

Queensland Family and Child Commission Submission

To: Productivity Commission – Mental Health Inquiry

Date: 2 April 2019

Topic: The Social and Economic Benefits of Improving Mental Health

Submission summary:

The Queensland Family and Child Commission (QFCC) is pleased to provide a submission to the Productivity Commission's Inquiry into the social and economic benefits of improving mental health. The QFCC is well-positioned to inform the Inquiry on this topic:

- The *Family and Child Commission Act 2014* establishes the QFCC to promote the safety, wellbeing and best interests of children and young people¹
- The Act provides the QFCC with the function of giving expert advice to relevant agencies about laws, policies, practices and services²
- In fulfilling its mandate, the QFCC is required to engage with children and young people, and their families and consult and work cooperatively with relevant agencies and advocacy entities.³

The QFCC's role includes the promotion, protection and continued respect of the child's rights prescribed under the United Nations *Convention on the Rights of the Child* (UNCRC), to which Australia is a signatory. UNCRC provides that every child has the right to the best possible health, and that governments must provide good quality health care so that children stay healthy.⁴

Given its mandate and expertise with respect to children and young people, the QFCC has targeted its responses to specific questions raised by the Productivity Commission that pertain to children and young people.

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¹ Refer section 4(a) of the *Family and Child Commission Act 2014*

² Refer sections 9(1)(d)(i) and 9(1)(g) of the *Family and Child Commission Act 2014*

³ Refer sections 23(1)(a), (e) and (f) of the *Family and Child Commission Act 2014*

⁴ Refer Article 24 of the United Nations *Convention on the Rights of the Child*.

The mental health of Queensland's children and young people

Recommendation

The QFCC recommends:

- the Productivity Commission engage children and young people in forming recommendations specific to children and young people.

The Australian Bureau of Statistics reports that or 223,100 or 14.4 per cent of Queenslanders aged 0-24 years have a mental or behavioural problem. 4.4 per cent report mood (affective) problems and 10.3 per cent report anxiety related problems.⁵

These data are broadly supported by the research-based estimation that approximately 897,000 Queenslanders experienced a mental or substance use disorder in the year 2011-12, and that 15.4 per cent (or 138,000) of these people were children aged 0-14 years.⁶

The Queensland experience is not significantly different from the National experience⁷ however, National data do indicate that mental health and behavioural conditions impact young people more than children – 8.9 per cent of Australian children aged 0-14 years have a mental and behavioural problem, which increases to 19.4 per cent for young people aged 15-24 years.⁸

These data indicate that about 1 in 7 Queensland children and young people struggle with their mental health.

Suicide was the leading external cause of death for young people aged 10-14 years and 15-17 years in Queensland during 2017–18.⁹

Each of these consequences bears significant economic impact in the form of:

- Direct costs to government from addressing the impacts of poor mental health through the health, education and justice systems

⁵ Australian Bureau of Statistics 2015, *National Health Survey: First Results, 2014-15*, 'Table 22: Queensland – Table 3.1 Long-term health conditions, Persons (estimate) — Persons & Table 3.3 Long-term health conditions, Proportion of persons – Persons', data cube: Excel spreadsheet, cat. no. 4364.0.55.001, viewed 26 February 2019, <https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.0.55.0012014-15?OpenDocument>

⁶ Diminic S, Harris M, Sinclair D, Carstensen G and Degenhardt L 2013, *Estimating the community prevalence and treatment rates for mental and substance use disorders in Queensland - Report to the Queensland Mental Health Commission*, viewed 27 February 2019, <https://www.qmhc.qld.gov.au/sites/default/files/wp-content/uploads/2013/10/2014-27-Estimating-the-community-prevalence-and-treatment-rates-for-mental-and-substance-use-disorders-in-Queensland.pdf>

⁷ Australian Bureau of Statistics 2015, *National Health Survey: First Results, 2014-15, Summary – Mental and Behavioural Conditions*, cat. no. 4364.0.55.001, Australian Government, Canberra, viewed 1 April 2019, <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2014-15~Main%20Features~Mental%20and%20behavioural%20conditions~32>

⁸ Australian Bureau of Statistics 2015, *National Health Survey: First Results, 2014-15*, 'Table 3: Long-term health conditions – Australia – Table 3.3 Long-term health conditions, Proportion of persons — Persons', data cube: Excel spreadsheet, cat. no. 4364.0.55.001, viewed 26 February 2019, <https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.0.55.0012014-15?OpenDocument>

⁹ Queensland Family and Child Commission 2018, *Annual Report: Deaths of children and young people Queensland 2017-18*, Queensland Government, viewed 21 March 2019, https://www.qfcc.qld.gov.au/sites/default/files/QFCC_Child_Death_Annual_Report_2017-18.PDF (p. 51).

