



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



# Report to children, young people and the community

Inquiry into the mental health and  
wellbeing of children and young people  
in Western Australia

**April 2011**



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## References and statistics

This report is based on the evidence, submissions, references and data sources detailed in the *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia.*

Any person wishing to obtain original information sources should refer to that publication for detailed footnotes and references.

## Full report

This report is a summary of the findings and recommendations of the Commissioner for Children and Young People's *Inquiry into the mental health and wellbeing of children and young people in Western Australia.* It is one of three publications arising from the Inquiry.

The *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia* and *Speaking out about mental health – The views of Western Australian children and young people* are available from the Commissioner for Children and Young People.

Alternative formats: On request, large print or alternative format copies of this report can be obtained from the Commissioner for Children and Young People.

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## Commissioner's foreword



For children and young people, mental health is critically important – not only because it is the key to a rich enjoyment of childhood and adolescence, but also because it provides the foundation for a resilient and mentally healthy adulthood.

I undertook the Inquiry into the mental health and wellbeing of children and young people in Western Australia – my first as Commissioner for Children and Young People – after hearing consistently from communities across Western Australia about their concerns for the mental health of their children and young people, from infants through to young adults.

Organisations, individuals and families, together with children and young people themselves, told me of their struggles to locate and obtain mental health services and the long term detrimental impact this was having on the quality of life of children and young people.

The issues were the same in all areas of Western Australia, although they were particularly acute in regional and remote areas and for Aboriginal children and young people.

In addition to drawing on the experience of children and young people and their families and those organisations that work with them, this Inquiry has relied on the best available research and evidence.

Despite the strength of the concerns raised with me, it appears as a community that we have not paid sufficient attention to the existence of mental health problems and illnesses affecting infants, children and young people.

The facts are that the largest single burden of disease affecting the 0 to 14 year age group, 23 per cent of all disease burdens, is from mental disorders. One in six children and young people between the ages of four and 17 years in Western Australia experience a mental health problem. Even children in their infancy, children younger than two years of age, can and do, suffer from mental illness.

The reasons for this lack of focus on, and understanding of, the extent of children and young people's mental illness are unclear. The pervasive stigma attached to mental illness which inhibits the seeking of help by those in need may be contributing to an avoidance of discussion of this important issue. While there is increasing awareness in the community about mental illness in adults, we seem too readily to be dismissive of problems among infants, children and young people by saying they are "just going through a stage".



It is clear from my Inquiry that services to promote strong mental health among children and young people, to prevent problems and disorders from arising, and to treat those who are in need in Western Australia are seriously inadequate. Acknowledging the burden of disease attributed to mental illness, the Inquiry found that not only is the share of the health budget allocated to mental health too low, but the share of the mental health budget allocated to children and young people is insufficient to meet the extent of the problem.

It makes no sense not to intervene early with children and young people experiencing mental illness (which includes depression, anxiety, conduct disorders, substance use disorders, eating disorders, as well as psychosis). All of the research shows that intervention at the earliest possible stage, and this may even be before the child turns two, will have the most beneficial impact.

In fact the research shows that the longer we leave our intervention the more difficult it is to make a positive difference.

Failure to intervene imposes a severe burden of suffering on the individual child or young person and their families – not only in the present, but also in the future should problems extend into adulthood. The latter is of particular concern when it is understood that up to 30 per cent of adult mental health problems are related to adverse experiences in early childhood and up to half of lifetime mental health problems start by the age of 14.

The Inquiry also found many examples of services and programs that are working well and could be strengthened. The dedication and skill of those working to enhance the mental health and wellbeing of children and young people in the health system, in schools, in non-government and community agencies and in specialist services must be recognised.



Acknowledgement, too, must be given to the role of the Mental Health Commission, charged now with an important leadership position. It is critical that the Commission be better resourced to meet the challenges of a system that currently focuses mainly on adults and on crisis intervention.

At the same time, there must be acknowledgement that 'mental health' cannot possibly be the sole responsibility of clinical services for mental illness, nor can it be managed entirely by the health sector. It involves a broad range of government and non-government agencies,

the private sector and the community all working in partnership together with children and young people and their families. My Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia sets out further steps that must be taken to refocus our efforts in this important area.

The Report is the culmination of seven months of intensive research and analysis of evidence. It provides a comprehensive picture of the current state of children and young people's mental health and wellbeing, as well as providing direction about the way forward. It is intended to be a 'road map' for the broad community, governments, and the non-government sector to guide action immediately and over the next decade.

MICHELLE SCOTT  
Commissioner for Children and Young People  
Western Australia

## Background

Michelle Scott was appointed as Western Australia's inaugural Commissioner for Children and Young People (the Commissioner) in December 2007 pursuant to the *Commissioner for Children and Young People Act 2006* (the Act).

