

10 July 2019

Commissioner Michael Brennan  
Chair  
Productivity Commission  
Locked Bag 2, Collins Street East  
Melbourne VIC 8003

By online submission.

Dear Commissioner Brennan

**Re: Productivity Commission Inquiry into Expenditure on Children in the Northern Territory**

The RANZCP welcomes the opportunity to contribute to the Productivity Commission's Inquiry into Expenditure on Children in the Northern Territory (the Inquiry). The recent focus on young people in the Northern Territory (NT), including the recommendations of the Royal Commission into the Protection and Detention of Children in the Northern Territory, present a real opportunity to improve outcomes within child protection systems and beyond.

The RANZCP is the principal organisation representing the medical speciality of psychiatry in Australia and New Zealand and is responsible for training, educating and representing psychiatrists on policy issues. The College has more than 6500 members, including more than 4900 qualified psychiatrists and over 1500 associate (trainee) members. The RANZCP is guided on policy matters by a range of expert committees, who are well placed to provide insight into addressing the challenges related to expenditure on children in the NT.

The RANZCP calls for the implementation of a comprehensive, culturally-appropriate system of child and family services which encapsulates tertiary, secondary and primary services. Such a system should be fully-funded on a long-term basis, and should effectively balance prevention, early intervention and support services according to the needs of young people in the Northern Territory. The RANZCP strongly supports a recovery-focussed and evidence-based model of care throughout the child and family services system, and we believe that funding arrangements need to reflect this in practice. The implementation of a comprehensive place-based approach is crucial to ensure services are able to meet the unique needs of communities in the NT.

As addressed in the *Issues Paper on Expenditure on Children in the Northern Territory*, reviewing government expenditure on children and family services is essential to inform changes to funding arrangements for service and programs in this field. When conducting this review, it is crucial that the Productivity Commission prioritise mental health as inseparable from a child's overall health and development. This submission provides an overview of the principles and key issues from a mental health perspective to inform the Productivity Commission's final report and recommendations.

Effective reform of services for young people in the NT requires true and meaningful partnerships with stakeholders, particularly Aboriginal and Torres Strait Islander communities and Aboriginal Community Controlled Health Services. The RANZCP would also like to offer its own support in the ongoing reform of services for children in the NT. Psychiatrists are clinical leaders in the provision of mental health care and, as the peak body representing psychiatrists across Australia and New Zealand, the RANZCP has considerable expertise to draw upon from our members based in NT and beyond.

For any queries on the points raised, please contact Rosie Forster, Executive Manager, Practice, Policy and Partnerships Department

Yours sincerely

Associate Professor John Allan  
**President**

Ref: 1485



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists

Productivity Commission  
**Expenditure on Children in the Northern Territory**  
July 2019

**Improve the mental  
health of  
communities**

# Royal Australian and New Zealand College of Psychiatrists submission

## Expenditure on Children in the Northern Territory

### About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The College has more than 6500 members, including more than 4900 qualified psychiatrists and over 1500 associate (trainee) members. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

### Key findings

- Decisive and coordinated action is required to implement a comprehensive, culturally-appropriate system of child and family services which encapsulates tertiary, secondary and primary services.
- Mental health is a key issue for young people in the Northern Territory, and the RANZCP would strongly advise governments to prioritise mental health when identifying key objectives to pursue.
- Funding should prioritise accountability and independent evaluation, and must be effectively coordinated and outcomes-based.
- Effective reform of services for young people and families in the Northern Territory requires true and meaningful partnerships with Aboriginal and Torres Strait Islander communities and Aboriginal Community Controlled Health Services.

### Introduction

The RANZCP welcomes the opportunity to provide input into the Productivity Commission's Inquiry into Expenditure on Children in the Northern Territory (the Inquiry). The recent focus on young people in the Northern Territory (NT), including the recommendations of the Royal Commission into the Protection and Detention of Children in the Northern Territory, present a real opportunity to improve outcomes within child protection systems and beyond. However, the implementation of reforms to address the systemic failures in NT youth detention and child protection services has been slow and piecemeal. It is clear that decisive and coordinated action is required from the Federal and NT governments.

The RANZCP calls for the implementation of a comprehensive, culturally-appropriate system of child and family services which encapsulates tertiary, secondary and primary services. Such a system should be fully-funded on a long-term basis, and should effectively balance prevention, early intervention and support services according to the needs of young people in the Northern Territory. The RANZCP strongly supports a recovery-focussed and evidence-based model of care throughout the child and family services system, and we believe that funding arrangements need to reflect this in practice. The implementation of a comprehensive place-based approach is crucial to ensure services are able to meet the unique needs of communities in the NT.

