
Submission -
Royal Commission
into Victoria's Mental
Health System

July 2019

The Centre for Excellence in
Child and Family Welfare

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Introduction

Who we are

The Centre for Excellence in Child and Family Welfare (the Centre) is the peak body for child and family services in Victoria. For over 100 years we have advocated for the rights of children and young people to be heard, to be safe, to access education and to remain connected to family, community and culture. We represent over 150 community service organisations, students and individuals throughout Victoria working across the continuum of child and family services, from prevention and early intervention to the provision of out-of-home care. Our members provide services to tens of thousands of children and families each year.

Our members provide services to

- Babies, toddlers, children and young people
- Biological, carer, step, donor conceived, LGBTQI+ and adoptive family members
- Children and young people in out-of-home care (informal or in the statutory system) and out-of-home care leavers
- Aboriginal children and families
- Children and families from diverse cultural, ethnic and language backgrounds
- People who are migrants, refugees or seeking asylum
- People with a disability
- People of diverse sexuality, sex and gender
- Children and young people whose parents are incarcerated or involved with the criminal justice system.

Many of our member organisations work with children and families who present with multiple, co-occurring needs, including mental health challenges. These families often experience intergenerational disadvantage and poverty, unemployment, housing insecurity and family violence.

Our sector works closely with the broader community services sector to support families, including housing, drug and alcohol, mental health, maternal and child health, financial counselling, settlement, and family violence services, among others.

As a peak body working with other peak bodies and key stakeholders to address cross-sectoral issues affecting the wellbeing of children, young people and families, the Centre understands the inter-sectoral and systemic nature of the challenges associated with building and maintaining good mental health. We need solutions that are similarly inter-connected across sectors and systems.

The Centre welcomes the opportunity to provide a submission on this important topic to the *Royal Commission into Victoria's Mental Health System*. We draw on our consultation with members and on our knowledge of the evidence base to highlight key themes and recommendations to inform the work of the Commission.

Our consultation process

The Centre engaged in extensive consultation with our membership and other peak bodies to inform this submission and recommendations including:

- Child and family services providers
- Early Parenting Centres
- Out-of-home care service providers
- Permanent carers and adoptive parents
- Young Leaders Program (young people who have lived in out-of-home care).

Our areas of focus

In our submission, we have focused on how to support the best outcomes for children (0 to 18 years) and their families including (but not limited to):

- Building the foundations for good mental health
- Accessing mental health support
- Accessing early support for children, young people and their parents and carers
- Providing holistic support to address complex, interconnected needs
- Supporting the role of universal and community services
- Forging strong collaboration between state and federal jurisdictions.

Summary of recommendations

The Centre recommends that the Victorian Government:

1. Adopts a social determinants lens and a multi-systemic and coordinated approach to addressing the complex and intersecting needs of people experiencing mental health challenges.
2. Actively promotes the research on the first thousand days to a broad audience to increase understanding of the risk and protective factors for infants that can influence their future mental health, development and wellbeing.
3. Expands the model of care for Early Parenting Centres by providing ready access to psychological services through the Centres.
4. Invests in Aboriginal and Community Controlled Organisations to deliver a range of evidence-informed perinatal and early years interventions across the state to support the mental wellbeing of Aboriginal children and families.
5. Funds a twenty-four hour public mental health service with outreach capacity for children and young people to enable access to support when and as needed.
6. Implements a strategic approach to growing our mental health workforce, including specialised roles, in areas of current and projected need, accompanied by quality training.
7. Funds the public health system to provide a transport service and accommodation support for children and families from regional and rural areas who cannot access mental health care in their local area.

8. Expands the 200 hours intensive family services program to every Integrated Family Services team in the state.
9. Explores options for increasing the availability and reach of infant mental health training with a focus on the first thousand days for child and family services practitioners.
10. Increases the number of publicly funded paediatricians in Victoria and locates the new positions in community health services.
11. Prioritises funding to support delivery of evidence-informed multi-disciplinary health and mental health assessments and services for all children and young people in out-of-home and all children known to child protection.
12. Implements state-wide antenatal mental health screening supported by workforce training, clear referral pathways and immediate access to appropriate support for parents.
13. Invests in evidence-based models for parents experiencing mental health challenges to address the rising number of children entering out-of-home care.
14. Funds community-based mental health services that do not require a diagnosis.
15. Provides access to free intensive therapeutic and mental wellbeing supports to all women and children who have experienced or witnessed family violence.
16. Funds and provides state-wide access to evidence-informed programs that are known to work, such as *Take Two* and *The Circle Program*, to make sure that all children who have experienced trauma have access to therapeutic supports.
17. Funds the out-of-home care KEYS model to enable state-wide roll out within two years.
18. Amends section 344 of the *Children, Youth and Families Act 2005* to raise the age of criminal responsibility to fourteen years.
19. Supports young people experiencing mental health challenges in the youth justice system by:
 - a. Mandating and auditing mental health assessments for all young people upon entry into custody
 - b. Providing comprehensive, culturally appropriate and trauma-informed mental health supports while in custody
 - c. Ensuring strong connections with post-release supports for continuity of care.
20. Provides adequate resources and support, including training in trauma and in cultural responsiveness, to settlement, community and health services to address the mental health needs of children, young people and families from refugee and asylum seeker backgrounds.
21. Builds on existing community arrangements to deliver place-based 'one-stop shop' child and family wellbeing responses in local communities.
22. Expands the Navigator program to children in all Victorian primary schools.
23. Expands the 'mental health professionals in secondary schools' initiative to all Victorian primary schools.
24. Funds positions for family services practitioners to be located in Victorian public schools where there are high numbers of children with complex needs.

25. Works with the Commonwealth Government to develop a coordinated approach to funding a comprehensive suite of mental health services with clear roles and responsibilities that work effectively together to respond to the needs of Victorian families.

In relation to the next stage of the Commission's work, the Centre also recommends that the Commission:

- ◆ Prepares discussion papers on:
 - Infant mental health
 - The relationship between trauma and mental health for children
 - The relationship between parental and carer mental health issues and child removal and placement breakdown
 - Evidence-based approaches to improving the mental health of children and young people in out-of-home care.

Building the foundations for good mental health

It is crucial that children are in clear focus throughout the Royal Commission. More than half of all mental health conditions develop before the age of fourteen, highlighting the need for prevention and early intervention to reduce the occurrence, severity or duration of mental health conditions.¹

The Centre recognises that prevention is paramount in a mental health service system that is overwhelmed by acute demand. Prevention is about identifying and addressing the reasons why people become unwell. It is about providing the earliest possible intervention and support in an individual's life before mental health challenges emerge or escalate and it is about building a strong foundation for future mental health.

Building the foundation for a child's mental health involves:

- Addressing the social determinants of health
- Early identification of issues and challenges to enable early response
- Supporting responsive caregiver relationships, and
- The prevention or mitigation of adverse childhood experiences.

