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RACP Submission to the National Children's Mental Health and Wellbeing Strategy

February 2021

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 18,863 physicians and 8,830 trainee physicians, across Australia and New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

The RACP membership includes over 5,600 paediatric fellows and trainees, who routinely work with newborns, infants, young children and their families. Paediatricians play an important and often under-recognised role in caring for children and young people with mental health problems. The role of the paediatrician is particularly important in the face of limited specialised mental health services, especially in rural and remote Australia.

The RACP Paediatric and Child Health Division (PCHD) leads policy development in a number of relevant areas, including having developed position statements on Inequities in Child Health, Early Childhood and Indigenous Child Health. Our position statement on The Role of Paediatricians in the Provision of Mental Health Services to Children and Young People recommends that governments capitalise on the knowledge and experience of paediatricians, and other child and adolescent health professionals, to develop effective models of mental health care service delivery for children and young people.

Executive Summary

The RACP welcomes the opportunity to comment on the draft National Children's Mental Health and Wellbeing Strategy (the Strategy). The RACP believes that supporting children and young people's mental health is crucial to improving health and wellbeing for everyone. Investing in the mental health and wellbeing of children and young people is a cost-effective way to improve their long-term social, physical and mental health outcomes.

Almost one in seven (13.9%) of children aged 4-11 years old experience a mental disorder in any one year.[1] Despite this, the current capacity of mental health services for children and young people is limited in all areas of Australia, making referral difficult and often excluding children with disabilities.[2] Children and young people with mental health problems require coordinated and comprehensive care involving general practitioners, paediatricians, child psychiatrists and other health professionals. Due to limited specialised mental health services, especially in other areas, the role of the paediatrician is particularly important.

The draft Strategy is explicit in stating that they will use existing services (rather than create new services) however RACP Fellows report that existing services are frequently stretched to the point that they cannot meet demand. It will only be possible to achieve the objectives of this Strategy with significant financial investment. One of the key focus areas of the Strategy should be to put in place mechanisms to ensure sufficient and ongoing resourcing for in this area.

Strengths of the Strategy

The RACP considers the Strategy to be a well-considered framework for preventing mental illness and reducing its impact on children. Many of the initiatives that the RACP has consistently advocated for, including optimising telehealth, amending Medicare items to promote collaborative care and prioritising care for children who have experienced the child protection system are captured in the Strategies priority actions.

We would also like to emphasise the importance of Focus Area 2: Service System – indicators of change 2.8: Understanding amongst health professionals to work safely with Aboriginal and Torres Strait Islander children and families, with priority for delivery of supports via Aboriginal Community Controlled Organisations. The RACP has recently released a new position statement on Indigenous Child Health which provides further support for this and resources for cultural competency, cultural safety and addressing bias.

In February 2020, Fellows from the RACP Working Group who developed the position statement on The Role of Paediatricians in the Provision of Mental Health Services to Children and Young People were invited to meet with the Commission to discuss issues and solutions to inform the development of the Strategy. We are pleased that many of the suggestions put forward by RACP Fellows during this meeting have been included in the Strategy, including:

- Establishing a model of integrated child and family care networked across Australia that provides holistic assessment and treatment for children and their families (Action 2.1).
- Actions to increase mental health literacy (Action 1.2).
- The review and redesign of processes to ensure children and families experience optimal transition of care (Action 2.1).
- Ensuring better collection and use of data (Action 4.1).
- Establishing accountability mechanisms that encourage services to improve their accessibility for children and families, including those from Aboriginal and Torres Strait Islander communities and culturally and linguistically diverse communities (Action 2.3).
- Recommendations that funds are made available for schools to implement quality improvement activities related to student mental health and wellbeing (Action 3.2).

[1] Australian Institute of Health and Welfare (AIHW) 2020. Australia's Children. Cat. No. CWS 69. Canberra: AIHW. Viewed 11 January 2021.
[2] RACP Submission to the Royal Commission into Victoria's Mental Health System

Recommendations

The RACP recommends that the Strategy could be improved in the following ways.

