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STANDING COMMITTEE ON EDUCATION, EMPLOYMENT AND YOUTH AFFAIRS
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Submission Cover Sheet

Inquiry into Youth Mental Health in the ACT

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INQUIRY INTO YOUTH MENTAL HEALTH IN THE ACT

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ROLE OF THE PUBLIC ADVOCATE AND CHILDREN AND YOUNG PEOPLE COMMISSIONER (PACYPC)

The Human Rights Commission (HRC) is an independent agency established by the *Human Rights Commission Act 2005* (ACT) to promote the human rights and welfare of people in the ACT. As part of the HRC, the Public Advocate and Children and Young People Commissioner (PACYPC) has a range of statutory functions including advocacy (individual and systemic), representation, investigation, and monitoring. Some of these functions are specific to children and young people, and others relate to people with complex disability needs, including those with mental health conditions and/or forensic patients.

The PACYPC welcomes the opportunity to respond to the ACT Legislative Assembly's *Inquiry into Youth Mental Health in the ACT*. It should be noted that the PACYPC views mental health broadly and includes the ongoing effects of trauma and its impact on a young person's wellbeing.

This submission focuses on reforms that prioritise early intervention supports, trauma-informed care, and the further development of an integrated collaborative service system. The submission is informed by the PACYPC's statutory advocacy and oversight functions, which promote the rights, participation, and protection of children and young people accessing mental health services in the ACT.

PARTICIPATION IS CENTRAL TO GOOD POLICY

Despite being the most over-represented cohort experiencing mental health challenges, children and young people are regularly under-represented or excluded from policy discussions and design in long-established patterns of adult-centric service provision. As a result, there continues to be a knowledge gap in relation to what works for young people in managing their mental health.

The PACYPC conducted a survey in May 2019 asking children and young people what would make their lives better. The survey offered a mix of multiple choice and open-ended questions. Of the 364 children and young people in the ACT who responded to the survey, 314 provided an open-text response with 114 of their responses relating to health and wellbeing. Notably many of these responses specifically referenced issues relating to mental health. Children and young people clearly identify this as an important issue.

This was borne out by the consultation led by the Office for Mental Health and Wellbeing in partnership with Mental Illness Education ACT (MIEACT) in 2019. The PACYPC commends the Office for Mental Health and Wellbeing for recognising the importance of engaging children and young people about issues that directly impact their lives, and for their collaborative approach to ensuring youth-serving organisations were actively involved in the consultation process. The outcomes from this consultation¹ should be drawn upon as a primary source of intel to inform the current inquiry.

Ensuring the views of children and young people are sought and utilised in identifying service gaps and areas for improvement in the mental health system is integral to enabling a service system that is responsive to the needs that children and young people identify as being essential for their wellbeing. To this end, the PACYPC encourages ongoing commitment to the engagement of children and young people in policy development and service reform across all areas of health and mental health systems and services.

¹ Office for Mental Health and Wellbeing (2020). *Review of children and young people in the ACT*. Located at https://cms.health.act.gov.au/sites/default/files/2020-03/OMHW%20Children%20and%20Young%20People%20Report_0.pdf

Public policy often fails to adequately recognise the importance of addressing the social determinants of mental ill health such as violence, disempowerment, social exclusion, and the breakdown of communities brought about by socio-economic disadvantage and harmful conditions at work and school.²

As part of our commitment to systemic reform in this area, the PACYPC is often alerted to and is compelled to intervene in cases where the system has failed a young person. This provides insight into how systemic failures impact vulnerable young people firsthand, thus allowing us to build a case for systemic reform.

Mental health care reform

Underpinned by person-centred and recovery-oriented care approaches, mental health reform is premised on key principles of community psychiatry with four interlinked action areas: deinstitutionalisation; development of alternative community services and programs; integration with other health services; and integration with social and community services.³ However despite a succession of national plans and strategies underpinned by these principles, the mental health system is still characterised by high rates of readmission to acute care and the use of compulsory treatment orders and seclusion, indicative of a system in which community-based care and supports are inadequate and poorly integrated.⁴

The PACYPC supports the balanced care model outlined in *The Integrated Mental Health Atlas of the ACT Primary Health Network Region*.⁵ In accordance with this model, mental health reform needs to focus on: recognition and treatment of mental illness in accessible primary care settings; a good range of general mental health services, including outpatient clinics, community mental health teams, acute inpatient services, community residential care and the provision of specialised mental health services such as eating disorder clinics and early intervention teams). Alternatives to acute inpatient care (e.g. in-home treatment), alternative types of long-day community residential care (e.g. lower supported accommodation), and specialised services to access employment and education should also be prioritised.