The social determinants of mental health

The social determinants of mental health provide insight into the reasons why people become unwell. Despite extensive research, these determinants continue to be under-prioritised by Victoria's mental health system.

The social determinants of health and adverse childhood experiences are strongly associated with the development and severity of mental illness and substance use.² In its recent report, the Victorian Auditor-General's Office (VAGO) states that:

¹ National Mental Health Commission 2018, *Monitoring mental health and suicide prevention reform: national report 2018*, National Mental Health Commission, Sydney.

² McCarthy, MM, Taylor, P, Norman, RE, Pezzullo, L, Tucci, J & Goddard, C 2016, 'The lifetime economic and social costs of child maltreatment in Australia', *Children and Youth Services Review*, vol. 71, pp. 217-226; Shim,

The likelihood of mental health problems increases exponentially where there are other indicators of vulnerability such as unstable housing and poverty, neglect and abuse, intergenerational trauma or developmental disabilities.³

When children experience mental health challenges this can be a reflection of complex, intersecting factors. Research has found that early life experiences of family violence, household substance abuse or mental illness, parental incarceration and parental separation strongly increase the risk of suicide attempts.⁴

More than one in every six Victorian children lives in poverty.⁵ Living in poverty can increase the likelihood of stressful experiences that can affect a child's developing brain architecture, increasing the risk of mental health problems in later life.⁶ The prevention of adverse childhood experiences, poverty alleviation, and improving educational and employment opportunities are known strategies to improve population mental health.⁷ The Commission must ensure adequate investment in the pillars that support the mental health system.

Recommendation 1

The Victorian Government adopts a social determinants lens and a multi-systemic and coordinated approach to addressing the complex and intersecting needs of people experiencing mental health challenges.

The first thousand days

Promoting good mental health in the first thousand days of an infant's life has significant implications for a child's development and lifelong outcomes.⁸ Support in the early years is associated with social and economic participation later in life, as reflected in the *National strategic framework for Aboriginal and Torres Strait Islander peoples' mental health and social and emotional wellbeing*:

Developing resilience early in life is linked to long term occupational and life success and the prevention of substance abuse, violence and suicide. It can be expected to have benefits across the life course: supporting educational attainment, employment opportunities and physical health. And further, support those people to better parent the generation that follow.⁹

The National Scientific Council on the Developing Child (2012) outlines the role of early mental health in supporting developmental outcomes such as the ability to form relationships, cope with adversity

RS & Compton, MT 2018, 'Addressing the social determinants of mental health: if not now, when? If not us, who?', *Psychiatric Services*, vol. 69, no. 8, pp. 844-846.

³ Victorian Auditor-General's Office (VAGO) 2019, *Child and youth mental health*, Independent assurance report to Parliament 2018-19:26, Victorian Auditor-General's Office, Melbourne, p. 7.

⁴ Shim & Compton 2018.

⁵ Tanton, R, Peel, D & Vidyattama, Y 2018, *Every suburb, every town: poverty in Victoria*, NATSEM, Melbourne.

⁶ National Scientific Council on the Developing Child 2012, *Establishing a level foundation for life: mental health begins in early childhood*, Center on the Developing Child at Harvard University, Cambridge, MA.

⁷ Shim & Compton 2018.

⁸ National Scientific Council on the Developing Child 2012.

⁹ Department of the Prime Minister and Cabinet 2017, *National strategic framework for Aboriginal and Torres Strait Islander peoples' mental health and social and emotional wellbeing 2017-2023*, Commonwealth of Australia, Canberra, p. 13.

and learn. These essential developmental domains form the foundation for future participation in school, work and the community.¹⁰

Children's mental health can best be supported in the context of a safe and stable home environment in which their social and emotional development is prioritised by responsive caregivers.¹¹ Research has found that the most significant factor influencing the development of resilience in children is a relationship with a stable, committed and responsive caregiver.¹²

The emotional wellbeing of children is directly linked to that of their caregivers and family.¹³ Unfortunately, many families cannot access services that would support them to stay together and we are seeing a drastic increase in the number of children entering out-of-home care, with growth in placements doubling over the last decade.¹⁴ In Victoria, 50% of all children placed in out-of-home care are returned to their families within six months. Given that parental mental health is a key driver of children's entry into out-of-home care, commonly occurring alongside a range of other risk factors, we need to make sure parents and carers are given the best possible support to maintain good mental health.¹⁵ The best interventions are holistic, family-centred supports that address the wellbeing of all family members, particularly for families facing disadvantage, hardship and other challenges.¹⁶

Australian research confirms the importance of non-stigmatising entry into parenting services, evidence-informed parenting/carer support, and respect for self-determination and a wide variety of effective parenting practices.¹⁷ Providing quality support to parents and carers during the first thousand days of a child's life is critical to the prevention of mental health concerns for children. There is a strong evidence base that shows best practice in recognising and responding to the mental health needs of vulnerable infants and families during the early years of a child's life. We examine examples of evidence-informed practice and evidence-based programs later in our submission.

Recommendation 2

The Victorian Government actively promotes the research on the first thousand days to a broad audience to increase understanding of the risk and protective factors for infants during this period that can influence their future mental health, development and wellbeing.

¹⁰ National Scientific Council on the Developing Child 2012.

¹¹ National Scientific Council on the Developing Child 2012.

¹² National Scientific Council on the Developing Child 2016, *Applying the science of child development in child welfare systems: in brief*, Center on the Developing Child at Harvard University, Cambridge, MA.

¹³ National Scientific Council on the Developing Child 2012.

¹⁴ Australian Institute of Health and Welfare (AIHW) 2019b, *Child protection Australia: 2017–18*. Child welfare series no. 70. Cat. no. CWS 65, AIHW, Canberra.

¹⁵ Coates, D & Howe, D 2015, 'Working with families who experience mental health and/or drug and alcohol problems in the context of child protection concerns: recommendations for service improvement', *Australian and New Zealand Journal of Family Therapy*, vol. 36, pp. 325-341; Senate Community Affairs References Committee 2015, *Out of home care*, Commonwealth of Australia, Canberra.

¹⁶ National Scientific Council on the Developing Child 2012.

¹⁷ Sanders, M, Higgins, D & Prinz, R 2018, *A population approach to the prevention of child maltreatment: rationale and implications for research, policy and practice*, Family Matters no. 100, Australian Institute of Family Studies, Melbourne.

