



COMMISSION FOR CHILDREN
AND YOUNG PEOPLE

Copy

Mr Greg Wilson
Mental Health Royal Commission Establishment
Department of Premier and Cabinet
1 Treasury Place MELBOURNE VIC 3002

Dear Mr Wilson

Submission on terms of reference for the Royal Commission into Mental Health

The Commission for Children and Young People (the Commission) welcomes the opportunity to make a submission on the terms of reference for the Royal Commission into Mental Health (the Royal Commission).

The Commission is an independent statutory body that promotes the safety, wellbeing and best interests of children and young people in Victoria. It provides independent scrutiny and oversight of services to children and young people, with a focus on vulnerable children in the child protection, out-of-home-care and youth justice systems. This function includes monitoring the wellbeing of children and young people in out-of-home-care and youth justice.

The Commission also conducts inquiries when a child dies and they were involved with the child protection system in the 12 months before their death. These child death inquiries focus on the services provided to a child who has died and include cases where children have died as a result of suicide. The Commission recently completed a systemic inquiry into a pattern of 26 cases involving suicide (for details please see the Commission's 2017-18 Annual Report).

Through its functions, the Commission sees issues relevant to the Royal Commission, which should be reflected in its terms of reference.

The Royal Commission should have a focus on children and young people

The Royal Commission is important for Victoria's children and young people. Suicide is the leading cause of death for Victorian adolescents aged 15 to 17,¹ and for 15 to 24-year-olds nationwide.² One in seven children and adolescents aged 4 to 17,³ and one in four people aged 16 to 24,⁴ experience a mental health condition. It is therefore essential that the Royal Commission have a focus on the needs and experiences of children and young people.

This should include, especially, the cohorts of children and young people who are particularly susceptible to experiencing mental illness, are at an increased risk of dying by suicide and/or

¹ The Consultative Council on Obstetric and Paediatric Mortality and Morbidity 2018, *Victoria's Mothers, Babies and Children 2016*.

² Robinson, J, Bailey, E, Browne, V, Cox G & Hooper C 2016, *Raising the bar for youth suicide prevention*, Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne.

³ Lawrence, D, Johnson, S, Hafekost, J, Boterhoven De Haan, K, Sawyer, M, Ainley, J & Zubrick SR 2015, *The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*, Department of Health, Canberra.

⁴ ABS 2007, *National Survey of Mental Health and Wellbeing: Summary of results*, cat. No. 4326.0, Australian Bureau of Statistics, Canberra.

face particular difficulties in accessing mental health services and support. These children and young people include (for example):

- Aboriginal and Torres Strait Islander children and young people
- children and young people who are lesbian, gay, bisexual, trans, gender diverse and intersex
- children and young people living in rural and remote areas
- children and young people from culturally and linguistically diverse backgrounds (including asylum seekers, refugees and newly arrived migrants to Australia)
- children and young people in the child protection and out-of-home-care systems
- children and young people in the youth justice system
- children and young people with intersecting issues.

It is also important that the Royal Commission consider services and support for:

- children and young people who have a parent experiencing mental illness — up to one in five children and young people live in families in this situation;⁵ the children and young people often have caring responsibilities, and are at risk of developing a mental illness themselves, or of being harmed in some way as a result of, in particular, inadequately managed ill-health in a parent
- at-risk mothers who need antenatal and postnatal mental health support — a number of child death inquiries have starkly demonstrated to the Commission the tragic consequences which can occur if this support is not provided to mothers who need it.

The Royal Commission should consider mental health services in child protection, out-of-home-care and youth justice

Through its oversight and inquiry functions, the Commission examines the experiences of many vulnerable children and young people (including children and young people who have died) with mental health conditions; who have experienced trauma and abuse; who have a history of suicidal ideation and suicide attempts; and/or have had contact with mental health services. Children and young people in child protection, out-of-home-care and youth justice often need high-quality mental health services that respond to their individual needs. They often have multiple and complex needs requiring a comprehensive, co-ordinated, joined up response from different services.

The Commission has found, particularly in its child death inquiries, that this service response is frequently lacking, due to systemic issues. These include (in the child protection context):

- failure to recognise when referral to mental health and/or drug and alcohol services was necessary
- long delays between referrals and children and young people receiving services
- mental health services apparently failing to prioritise high-risk adolescents in child protection, or failing to respond adequately when referrals were made
- lack of co-ordination and information sharing between services
- lack of a shared understanding about a child or young person's condition and the support they need
- the mental health system apparently failing to be sensitive to children and young people's experiences of trauma.

Self-harm by vulnerable children and young people is a significant concern. The Commission frequently receives reports of self-harm by children and young people in out-of-home-care and youth justice. It is currently closely monitoring, as a priority, how youth justice staff

⁵ Reupert, AE, Mayberry, DJ & Kowalenko, NM 2012, 'Children whose parents have a mental illness: prevalence, need and treatment', *Medical Journal of Australia*, Open 1 Suppl 1, pp. 7–9.

respond to incidents involving self-harm and suicidal behaviour, after raising the issue with the Department of Justice and Community Safety last year (further details are provided in the Commission's 2017-18 Annual Report). This, along with other deficiencies in availability of specialised mental health services for children and young people in youth justice,⁶ indicates that any examination of forensic mental health must include youth justice.

To ensure vulnerable children and young people receive the vital mental health services and support they need, the Royal Commission must examine, and make recommendations to address, systemic barriers which exist between the mental health system and the systems with which it must interact: child protection, out-of-home-care and youth justice, as well as drug and alcohol services, child and family services and other social services.

The Royal Commission must consider the cultural appropriateness of services

It is essential that the Royal Commission consider the cultural appropriateness of mental health services and support for Aboriginal children and young people experiencing mental illness. This requires that the Royal Commission:

- understand the significant effects of historical, social, economic, political and environmental factors on Aboriginal children and young people's mental health
- consider the specific needs of Aboriginal children and young people through the Aboriginal Social and Emotional Wellbeing framework.

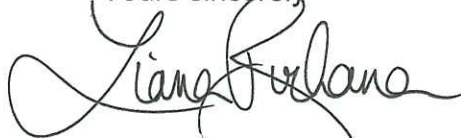
As the Commission has previously noted (in its report *'Always was, always will be Koori children'*), 'the service system must work in a more holistic way with Aboriginal children and young people and their families, recognising the Aboriginal concept of health and the need for Aboriginal-specific trauma responses'. This understanding – along with the recognition that connection to culture is a vitally important protective factor for Aboriginal children and young people, particularly those at risk of suicide – should underpin the Royal Commission's work.

Recommendation: The terms of reference should reflect the above matters

For the Royal Commission to be able to make a comprehensive set of recommendations on how to best support Victorians experiencing mental ill-health, we consider the above matters must form part of the Royal Commission's inquiry, and therefore should be reflected in its terms of reference. It is vital that Victoria's mental health system provide accessible and quality services that address the needs of Victoria's children and young people.

The Commission would be pleased to provide any further information which may help to inform the development of the terms of reference. You are welcome to contact either of us, or Julie Nesbitt, Manager, Analysis and Strategy (on (03) 8601 5818 or julie.nesbitt@ccyp.vic.gov.au), if the Commission can provide any further assistance.

Yours sincerely



Liana Buchanan
Principal Commissioner

17/11/19



Justin Mohamed
Commissioner for Aboriginal
Children and Young People

17/01/19

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See the 2017 *Youth Justice Review and Strategy: Meeting needs and reducing offending* and the Commission's report *The same four walls: inquiry into the use of isolation, separation and lockdowns in the Victorian youth justice system*.

