Submission and feedback on the Productivity Commission Draft Report on Mental Health

Thank you for the opportunity to provide a written submission to the Productivity Commission's Draft Report on Mental Health (the Draft Report), following on from an original submission made to the Commission in April 2019, as well as my appearance at the Perth hearing on the 21 November 2019.

In my original submission to the Productivity Commission, I outlined a range of my past and current projects relating to mental health and wellbeing of children and young people. These include mental health inquiries and reviews; a current project reviewing recommendations of our 2015 report into mental health; our current Student Wellbeing in Schools project – which is examining both approaches, frameworks and funding used by the education sector and individual schools for wellbeing initiatives; our Speaking Out Survey and consultations with children and young people to develop data sets and gain insights into experiences of children and young people; and our Wellbeing Monitor Framework which provides a picture of the wellbeing of children and young people in Western Australia. We would be happy to provide further information on any of these projects if this is useful, however some of the information will be captured in the below submission.

I would like to use this submission as an opportunity to reiterate and expand on some of the commentary that I provided at the public hearing, as well as some other areas for consideration.

Planning, resourcing and monitoring of services to support children and young people’s mental health

As mentioned at the hearing, I am pleased to see that the content of the Draft Report acknowledges the importance of prevention and early intervention in early childhood and school years. The recommendations focus largely on the assessment and identification of children and young people at risk through perinatal screening, early childhood development checks, and within the school system. However the recommendations fall short of addressing the gaps in services where children and
young people can be referred to once an issue has been identified. There is limited value in conducting screening and assessment of children and young people's social and emotional development unless this is complemented by the appropriate services and pathways for children and young people and their families once issues are identified.

There are a range of mental health service gaps for children and young people in Western Australia and across the country, particularly in the following areas:

- children and young people under the age 12
- community-based mental health treatment services for children and young people
- specialist services for children and young people with complex needs, including to address childhood trauma, harmful sexual behaviours, and forensic mental health
- children and young people who are experiencing mild to moderate symptoms
- children and young people in regional and remote areas
- service capacity issues and waitlists
- mental health and suicide prevention strategies which clearly state the needs of children and young people and actions required to improve their mental health outcomes.

The Draft Report includes commentary on a number of mental health service gaps and issues with existing models of care, however there are no recommendations on “how” the right level of care will be determined, or specific recommendations about how existing service and capacity gaps will be addressed. The Recommendations should provide detail about how these gaps can be addressed to ensure children and young people, as well as the broader population, have access to the full range of services they need and that these services have the appropriate reach to ensure that people are connected with the support that they require. This is also necessary to ensure that there are appropriate services to refer children and young people on to once assessment identifies a concern or issue relating to their mental health.

The Draft Report indicates that headspace centres can do more to match consumers with the right level of care – with Recommendation 5.3 outlining this, and the need for headspace centres to follow the stepped care model. It is important to recognise that headspace do not provide a service for under 12s, meaning there will be continued gaps for this group of children and young people. There should also be other options available outside of the headspace service model for those for whom the model does not “fit” or for whom it is not appropriate.

To appropriately plan the right level and mix of services based on demand and need, planning tools need to adequately account for the mental health needs of children and young people. The National Mental Health Service Planning Framework, the primary tool used to plan service development and meet population need, needs to undergo further development before it can adequately account for the mental health needs of
children and young people.\textsuperscript{1} This, and other gaps, in the framework have been recognised, and a review is currently occurring to improve how the tool accounts for particular population groups, including young people. The review of the tool needs to also consider how it accounts for population needs for younger children and young people. The Productivity Commission may consider making further recommendations about the need to improve the planning frameworks used to determine the appropriate levels of service for different population groups.

\textit{The role of schools in supporting student mental health and wellbeing}

Schools can play an important role in supporting the mental health and wellbeing of students. I am broadly supportive of the draft recommendations relating to the roles of schools, but feel these could be clarified and expanded further.

The Productivity Commission should consider including a recommendation about the need to implement whole-of-school approaches to supporting student wellbeing, including mental health. These whole-of-school approaches should include:

- consistent frameworks, policies and processes across the education sector in approaching and supporting student mental health and wellbeing
- resourcing of services and supports within schools to support student mental health and wellbeing
- the development of consistent assessment and risk identification tools being used across education and other sectors to ensure consistent approaches and responses to student mental health concerns
- social and emotional learning for students through the curriculum and other initiatives
- clear mechanisms to support the participation of students in determining the wellbeing needs of their school community and taking action to address these
- ongoing learning and development for educators to build their capacity to support student mental health and wellbeing, and
- dedicated resourcing to enable schools to establish, implement and embed mental health and wellbeing approaches at a whole-school level.

I am supportive of the concept of establishing dedicated wellbeing positions within schools, and believe that these roles would be well placed to lead the implementation of whole-school wellbeing approaches. However further clarification on these roles would be required before I am able to support this recommendation in full. I would be concerned if State and Territory governments were required to redirect existing funding for the employment of these positions within government schools, given the potential impact on delivery of existing supports or further limitations placed on schools’ capacity to respond adequately to the needs of their students and local communities.