The role of Early Parenting Centres

In Victoria, Early Parenting Centres promote infant and child mental health and support parents with their caregiving capacity and with infant behaviour. They provide a range of evidence-informed programs responsive to individual and family needs.¹⁸ Early Parenting Centres provide programs to help parents adjust to parenting; develop feeding, settling and sleep routines; learn about infant care; and build confidence in a non-stigmatising and safe environment that can facilitate access to more intensive supports as needed.¹⁹

Early Parenting Centres also provide important early intervention for women and men experiencing perinatal mental health issues such as postnatal depression. Studies have found that Early Parenting Centres achieve positive outcomes for early attachment, parental mental health, reproductive health, parenting skills and infant behaviour, including critically important mental health support and treatment services for women.²⁰ Nurses assess parenting capacity through observation and use every opportunity to raise awareness of child safety issues with parents.²¹

The Victorian Government recently committed to opening seven additional Early Parenting Centres across the state, to build on the positive outcomes achieved by Victoria's three existing centres. This provides an opportunity to strengthen the existing model and include dedicated mental health positions such as psychologists to provide specialist support. This would enable parents to receive more intensive support in a non-judgemental and professional environment.

Recommendation 3

The Victorian Government expands the model of care for Early Parenting Centres by providing ready access to psychological services through the Centres.

The role of Aboriginal Community Controlled Organisations (ACCOs)

Aboriginal mental health and wellbeing are closely linked to past experience of genocide, the Stolen Generations, displacement, disadvantage and discrimination. Intergenerational trauma is associated

¹⁸ Fisher, J, Rowe, H & Tattam, A 2005, 'Early parenting difficulties: implications for health services policy', *Health Issues*, vol. 84, pp. 18-21; The Queen Elizabeth Centre (QEC) 2018, *Annual report 2017-18*, The Queen Elizabeth Centre, Noble Park.

¹⁹ Berry, K, Jeon, Y-H, Foster, K & Fraser, J 2016, 'Extended parenting education in an early parenting centre: a mixed-methods study', *Journal of Child Health Care*, vol. 20, no. 4, pp. 446-455; Fisher, Rowe & Tattam 2005; Rowe, HJ & Fisher, JRW 2010, 'The contribution of Australian residential early parenting centres to comprehensive mental health care for mothers of infants: evidence from a prospective study', *International Journal of Mental Health Systems*, vol. 4, no. 6, pp. 1-12.

²⁰ Rowe & Fisher 2010; Treyvaud, K, Rogers, S, Matthews, J & Allen, B 2010, 'Maternal factors and experiences associated with observed parenting behavior in mothers attending a residential parenting program', *Infant Mental Health Journal*, vol. 31, no. 1, pp. 58-70.

²¹ Berry et al. 2016.

with significantly higher rates of unemployment, socio-economic disadvantage, physical ill-health,²² child protection involvement and child removal,²³ and, crucially, mental illness.²⁴

The Commission for Children and Young People's report *Always Was, Always Will Be Koori Children* found that the early years sector is significantly under-resourced and struggles to support Aboriginal families in a culturally supportive manner.²⁵ Aboriginal Community Controlled Organisations (ACCOs) are best placed to provide culturally appropriate and safe services for Aboriginal families.²⁶ In Victoria, this has been recognised in:

- *Balit Murrup: Aboriginal social and emotional wellbeing framework 2017-2027*, a plan for improving mental health outcomes for Aboriginal communities through a holistic and strengths-based cultural lens.²⁷
- *Wungurilwil Gapgapduir: Aboriginal children and families agreement*, a partnership between the Aboriginal community, child and family services and the Victorian Government that focuses on supporting ACCOs to care for their children, families and communities.²⁸

There are many examples of Aboriginal-led programs that deliver holistic, place-based early years parenting services with positive outcomes for the mental wellbeing of families. The *Bumps to Babes and Beyond* program, developed by the Mallee District Aboriginal Service in partnership with the Queen Elizabeth Centre, provides flexible, holistic support and parenting education to pregnant Aboriginal women until their child reaches 18 months.²⁹ The program builds important community and service connections and addresses the mental health needs of the child by working with parents to strengthen attachment and improve parent-child interactions. It supports the mental health needs of parents by building parenting confidence and connections with mental health services and community networks.

An evaluation of *Bumps to Babes and Beyond* found that the program provided practical support to address the health and wellbeing needs of mother and child, which helped prevent the child from being taken into care.³⁰ A key finding of the program evaluation was a decrease in parental depression in the months following birth.

²² Australian Bureau of Statistics 2016, *National Aboriginal and Torres Strait Islander social survey, 2014-15*, viewed 1 July 2019, <[https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4714.0~2014-15~Feature%20Article~Aboriginal%20and%20Torres%20Strait%20Islander%20people%20with%20a%20mental%20health%20condition%20\(Feature%20Article\)~10](https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4714.0~2014-15~Feature%20Article~Aboriginal%20and%20Torres%20Strait%20Islander%20people%20with%20a%20mental%20health%20condition%20(Feature%20Article)~10)>.

²³ Australian Institute of Health and Welfare 2018a, *Data tables: child protection Australia 2016-17*, AIHW, Canberra.

²⁴ Australian Bureau of Statistics 2016.

²⁵ Commission for Children and Young People (CCYP) 2016, *Always was, always will be Koori children: systemic inquiry into services provided to Aboriginal children and young people in out-of-home care in Victoria*, Commission for Children and Young People, Melbourne.

²⁶ Department of Health and Human Services 2018a, *Wungurilwil Gapgapduir: Aboriginal children and families agreement*, Victorian Government, Melbourne.

²⁷ Department of Health and Human Services 2017, *Balit Murrup: Aboriginal social and emotional wellbeing framework 2017-2027*, Victorian Government, Melbourne.

²⁸ Department of Health and Human Services 2018a.

²⁹ Burrows, A, Allen, B & Gorton, S 2014, *Evaluation of the Bumps to Babes and Beyond program: a partnership between the Queen Elizabeth Centre and Mallee District Aboriginal Services*, Queen Elizabeth Centre, Noble Park.

³⁰ Burrows, Allen & Gorton 2014.

This kind of holistic and culturally safe prevention and early intervention support can help break the cycle of inter-generational trauma and disadvantage and prevent the development of mental health and other challenges later in life.³¹

Recommendation 4

The Victorian Government invests in Aboriginal Community Controlled Organisations to deliver a range of evidence-informed perinatal and early years interventions across the state to support the mental wellbeing of Aboriginal children and families.

Accessing mental health support

Lack of immediate access to mental health support for children, young people and their families and caregivers, when and where it is needed, is the most commonly raised issue by our members in relation to mental health. If people who are reluctant to engage do finally seek help but are then subject to long wait times or poor quality service, they are less likely to stay engaged.

Child and Adolescent Mental Health Services (CAMHS)

VAGO's audit of child and youth mental health found that the Department of Health and Human Services (DHHS) does not monitor the accessibility and timeliness of specialist mental health supports for children and young people.³²

The audit found that 'not all Victorian children and young people with dangerous and debilitating mental health problems receive the services that they and their families need' and that there is 'significant variability and inequity in the care that children and young people receive'.³³ This is concerning given that 11 945 children and young people in Victoria accessed Child and Adolescent Mental Health Services (CAMHS) in 2017-18.³⁴ However, like other services for children and young people, CAMHS does not offer outreach services. This is a critical gap in our service system if children and adolescents are to be supported early with their mental health needs to prevent escalation.