Principles

- The Strategy should consider a broader focus, including on actions on addressing social inequities which are essential in reducing the number of children and families vulnerable to poor mental health.

Objective 1.1

- The Strategy should include focus more on the prenatal period and early years of a child's life.
- Consideration should be given in the Strategy to the barriers to uptake of proposed programs, such as self and community stigma, concerns about the impact of reporting particular experiences and availability of services and inclusion strategies to overcome these.
- The Strategy should include recognition of the impact that COVID-19 will have on the mental health of the current generation of Australian children. While specific evidence is still emerging, the impacts of this once in a generation event will require specific attention and consideration in mental health policy and practice.

Objectives 2.1 and 2.2

- The Strategy should outline specific priority actions which focus on preventing Aboriginal and Torres Strait Islander child and youth suicide. The RACP endorses the recommendations of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report.[3]
- The Strategy should place a greater focus on unmet needs of children in rural and remote areas who particularly struggle to access mental health services.
- The Strategy should include specific priority actions which focus on children in out of home care, aiming at addressing previous and ongoing trauma, and mental health issues from early life.

Objectives 3.1-3.3

- Clearer support for the role and impact of high quality, accessible, early childhood learning and education system delivered by a skilled and supported workforce.
- Inclusion of a recommendation to raise the age of criminal responsibility to 14 years of age across Australia and actions to improve mental health of young people involved in justice system.

Objectives 4.1 and 4.3

- Recommending the establishment of a national minimum dataset in order to plan for services.

Governance and implementation of the strategy

- Providing specific time frames for implementation and suggested budget allocation for each action
- Inclusion of paediatricians on the proposed National Steering Committee and the creation of a Commonwealth Paediatrician to facilitate the proposed Inter-Departmental Committees.
- That the Commission consider developing similar strategies for other age groups, including young people aged 13-18 years.

Comments on specific areas of the strategy

Principles

Social determinants of health

We acknowledge the Strategy is strengths-based and focused on supporting and engaging with families. However, actions to address social inequities that impact on children's health, including: unhealthy housing and insecure and precarious work are essential to reduce the number of children and families vulnerable to poor mental health.

[3] Dudgeon P, Milroy J et al. Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report. Western Australia (AU): University of Western Australia; 2016.

Objective 1.1: Supported families

A child's mental health in the early years of their life has a substantial impact on their mental health trajectory later in life, meaning the early years are an important opportunity for prevention and early intervention, including through support for parents and families. It is important that the Strategy takes a wider focus on health and wellbeing of children through support of people within their families and communities. This reflects Indigenous models of health in Australia and Aotearoa New Zealand where families and communities often have a shared responsibility for the health of the individuals within a group. Physical health, psychological health, spiritual health and the health of the family and community are linked and interdependent.

Prenatal[4] support
The RACP would like to see a greater focus on the health of potential parents before conception, the prenatal period and early years of a child's life. We note that some recognition of this approach of mental health as a continuum across the lifespan (from the prenatal period through to adulthood) is currently included in the Strategy, but this could be further strengthened.

Assessment of mental health issues prior to pregnancy and appropriate management of existing issues and issues which emerge during pregnancy is essential for good outcomes for the mother and baby.

Postnatal support
The Strategy should further emphasise postpartum mental health and the need for appropriate resourcing of perinatal mental health services as these are often deficient, particularly in rural and remote areas in Australia.[5] This period presents opportunities for prevention and early intervention so that problems can be addressed when they start to emerge, before they become entrenched and need more intensive treatment.

The RACP supports the inclusion of an action in the Strategy requiring all State and Territory Governments in Australia to implement a universal sustained postnatal home visiting programme. These programs should be delivered through child and family health services and provide support to parents for the first 10 days after birth. For families at higher risk of poorer outcomes, a more intensive home visiting program, which extends at least until the infant health check at 6 weeks, should be rolled out. When the more intensive model is considered, barriers to uptake should be addressed, such as parental concerns about how their experiences may lead to perceived negative implications for their family (such as involvement of child protection services).

