

National Children's Mental Health and Wellbeing Strategy

Submission

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The Queensland Family and Child Commission acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians across the lands, seas and skies on which we walk, live and work. We recognise Aboriginal and Torres Strait Islander people as two unique peoples, with their own rich and distinct cultures, strengths and knowledge. We celebrate the diversity of Aboriginal and Torres Strait Islander cultures across Queensland and pay our respects to their Elders past, present and emerging.

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Background

As the primary children's rights-based organisation in Queensland, the Queensland Family and Child Commission (QFCC) is committed to improving health and wellbeing for children in Queensland.

Under the United Nations *Convention on the Rights of the Child* (UNCRC), Australian governments have responsibility to make sure the special needs of children are appropriately responded to. This includes needs in relation to mental health and overall wellbeing and extends to recognising the potential vulnerability of children as consumers of mental health services.¹

Governments and service providers have further responsibility to ensure the best interests of the child are the primary concern in all decisions involving them.² The QFCC advocates for the voices of children to be heard and their wishes be taken into consideration in all decisions affecting them.

The QFCC sees good mental health and wellbeing as essential to flourishing in childhood. Good mental health and wellbeing is critical to optimal development and builds a foundation for life-long wellbeing. Targeted, well-designed and child-focussed mental health services and support is key to achieving this.

The QFCC advocates for positive mental health and wellbeing for all children, promoting mental health services through programs and platforms including:

- the **Talking Families** program, where we partner with schools to promote help-seeking behaviours among parents and link them to support services before reaching crisis point
- the **oneplace** community services directory with over 53,000 family services, where all types of support services can be easily found.

The QFCC also seeks the views and experiences of children and young people through the biennial Growing Up in Queensland survey that reaches children right across the state. Children and young people continue to tell the QFCC that mental health is something they worry about and something that can potentially stop them reaching their goals.³

The QFCC is pleased to see the introduction of a national children's mental health initiative that is centred around the child and draws on the principles of the UNCRC. The National Mental Health Commission's (NMHC) acknowledgement that the nature of children's mental health and wellbeing requires us to reach beyond the scope of mental health services to include families, education settings and communities is encouraging.

The QFCC believes, if successfully implemented, the actions outlined in the *National Children's Mental Health and Wellbeing Strategy* (the Strategy) will help meet the mental health and wellbeing needs of children and families across Australia.

The QFCC appreciates the opportunity to provide feedback to the draft Strategy. We make the following recommendations in support of the Strategy and hope to inform how the Strategy can be delivered to reach all children and families. We are responding to specific questions in line with the QFCC's functions and responsibilities.

“youth respond best when they are assured that there are people who are willing to help them work through any difficulties they may have, and in this case, mental health”

- QFCC Youth Advisory Council member

¹ United Nations 1989, *Convention on the Right of the Child* Article 24 <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>, accessed 9 February 2021.

² United Nations 1989, *Convention on the Right of the Child* Article 3 <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>, accessed 9 February 2021.

³ The State of Queensland (Queensland Family and Child Commission) 2018 *This Place I call Home: The views of children and young people on Growing up in Queensland* and, 2020 *Growing up in Queensland Interim Report* <https://www.qfcc.qld.gov.au/keeping-kids-more-safe/listening-children-young-people/growing-queensland>, accessed 9 February 2021.

Strategy language

To what extent does the language used in the wellbeing continuum resonate with your (actual or observed) experiences of mental health and wellbeing?

On page 6, the strategy proposes a ‘cultural shift in the way we think about the mental health and wellbeing of children’ which includes ‘a change in language’.⁴ Despite this, the strategy uses the term ‘struggling’ as an anchor point in the wellbeing continuum and children are spoken about as having ‘social problems’, ‘learning problems’ and ‘problem behaviour’ throughout the strategy. Terms like ‘struggling’ and ‘problem’ do not empower children or their families to access support services when they experience vulnerability.