A particular issue for young people is lack of flexibility around appointments. If they miss appointments, their services can be cut or they may not receive a service at all.

In regards to the design of child and youth mental health services, the VAGO audit concluded that:

DHHS has predominantly taken a one-size-fits-all approach to the mental health system's design and monitoring, which does not adequately identify and respond to the unique needs of children and young people.³⁵

It also found that triage for CAMHS uses a scale that does not consider developmental needs and other important factors such as cumulative risks and is therefore an inadequate tool for assessing children's needs and prioritising access.³⁶

³¹ Burrows, Allen & Gorton 2014.

³² VAGO 2019.

³³ VAGO 2019, p. 8.

³⁴ Department of Health and Human Services 2018b, *Victoria's mental health services annual report 2017-18*, Victorian Government, Melbourne.

³⁵ VAGO 2019, p. 8.

³⁶ VAGO 2019.

The VAGO audit also raised concerns about the accessibility and inclusiveness of services for LGBTIQ+ children and young people, and children and young people from culturally and linguistically diverse (CALD) backgrounds.

Recommendation 5

The Victorian Government funds a twenty-four hour public mental health service with outreach capacity for children and young people to enable access to support when and as needed.

Regional Victoria

Services are not distributed geographically according to population and demand, and the locations of services are not monitored.³⁷ Our members tell us that people are often unable to access mental health supports closest to where they live due to the way in which health regions are drawn by DHHS and due to a lack of inpatient beds in local hospitals.

There is high demand for skilled mental health professionals in regional areas. Access to mental health specialists such as psychiatrists and psychologists becomes increasingly difficult the more remote the area. Recruitment and retention of specialists in such areas is notoriously challenging. Rural mental health workers report heavier workloads and higher levels of distress, causing burnout.³⁸ Our members report that wait lists for a paediatrician in regional areas of Victoria can be as long as six months. Active internship programs and training institutions located in regional towns could help address this issue.

Recommendation 6

The Victorian Government implements a strategic approach to growing our mental health workforce, including specialised roles, in areas of current and projected need, accompanied by quality training.

Travel is a huge area of concern with significant implications for access to services.³⁹ We have heard of people being transported by ambulance an hour or more away from home, and then expected to find their own way back, in the absence of public transport. We were told of circumstances in which people had sold their medication to pay for their journey home and of vulnerable children and young people being sent far from home for inpatient stays, meaning family and friends were unable to visit them. In a social context in which there has been stagnant wage growth and rising fuel costs, if acute care services are not available to people where they live, then transport must be provided by the mental health system.

Recommendation 7

The Victorian Government funds the public health system to provide a transport service and accommodation support for children and families from regional and rural areas who cannot access mental health care in their local area.

³⁷ VAGO 2019.

³⁸ Moore, T, Sutton, K & Maybery, D 2010, 'Rural mental health workforce difficulties: a management perspective', *Rural and Remote Health*, vol. 10.

³⁹ Baidawi, S & Sheehan, R (forthcoming), *'Cross-over kids': effective responses to children and young people in the youth justice and statutory Child Protection systems*, Monash University, Melbourne.

Accessing early support

Infant and child mental health

Studies show the importance of children being able to access mental health support when and as needed.⁴⁰ Along with Maternal Child Health, the child and family services sector is regularly in contact with families experiencing mental health challenges. There is already high demand for the mental health system but compounding this issue are the time limits placed on how long services can engage with children and families. Many families need ongoing support but family services practitioners are not able to provide this. The government needs to expand the 200 hours intensive family services model, which is showing very promising results with families, to make this available to every Integrated Family Services team.

Recommendation 8

The Victorian Government expands the 200 hours intensive family services program to every Integrated Family Services team in the state.

Opportunities to understand, recognise and respond to mental health concerns in the child and family services workforce, particularly in out-of-home care, are critical to the early identification of challenges and the ability to support families. Members from child and family services organisations have reported that three-day training on infant mental health offered by Berry Street, the Royal Children's Hospital and Austin Health transformed their decision-making and had significant positive impacts on their practice with children and families.

Infant and child mental health are comparatively new areas of study that have not yet been integrated into social work training. All practitioners working with children need access to high quality training to develop a sound understanding of infant and child mental health and wellbeing.

Recommendation 9

The Victorian Government explores options for increasing the availability and reach of infant mental health training with a focus on the first thousand days for child and family services practitioners.

Paediatricians regularly provide mental health supports with 12-17 per cent of all Australian children estimated to be receiving this support; a figure which is much higher than the number of children accessing psychologists and psychiatrists.⁴¹ Unfortunately, waiting lists for paediatricians in Victoria are unacceptably high, especially in regional and rural areas. According to 2016 Department of Health data, the number of paediatricians in Victoria falls below that of several other states when compared by ratio to population.⁴²

Recommendation 10

The Victorian Government increases the number of publicly funded paediatricians in Victoria and locates the new positions in community health services.

⁴⁰ National Scientific Council on the Developing Child 2012, *Establishing a level foundation for life: mental health begins in early childhood*, Center on the Developing Child at Harvard University, Cambridge, MA.

⁴¹ Hiscock, H, Mulraney, M, Efron, D, Freed, G, Coghill, D, Sciberras, E, Warren, H & Sawyer, M 2019, 'Use and predictors of health services among Australian children with mental health problems: a national prospective study', *Australian Journal of Psychology*, pp. 1-10.

⁴² Department of Health 2017, *Paediatrics and child health: 2016 factsheet*, Australian Government, Canberra.

Comprehensive health assessments for children entering care

A high percentage of children in out-of-home care experience mental health challenges and diagnoses.⁴³ A 2014 VAGO audit found that children who experience multiple placement moves in out-of-home care are at increased risk of mental health challenges and yet a high percentage had not had a mental health assessment.⁴⁴ DHHS do not currently record if a child or young person accessing specialist mental health services lives in out-of-home care.⁴⁵

Recent Victorian research shows that foster and kinship carers find mental health and paediatrics to be among the most difficult of all health services to access for the children in their care. In addition to the affordability challenges faced by many families, carers also face barriers relating to the child's court order, which might require child protection approval before being able to access health related support, including child psychiatry.⁴⁶

Our consultations confirm how critically important it is for all children in out-of-home care to have opportunities for early identification of mental health and developmental needs to prevent disengagement from school and disrupt a potential trajectory into the justice system. This is supported by the *National Standards for out of home care* which outline an intention that 'children and young people have their physical, developmental, psychosocial and mental health needs assessed and attended to in a timely way'.⁴⁷

This is consistent with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) view that:

Children in OOHC warrant special attention and priority access to comprehensive health and developmental assessments and multi-disciplinary mental health care that can address their complex health, psychosocial and developmental needs within the context of their placement and the care system.⁴⁸

Pathway to Good Health

The *Pathway to Good Health* project was developed by the state government in Victoria in 2012 and introduced in the northern and western metropolitan areas of Melbourne, with a Gippsland site commencing in 2016.⁴⁹ The program provides an initial health check and referral for a multidisciplinary assessment where needed, which includes mental health assessment, and a

⁴³ Senate Community Affairs References Committee 2015.