The Productivity Commission have requested information (Information Request 3.1) on the cost of education activities that support mental health and wellbeing, or methodologies that could be used to inform their work. A recent project of this office has been looking at approaches to Student Wellbeing in Schools (which includes mental health), and we examined this by requesting information from the three education sectors - government, Catholic and independent - in Western Australia on the following aspects of funding:

- the targeted government funding to support student’s health and wellbeing
- the proportion of the global budget allocated to support student’s health and wellbeing
- the distribution of this funding to system programs and projects
- the allocation of funding to schools and individual students, including how this allocation is determined

I have not released findings of this particular project, however can provide further details on the findings to the Productivity Commission once publicly available in approximately April 2020.

The Draft Report also indicates that the Productivity Commission is seeking feedback and advice about at which point the number of students at a school would warrant employing more than one full-time school wellbeing leader. It is not possible to provide any specific advice on this, as appropriate ratios would be dependent on the exact role and responsibility of these school wellbeing leaders, including, but not limited to, whether they were providing active case management and support for students.

I have made previous recommendations about other opportunities to support student mental health and wellbeing within schools, including through the expansion of specific mental health programs into child and family centres located on school sites, and piloting integrated services in primary and secondary schools to provide better access to mental health and wellbeing supports and services. The Productivity Commission should consider these as part of their recommendations for their report.

The Draft Report recognises the importance of school-based support for children with a mental illness, and I am supportive of improving the assistance provided to these children and young people to support their engagement in education and learning. This support should also be expanded for students who have disengaged from school due to having to care for a parent or family member with a mental illness, given the poor education outcomes and experiences of many of these children and young people.

*Investment in services beyond health*

In order to truly address the mental health needs of our children and young people, and the general population, we must take a social determinants approach. I have made recommendations to the Western Australian government about the need for a whole-of-government child wellbeing strategy which articulates and clearly defines the strategies to improve wellbeing outcomes for children and young people.² Whilst the

² Commissioner for Children and Young People 2019, *Improving the odds for WA’s vulnerable children and young people*, Commissioner for Children and Young People, Perth.
Draft Report recognises the need for a social determinants approach, the recommendations around how this is achieved is somewhat limited. I encourage the Productivity Commission to include a recommendation to establish a whole-of-government child and youth wellbeing strategy, or at a minimum, a recommendation to ensure that the National Children’s Mental Health and Wellbeing Strategy (under development by the National Mental Health Commission) has a specific focus on whole-of-government and social determinants approaches to addressing child and youth wellbeing.

The delivery of quality parenting supports and advice is also critical to promoting better child and youth mental health outcomes, and to prevent potential child protection involvement and interaction. I have previously recommended the need for a model of service delivery to support more equitable access to both targeted and universal parenting supports and advice, particularly for parents at risk.3 These need to be tailored to children and young people’s key life stages and transition points, and providing ongoing support for parents as their children age – all of which should be reflected in the Productivity Commission’s recommendations.

Addressing childhood trauma

The Draft Report acknowledges the impact that exposure to trauma can have on an individual and community mental health and wellbeing, and that experiences of trauma can present barriers to people’s capacity to access and engage with services. However, there are limited recommendations from the Draft Report linked to addressing trauma in mental health service delivery, with only one recommendation (16.4) identifying that Aboriginal and Torres Strait Islander people in correctional facilities should have access to trauma-informed mental health services.

The recommendations fall short of addressing the need to have specialised services which address and treat trauma, particularly childhood trauma. This should be addressed by including a recommendation about having specialised trauma services, as well as these services providing support to non-specialist services to build their capacity to provide trauma-informed care, and address trauma through their mental health service delivery.

The Draft Report, and many of the submissions to the Productivity Commission, acknowledge children and young people in out-of-home care as being a group with particular vulnerability to mental health issues, however there are no recommendations made specifically to address the mental health needs of this group. Previous work of this office has identified gaps in terms of the specialist supports available to children and young people in out-of-home care, and the limited support provided despite their histories of trauma, abuse and neglect.4 5 The recommendations should identify

3 Commissioner for Children and Young People 2019, Improving the odds for WA’s vulnerable children and young people, Commissioner for Children and Young People, Perth.

4 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.

opportunities to better address the mental health needs of these children and young people, including the provision of specialist mental health supports for children and young people in care or who are leaving out-of-home care.

The recommendations should extend further to link to the recommendations of the Royal Commission into Institutional Childhood Sexual Abuse around the provision of advocacy, support and therapeutic treatment services for victims and survivors of child sexual abuse. The Royal Commission acknowledged the inadequacies of the current service system, particularly where people are experiencing complex impacts of the trauma that they've experienced. The Royal Commission makes a series of recommendations around the need to fund dedicated community support services for victims and survivors, funding for dedicated Aboriginal and Torres Strait Islander healing approaches, funding for support services for people with disability, increasing funding for adult and child sexual assault services which provide specialist therapeutic treatment for victims and survivors, and having Primary Health Networks support sexual assault services to work with other key social and community services to better meet the needs of victims and survivors of child sexual abuse. 6

Additionally, the Royal Commission makes a number of recommendations relating to the provision of support and therapeutic intervention for children and young people with harmful sexual behaviours, which the Productivity Commission should consider in its recommendations.