Under the Act, the Commissioner has responsibility for advocating for all Western Australian citizens under the age of 18 and for promoting legislation, policies, services and programs that enhance the wellbeing of children and young people.



One of the guiding principles of the Act is the recognition that parents, families and communities have the primary role in safeguarding and promoting the wellbeing of their children and young people and should be supported in that role.

In performing all functions under the Act, the Commissioner is required to have regard to the *United Nations Convention on the Rights of the Child* and the best interests of children and young people must be the paramount consideration.

The Commissioner must also give priority to, and have special regard to, the interests and needs of Aboriginal and Torres Strait Islander children and young people, and to children and young people who are vulnerable or disadvantaged for any reason.

The Commissioner is an independent statutory officer who reports directly to the Western Australian Parliament.

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**There is a large amount of research and evidence demonstrating that the mental health of children and young people requires attention, with one in six children and young people between four and 17 years of age experiencing a mental health problem.**

**Mental illness is also known to affect very young children.**

**The Raine study (2008) study showed 11.5 per cent of children aged two years and 20 per cent of children aged five years had clinically significant behavioural problems, and more than six per cent of the children had clinically significant mental health problems at both ages.**

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## Conduct of the Inquiry

In undertaking the *Inquiry into the mental health and wellbeing of children and young people in Western Australia*, the Commissioner sought information and advice on the mental health and wellbeing of children and young people by inviting written submissions from government, non-government, communities, children and young people and their families:

- Information sessions were conducted in eight regional centres.
- 141 submissions were received.
- More than 700 children and young people were consulted.

The Inquiry included a comprehensive literature review, drawing on international, national and local research to inform the direction and evidence base of the *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*. Fifty-four recommendations for future action were made as a result of the Inquiry. The recommendations, which are highlighted later in this report, are interlinked and should not be read in isolation from one another.



## Terms of Reference

The Inquiry's Terms of Reference were to examine and report on:

1. The mental health and wellbeing of children and young people in Western Australia.
2. The experiences of children and young people and their families in relation to the mental health and wellbeing of children and young people.
3. Agencies that have a critical role to play in strengthening the mental health and wellbeing of children and young people.
4. Models and interventions that strengthen the mental health and wellbeing of children and young people in Western Australia, including those that reduce the risk of or prevent mental health problems or disorders.
5. Opportunities for coordination and collaboration within the government sector and between government, non-government and private sectors to assist in the promotion of the mental health and wellbeing of children and young people.
6. Positive approaches and partnerships that are evidence based and are proving effective in strengthening the mental health and wellbeing of children and young people (in Western Australia or elsewhere and which would be relevant to Western Australia).

7. Recommendations to inform future directions that will strengthen the mental health and wellbeing of children and young people, including interventions aimed at reducing the risk of or preventing mental health problems and disorders and effective treatment.

The Independent Reviewer, Mr Julian Gardner, and an expert Reference Group assisted the Commissioner by providing advice, comment and information as the Inquiry progressed.

The Reference Group comprised the following members:

Ms Michelle Scott	Commissioner for Children and Young People Western Australia
Mr Julian Gardner	Independent Reviewer
Mr Eddie Bartnik	Mental Health Commissioner
Dr Caroline Goossens	Infant, Child and Adolescent Psychiatrist / Chair, Western Australia Faculty of Child Psychiatry
Mr Aram Hosie	Director, Research and Policy, Inspire Foundation

Prof Helen Milroy	Child Psychiatrist / Director, Centre for Aboriginal Medical and Dental Health, University of Western Australia
Ms Tricia Murray	Chief Executive Officer, Wanslea Family Services
Prof Stephen Zubrick	University of Western Australia, Centre for Child Health Research / Head, Division of Population Science, Telethon Institute for Child Health Research

## Mental health and wellbeing<sup>1</sup>

Positive mental health and wellbeing are important for people of all ages to maintain physical health, constructive relationships, participation in the community, enjoyment of life and productivity.

Individuals with positive mental health and wellbeing are better equipped with resilience and coping skills which enable them to respond appropriately to stressors or adverse circumstances experienced in life.

At a societal level, citizens with strong mental health build the foundations of a cohesive and prosperous community. Individuals with positive mental health and wellbeing help to create family units with strong relationships, communities that are socially and culturally enriched and workforces underpinned by confidence.

It is widely accepted that mental health is not merely the absence of mental illness. Positive mental health and wellbeing can be experienced by those with a mental illness and, conversely, people without a mental illness can experience poor mental health.

<sup>1</sup> The information in this section is based on the evidence, submissions, references and data sources detailed in the *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*.

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The Inquiry into the mental health and wellbeing of children and young people in Western Australia included the term ‘wellbeing’ in its scope so as to capture a broad definition of mental health in Western Australia. The intention was to ensure mental wellbeing was central to an understanding of the mental health of children and young people, and allow a wide assessment of all the factors that should be considered – from the development of mentally healthy children and young people, through to the provision of services and programs for children and young people who are unwell.