The QFCC advocates the significance of strengths-based language in how we speak to and about children and their families. Language is a powerful tool that will directly impact a child’s experiences and perceptions of themselves both now and throughout their lives.⁵

Strengths-based language includes phrasing things in a person-led manner. An example of this is ‘parents experiencing a mental health issue’ rather than ‘parents with mental illness’, as is used in the strategy on numerous occasions. ‘Parents experiencing a mental health issue’ acknowledges mental health issues are treatable and manageable and do not define the person as being incapable or without hope.

Recommendations

To fully realise the cultural shift acknowledged in the Strategy, the QFCC recommends:

- a review of the use of the term ‘struggling’ as an anchor in the wellbeing continuum
- further consideration of the language used to speak about children, parents and families experiencing mental health issues, and the circumstances surrounding those families.

For ease of interpreting the feedback provided in this submission, the QFCC uses language consistent with the current draft of the Strategy.

Connecting with children and families who are struggling

How would you recommend we reach these children and families [who are struggling]? How might we do this systematically across the country?

On page 28, the Strategy recognises the inverse trend whereby families who would benefit the most from mental health services are the least likely to utilise them.⁶ To address this, the Strategy suggests the need for ‘systematic and organised outreach to these vulnerable families, with particular effort placed on building relationships with parents.’

The QFCC is concerned strategies focused mainly towards parent education will be disadvantageous to children whose parents do not have the skills or willingness to provide positive behaviour or mental health guidance. There will also be children whose parents will refuse, disengage or evade supports, the reasons for which can be numerous. Both these groups should be identified with those needing intensive outreach supports and additional actions should be considered for inclusion to make sure each child’s right to mental health care and support is upheld.

⁴ National Mental Health Commission 2020, *National Children's Mental Health and Wellbeing Strategy (draft)* p.16 <https://www.mentalhealthcommission.gov.au/> accessed 9 February 2021

⁵ The State of Queensland (Queensland Family and Child Commission) 2018, *Principal Commissioner's Lens: Youth Justice*, 27 September 2018 <https://www.qfcc.qld.gov.au/principal-commissioners-lens-youth-justice>, accessed 9 February 2021.

⁶ National Mental Health Commission 2020, *National Children's Mental Health and Wellbeing Strategy (draft)* p.28 <https://www.mentalhealthcommission.gov.au/> accessed 9 February 2021



A QFCC Youth Advisory Council member has told the QFCC one way to reach families who are facing other barriers would be to make mental health education more accessible. She believes ‘if more people in the public could learn how to recognise the patterns of a possible mental illness developing in loved ones [they could] engage in early preventative techniques.’

Recommendations

The QFCC recommends consideration of further actions regarding right of child to access mental health care and support, and provide options for when the parent/carer is unable or unwilling to support the child, is disengaged or refuses treatment for a child. Such actions might include:

- improving access to mental health services by addressing how consent can be given for non-intrusive forms of care and treatment for a child, for example, school counselling services
- introduction of independent advocates with mental health expertise whose role is to protect the child’s right to health care in situations where a parent/carer has refused necessary care or treatment
- community education programs to help community members learn about mental health, how to recognise the signs of mental health illness, encourage help-seeking behaviour and support recovery.

Are there any additional actions necessary to improve the mental health and wellbeing of children who may be struggling, such as those in care?

Children known to the child protection system

On page 45, the Strategy acknowledges children who have child protection histories or live in out-of-home care are more likely to experience mental illness than others and notes ‘they are also at risk of experiencing trauma within the system’.⁷

Actions 2.4.b and 2.4.c within the Strategy address this by requiring ‘relevant services to give priority access to children who are in State care’ and ‘all government departments to outline and regularly report on what they do to support children in State care’. However, the Strategy does not require responsible government departments to address the situational factors that can exacerbate the experience of trauma while children are living in out-of-home care.

The Strategy could do more to require responsible agencies to address situational factors that contribute to mental health issues and impact the wellbeing of children living in care.

For example, young people with experience living in care have told the QFCC placement movements and placement away from siblings are two factors that impacted their sense of belonging and connection with others, created worry and made them feel anxious.⁸ The Strategy should include ways of partnering with out-of-home care service providers to reduce the risk of trauma for children living in out-of-home care.