Moving mental health into the mainstream

Any transformative youth mental health reform in the ACT should be premised on a foundation of early intervention and should draw on the lived experience of children and young people to identify how best to integrate existing specialist mental health expertise with that of other health and welfare services, including by co-location in community and vocational settings.⁶

Supporting young people within their community, whether within their family or in educational and youth service settings, is integral to responding to their particular psychosocial and emotional vulnerabilities. An integrated population-based responsive service system that incorporates programs to address the social and environmental determinants of mental ill health, upholds a young person's right to be safe, healthy, and empowered within an environment free from violence and discrimination.⁷

There is a clear need to invest in youth-focused population-based early intervention and prevention services in community and primary health settings, including alternatives to acute hospital-based services.

² "Report of the special rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health", Human Rights Council, 35th Session, June 2017.

³ Furst, M.C., Salinas-Perez, J.A., Anthes, L., Bagheri, N., Banfield, M., Aloisi, B., SalvadorCarulla, L. (2018). *The Integrated Mental Health Atlas of the Australian Capital Territory Primary Health Network Region*. Centre for Mental Health Research, Australian National University

⁴ Ibid.

⁵ Furst, M.C., Salinas-Perez, J.A., Anthes, L., Bagheri, N., Banfield, M., Aloisi, B., SalvadorCarulla, L. (2018). *The Integrated Mental Health Atlas of the Australian Capital Territory Primary Health Network Region*. Centre for Mental Health Research, Australian National University

⁶ Key features, principles and targets of innovative youth mental health systemic reform is described in McGorry, P., Bates, T., & Birchwood (2013). 'Designing youth mental health services for the 21st century: examples from Australia, Ireland and the UK', *The British Journal of Psychiatry*, 202, s30-31.

⁷ "Report of the special rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health", Human Rights Council, 35th Session, June 2017.

SPECIALIST SERVICES FOR CHILDREN AND YOUNG PEOPLE

Young people in Australia aged 12-24 not only have the highest incidence and prevalence of mental illness across the lifespan, many are also unable (more so than any other age cohort) to access professional help.⁸

In a review of the main types of care in mental health across the ACT, 62% of services were targeted to adults, while only 9% were specialist services for children and young people. Further, an identified service delivery gap was a lack of targeted support for young people transitioning to adult services (5%).

With 50% of all mental health conditions arising before the age of 14 years, and 75% before the age of 25⁹, there needs to be a focus on increasing the provision of mental health services for children and young people, as well as targeted funding for early intervention and support services for young people transitioning to adulthood.¹⁰ Amongst others, education, child protection, community, health and justice services hold collective responsibility for health and wellbeing outcomes for children and young people.¹¹

Children and young people in acute mental health settings

Matters that are brought to the attention of the PACYPC include young people being subject to actions under the *Mental Health Act 2015* (MH Act) such as repeated emergency actions, involuntary detention and restrictive practices. Largely due to the design of the current mental healthcare system in the ACT, many young people do not have access to specialist services targeted to meet their unique needs, nor sustained input from health professionals skilled and equipped to support them.

The PACYPC receives notifications of all emergency detentions under the MH Act. In the current reporting period, there has already been 42 emergency detentions for young people aged 12-17 years (see table 1).

Table 1: Emergency detentions of young people aged 12-17 years (1 July 2019 to 20 March 2020)

11yrs	12yrs	13yrs	14yrs	15yrs	16yrs	17yrs	Total
1	1	6	2	9	6	17	42

The PACYPC continues to advocate for an inpatient facility for children and young people experiencing acute mental health symptoms. The data on emergency detentions of children and young people evidences the need for such a facility. Young people who have come to the attention of the PACYPC have identified the challenges of being admitted to the Adult Mental Health Unit (AMHU) at Canberra Hospital including feeling unsafe amongst adults who are acutely unwell and feeling isolated from others of their own age.

Accommodating young people in an adult facility also puts young people at risk of being discharged earlier than is clinically appropriate due to the risks of remaining at the adult inpatient facility. Early discharge places young people at further risk of revolving admissions to hospital as they may not be adequately stabilised prior to discharge.

While the PACYPC understands that an acute mental health facility for children and young people at the Canberra Hospital is currently in the planning phase, until such a facility is opened young people requiring acute inpatient care can only be admitted to the AMHU or sent to interstate facilities. When the optimum treatment is only available interstate, this further isolates young people from their family and support networks at a time when they are at their most vulnerable.