- Longer-term costs for government, associated with transfer payments and funding for specialist mental health, health, housing and homelessness, drug and alcohol services, and justice responses
- Lifetime costs for individuals, communities and economies associated with reduced quality of life, premature mortality and lost productivity.

Addressing mental health issues among young people should be a key priority. Children and young people should, however, provide direct feedback to this inquiry on priority needs and how to best achieve these.

In 2018, the QFCC conducted the *Growing Up In Queensland* project, providing Queensland's children and young people with an opportunity to have a say about their everyday lives, priorities, concerns and visions for their communities and futures. The project engaged more than 7,000 children and young people between the ages of 4 and 18.¹⁰

Young people have a strong understanding of both positive mental health and mental illness. They express concern about their own mental health and its impacts in their lives, as well as the mental health of the friends and family.

Queensland's children and young people highlight they are authoritative sources of knowledge about their world and themselves, and are active agents in shaping the world and constructing meaning and purpose. Children and young people want to be included in decisions that impact on their lives and want to share their insightful perspectives on a wide array of issues impacting on the community.

Responses to specific Inquiry questions

QFCC responses to specific questions included in the Productivity Commission *Issues Paper* are provided below. Data and responses included below have been collated from consultation material young people provided through the *Growing Up In Queensland* consultations.

Can the prevalence and severity of mental ill-health be reduced through more effective mental health promotion, identification and prevention and early intervention?

Recommendation

The QFCC recommends:

- the public health approach includes targeted mental health education, positive promotion of mental health support, and generalised mental health check-ups for all children and young people.

Young people advocate the need to focus on identifying and addressing mental health issues early. They report that a public health model, including targeted mental health education, positive promotion of mental health support, and generalised mental health check-ups, would assist them. This model of intervention is supported by a broader body of literature.¹¹

¹⁰ A comprehensive report of findings is available: Queensland Family and Child Commission 2018, *This Place I Call Home: The views of children and young people on growing up in Queensland*, Queensland Government, Brisbane, <https://www.qfcc.qld.gov.au/kids/listening/growing-queensland>

¹¹ Refer, for example: Patel V, Flisher AJ, Hetrick S and McGorry P 2007, *Mental health of young people: a global public-health challenge*, *Lancet*, 369, pp 1302-1313; Stiffman AR, Stelk W, Horwitz SM, Evans ME, Outlaw FH, & Atkins M 2010, *A public health approach to children's mental health services: possible solutions to current service inadequacies*, *Administration and policy in mental health*, 37(1-2), pp 120-4; and, Mission Australia & Black Dog

The Australian Health Minister's Advisory Council Health, Safe and Thriving: National Strategic Framework for Child and Youth Health also promotes the importance of early intervention programs to address mental health issues early.¹²

Respondents to the Growing up in Queensland survey also identified mental health as a key public health priority, stressing the need to focus on early identification of mental health issues and reducing stigma associated with seeking help for mental health concerns.

Young people highlight a sense of shame and embarrassment associated with seeking help for mental health concerns. This stigma is a key barrier to seeking support and advice. Young people remark that a public health approach, which includes support and education for all young people, could help to normalise the need for support for mental health concerns.

Which forms of mental health promotion are effective in improving population mental health in either the short or longer term? Do students have access to adequate mental health-related support and education? If not, what are the gaps?

Recommendation

The QFCC recommends:

- the public health approach includes targeted mental health education, positive promotion of mental health support, and generalised mental health check-ups for all children and young people. that the Productivity Commission notes children and young people's responses indicating existing mental health promotion programs are not reaching them
- mental health promotion and primary interventions are targeted through educational environments and consider impacts of academic workload and other pressures on mental wellbeing
- peer-support training and information initiatives are implemented as a way of building children and young people's capacity to help one another
- children and young people in the child protection and youth justice systems receive specific and targeted responses
- frontline staff are equipped with 'mental health first aid' skills to identify and respond to young people in distress particularly staff in police, ambulance, youth justice, domestic and family violence, drug and alcohol, housing and child protection services
- anti-bullying and anti-cyberbullying initiatives continue to remain a national focus.

