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Mental Health Inquiry
Productivity Commission
GPO Box 1428
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The Social and Economic Benefits of Improving Mental Health

As South Australia's Commissioner for Children and Young People my mandate under the *Children and Young People (Oversight and Advocacy Bodies) Act 2016* is to advocate for the rights, interests and wellbeing of all children and young people in South Australia. It is also my role to ensure that the State, at all levels of government, satisfies its international obligations under the Convention on the Rights of the Child (CRC). This includes Article 24 which gives all children the right of access to health services.

Since I commenced my role in 2017 I have spoken to thousands of children and young people in South Australia. They have told me that their main health concern is mental health. Young people of all ages are worried about their own mental health as well as the mental health of others. They talk about the impact and the barriers to getting what they described as the 'right help'. Examples were given of friends being suicidal, parents suffering depression, and struggles of stigma, lack of understanding, embarrassment and isolation.

"One thing I would change to make life better for kids in SA would make help for kids with mental health issue more important. Like kids with mental health issues don't usally (usually) rescieve (receive) the help they need. So I would make it so they got the help they needed." (Year 11, Listening Tour).

The economic and social costs of mental health concerns in childhood are significant. Children with mental health challenges struggle to engage with, and do well at school. They're also known to be experiencing a poorer quality of life and physical health, as a result of living with parents and siblings who themselves may be managing greater stress and mental health challenges. According to recent figures, 13% of Australian primary school aged children (aged 4 to 11) meet the criteria for a mental health disorder, with this figure even higher for indigenous children and other at risk groups.[1] Further, it disproportionally affects vulnerable groups, including children from a lower socio-economic background, out of home care, those that have been abused and/or bullied and those who identify as gender diverse.

[1] Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR (2015) The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Department of Health, Canberra.

In this submission I will talk about the main barriers for children and young people in South Australia trying to access mental health services and where improvements can be made. I will also challenge the Commission to look at a new approach when designing a strong, child friendly and focussed mental health service system.

"I think we've got to priorities getting young people continuity of care when it comes to mental health problems incl, substance abuse... this is because you can present to EDs, GPs, go through psychiatric wards, be in the system but not care for in between. This is what turns these problems that could be helped with a period of intense therapy into lifelong battles. So you have to make access easier, encourage practitioners to make long term plans with all who see them, subsidise mental health further. Some people only get a certain amount of appointments a year, you have to really deteriorate to receive quality care. Young people deserve better care, Continuity of Care, more info, more funding. This will save and transform lives." (22yo female, Listening Tour).

How the challenge of poor mental health amongst young people can be addressed: What children and young people say

Young people have told me about what they see as the main challenges to supporting good mental health, this includes school, stress, lack of support and lack of security. They talked about feeling overwhelmed and not being supported by the adults in their lives, including teachers and parents.

This is supported by research conducted by Mission Australia and the Black Dog Institute, which emphasise how stress, school and study can all impact on a young person's mental health.

Social media is often spoken about in relation to mental health and there were concerns raised in relation to the standard response adults often made. Responses such as simply stop using it – a view they felt was most unhelpful and condescending.

"Stop linking all of our teenage emotions back to social media – it's not helpful. We want support not a lecture".

Children and young people want adults to try to understand that it is the impact of the issues they face which is the problem.

They talked about wanting opportunities to take breaks when they are feeling overwhelmed and stressed. Wanting more open communication around mental health to occur across the whole community. They emphasised that this discussion needed to be about what individuals, community groups and government can all do to help young people suffering from poor mental health, not just keep talking about the fact that mental health issues exist.

They said that when young people are suffering from poor mental health they want to talk to someone they trust. Participants spoke about the need for more counsellors the need for more counsellors and trained health professionals to be available and easy to access.

In addition, they want the whole of their community to be equipped with the skills and confidence to respond to young people showing signs of poor mental health, well before they reach crisis point.

Lack of a strong, child focused and friendly mental health system

A recent study reviewing and mapping mental health services for infants, children and young people in South Australia found that the services "did not match the level of need across the life span".[2]

Mental health services provided specifically for children and young people in South Australia are thin-on-the ground, especially in regional and remote areas. I have heard of instances where children with mental illnesses "fall through the gaps" and are not being treated at all. It is also unclear as to what clinical mental health services are available, particularly for young children, as they are often packaged into "family health services"[3] rather than being child focussed.

In the South Australian context, the lead Commonwealth agency for young people's mental health is Headspace. This service is designed specifically to meet the needs of young people aged 12 to 25. However, there is no equivalent service for primary aged children. New national initiatives such as 'Be You' and 'Emerging Minds' are aimed at health and education professionals, rather than direct services for children.