⁸ McGorry, P., Bates, T., & Birchwood (2013). 'Designing youth mental health services for the 21st century: examples from Australia, Ireland and the UK', *The British Journal of Psychiatry*, 202, s30-35.

⁹ WHO, Available at: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

¹⁰ Furst, M.C., Salinas-Perez, J.A., Anthes, L., Bagheri, N., Banfield, M., Aloisi, B., SalvadorCarulla, L. (2018). The Integrated Mental Health Atlas of the Australian Capital Territory Primary Health Network Region. Centre for Mental Health Research, Australian National University

¹¹ Catania, L., Hetrick, S., Purcell, R., & Newman, L. (2011). 'Prevention and early intervention for mental health problems in 0-25 year olds: Are there evidence-based models of care?', *Advances in Mental Health*, 10, 3-16

Seclusion and restraint

Nationally, children and adolescent mental health services report the second highest rate of seclusion events (14.6 events per 1000 bed days), with forensic services reporting the highest (21.2).¹² Whilst general and older person services report a reduction in the use of seclusion, the use in child and adolescent services is increasing.

It is also important to note that rates of seclusion *and* restraint have increased for child and adolescent mental health services. Child and adolescent services report the second highest rates of the use of physical or mechanical restraint after forensic services (27.2 physical restraint events and 0.2 mechanical restraint events per 1000 bed days).

The PACYPC is advocating strongly for the formulation of a clear policy and guidelines for the use of seclusion and restraint with adolescents. In 2018, the issue of restraint being used for children and young people in a medical ward (without formal notification as per the MH Act) was first brought to the attention of the PACYPC. The issues raised were multiple and included legislative and human rights breaches. It also highlighted the need for policy guidance and associated training to address the shortfalls in caring for adolescents with mental health issues in general wards as opposed to specific mental health wards.

The formulation of an action plan to address this issue commenced in March 2019. The PACYPC is a member of the seclusion and restraint working group formed to provide expert advice to ACT Health's comprehensive care committee on processes and systems for promoting safety, reducing restrictive practice use, and reducing the risk of harm to patients where seclusion and/or restraint is clinically necessary and permitted under legislation.

Discharge planning from hospitalisation under the MH Act

The PACYPC has long identified a need for more effective discharge planning to respond to and address the needs of those young people with complex needs who do not fit the parameters of mainstream services in the ACT. For the young people who are brought to the attention of the PACYPC, many of whom are amongst Canberra's most vulnerable, recovery after exiting acute mental health wards is compromised due to limited protective factors including unstable supports, housing, education combined with substance misuse or involvement with criminal justice system.

The PACYPC is also aware of circumstances whereby adolescents have been discharged from hospital without the knowledge of key services involved in providing their care and support and, for some who are involved in care and protection, without even alerting the Director-General. On one occasion, a young person was provided a bus ticket and discharged to the community without a discharge plan in place, and with no responsible adult to support them upon exit.

The PACYPC requests multi-agency discharge planning meetings for all children and young people exiting the Paediatric Ward after being detained under the MH Act. The focus of these meetings is to create a robust discharge plan whereby lead agencies are identified to support children and young people in re-engaging back into their communities and in managing their mental health. It is essential that the child or young person is included in their own recovery planning, in voicing any concerns and in identifying what will work for them.

The PACYPC calls for improved joined-up practice and adequately resourced post-discharge services where community-based services are involved prior to and post discharge.¹³ This will see better outcomes for young people in the ACT including reduced readmission rates to acute mental health units.

¹² Australian Institute of Health and Welfare (AIHW) 2020. Mental Health Services Australia Report. AIHW.

¹³ Mental Health Carers NSW (2016). Transition Programs for Youth Leaving Acute Mental Health Units into Community Based Services.

In considering the mental health needs of young people in the ACT, the PACYPC draws the Committee's attention to the vulnerabilities of children and young people in out-of-home care (OOHC), who have disproportionately poorer mental health outcomes than their peers in the general population.

The risk of emerging mental illness in the OOHC population is notably higher compared to the general population. Estimates of the proportion of children and young people in OOHC with mental health challenges are variable (some estimating as high as 80%), however more research in the Australian context is needed.¹⁴

However, a mental health diagnosis is an identified contributor to placement instability, and it is therefore crucial to uphold the National Out-Of-Home Care Standards, which provide for a child or young person to have an initial mental health assessment within a specified time period of entering care.¹⁵

The remainder of this submission will highlight some of the cohorts within this group that experience particular vulnerability.