An example of a program which does this is the right@home program, an early intervention program that increases the number of visits women facing adversity receive from maternal child health nurses, from birth until their babies' turn two. The nurses who participate in right@home are specifically trained and supported to work with parents and carers facing adversity. This enabled them to establish relationships with parents, and in turn, promote children's development in the home. A recently published evaluation of the right@home program showed positive maternal mental health benefits, one year after the program ended.[6]

Examples of targeted programs which address the needs of specific groups also exist, such as NSW Health's Substance Use in Pregnancy and Parenting Service (SUPPs), which provides support for women and their children whose pregnancy is complicated by drug or alcohol use. A further example is the Home Interaction Program for Parents and Youngsters (HIPPY) program for Aboriginal families (pre-school aged).

Consideration should be given in the strategy to the different needs of mothers and fathers, with specific consideration given to how fathers can be supported. While we note that some government funded resources already have a focus on fathers, such as BeyondBlue's healthy fathers, we would encourage specific mention in the Strategy.

Education for parents/carers and staff
Parents and carers are often best placed to notice changes in their child's mental health and wellbeing. Despite this, a 2017 Royal Children's Hospital (RCH) National Child Health Poll showed that only 30% of parents/carers reported feeling confident that they would recognise mental health symptoms in their child. [7]

[4] The prenatal period refers to the developmental period between conception and birth.
[5] RACP submission to the National Strategic Approach to Maternity Services Consultation Paper
[6] Goldfeld S., Bryson, H. et al 2021 *Nurse Home Visiting and Maternal Mental Health: 3-Year Follow-Up of a Randomized Trial.* Pediatrics. Vol 147. Issue 2.
[7] The Royal Children's Hospital (RCH) National Child Health Poll

Further, many parents/carers of children with behaviours of concern are unaware of their child's underlying mental health disorder(s), particularly when their child also has additional concerns.

Providing parents with psychoeducation to build their mental health literacy alerts them to know what to look for in their child, and when and how to respond. It gives them permission to talk about their concerns and to know how and where to seek help for their child. When armed with such knowledge parents/carers and staff can be vital to early identification and intervention - early in life, early in episode. The RACP supports the notion in the Strategy that there needs to be promotion of parenting programs to *all* parents and in doing so, any stigma of 'bad parenting' as a driver for program engagement is minimised.

At a minimum, universal supports should be available and promoted. Examples of these services include: parent helplines, the Raising Children network website and "Well child checks"- with primary care provider (GP or child and family health nurse/ practice nurse), which screen a child's development (including emotional), growth and physical health) for *all* children- 0-5 years.

Location of support
An important barrier to parents accessing support is where it is provided, and how this intersects with other activities that a family may be more likely to engage in. This is critical because families who require support are often the ones least likely to access support services even where they are provided.
One way to reduce these location barriers is co-locating services that parents are more likely to attend, such as parenting groups, with community health settings. Co-location opens up the opportunity for a wide range of services to be provided, such as GPs, family planning, family violence services, adult mental health, gambling support/financial support, adult drug and alcohol. One paediatrician noted that the community hub they work in actively recruits high risk families from the hub's nursery in a friendly and welcoming way to support them with raising their baby.

Parents with mental illness
Children of parents with mental illness have an increased risk of adverse developmental outcomes and mental health problems.[8] The RACP supports the actions outlined in the Strategy which will implement mental health screening for expectant parents in maternity services (public and private), monitoring and reporting on alignment with the National Perinatal Mental Health Guidelines (Action 1.1).

