# Youth Mental Health in the ACT

Standing Committee on Education, Employment and Youth Affairs

August 2020

Report 9

## The Committee

### Committee Membership

* Mr Michael Pettersson MLA Chair
* Mrs Elizabeth Kikkert MLA Deputy Chair
* Ms Elizabeth Lee MLA Member

### Secretariat

* Ms Sarah McFadden Committee Secretary
* Ms Alice Houghton Senior Research Officer (to July 2020)
* Dr Frieda Scott Senior Research Officer
* Ms Lydia Chung Administration Officer
* Mrs Michelle Atkins Administration Officer

### Contact Information

Telephone 02 6205 0127

Post GPO Box 1020, CANBERRA ACT 2601

Email [committees@parliament.act.gov.au](mailto:committees@parliament.act.gov.au)

Website [www.parliament.act.gov.au](http://www.parliament.act.gov.au)

### Resolution of Appointment

On 13 December 2016, the ACT Legislative Assembly agreed by resolution to establish legislative and general purpose standing committees to inquire into and report on matters referred to them by the Assembly or matters that are considered by the committees to be of concern to the community, including:

* + - A Standing Committee on Education, Employment and Youth Affairs (the Committee) to examine matters related to early childhood education and care, primary, secondary, post‑secondary and tertiary education, non-government education; industrial relations and work safety; and youth services.

The Legislative Assembly agreed that each committee shall have power to consider and make use of the evidence and records of the relevant standing committees appointed during the previous Assembly.

### Terms of Reference

The Committee resolves to inquire into and report on the state of youth (under 25 years of age) mental health and operation of youth mental health services across the ACT, with particular reference to:

1. hearing the voices of the ACT community, including young people and their families, young people from culturally and linguistically diverse (CALD) backgrounds and Aboriginal and Torres Strait Islander (ATSI) communities, young people living with disability, young people with lived experience of mental health and addiction challenges, young people affected by suicide and people involved in preventing and responding to mental health and addiction challenges;
2. ACT’s current approach to prevention and early intervention strategies and services for youth mental health and addiction, and what needs to change;
3. reviewing the work being undertaken in ACT schools to identify students at risk and early intervention strategies available to address such concerns;
4. the availability of professional mental health services for students and their families at school and out of hours, including weekends and school holidays;
5. reviewing data published by Mission Australia, the Black Dog Institute and other organisations on youth mental health statistics in the ACT, as well as relevant experiences and learnings from other jurisdictions;
6. reviewing data relating to family-based prevention and early intervention, including the impacts of screen time on children's mental health, family separation/divorce and family lifestyle;
7. reporting on how the ACT Government is preventing mental health and addiction challenges and responding to the needs of young people with those challenges; and
8. family based prevention and early intervention strategies, community confidence in the youth mental health system and better outcomes for ATSI, CALD youth, youth living with disability as well as other groups of youth that have disproportionally poorer outcomes.

Areas the inquiry will focus on include:

1. mental health challenges and needs of young people in the ACT across the full spectrum from mental distress to enduring psychiatric illness;
2. ready access to mental health support and services by young people;
3. identifying roles and responsibilities of the family unit in supporting youth facing mental health and addiction challenges, and supporting families in carrying out these roles and responsibilities;
4. prevention and early intervention of mental health and addiction strategies;
5. identifying and responding to young people with mental health and addiction challenges;
6. youth suicide prevention and support for those close to someone who has taken their own life;
7. range of services available in ACT schools including counsellors, pastoral care workers, psychologists and other mental health professionals both in schools and within the Directorate;
8. the extent and availability of mental health first aid training for teachers and learning assistants; and
9. any other relevant matter.

## Assistance Information

###### IF YOU, OR SOMEONE YOU KNOW, NEED HELP OR ADVICE, THESE SERVICES PROVIDE SUPPORT:

###### Kids Helpline: 1800 55 1800

###### LIFELINE: 13 11 14

###### headspace: 1800 650 890 OR [www.headspace.org.au](http://WWW.HEADSPACE.ORG.AU)

###### Suicide Call Back Service: 1300 659 467

###### SANE Helpline: 1800 18 7263

## Acronyms and abbreviations

|  |  |
| --- | --- |
| AdMHU | Adolescent Mental Health Unit |
| AMHU | Adult Mental Health Unit |
| AMOS | Adolescent Mobile Outreach Service |
| CAMHS | Child and Adolescent Mental Health Service |
| CBT | Cognitive Behavioural Therapy |
| Committee | ACT Legislative Assembly Standing Committee on Education, Employment and Youth Affairs |
| CYPS | Child and Youth Protection Services |
| DBT | Dialectical Behavioural Therapy |
| EPR | Enduring Parental Responsibility |
| LSU | Learning Support Unit |
| MIEACT | Mental Illness Education ACT |
| MoC | Model of Care |
| OMHW | ACT Office for Mental Health and Wellbeing |
| OMHW Review | ACT Office for Mental Health and Wellbeing *Review of Children and Young People in the ACT* |
| OOHC | Out of Home Care |
| PACER | Police, Ambulance, Clinician Emergency Response |
| PACYPC | Public Advocate and Children and Young People Commissioner |
| PHN | Primary Health Network |
| RANZCP | Royal Australian and New Zealand College of Psychiatrists |

Table of Contents

[The Committee i](#_Toc48119988)

[Committee Membership i](#_Toc48119989)

[Secretariat i](#_Toc48119990)

[Contact Information i](#_Toc48119991)

[Resolution of Appointment ii](#_Toc48119992)

[Terms of Reference ii](#_Toc48119993)

[Recommendations ix](#_Toc48119996)

[1 Introduction 1](#_Toc48119997)

[Conduct of the Inquiry 1](#_Toc48119998)

[Acknowledgements 3](#_Toc48119999)

[Mental Health Statistics 3](#_Toc48120000)

[Existing Investigations 5](#_Toc48120001)

[Impacts of the COVID-19 Pandemic 7](#_Toc48120002)

[2 Services and Support 9](#_Toc48120003)

[Education 10](#_Toc48120004)

[Health 17](#_Toc48120005)

[Community Services 33](#_Toc48120006)

[Justice 39](#_Toc48120007)

[Self-help and Navigation 45](#_Toc48120008)

[3 Comorbidities and Complexity 50](#_Toc48120009)

[Substance Abuse 50](#_Toc48120010)

[Eating Disorders 53](#_Toc48120011)

[Autism and Disability 57](#_Toc48120012)

[Behavioural Disorders 60](#_Toc48120013)

[Suicide 61](#_Toc48120014)

[4 Environments and Early Intervention 64](#_Toc48120015)

[Social Disadvantage 64](#_Toc48120016)

[Diverse Populations 68](#_Toc48120017)

[The Family Unit 71](#_Toc48120018)

[Promotion, Prevention and Early Intervention Programs 74](#_Toc48120019)

[5 Conclusion 80](#_Toc48120020)

[Appendix A – Submissions 81](#_Toc48120021)

[Appendix B – Witnesses 83](#_Toc48120022)

[26 May 2020 83](#_Toc48120023)

[2 June 2020 83](#_Toc48120024)

[30 June 2020 84](#_Toc48120025)

[1 July 2020 84](#_Toc48120026)

[14 July 2020 84](#_Toc48120027)

[Appendix C – Questions Taken on Notice/ Questions on Notice 85](#_Toc48120028)

[Appendix D – Exhibits 87](#_Toc48120029)

## Recommendations

[Recommendation 1](#_Toc48120030)

[2.10 The Committee recommends the ACT Government provide mental health training to teachers and principals so that they can recognise signs of mental health issues in students such as depression and anxiety and know what action to take.](#_Toc48120031)

[Recommendation 2](#_Toc48120032)

[2.17 The Committee recommends that the ACT Government recruit more school psychologists.](#_Toc48120033)

[Recommendation 3](#_Toc48120034)

[2.18 The Committee recommends that the ACT Government recruit more youth workers in schools.](#_Toc48120035)

[Recommendation 4](#_Toc48120036)

[2.19 The Committee recommends that the ACT Government reinstate access to the National School Chaplaincy Program for ACT government schools.](#_Toc48120037)47

[Recommendation 5](#_Toc48120038)

[2.20 The Committee recommends the ACT Government improve privacy for students accessing counselling services at schools.](#_Toc48120039)

[Recommendation 6](#_Toc48120040)

[2.25 The Committee recommends the ACT Government implement digital mental health screening/check-ups in schools to reduce depression, anxiety and suicide risk.](#_Toc48120041)

[Recommendation 7](#_Toc48120042)

[2.29 The Committee recommends the ACT Government amend eligibility for Learning Support Units so that meeting ACT Student Disability Criteria be considered suitable to enter or access the services of a school’s Learning Support Unit.](#_Toc48120043)

[Recommendation 8](#_Toc48120044)

[2.33 The Committee recommends the ACT Government provide students with access to mental health support services at any time and ensure after-hours options are communicated to students at school.](#_Toc48120045)

[Recommendation 9](#_Toc48120046)

[2.37 The Committee recommends the ACT Government also provide access to school‑based mental health resources and expertise to non-government schools, where there is a demonstrated need.](#_Toc48120047)

[Recommendation 10](#_Toc48120048)

[2.38 The Committee recommends that the ACT Government consult with the Galilee School on the support they need as they work with young people’s mental health issues.](#_Toc48120049)