State-based child mental health services have become more targeted with CAMHS, now focussed on working with children who have acute mental disorders. The bulk of children's mental health care is provided by private psychologists under the Medicare Better Access initiative. However, there are severe shortages of psychologists working with 5 to 12 year olds. This results in lengthy waiting times in major metropolitan areas, and few options outside metropolitan Adelaide. A recent study found that only 2% of children aged between 0 and 8 with a mental health condition actually accessed Medicare Benefits Services (MBS).[4] Further, if they do have access to services they are actually not child-centred or child friendly which can result in children not wanting to go back and see them.

These barriers are clearly demonstrated in one case study published in my annual report[5]. Karlee (not her real name), aged 10, lives with her Mum Alex, and her two younger siblings in metropolitan Adelaide. She was diagnosed with oppositional defiant disorder as well as with separation anxiety disorder by her paediatrician, who has recommended Karlee

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[2] The Australian Institute of Family Studies, *Introducing the National Workforce Centre for Child Mental Health, Improving the lives of infants, children and families,* accessed at https://aifs.gov.au/publications/family-matters/issue-100/introducing-national-workforce-centre-child-mental-health citing Segal, L., Guy, S., & Furber, G. 'What is the current level of mental health service delivery and expenditure on infants, children, adolescents, and young people in Australia?' *Australian & New Zealand Journal of Psychiatry,* 2017, pp. 1-10.

[3] The Australian Institute of Family Studies, *Introducing the National Workforce Centre for Child Mental Health, Improving the lives of infants, children and families,* accessed at https://aifs.gov.au/publications/family-matters/issue-100/introducing-national-workforce-centre-child-mental-health citing Roxon, N., Macklin, J., & Butler, M. Budget: National mental health reform. *Australian Government national mental health reform 2011-12*. Canberra: Department of Health, 2011.

[4] Lucas, N., Bayer, J. K., Gold, L., Mensah, F. K., Canterford, L., Wake, M., Nicholson, J. M. (2013). The cost of healthcare for children with mental health difficulties. The Australian and New Zealand Journal of Psychiatry, 47(9), 849-858. doi:http://dx.doi. org/10.1177/0004867413491152

[5] Connolly, Helen - Commissioner for Children and Young People SA. Connolly, H. Commissioner for Children and Young People, South Australia. Annual Report 2018/2019, accessed at https://www.ccyp.com.au/wp-content/uploads/2019/11/201909-2019-Annual-Report-%C6%92-web.pdf.

have psychological treatment. Alex called State based mental health services and was told Karlee did not meet their criteria for service.

Karlee's GP gave her a referral to a private child psychologist. When Alex rang the clinic, she discovered they had to wait three months to access their services. Using Google, Alex tried three other clinics; one had closed their waiting list altogether, while the other two had six month waits. So Alex made an appointment with the first psychologist and resigned herself to the long wait for Karlee's initial appointment.

Alex was still distressed so she rang her own sister who lived in regional SA for ideas and support, as she knew they'd had similar issues with their child. Alex's sister told her that there were no child psychologists within 200km available for her child to access. During this time, Karlee stopped attending school and her anxiety symptoms worsened.

Eventually the day of the appointment arrived. The psychologist met them in the waiting room and informed them that during the sessions Medicare Better Access funding required Karlee to be in the room at all times. This meant Karlee was present while Alex described Karlee's difficulties in following instructions and behaving in positive ways, as well as the details of her family history - which included family violence. As she heard her Mum, Karlee become very distressed. She ran out of the room, crying and yelling, 'I hate all of you!' Alex and the psychologist were unable to get her to return for the rest of the session. As it turned out, this would be the last time Karlee would see the psychologist – she was so upset by the experience that she refused to attend any subsequent sessions.

Alex asked the psychologist if there were any group or telehealth sessions available anywhere online for children with challenging behaviours. She was told that unfortunately there were none available. Alex then asked whether she herself could attend sessions to help her know how to help Karlee. She was told she could do so, but that Medicare does not currently fund these sessions and she would therefore have to pay for them privately.

Alex did not take up this option as she could not afford to. Six months later, Karlee has still not returned to school and Alex has a negative, bitter feeling about psychological treatment for children. As this case study demonstrates, there are a number of system failures and barriers that have arisen which has resulted in Karlee not getting the help she requires. This includes services, systems and processes that are not child focused, friendly or in their best interests, long waiting times, and the high cost to access these services. Particularly given the fact that more and more Australians are finding it increasingly difficult just to provide for their families. This is due to Australia's basic needs due to stagnating wages and increasing inequality between the rich and the poor and the fact women receive lower wages.[6] In the long term this inequality is not in the best interest of children and will result in a great economic costs in the long term.

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[6] Oxfam, "Time to care: Unpaid and underpaid care work and the global inequality crisis", 20 January 2020. Oxfam Australia chief executive Lyn Morgain said the top 1 per cent of Australians, just 250,000 people, owned nearly $US1.6 trillion – equating to 22.2 per cent of the nation's wealth. "This concentration of wealth in the hands of the super-rich is occurring while the share of wealth of the bottom half of our community has decreased over the last decade and workers' wages continue to stagnate in Australia," she said in ABC, *Australia has slightly fewer billionaires, but their wealth is still increasing says Oxfam*, 20 January 2020 accessed at https://www.abc.net.au/news/2020-01-20/australia-billionaires-wealth-ric-oxfam-davos/11877372.