As addressed in the Productivity Commission [Issues Paper on Expenditure on Children in the Northern Territory](#), reviewing government expenditure on children and family services is essential to inform changes to funding arrangements for service and programs in this field. This submission provides an

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overview of the principles and key issues from a mental health perspective to inform the Productivity Commission's final report and recommendations. When conducting this review, it is crucial that the Productivity Commission prioritise mental health as inseparable from a child's overall health and development.

### **Key priorities for child and family programs and services in the NT**

The RANZCP would strongly advise governments to prioritise mental health when identifying key objectives to pursue for child and family programs and services in the NT. Subsequent Australian Child and Adolescent Surveys of Mental Health and Wellbeing (2000 and 2015) have shown that the last 15 years of reform are not delivering significant improvements to the mental health of children and adolescents across Australia (Lawrence et al., 2015). Suicide was the leading cause of death of children between 5-17 years of age in 2016 (ABS, 2018). Between 2011 and 2015 the rate of suicide in NT young people aged 5-17 years was over six times greater than the national rate (Northern Territory Government, 2018). As identified in the [Northern Territory Child and Adolescent Health and Wellbeing Strategic Plan](#), young people aged 15-24 represent 25% of community based mental health clients (Northern Territory Government, 2018). Notably, up to seven out of ten young people who experience mental health and substance use problems do not actively seek services (Northern Territory Government, 2018). These statistics show that mental health is a key issue for young people in the NT and that significant investment is warranted.

Research indicates that the most cost-effective way to prevent the development of mental health problems and promote mental wellbeing is to target childhood and adolescence (Zechmeister et al., 2008) including the perinatal period. Mental health problems during early years can have enduring consequences if left unresolved (Felitti et al., 1998; Raphael, 2000) not only by placing individuals at increased risk of difficulties in adult life, both physically and mentally, but also by placing increased pressure on limited community service resources (Sawyer et al., 2000; McGorry et al., 2007). Inadequate recognition and treatment of childhood mental health issues can contribute to developmental and relationship problems, loss of education years and employment prospects and serious ongoing vulnerability and self-harm. Suffering and negative outcomes can also cause intergenerational cycles which become larger problems to address (Austin, 2003).

It is important to acknowledge that children develop and thrive within the context of their family and community, and support and prevention for children entails a family, community and systems focus. On this basis, the RANZCP is strongly supportive of programs and services which focus on increasing family and whole of community capacity to prevent and respond to mental health issues. Key aspects of this may involve improving mental health literacy and implementing trauma-informed care practices in all family and community services. Research suggests that engaging families and communities in child mental health treatment, as well as broader family-based services, remains a significant challenge, and yet it could provide significant benefits (Hoagwood, 2005; Gopalan et al., 2010; Foster et al., 2016). Ensuring services and health professionals are able to provide support in situations of domestic violence or where substance-use disorder are present should also be a key focus for government.

Of particular concern in the NT is children and young people in out-of-home care (OOHC). Children and young people in OOHC are a highly vulnerable group with increased physical, mental and social health needs and often limited access to services and support. As a consequence of their exposure and experiences prior to entering care, and within the care system, they are more likely to have significant, often unrecognised and unmet health needs, increased rates of developmental difficulties, and are less likely to consistently access health services. Aboriginal and Torres Strait Islander children are 10 times

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more likely to be in OOHC than non-Indigenous children (AIHW, 2018). The RANZCP is committed to advocating for adequate care and protection, including comprehensive health and developmental assessment, early intervention, psychosocial treatment and relational support for children in OOHC in order to assist them to achieve their full potential as healthy adults (RANZCP, 2015). Meaningful collaboration with child protection agencies at clinical, managerial and governmental levels is vital to achieving the shared goal of improved outcomes for children in OOHC.

The RANZCP recommends:

- age-appropriate screening and assessment of mental health concerns and risk factors in all children and young people known to child protection services, including children entering OOHC
- requirements for programs and services to incorporate trauma-informed and culturally appropriate approaches which focus on increasing family and whole of community capacity to prevent and respond to mental health issues
- the development of targeted prevention and early intervention programs for at-risk children and young people, including Aboriginal and Torres Strait Islander peoples.

### Funding arrangements

Currently, expenditure on child and family services in the NT suffers from a lack of transparency, accountability and independent evaluation. This leads to fragmented and duplicative service delivery, and may prevent optimal health outcomes for individuals in the NT. Additionally, it severely limits the ability of governments to evaluate models of care and service delivery, and leaves authorities unable to prioritise individual outcomes when allocating funding and coordinating services. These problems are particularly challenging in the NT, where mental health funding is among the lowest of all jurisdictions on most measures of resourcing. Future funding should prioritise accountability and independent evaluation, and must be effectively coordinated and outcomes-based. The Australian Government and the Northern Territory Government must work together, in coalition with key stakeholders in this field, to deliver a coordinated and comprehensive system of children and family services.