[Recommendation 11](#_Toc48120050)

[2.44 The Committee recommends that the ACT Government quantify the private expenditure that ACT residents are spending on mental health services and identify the mental health treatment pathways being pursued by Canberra residents and report back to the Assembly by mid-2021.](#_Toc48120051)

[Recommendation 12](#_Toc48120052)

[2.45 The Committee recommends that the ACT Government address gaps in mental health service provision between different age brackets.](#_Toc48120053)

[Recommendation 13](#_Toc48120054)

[2.46 The Committee recommends that the ACT Government address gaps in mental health service provision between different genders.](#_Toc48120055)

[Recommendation 14](#_Toc48120056)

[2.47 The Committee recommends the ACT Government provide ongoing professional development to mental health professionals.](#_Toc48120057)

[Recommendation 15](#_Toc48120058)

[2.58 The Committee recommends that CAMHS, and CYPS where relevant, always encourage young people who leave the STEPS program to return to the program in future.](#_Toc48120059)

[Recommendation 16](#_Toc48120060)

[2.63 The Committee recommends that the ACT Government conduct a formal evaluation of the PACER program with a view to making it a permanent service with expanded coverage and times.](#_Toc48120061)

[Recommendation 17](#_Toc48120062)

[2.69 The Committee recommends the ACT Government prioritise making more mental health treatments, of the kind young people are currently required to travel interstate to access, available in Canberra.](#_Toc48120063)

[Recommendation 18](#_Toc48120064)

[2.70 The Committee recommends that the ACT Government provide financial support, and promote the availability of this support, to families who are required to travel interstate for their children’s mental health treatments.](#_Toc48120065)

[Recommendation 19](#_Toc48120066)

[2.74 The Committee recommends that the ACT Government publish the timeline for completion of the Adolescent Mental Health Unit at the Centenary Hospital for Women and Children by the last sitting day of the 9th Assembly.](#_Toc48120067)

[Recommendation 20](#_Toc48120068)

[2.75 The Committee recommends the ACT Government fund and implement the elements of the *Model of Care for the Adolescent Mental Health Unit and Day Service* (parts of the day program and the expanded Adolescent Mobile Outreach Service) which can commence prior to the building’s completion.](#_Toc48120069)

[Recommendation 21](#_Toc48120070)

[2.94 The Committee recommends the ACT Government provide more counselling services to address the gap between headspace requirements for treatment and other facilities such as CAMHS so that young patients are adequately supported.](#_Toc48120071)

[Recommendation 22](#_Toc48120072)

[2.103 The Committee recommends that the ACT Government expand the eligible age range for the planned Adolescent Mental Health Unit and CAMHS to 25 years of age.](#_Toc48120073)

[Recommendation 23](#_Toc48120074)

[2.104 The Committee recommends that the ACT Government work with higher education providers to ensure there is suitable provision of mental health services on campus.](#_Toc48120075)

[Recommendation 24](#_Toc48120076)

[2.108 The Committee recommends that every patient under 25 years of age be given a care plan and an immediate case manager to help them recover when discharged from a mental health unit. The plan should also be communicated to carers.](#_Toc48120077)

[Recommendation 25](#_Toc48120078)

[2.118 The Committee recommends the ACT Government develop a plan to train and recruit more female youth mental health professionals in the ACT.](#_Toc48120079)

[Recommendation 26](#_Toc48120080)

[2.119 The Committee recommends the ACT Government assess the current mental health workforce and ensure it reflects the diversity of Canberra’s population.](#_Toc48120081)

[Recommendation 27](#_Toc48120082)

[2.120 The Committee recommends the ACT Government investigate funding and making available trained psychologists for intermittent non-going one-off psychologist visits for individuals whilst they are waiting for an opening for a long-term ongoing psychologist.](#_Toc48120083)

[Recommendation 28](#_Toc48120084)

[2.133 The Committee recommends the ACT Government provide more support, education and access to critical mental health information for registered young carers.](#_Toc48120085)

[Recommendation 29](#_Toc48120086)

[2.137 The Committee recommends that the ACT Government conduct an evaluation with a view to making the Safe and Connected Youth trial a permanent service.](#_Toc48120087)

[Recommendation 30](#_Toc48120088)

[2.151 The Committee recommends that the ACT Government give more consideration of parents/carers in relevant legislation such that at milestones of 16/18 years of age, parents are not removed from care planning.](#_Toc48120089)

[Recommendation 31](#_Toc48120090)

[2.152 The Committee recommends that the ACT Government review the application process for legal guardianship so that parents and carers can assist in obtaining appropriate treatments for young people with mental health challenges.](#_Toc48120091)

[Recommendation 32](#_Toc48120092)

[2.162 The Committee recommends that the ACT Government ensure that, where appropriate and with the young person’s consent, information is shared between mental health services accessed by young detainees and Bimberi staff to enable Bimberi staff to best support the young person.](#_Toc48120093)

[Recommendation 33](#_Toc48120094)

[2.173 The Committee recommends that the ACT Government provide youth-centric mental health support services at the Alexander Maconochie Centre.](#_Toc48120095)

[Recommendation 34](#_Toc48120096)

[2.174 The Committee recommends that the ACT Government allow carers to be informed about suicide attempts and mental health care plans, if the relevant young person consents, at the beginning of justice system entry.](#_Toc48120097)

[Recommendation 35](#_Toc48120098)

[2.175 The Committee recommends that the ACT Government improve mental health and wellbeing services for Bimberi and AMC (young detainees) by providing external vocational education and training based on the detainees’ interests.](#_Toc48120099)

[Recommendation 36](#_Toc48120100)

[2.176 The Committee recommends that every detainee under 25 years of age who has presented with mental health challenges be given a care plan and an immediate case manager to help them recover when discharged from Bimberi, AMC or Dhulwa. The plan should also be communicated to carers.](#_Toc48120101)

[Recommendation 37](#_Toc48120102)

[2.177 The Committee recommends that the ACT Government provide case workers who assist young people transitioning out of a detention setting with Mental Health First Aid training to ensure the young people are supported in an appropriate manner.](#_Toc48120103)

[Recommendation 38](#_Toc48120104)

[2.178 The Committee recommends that the ACT Government provide mental health support, especially for those under 25 involved with the justice system to divert young people from custodial harm.](#_Toc48120105)

[Recommendation 39](#_Toc48120106)

[2.186 The Committee recommends that the ACT Government fund more accessible and free counselling and mentor services for young people aged 12-25 years.](#_Toc48120107)

[Recommendation 40](#_Toc48120108)

[2.193 The Committee recommends that the ACT Government trial more automated e-health services and report back on outcomes by mid-2021.](#_Toc48120109)

[Recommendation 41](#_Toc48120110)

[2.194 The Committee recommends that the ACT Government investigate implementing evidence‑based CBT (cognitive behavioural therapy) online programs.](#_Toc48120111)

[Recommendation 42](#_Toc48120112)

[2.198 The Committee recommends that the ACT Government should as a matter of urgency bring online the central navigation portal for youth mental health services.](#_Toc48120113)

[Recommendation 43](#_Toc48120114)

[3.13 The Committee recommends that the ACT Government expand drug rehabilitation services in the ACT.](#_Toc48120115)

[Recommendation 44](#_Toc48120116)

[3.14 The Committee recommends that the ACT Government expand evidence-based residential rehabilitation programs for young people struggling with addiction in the ACT.](#_Toc48120117)

[Recommendation 45](#_Toc48120118)

[3.19 The Committee recommends that the ACT Government pursue young people’s use and possession of drugs in a coordinated and holistic manner.](#_Toc48120119)

[Recommendation 46](#_Toc48120120)

[3.20 The Committee recommends that the ACT Government consider further criminal justice diversion for young drug users by investigating the appropriateness of a simple drug offence notice for some drugs.](#_Toc48120121)

[Recommendation 47](#_Toc48120122)

[3.26 The Committee recommends that the ACT Government quantify the prevalence of eating disorders in the ACT and the treatment pathways being pursued by Canberra residents and report back to the Assembly by mid-2021.](#_Toc48120123)

[Recommendation 48](#_Toc48120124)

[3.30 The Committee recommends that the ACT Government provide an update on the 2018 Position Statement on Eating Disorders by the last sitting day of the 9th Assembly.](#_Toc48120125)

[Recommendation 49](#_Toc48120126)

[3.37 The Committee recommends that the ACT Government provide further eating disorder support services in the ACT, prioritising services on the northside.](#_Toc48120127)

[Recommendation 50](#_Toc48120128)

[3.39 The Committee recommends the ACT Government expedite the construction of an inpatient eating disorder clinic.](#_Toc48120129)

[Recommendation 51](#_Toc48120130)

[3.49 The Committee recommends that CAHMS expand its work to include and/or further cater to autistic youth.](#_Toc48120131)

[Recommendation 52](#_Toc48120132)

[3.50 The Committee recommends that the mental health sector and Child and Youth Protection Services need better training, knowledge and understanding about autistic youth.](#_Toc48120133)

[Recommendation 53](#_Toc48120134)

[3.55 The Committee recommends that the ACT Government assess whether existing mental health services are appropriate for young Canberrans living with a disability.](#_Toc48120135)

[Recommendation 54](#_Toc48120136)

[3.71 The Committee recommends that the ACT Children and Young People Death Review Committee reviews should include reporting for people aged up to 25 years.](#_Toc48120137)