Where problems become severe enough that a hospital admission may be required, it is important that women are able to be accompanied by their babies (except in cases where the baby's or the mother's emotional or physical well-being may be jeopardised). Other parents and/or carers should also be supported to be part of this treatment. Therefore, the Strategy should emphasise the importance of mother-and-baby joint admission and adequate inpatient beds and facilities should be made available for this purpose.[9] Having these available in the public system is important to ensure that they are available to all who need them, and that other health services can be linked in and paediatric support provided to children in addition to psychiatric and psychological support for mothers.

Objectives 2.1 and 2.2 Improved system navigation and collaborative care

The RACP strongly supports sustained and consistent integrated approaches to care.[10] As outlined in our position statement on The Role of Paediatricians in the Provision of Mental Health Services to Children and Young People, system change is required in order to develop more efficient, integrated and responsive models of care for children and young people with developmental, behavioural or mental health problems. Developing new models of care that draw on the strengths of both paediatric and child psychiatry approaches may improve treatment of mental health problems in children and young people. Paediatricians and mental health professionals should collaborate to develop a common framework of practice across professional disciplines which:

- emphasises the functional impact of mental health conditions and the relevance of developmental trajectories;
- uses consistent terminology across the disciplines of paediatrics and psychiatry; and

[8] The Royal Australian and New Zealand College of Psychiatrists - *Children of parents with mental illness*
[9] The Royal Australian and New Zealand College of Psychiatrists - *Mothers, babies and psychiatric inpatient treatment Position Statement*
[10] RACP Policy & Advocacy Priority: Integrated Care

- ensures models of care more effectively integrate paediatric and young people's health services with mental health services for those at risk or diagnosed with mental health problems.

Paediatricians are increasingly receiving referrals for children with complex behavioural presentations. In light of this, the RACP supports, in principle, the model outlined in the draft strategy which brings together paediatricians, child and youth psychiatrists, psychologists, mental health nurses, occupational therapists, speech pathologists, physiotherapists and social workers to support the assessment and treatment of a child with behavioural, social or emotional issues (Box 3 in the draft Strategy). The RACP suggests that these services would be well placed within some community health settings (rather than CAMHS/child mental health settings). Particular consideration will need to be given to how any new model can be implemented in rural and remote settings, noting the considerable existing challenges in delivering services in these areas.

An important consideration in developing models of integrated care is how the services will be accessible to groups who are less likely to access existing services. These groups include: children who are developmentally vulnerable, who have experienced significant developmental trauma or are in the care of the state. One way mentioned in the draft Strategy which the RACP supports is place-based programs, which have been shown to be effective to remove some of the barriers to accessing care.

Further consideration should be given to how parents and families will be encouraged to attend these services, particularly given experiences of self-stigma and stigma from broader communities.

In the proposed model, the referral pathway outlined is via GP or other primary care clinicians. The RACP suggests that paediatricians should also be able to refer patients to these services, as we note that a significant proportion of paediatric consultations in Australia relate to issues with development and behaviour, which can precede lifelong mental health problems.[11]

Children with disability

Children with disabilities and chronic illnesses are at significantly higher risk of experiencing mental health issues, as noted in the Strategy. For these groups in particular, it is critical to improve system navigation and collaborative care. It is clear that collaboration between sectors—in particular the health and disability sector/ National Disability Insurance Scheme (NDIS) is critical to ensuring that children with a disability and mental health issues receive the services they need.

Mental health and behavioural disorders are common in children with developmental disabilities and are frequently under recognised. For many children, an accurate diagnosis may not be clear, or possible, early in their life course. Therefore, to support children with mental health issues accessing and receiving optimal care, the RACP suggests that the Strategy include a recommendation that any assessment for NDIS funding must be undertaken within the context of a broader neurodevelopmental, behavioural and functional assessment rather than single diagnosis assessments.

