

The Committee Secretary
Senate Select Committee on Mental Health
Department of the Senate
Parliament House
Canberra ACT 2600
mental.health@aph.gov.au

Dear Sir/Madam

I am writing regarding the Senate Select Committee on Mental Health's Inquiry into the provision of mental health services in Australia.

The Commission's work with children and young people in recent years has highlighted various issues relating to the provision of mental health services in Australia. The Inquiry's timeframes have limited the Commission's ability to prepare a comprehensive submission. I would however like to raise the mental health issues below for consideration by the Committee.

1. The importance of prevention, early intervention, and a shared holistic approach across agencies

The Commission supports the establishment and maintenance of prevention and early intervention programs rather than a single focus on the tertiary treatment of people with mental health issues. International research suggests that mental health outcomes are improved by effective prevention programs and that early identification and treatment of problems is a priority for reducing the potentially disruptive influence of mental health problems on social engagement and functioning. The Commission supports programs such as *Families First* in NSW which recognise the pivotal role the family structure and relationships play in early intervention and prevention. Universal non-stigmatising service delivery is important for encouraging children, young people, and their families to seek support. This highlights the need for generalist services to have access to expertise in mental health.

Early intervention for children and young people with mental health and behavioural problems is important to improving the outcomes for those children, young people and their families. Locating these early intervention services within broader interagency frameworks and streamlining service provision from the clients' perspective, would help increase access and improve referral practices. Early intervention services may be most effective when provided in a context of other supports being provided to the family.

Behavioural and mental health problems are disruptive to children and young people and their families and often interrupt development and schooling. These behaviours can be identified by parents or by staff in child care or school

settings, if they have the knowledge and skills to do so. There is scope for mental health professionals to have an increased presence in child care centres or schools, at least on a sessional basis, and perhaps for some additional training for early childhood and education professionals in recognising early indicators of behavioural and mental health problems.

The Report of the Commission's *Inquiry into the best means of assisting children and young people with no one to turn to* (available at <http://www.kids.nsw.gov.au/publications/Inquiryreport.html>) found that the most important thing for children and young people was their relationships with their family, adults at child care services and schools and friends, i.e. - the people in their lives. Children and young people rarely seek help for mental health problems from people they don't know: they need to be supported to maintain their connections with family, friends and their community, because it is through these networks that they will seek help. Chapter Six of the *Inquiry Report* shows that the only formal service most children and young people can identify is Kids Help Line.

The Commission's publication *Ask the Children: Children and young people speak about getting help* (<http://www.kids.nsw.gov.au/ask/seekhelp.html>) outlines the findings of our discussions with children and young people about how they seek help when they need it.

When children and young people do present to services, it is often for other matters, such as homelessness or family problems, and the mental health issue may not be immediately apparent. Agencies need to work collaboratively, focus on building trusting and lasting relationships with children and young people and be linked to specialist mental health services.

The existing mental health service system is complicated and frequently compartmentalised to focus on single issues or acute problems. As a result, responses to vulnerable children and young people are sometimes limited to the treatment of a mental illness, rather than recognising and addressing the full range of problems which the child or young person may face.

2. Mental Health Services

The NSW Child Death Review Team's report *Suicide and risk-taking deaths of children and young people* (<http://www.kids.nsw.gov.au/publications/suiciderpt.html>) found that 17% of the children and young people in the study had been diagnosed with mental health problems. Many of the remaining children and young people in the study had not been assessed by a mental health professional, which is partly attributable to poor community understanding, recognition and response to mental health issues. Of the young people who received some mental health service, in one third of the cases, there were deficits in service provision, including inappropriate agency action, failure to recognise suicide risk and ineffective case management.

This report also indicates that many children and young people who required professional assistance did not receive help. These cases raised issues including the narrow range of services available to children and young people, the inappropriate physical presentation of the service premises and the need

for services to work in a coordinated effort rather than with unilateral action by a single agency.

Discussion should continue to clarify and share definitions of terms like *mental health*, *mental illness*, *mental disorder* and *mental health problem*. While it is important that agencies are clear about their responsibilities within the service system, we need also to avoid excluding people with manifest problems in behaviour, conduct or mental health from service provision because no agency role statement includes their particular problem.

People who have a mental illness are often excluded from services that do not see their core business as dealing with complex problems. As an example, 54% of Supported Accommodation Assistance Program agencies surveyed had eligibility rules that allowed for exclusion on the basis of mental illness. Over six months, these agencies reported 290 instances where homeless people with a mental illness were denied services.

3. Children of parents with a mental illness

Successive NSW Child Death Review Team Annual Reports since 1997-98 (<http://www.kids.nsw.gov.au/publications/cdrtannualrpts.html>) have detailed cases of children whose deaths occurred after a failure of the child protection and mental health systems to articulate properly. Some adult-focussed mental health services have neither identified nor acted upon the risks to children that may be posed by a parent's illness. Similarly, some child protection workers have not understood the importance of parental mental health assessments within a comprehensive child protection risk assessment framework.

There is very little information available in Australia concerning children and young people who live with parents and guardians affected by mental health problems and disorders. There is limited research that indicates that children of parents who are experiencing mental health problems are at greater risk for a range of psychosocial and developmental problems, and are less likely to benefit from mainstream parenting education efforts.

In addition to the risks that may be posed to a child by a mentally ill parent, caring for a parent or guardian with a mental health problem can be challenging for a child or young person and not enough is known about its impact, or even the number of children and young people in this situation.

4. Mental health of children and young people in Immigration Detention

In 2002 the Commission spoke with ten children and young people in immigration detention as part of a submission to the Human Rights and Equal Opportunities (HREOC) National Inquiry into children living in immigration detention. The findings are reported in *Ask the Children: Kids speak out about life in immigration detention centres* (<http://www.kids.nsw.gov.au/ourwork/immigrationdetention.html>).

The Commission supports the Inquiry's findings and recommendations regarding the mental health of children and young people in immigration detention. Whilst children in detention did receive some support and help from mental health professionals, the Inquiry learned that the detention environment made it virtually impossible to meet the mental health needs of children and their families. This was because the source of many of the problems was the

detention environment itself. Immigration detention centres are not environments where children and young people can recover from past persecution and trauma. The detention environment gives rise to mental illness in predisposed children and young people.

I hope you find the above information useful. For further information please contact Mr Stephen Robertson, Director, Policy, by calling him on (02) 9286 7221 or by emailing him at stephen.robertson@kids.nsw.gov.au.

I wish the Committee all the best in its work.

Yours sincerely

**Gillian Calvert
Commissioner
27 May 2005**