[Recommendation 55](#_Toc48120138)

[4.8 The Committee recommends the ACT Government consider how to address the broader root causes and compounding factors of youth mental illness.](#_Toc48120139)

[Recommendation 56](#_Toc48120140)

[4.9 The Committee recommends that the ACT Government support the holistic needs of the ACT’s youngest and most vulnerable children (first 1,000 days) to prevent the effects of trauma and disadvantage from detrimentally affecting the development of foundational life skills, including support for their social and emotional wellbeing.](#_Toc48120141)

[Recommendation 57](#_Toc48120142)

[4.10 The Committee recommends that the ACT Government identify and respond to the holistic needs of young parents in disadvantaged communities, particularly parents in the child protection system or at risk of contact with the children protection system, including through providing life skills, housing, employment, transport, trauma and mental health.](#_Toc48120143)

[Recommendation 58](#_Toc48120144)

[4.15 The Committee recommends that accessing youth mental health residential services in the ACT should not be dependent on nominating an address.](#_Toc48120145)

[Recommendation 59](#_Toc48120146)

[4.21 The Committee recommends that the ACT Government fund evidence-based employment support programs for young people with mental illness.](#_Toc48120147)

[Recommendation 60](#_Toc48120148)

[4.24 The Committee recommends that the ACT Government acknowledge the diversity of needs in provision of mental health services for young people and ensure services are co-designed by young people, including ATSI young people, CALD young people (including international students), LGBTIQ+ young people and young people living with disabilities.](#_Toc48120149)

[Recommendation 61](#_Toc48120150)

[4.39 The Committee recommends that the ACT Government take a whole family approach to supporting children and young people at risk of poor mental health or showing symptoms of mental illness.](#_Toc48120151)

[Recommendation 62](#_Toc48120152)

[4.52 The Committee recommends that the ACT Government promote accessible and flexible evidence-based parenting support programs to parents and integrate these into whole‑of‑school approaches to mental health and wellbeing.](#_Toc48120153)

[Recommendation 63](#_Toc48120154)

[4.59 The Committee recommends that the ACT Government integrate wellbeing into the curriculum through evidence-based mental health programs and e-mental health, including cognitive behavioural therapy, that help students cope with stress and boost self‑esteem, increasing mental health literacy and preventing bullying.](#_Toc48120155)

[Recommendation 64](#_Toc48120156)

[4.63 The Committee recommends that the ACT Government expand mental health awareness and education programs in ACT government schools.](#_Toc48120157)

[Recommendation 65](#_Toc48120158)

[4.68 The Committee recommends that the ACT Government makes Mental Health First Aid training available for young people and their parents/carers.](#_Toc48120159)

[Recommendation 66](#_Toc48120160)

[4.77 The Committee recommends that the ACT Government roll-out the mental health promotion program which is found to be most effective for 8-12 year olds as a matter of urgency, including to non-government schools.](#_Toc48120161)

## Introduction

*What I would tell others is that, just hold on, it will get better, even though sometimes I do not believe that and I should take my own advice. There is hope. It did take four years but if I had not had my family and if I had not pushed through and stayed positive, I, you know, part of me feels that I would not even be here today. So just hold on and things will get better.*

– PJ Anderson, 19 years of age[[1]](#footnote-1)

* 1. Half of all mental health conditions arise before the age of 14 years and three-quarters before the age of 25.[[2]](#footnote-2) On top of the emotional toll on young people and their loved ones, estimates of the annual economic cost of mental illness in young people aged 12-25 range from $6.3 billion to $10.6 billion, mainly from lost productivity and direct health costs.[[3]](#footnote-3) The importance of this Inquiry cannot be overstated. Mental ill-health exists within a web of various social, environmental and economic root causes so holistic solutions are required.
  2. The organisation that operates Kids Helpline, yourtown, summarised the issues well:

Mental health services for children and young people typically have long waiting lists, provide inadequate access to Medicare-funded counselling sessions, are cost prohibitive, have exclusionary eligibility criteria, do not have the capability to respond to complex needs or to manage crisis situations, including post-crisis and are inaccessible, such as face-to-face services which may attract stigma.[[4]](#footnote-4)

### Conduct of the Inquiry

#### Self-referral

* 1. At a private meeting on 17 December 2019, and in accordance with Standing Order 216, the Committee resolved to conduct the *Inquiry into Youth Mental Health in the ACT*. Youth services falls within the resolution of establishment of this Committee, however mental health is within the resolution of establishment for the Assembly’s Standing Committee on Health, Ageing and Community Services (HACS). Noting this Inquiry’s cross-over between Committee resolutions, agreement was sought, and received on 29 January 2020, from the HACS Committee to proceed with this Inquiry topic.

#### Site Visits and Briefings

* 1. In March 2020, the Committee conducted site visits to Mental Illness Education ACT (MIEACT), the Junction Youth Health Service and headspace Canberra. The Committee intended to conduct a range of other site visits however was prevented from doing so by the introduction of COVID-19 restrictions. In May 2020, the Committee hosted a private briefing, via videoconference, with Education Directorate officials to better understand the work of school psychologists.

#### Submissions

* 1. On 11 February 2020, the Committee called for submissions to the Inquiry, closing on 20 March 2020. A total of 17 submissions were received in this period. On 29 May 2020, following powerful evidence received at the first public hearing, the Committee agreed to re‑open the submission process until 19 June 2020. An additional 15 submissions were received in this round bringing the total to 32 submissions ([Appendix A](#_Appendix_A_–)).

#### Hearings

* 1. The Committee held four public hearings via videoconference from May – July 2020 and heard evidence from a range of witnesses ([Appendix B](#_Appendix_B_–)).[[5]](#footnote-5) The Committee also held one *in camera* hearing in July 2020 at which three witnesses appeared. There were three Questions Taken on Notice (QTONs) at the hearings and 19 Questions on Notice (QONs) lodged following the hearings ([Appendix C](#_Appendix_C_–)).[[6]](#footnote-6)

#### Terminology

* 1. The Committee uses a variety of terms interchangeably in this report – for example, youth, young people, children and young people and adolescents. The Terms of Reference framed the Inquiry around people aged 25 years and younger. As such, and unless otherwise specified, the term ‘youth’ in this report refers to individuals aged 25 years and younger.
  2. Further, the Committee adopted the World Health Organisation definition of mental health as a ‘state of wellbeing in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.’[[7]](#footnote-7) The Committee emphasises that an important implication of this definition is that mental health is more than just the absence of mental disorders or disabilities.

### Acknowledgements

* 1. The Committee extends its most sincere gratitude to the individuals who contributed their lived experience to this Inquiry. In addition, the Committee recognises the difficult period in which this Inquiry took place and thanks the many organisations who made time to produce a submission and/or appear at a public hearing, particularly in light of increased demand on services due to COVID-19. The Committee also acknowledges Mr Shane Rattenbury MLA, in his capacity as Minister for Mental Health, Ms Yvette Berry MLA, in her capacity as Minister for Education and Early Childhood Development and Ms Rachel Stephen-Smith MLA, in her capacity as Minister for Children, Youth and Families for assisting the Committee with the Inquiry. The Committee also thanks accompanying directorate and agency officials for providing their time and expertise as witnesses.

### Mental Health Statistics

* 1. International data suggest half of all mental health conditions arise before the age of 14 years and three-quarters before the age of 25.[[8]](#footnote-8)

#### Snapshot of Youth Mental Health in Australia

* 1. While investment in mental health services has increased, the prevalence of psychological distress among young people aged 15-19 has continued to rise by 5.5 per cent from 2012 to 2018. Around 14 per cent of young people aged 4-17 years have mental health problems.[[9]](#footnote-9) More than 1 in 4 of 16-24-year-olds had mental illness in the past 12 months.[[10]](#footnote-10)
     + Mental health has become a top concern among young people. A 2019 youth survey result shows that mental health (36 per cent) is listed by youth as the most important issue in Australia today, followed by the environment (34 per cent) and equity and discrimination (25 per cent).[[11]](#footnote-11)
     + Young people aged 12-17 were the largest group of mental health patients at community mental health care services in 2017-18 (656.7 service contacts per 1,000 population).[[12]](#footnote-12) In the same year, females aged 12–17 years had the highest contact rate and they were also the largest group of patients with stress-related disorder.[[13]](#footnote-13)
     + The impact of mental health on education outcomes increases greatly from Year 3 to Year 9. On average students with a mental disorder in Year 3 were 7 to 11 months behind students with no mental disorder, but by Year 9 students with a mental disorder were on average 1.5 - 2.8 years behind students with no mental disorder. By Year 9 students with Attention Deficit Hyperactivity Disorder (ADHD) or conduct disorder were up to 5 years behind.[[14]](#footnote-14)

#### Snapshot of Youth Mental Health in the ACT

* 1. ACT residents aged 18-24 years old reportedly have the highest levels of psychological distress (over 40 per cent) in comparison to other age groups in the ACT.[[15]](#footnote-15)
     + Since 2012, ACT youth (15-19 years old) consistently show a high rate of psychological distress in annual surveys of youth mental health in Australia.[[16]](#footnote-16) ACT youth even topped the survey’s data breakdown by state and territory for four years in a row (2012-16) and remained in the top three in more recent years.
     + Further, the same annual survey reveals that Aboriginal and Torres Strait Islander youth in the ACT have the highest rate of psychological distress in comparison to their peers in other states and territories between 2012-18.
     + There were 142 mental health patients aged 12-17 years old out of a total of 1,645 mental health patients admitted to Canberra Health Services (CHS) inpatient units in 2018-19.[[17]](#footnote-17)
     + In the ACT, the average wait time for people with mental health illness waiting in the Emergency Department for a hospital admission is 11 hours.[[18]](#footnote-18)

### Existing Investigations

* 1. The Committee acknowledges and commends the tremendous amount of review work that has already been conducted on this subject. In March 2020, the ACT Government published the outcomes of its Office of Mental Health and Wellbeing (OMHW) *Review of Children and Young People* (‘OMHW Review’) and in June 2020, the Productivity Commission completed its *Inquiry into Mental Health*. The purpose of this Inquiry and report is to complement, rather than duplicate any existing investigations by providing a summary of evidence received by the Committee along with recommendations to improve outcomes for Canberra’s youth.