⁴⁴ Victorian Auditor-General's Office (VAGO) 2014, *Residential care services for children*, VAGO, Melbourne.

⁴⁵ VAGO 2019, p. 85.

⁴⁶ McLean, K, Hiscock, H, Scott, D & Goldfeld, S 2019, 'Foster and kinship carers' experiences of accessing health services for children and young people in out-of-home care', *Journal of Paediatrics and Child Health*, vol. 55, no. S2, pp. 15-24.

⁴⁷ Department of Families, Housing, Community Services and Indigenous Affairs & National Framework Implementation Working Group 2011, *An outline of National Standards for out-of-home care: a priority project under the National Framework for Protecting Australia's Children 2009-2020*, Commonwealth of Australia, Canberra, p. 10.

⁴⁸ The Royal Australian and New Zealand College of Psychiatrists 2015, *The mental health care needs of children in out-of-home care: position statement 59*, RANZCP, Melbourne.

⁴⁹ Department of Health and Human Services 2018c, *Vulnerable children*, viewed 28 March 2019, <<https://www2.health.vic.gov.au/about/populations/vulnerable-children>>; Senate Community Affairs References Committee 2015.

comprehensive health plan.⁵⁰ It was intended that all children entering out-of-home care and all those living in residential care across the two regions would have access to these assessments, however this has not eventuated.⁵¹ Our members describe positive outcomes from this promising program, which has unfortunately experienced long-term funding uncertainty.

Recommendation 11

The Victorian Government prioritises funding to support delivery of evidence-informed multi-disciplinary health and mental health assessments and services for all children and young people in out-of-home and all children known to child protection.

Parental mental health

Research suggests that between 21-23% of children in Australia live with a parent or parents with a mental health condition.⁵² As previously mentioned parental mental health issues are a key driver of children's entry into out-of-home care, commonly occurring alongside a range of other risk factors.⁵³ The Roadmap for Reform states that almost 30 per cent of reports to child protection refer to parental mental health issues.⁵⁴

Lack of access to services and supports generally, and the cessation of supports when a child is taken into care, means that parents are often unsupported to address their mental health challenges, which can then delay reunification. Parents who have been in care themselves can struggle to parent effectively and are at high risk of child protection intervention.⁵⁵ The Roadmap for Reform recognised that parents and carers have often been subject to their own adverse childhood circumstances, which can affect their ability to parent effectively.⁵⁶ Prevention and early intervention for children requires concurrent support for their parents to end this cycle.⁵⁷

Antenatal screening

Depressive symptoms experienced by mothers during pregnancy can impact on a child's development, including their emotional and behavioural functioning.⁵⁸ Recent research has found that even low but consistent symptoms can produce these effects for some children; effects that are likely to be mitigated by parenting that provides optimal developmental experiences and

⁵⁰ Department of Health and Human Services 2018c.

⁵¹ Department of Health and Human Services 2018c; 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 clinic', *Journal of Paediatrics and Child Health*, pp. 1-6; Senate Community Affairs References Committee 2015.

⁵² Goodyear, M, Hill, T-L, Allchin, B, McCormick, F, Hine, R, Cuff, R & O'Hanlon, B 2015, 'Standards of practice for the adult mental health workforce: meeting the needs of families where a parent has a mental illness', *International Journal of Mental Health Nursing*, vol. 24, pp. 169-180.

⁵³ Coates & Howe 2015; Senate Community Affairs References Committee 2015.

⁵⁴ Department of Health and Human Services 2016a, *Roadmap for reform: strong families, safe children – the first steps*, Victorian Government, Melbourne.

⁵⁵ Wall-Wieler, E, Brownell, M, Singal, D, Nickel, N & Roos, LL 2018, 'The cycle of child protection services involvement: a cohort study of adolescent mothers', *Pediatrics*, vol. 141, no. 6, pp. 1-8.

⁵⁶ Department of Health and Human Services 2016a.

⁵⁷ Coates & Howe 2015.

⁵⁸ Giallo, R, Woolhouse, H, Gartland, D, Hiscock, H & Brown, S 2015, 'The emotional-behavioural functioning of children exposed to maternal depressive symptoms across pregnancy and early childhood: a prospective Australian pregnancy cohort study', *European Child & Adolescent Psychiatry*, vol. 24, pp. 1233-1244.

environments for children.⁵⁹ This suggests that current clinical cut-offs within the health system for the provision of mental health and family supports are insufficient.⁶⁰ More must be done to identify women with lower level symptoms and concurrent family difficulties, and provide support that can benefit the whole family. While antenatal visits in Australia have increased over time, the timing and frequency of visits still falls below the recommendations by the Australian Pregnancy Care Guidelines and rates for mothers living in the lowest socioeconomic areas remains lower than the average.⁶¹

Recommendation 12

The Victorian Government implements state-wide antenatal mental health screening supported by workforce training, clear referral pathways and immediate access to appropriate support for parents.

Parenting with a mental health condition

While a mental health condition does not suggest that a parent cannot perform their parenting role well, it is more likely that they will experience parenting challenges.⁶²

Research has found that:

Providing parenting and family-based interventions for parents with a mental illness has been shown to improve outcomes for their children, and reduce the risk that they will develop the same mental health issues by up to 40%.⁶³

This emphasises the importance of supporting parents, both mothers and fathers, in their parenting role. Mental health support for parents must take place within the context of the family and recognise that parenting is often an important factor in recovery that brings a sense of meaning and purpose.⁶⁴ Research tells us that best practice involves supporting and strengthening parent-child relationships, building on family strengths, and ensuring all family members understand and can communicate about the mental health challenges they face.⁶⁵

The Centre recommends investment in proven programs that enhance the caregiver skills of parents and carers through intensive support, which could in turn help reduce mental health challenges and the need for child removal in such high numbers. The Victorian Government has invested in trialling a number of evidence-based models in the Victorian context, such as Functional Family Therapy and Multi-Systemic Therapy. We recommend that the Commission investigate the expansion of relevant evidence-based models such as these for parents experiencing mental health challenges in order for children to remain in their care and to return home safely.

⁵⁹ Giallo et al. 2015.

⁶⁰ Giallo et al. 2015.

⁶¹ Australian Institute of Health and Welfare (AIHW) 2019c, *Australia's mothers and babies 2017: in brief*, AIHW, Canberra.

⁶² Price-Robertson, R, Olsen, G, Francis, H, Obradovic, A & Morgan, B 2016, *Supporting recovery in families affected by parental mental illness*, CFCA Practitioner Resource, Australian Institute of Family Studies, Melbourne.

⁶³ Goodyear et al. 2015, p. 170.