Children of parents with mental illness

The PACYPC attends Children's Court in relation to care and protection matters where children have been removed under Emergency Action (EA). Since 1 July 2019, 27% of EAs related to children and young people whose parents have significant mental health concerns. Of these parents with mental health concerns, 43% were also misusing substances. For children and young people whose parent/s had mental health concerns, 50% were also exposed to family violence.

Children of parents with mental illness represent one of the population cohorts at highest risk for psychiatric conditions.^{16 17} Research indicates the effectiveness of early intervention home-visiting programs and school-based group programs in reducing mental ill health in this cohort.¹⁸

While not necessarily linked to the OOHC system, it should also be noted that a particularly invisible group of children and young people are those caring for parents with mental illness. The interface between the education system and community support services provides a vital link for identifying children and young people who are carers and linking them to peers with shared experiences. The opportunity for children and young people to discuss their parents' mental health and their own caring role can mitigate against increasingly harmful impacts.^{19 20}

There should be increased investment in community-based early intervention programs, co-located with early childhood centres, preschools, and schools. Alongside this, should be more effective assessment and treatment plans that enable the early identification of children and young people who have parents with mental illness, and that prioritise child/youth-focused (and ideally child/youth-led) planning that focuses on empowering children and young people and links them with peers and other supports.

The provision of early supports for both parents with mental illness and their children may mitigate against unnecessary contact with the care and protection system.

¹⁴ McDowell, J. (2018). Out-of-Home Care in Australia: children and young people's views after five years of national standards. CREATE Foundation.

¹⁵ An Outline of National Standards for Out-of-Home Care: A priority project under the National Framework for Protecting Australia's Children 2009-2020. https://www.dss.gov.au/sites/default/files/documents/pac_national_standard.pdf

¹⁶ "Prevention of mental health disorders: effective interventions and policy options: summary report", World Health Organisation (WHO), 2004.

¹⁷ Karin T M van Doesum & Clemens M H Hosman (2009) Prevention of emotional problems and psychiatric risks in children of parents with a mental illness in the Netherlands: II. Interventions, Australian e-Journal for the Advancement of Mental Health, 8:3, 264-276.

¹⁸ Beardslee W, Solantaus T, van Doesum K (2005). Coping with parental mental illness. In: Hosman C, Jané-Llopis E, Saxena S, eds. *Prevention of mental disorders: effective interventions and policy options*. Oxford, Oxford University Press cited in "Prevention of mental health disorders: effective interventions and policy options: summary report", World Health Organisation (WHO), 2004.

¹⁹ Cooklin, A. (2009). 'Children as carers of parents with mental illness'. *Psychiatry*, 8 (1), 17-20.

²⁰ Manning, C. & Gregoire, A. (2009). 'Effects of parental mental illness on children'. *Psychiatry*, 8(1), 7-9.

Infant mental health

The prevalence of mental ill-health detected in pre-school children in OOHC is 60.5%, which highlights the importance of early intervention and mental health screening for this cohort.²¹ Integrating early development and parenting services with early education, preschool and school preparation programs is essential to early mental health intervention.^{22 23}

An economic evaluation of such programs has shown that savings exceed the cost of the program four-fold.²⁴ Education programs delivered in early childhood settings, with home visiting components have showed similar positive outcomes.²⁵ The PACYPC recognises the need to work closely with community to ensure necessary adjustments are made to these programs to meet the needs of families from diverse communities, and the importance for these programs to be run in community-controlled organisations.^{26 27}

Young people in residential care

A particularly vulnerable cohort in OOHC are young people living in residential care, who show sharply elevated rates of mental ill health.^{28 29} International research indicates that when well resourced, residential care can be the most appropriate form of care for some children and young people,³⁰ particularly those who would otherwise experience multiple placement breakdowns and homelessness. However, the physical and mental wellbeing of children and young people in residential care deteriorates in when they have less support, less choice, less stability, and fewer opportunities to have their say. For these children and young people, they were also less often supported to achieve in education, less likely to have contact with their siblings, and less likely to have their health and mental health managed.³¹

When young people in out-of-home care were surveyed about their health, with particular emphasis on their mental health and how easy it was for them to access services, children and young people in the ACT reported the 'lowest sense' of health than any other jurisdiction, with those in residential care reporting substantially lower ratings compared to their peers in home-based placements.³² Children and young people in residential care also reported the most difficulty in accessing health services more broadly, with counselling services being reported as the most difficult to access for those in the ACT. The jurisdictional discrepancies indicate that children and young people in out-of-home care in the ACT report significantly lower satisfaction, with those in residential care benefiting less from preventative health services.³³

For all children and young people in out-of-home care it is essential that preventative measures prioritise early mental health assessment and therapeutic planning. Further, access to and participation in extracurricular and sporting activities has been shown to result in both better educational and mental health outcomes. It will therefore be important to determine what barriers exist to children and young people in the ACT, especially those in residential services, participating in such activities.