The Strategy could also bolster the capabilities of residential and foster carers to support the mental health needs of children living in care by requiring the use of strategies that provide trauma-informed therapeutic care. Some examples local to Queensland are:

⁷ National Mental Health Commission 2020, *National Children's Mental Health and Wellbeing Strategy (draft)* p.45 <https://www.mentalhealthcommission.gov.au/> accessed 9 February 2021

⁸ The State of Queensland (Queensland Family and Child Commission) 2018, *Young people's perspectives of residential care, including police call-outs* p.8 <https://www.qfcc.qld.gov.au/keeping-kids-more-safe/young-people-living-care>, accessed 9 February 2021.

- the PeakCare *Hope and Healing Framework for Residential Care* which sets a foundation for caring for children living in residential care in a way that understands and responds to trauma and is therapeutic in approach⁹
- the QFCC *Joint agency protocol to reduce preventable police call-outs to residential care services* which aims to reduce the criminalisation of children living in residential care by providing strategies that do not label them as criminal.¹⁰

Recommendations

The QFCC recommends consideration of further actions to reduce the risk of trauma for children living in out-of-home care, including:

- require relevant services to address stabilisation of placement for all children living in out-of-home care, prioritising children known to have mental health concerns
- require relevant services to address reunification of sibling groups, prioritising children known to have mental health concerns
- advocate the need for therapeutic approaches of care for children living in out-of-home care.

Children in contact with the criminal justice system

On page 45, the Strategy acknowledges children in contact with the criminal justice system as having complex needs, noting high rates of mental illness in children who have experienced youth detention.¹¹ Children in contact with the criminal justice system are further acknowledged in the Strategy as being ‘at risk of experiencing trauma within the system’.

Despite this, children in contact with the criminal justice system are not included as one of the cohorts of children ‘known to be at increased risk of experiencing mental illness’ on page 14 and 15 of the Strategy, and there are no specific actions that work towards improving mental health and wellbeing outcomes for this group.

In all states and territories in Australia the minimum age of criminal responsibility is 10.¹² This means children as young as 10 can be charged and convicted of a crime, and sentenced to time in youth detention.

Children’s brains are still developing at this young age. Their ability to reason, predict consequences and control impulses is low. As acknowledged in the Strategy, those who come into early contact with the criminal justice system have complex needs and their experience in the system can lead to the development of disorders such as stress, anxiety and post-traumatic stress disorder. In the long term, they are less likely to complete schooling or find work and are more likely to move into the criminal justice system as adults.¹³

The QFCC advocates for the age of criminal responsibility to be raised from 10 to 14 in favour of a rehabilitative and therapeutic approaches for children who engage in early criminal behaviour.¹⁴ This is in line with

⁹ PeakCare Queensland Inc. 2015, *Hope and Healing: Queensland framework for working with children and young people living in residential care* <https://peakcare.org.au/hopehealing/>, accessed 9 February 2021.

¹⁰ The State of Queensland (Queensland Family and Child Commission) 2018, *Joint agency protocol to reduce preventable police call-outs to residential care services* <https://www.qfcc.qld.gov.au/keeping-kids-more-safe/young-people-living-care>, accessed 9 February 2021.

¹¹ National Mental Health Commission 2020, *National Children’s Mental Health and Wellbeing Strategy (draft)* p.45 <https://www.mentalhealthcommission.gov.au/>, accessed 9 February 2021

¹² The ACT Legislative Assembly has recently voted on a resolution in favour of raising the age of criminal responsibility from 10 to 14 years, however legislation setting the responsibility has not yet changed.

¹³ Sentencing Advisory Council 2016, *Children Who Enter the Youth Justice System Early Are More Likely To Reoffend* (media release) <https://www.sentencingcouncil.vic.gov.au/news-media/media-releases/children-who-enter-youth-justice-system-early-are-more-likely-to-reoffend>, accessed 9 February 2021.