Importantly, the Inquiry recognised that Aboriginal people have a holistic view of mental health – a view which incorporates the physical, social, emotional and cultural wellbeing of individuals and their communities.

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**For children and young people, mental health is profound in its importance – not only because it is the key to a rich enjoyment of childhood and adolescence, but also because it provides the foundation for a resilient and mentally healthy adulthood.**

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### Age, wellbeing and intervention

There is a range of complex interactions between a child or young person, their family, their community and their social, physical, cultural and economic environments that all impact on wellbeing. Individuals,



families, communities and agencies – government and non-government – have important roles to play in the mental health and wellbeing of children and young people.

Consequently, the scope of the Commissioner’s Inquiry was deliberately broad and considered the mental health and wellbeing of children and young people across three continuums:



### Age

Age covers the developmental stages of a child and young person and considers what needs to occur to ensure optimum mental wellbeing. A 'healthy' trajectory was examined and opportunities for intervention were explored. The developmental stages examined by the Inquiry were:

- Pregnancy, infancy and early childhood (-9 months to 3 years);
- Childhood (4 to 12 years);
- Adolescence (13 to 17 years ); and
- Transition to adulthood (16 to 25 years).

### Wellbeing

Wellbeing examines the continuum of mental health – from mental health to mental illness. The Inquiry explored the supports and programs that are being provided for children and young people at each stage.

### Intervention

Intervention considers the various programs and services that are in place and whether they promote mental health and wellbeing, prevent mental health problems and disorders, intervene early with mental health problems and disorders, or provide treatment.

The Inquiry was able to paint a substantial picture of the services, issues and gaps in Western Australia and assess what is required in the future to ensure the optimum mental health and wellbeing of children and young people.

### Risk and protective factors

The mental health and wellbeing of individuals and populations can be affected by a range of factors. This may include social determinants (such as housing, educational and economic disadvantage); developmental factors; and parenting and family factors (including maternal depression, neglect and attachment issues). In each of these areas there can be specific risk and protective factors.

Risk and protective factors influence the likelihood that a mental health disorder will develop.

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#### Examples of protective factors

- **Secure attachment between infant and carer**
  - **Supportive caring parents**
  - **Consistent parenting style**
  - **Good social skills**
  - **Adequate nutrition**
  - **Positive school climate**
  - **Opportunities for success and recognition at school**
  - **Good physical health**
  - **Strong cultural identity**
  - **Access to support services**
-

## Key statistics<sup>2</sup>

### Children and young people in Western Australia

Children and young people under 18 years represent 23.5 per cent of the Western Australian population. The Australian Bureau of Statistics estimates that at 30 June 2010 there were 538,963 people aged 0 to 17 years in the State.

Aboriginal children and young people aged 0 to 17 years represent 5.7 per cent (more than 30,000) of all children and young people in Western Australia. Forty-four per cent of the entire Western Australian Aboriginal population is aged under 18 years.

Western Australia's population continues to grow faster than that of any other Australian State or Territory, increasing by 2.3 per cent in 2009-10.

### Infants and young children

The Australian Bureau of Statistics estimates that in 2010, Western Australia was home to 125,096 children aged 0 to three years. They represent approximately 23.2 per cent of the State's population of children and young people.

<sup>2</sup> The statistics in this section are based on the evidence, submissions, references and data sources detailed in the *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*.

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### Children

Children aged between four and 12 years comprise nearly 50 per cent of all Western Australian children and young people under 18 years. From 2006 to 2010 the estimated population of this age group increased by more than five per cent.

### Adolescents

Young people aged 13 to 17 years constitute 35 per cent of all children and young people aged under 18 years in Western Australia. For Aboriginal young people the equivalent figure is 32 per cent of the total Aboriginal 0 to 17 years population.

### Prevalence of mental illness: Australia

- In 2007, the Australian Institute of Health and Welfare reported that, of the total burden of disease and injury experienced by children and young people aged 0 to 14 years, 23 per cent was due to mental disorders – the largest burden of disease for this age group.
- The most recent population survey conducted in Australia found that 14 per cent of children and adolescents aged four to 17 years have mental health problems.
- Access Economics reports that almost a quarter (24.3 per cent) of Australian young people aged 12 to 25 years have anxiety, affective or substance use disorders and a variety of other mental illnesses.
- The *National Survey of Mental Health and Wellbeing 2007* found that more than one in four young people aged 16 to 24 years experienced a mental disorder in the previous 12 months. This is a higher prevalence than in any other age group.
- The Australian Research Alliance for Children and Youth's *2008 Report Card* ranked Australian young people (aged 15 to 24 years) 13th out of 23 OECD countries and Aboriginal young people 23rd out of 24 countries in the area of mental health.
- Across the country, children and young people are concerned about mental health issues. In its 2010 national youth survey, Mission Australia identified

that just over 20 per cent of 11 to 14 year olds were concerned about coping with stress, as were 32 per cent of 15 to 19 year olds.