#### OMHW Review of Children and Young People

* 1. On 20 March 2020, the ACT Government published the OMHW Review.[[19]](#footnote-19) Over 800 people from the ACT contributed their voices to the Review and this included 300 young people under the age of 25 years.
  2. Youth respondents taking part in the OMHW Review were asked what they thought the main issues facing young people in relation to their mental health and wellbeing. Respondents had a selection of issues co‑designed with young people and were asked to choose their top three. The top three identified for those under 25 years were anxiety/stress (coping), school or study problems and experiencing bullying.[[20]](#footnote-20) Youth respondents were also asked what the main obstacles were for young people accessing help. The top three barriers were affordability, wait for access and stigma.[[21]](#footnote-21)
  3. The Review’s three recommendations are listed below.

##### OMHW Review Recommendations

* + - **Recommendation 1:** Make access to services easier, affordable and increase capacity of current providers.
    - **Recommendation 2:** Increase the awareness and education addressing stigma and fear around mental health.
    - **Recommendation 3:** Need for new services targeting moderate to severe mental illness with 24/7 access.
  1. The ACT Government committed to three key projects aligned to the Review’s recommendations: develop and implement an Online Youth Navigation Portal for the ACT; enhance evidence-informed mental health and wellbeing education programs; and support young people requiring moderate to severe mental health services.[[22]](#footnote-22)
  2. Many submissions received by the Committee endorsed the outcomes of the OMHW Review, particularly for the way it actively involved young people in the consultation process.

#### Productivity Commission Inquiry into Mental Health

* 1. In November 2018, the Commonwealth Productivity Commission commenced an Inquiry into Mental Health. The inquiry received 1,244 submissions and 488 comments. On 31 October 2019, the Commission released its 1,238-page draft report which contained two chapters dedicated to early childhood and school education and youth economic participation.[[23]](#footnote-23) The Commission published a range of factsheets to accompany the draft report including a two-page factsheet on Early Childhood, Children and Young People.[[24]](#footnote-24) A summary of recommendations from the draft report is provided below.

##### Summary of Productivity Commission Recommendations

* + - Expansion of early childhood health checks to assess social and emotional development.
    - Skills development in social and emotional wellbeing for teachers and other educators through their initial training and professional development.
    - All tertiary institutions should have a mental health and wellbeing strategy stating how they will support student mental health.
    - Expansion of parent education and support programs.
    - Ensure all schools (over a certain size) have a full-time senior teacher dedicated to student mental health and wellbeing, who also maintains links to mental health support services in the local community.
    - The Individual Placement and Support model of employment support could be used to help place disengaged youth into education or work.
  1. Following the draft report release, the Productivity Commission held nationwide public hearings from November 2019 – February 2020 commencing with a hearing in Canberra on 15 November 2019 which heard from ten organisations and ten individuals.[[25]](#footnote-25)
  2. The inquiry final report was handed to the Australian Government on 30 June 2020 and will be available publicly once tabled in Parliament.[[26]](#footnote-26)

### Impacts of the COVID-19 Pandemic

* 1. The Committee was limited in the extent to which it could gather evidence due to the COVID‑19 pandemic.
  2. When the Committee called for submissions on 11 February 2020, it was impossible to predict the events that would unfold over the ensuing months. On 16 March 2020, the ACT Health Minister declared a Public Health Emergency in response to the rapidly evolving COVID-19 situation across Australia.[[27]](#footnote-27) On 22 March 2020, the ACT Government announced schools would be pupil free from 24 March 2020.
  3. In March 2020, Lifeline received almost 90,000 calls – the most in its 57-year-history. Lifeline saw a 25 per cent increase in calls from the same time last year, with COVID-19 accounting for every second call.[[28]](#footnote-28)
  4. In early April 2020, the Youth Coalition of the ACT conducted a survey of service providers working with young people and families to examine the early impact of COVID-19. This highlighted that young people and their families were experiencing higher levels of stress, anxiety and depression; as well as increased alcohol and other drug use. Services were reporting higher demand from existing clients seeking emotional support. Online and phone‑based mental health providers reported an increase in demand for counselling.[[29]](#footnote-29)
  5. In May 2020, national youth employment fell by 103,000 which represented 45 per cent of all jobs lost in May. The national youth unemployment rate rose to 16.1 per cent.[[30]](#footnote-30) On 6 May 2020, the ACT Government announced $4.5 million in additional funding for mental health services to address increased demand by many Canberrans impacted by COVID-19.[[31]](#footnote-31)
  6. In June 2020, Chief Minister Andrew Barr said:

It is important to also recognise the intergenerational impacts of this virus. Young people may be, to an extent, somewhat more resilient to COVID-19. But they will be disproportionately affected by the pandemic’s economic ramifications, including on the job market, higher education and vocational training sectors, and housing.[[32]](#footnote-32)

## Services and Support

* 1. There is a plethora of initiatives designed to assist young people experiencing mental ill-health. The breadth of services causes complexity of navigation. The Committee does not intend for this report to catalogue the range of services and support available. Much of this information is publicly available. The OMHW Review and the ACT Government submission[[33]](#footnote-33) provide a valuable landscape analysis. Rather, the Committee’s intention is to report on potential areas for improvement.
  2. For ease of comprehension, the Committee has structured this chapter according to the main systems with which young people who may be experiencing mental ill-health interact, namely: education, health, community services and justice along with a final section on self-help and navigation.
  3. The need for improved coordination of mental health services is acknowledged as a major issue. The ACT Government indicated that the creation of the Mental Health portfolio along with the establishment of OMHW was designed to bring a more whole-of-government approach to mental health to identify gaps, pool opportunities together and ensure better coordination.[[34]](#footnote-34)
  4. Further, in terms of coordination, the ACT Government’s ten-year initiative, *Early Support: Changing Systems, Changing Lives (Early Support),* is designed to transform the human services system from a crisis, deficit focus into one enabling earlier assistance and improved wellbeing outcomes for Canberrans. *Early Support* involves Health, Education, Justice and Community Safety and Community Services directorates working together with community sector partners, recognising no single organisation acting alone can improve outcomes for Canberrans experiencing multiple vulnerabilities.[[35]](#footnote-35) While not specifically focused on youth mental health, such redesign of services will positively impact the health and wellbeing of Canberra’s youth.

##### Committee comment

* 1. The Committee heard a range of evidence pointing to the importance of prevention and early intervention in youth mental health along with the need for enhanced coordination across service delivery. The Committee supports the *Early Support* initiative and encourages the ACT Government to consider youth mental health in future implementation projects.

### Education

* 1. Schools offer a unique context for prevention, intervention and positive development for students. Mental health professionals working in schools such as school psychologists, social workers and school youth health nurses know the students, parents, and other staff, which contributes to accessibility of services. Research has shown that students are more likely to seek counselling when services are available in schools.[[36]](#footnote-36)

#### Continuum of Educational Support

* 1. The Education Directorate’s Continuum of Educational Support Model responds to individual student needs through three components: Universal; Selected and Targeted.[[37]](#footnote-37)
     + Examples of *universal* supports provided in ACT Schools includes the following programs and policies: Student Wellbeing Teams; Network Student Engagement Teams (NSETs); Safe and Inclusive Schools Initiative; Safe and Supportive Schools Contact Officers (SASSCOs); School Youth Health Nurse Program (SYHN); Positive Behaviours for Learning (PBL); Social and Emotional Learning, Youth Aware of Mental Health, Menslink, Be You (Suicide Prevention and PostVention Modules); Headspace School Support Services: Postvention: Question, Persuade, Refer (QPR); Teacher Professional Learning and Coaching.[[38]](#footnote-38)
     + Examples of *selected* supports provided in ACT Schools includes NSET selected interventions, school psychologists, early intervention team of school psychologists, Applied Suicide Intervention Skills Training (ASIST); Youth in Distress.[[39]](#footnote-39)
     + Examples of *targeted* supports provided in ACT Schools includes school psychologists; NSET targeted interventions; Occupational Violence and Complex Case Management (OVCCM); Individual Learning Plan; Individual Behaviour Plans; Muliyan, StandBy for Families.[[40]](#footnote-40)
  2. The Committee heard evidence that although schools are variously quite supportive of children and young people, it is often in the form of a team that is set off to the side – the student services team.