Institute 2017, *Youth mental health report: Youth Survey 2012-16*, viewed 21 March 2019, <https://www.blackdoginstitute.org.au/>

¹² Australia Health Ministers' Advisory Council 2015, *Health, Safe and Thriving: National Strategic Framework for Child and Youth Health*, Australian Government, viewed 22 March 2019, <https://www.coaghealthcouncil.gov.au/Projects/Independent-Review-of-NRAS-finalised/ArtMID/524/ArticleID/89/Healthy-Safe-and-Thriving-National-Strategic-Framework-for-Child-and-Youth-Health> (p. 19).

Young people report that much of what they know about mental health and wellbeing and mental illness comes from direct experience and what they witness in others. This indicates that existing mental health promotion programs are not reaching a key audience, and that investment in this area may not be effectively delivering outcomes.

Young people told the QFCC that speaking to counsellors was a good strategy for addressing mental health concerns. While this is a good strategy, it is important that all professionals and community members in a child's life, particularly parents and teachers, have skills and knowledge to put young people in touch with the support they need.

Many young people the QFCC spoke to did not know who their school counsellor or guidance officer was or how to access them. When QFCC provided young people with 'support cards' containing details of helpline numbers and support websites and services, few already knew about these organisations and resources. This provides further evidence that existing promotion strategies are not reaching young people.

Young people are concerned about school guidance officers and counsellors breaching their privacy and confidentiality should they raise mental health. This concern is stopping them engaging with support services. Every child has right to live free from arbitrary or unlawful interference with her or his privacy.¹³ Children and young people must be able to access mental health supports that are private and confidential, within the bounds of usual 'duty of care' requirements.

Children identify the school environment as a place where they should be able to access support for mental health concerns. Educational environments are a primary interface between children and young people, and government-funded intervention and could potentially be places where mental health promotion and primary interventions are implemented.

Young people told the QFCC they want better access to information and training to understand the behaviours associated with different mental health problems. Two-thirds of young people report that they turned to friends when they needed help with important issues. Given this, peer-support training and information initiatives may build young people's capacity to help one another.

Primarily, young people seek a culture of positive attitudes about mental health. They want opportunities to seek help from adults who are approachable, who will not dismiss their concern, and who will provide support without judgement. Services delivered by government, or funded by government, should operate within practice frameworks that emphasise positive attitudes to mental health and the principles of non-judgement, approachability and openness.

There are certain populations of children who are more at risk of poor mental health and wellbeing, and mental illness. This is particularly true for children and young people involved with the statutory child protection and youth justice systems. Where governments play a key role in providing the day-to-day care of children, government organisations and officers have a duty of care to help children to recover from trauma and abuse and meet their potential now and throughout their lives. Australian governments have an obligation under the UNCRC to take all appropriate measures to promote physical and psychological recovery of children and young people who have been neglected, exploited and abused.¹⁴

¹³ Refer Article 16 of the United Nations *Convention on the Rights of the Child*.

¹⁴ Refer Article 39 of the United Nations *Convention on the Rights of the Child*

The *Age of criminal responsibility in Queensland*, a QFCC report, identifies significant links between criminal offending and diagnosed mental illness.¹⁵

- Mental illnesses commonly found in young offenders include depressive, psychotic, anxiety and disruptive disorders.¹⁶
- These disorders are broadly defined as including:
 - depression and bipolar disorder (depressive disorders)
 - conditions such as schizophrenia (psychotic disorders), and
 - conditions such as post-traumatic stress disorder (anxiety disorders).
- Mental health is relevant to children's offending behaviours, particularly when these conditions increase their potential for physically aggressive behaviour. For example, children with disruptive behaviour disorders may be more physically aggressive than other children, and children who suffer from PTSD may respond aggressively to perceived threats.¹⁷
- Research has demonstrated that 87% of children in detention in Victoria had at least one diagnosed mental illness and that 75% had two or more disorders.¹⁸ A NSW study found that 92% of females and 86% of males in youth detention had a mental illness.¹⁹

The QFCC's *Criminalisation of children living in out-of-home care in Queensland* identified that many children in out-of-home care experience mental illness.²⁰ A national comparative study, utilising a case-file reading methodology, found that 33.8 per cent of a sample of children in out-of-home care exhibited symptoms of depression and/or anxiety 32.4 per cent exhibited symptoms of Attention Deficit Hyperactivity Disorder, and 15.7 per cent exhibited symptoms of a personality disorder and/or other mental illness.²¹

Specific strategies are needed for these populations so that children and young people exit these systems safe and able to thrive.