### Prevalence of mental illness: Western Australia

**The most comprehensive research on the mental health and wellbeing of the half a million young citizens in Western Australia is the Telethon Institute for Child Health Research's Western Australian Child Health Survey in 1995 and the Western Australian Aboriginal Child Health Survey in 2005. These surveys found that more than one in six children aged four to 17 years had a mental health problem and 24 per cent of Aboriginal children aged four to 17 years were at high risk of clinically significant emotional or behavioural difficulties.**

- The Raine study (2008) showed 11.5 per cent of children aged two years and 20 per cent of children aged five years had clinically significant behavioural problems, and more than six per cent of the children had clinically significant mental health problems at both ages.
- The 2009 results of the Department of Health's annual health and wellbeing survey found that 8.5 per cent of parents with children aged one to four years, 29.5 per cent with children aged five to nine years and 28.7 per cent with children aged 10 to 15

years believed their child needed special help for emotional or behavioural challenges.

- In 2009 the Commissioner for Children and Young People's wellbeing research project asked nearly 1,000 children and young people about what is important to their wellbeing. More than one-third of the children who responded to the online survey agreed with the statement "I have too much stress or worry in my life".
- It is estimated that the Infant, Child, Adolescent and Youth Mental Health Service (ICAYMHS) is currently only funded adequately to provide a service to one per cent of the population of children and young people, although five per cent require their expertise (for treatment of mental health disorders).

### Cost

A recent report found that in 2009 the national financial cost of mental illness in young people aged 12 to 25 years was \$10.6 billion, with the value of lost wellbeing (disability and premature death) costing a further \$20.5 billion.

The full cost of mental health problems and disorders in children and young people extends far beyond the cost of specialist mental health services and includes:

- the emotional and psychological costs to the child or young person and their families, friends and carers;



- the costs to schools, the general health system, drug and alcohol sector, child protection system and to the police and justice systems; and
- where the problems and disorders extend into adulthood, the loss of productive capacity and the cost to the social security system.

The provision of a range of interventions early in a child's life has been shown to not only reduce individual suffering but also produce long-term cost savings to government and the community.



## What children and young people said

The Inquiry into the mental health and wellbeing of children and young people in Western Australia heard from more than 700 children and young people from across the State.

The Commissioner consulted with specific groups of children to inform the Inquiry. These were: Aboriginal children and young people; children and young people living in culturally and linguistically diverse and rural and remote communities; young carers; children and young people in care; young people with diverse sex,

sexuality and/or gender; and young people in juvenile detention centres.

The views of children and young people aged between seven and 23 years were gathered from these consultations, as well as from submissions to the Inquiry and from the 2010 Commissioner for a Day Challenge.

Information was also referenced from the Commissioner's wellbeing research *Speaking out about wellbeing – The views of Western Australian children and young people*, which in 2009 asked 1,000 children and young people across Western Australia their views on what is important to their wellbeing.

Children and young people described positive contributors to mental health and wellbeing as feeling positive, healthy, loved, acknowledged and valued. Many were able to clearly articulate the interrelatedness of physical and mental health. They also thought that education had an important part to play in breaking down negative stereotypes about mental health, as well as in promoting help-seeking behaviours.

They kept happy by participating in sports and having hobbies, as well as spending time with friends, family and pets. Many children and young people spoke about a connection to the natural environment and how this provided a source of comfort and happiness. This was particularly relevant for Aboriginal children and young people.

Children and young people also had some concerns about their mental health. Some felt the negative impacts of bullying, peer pressure and the stresses of keeping up with schoolwork and jobs. Some faced significant disadvantage as a result of family conflict.



Other children and young people said they were caring for parents with a mental illness or a drug or alcohol problem, and did not have enough support for themselves and their families. Others knew they needed help, but either didn't know where to go, couldn't access any services or were too embarrassed to ask.

Children and young people who participated in the Inquiry provided valuable insights about mental health. Their views will inform the Commissioner's work in advocating for better mental health outcomes for all children and young people.

Their thoughts and experiences have been published in *Speaking out about mental health – The views of Western Australian children and young people*, which is one of the three reports arising from the Inquiry into the mental health and wellbeing of children and young people in Western Australia and the second report in the Commissioner's *Speaking out* series.



## The Inquiry's recommendations

### Acknowledging the mental health needs of children and young people

The overwhelming evidence to the [Inquiry into the mental health and wellbeing of children and young people in Western Australia](#) was that the mental health needs of children and young people have not been afforded sufficient priority and there is an urgent need for reform in terms of both investment and focus.

