and Young People, Perth.

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<sup>17</sup> Ontario Centre of Excellence for Child and Youth Mental Health 2014, *Supporting Ontario's youngest minds: Investing in the mental health of children under 6*, Ontario Centre of Excellence for Child and Youth Mental Health.

<sup>18</sup> Fox s et al 2015, *Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention*, Australian Research Alliance for Children and Youth (ARACY), Canberra.

<sup>19</sup> Brown H & Sturgeon S 2005, *Promoting a healthy start of life and reducing early risks, Prevention of mental disorders: effective interventions and policy options*, Oxford, Oxford University Press.

<sup>20</sup> Mental Health Commission 2015, *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025: Better Choices, Better Lives*, Mental Health Commission WA, Perth.

<sup>21</sup> Walker R and Riebel T 2013, *Young people's experiences with health services: A literature review*, p.6, in Van Dyke N et al 2014, *Young People's Experiences with Health*.

<sup>22</sup> Commissioner for Children and Young People 2017, *Oversight of services for children and young people in Western Australia*, Commissioner for Children and Young People WA, Perth.

<sup>23</sup> Ibid.

<sup>24</sup> Australian Institute of Health and Welfare 2016, *Australia's health 2016*, Australia's health series no. 15. Cat. no. AUS 199, Canberra, Australian Institute of Health and Welfare.

<sup>25</sup> Mental Health Commission 2015, *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025: Better Choices, Better Lives*, Mental Health Commission WA, Perth.

<sup>26</sup> Western Australian Department of Health 2018, *WA Youth Health Policy 2018–2023*, Western Australian Department of Health, Perth: Health Networks.

<sup>27</sup> Commissioner for Children and Young People 2019, *Aboriginal led solutions*, Commissioner for Children and Young People WA, Perth.

<sup>28</sup> Commissioner for Children and Young People 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People, Perth.