



Australian Government

National Mental Health Commission

TRIM: D18-732854

Ms Megan Mitchell
National Children's Commissioner



11 May 2018

**Submission to the Human Rights Commission
Australia's progress in implementing the United Nations Convention on the Rights of Children**

Dear Commissioner,

The National Mental Health Commission's (the Commission) submission regarding progress made in Australia to implement the United Nations Convention on the Rights of the Child focuses on the mental health and wellbeing of children and progress against the **2012 Concluding Observations – Item 64. Mental Health**.

The Commission takes particular interest in child and youth mental health and believes this should be a national priority. With more than half of lifelong mental health problems starting before the age of 14 years¹, intervening at the earliest stage can make a significant difference. Children need and deserve the best possible start in life – including having supportive families and care, stable housing, good nutrition and primary health care, and educational opportunities - from their early years and onwards. Early intervention provided early in life contributes to the determinants of mental health through better physical health, education and socio-economic outcomes for young people, including teenagers and very young children, and particularly those who have additional needs because of developmental difficulties, traumatic experiences or at risk of disadvantage.

Since our first [National Report Card on Mental Health and Suicide Prevention in 2012](#), the Commission has called on governments to commit to prevention and early intervention and greater investment in the wellbeing of young Australians as there is a strong economic argument for a return on investment in these early years given the life-long effects of poor physical and mental health.

The Commission's scoping study in 2018 on the effectiveness and cost effectiveness of existing mental health promotion and prevention interventions found evidence for effective interventions but limited or no economic evidence for children, adolescents and young adults. The Commission is now considering which of the interventions and population groups investigated in the scoping study would be suitable to undertake further economic research.

Mental health problems in children and young people

The burden of mental ill-health among young people is substantial. There are an estimated 560,000 Australian children and adolescents (4-17 years old) in Australia who have a clinically significant mental health problem and some of them are at increased risk for suicidal behaviour². The risk of developing mental ill-health starts even younger. Whilst the impact of developmental problems and poor mental health is at risk of escalating during adolescence and young adulthood, risk factors early



in life contribute to the determinants of mental health and a person’s life opportunities and outcomes. There is enormous benefit in ensuring children and families get early support for a healthy start to life, including having supportive families and care, stable housing, good nutrition, primary health care, and educational opportunities.

The mental health of young people is a significant concern for governments, business, communities and families. For the first time in 2017, mental health was reported as the top national issue of concern by young people aged 15-19 years³.

The second report on the mental health of children and adolescents shows⁴:

- About one in seven (13.9 per cent) 4-17 year olds experienced a mental disorder in the past year;
- 1 in 13 adolescents (7.5 per cent) aged between 12-17 years of age seriously considered suicide in the past year;
- One in ten (10.9 per cent) adolescents aged 12-17 years had engaged in self-harming behaviour in their life;
- ADHD (7.4 per cent), anxiety disorders (6.9 per cent), major depressive disorder (2.8 per cent), and conduct disorder (2.1 per cent) were the most common mental disorders in children 4-17 years of age in the previous 12 months;
- Between 1998 and 2013-14, the prevalence of major depressive disorders for 6-17¹ year olds increased from 2.1 per cent to 3.2 per cent, the prevalence of conduct disorder decreased from 2.7 per cent to 2.1 per cent, and the prevalence of ADHD decreased from 9.8 per cent to 7.8 per cent).

Figure 1: Prevalence of mental disorders in 4-17 year-olds in the past 12 months, Australia, 2013-14¹

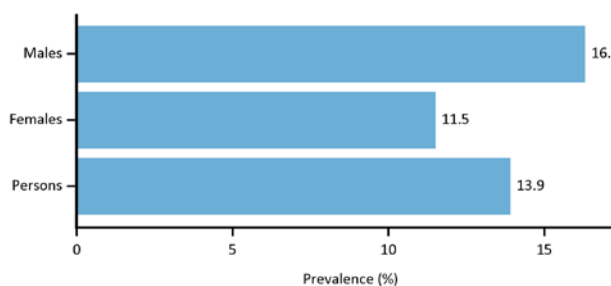
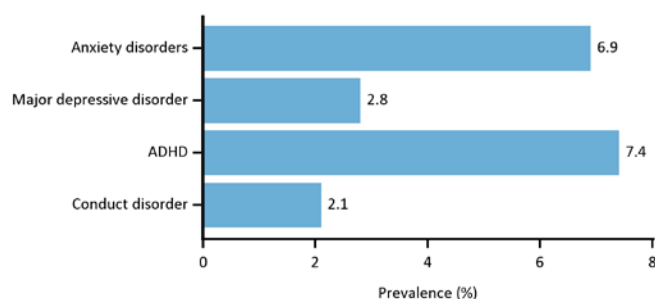