Children and young people are not being given the tools to help their peers

Overwhelmingly, children and young people talk about the need to support their friends who are having mental health issues. Children and young people with mental health issues will talk to their friends before they turn to adults for help. They need the tools to help their friends and give them the confidence to know where to turn to when they are ready to ask for help by organisations and adults.

Many young people are trying to support peers whilst often dealing with their own issues. These informal support networks can often be overstretched. Young people tell me that in their situations they are most likely to turn to their parents for help rather than schools or professionals.

To address this, there needs to be consideration in strengthening young people's knowledge in relation to mental health issues as well as giving them the tools to know what to do and where to turn to when they are ready to speak to an adult. This could be a part of the school curriculum when teaching children and young people respectful relationships. Information could also be provided publicly through websites, such as Headspace or Beyond Blue.

Creating a strong mental health system

I do not have a definitive answer to how to create a strong, child focused and friendly system, but it seems logical that systems and services that directly impact children and young people should involve them. Not only in the planning stage, but in the monitoring stage and evaluation. Involving children and young people will change the way systems are governed, managed and implemented and change laws, systems and services that build a strong mental health system for children that has participation and rights at the core.

It is actually an inherent right under the Convention on the Rights of the Child that states children should have a say in decisions that affect their lives effectively giving them a fundamental right to participate (Article 12). There are a number of advantages in including children and young people in the process to build better responses in the mental health system.

Implementing Article 12 requires a change in the status of children in our community, and the nature of relationships between adults and children. It requires adult systems to move beyond thinking of children and young people as simply the focus of our care and protection. We need to start believing in children and young people as capable citizens who are able to meaningfully contribute to the decisions that impact on their lives.

Mostly however, it requires us to *actively put children and young people front and centre in our thinking, and to include them in shaping and contributing to the services that impact on them.*

Our challenge in creating a strong mental health service system is to think of children and young people as the primary stakeholders and put in place mechanisms for them to

- actively and meaningfully participate in decisions in the design of the mental health system
- build the capacity of young people to be involved and lead the reform

- develop new models, in partnership with young people, based on their interests and needs

- respect, acknowledge and amplify the agendas prioritised by young people

Fundamentally, we know services shaped by the people who use them are more effective, efficient and responsive. Building in the participation of children and young people is therefore more likely to deliver better and more sustainable outcomes.

In addition to the direct participation of young people in making decisions the second thing we need to do relates to demonstrating respect for young people. One way to do this is by taking the time to understand the world they live in, and the impact this new world has on their sense of self belonging and identity.

Children and young people born this century are Centennials. Their world is volatile, complex, uncertain and ambiguous and is radically and rapidly changing. Unlike the 60s, 70s and 80s where there were jobs for life and a person did not need to change careers, young people today face job uncertainty, short term contracts, stagnating wages, higher living costs and globalisation, all of these put greater stress on their mental health. This needs to be considered and understood as part of any system redesign strategy because to not do so means we don't have all the information.

The world of 2020 is also one in which young people have multiple identities across race, class, gender, passions and interests. This increased social, gender and cultural diversity results in more complex social issues, dynamics and relationships than previous generations have been required to manage and navigate. This complexity is an important part of the eco system around young people and needs to be considered and understood. Simple solutions that don't take into account this complexity and diversity and its impact on identity and belonging will not work. Respect for diversity and desire for inclusion are core values of young people and must be hard wired into a prevention system. Likewise in designing systems we need to understand that the world in 2020 is one where trust in government is low and where we have a reversal of traditional influence.

The third consideration in addition to participation and respect is to have empathy and to think about the experiences young people have as they navigate the world that defines them by their age, rather than their roles as workers, athletes, friends, coaches, umpires, carers, you tubers, influencers, entrepreneurs, esports stars, entertainers or parents.

They are a generation frequently described by adults as apathetic, rather than what I know as a generation interested in public issues like employment, environment and diversity. A generation described by adults as lazy, spoilt and selfish rather than the generation that they are - kind, care deeply about inequality and concerned about the future of the planet.

A generation condemned for taking civil action on issues they care about, yet not included in these conversations, or asked to share their views and solutions. A generation that faces legal and financial barriers, discrimination, lack of confidentiality and respect, abuse, stigma and judgmental attitudes when they access services. Yet criticised for "not engaging". A generation seen too often as either vulnerable or dangerous rather than contributors and reformers. This must change to build an effective system.

So as we consider what is needed to create an effective and strong mental health system I believe that at the core is the inclusion, involvement and engagement of all young people. This includes those that are mentally healthy and those who are struggling, as the prevention and early intervention system needs to support young help seekers and young help givers.

If you have any questions or queries please do not hesitate to contact me.

Yours sincerely

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