The classroom teachers do not really get involved too much. This can lead to situations escalating in the classroom because the classroom teacher does not have the information about the child or young person.[[41]](#footnote-41)

##### Committee comment

* 1. The Committee acknowledges the range of mental health supports available in ACT schools. The Committee reflects on evidence about the importance of early intervention (see Chapter 4) and believes classroom teachers should be better supported to know of mental health services available and be armed with compassionate, creative and effective ways of showing care individually and collectively to students.

|  |
| --- |
| Recommendation 1  The Committee recommends the ACT Government provide mental health training to teachers and principals so that they can recognise signs of mental health issues in students such as depression and anxiety and know what action to take. |

#### School Psychologists and Other Wellbeing Support Staff

* 1. The Education Directorate reported that each ACT government school has access to a psychologist with 81.6 FTE psychologists deployed across primary and secondary schools. In addition, there are senior psychologists for mentoring and coaching as well as a central team to support assessments and interventions.[[42]](#footnote-42)
  2. The Committee heard that stigma is still a barrier to accessing school psychologists face‑to‑face and that this could be addressed with a hybrid model of remote and in-person services.

Accessing mental health supports such as school psychologists through schools continues to be an issue for some young people, particularly around stigma—the idea of having to turn up to the school psychologist’s or counsellor’s office, or not knowing where the office is. Still having some of those opportunities to access remote services alongside face-to-face services will give young people better choices around how they choose to access those supports.[[43]](#footnote-43)

* 1. Whilst the ACT Government has increased the number of school psychologists, the issue of access remains with gaps in availability of support, even during school hours.

We have psychologists who are still split across a number of different schools, as I am sure you are probably aware. So, for a child who is having an issue at a particular point and might need psychological support, they may not be able to access anybody because it is not that psychologist’s day at that school. That is not okay.[[44]](#footnote-44)

* 1. This was reinforced by feedback from the Tuggeranong Community Council Youth Engagement Forum which also emphasised the importance of other wellbeing support staff:

Wellbeing staff do not always work five days a week and full-time support is needed in schools.’[[45]](#footnote-45)

* 1. The Committee also received evidence about the impact of the ACT Government’s decision to end the National School Chaplaincy Program in ACT government schools.

The other thing that has happened in schools recently is around removing chaplains from the schools. I understand why that happened, but the chaplain often worked hand in hand with the psychologist. If we changed that role, that position, that is an extra person in the school who could be of assistance to children and young people, and it has been. I understand taking out the religious component; in a secular society, and particularly in our state schools, that is quite appropriate. But to have an extra person in there was really important for kids. So taking that away has actually diminished the service to our children in our schools and made it very much more difficult.[[46]](#footnote-46)

##### Committee comment

* 1. The Committee acknowledges that the ACT Government has made efforts to increase the numbers of psychologists available in ACT government schools however notes that several gaps still remain in terms of students’ ability to access these services when they need it. Further, the Committee sees value in the ACT Government working with school psychologists and school leaders to improve the manner in which students access counselling services; in particular, to improve privacy and ease of access. The Committee also recognises the important role that supporting wellbeing staff play in schools to complement the work of the psychologists, such as youth workers. In addition, the majority of Committee members believe there would be value in reinstating access for ACT government schools to the National School Chaplaincy Program given the supporting role chaplains played in assisting students’ mental wellbeing.

|  |
| --- |
| Recommendation 2  The Committee recommends that the ACT Government recruit more school psychologists. |
| Recommendation 3  The Committee recommends that the ACT Government recruit more youth workers in schools. |
| Recommendation 4  The Committee recommends that the ACT Government reinstate access to the National School Chaplaincy Program for ACT government schools.[[47]](#footnote-47) |
| Recommendation 5  The Committee recommends the ACT Government improve privacy for students accessing counselling services at schools. |

#### Mental Health Check-ups for Students

* 1. The current stepped model of care[[48]](#footnote-48) presumes a level of self-awareness and acceptance of a mental health problem, which is something many young people do not possess and may prevent them from getting appropriate help.[[49]](#footnote-49) Digital mental health screening in schools can be used to support prevention and early intervention. For example, research shows that programs like Black Dog’s Smooth Sailing can be effective in reducing depression, anxiety and suicide risk, and increase help-seeking.[[50]](#footnote-50)
  2. Research indicates that if students are not mentally well and healthy, their academic performance will be impaired. This was supported by a parent who suggested that:

The emphasis on content over wellbeing probably needs to be flipped around. Again, there is good neurological evidence for that. If a child is flipping out or in some way traumatised or anxious, they actually physically cannot learn anything.[[51]](#footnote-51)

* 1. Senior Research Fellow and Clinical Psychologist from the Black Dog Institute shared her puzzlement as to why schools routinely assess numeracy and literacy every year but not mental health.

I would really like to see a time where mental health training in schools is routine. You do your numeracy, your literacy and a quick mental health check. That is a way that you can identify young people who are starting to show symptoms and link them into early intervention at the right time. The basic idea is that everybody comes in and does a very brief mental health survey. They are assessed for anxiety and depression. It takes five minutes and it is all online. Then we use a step care approach to deliver the right intervention.[[52]](#footnote-52)

* 1. The organisation that operates Kids Helpline, yourtown, agrees that screening whole populations in this way will help ‘normalise help‑seeking and prevent the stigmatisation of the resulting support children and young people and their families receive’.[[53]](#footnote-53)

|  |
| --- |
| Recommendation 6  The Committee recommends the ACT Government implement digital mental health screening/check-ups in schools to reduce depression, anxiety and suicide risk. |

#### Learning Support Unit Eligibility

* 1. The Committee heard evidence that children with mental health diagnoses are recognised by the ACT Education system as having a disability yet excluded from accessing learning support units (LSUs) because they are deemed to be ‘behavioural issues’.[[54]](#footnote-54)
  2. The ACT Student Disability Criteria[[55]](#footnote-55) includes mental health. However, to access an LSU, students must ‘meet the ACT Student Disability Criteria for Intellectual Disability or Autism.’[[56]](#footnote-56)

##### Committee comment

* 1. The Committee finds the ACT Government’s requirements to access an LSU to be an incongruous policy in need of immediate reform.

|  |
| --- |
| Recommendation 7  The Committee recommends the ACT Government amend eligibility for Learning Support Units so that meeting ACT Student Disability Criteria be considered suitable to enter or access the services of a school’s Learning Support Unit. |

#### After-Hours Support

* 1. The Youth Coalition of the ACT highlighted the importance of after-hours supports for school students and the need to break down silos between the education and youth sectors.

There needs to be supports outside of schools, because a lot of the young people do not want to see someone in the school. They do not want to be seen walking to that counsellor’s office. They do not want to be sent to the psychologist. There needs to be stronger partnerships between school and non-school supports, too.[[57]](#footnote-57)

* 1. The Communities@Work Galilee School described the importance of after-hours supports in assisting students with complex needs.

We knew this was key to trying to engage him in external services as we were only able to support him during the day, Monday to Friday and he required considerably more support than we were able to offer.[[58]](#footnote-58)

##### Committee comment

* 1. The Committee highlights the importance of ensuring students have access to mental health services at any time and that they are aware of what support options are available to them after-hours, noting that most mental health crises occur on Thursday, Friday and Saturday nights.

|  |
| --- |
| Recommendation 8  The Committee recommends the ACT Government provide students with access to mental health support services at any time and ensure after-hours options are communicated to students at school. |

#### Non-Government Schools

* 1. The Committee received evidence of students at the Communities@Work Galilee School missing out on mental health services available to students in government schools due to their enrolment at a non-government school.[[59]](#footnote-59)

We are putting forward the idea that students enrolled at Galilee School should be able to have access to the range of support services within government (and in particular within the Education Directorate) for example: school psychologists, speech pathologists, occupational therapists etc. When we have inquired of the ACT Education Directorate whether our students are able to gain access and support from these services within the ACT Education Directorate – that is where we are told that because they are not enrolled in the government education system they are not able to access these services. That is where our comment around the belief that there should not be an opportunity cost such as this for our young people when they enrol at Galilee School.[[60]](#footnote-60)

* 1. The Galilee School does not currently have access to a school psychologist due to limited resources.[[61]](#footnote-61)

##### Committee comment

* 1. The Committee acknowledges the breadth of non-government schools in the ACT. The Committee notes the differing resources available to each school and suggests that schools with limited resources, such as the Galilee School, should be able to access school-based mental health resources available at ACT government schools.

|  |
| --- |
| Recommendation 9  The Committee recommends the ACT Government also provide access to school‑based mental health resources and expertise to non-government schools, where there is a demonstrated need. |
| Recommendation 10  The Committee recommends that the ACT Government consult with the Galilee School on the support they need as they work with young people’s mental health issues. |

### Health

* 1. This section reviews some existing mental health service options for youth including headspace and Child and Adolescent Mental Health Services (CAMHS) as well as planned inpatient units for adolescents (public and private). The section then considers some of the key issues with current health service provision including lengthy wait times, the ‘missing middle’, the importance of the 18-25 age range and workforce shortages.
  2. The Committee heard repeatedly about the need for a coordinated approach in health service delivery for young people experiencing mental health challenges.

