

23 January 2020

Dear Commissioners

Re: Productivity Commission, Mental Health, Draft Report

The Centre for Excellence in Child and Family Welfare (the Centre) congratulates the Productivity Commission on the release of its *Draft Report* of 31 October 2019. We prepared an initial submission to the *Inquiry into Mental Health* and welcome the opportunity to provide further input and comment.

The Centre is the peak body for child and family services in Victoria. For over 100 years we have advocated for the rights of children and young people to be heard, to be safe, to access education and to remain connected to family, community and culture. We represent over 150 community service organisations, students and individuals throughout Victoria working across the continuum of child and family services, from prevention and early intervention to the provision of out-of-home care.

We welcome the emphasis on mental health promotion, prevention and early intervention and we support the recommendations in the *Draft Report*. In particular, we are pleased to see a focus on student wellbeing, parent mental health and a whole-of-government strategic approach.

While the recommendations will go a long way towards improving mental health outcomes for Australian children and families, there are several key issues that have been not been adequately addressed in the *Draft Report*.

We support Early Childhood Australia's call for a focus on protective factors for children, and the Blue Knot Foundation's emphasis on recognising the impacts of trauma. However, while the *Draft Report* recognises trauma and adverse childhood experiences as factors influencing future mental health outcomes there is little in the report about solutions. We need strong recommendations to prevent child abuse and neglect, support families to provide responsive care, and to have appropriate recovery when trauma has been experienced.

In our submission, we emphasised the need for concurrent support for infants, children and parents who are at risk of child protection intervention, particularly parents who have been in care themselves. However, there is little in the report about improving mental health outcomes in the context of child protection. We look forward to recommendations that focus on supporting parents to provide responsive care to children and to make the most of the developmental opportunities in the perinatal period.

The Centre strongly supports the recommendation to 'Incorporate social & emotional wellbeing checks into existing physical development checks for 0-3 year olds' (p. 11). However, children at risk of entry into care or who have been placed in out-of-home care are likely to have missed maternal child health appointments. This cohort of children are not adequately covered in the report. The Commission recognises that being in out-of-home care is a risk factor for mental illness, but additional recommendations are needed to prevent or mitigate this risk for children in the care of the state. We urge the Commission to consider the following recommendations:

- Ensure assessment of and attendance to the mental health, developmental and physical health needs of all children upon entry into out-of-home care in accordance with the National Standards for out-of-home care, and;

- Require mental health assessments for all children in care, complemented by adequate referral pathways and regular follow up to ensure that measurable outcomes for children can be achieved.

The report notes that parenting supports delivered by services to families experiencing vulnerability are often hampered by short-term funding cycles. We urge the Commission to recommend that services found to successfully engage these families receive long-term funding, and that Aboriginal organisations are sustainably resourced to care for their children, families and communities.

The Centre is pleased that the report recognises the adverse mental health impacts of poverty, social exclusion and disadvantage, however we believe it does not go far enough to address this issue, despite reference to the multitude of submissions received about the inadequacy of Newstart. We question the assertion that 'it is beyond the scope of this study to consider what levels of income support payments might affect mental illness' (p. 795), when payments clearly fall below the poverty line and poverty is a significant known risk factor for mental illness. We call on the Commission to recommend that Newstart and related payments be urgently increased by at least \$75 per week, without conditions, to ensure that people with mental illness and carers in receipt of these payments are not living below the poverty line.

Kind regards,

Deb Tsorbaris
Chief Executive Officer