15 February 2021

National Mental Health Commission
PO Box R1463
Royal Exchange NSW 1225

MentalHealth Victoria
Collaboration • Knowledge • Leadership

Level 2, 22 Horne Street,
Elsternwick Victoria 3185
T +61 (3) 9519 7000

ABN 79 174 342 927

Dear Commissioners,

Mental Health Victoria (MHV) welcomes this opportunity to provide feedback to the National Mental Health Commission (NMHC) on the draft of the National Children's Mental Health and Wellbeing Strategy (the Strategy).

MHV is the peak body for mental health in Victoria. Our membership includes consumer, family and carer groups, public hospitals and non-government organisations, unions, medical colleges, police and emergency services, local government and peak bodies.

MHV commends the Australian Government for focusing on children's mental health and wellbeing as part of its long-term National Health Plan. The concurrent development of the Strategy and other major mental health inquiries, such as the Productivity Commission's Inquiry into Mental Health and the Royal Commission into Victoria's Mental Health System, make this an opportune time to coordinate these important initiatives for the health and wellbeing of the nation.

MHV commends the authors of the Strategy for presenting a well-timed, holistic and integrated vision to drive changes to improve Australian children's wellbeing. The Strategy shows a deep understanding of children's mental health and how it is inextricability linked with the wellbeing of the families and communities that nurture them. This commitment to address a traditionally under-serviced segment of the mental health system and the holistic approach taken by the NMHC will be vital to realise the individual, social and economic benefits put forward in the Strategy.

While the Strategy provides a solid starting point to progress its vision, we recommend that more detailed planning and co-designed coordinated action be undertaken to ensure the Strategy's vision is achieved and supported by a well-resourced, effective and sustainable service system.

In order to achieve the Strategy's vision for children's mental health and wellbeing, MHV recommends:

1. Undertaking targeted consultation with relevant communities and professionals to refine the language of the wellbeing continuum.
2. Ensuring further development and implementation of the integrated care model considers renewed investment in and re-design of tertiary services, and additional planning and design to include more holistic, family-focused and psychosocial supports.
3. Developing models of long-term, tailored, psychosocial family support to reach families experiencing disadvantage.
4. Identifying actions for addressing the prevention of early childhood trauma through a focus on the social determinants of health and comprehensive support for families of children identified as being at risk.

5. Strengthening the Strategy's plan for responding to all children who have experienced trauma including mental health supports in connection with other services outside of the mental health system.
6. Developing a designated children's mental health workforce plan which includes a lived experience and community mental health workforce and addresses rural and remote areas, Aboriginal and Torres Strait Islander, CALD and disability workforces.
7. Developing sub-plans for key population groups, which continue to address the structural and cultural barriers to access and address intersectional experiences.
8. Ensuring the self-determination of Aboriginal and Torres Strait Islander peoples are upheld from governance through to service delivery.
9. Strengthening data collection and usage, including through the development and co-design of a continuous improvement plan to ensure the activities of the system are based on best evidence and innovation.
10. Developing an Implementation Plan, providing for coordinated and strategic oversight of reform activities across jurisdictions.

Strategy language

Overall, the Strategy presents a holistic understanding of children in their familial, social, economic and cultural context. MHV supports the Strategy's intention to move away from 'diagnostic' language and provide more emphasis on functionality. In keeping with this, the language used to describe the 'well-being continuum'[1] should reflect children's social and emotional functioning. Phrases such as 'struggling', 'not managing' and 'mental health resources' rely too heavily on individual capacity. This is potentially stigmatising and does not reflect the important influence of the child's external environment.

We support the Strategy's intention to broaden current conceptualisations of children's mental health and wellbeing and we encourage further consultation on the terminology through engagement with a broad range of professions and community groups. This necessarily includes clarifying different cultural understandings of wellbeing, such as social, emotional and spiritual wellbeing for Aboriginal and Torres Strait Islander communities.

Recommendation 1: Undertake targeted consultation with relevant communities and professionals to refine the language of the wellbeing continuum.

Integrated care model

The Strategy ambitiously attempts to present a seamless and comprehensive service system to address the full spectrum of need (from preventative approaches to specialised clinical care), but there are some key areas where supports need to be strengthened to ensure that the service system is truly meeting the needs of children and their families.

[1] Page 6

The Strategy describes welcome extensions to existing initiatives, new service mixes and improved linkages between services including universal parenting programs; place-based approaches; wellbeing programs for educational settings; and a national mental-health literacy campaign.