I think it is important that education, child protection, CAMHS, adult mental health and the general health system all work together. We often get an approach that is very siloed. When that happens, the right hand does not know what the left hand is doing and so there is conflicting advice and conflicting information.[[62]](#footnote-62)

* 1. The Committee notes that ACT Health continues to work closely with the Capital Health Network to develop a Regional Mental Health Plan. The ACT Government advised that the Regional Mental Health Plan is designed to increase effective access and integration of mental health services across the system and promote the importance of mental health and wellbeing while achieving cross sectoral collaboration.[[63]](#footnote-63)
  2. The OMHW Review found that affordability was one of the top three barriers to youth accessing mental health services, however there is no available data on private expenditure.[[64]](#footnote-64)
  3. The Committee was informed of gaps in service delivery across age brackets and genders.

We have young people who turn 16 and 17 before they leave us, and the age restriction on certain services is often a lot lower than that. As well, there is a lack of access to services because of gender and other concerns, as well as wait times and money.[[65]](#footnote-65)

|  |
| --- |
| Recommendation 11  The Committee recommends that the ACT Government quantify the private expenditure that ACT residents are spending on mental health services and identify the mental health treatment pathways being pursued by Canberra residents and report back to the Assembly by mid-2021. |
| Recommendation 12  The Committee recommends that the ACT Government address gaps in mental health service provision between different age brackets. |
| Recommendation 13  The Committee recommends that the ACT Government address gaps in mental health service provision between different genders. |
| Recommendation 14  The Committee recommends the ACT Government provide ongoing professional development to mental health professionals. |

#### Stepped Care Model

* 1. The national stepped care model describes an integrated system designed to enable people to ‘step up’ or ‘step down’ into the appropriate services as their condition worsens or improves.[[66]](#footnote-66) There is a need for a range of services across the whole spectrum of mental health care as well as broader community-based responses. This includes the provision of services from mental health promotion, prevention of mental illness and early intervention, at the low severity end of the spectrum, through to inpatient and acute services for more severe cases.

#### Funding Framework

* 1. Most of the funded mental health care in the ACT is a shared responsibility between the Capital Health Network (CHN), which is the ACT’s Primary Health Network, Canberra Health Services (CHS) and the ACT Health Directorate (ACT Health). The Commonwealth Government makes significant investment into mental health service provision in the ACT, as a funder of the CHN, the Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS). The ACT Government provides clinical mental health services, which are complemented by funded mental health programs provided by non-government organisations. In addition, services are provided to people in the ACT through one private psychiatric inpatient facility and highly specialised mental health facilities interstate.[[67]](#footnote-67)

#### Principles for Mental Health Reform

* 1. *The Integrated Mental Health Atlas of the ACT Primary Health Network Region[[68]](#footnote-68)* identifies principles for mental health reform: 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.[[69]](#footnote-69)

#### Headspace Canberra

* 1. headspace Canberra was established in 2010 and provides free or low-cost services to young people between the ages of 12 and 25 years who are experiencing mild to moderate mental health challenges.[[70]](#footnote-70) Each year headspace Canberra receives more than 2,000 referrals for local young people seeking support and over the past decade headspace Canberra has tracked a 200 per cent increase in referrals for support. headspace Canberra reports a “no wrong door”, client‑centred approach with all referrals processed within two business days.[[71]](#footnote-71)
  2. In the 2019-20 Budget, the Australian Government committed $3.4 million to establish a second headspace centre, to be located in Canberra’s south. headspace Canberra queried whether the new centre will alleviate much of the demand pressures on the current centre, given less than five per cent of current young people accessing headspace Canberra reside within the southern Canberra catchment. headspace Canberra predicts the trend of increased demand, as gauged by referrals to headspace Canberra, is likely to continue with population growth and shows that demand within the age demographic will expand significantly in the north Canberra region.[[72]](#footnote-72)

#### Child and Adolescent Mental Health Services (CAMHS)

* 1. Child and Adolescent Mental Health Services (CAMHS) is a service for children and adolescents with moderate to severe mental illness. CAMHS staff are qualified social workers, mental health nurses, psychologists, child psychiatrists, occupational therapists and other technical, teaching and administrative staff.[[73]](#footnote-73) CAMHS is a secondary referral service. This means that all consumers need to have been assessed by a GP, school counsellor or other health professional prior to contacting CAMHS for assessment.[[74]](#footnote-74)
  2. The Youth Coalition of the ACT suggested that an evaluation of CAMHS and other ACT Government mental health services would identify areas that are working well and clarify areas that need strengthening in order to bolster community confidence in these services and ensure quality service provision.[[75]](#footnote-75)
  3. STEPS is a three-month residential program run in partnership between CatholicCare and CAMHS for young people between 13-18 years old experiencing moderate to severe mental health distress. The STEPS program is specifically geared towards young people experiencing mental illness who need support but are not assessed as requiring hospitalisation and young people experiencing mental illness that are transitioning between hospital and returning home.
  4. The Committee heard from a young Canberran who participated in the STEPS residential service but was unfortunately unable to complete the three-month experience due to a failure to comply with the rules.

I truly believe that STEPS was that “make it or break it” moment for me as a child, in my teenage years. Being able to do it again would have changed quite a lot for me.[[76]](#footnote-76)

##### Committee comment

* 1. The Committee stresses the marked impact that social disadvantage has on mental health outcomes for young people in Canberra.[[77]](#footnote-77) As such, additional efforts should be made to ensure that young people with mental health challenges, particularly young people suffering social disadvantage, are encouraged to return to programs such as STEPS if their first attempts are not successful.

|  |
| --- |
| Recommendation 15  The Committee recommends that CAMHS, and CYPS where relevant, always encourage young people who leave the STEPS program to return to the program in future. |

#### PACER Program

* 1. The Police, Ambulance, Clinician Emergency Response (PACER) team consists of Mental Health clinicians, ACT Police Officers and ACT Ambulance Service Paramedics. The service operates 10 hours per day (2pm until midnight) daily in a single vehicle unit with one representative from each of the three agencies on duty for the shift. The service can be accessed by calling the police or the Access Mental Health Line.
  2. The Committee heard that the PACER program is a trial that commenced in December 2019. The Minister for Mental Health explained to the Committee:

Initially, it was a four day a week program. The team implemented it and began to see how it is performing. Recently, that has been increased to a seven day a week service. The initial data was very positive, in that around 83 per cent of people in the first batch of data did not need a hospital admission. We have not done the formal evaluation yet, but it is clear that the model is delivering on expectation. It has now been extended until the end of the year through the funding that was provided in the COVID mental health package response.[[78]](#footnote-78)

* 1. PACER is available for all ACT residents and any non-resident in the ACT at the time of the call, regardless of age.[[79]](#footnote-79)

##### Committee comment

* 1. The Committee believes there would be value in assessing the impact of the PACER program since its establishment, particularly the extent to which young people have been supported by the service. If the outcomes are positive as they appear to be so far, the Government may wish to consider expanding the service’s coverage (up from a single vehicle unit) and times.

|  |
| --- |
| Recommendation 16  The Committee recommends that the ACT Government conduct a formal evaluation of the PACER program with a view to making it a permanent service with expanded coverage and times. |

#### Current Hospital Admissions Options

* 1. There are currently no dedicated adolescent inpatient units in Canberra. Young people requiring acute inpatient care in the public system are currently admitted to the Adult Mental Health Unit (AMHU),[[80]](#footnote-80) the paediatric ward or sent to facilities interstate.
  2. The Public Advocate and Children and Young People Commissioner (PACYPC) reported on the challenges for young people being admitted to the AMHU at Canberra hospital which include feeling unsafe amongst adults who are acutely unwell and feeling isolated from others of their own age.[[81]](#footnote-81)

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. 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.[[82]](#footnote-82)

* 1. The Youth Coalition of the ACT agreed that mental health supports for young people, especially inpatient supports at the severe end, need to be done differently.

We cannot just decide not to work with them if they have a severe mental health issue. They need to be dealt with in a way that is suitable, developmentally, to their needs. It is very scary going to AMHU for someone who is very young—it is scary going there as an adult—so we need to make sure that there are safe places that are appropriate for young people aged 12 to 18, for them to seek severe mental health support. At the moment, they are being pushed back into the community with very little option. We are not adequately addressing mental health issues in that population group at all, especially in the severe range. We often wait for them to appear in the justice system or in the care and protection system, and then we call it trauma. Well—you know what?—we need to deal with the presentation of those mental health issues earlier.[[83]](#footnote-83)

* 1. The Committee heard multiple cases of individuals needing to travel interstate to places like Shellharbour and Orange to receive appropriate inpatient treatments. The ACT Government submission acknowledged that services are provided to people in the ACT through highly specialised mental health facilities interstate.[[84]](#footnote-84)

##### Committee comment

* 1. The Committee was disappointed to hear of the need for young people and their families to travel interstate to receive specialised mental health inpatient support. Until such services are available publicly in the ACT, the Committee believes financial assistance should be available for families and carers who need to travel interstate to receive the appropriate treatment for their loved ones. The Committee notes that ACT Health offers the Interstate Patient Travel Assistance Scheme (IPTAS) which provides financial assistance towards travel and accommodation costs to permanent residents of the ACT who are required to travel interstate for specialist medical treatment that is not currently available in the ACT (either publicly or privately).[[85]](#footnote-85) It is unclear from the guidelines whether interstate youth mental health inpatient services (not currently available in the ACT) would be eligible for assistance under this scheme.[[86]](#footnote-86)

|  |
| --- |
| Recommendation 17  The Committee recommends the ACT Government prioritise making more mental health treatments, of the kind young people are currently required to travel interstate to access, available in Canberra. |
| Recommendation 18  The Committee recommends that the ACT Government provide financial support, and promote the availability of this support, to families who are required to travel interstate for their children’s mental health treatments. |