Additionally, there is a real risk that funding to mental health services in the NT will be diverted into the criminal justice and child protection systems in order to implement the recommendations of the Royal Commission, which is likely to do little more than shift the problem from one sector to another. The RANZCP would strongly advise against this, particularly considering that mental health carries a significant burden of disease in Australia yet is significantly underfunded. In the NT there is a clear need for increased resourcing which targets the availability of inpatient beds, community residential placements and staffing levels. The RANZCP urges the Government to ensure that funds are not diverted from existing health funding, specifically mental health funding, to other sectors, given the NT's significant shortage of mental health service resourcing.

The RANZCP recommends:

- the development and implementation of funding and grant systems which are accountable, transparent and outcome-focussed
- the implementation of independent evaluation mechanisms for child and family services in the NT which are linked to value-for-money and future funding allocations

### Youth justice systems

Given the well-documented links with mental health and criminal behaviour, the RANZCP supports a justice reinvestment approach to criminal justice involving measures to decrease rates of incarceration by investing in services in the community to improve mental health and well-being, prevent entry into prison, and reduce recidivism rates. In previous [submissions](#) to the Royal Commission the RANZCP has recommended increased funding into prevention and early intervention programs through partnerships between health services, schools and other related organisations with formal evaluation mechanisms built into all programs (RANZCP, 2016a).

It is the RANZCP view that child protection and youth detention systems would benefit from a broader tackling of the risk factors which drive children and young people into the criminal justice system in the first place. We therefore urge the Government to consider the benefits of investing in evidence-based mental health programs for at-risk children and young people prior to contact with justice systems. Furthermore, consideration of youth diversion programs, youth justice centres and other approaches to youth justice, including raising the criminal age of responsibility, may be valuable for the Productivity Commission.

While greater focus and funding for preventative services should be implemented, there is also a need to ensure mental health service provision for children and young people who are already in contact with the criminal justice system. Historically, mental health services for youth in Northern Territory detention has been sub-standard and non-existent, with high levels of harm experienced by these children. On this basis, the Northern Territory must prioritise dedicated adolescent forensic mental health services for young people in custody.

The RANZCP recommends:

- ongoing investment in prevention and early intervention programs for children and their families through partnerships between mental health, maternal and child health services, schools and other related organisations
- the investigation of youth diversion programs, youth justice centres and other improvement measures for youth justice systems
- funding for dedicated adolescent forensic mental health services for young people in custody.

### Mental health workforce

Mental health care is increasingly provided by multidisciplinary teams, including psychiatrists, psychologists, peer workers and others. This helps enable greater continuity of care, increases the range of skills available, and improves the team's capacity to take a comprehensive view of an individual's networks and problems. It is important that steps are taken to embed psychiatric expertise in multidisciplinary mental health teams.

Workforce distribution of psychiatrists remains a key challenge in the provision of rural and remote mental health care. This issue is particularly prevalent in the Northern Territory, where the current mental health workforce in the Northern Territory is well below what would be required to meet demand for services. In 2015, the Northern Territory had the lowest number of psychiatrists per 100,000 population in 2015 – 7.3 FTE per 100,000 – far below the national average (AIHW, 2018). Ensuring better supports

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and clinical supervision in rural and remote areas would assist those working in these areas. However, there is also a broader need to address the other barriers behind why many health professionals are not drawn to work in rural and remote areas, such as professional isolation, limited access to training opportunities and other supports. Significantly more resources are needed for planning, recruiting and retaining the workforce required.

The RANZCP recommends:

- the investigation and implementation of measures to recruit more psychiatrists to the Northern Territory, particularly those in relevant subspecialty areas e.g. child and adolescent psychiatry
- greater investment in support for psychiatrists practicing in the Northern Territory, including:
  - the development of ongoing learning resources in generalist mental health, rural and remote mental health practice and management skills
  - ongoing locum support to allow for breaks, time off or attendance of professional development activities, as well as financial support to cover the cost of relocation.

### **Partnerships and cultural safety**

Many Aboriginal and Torres Strait Islander peoples enjoy good mental health and a strong and positive sense of emotional, social and spiritual well-being. However, indicators continue to show that there is a significant portion of the Aboriginal and Torres Strait Islander population, including children and young people, who continue to experience very high levels of psychological distress, hospitalisation for mental health disorders, self-harm and suicide. This remains a key area of concern for the RANZCP.