MHV strongly supports the introduction of expanded service offerings for children and families in their communities, particularly the significant growth of prevention and early intervention initiatives. Prevention-based strategies will help to improve wellbeing, reduce distress and reduce the occurrence of mental health conditions in children and in the longer term, the broader Australian community.

For children experiencing mental health challenges including those with more serious mental health issues, rapid and direct access to treatment options is required and MHV supports the Strategy's focus on providing treatment options for children with anxiety, depression and emotional difficulties. We urge the expansion of this focus to explicitly include children with other mental health presentations who may also require a more targeted approach to be within the model's scope.

The Strategy makes it clear that families play a key role in a child's mental health. As such, children's mental health supports must be viewed in the context of the family unit and/or circumstances of their care environment. While universal parenting programs are an encouraging option, more attention needs be given to supporting the family unit as a whole, particularly for families who are struggling and those in crisis (see recommendation 8). This includes consideration of how to address factors known to impact on family wellbeing such as parental mental health, financial difficulties, family violence, problematic gambling and drug and alcohol use, and homelessness.

We welcome the inclusion of the integrated child and family model of care or 'hub' which offers a potentially innovative form of service delivery with the promise of delivering a combination of interventions in a more accessible and seamless way. For these hubs to provide holistic and wrap-around mental healthcare for children, psychosocial and family supports must be an integral component of any treatment and management plan including direct linkages with services such as child protection, family violence, juvenile justice and diversionary programs, homelessness services and education institutions.

Some children with more severe mental health presentations will require clinical support through tertiary services such as child and adolescent mental health services (CAMHS). Entry to the tertiary system is currently problematic because (as the Strategy and the Productivity Commission have identified) these services are currently unable to meet demand.

The Strategy currently recommends quarantining a component of CAMHS funding for the 0–12 age group. While MHV agrees that clinical supports in the tertiary system need to be more available for children aged 0–12, it is critical that this not come at the expense of other supports. Investing in other supports to strengthen protective factors for family wellbeing will take pressure off the tertiary system, allowing more services to be available for children and families who require this significant level of clinical support. The Strategy should therefore more closely consider the re-design of tertiary services to meet need across the child and youth age span while protecting efforts to improve the availability of other supports.

This model holds real promise to change the way children's wellbeing is supported from early in life. However, there is clearly more work to do to comprehensively design the model and align a resource and workforce plan. Service design and planning should be transparent and undertaken

in close consultation with consumers, families, professionals and other key groups such as Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse (CALD) communities, LGBTIQ+ people and others.

This design process should also re-examine the referral process and consider expanding it beyond primary health clinicians, as well as consider alternative modalities of support, such as outreach, to better meet the needs of children and families.

Recommendation 2: Ensure further development and implementation of the integrated care model considers renewed investment in and re-design of tertiary services, and additional planning and design to include more holistic, family-focused and psychosocial supports.

Connecting with children and families who are struggling

We agree that responsibility for the wellbeing of children is beyond the responsibility of any single government department[2]. Systems architecture and policies should reflect the integrated effort required to prevent and address the often-complex situations that many children and families face, targeting populations where distress, trauma and mental health challenges are more likely.

Given the complexity of many family situations, it is often the case that the supports to mitigate risk factors also occur outside the mental health system. Therefore, the Strategy's focus on holistic assessment and treatment, multidisciplinary care, place-based supports and other attempts to bridge the gaps between sectors are welcomed. It is also encouraging that the Strategy draws links across government policies, planning and funding, as well as across programs and services[3].

Although integrated approaches are critical to helping to address the challenges many children and families face, more options for ongoing and comprehensive family case support should be developed for those facing significant disadvantage.

Both Section 2.4 'Build for Complexity' and the inclusion of trauma-informed approaches are welcome recommendations of the Strategy. Although these strategies will help to build the capacity of the existing system to support children and families experiencing disadvantage, more appropriate support options, including outreach and culturally relevant support programs, are needed. Many families experiencing mental health issues have lived multiple generations of adversity without access to many of the social determinants for positive mental health and wellbeing, including housing, employment and education. Support for these families will require, tailored, multi-disciplinary and long-term support options that target a range of factors impacting on family wellbeing.

MHV further welcomes the Strategy's approach to early intervention and prevention of mental health issues for children and its clear emphasis on the detrimental impact of early childhood trauma on mental health in Section 2.4 'Built for Complexity'.