#### A New Public Adolescent Mental Health Unit

* 1. The ACT Government has committed to the development of an Adolescent Mental Health Unit (AdMHU) to be integrated with the existing Adolescent Unit located in the Centenary Hospital for Women and Children (CHWC) main building, expected to be operational from late 2022. The Adolescent Mental Health Inpatient Unit will have capacity for six beds, with access to two additional “flex” beds and treat adolescents aged between 12 and 17 years (inclusive) who are experiencing an acute, moderate to severe, mental health episode.[[87]](#footnote-87) The proposed staff to patient ratio is one nurse to every two patients.[[88]](#footnote-88)
  2. The draft *Model of Care (MoC) for the Adolescent Mental Health Unit (AdMHU) and Day Service* includes the operation of a day program and an intensive in-home family support program.[[89]](#footnote-89) Carers ACT, the Mental Health Community Coalition and ACTCOSS support calls for these components of the Model of Care to be funded and implemented independently of the Inpatient Unit and as a matter of urgency. Carers ACT argued that ‘the intensive family support has been a program called for by mental health carers for many years and should not be delayed due to the delays to the building that will house the inpatient unit.’[[90]](#footnote-90)

##### Committee comment

* 1. The Committee notes that calls for the ACT Government to fund the aspects of the *MoC for the AdMHU and Day Service* which do not require a physical building accord with the principles for mental health reform outlined in *The Integrated Mental Health Atlas of the ACT Primary Health Network Region*. Alternatives to acute inpatient care (e.g. in-home treatment) should be prioritised.[[91]](#footnote-91)

|  |
| --- |
| Recommendation 19  The Committee recommends that the ACT Government publish the timeline for completion of the Adolescent Mental Health Unit at the Centenary Hospital for Women and Children by the last sitting day of the 9th Assembly. |
| Recommendation 20  The Committee recommends the ACT Government fund and implement the elements of the *Model of Care for the Adolescent Mental Health Unit and Day Service* (parts of the day program and the expanded Adolescent Mobile Outreach Service) which can commence prior to the building’s completion. |

#### A New Private Inpatient Facility: Deakin Clinic

* 1. In September 2019, Barwon Investment Partners (investment partner) and Healthe Care Australia (facility operator) confirmed plans for a $20 million facility called ‘The Deakin Clinic’, ear-marked at the time to open in mid-2020, which would deliver Canberra’s only dedicated private mental health beds for adolescents.[[92]](#footnote-92)
  2. In July 2020, the Minister for Mental Health advised that the development application for the Deakin Clinic had been lodged with the planning and land authority for its consideration and was available online for public comment.[[93]](#footnote-93) Following this process, the application will then formally be assessed for approval.
  3. The Committee wrote to Healthe Care Australia seeking further details about the Deakin Clinic’s proposed young adult mental health interventions and treatment, including how many beds will be available for young people and the eligible age range for the adolescent services, but did not receive a response.
  4. Carers ACT noted that the development of a new private mental health facility in the ACT will see an imbalance in access to inpatient care based on the financial position of the family. This imbalance will occur for as long as it takes for a public inpatient facility at the Canberra Hospital. Carers ACT emphasised that the private unit, whilst welcome, should not replace the need for public mental health inpatient unit for adolescents.[[94]](#footnote-94)

#### Extended wait times

* 1. As introduced earlier, ‘wait for access’ was one of the top three issues raised in the OMHW Review and was echoed repeatedly in the evidence presented to the Committee.
  2. headspace Canberra is the first go-to for many young people identifying or struggling with mental health concerns. The Committee heard from individuals who had been disappointed when contacting headspace and been told that there were no places and they were unable to say when any would open up[[95]](#footnote-95) or once the intake interviews and assessment process is finalised, there can be upward of 3-6 month waiting lists.[[96]](#footnote-96)
  3. headspace acknowledged that lengthy waitlists are considered counterproductive to both the young person and the service and so the service continues to implement strategies, working within its resources to reduce wait times.[[97]](#footnote-97)
  4. Extended wait times are not only an issue within headspace but the broader mental health system.

One of the biggest [issues] that we come up against is wait times within services. It feels like often with our young people, given that they have had various different levels of service experience in the past, their patience, when it comes to accessing support and help, is quite low. We try to use the sort of terminology of striking while the iron is hot. If a young person has spoken to us or spoken to a teacher or a family member and said, “Hey, I’d like to access some supports around my mental health,” we feel that addressing that in a timely manner is crucial. It sometimes feels that that is the first roadblock we come up against.[[98]](#footnote-98)

* 1. Extended wait times leads to added pressure on young people, pressure to accept the treatment and try and make the relationship work after such a long wait time.

You may think well you got the appointment after 4 years and if you really needed the help why not suck it up. When suffering with multiple mental health issues you want to feel comfortable with the person you will see regularly to discuss very personal information about yourself.[[99]](#footnote-99)

* 1. Further examples of the impacts of extended wait times are detailed in the workforce shortages section below.

##### Committee comment

* 1. The Committee notes that making access to services easier and affordable and increasing the capacity of current providers was one of three recommendations arising from the OMHW Review. The ACT Government’s key project aligned to this recommendation is the development and implementation of an Online Youth Navigation Portal. The Committee emphasises that using the portal to establish demand for services, including wait times, may be a useful dataset but questions whether this will have any short to medium impact on improving the extended wait times submitters raised with the Committee.

#### The “Missing Middle”

*I felt like either I was not messed up enough or I was too messed up. I did not tick the boxes or fit the criteria. I felt stuck. [[100]](#footnote-100)*

* 1. Access to services for young people experiencing moderate to severe mental illness was repeatedly raised as a concern with the Committee. This is a well identified need nationally, with young people identifying that they are not able to access the care they require through the primary mental health system and are not acutely unwell enough to access services for severe mental illness.[[101]](#footnote-101)
  2. Currently, ACT Health and the Capital Health Network fund services in this space, however the range and scope of these supports needs further detailed analysis. OMHW has committed to undertake a co-design consultation process with key providers and relevant stakeholders in the ACT to identify potential solutions and additional support to enable young people experiencing moderate to severe mental illness have access to the support they require.[[102]](#footnote-102)
  3. Kids Helpline report that approximately five per cent of ongoing contacts are from the ‘missing middle’, children and young people whose needs are too high to be eligible to receive appropriate community service support and too low to be eligible for acute care.[[103]](#footnote-103)
  4. Similarly, the Galilee School advocated for a student’s engagement with headspace but due to the student being an existing client of CAMHS, headspace would not accept his referral.[[104]](#footnote-104)
  5. headspace addressed this point in its submission.

headspace is sometimes criticised for not delivering solutions for young people with complex, ongoing or high needs – however the model has limitations in reaching the “missing middle”. We recognise that there are service gaps for young people where headspace (and early intervention) intersect with moderate to high needs. Our staff often find that for young people who fall outside of the headspace model of early intervention for young people experiencing mild to moderate mental health concerns, finding and accessing an appropriate service that can meet the young person’s needs is difficult. Services that work with moderate to high care services experience lengthy waitlists or have specific entry criteria that the young person may not meet. In these situations, headspace staff will continue to have contact with the young person until an appropriate service or support is found.[[105]](#footnote-105)

* 1. The Youth Coalition of the ACT highlighted the risk that this could impact future help-seeking.

When they reach out for help and feel invalidated, put on a wait list or referred to a service and told that they are not quite severe enough yet, it is incredibly discouraging, and it might stop them from asking for help again, not just in that mental health space but more broadly.[[106]](#footnote-106)

##### Committee comment

* 1. The Committee acknowledges the ACT Government’s project arising from the OMHW Review to support young people requiring moderate to severe mental health services that is due to be completed by December 2020. The Committee believes that particular attention be given to the availability of services provided by females in the ‘missing middle’ as this issue was raised with the Committee a number of times throughout the Inquiry. The Committee suggests any recommendations arising from this co-design process be implemented with urgency.

|  |
| --- |
| Recommendation 21  The Committee recommends the ACT Government provide more counselling services to address the gap between headspace requirements for treatment and other facilities such as CAMHS so that young patients are adequately supported. |

#### The Importance of the 18-25 Years Age Bracket

* 1. Young people and youth mental health services raised concerns with the Committee about the lack of service continuation for young people once they turn 18, as they transition into early adulthood.[[107]](#footnote-107) This is a particularly new at-risk group, especially in the Canberra population.
  2. Research from MIT shows that young adulthood (generally considered as 18 to 22 or 18 to 25) is still a time of biological growth and change with social and neural development continuing during the early twenties.[[108]](#footnote-108)
  3. The Committee heard from parents about the ‘really scary’[[109]](#footnote-109) reality of their child being cut from services at age 18.