The Inquiry found there is a general lack of understanding in the community that children (including infants and young children) and young people can experience mental health problems and disorders. There appeared to be limited awareness that even very young children can suffer from

conditions such as anxiety and depression, and that their experiences with those conditions are as real and debilitating as the experiences of adults.

Children and young people with mental health problems can experience the impact of poor social skills, low educational attainment, poor physical health, high levels of distress and a diminished ability to cope with life's challenges. This has obvious adverse effects on a child or young person's quality of life and emotional wellbeing as well as their capacity to engage in school, community, sports and cultural activities.

In addition to affecting their lives in the present, poor mental health in childhood or adolescence can set a negative trajectory for ongoing mental health problems in adulthood. Many of the mental disorders which manifest in adulthood can be traced back to experiences in childhood and adolescence.

**Recommendation 1<sup>3</sup>: The Council of Australian Governments' mental health reform make children and young people a priority group and include planning for mental health promotion and prevention, early intervention and treatment services and programs.**

**Recommendation 8: Increased priority be given to the mental health and wellbeing of children and young people by the Mental Health Commission.**

<sup>3</sup> Recommendation numbers refer to the order in which the recommendations appear in the *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*.

### A comprehensive approach to the mental health and wellbeing of children and young people

Despite the increasing evidence of the toll that mental illness is taking on children and young people, the Inquiry found there has been significant underfunding of mental health services for children and young people relative to the funding received by adult mental health services as well as relative to need.

The lack of investment has compromised the integrity and effectiveness of the whole mental health system for children and young people. The promotion of mental health and the prevention of mental health problems are just as important as early intervention and treatment for mental illness. All aspects of this continuum are interconnected.

The Inquiry found that although there are strong, evidence-based mental health promotion programs in existence in Western Australia, they are not available to all children and young people or they are so underfunded that their delivery is limited.

Evidence to the Inquiry revealed that there are very few services for children and young people experiencing mild to moderate mental health problems. The Inquiry heard many disturbing cases of children and young people being forced to wait until their mental illness had become severe before they were able to access a service.

Further, the primary public mental health service that offers treatment for serious mental disorders – the Infant, Child, Adolescent and Youth Mental Health Service (ICAYMHS) is so under-resourced that the Inquiry found it is no longer able to serve its client group adequately (reaching only 20 per cent of the children and young people who need its service). This has resulted in lengthy waitlists and a focus on ‘crisis’ responses rather than comprehensive early intervention and treatment.

The Inquiry made a number of recommendations to address these gaps in services and to ensure a comprehensive range of services are available, from mental health promotion and prevention programs and services through to services that provide early intervention and treatment.

**Recommendation 9: A strategic and comprehensive plan for the mental health and wellbeing of children and young people across Western Australia be developed by the Mental Health Commission. This plan provide for the implementation and funding of promotion, prevention, early intervention and treatment services and programs.**

**Recommendation 17: As part of the strategic and comprehensive plan for the mental health and wellbeing of children and young people across Western Australia, the Mental Health Commission identify the unique and specific requirements for:**

- **Aboriginal children and young people; and**
- **children and young people who are vulnerable or disadvantaged for any reason.**

**Innovative approaches**

Western Australia is now in a unique and well-situated position for change. The establishment of the new Mental Health Commission is one of the most significant structural reforms ever undertaken in the Western Australian mental health area and the opportunities it presents are considerable.

With mental health coordinated by a single and separate agency, a ring-fenced budget and with strong, strategic leadership there is a real possibility that Western Australia could become a leader in mental health service and policy provision.



The Mental Health Commission must be appropriately resourced to undertake this important role and enable it to shift its focus to areas beyond the adult mental health system.

However, the Inquiry acknowledged that effective change cannot occur with the Mental Health Commission acting alone and that rebalancing the agenda for children and young people is a responsibility which stretches far beyond the Mental Health Commission’s remit.

The range of agencies, programs and services that have a role to play in strengthening the mental health and wellbeing of children and young people is broad, as mental health is affected by many different kinds of policies and interventions. The interlinked nature of physical and mental health means that many interventions targeted at other elements of health and wellbeing, such as sport, recreation and cultural activities, can have positive impacts on mental health.

To facilitate the strategic approach necessary, the Inquiry recommended that the Mental Health Commission become the lead coordinating body for improving mental health programs and services for children and young people by developing a comprehensive and strategic plan for the mental health and wellbeing of children and young people and leading a whole-of-government implementation process.

The *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia* has taken the first steps in this process and is intended as a 'road map' for short, medium and long-term action. It is hoped it will inform a statewide plan, helping to guide priorities for children and young people's mental health over the next 10 years.