¹⁴ Australian and New Zealand Children’s Commissioners and Guardians (ANZCCG) 2020, *Raise the age of criminal responsibility* <https://www.qfcc.qld.gov.au/raise-age-criminal-responsibility-australian-and-new-zealand-childrens-commissioners-and-guardians>, accessed 9 February 2021.



recommendations by the United Nations Committee on the Rights of the Child.¹⁵ Reforming the youth justice system in this way is particularly important for Aboriginal and Torres Strait Islander children, and children with disability, who are overrepresented in youth justice statistics.

The Queensland Government's *Youth Justice Strategy 2019-2023* includes an action to 'undertake specialist mental health, fitness for trial and soundness of mind assessments of children and adolescents through Child and Youth Mental Health Court Liaison Services'.¹⁶ The QFCC believes this should be standard practice, to make sure children receive the appropriate response, taking into consideration the mental health challenges they may face. All children in contact with police, court and youth justice systems should be given mental health assessments and access to support and treatment.

The use of isolation and physical restraint for behaviour management is known to add to experiences of trauma and distress for children in detention. It results in harm and negatively impacts behaviour.¹⁷ Responses to children in youth detention should be trauma-responsive and sensitive to their mental health needs. While it may be appropriate to use isolation for de-escalation and safety, it should not be used as a form of punishment.

Recommendations

The QFCC recommends consideration of further actions to reduce risk of trauma for children within the criminal justice system, including:

- raising the minimum age of criminal responsibility across Australia to at least 14 years, in line with the internationally accepted standard
- making sure behaviour management strategies in youth detention settings are trauma-responsive and sensitive to the mental health of children in these settings
- providing all children in contact with police, court and youth justice systems with mental health assessments, and access to support and treatment.

Improving mental health and wellbeing for all Australian children

Are there any additional actions you think are necessary to improve the mental health and wellbeing of children and families from Aboriginal and Torres Strait Islander communities?

For Aboriginal and Torres Strait Islander people connection to their traditional culture including spirituality, language, family, lands and lore are fundamental to cultural identity and wellbeing.¹⁸ A strong sense of cultural identity can be effective in protecting mental health and wellbeing for Aboriginal and Torres Strait Islander children, especially when facing adversity.¹⁹

The rights of Aboriginal and Torres Strait Islander people to participate in traditional culture and spiritual practices and to maintain connection to language, kin, land and lore are protected in the Queensland *Human Rights Act 2019*, where Aboriginal and Torres Strait Islander people have distinct cultural rights.²⁰ Under the Act, all

¹⁵ United Nations Committee on the Rights of the Child 2019, *General comment No 24 (2019) on children's rights in the child justice system*, UN Doc CRC/C/GC/24 para 22.

¹⁶ Department of Youth Justice 2019, *Working together: Changing the story – Youth Justice Strategy 2019-2023*, <https://www.youthjustice.qld.gov.au/reform/youth-justice-strategy>, accessed 9 February 2021, p. 19.

¹⁷ The Royal Commission into the Detention and Protection of Children in the Northern Territory 2017, *Royal Commission into the Protection and Detention of Children in the Northern Territory Final Report Vol 2A* chapter 14 <https://www.royalcommission.gov.au/royal-commission-detention-and-protection-children-northern-territory>, accessed 9 February 2021, pp. 283-288.

¹⁸ Commonground, *Connection to Country*, <https://www.commonground.org.au/learn/connection-to-country>.

¹⁹ G Bodkin-Andrews & B Carlson 2016, *The legacy of racism and Indigenous Australian identity within education*, *Race Ethnicity and Education*, 19:4, pp. 784-807.

²⁰ *Human Rights Act 2019* (Qld), s.28(2).

government agencies have obligation to make sure these rights are fully realised. This includes providers of health care.

The Strategy should explicitly acknowledge the significance of culture to the mental health and wellbeing of Aboriginal and Torres Strait Islander children. The Strategy should include actions that support Aboriginal and Torres Strait Islander children's connection to their culture, community and country.