²¹ Lok, L., & Tzioumi, D. (2015). Mental health needs of children in out-of-home-care. *Journal of Paediatrics and Child Health*, 51(S2), 7-8. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/jpc.1291324/full>

²² A Woodward, D Ward, J Jackson, Exploring the Long-term Influence of the Family Nurse Partnership on the Lives of Young Mothers: Jessica Jackson, *European Journal of Public Health*, Volume 27, Issue suppl_3, November 2017, cxx186.308, <https://doi.org/10.1093/eurpub/ckx186.308>

²³ Sawyer MG, Frost L, Bowering K, et al Effectiveness of nurse home-visiting for disadvantaged families: results of a natural experiment *BMJ Open* 2013;3:e002720. doi: 10.1136/bmjopen-2013-002720

²⁴ Catania, L., Hetrick, S., Purcell, R., & Newman, L. (2011). 'Prevention and early intervention for mental health problems in 0-25 year olds: Are there evidence-based models of care?', *Advances in Mental Health*, 10, 3-16

²⁵ Schweinhart, L. (2002). How the HighScope Perry Preschool study grew: A researcher's tale [Electronic Version]. Phi Delta Kappa Center for Evaluation, Development, and Research (research report 32).

²⁶ Nguyen, H., Zarnowiecki, D., Segal, L., Gent, D., Silver, B., Boffa, J. (2018). 'Feasibility of implementing infant home visiting in a central Australian Aboriginal Community'. *Prevention Science*. 19(7), 966-76.

²⁷ Sawrikar, P. & Katz, J. (2008). 'Enhancing family and relationship service accessibility and delivery to culturally and linguistically diverse families in Australia'. *Australian Family Relationships Clearinghouse* (3).

²⁸ Rahamin, A. & Mendes, P. (2015). 'Mental health supports and young people transitioning from OOHC in Victoria'. *Children Australia*, 41, 59-68.

²⁹ Akister, J., Owens, M., & Goodyer, I. M. (2010). Leaving care and mental health: outcomes for children in out-of-home care during the transition to adulthood. *Health research policy and systems*, 8, 10.

³⁰ McDowell, J. (2018). Out-of-Home Care in Australia: children and young people's views after five years of national standards. CREATE Foundation.

³¹ Ibid.

³² Ibid.

³³ Ibid.

Young adults transitioning from care

The relative disadvantage experienced by young people leaving care spans a number of factors including ongoing poor physical and mental health, substance use, homelessness, unemployment and victimisation.³⁴ The uncertainty and fragmentation that is typical during transition from care can trigger acute mental ill health including self-harm and suicide.^{35 36}

Under the National Out-of-Home Care Standards, all young people should have a leaving care plan and have participated directly in its development from the age of 15. Given that mental health concerns can manifest after a young person turns 18, it is crucial that mental health planning is prioritised, and entitlements should be detailed in the leaving care plan to ensure the Director-General meets their obligations even after a young person has exited care.

The PACYPC has been involved in multiple cases where the transition for young people in OOHC from adolescent status to adulthood correlates with the abrupt cessation of longstanding and familiar services. The PACYPC is involved in early discharge planning well before young people turn 18 and advocates for a robust transition plan with all services and safeguards in place. The PACYPC's advocacy is inclusive and seeks to promote the young person's views and wishes to the extent they are provided. Well planned and collaborative work is necessary to promote positive mental and physical health outcomes for young people.

Legislated changes to increase aftercare support to young people beyond 18 years of age in jurisdictions outside of Australia has demonstrated improved mental health outcomes, with a reduction in the duration and severity of conditions.^{37 38} In the *Children and Young People Act 2008*, the Director-General holds discretionary powers in determining the amount of support provided to a young person after they have transitioned from care in the ACT.