⁶⁴ Price-Robertson et al. 2016.

⁶⁵ Price-Robertson et al. 2016.

Recommendation 13

The Victorian Government invests in evidence-based models for parents experiencing mental health challenges to address the rising number of children entering out-of-home care.

It is also important to recognise that parental mental illness can impact on help seeking:

The stigma associated with mental illness might impede parents from seeking support for their parenting, through fear of negative judgment or that their children will be removed by the child-protection authority.⁶⁶

Our members highlight the need for people to be able to access services without stringent eligibility criteria to avoid the stigmatising process of assessment and diagnosis, which also causes delays accessing support when needed. The federally funded Personal Helpers and Mentor's Service (PHaMs) program was easy to access until it moved to the National Disability Insurance Scheme (NDIS). Parents who previously did not need a diagnosis now need to obtain one or lose access to the program.

Recommendation 14

The Victorian Government funds community-based mental health services that do not require a diagnosis.

Support for families who have experienced family violence

Family violence can have a significant impact on the mental health of those who experience it, the majority of whom are women and children. According to the Australian Institute of Health and Welfare, 'for women aged 15 and over, mental health conditions were the largest contributor to the disease burden due to domestic violence'.⁶⁷ Victoria's Royal Commission into Family Violence has generated widespread reform and investment to address this critical social issue however difficulty accessing the right supports at the right time to address the trauma of these experiences remains an issue that can create or exacerbate mental health challenges.

Recommendation 15

The Victorian Government provides access to free intensive therapeutic and mental wellbeing supports to all women and children who have experienced or witnessed family violence.

Holistic support to address complex, interconnected needs

Data shows that in 2014-15, 42% of youth justice admissions, 19% of out-of-home care clients and 31% of Child FIRST family services clients were also registered mental health clients.⁶⁸ This data demonstrates the level of crossover between various systems when children and families have complex needs. However, our mental health system is neither holistic nor coordinated and unable to provide clients with a seamless service.

⁶⁶ Goodyear et al. 2015, p. 170.

⁶⁷ Australian Institute of Health and Welfare 2019a, *Family, domestic and sexual violence in Australia: continuing the national story*, AIHW, Canberra, p. 44.

⁶⁸ VAGO 2019, p. 97.

The child and family services sector works with families who have higher levels of mental health challenges and diagnoses than in the wider community.⁶⁹ Members report that the mental health system will often label a child's challenges as behavioural, rather than mental health related. Further, children in out-of-home care generally cannot access mental health support until they achieve placement stability, which is something they generally have no control over.

We need coordinated, child-centred approaches that offer therapeutic, behavioural and psychological supports for children, their families and caregivers.

Children and young people in out-of-home care

The Royal Commission's Terms of Reference specifically refer to the need to recognise and respect the needs of different population groups and communities including children and young Victorians and those currently or formerly in out-of-home care.

Trauma and mental health issues are closely linked.⁷⁰ Access to therapeutic supports for children who have experienced adverse life circumstances, including those known to Child Protection and with an experience of out-of-home care, is critical and yet they often fall through the gaps in our service systems. When supports are unavailable there can be flow-on effects for mental wellbeing, coping, capacity and other life outcomes that affect social and economic participation.⁷¹ It will be critical for the Commission to consider the impact of fully implementing the extension of the leaving care age to 21 as going some way to addressing the mental health challenges that many of these young people experience post-care.

Therapeutic models of care are underpinned by a guiding framework that incorporates theories of attachment, trauma and neurological development, provide specialised and ongoing assessment and develop an individualised therapeutic treatment plan.⁷²

Effective therapeutic models

Take Two

Take Two is a specialist state-wide service for children and families impacted by abuse, neglect and trauma. It has been operating since 2002. The program provides an intensive, therapeutic and developmental outreach service through a partnership between child and family services, mental health services, Indigenous services and academics.⁷³ This integrated approach shows strong outcomes for children's wellbeing across a range of domains and the program is underpinned by a robust evidence base. The third evaluation of the program noted that two thirds of children had at least one mental health diagnosis.⁷⁴

⁶⁹ Department of Health and Human Services 2016a.

⁷⁰ Senate Community Affairs References Committee 2015.

⁷¹ Sentencing Advisory Council 2016, *Reoffending by children and young people in Victoria*, Sentencing Advisory Council, Melbourne.

⁷² Department of Health and Human Services 2016b, *Program requirements for the delivery of therapeutic residential care in Victoria*, Victorian Government, Melbourne.

⁷³ Frederico, M & Jackson, A 2010, *More than words – the language of relationships: Take Two – third evaluation report*, Latrobe University, Bundoora.

⁷⁴ Frederico & Jackson 2010.

Take Two is included as a best practice example in the *Out-of-home care* inquiry report by the Senate Community Affairs References Committee of 2015. The inquiry report notes that access to the program is available to less than ten per cent of all children and young people in out-of-home care in Victoria due to funding limitations.⁷⁵ Due to the rising number of children entering out-of-home care, this has now fallen to three per cent and the waiting list is 12 months, preventing a timely response for many families who could benefit from support upon first contact with child protection.

The Circle Program

Placement stability is an important factor supporting the mental health of children in out-of-home care. Where placement stability is at risk due to complex needs, programs such as *The Circle Program* can intervene.⁷⁶ *The Circle Program* is a therapeutic foster care model with a specialist team that primarily works with children entering care to prevent multiple and poor placement experiences.⁷⁷ Unfortunately, this program also has limited access and many children experience multiple disruptive placements due to the lack of available intervention.

Recommendation 16

The Victorian Government funds and provides state-wide access to evidence-informed programs that are known to work, such as *Take Two* and *The Circle Program*, to make sure that all children who have experienced trauma have access to therapeutic supports

Residential care

It is of major concern that highly vulnerable children and young people are being placed in out-of-home care residential care environments where their pre-existing mental health issues are exacerbated or not being addressed. The nature of Victoria's residential care system means that young people with significant trauma are generally placed with other traumatised young people in an environment that is not conducive to mental wellbeing.

Cross-over kids, a study conducted by Monash University and the Children's Court of Victoria, analysed the case files of 300 young people involved in youth justice with current or historical child protection involvement.⁷⁸ The study found that while 47.7% of the children in the review had been in residential care, only 30.6% had access to trauma-specific therapeutic supports. As previous studies have highlighted, residential care was often the context in which offending took place, with challenging behaviours being criminalised.⁷⁹

The report notes that therapeutic residential care, which is available to some children and young people with complex and extreme needs, has often seen significant improvements in outcomes, an experience reflected by many of our member organisations.⁸⁰

⁷⁵ Senate Community Affairs References Committee 2015.

⁷⁶ Frederico, M, Long M, McNamara, P, McPherson, L, Rose, R & Gilbert, K 2012, *The Circle Program: an evaluation of a therapeutic approach to foster care*, Centre for Excellence in Child and Family Welfare, Melbourne.