Figure 2: Prevalence of different types of mental disorders in the past 12 months in 4-17 year-olds, Australia, 2013-14¹



Whilst the prevalence of mental disorders appears to be stable since 1998 and comparable with international studies⁵, the [Australian Research Alliance for Children and Youth \(ARACY\) 2018 Report Card⁶](#) found mental health problems for young people has not improved since their previous report in 2013, with increased levels of high or very high psychological distress amongst 18-24 year olds, and suicide rates amongst 15-25 year olds:

- 15.4 per cent of 18-24 year olds suffered high or very high psychological distress in 2014-15, an increase from 11.8 per cent in 2011;
- Rates of suicide for 15-24 year olds in 2016 was 12.7 (per 100,000 population), an increase from 10.3 (per 100,000 population) in 2007. Aboriginal and Torres Strait Islander youth were more than three times more likely to take their own lives at a rate of 39.2 (per 100,000 population) in 2016, an increase from 33.0 (per 100,000) in 2007;
- Australia is in the bottom one-third of all OECD countries in areas such as bullying and children living in jobless households:

¹ Due to methodological differences in the 2 surveys – comparisons for 4-5 year old children are not available.

- 15.3 per cent of those aged 15-19 were very or extremely concerned about bullying.
- 12.8 per cent of children up to age 14 years lived in jobless households, a decrease from 15 per cent in 2014 (Australia is ranked 29 of 32 OECD nations: in the bottom third on this measure).

Of concern, the majority of Australian parents are not confident in identifying or responding to signs of a mental health problem in their child. Only a third (35 per cent) of parents are confident they could recognise the signs of a mental health problem, and a further third thought a child's mental health problems might be best left alone to work themselves out over time, despite the overwhelming evidence that early intervention makes a difference⁷.

Funding levels for mental health

In our report titled *Contributing Lives, Thriving Communities Report of the National Review of Mental Health Programmes and Services* (The [2014 Review](#)), the Commission identified that resources for mental health are concentrated in acute care services and too little towards prevention and early intervention. It concluded that *"The status quo provides a poor return on investment for taxpayers, creates high social and economic costs for the community, and inequitable and unacceptable results for people with lived experience, their families and support people."* In the Review the Commission called for mental health reform to rebalance the system and allocate funding *"...on the right things."*

The Government response prioritised mental health and there is a commitment from Government, with the Minister for Health Greg Hunt suggesting that mental health services will continue to be built on *"[at each and every budget](#)"*.

- Government mental health-related expenditure as a proportion of Government health expenditure was 7.7 per cent in 2014-15 and remained relatively constant from 2011-12 to 2015-16, with an annual average change of 0.6 per cent.

The proportion of government spending on mental health is the highest it has ever been. Investment in mental health services overall as a percentage of Government health expenditure remains lower than other developed countries⁸.

- Government mental health-related expenditure per capita was \$373 per person in 2015-16, which has increased by an annual average of 1.4 per cent since 2011-12⁹.

The Commission welcomes additional Government investment in child and youth mental health related services since 2016, including funding for additional headspace centres, restored funding for Youth Early Psychosis Programs, and integrated school-based mental health initiatives. However, there remains a critical gap in prevention and early intervention resources, supports and services for children from birth to 12 years¹⁰.

Access to services

Improving access to services in the community has been a focus of Government over the past few years. The 2014 Review identified the need for better coordination and integration of services to enable a healthy start to life for children, linking maternal and child health with other services. A greater focus on achieving better integration across all sectors that impact a contributing life and wellbeing for children needs to go beyond health and encompass sectors such as housing, justice, employment and education.