The Strategy identifies actions to improve children's access to and engagement with services, particularly for certain groups such as children in state care or children with disability and/or chronic illness. While these suggested improvements are welcomed, we suggest that more could

[2] Page 79
[3] Page 39

be done to address the significant impact that adverse and traumatic events in early life can have on a child that often persist into adulthood.

The Strategy needs a more comprehensive plan around the prevention of trauma through known adverse events and response to trauma when it occurs. This will require an integrated effort across other domains and the social determinants of health, looking at protection from family violence, the impact of poverty, problematic drug and alcohol use and bullying.

Recommendation 3: Develop models of long-term, tailored, psychosocial family support to reach families experiencing disadvantage.

Recommendation 4: Identify actions for addressing the prevention of early childhood trauma through a focus on the social determinants of health and comprehensively supporting families of children identified as being at risk.

Recommendation 5: Strengthen the Strategy's plan for responding to all children who have experienced trauma which includes mental health supports in connection with other services outside of the mental health system.

Mental health workforce

The Strategy identifies seven welcome actions to develop the Children's mental health workforce, including Action 2.5.g that Commonwealth, state and territory governments "develop workforce projections in the public sector based on evidence and epidemiology and use these to inform further recommendations." This should take into consideration the work already done by the Productivity Commission Inquiry into Mental Health and other national mental health workforce initiatives such as the National Mental Health Workforce Strategy.

Most of the Strategy's recommendations aim to upskill the existing children's mental health workforce, but more is needed if the systems improvements outlined in the Strategy are to be successful. A more detailed workforce plan is needed that identifies how the skills of the current workforce can be developed and where initiatives require more resources and/or resource planning.

The workforce plan should address:

- current and future workforce capacity to meet growing demand
- workforce capabilities to drive the systems' improvements and initiatives
- retention and sustainability (particularly in rural and regional areas)
- training and development needs of the current and future workforce
- strategies to address the workforce needs of certain communities such as Aboriginal and Torres Strait Islander and CALD communities and those working with people with disabilities
- identifiable career pathways.

The Strategy mentions a number of different professions involved in improving children's mental health and wellbeing. In addition to those already listed, MHV urges the Strategy to include the lived experienced workforce and the community mental health psychosocial workforce in workforce planning. The Productivity Commission's report emphasised the importance of these professions in building a comprehensive mental health system and the inclusion of these workers aligns well with the Strategy's holistic vision and family focused, child-in-environment approach.

Recommendation 6: Develop a designated children's mental health workforce plan which includes a lived experience and community mental health workforce and addresses the specific needs of rural and remote areas, Aboriginal and Torres Strait Islander, CALD and disability workforces.

Improving mental health and wellbeing for all Australian children

MHV welcomes the Strategy's recommendations that support the unique needs of children from Aboriginal and Torres Strait Islander communities, children from CALD communities and children with a disability. However, given their similarly high risk of mental ill-health, the Strategy must also include specific recommendations in relation to LGBTIQ+ children. Corresponding planning and implementation processes should build on the recommendations made by the Strategy with reference to each of these groups.

Despite variation between subsets of LGTBIQ+ populations, and a lack of comprehensive data for some age and intersecting groups, we know that LGTBIQ+ people are more likely to experience mental ill-health and to have attempted or completed suicide[4]. Much of this is directly attributable to experiences of prejudice, abuse, invisibilisation, and both external and internalised stigma. Many LGBTIQ+ people begin to experience these risk factors and poorer outcomes from their childhoods, and their absence from the Strategy only underscores and perpetuates their invisibilisation. Targeted planning and action are required to improve the mental health and wellbeing of LGBTIQ+ children across the continuum of wellbeing.

Consultation and planning to extend the work of the Strategy's in relation to LGTBIQ+, Aboriginal and Torres Strait Islander, CALD communities and for children of people with mental illness and disabilities should include:

- ongoing consultation to continue to identify and address remaining gaps and problems in service delivery, including:
    - structural and cultural barriers to access
    - intersectional experiences within these populations (for example, 4% of the young people surveyed in the abovementioned study of LGTBIQA+ wellbeing identified as Aboriginal and/or Torres Strait Islander)
- co-design with people with lived experience, community leaders and professionals with expertise in the mental health and wellbeing of these populations
- workforce planning to ensure effective and sustainable implementation, including cultural safety.