Children in for Out of Home Care (OOHC)

The Strategy should include specific priority actions which focus on children in out of home care which aim to address previous and ongoing trauma, and mental health issues from early life. The National Standards for Out of Home Care (OOHC) require:

- Initial assessment by one month after entry to OOHC, and comprehensive assessment within 3 months of all health domains: physical, developmental, psychosocial, and mental.
- All children and young people in OOHC to have a Health Management Plan (HMP) and have their health needs then reviewed at regular intervals. The rationale underpinning this is the high rate of health needs among this cohort compared with the general population.[12] There are also moral and child rights imperatives for the State to ensure needs are met when they have taken such a significant measure as removing a child from their birth family.

[11] Hiscock H, Danchin M, Efron D, Gulenc A, Hearps S, Freed G et al. Trends in paediatric practice in Australia: 2008 and 2013 national audits from the Australian Paediatric Research Network. Journal of Paediatrics and Child Health. 2016;53(1):55-61.

[12] McLean, K., Little, K., Hiscock, H., Scott, D. & Goldfeld, S. 2019. *Health needs and timeliness of assessment of Victorian children entering out-of-home care: An audit of a multidisciplinary assessment clinic*. Journal of Paediatrics and Child Health. Vol. 55. Issue 12. Pages 1470-1475.

Despite these strong recommendations, which are supported by the RACP, jurisdictional gaps have resulted in the National Standards are not being implemented consistently by States and/or the health system with no oversight.

To address this lack of accountability to improve the mental health of children in OOHC, the RACP recommends that the Strategy include a recommendation this lack of accountability is resolved by ensuring that that future updates to the Standards include work to overcome these jurisdictional barriers.

Aboriginal and Torres Strait Islander communities
The RACP notes that the framing of the Strategy and many of the objectives is done through a primarily western approach to mental health and medical care e.g. screening, parenting programs, helplines, telehealth. While this is largely appropriate, it is important that the Strategy promotes and resources ways to ensure that Aboriginal and Torres Strait Islander children and families will engage with these activities intended to improve their mental health and wellbeing. In other words, it needs to be Indigenised – that is, Indigenous ways of knowing, being, doing and relating are incorporated into educational, organisational, cultural and social structures of the institution. The Strategy should include a clear implementation plan for Aboriginal controlled organisations/leadership to design and implement the objectives of the Strategy to improve the mental health and wellbeing of children and families. This must include improved resourcing and capabilities in evaluation of the Aboriginal controlled services for Aboriginal children's' mental health and wellbeing and their families.

Objectives 3.1-3.3: A wellbeing culture, targeted responses and well-equipped educators

As outlined by RACP Fellows in the meeting with the Commission, schools are an important avenue for enabling all children, in particular children of refugee and Aboriginal and Torres Strait Islander families, to access mental health and wellbeing information. The RACP is wholly supportive of initiatives within schools that provide evidence-based supports and services to children and families. Fellows reported inconsistencies of support within schools and emphasised that personal connections crucial.

Early childhood education
High quality early learning also promotes early social and emotional development, setting the foundation for lifelong learning, behaviour, and health. While the Strategy acknowledges that early childhood education can be an avenue to address social disadvantage, the costs of childcare in Australia are some of the highest in the OECD[13] and the subsidy scheme does not remove barriers for many families to access childcare services. The RACP supports investment in a universally accessible, high-quality early learning and childcare system, delivered by a skilled and supported workforce and recommends the Strategy considers the inclusion of this position.

Raise the Age
The RACP notes the mention of intergenerational cycles of poverty and incarceration on page 58 of the Strategy under Objective 3.2: Targeted responses. It is important that the Strategy addresses the mental health and wellbeing of children in the youth justice system. Children aged 10 to 13 years old in the youth justice system are physically and neurodevelopmentally vulnerable. Most children in the youth justice system have significant additional neurodevelopmental delays and disorders. These children also have high rates of significant pre-existing trauma and the removal from family or care, and isolation in police cells or incarceration, will further traumatise children who have already experienced significant past trauma, and trigger further mental health issues and problematic behaviour.[14]

Young children with problematic behaviour, and their families, need appropriate healthcare and protection. Involvement in the youth justice system is not an appropriate response to problematic behaviour. It further damages and disadvantages already traumatised and vulnerable children. Due to the clear relationship between incarceration and mental health issues, the RACP suggests that the Strategy includes a recommendation that the minimum age of criminal responsibility should be raised to 14 years of age.