**Data on child social and emotional wellbeing**

I am pleased to see the Productivity Commissions have a focus on improving data collection on child social and emotional wellbeing. Where possible, this data should be collected directly from children and young people, given evidence which demonstrates that parents and carers often under-estimate the impact and severity of mental health issues and need for treatment. 7 Recommendation 17.6 of the Draft Report should also be expanded to acknowledge the need for data collection on specific groups of children and young people who are at higher risk of poor mental health outcomes, including those who are:

- in out-of-home care
- Aboriginal and Torres Strait Islander
- living in regional and remote locations
- from culturally and linguistically diverse backgrounds
- from asylum seeker or refugee backgrounds
- living with a disability

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The children of parents with a mental illness

- Lesbian, gay, bisexual, trans or intersex (LGBTI).

This information is required to inform any specific interventions or services that are required to support the mental health of these particular cohorts.

Children and young people should also be included in the National Survey of Mental Health that the Productivity Commission are recommending be conducted by the ABS (Draft recommendation 25.2), to build a consistent picture of mental health across the life span and for different age groups.

As mentioned in my previous submission, this information and data collection is also important in terms of being able to monitor changes or patterns in prevalence of mental health issues over time. This is also a critical aspect of monitoring and evaluation, to ensure that the strategies and services in place are effectively meeting the needs of children and young people’s mental health, and achieving the intended effect of improving mental health outcomes.

I will be releasing the results of the Speaking Out Survey in February 2020, which captured the views of more than 3,500 Western Australian children and young people on their lives and wellbeing, including their experiences of mental health and receiving support. I would encourage you to review these findings, and consider how these can be used to highlight the experiences of children and young people in the final report.

The participation of children and young people

It is positive to see the Productivity Commission including a specific recommendation about consumer participation, however this should be expanded to capture the full extent to which consumers should be able to participate. This should include participation in their support, care, and treatment; in individual advocacy (either themselves or being supported by an individual advocate) and their participation at a systemic level, both through systemic advocacy, system design and reform.

Unfortunately, the views of children and young people are often overlooked when it comes to making decisions about their lives, or the services that they receive. Children and young people require a voice, both at an individual and a systemic level, and the Productivity Commission should make an explicit recommendation about the participation of children and young people in the report to ensure their right to participate is not overlooked.

Additionally, the peak bodies providing systemic mental health advocacy need to have the capacity and ability to provide advocacy on behalf of diverse groups and priority populations, including children and young people and their families. The recommendations about peak bodies should include details about ensuring that peak bodies are able to represent the diverse range of consumers and their unique needs and experiences.

Young carers

In my appearance at the public hearing, the Productivity Commission requested information about how our systems could better identify and support children and young people who are young carers, caring for a parent or family member with a mental illness. In this office’s Initial Inquiry into the mental health and wellbeing of children and young people in Western Australia, children and young people of parents...
with a mental illness were identified as a vulnerable group in terms of mental health, with these children and young people being more likely to than their peers to experience mental health problems. The Productivity Commission should reflect this in their Report, alongside other outcomes for this group, including poorer educational engagement outcomes.

Given the higher risk facing this group, there should be targeted mental health promotion, prevention and early intervention programs. Whilst a number of these programs already exist or have been in place in the past, my office has previously recommended that a more strategic and coordinated approach is needed to adequately address the needs of this group. It is recommended that the Productivity Commission make a similar recommendation in terms of improving the approaches to support children and young people who are young carers for a parent or family member with a mental illness. In doing so, the Productivity Commission may wish to consider previous strategies or programs that have been in place, such as the Victorian Government’s Families where a Parent has a Mental Illness Strategy and associated programs.

Whilst there can be challenges in identifying these children and young people to be able to refer them to services, there is opportunity to better integrate the provision of services for children and young people where their parents may already be receiving a mental health service. When an adult mental health services is working with or providing treatment to an adult, they have an obligation to determine whether that adult has children, and consider and respond to the needs of children and young people, which may include referring them to an appropriate service or identifying opportunities to provide support or intervention for them. This will facilitate a more comprehensive and integrated approach to the needs of these children and young people, and could extend.

Additionally, if there were more comprehensive approaches and strategies in place within school settings, this may provide further opportunity to address the broad mental health needs of these children and young people, and identify those who may be at risk and in need of additional intervention or support.

Summary

I appreciate the opportunity to provide further feedback to the Productivity Commission, and the opportunity that the report and recommendations have to impact our approach to support mental health across the country. If you require further information, or would like to clarify any details of our submission, please contact Katherine Browne, Manager Policy.

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8 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.

9 Ibid.

Yours sincerely

COLIN PETTIT
Commissioner for Children and Young People WA
15 January 2019