⁷⁷ Frederico et al. 2012.

⁷⁸ Baidawi & Sheehan (forthcoming).

⁷⁹ Baidawi & Sheehan (forthcoming).

⁸⁰ Department of Health and Human Services 2016b.

Keep Embracing Your Success (KEYS) program

The Victorian government funded a pilot program as part of the Out of Home Care South Initiative in 2016 to provide intensive and coordinated mental health and other supports to young people in residential out-of-home care, to enable them to transition to a home-based care arrangement or independent living with appropriate supports. KEYS adopts an innovative approach, bringing together mental health (Mind Australia), child protection (the Department of Health and Human Services) and the community sector (Anglicare Victoria) together with an academic partner (Monash University). One of the strengths of this therapeutic model of care is that it provides a stabilising environment for young people with high and complex needs and specialist mental health care to young people in residential out-of-home care.

KEYS has and continues to be evaluated by the Department of Health and Human Services and is showing to be effective for young people in residential out-of-home care. Currently KEYS is only available to eight young people in the Department of Health and Human Services' South Division.

Recommendation 17

The Victorian Government funds the out-of-home care KEYS model to enable state-wide roll out within two years.

Children and young people in the youth justice system

In Victoria, children as young as ten can be arrested, charged with a criminal offence, prosecuted and imprisoned.⁸¹ An annual survey of young offenders in Victoria found that 53% presented with mental health issues, and 30% have a history of self-harm or suicidal ideation.⁸² These numbers have risen significantly from the previous year.⁸³

Children and young people with experiences in out-of-home care, particularly Aboriginal children, are overrepresented in the youth justice system.⁸⁴ Dean (2018) states that:

Young people involved in both the child protection system and under youth justice supervision are generally recognised as having a range of complex needs, including developmental trauma, problem behaviours and mental health difficulties among others.⁸⁵

The *Cross-over kids* study found that household mental illness was present for 50.3% of these children and young people and household substance abuse was present for 68.8%. Exposure to family violence was very high, at 73.5%; with 22% of children exposed to this violence by both parents. High percentages of these children and young people had experienced neglect (67.4%), physical abuse (60.1%), emotional/psychological abuse (53.4%) and sexual abuse (20.5%).⁸⁶ Half of the children in the study had been exposed to three or more adverse and challenging circumstances, signalling significant levels of cumulative harm.

⁸¹ s344 *Children, Youth and Families Act 2005* (Vic).

⁸² Department of Justice and Regulation 2018, *Youth Parole Board annual report 2017-18*, Victorian Government, Melbourne.

⁸³ Department of Justice and Regulation 2018.

⁸⁴ Dean, A 2018, *The intersection between the child protection and youth justice systems*, CFCA Resource Sheet, Australian Institute of Family Studies, Melbourne.

⁸⁵ Dean 2018, p. 1.

⁸⁶ Baidawi & Sheehan (forthcoming).

This data highlights the critical importance of holistic, comprehensive supports for families with complex challenges, provision of support when and as required, and the need for more interconnected service systems.

Placing highly vulnerable young people into a prison environment, with punitive practices such as solitary confinement and strip-searching, compounds the trauma and mental health conditions of many children and young people.⁸⁷ If children and young people in the youth justice system are to receive appropriate mental health support to address the significant impacts of cumulative harm, they need to be in a trauma-informed rather than a punitive environment. The government must prioritise prevention and early intervention, while also offering enhanced supports for children in the youth justice system who have complex needs arising from adverse life circumstances.

Recommendation 18

The Victorian Government amends section 344 of the *Children, Youth and Families Act 2005* to raise the age of criminal responsibility to fourteen years.

We know that the youth justice system struggles to meet the mental health needs of young offenders, an issue which can contribute to a cycle of reoffending.⁸⁸ In its 2017-18 annual report, the Youth Parole Board emphasised the importance of readily accessible mental health support services without wait times for young people involved in the justice system. The Board notes that the lack of community supports reduces the ability of young people to maintain the conditions of their parole.⁸⁹

Recommendation 19

The Victorian Government:

- Mandates and audits mental health assessments for all young people upon entry into custody
- Provides comprehensive, culturally appropriate and trauma-informed mental health supports while in custody
- Ensures strong connections with post-release supports for continuity of care.

Children and families from refugee and asylum seeker backgrounds

VAGO's 2014 report on *Access to services for migrants, refugees and asylum seekers* highlighted the complex challenges experienced by many newcomers to Victoria that impact on their mental health:

- Language difficulties and the need for substantial interpreter support
- Physical and mental health conditions arising from experiences in their country of origin and during their journey to Australia
- Lack of social networks
- Culturally different understandings of mental health, with anxiety about stigma being a barrier to service access

⁸⁷ Australian Institute of Health and Welfare (AIHW) 2013, *Young people aged 10–14 in the youth justice system 2011–12*, AIHW, Canberra.

⁸⁸ Department of Justice and Regulation 2018.

⁸⁹ Department of Justice and Regulation 2018.

- Significant barriers to accessing services due to isolation, transport, financial constraints, and lack of familiarity with service systems.⁹⁰

The Ethnic Communities' Council of Victoria (EECV) notes the lower utilisation rates of mental health services by CALD groups and suggests that for many refugees and asylum seekers, 'the inability to access health and mental health services in an adequate, culturally appropriate and effective manner leads in many instances to increased distress, disadvantage and further marginalisation'.⁹¹

The mental health of many refugee and asylum seeker families is under threat from cuts to the Status Resolution Support Service (SRSS), a federally funded program providing income support, case management and mental health support for refugee families experiencing financial hardship.⁹² Our members tell us that many families are struggling with the reduced level of support, and experiencing heightened stress due to the need to meet strict requirements to maintain access to their only source of income. The Victorian Government responded to these cuts in the recent 2019-20 state budget with \$3 million to support struggling families. This further emphasises the need for coordination between state and federal governments to ensure the mental health of Victorian families does not suffer because of Commonwealth funding decisions.

EECV argues for a range of actions that will lead to more culturally appropriate and safe services. These include increasing the cultural responsiveness of mainstream health and mental health services and integrated specialised refugee health providers; providing adequate levels of bilingual staff and professional language services; and offering mental health training to all health, settlement and community workers seeking to engage with CALD families and individuals.⁹³

Recommendation 20

The Victorian Government provides adequate resources and support, including training in trauma and in cultural responsiveness, to settlement, community and health services to address the mental health needs of children, young people and families from refugee and asylum seeker backgrounds.

The role of universal and community services

A significant amount of mental health support is provided by sectors and service systems outside the mental health system. Universal services such as education and maternal child health play a key role in identifying need and providing access to services and support in non-stigmatising ways. The Centre asks the Commission to adopt a population approach to mental health, recognising that multiple service contexts offer opportunities for intervention.