In addition, the Strategy should ensure Aboriginal and Torres Strait Islander self-determination is upheld at every level of the children's mental health system across governance, resourcing, policy and planning, data and evaluation and service delivery. Aboriginal and Torres Strait Islander organisations (such as ACCOs and ACCHOs) should lead on the implementation of interventions

[4] National LGBTI Health Alliance 2020, 'Snapshot of mental health and suicide prevention statistics for LGBTI people', available: https://d3n8a8pro7vhmx.cloudfront.net/lgbtihealth/pages/549/attachments/original/1595492235/2020-Snapshot_mental_health_%281%29.pdf?1595492235; Australian Research Centre in Sex, Health and Society 2021, 'Writing Themselves In 4: The health and wellbeing of LGTBQA+ young people in Australia', page 14.

targeting these communities. Equitable resourcing is also needed to support Aboriginal and Torres Strait Islander self-determination.

Recommendation 7: Develop sub-plans for key population groups, which continue to address the structural and cultural barriers to access and address intersectional experiences.

Recommendation 8: Ensure the self-determination of Aboriginal and Torres Strait Islander peoples are upheld from governance through to service delivery.

Mechanisms for data capture and use

MHV supports the Strategy's inclusion of evidence and evaluation and commends the Strategy's commitment to transparency around the results of the programs being delivered. We would encourage the Strategy to further strengthen data collection and usage, including through:

- a culture of continuous improvement and innovation, including evaluation and measurement based feedback
- coordination of data collection, reporting, feedback loops and other quality improvement activities
- identification of data gaps (eg children in the 0–4 age group, LGBTIQ+ children under 12) and the development of strategies to address these gaps
- embedding of child and family feedback in service evaluation processes
- evidence-based policy development, planning and service delivery
- a comprehensive research agenda
- transparent communication of data and research outcomes.

To ensure the continuous improvement plan effectively and meaningfully meets the needs of those that the system has been set up to support, the lived experience of children and families must be central to all its activities, including the specific experiences of Aboriginal and Torres Strait Islander, CALD and LGTBIQ+ communities.

Recommendation 9: Further strengthen data collection and usage, including through the development and co-design of a continuous improvement plan to ensure the activities of the system are based on best evidence and innovation**.**

General: Implementation of the Children's Mental Health and Wellbeing Strategy

MHV has recently co-authored a guide on best-practice implementation of mental health reforms. This guide, From Vision to Reality: A guide for the successful implementation of recommendations from the Royal Commission into Victoria's Mental Health System (December 2020), demonstrates how the success and sustainability of large-scale reforms depends on a strategic approach to reform implementation.

The guide contains 26 steps under 6 action areas. Each action area contains concrete steps to take to ensure reforms and implemented successfully and sustainably. Although written specifically to support the implementation of reforms pursuant to the recommendations of the Victorian Royal Commission, much of the guidance is still relevant for implementation of the Strategy.

In particular, it is suggested that the Government first develop an Implementation Plan, based on the guide and other evidence as required, tailored to the particular exigencies of this national reform project. This should include consideration of how best to coordinate efforts across federal and state/territory jurisdictions, particularly around service integration and workforce planning, to ensure that the Strategy can be implemented in a holistic sand coordinated fashion, reducing the risk of duplication and diverge of reform activities.

Recommendation 10: Develop an Implementation Plan, providing for coordinated and strategic oversight of reform activities across jurisdictions.

Conclusion

The National Children's Mental Health and Wellbeing Strategy presents a commendable vision for the transformation of interventions that aim to improve the mental health and wellbeing of children. The final Strategy will be critical to implementing a sustainable, effective and comprehensive system that improves the lives of all Australian children and the families and communities who nurture them.

To deliver on the intentions behind the Strategy, Mental Health Victoria urges the NMHC to take a more comprehensive approach to the prevention of childhood mental health concerns through more focus on the known protective and risk factors that affect family (and child) wellbeing. The social determinants of health and mental health are key to creating a strong foundation children early in life and these need to be addressed in addition to responding to mental health presentations through direct treatment programs.

Ensuring that children (and their families) have strong and healthy foundations from early life (including in the perinatal period) is essential for the health and wellbeing of Australia's children and the greater population. MHV encourages the NMHC to build on the commendable work already done through further consultation and co-design to develop a robust, action-focused and comprehensive set of plans and initiatives in their final report.

Sincerely,

Larissa Taylor
Director of Policy
Mental Health Victoria