¹⁵ Refer <https://www.qfcc.qld.gov.au/sites/default/files/For%20professionals/policy/minimum-age-criminal-responsibility.pdf>

¹⁶ Underwood L, Washington A 2016, *Mental Illness and Juvenile Offenders*, International Journal of Environmental Research and Public Health, 13(228), pp.1–14 (p.3).

¹⁷ Underwood L, Washington A 2016, *Mental Illness and Juvenile Offenders*, International Journal of Environmental Research and Public Health, 13(228), pp.1–14 (p.3).

¹⁸ Jesuit Social Services 2015, *Too Much Too Young: Raise the Age of Criminal Responsibility to 12*, viewed 21 March 2019, http://jss.org.au/wp-content/uploads/2016/01/Too_much_too_young_-_Raise_the_age_of_criminal_responsibility_to_12.pdf (p.3).

¹⁹ Indig et al in Cashmore J 2011, *The Link between Child Maltreatment and Adolescent Offending: Systems Neglect of Adolescents*, Australian Institute of Family Studies – Family Matters, No. 89, p.32, viewed 21 March 2019, <https://aifs.gov.au/publications/family-matters/issue-89/link-between-child-maltreatment-and-adolescent-offending>

²⁰ Queensland Family and Child Commission 2018, *The criminalisation of children living in out-of-home care in Queensland*, Queensland Government, viewed 21 March 2019, <https://www.qfcc.qld.gov.au/sites/default/files/The%20criminalisation%20of%20children%20living%20in%20out%20of%20home%20care%20in%20Queensland.pdf>

²¹ Osborn A and Delfabbro PH 2006, *National Comparative Study of Children and Young People with High Support Need in Australian Out-of-Home Care*, University of Adelaide, viewed 21 March 2019, <http://www.childrenatrisk.eu/projects/institutions/dbaFile12917.pdf>

How effective are mental health-related supports and programs in Australian education and training settings in providing support to students? How effective are programs in educating staff, students and families, on mental health and wellbeing?

The QFCC maintains a register of information relating to child deaths in Queensland, and reports on trends and patterns in child deaths each year. This includes child deaths that occur as a result of self-harm or suicide.

Suicide is a leading external cause of death of young people aged 10-14 years and 15-17 years, at a rate of 4.7 deaths per 100,000 children aged 10-17 in 2017-18.²²

Queensland research has found that suicide cannot be predicted. While mental health issues are prevalent amongst young people who suicide, many young people are treated for these conditions and only a very small number may go on to suicide. Only half of the young people who died by suicide expressed thoughts of suicide or suicidal ideation in the time prior to their death. Surveys of young people show suicidal ideation can be common, and these thoughts can start at a young age.

Suicidal behaviours in young people are often not the result of a single cause, and multiple stressors and adverse life experiences may be present. Risk factors that make young people vulnerable to suicide include exposure to maltreatment, family violence and parental maladjustment and bullying. The most common triggers for suicide include conflict with parents, friends, partners and siblings.

As young people at risk of suicide often have multiple issues in their lives, these may bring them into contact with government services notably police, ambulance, youth justice, domestic and family violence, drug and alcohol, housing and, very commonly, child protection services.

Intervening early with young people who experience trauma, such as childhood maltreatment, or who disengage from school or other supports, may help to reduce risk factors for the young person while also helping them to overcome early adversity.²³

Frontline staff need to be equipped with 'mental health first aid' skills to identify and respond to young people in distress. Communication within and between government agencies and community services needs to be strong to ensure the coordination of resources provided to young people, especially for those who lack parental support.

Schools play a key role in supporting young people, including through programs that build mental wellbeing and resilience and address bullying behaviours. Parents, teachers and young people need to be provided with information on warning signs and how to help a young person if they are concerned.

The QFCC is partnering with Family and Child Connect to deliver the Talking Families School initiative to empower parents to seek help with parenting early before concerns escalate and provide advice on how to access support services. The initiative encourages schools to build a supportive culture and sense of community where parents feel they can ask for help without fear of being judged. This includes providing tips and messaging about looking after their mental wellbeing and how to speak with their children when they are worried about theirs too.

²² Queensland Family and Child Commission 2018, *Annual Report: Deaths of children and young people Queensland 2017-18*, Queensland Government, viewed 21 March 2019, https://www.qfcc.qld.gov.au/sites/default/files/QFCC_Child_Death_Annual_Report_2017-18.PDF (p. 51).