The Australian Government recognised the importance of supporting children and youth highlighted by the 2014 Review, and charged [Primary Health Networks \(PHNs\)](#) with delivering local approaches to early intervention for children and young people that integrate health, mental health, education,

and other relevant sectors in the context of a stepped-care system¹¹. Despite this, at present there is limited availability of such services which can result in children and young people presenting later, or at a more advanced stage of ill-health.

Whilst there are 10 PHN mental health lead-sites that will document and evaluate their approaches to developing and delivering mental health care, there are no trial sites with a focus on the mental health and wellbeing younger children, and the Commission notes:

- Perth South PHN has a specific focus on modelling integration of suicide prevention and youth mental health activity; and
- Tasmania, ACT and South Eastern Melbourne PHNs are developing and testing models of care for young people with severe mental illness, including innovative ways to target a broader range of youth with, or at risk of, severe mental illness.¹²

The reality is that specialist services remain disproportionately focused on adults and many child and adolescent mental health services are under-resourced. Access to appropriate care is a problem, particularly for children aged under 12 and those living in rural and remote areas. Recruiting and training staff in rural and remote mental health services is a perpetual challenge, impacting on early childhood due to shortages in child mental health specialists.

Evidence from Australia shows:

- Less than half of parents (44 per cent) reported being confident they would know where to go for help if their child was experiencing social, emotional or behavioural difficulties¹³;
- Access to mental health services for 6-17 year olds improved in 2013-14, with over two thirds able to access services in a 12 month period, up from one third in 1998¹⁴;
- Those most in need have the best access to services, with about nine out of every ten young people with a severe mental disorder accessing assistance from the service systems provided by the health and education sectors¹⁵; and
- Increasing rates of mental health presentations by children and adolescents to emergency departments.
 - Between 2008-09 and 2014-15 mental health presentations to Victorian emergency departments among 0-19 year olds increased by an average of 6.5 per cent per year¹⁶.
 - Between 2010 and 2014 mental health presentations among 10-19 year olds with suicidal ideation, self-harm or intentional poisoning to NSW emergency departments increased by an average of 27 per cent per year¹⁷.

The Commission would like to see further investigation of accessible children's wellbeing centres for vulnerable children. For example, PHNs and local communities could scope the development of local 'childspaces', or children's wellbeing centres for vulnerable children, not as separate services but to be integrated into early childhood and other services. Childspaces would essentially wrap services around the needs of the child, bringing together a range of services. Ideally these would be located in an accessible place for families to get help. There is potential for centres to be attached to a school or early childhood centre. This concept would help reduce barriers, and the stigma and discrimination associated with accessing mental health services. Professionals such as speech therapists, GPs, teachers, early childhood workers, paediatricians, who are in contact with children and families, are in a key position to identify and support children at risk of mental ill-health.

Engagement and participation of children

In the Commission's [2016 National Report on Mental Health and Suicide Prevention](#), we included personal stories from people experiencing mental ill-health. Stories from young people, like [Rachael and Sarah](#) demonstrate the importance of long-term commitment from health care providers in recovery, overcoming stigma and being involved in decisions about their care. The Commission

strongly believes in inclusion and involvement of people with lived experience of mental ill-health (consumers, carers, families and support people) in decisions that impact them. This applies equally to the engagement and participation of children and young people in decision making.

In a project we undertook in 2017 to better understand the policies and practices in Australia in regards to mental health engagement and participation, we received a submission from the Commissioner for Young People in WA. The submission stated that children and young peoples' needs are different from adults – they may not recognise or identify with having a mental health condition and may not be engaged in mental health services, and they often are not recognised as equal partners in decision making.¹⁸ There is a need for national policy to recognise the rights and diversity of children and the unique insights and ideas and solutions they bring to ensure services, policies, and organisations deliver relevant and appropriate outcomes for them.

Thank you for the opportunity to provide comment on the progress made in Australia to implement the United Nations Convention on the Rights of the Child in relation to the mental health and wellbeing of children. Australia is making changes to improve outcomes for children and young people's wellbeing by investing in the mental health and broader wellbeing of our population across the lifespan. There is an opportunity to support the conditions that enable children and young people to thrive and be productive, engaged and contributing members of the community. Please contact [REDACTED] or enquiries@mentalhealthcommission.gov.au should you have any questions regarding this submission.

Yours Sincerely



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