Implementation of progressive universalism, or 'blended prevention', would enable universal services to be more proactive and effective. This model allows services to scale up or down according to a family's level of need at any given time and to deliver support at varying intensities without the

⁹⁰ Victorian Auditor-General's Office (VAGO) 2014, *Access to services for migrants, refugees and asylum seekers*, VAGO, Melbourne.

⁹¹ Ethnic Communities' Council of Victoria (ECCV) 2008, *'Falling through the cracks': community perspectives on asylum seeker and refugee mental health*, ECCV, Melbourne.

⁹² Refugee Council of Australia 2018, *Cuts to support for people seeking asylum: factsheet*, Refugee Council of Australia, Melbourne.

⁹³ ECCV 2008.

stigma associated with targeted services.⁹⁴ This model is particularly useful for meeting mental health needs, because flexibility to adapt to the fluctuating nature of mental health is built in.

Wraparound responses in local communities

Having ‘soft entry’ access points to mental health support would take pressure of specialist mental health services by providing non-stigmatising, early intervention for children, young people and families. Consistent with a recommendation from the National Mental Health Commission (2018), a variety of services that provide support to families and children could be brought together in familiar and accessible spaces to provide free, wraparound services in a community-based environment.⁹⁵

Playgroups are an example of the kind of informal supports offered by communities that can improve parents’ mental wellbeing, offering opportunities to build new friendships and connections, reduce the risk of social isolation and improve parenting confidence. Supported playgroups target vulnerable groups and are a cost effective way to intervene early and support parent and carer mental wellbeing.⁹⁶

Recommendation 21

The Victorian Government builds on existing community arrangements to deliver place-based ‘one-stop shop’ child and family wellbeing responses in local communities.

The education system

While there are a range of contributors to school disengagement for children and young people, evidence shows mental health is a key factor.⁹⁷

Navigator

The *Navigator* program supports disengaged students to re-engage with education. It currently operates in several regions of Victoria, with a state-wide rollout underway. A key finding of the impact evaluation of the pilot program was that 83 per cent of young people engaged in the program had a diagnosed or suspected mental health condition.⁹⁸ Through the provision of intensive, trauma-informed case management, including assertive outreach, *Navigator* supports young people to address and overcome barriers to school engagement and learning. As a result, the *Navigator* has achieved school re-engagement with 70 per cent of young people in the program.⁹⁹

Navigator serves as a preventative measure as ‘strong educational attachment promotes young people’s mental health, supports their emotional and social development and sense of belonging’.¹⁰⁰

⁹⁴ Allen, J, Balfour, R, Bell, R & Marmot, M 2014, ‘Social determinants of mental health’, *International Review of Psychiatry*, vol. 26, no. 4, pp. 392-407; Sanders, Higgins & Prinz 2018.

⁹⁵ National Mental Health Commission 2018.

⁹⁶ Commerford, J & Robinson, E 2016, *Supported playgroups for parents and children: the evidence for their benefits*, CFCA paper no. 40, Australian Institute of Family Studies, Melbourne.

⁹⁷ National Mental Health Commission 2018.

⁹⁸ Department of Education and Training n. d., *Navigator pilot – evaluation snapshot*, Victorian Government, Melbourne.

⁹⁹ Department of Education and Training n. d.

¹⁰⁰ Victorian Council of Social Service (VCOSS) 2019, *Delivering fairness: Victorian budget submission 2019-20*, VCOSS, Melbourne, p. 52.

It currently provides support to high school age students, however mental health and school engagement issues often begin much earlier. The Centre recommends expansion of this successful program to primary school children showing early signs of mental health issues and disengagement from school.

Recommendation 22

The Victorian Government expands the Navigator program to children in all Victorian primary schools.

Mental health and family services in schools

We welcome the Victorian Governments commitment to ensuring that all secondary schools have support from a mental health professional. As previously noted, mental health challenges often begin at a much younger age. Given the critical importance of early intervention, we recommend the mental health professionals in secondary schools initiative be expanded to all primary schools.

We also recommend co-location of family services in schools, where possible, to enable early addressing of emerging mental health issues in children, parents and carers. Co-location would enable schools and family services to identify emerging vulnerabilities within families, including families at risk of relinquishment, and could provide a holistic service to family members and a soft entry point for more intensive services.

Recommendation 23

The Victorian Government expands the ‘mental health professionals in secondary schools’ initiative to all Victorian primary schools.

Recommendation 24

The Victorian Government funds positions for family services practitioners to be located in Victorian public schools where there are high numbers of children with complex needs.

Strong collaboration between state and federal jurisdictions

This Royal Commission presents a critical opportunity to propose policy solutions that will forge a strong and coordinated system of support to help people build and maintain good mental health. As recommended by the World Health Organisation, Australia needs a ‘whole-of-government’ holistic understanding of and approach to mental wellbeing that is consistently applied across levels of government, between departments and amongst policy makers in all areas.¹⁰¹

Many of the barriers and challenges that arise for children and families seeking support come from the disconnection between and within various service systems. For foster, kinship and permanent carers and adoptive parents, navigating the mental health system and other systems to address the needs of children can be a significant challenge. The burden of responsibility rests with caregivers who often do not know where to go for help, or if they do, are too often confronted by long waiting lists.

Currently, our mental health system is split between state and federal government programs and funding and is widely reported to be uncoordinated, fragmented and complex. As our members point

¹⁰¹ Allen, Balfour, Bell & Marmot 2014; Australian Institute of Health and Welfare 2016a.

out, neither government is measuring whether these programs work together or produce good outcomes for the people in need of support, and the client experience is not captured or considered.

The funding responsibilities and commitments of the Victorian and Commonwealth governments need to be clear, particularly in relation to which jurisdiction is funding which mental health supports. There needs to be greater coordination and communication across state and federal jurisdictions so programs can be delivered efficiently and clients can receive an accessible and streamlined service.

Recommendation 25

The Victorian Government works with the Commonwealth Government to develop a coordinated approach to funding a comprehensive suite of mental health services with clear roles and responsibilities that work effectively together to respond to the needs of Victorian families.

Next steps

The Centre welcome further opportunities to provide input regarding the content of our submission, the mental health and wellbeing of children and families and the role of child and family services in this space.

To provide the Commission with a dedicated opportunity to engage with the community about the mental health needs of infants and children, and the relationship between trauma and mental health for children, we recommend that the Commission prepares discussion papers on these topic areas.

Recommendation

The Commission prepares a discussion paper on each of the following:

- Infant mental health
- The relationship between trauma and mental health for children
- The relationship between parental and carer mental health issues and child removal and placement breakdown
- Evidence-based approaches to improving the mental health of children and young people in out-of-home care.

Conclusion

We applaud the Victorian Government for committing time and resources to this Royal Commission into Victoria's Mental Health System. As our submission outlines, there are significant opportunities to improve the lives of children, young people, their parents and carers through timely and effective mental health supports and services. As we have emphasised, it is critical that services for children and young people are prioritised.