Recommendations

The QFCC recommends consideration of further actions, including:

- holistic support models should acknowledge the significance of connection to culture, community and Country for Aboriginal and Torres Strait Islander children's mental health and wellbeing
- service providers should make active efforts to make sure Aboriginal and Torres Strait Islander children with mental health issues are enjoying full access to their culture, community and country for the purposes of maintaining wellbeing through referral and service provision.

Are there any additional actions you think are necessary to improve the mental health and wellbeing of children and families with disability?

On page 15, the Strategy acknowledges children with pre-existing disability have been shown to have poorer mental health than others.²¹ This lower subjective wellbeing is shown not to be inherently associated with disability but contingent on experiences of social exclusion and financial hardship.²²

Strategies that focuses on improving these environmental factors can help to improve the overall wellbeing of people with disability.

Recommendations

The QFCC recommends consideration of further actions to support access and inclusivity, including:

- service providers should proactively support children who experience social isolation, including those with disability, to access services that reduce social isolation
- all service providers providing services for children should be required to be accessible for any child of any ability.

Additional feedback

Monitoring and evaluation

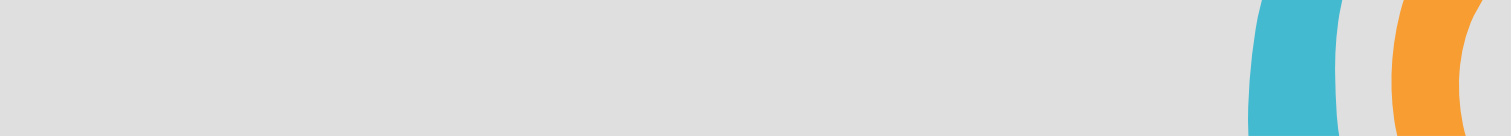
On page 72, the Strategy states final indicators and frequency of reporting will be determined through agreement between data custodians and inter-departmental committees.²³ As the availability of data is crucial to the process of evaluating the success of the Strategy, the QFCC recommends data sources and indicators are identified prior to the release of the final Strategy.

Where necessary, the Strategy should include actions for governments to collect the data required to evaluate the Strategy's outcomes. This data should be released publicly where possible to allow stakeholder and oversight

²¹ National Mental Health Commission 2020, *National Children's Mental Health and Wellbeing Strategy (draft)* p.15 <https://www.mentalhealthcommission.gov.au/>, accessed 9 February 2021.

²² Emerson E., & Hatton C. (2007) *Mental health of children and adolescents with intellectual disabilities in Britain*, Br J Psychiatry 191, pp. 493–499 <https://doi.org/10.1192/bjp.bp.107.038729> accessed 9 February 2021.

²³ National Mental Health Commission 2020, *National Children's Mental Health and Wellbeing Strategy (draft)* p.72 <https://www.mentalhealthcommission.gov.au/> accessed 9 February 2021.



bodies to examine the performance of the child mental health system over time and identify continuous improvements.

Recommendations

The QFCC recommends:

- identifying data sources and indicators prior to the release of the final Strategy
- include actions for governments entities to collect the data required to evaluate the Strategy's outcomes

Children and young people's participation in decision making

The QFCC recommends the NMHC include young people in its ongoing delivery of the strategy. The QFCC notes the CMHWS Expert Advisory Group and Steering Committee memberships do not have dedicated positions for young people.²⁴ The QFCC sees the participation of children and young people in policy being designed for about them as critical delivering services of relevance.

The NMHC could consider the development of a youth advisory council, or a dedicated position in the steering committee for a young person with experience living with mental health issues or supporting others with mental health issues.

Recommendations

The QFCC recommends the NMHC

- consider how children and young people can be involved in the ongoing delivery of the Strategy, specifically in decisions being made about how services will be delivered for children.

²⁴ National Mental Health Commission 2020, *National Children's Mental Health and Wellbeing Strategy (draft)* Appendix A. p. 79 <https://www.mentalhealthcommission.gov.au/> accessed 9 February 2021.