The PACYPC strongly advocates for the provision of ongoing support, including both financial and case management assistance for young adults exiting care until they are 25 years of age.

Young people involved in youth justice systems

Young people involved in the justice system represent one of the most vulnerable and disadvantaged cohorts brought to the attention of the PACYPC. In a 2020 report by the Kirby Institute,³⁹ the following data was reported in respect of the preliminary findings of the mental health experiences of 465 justice-involved young people:

- 75% experienced some form of abuse physical, verbal, emotional, financial or neglect
- Almost half (44%) reported that they had experienced a head injury that resulted in a loss of consciousness
- 23% reported that they had attempted suicide, compared to 4% of peers in the general population
- 35% reported that they had self-harmed compared to 14% of peers in general population
- Females were more likely to experience mental disorders, mental distress, self-harming and suicide.

³⁴ 'Raising our children: guiding young Victorians in care into adulthood. Socioeconomic benefit analysis by Deloitte Access', Report commissioned by Anglicare Victoria, 2016.

³⁵ Rahamin, A. & Mendes, P. (2015). 'Mental health supports and young people transitioning from OOHC in Victoria'. *Children Australia*, 41, 59-68.

³⁶ Dixon, J. (2008). 'Young people leaving care: wellbeing and outcomes'. *Child & Family Social Work*, 13, 207-17.

³⁷ Rahamin, A. & Mendes, P. (2015). 'Mental health supports and young people transitioning from OOHC in Victoria'. *Children Australia*, 41, 59-68.

³⁸ Lok, L., & Tzioumi, D. (2015). Mental health needs of children in out-of-home-care. *Journal of Paediatrics and Child Health*, 51(S2), 7-8. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/jpc.1291324/full>

³⁹ Meurk, C., Steele, M., Yap, L., Heffernan, E., Davison, S., Nathan, S., Donovan, B., Sullivan, L., Schess, J., Harden, S., Ton, B. & Butler, T. (2020) Changing Direction: mental health needs of justice-involved young people in Australia. Kirby Institute, UNSW, Sydney.

The outcomes of this report highlight the need for holistic, trauma-informed social and healthcare interventions for justice-involved young people. Given that young people involved with child-protection services and out-of-home care are more likely to become involved in the youth justice system,⁴⁰ this is further evidence that early intervention measures including adequate mental health assessments and therapeutic planning are essential in interrupting this trajectory.

Young people who are parents

Early intervention is crucial to address the social determinants of mental health for children and young people in OOHC. To break the intergenerational cycle of OOHC and the increased onset of associated mental health conditions, it is crucial that mental health services are accessible and specific to the unique needs of young parents,⁴¹ particularly young parents with an experience of out-of-home care.⁴²

Universal and targeted early support services within an integrated, strength-based and trauma-informed system promote wellbeing and provide opportunities for early mental health support from infancy. For this outcome to eventuate, there must be strong cooperative relationships between early childhood services, child protection, education, housing, justice and health.

The key to mitigating the risk factors for children and young people is to strengthen the family system through early intervention, and to build the capacity of community networks to prevent the onset of mental disorders and respond effectively when they emerge. Engaging young parents themselves should be at the forefront of policy-making so as to ensure their lived experience facilitates an appropriate understanding of their unique circumstances.

CONCLUDING COMMENTS

In closing, I thank the Committee for the opportunity to provide a submission in support of improved mental health supports and services for children and young people in the ACT. I encourage the Committee to prioritise the views of children and young people to the extent they are available, and to recommend that children and young people are actively engaged in any reforms generated from this inquiry.

I would be pleased to make myself available should you have any questions or if you would like more detailed information on any of the issues raised in this submission.

I can be contacted via email to [REDACTED] or by phone on [REDACTED]

Regards,

[REDACTED]
Jodie Griffiths-Cook
Public Advocate and Children and Young People Commissioner
ACT Human Rights Commission

⁴⁰ McFarlane, K., (2016) 'Care-criminalisation': the involvement of children in out of home care in the NSW criminal justice system (unpublished thesis) <http://www.unsworks.unsw.edu.au/primolibrary/libweb/action/dlDisplay.do?vid=UNSWORKS&docId=unsworks38185>

⁴¹ Price-Robertson, R. (2010). 'Supporting Young Parents'. *Child Family Community Australia*, Australian Institute of Family Studies.

⁴² Antij, K. & Hiilamo, H. (2017). 'Children in OOHC as young adults: A systemic review of outcomes in Nordic countries'. *Children and Youth Services Review*, 79, 107-14.