Effective reform of services for young people and families in the NT requires true and meaningful partnerships with Aboriginal and Torres Strait Islander communities and Aboriginal Community Controlled Health Services. The value of collaborating with Aboriginal and Torres Strait Islander communities to illuminate these issues cannot be underestimated. It is crucial that the experiences of Aboriginal and Torres Strait Islander children and young people need to be understood in the context of the historical and transgenerational trauma experienced by this population. There needs to be explicit collaboration between Aboriginal and Torres Strait Islander healthcare providers and other stakeholders, including youth justice, forensic services, child protection agencies and care providers for young people in out-of-home care.

There is also a particular need for the provision of culturally appropriate and safe approaches to health care and social and emotional well-being for Aboriginal youth. As part of this, Aboriginal and Torres Strait Islander mental health workers should be incorporated into all aspects of the mental health-care supports delivered to Aboriginal and Torres Strait Islander children and young people (RANZCP, 2016b). This includes the development of programs, policy and services, consultations on cultural safety, and direct service delivery. Aboriginal and Torres Strait Islander mental health workers should be supported to apply for appropriate positions, and should be remunerated for their work at a level at least commensurate with non-Indigenous healthcare providers.

The RANZCP recommends:

- ongoing and meaningful engagement with Aboriginal and Torres Strait Islander communities and Aboriginal Community Controlled Health Services when planning and delivering services in the NT



- the support and proper remuneration of Aboriginal and Torres Strait Islander mental health workers engaged in relevant programs.

### **Educational and vocational support**

For children and young people, involvement in educational and vocational systems forms an important aspect of their current and future wellbeing. Research shows that engagement with education, employment and training is a strong protective factor for good mental health (Evans & Repper, 2001; Bjelland et al., 2007). Education and vocational systems can also be an ideal setting for mental health interventions, and programs set within schools and training organisations can be an effective means to engage with marginalised or at-risk young people (Fazel et al., 2014; Yee et al., 2017). The RANZCP supports a community-focussed approach to mental health which incorporates educational and vocational systems for children and young people.

It is important that children and young people with mental illness are supported to engage with education and vocational systems. Not only can this help them to achieve their training and employment goals, but it can also improve health outcomes more broadly (Alvarez-Jimenez et al., 2012). Young people with mental illness can face numerous barriers to education and employment, and specific programs and interventions are required to ensure they are not left behind their peers (Rinaldi et al., 2010; Gmitroski et al., 2018). In this respect, research shows that youth-centred employment interventions, including vocational services and ongoing support programs, can facilitate young adults with mental illness to achieve their employment goals (Bond, 2015; Gmitroski et al., 2018). Greater funding to ensure children and young people with mental illness have access to education and vocational services, is strongly supported to the RANZCP.

The RANZCP recommends:

- further research to explore vocational and educational interventions for children and young people as appropriate
- greater funding for programs which support children and young people with mental illness to achieve their training and employment goals.

### **Alcohol-related harm**

Alcohol use, when initiated at a young age, elevates the risk of mental health and social problems (NHMRC, 2009). Research shows that drinking contributes to three leading causes of death among adolescents – unintentional injuries, homicide and suicide (Stephens, 2006; Miller et al., 2007). Binge drinking particularly affects the developing brain of children and adolescents. Attention must also be paid to the co-existence of alcohol misuse and physical and mental health issues during childhood and adolescence, the age period where the majority of substance abuse disorders develop. Young people with co-existing mental health problems and alcohol misuse are more likely to exhibit risky behaviours, experience complex mental health problems and suffer further harms, including self-harm, relative to their age group who do not use alcohol (NHMRC, 2009; Stephens, 2006; Miller et al., 2007).

Overconsumption of alcohol in parents and caregivers can also lead to far-reaching societal costs and indirect harms to others (Connor and Caswell, 2012). While alcohol use does not always lead to poor

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parenting behaviour, when consumed at levels that lead to maladaptive behaviours and psychological changes, parental alcohol consumption can place the child at risk of abuse and neglect. As such, excessive alcohol consumption is associated with all major forms of child abuse and neglect, including domestic and family violence (CFCA, 2015). Additionally, women who drink alcohol during pregnancy increase the risk of foetal alcohol spectrum disorder (FASD) and other preventable health conditions in their newborns. FASD can lead to learning and behavioural problems which can be severe, complex and continue into adulthood.

The RANZCP recommends:

- the early identification of children with FASD and supporting initiatives to reduce FASD in the population
- supports, training and resources for family/whānau and support networks of people with alcohol use disorder to assist them in providing care and safeguarding their own mental health
- further investment in evidence-based strategies to address alcohol-related health problems, with greater access to care, especially for vulnerable populations.

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