The Inquiry also considered the developmental trajectory of a child and young person. It reflected on the developmental stages of childhood and adolescence and examined the critical role of the key places and people that a child or young person comes into contact with over this period. Any future plan for the delivery of mental health programs and services for children and young people should adopt a similar approach, as the programs and services required to support and strengthen mental health for children and young people are as different as the developmental stages themselves.

Recognition of the varied needs of children and young people is required. An acknowledgement that they are not a homogenous group and that service delivery must be flexible and adaptable is crucial to any success. The specific needs of children and young people who are vulnerable or disadvantaged must also be acknowledged and addressed.

**Recommendation 3: A new collaborative service to address the needs of children and young people who have complex needs be established as a demonstration project. The development**

**of this service should consider the models of Wraparound Milwaukee and the People with Exceptionally Complex Needs.**

**Recommendation 4: Integrated early childhood services on school sites be implemented as soon as possible. This must include those services that provide mental health promotion, prevention, early intervention and treatment programs.**

**Recommendation 39: The model of integrated services on school sites be established as pilots in a number of primary and secondary schools in Western Australia. These integrated services to include comprehensive mental health services.**

**Recommendation 40: A specialised, statewide, 24-hour emergency service be developed for children and young people experiencing a mental health crisis.**

### **Involving children and young people**

As citizens, children and young people should be involved in decision making that affects their lives and that is appropriate to their age and maturity. The aim of this involvement is to enable children and young people to enrich decision-making processes, share their perspectives and participate as citizens and actors of change. The Inquiry called for the involvement of children and young people in any mental health reform agenda. As the direct recipients of these mental health services, children and young people are well placed

to advise on how their needs can be met and how delivery can be improved.

**Recommendation 7: The Mental Health Commission ensure that the views of children and young people are heard in the work of the Mental Health Advisory Council and in the development of mental health policy, program and service design.**

**Recommendation 51: The planning and design of the mental health facilities in the new Children's Hospital occur with the direct involvement of children and young people.**

### **Gaps in services**

A comprehensive, statewide plan for the mental health and wellbeing of children and young people is urgently required, but can only go so far. Without a substantial boost to the actual provision of mental health services, the best that can be hoped for is an improvement in coordination and collaboration – a necessary change but inadequate on its own to improve the current situation for children and young people.

The Inquiry heard strong and persuasive evidence that substantial investment is required across mental health promotion, prevention, early intervention and treatment



services to enable the entire mental health system to work at a more functional level, with referral and transition operating smoothly across the continuum.

In recognition of this, and of the chronic underfunding of mental health services, the Inquiry strongly recommended that funding to ICAYMHS be increased so it is able to provide for comprehensive early intervention and treatment services for children and young people, including meeting the needs of those with mild, moderate and severe mental illnesses.

In recognition of the importance of schools as a setting where children and young people spend a vast majority of their time, the Inquiry recommended the establishment of several pilots for the implementation of 'integrated services' on school sites. The Inquiry made recommendations regarding the additional resourcing required to provide evidence-based programs in all schools, increase the number of school psychologists and support and train workers to be better equipped to meet the needs of children and young people.

The Inquiry also called for an immediate investment in a specialised 24-hour emergency service for children and young people experiencing a mental health crisis. Without such a service, the emergency department of Princess Margaret Hospital or the Western Australia Police become the default admission point for children and young people in need of emergency mental health assistance.



For those children and young people in need of treatment, the Inquiry recommended the establishment of specific services such as youth service centres, upgrades to the Bentley Adolescent Unit and the development of transition strategies for young people moving to adult services.

**Recommendation 14: Funding to the State's Infant Child Adolescent and Youth Mental Health Service be increased so it is able to provide comprehensive early intervention and treatment services for children and young people across Western Australia, including meeting the needs of those with mild, moderate and severe mental illnesses.**

### **Gaps in services - promotion and prevention**

*Promotion programs promote positive mental health in children and young people and maximise their wellbeing. Prevention programs aim to maintain positive mental health in children and young people by decreasing risk and increasing protective factors.*

**Recommendation 29: The number of community child health nurses be increased to provide a comprehensive, universal health service to parents and children across Western Australia.**

**Recommendation 31: Significant funding be provided to increase the delivery of evidence-based parenting programs for parents of children and young people. Programs must be universal and targeted, accessible across the State, with some tailored to children and young people who have particular needs.**

**Recommendation 34: Consideration be given to rolling out *KidsMatter Early Childhood* to all early childhood services across Western Australia.**

**Recommendation 37: Funding be provided to *KidsMatter* and all primary schools in Western Australia to enable the implementation of social and emotional learning programs within the *KidsMatter* framework.**

**Recommendation 43: Funding be provided to *MindMatters* and all secondary schools in Western Australia to enable the implementation**

of social and emotional learning programs within the *MindMatters* framework.

**Recommendation 46:** The Department of Sport and Recreation, the Department of Culture and the Arts and the Mental Health Commission work to increase arts, cultural, sport and recreation opportunities for children and young people – particularly in regional and remote areas.