Objectives 4.1 and 4.3: Meaningful data collection and high-quality research

[13] Thrive by Five
[14] RACP submission to the Council of Attorneys General Working Group reviewing the Age of Criminal Responsibility

Without good baseline data, it is difficult to measure the success of interventions, to be able to track, assess and modify them and to translate them into evidence-based policy. A weakness of the current system of early childhood health is that data and information is not consistently shared across systems and services. This also means that data is not used consistently for health service information and improvement. The RACP notes progress is being made in this area with the National Children's Digital Health Collaborative,[15] which is working towards harmonising child health data and developing a child digital health record and a digital pregnancy health record.

The funding and delivery of public health services should be needs-based. To deliver this, a minimum routine data set needs to be established in order to plan for services. This should include quality and utilisation of services and child outcomes. In the immediate term, the RACP recommends that key actions in the Strategy should include:

- Identifying useful sources of data on child health inequities and highlighting them to inform policy, research and medical professionals' practice;
- Investment in the development of a core set of measures to be used across all child mental health settings, and providing a mechanism by which to collect the data and store it for future reporting;
- Encouraging health services to regularly evaluate their progress towards elimination of inequity by collecting data and reporting on the quality of care; and committing to improve equity in the services they provide. The framework of the 'quadruple bottom line' could be included as a way to conceptualise this;
- Investing in long term longitudinal studies about the lives of young people. An opportunity exists at present to expand and build on the 'Generation V' study, which is currently aiming to collect data from the families of all babies born in Victoria from 2021-2022.[16] The study will collect information about: physical and mental health, education, social support and welfare details, information related to the places that a child lives, bio data about a pregnancy and newborn screening tests and short surveys and updates that a parent and child provide.

Governance and implementation of the Strategy

The RACP strongly suggests that the Strategy must be fully resourced and specific timeframes for implementation outlined. This is particularly critical in light of the significant issues within the child mental health system, such as long wait lists and lack of availability of services, which indicate that current resourcing is not sufficient to meet demand.

Investment in child mental health represents an investment in future wellbeing and may deliver savings in long term health and mental health costs, improved community productivity and wellbeing. As highlighted throughout the submission, it is clear that current services are not adequately meeting the needs of the community. For these reasons, the RACP strongly urges the Commission to work with the Commonwealth Government and States and Territories to ensure that actions can be carried forward and reflect the Australian Government's commitment to supporting and improving child mental health and wellbeing.

It is critical that the Government allocates sufficient resources to deliver the actions described in the plan. The Government must also engage proactively and constructively with the States and Territories to ensure that they are also committed to appropriately resourcing and delivering the elements of the plan that are a state/territory responsibility.

The RACP strongly supports the establishment of an expert body to steer the implementation of the strategy and initiate the process of monitoring progress against the relevant indicators of change. This expert body should have strong representation from paediatricians, and the RACP would be well suited to nominate experienced Fellows to such an expert body.

The RACP supports more joined-up, integrated services. This can only be achieved through better collaboration across and between governments. We support the development of appropriate governance arrangements to identify what each government department could do towards achieving each of the objectives in the Strategy. These arrangements should draw together the health, disability, education and justice and

[15] The National Children's Digital Health Collaborative
[16] The Murdoch Children's Research Institute (MCRI) Generation Victoria (GenV)

other relevant sectors to support and enable working together collaboratively in the interests of children and young people. In addition, the RACP has previously called for the creation of a Commonwealth Chief Paediatrician to provide national clinical leadership and advocacy for child health and would be supportive of this action to be included in the Strategy.