²³ Queensland Family and Child Commission 2018, *Research Summary: Suicide of young people in Queensland*, Queensland Government, viewed 21 March 2019, <https://www.qfcc.qld.gov.au/>

The Growing up in Queensland results show almost two-thirds of young people report they were concerned or very concerned about the amount of stress in their lives. School workloads, adult expectations and balancing school work with leisure are identified as key factors contributing to stress. Young people report educational pressures as important, primarily because they perceive that their academic ability and achievement could be a barrier to achieving their hopes and dreams. Young people report that this stress is impacting on their mental health. Young people identified the need for supports that focus on alleviating stress and pressure, such as adult mentors, peer-support mechanisms and informal support groups external to school.

In addition, 30 per cent of those who participated in the survey component of this research said in the past three months they had been bullied face-to-face once or twice, and 23 per cent said that they had been subject to cyberbullying.

The Queensland Anti-Cyberbullying Taskforce's, appointed by the Queensland Premier and Minister for Trade in February 2018, made 29 recommendations to address cyberbullying through a community-wide approach. The Queensland government has accepted recommendations including to:

- work with universities to ensure pre-service teachers receive education in strategies to prevent and intervene in bullying and cyberbullying
- commission an independent review of the effectiveness of current processes to address reported incidents of cyberbullying in all school sectors
- commission a separate evaluation of relevant programs and resources to assist school leaders to reduce the relevance of bullying.²⁴

Does Australia have adequate monitoring and reporting processes to assure compliance with national standards and international obligations?

The Committee on the Rights of the Child has previously noted the lack of data relating to key areas of the United Nations *Convention on the Rights of the Child*:

- In 2005, the Committee recommended that Australia strengthen its existing mechanism of data collection in order to ensure that data are collected on all areas of the Convention in a way that allows for disaggregation, *inter alia* by those groups of children who are in need of special protection.²⁵
- In 2012, The Committee reiterated the recommendation that Australia strengthen its existing mechanisms of data collection in order to ensure that data are collected on all areas of the Convention in a way that allows for disaggregation, *inter alia* by children in situations that require special protection.²⁶

Australia is currently awaiting remarks from the United Nations Committee on its 2018 report.

²⁴ Queensland Government 2018, *Queensland Government response to: Adjust our Settings: A community approach to address cyberbullying among children and young people in Queensland (October 2018)*, viewed 21 March 2019, <https://www.premiers.qld.gov.au/publications/categories/reports/cyberbullying-gov-response.aspx>

²⁵ United Nations Committee on the Rights of the Child, *Consideration of Reports Submitted by States Parties Under Article 44 of the Convention – Concluding Remarks: Australia*, CRC/C/15/Add.268, para. 20 (20 October 2005).

²⁶ United Nations Committee on the Rights of the Child, *Consideration of Reports Submitted by States Parties Under Article 44 of the Convention – Concluding Remarks: Australia*, CRC/C/AUS/CO/4, para. 21 (28 August 2012).

The Australian Government has recently released a consultation draft of the *National Action Plan for The Health of Children and Young People*.²⁷ The objective of this draft action plan is to maximise physical, mental and social health of children and young people, and includes the commitment to develop a nationally consistent data collection.

The economic impact of poor mental health

Universal mental health supports and services are not reaching children and young people. Children and young people struggle to identify people in schools and in the community from whom they can seek support. They feel that there is a stigma attached to seeking support for mental health concerns, and seek broader universal programs of information and intervention to normalise seeking mental health support.

Ensuring mental health programs are reaching children and young people can only have a positive effect on the mental health of children and young people. This has the potential to reduce the negative consequences of poor mental health, such as poor educational achievement and reproductive and sexual health in the short-term, and increased risk of drug and alcohol use, unemployment and criminality in the long-term.

Each of these improvements is likely to contribute positively to the Nation's economy. As an example, Productivity Commission research indicates that preventing a mental health or nervous condition increases the probability of labour force participation by between 16.7 and 24.7 per cent for women and 17.0 and 29.6 per cent for men.²⁸

The QFCC is of the view that improvements in mental health services for children and young people, per the recommendations above, can improve outcomes for children and young people while increasing the economic health of the Nation.

²⁷ Department of Health 2019, *National Action Plan for The Health of Children and Young People*, Australian Government, Canberra, viewed 21 March 2019, <https://consultations.health.gov.au/population-health-and-sport-division-1/establishing-a-national-action-plan-for-the-health/>

²⁸ Laplagne P, Glover M and Shomos A 2007, *Effects of Health and Education on Labour Force Participation*, Staff Working Paper, Productivity Commission, Melbourne, viewed 22 February 2019, <https://www.pc.gov.au/research/supporting/health-education-labour-participation/healthandeducation.pdf>