**Recommendation 38:** The current focus on bullying be maintained and enhanced by the



continued development and implementation of evidence-based anti-bullying programs involving the Commonwealth and State Governments, non-government agencies, community, parents and children and young people.

**Gaps in services - early intervention and treatment**

*Early intervention involves identifying early symptoms of mental health problems in children and young people and providing services to prevent their progression and reduce the impact of problems and disorders. Early intervention can occur at any time – in infancy, early childhood, childhood and adolescence. Treatment is intended to cure the illness or reduce the symptoms or effects of mental health problems in children and young people.*

**Recommendation 35:** The State Child Development Services receive significant investment to increase service to an appropriate level and reduce waiting times.

**Recommendation 36:** A comprehensive, specialist infant mental health service be developed that can provide early intervention and treatment services for very young children and their parents.

**Recommendation 42:** The Department of Education increase the numbers of school psychologists to enable the expansion of the services and programs they currently provide for

children and young people with mild to moderate mental health problems and to promote mental health and wellbeing.

**Recommendation 47:** The Mental Health Commission coordinate the establishment of co-located ‘youth service centres’ across the State.

**Recommendation 45:** Information and communication technology be an integral part of any comprehensive mental health plan for children and young people.

**Recommendation 44:** A community education campaign about the importance of children and young people’s mental health be led by the Mental Health Commission.

**Recommendation 48:** Confidentiality, wherever possible, should be a critical consideration in the design and operation of services and programs, to encourage young people to seek help with issues concerning their mental health and wellbeing.

**Recommendation 49:** As a matter of urgency, the Bentley Adolescent Unit be upgraded to provide a more therapeutic service for children and young people.

**Recommendation 50:** Planning for the new Children’s Hospital should include comprehensive therapeutic services for children and young people with mental illness, and be able to accommodate and support young people

up to 25 years of age where developmentally and clinically appropriate.

**Recommendation 52:** A short-term residential facility for young people being discharged from acute in-patient care be made available, as a 'step down' from hospital care when appropriate.

**Recommendation 53:** The previous reports by the Western Australian Coroner, Deputy Coroner, Telethon Institute for Child Health Research and the Senate Community Affairs Reference Committee be taken into account by the Mental Health Commission to inform a comprehensive approach to suicide and suicide prevention in Western Australia.



**Recommendation 54:** Transition strategies for young people moving into adult services be developed and implemented between services to ensure the individual is supported and continuity of care is maintained.

### Children and young people who are vulnerable or disadvantaged

All of these challenges are even more acute for children who are vulnerable or disadvantaged. The ongoing disadvantage faced by Aboriginal children and young people makes them particularly at risk of experiencing mental health problems and yet there remain very few services that are culturally safe, appropriate and targeted specifically for their needs.

The Inquiry found that for those children and young people living in regional and remote areas, some were unable to receive any service at any stage of their illness' progression.

The Inquiry heard about the increased risk experienced by some children and young people, including:

- young people in contact with the criminal justice system;
- children and young people in care;
- children and young people of parents with a mental illness;
- children and young people experiencing difficult circumstances;
- children and young people from culturally and linguistically diverse communities;
- children and young people with diverse sexuality, sex and/or gender; and



- children and young people with a disability.

The Inquiry made a number of recommendations to address the unique and specific needs of the groups of children and young people listed above and the particular services that are needed to meet those needs.

**Recommendation 19:** Children and young people appearing before the Children's Court of Western Australia have access to appropriate, comprehensive mental health assessment, referral and treatment services.

**Recommendation 20:** A dedicated forensic mental health unit for children and young people be established.

**Recommendation 21:** The Rapid Response framework identify and respond to the mental health requirements of individual children and young people in care and that this be monitored

on a regular basis by the Department for Child Protection.

**Recommendation 22:** To meet the mental health needs of children and young people of parents with a mental illness, the Mental Health Commission in partnership with relevant agencies identify and support a strategic and coordinated approach to services and programs.

**Recommendation 23:** Agencies providing services for adults in the areas of domestic violence, mental or chronic illness, disability, alcohol or drug abuse or prison recognise that children and young people in these families are a vulnerable group with specific mental health needs, and incorporate a child-centred approach to the services they deliver.

**Recommendation 25:** The Disability Services Commission work with the Mental Health Commission to identify the services required to address the unique needs and risk factors of children and young people with disabilities in a coordinated and seamless manner.

**Recommendation 18:** The allocation of funding from the Royalties for Regions program be considered for the provision of mental health services for children and young people living in regional and remote communities.

**Recommendation 24:** The Integrated Services Centres at Parkwood and Koondoola be

maintained and consideration be given to expanding this model on additional school sites.

### **Coordination and collaboration**

A large body of evidence to the Inquiry was received regarding the lack of a coordinated response to the mental health and wellbeing of children and young people. This was particularly so for those who have complex needs. Effective, coordinated services are almost non-existent for this group.

The Inquiry made recommendations about ways to improve the promotion of mental health and prevention of mental illness. One of the primary recommendations is a call for a formal across-government mechanism to coordinate, collaborate on and deliver effective parenting programs across Western Australia for parents of children and young people.

Another recommendation is the introduction of a central office of early childhood and an increase in the number of community child health nurses and child development services.

For children and young people who have particularly complex needs, and who require the assistance of a range of agencies and service providers, the Inquiry recommended that a new collaborative service be established as a demonstration project. It has looked to models of collaboration both in Western Australia and overseas as guides on how this project could be established.

**Recommendation 32:** A central Office of Early Childhood be established and a statewide plan for early childhood be prepared.

**Recommendation 33:** Pending the establishment of an Office of Early Childhood, the Directors General of the Departments of Health, Education and Communities establish a working party mechanism to ensure collaboration and coordination in the important area of early childhood services.

**Recommendation 30:** The Department for Communities establish a mechanism across government agencies – including the Departments of Education, Health and Child Protection – to coordinate, collaborate on and deliver effective parenting programs across Western Australia for parents of children and young people of all ages.

### **Governance**

The Inquiry recognised the need for all levels of the government and non-government sectors to work together with children and young people and their families. The Inquiry made several recommendations in relation to governance and structural reform that will result in better outcomes for children and young people; collaboration between State and Commonwealth Government; and the monitoring of reform within State Government agencies.

Appropriate legislation governing mental health



in Western Australia is an important component of an effective mental health system. The Inquiry recommended that the review of relevant legislation considers the best interests of the child.

**Recommendation 2: The Commonwealth and State Governments work collaboratively to ensure the mental health and wellbeing needs of children and young people are addressed.**

**Recommendation 10: A whole-of-government collaboration to improve the mental health and wellbeing of children and young people across the State be led by the Mental Health Commission.**

**Recommendation 13: The Mental Health Commission monitor the operational transfer of the Infant, Child, Adolescent and Youth Mental Health Service into the Child and Adolescent Health Service to ensure there are improved**

outcomes for the mental health and wellbeing of children and young people.

**Recommendation 15: The *Mental Health Act 1996 (WA)* and the *Criminal Law (Mentally Impaired Accused) Act 1996 (WA)* be reviewed to ensure the rights and needs of children and young people are adequately recognised.**

#### **Building the capacity of the non-government sector**

**Recommendation 5: Arrangements for long-term funding be included in new contracts between government and non-government organisations for the provision of mental health services for children and young people.**

**Recommendation 6: The Mental Health Commission build the capacity of the non-government sector so it is equipped to deliver mental health promotion, prevention, early intervention and treatment services for children and young people.**

#### **Building the capacity of the workforce**

**Recommendation 16: A comprehensive mental health workforce strategy be developed by the Mental Health Commission in collaboration with the Commonwealth Government. This strategy to include cultural competency training and specific planning for the recruitment, training and retention of Aboriginal mental health professionals.**

**Recommendation 26: The Commonwealth Government provide for additional training to general practitioners and health professionals to assist in the early identification and treatment of mental health problems in pregnant women, and children and young people.**

**Recommendation 27: The Commonwealth Government support incentives to ensure general practitioners have longer consultations with pregnant women explaining mental health issues and supports.**

**Recommendation 41: Additional resourcing be provided to schools so appropriate mental health training can be provided to school staff with pastoral care roles.**

**Recommendation 28: Training be provided at university and TAFE as a part of relevant undergraduate and certificate courses (for example general practitioners, teachers, allied health professionals, youth workers and childcare workers) to improve the understanding of the mental health needs of children and young people.**

#### **Data collection and monitoring**

Integral to coordinating the provision of services to children and young people and reporting on outcomes is the collation of accurate and reliable data. In recognition of the need for comprehensive data collection about children and young people's

mental health and wellbeing, the Inquiry made two recommendations to improve and facilitate better data collection across the government and non-government sectors.

**Recommendation 11: The Mental Health Commission improve and maintain comprehensive data collection on the mental health of children and young people in Western Australia, including expenditure and mental health and wellbeing outcomes.**

**Recommendation 12: The State Government provide funding for the regular conduct of the Telethon Institute for Child Health Research's Child Health Survey and for this survey to be conducted in Western Australia every three years.**

### **Future action**

It is the Commissioner for Children and Young People's intention to provide updates on the progress of the Inquiry's recommendations in her Annual Report to the Parliament of Western Australia.

Children and young people depicted in this publication did not take part in the Inquiry into the mental health and wellbeing of children and young people in Western Australia. They are Western Australian children and young people who have provided permission to the Commissioner to use the images.