Once my daughter was transitioned from CAMHS to adult mental health, based solely on her attaining the age of 18, supports for her were severely curtailed and there was no proactive involvement of mental health workers. Nothing had changed for my daughter except her chronological age, yet based on that, she was left without adequate supports.[[110]](#footnote-110)

Funding of adequate facilities and recognition of neurological development rather than cutting people off because of their chronological age would go a long way to assisting our young people with mental health concerns.[[111]](#footnote-111)

* 1. The Committee also heard multiple suggestions that due to the neuroplasticity in this age range, services for young people such as CAMHS and the new adolescent mental health unit (once completed) should deliver services up until the age of 25.[[112]](#footnote-112)
  2. Locally, the issue around supporting 18 to 25-year-olds came up consistently as a significant issue in the OMHW Review last year. The Youth Coalition of the ACT would like to see the OMHW do some more scoping of that space in future to better understand those issues, particularly around tertiary education and employment and the reduced formal, structural and informal supports that young people might be getting during that time.[[113]](#footnote-113)
  3. The Youth Coalition of the ACT further explained to the Committee about the reduced supports for young people aged 18 to 25.

Normally, up until the age of 18, there are mechanisms within schools. There are relatively centralised options of a teacher or a psychologist—someone for you to meet where you turn up every day. When you are 18 to 25, you lose that. The pastoral care of universities is not awesome; it is not great. We know that from university students talking about the increase in stress and anxiety.[[114]](#footnote-114)

* 1. In 2017, an Orygen report found that at least 25 per cent of young university students experienced mental ill-health in any one year and that current student counselling and disability services were struggling to meet the escalating volume, complexity and severity of mental ill-health presentations.[[115]](#footnote-115) Orygen is currently developing an Australian University Mental Health Framework to protect students’ mental health which will be delivered to the Australian Government Department of Health by 31 October 2020.[[116]](#footnote-116)

##### Committee comment

* 1. The Committee believes there is sufficient evidence available to support the notion that the cut-off for child and adolescent mental health services be extended from age 18 to age 25.

|  |
| --- |
| Recommendation 22  The Committee recommends that the ACT Government expand the eligible age range for the planned Adolescent Mental Health Unit and CAMHS to 25 years of age. |
| Recommendation 23  The Committee recommends that the ACT Government work with higher education providers to ensure there is suitable provision of mental health services on campus. |

#### Discharge Planning

*Why is it we have the revolving door? To do the same thing over and over again expecting a different result is itself insane*.[[117]](#footnote-117)

* 1. Canberra Mental Health Forum suggested that discharge planning and communication with carers needs immediate attention.[[118]](#footnote-118)
  2. The Committee was informed of troubling 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.[[119]](#footnote-119)
  3. The PACYPC calls for multi-agency discharge planning meetings for all children and young people exiting the paediatric ward after being detained under the *Mental Health Act 2015*.

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.[[120]](#footnote-120)

|  |
| --- |
| Recommendation 24  The Committee recommends that every patient under 25 years of age be given a care plan and an immediate case manager to help them recover when discharged from a mental health unit. The plan should also be communicated to carers. |

#### Workforce Shortages

* 1. The Committee received evidence of significant workforce shortages in child and adolescent mental health.[[121]](#footnote-121) In Australia, of the approximately 80,000 children with a severe disorder over a 12 month period, only 22,000 (27 per cent) had seen a psychiatrist indicating that access to specialist care remains a persistent problem.[[122]](#footnote-122)
  2. The RANZCP informed the Committee that in the ACT, there is a lack of child and adolescent psychiatry training places which has created a bottleneck of trainees and is restricting the overall number of psychiatrists that are trained in the ACT.[[123]](#footnote-123)
  3. The Committee heard multiple accounts of individuals struggling with access, particularly to psychologists.

GP gave us the names of three psychologists. I rang all three clinics on the list given to us by the GP. One was no longer practicing, and the other two had closed their books to new patients. I received two other recommendations from a friend, but it turned out that both of those psychologists were also no longer taking new patients.[[124]](#footnote-124)

* 1. Multiple submitters suggested there should be an up-to-date psychologist register for GPs and potential patients to refer to. It should be clear who has availability and the type of patients and issues that they specialise in. If there is an existing register, all GPs should be made aware of this.[[125]](#footnote-125)
  2. Another submitter caring for a five-year-old with heroin exposure in utero had to wait 12 months for an appointment with the Child Development Service Community Paediatrician.[[126]](#footnote-126)
  3. One witness shared her astonishment after moving to Canberra from a regional area and being unable to access a single psychiatrist.

I discovered that there simply was not a female psychiatrist in Canberra, with space on their books, treating adolescents. And I found that incredible.[[127]](#footnote-127)

* 1. The Minister for Mental Health acknowledged the workforce shortages issue, particularly for psychiatrists.

This is an issue we need to take up nationally, to talk as a whole nation about how we increase the number of people being trained in psychiatry, how do we make it more attractive and those sorts of issues. There is no point for the ACT to enter into a bidding war to get all the psychiatrists to come here because that is not a sustainable position. So that is an issue.[[128]](#footnote-128)

* 1. A 19-year-old witness explained the importance of a conversation at the right time.

I understand that there are thousands of other youths in Canberra who need the help. It is no wonder that they are fully booked out. But it would have been nice; all that I needed was a couple of appointments, just to have a conversation. I needed someone who was not relevant in my life with whom I could sit down and get everything off my chest.[[129]](#footnote-129)

##### Committee comment

* 1. The Committee received an overwhelming amount of evidence about the impact of workforce shortages on the treatment of young people’s mental health concerns. The Committee emphasises that it is not only shortages of psychiatrists or psychologists that is concerning but the full breadth of youth mental health professionals in the ACT, including counsellors and paediatricians (particularly from diverse backgrounds), that is currently lacking.

|  |
| --- |
| Recommendation 25  The Committee recommends the ACT Government develop a plan to train and recruit more female youth mental health professionals in the ACT. |
| Recommendation 26  The Committee recommends the ACT Government assess the current mental health workforce and ensure it reflects the diversity of Canberra’s population. |
| Recommendation 27  The Committee recommends the ACT Government investigate funding and making available trained psychologists for intermittent non-going one-off psychologist visits for individuals whilst they are waiting for an opening for a long-term ongoing psychologist. |

### Community Services

* 1. This section highlights some of the key issues brought to the Committee’s attention for youth interacting with community services including out of home care; young carers; young adults transitioning from care and the involvement of carers in young people’s mental health treatments.

#### Out of Home Care

* 1. Firstly, the Committee acknowledges feedback received from submitters that the language of ‘out of home care’ (OOHC) is stigmatising for affected young people and further contributes to their mental ill-health.[[130]](#footnote-130) They are living in their homes, with their new families. New language is required for foster care and kinship care that normalises, not stigmatises.
  2. In the ACT, there are up to 1,000 children and young people currently in some form of OOHC, whether it be foster care, kinship care, residential care or other care arrangement.[[131]](#footnote-131) 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 per cent), however more research in the Australian context is needed.[[132]](#footnote-132)
  3. The prevalence of mental ill-health detected in pre-school children in OOHC is 60.5 per cent, which highlights the importance of early intervention and mental health screening for this cohort.[[133]](#footnote-133) Integrating early development and parenting services with early education, preschool and school preparation programs is essential to early mental health intervention. An economic evaluation of such programs has shown that savings exceed the cost of the program four-fold.[[134]](#footnote-134)
  4. 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.[[135]](#footnote-135) 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.[[136]](#footnote-136)
  5. The ACT Government Community Services Directorate reported that all children in OOHC receive therapeutic assessments which are reviewed annually.[[137]](#footnote-137)
  6. A witness with foster care experience suggested that:

There needs to be a cultural change around how we handle our young people in the mental health space and a recognition that all of our children who are in care are already carrying trauma. Because they are carrying trauma, that leads very much into a mental health space before they have even started, and that is really unfortunate.[[138]](#footnote-138)

* 1. The Committee heard that recruitment and training of foster carers is inadequate in informing potential carers of both the mental health issues these children will likely bring and the impact this will have on carers. The Foster Care Association suggested that:

Each placement breakdown does the child’s mental health more damage. A placement breakdown can be devastating for a foster carer, who might then never care for another child again and need intensive mental health support to recover from the grief of not being able to care for their foster child.[[139]](#footnote-139)

##### Committee comment

* 1. The Committee did not explore the issue of stigmatising language in sufficient depth, so this report continues to use the ACT Government’s language of ‘out of home care’. However, the Committee encourages the ACT Government to work with young people and carers to develop new language that normalises, not stigmatises.

#### Young Carers

* 1. There are approximately 4,000 young carers in the ACT of which 1,000 are aged under 15 years. Young carers have lower education levels and workforce participation than young people who are not carers and have some of the highest rates of anxiety and depression.[[140]](#footnote-140)
  2. A ‘particularly invisible’[[141]](#footnote-141) subset of young carers is those caring for parents with mental illness. Children of parents with mental illness represent one of the population cohorts at highest risk for psychiatric conditions.[[142]](#footnote-142) The Public Advocate and Children and Young People Commissioner emphasised that the interaction 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. Research suggests that the opportunity for children and young people to discuss their parents’ mental health and their own caring role can mitigate against increasingly harmful impacts.[[143]](#footnote-143)

##### Committee comment

* 1. The Committee notes that carers, including young carers, are able to register with Carers ACT[[144]](#footnote-144) and this should be encouraged so that appropriate supports can be provided to young carers.

|  |
| --- |
| Recommendation 28  The Committee recommends the ACT Government provide more support, education and access to critical mental health information for registered young carers. |

#### Permanency of Care Arrangements

* 1. The Committee received evidence that permanency of care arrangements for children in out of home care are difficult to achieve in the ACT. The Foster Care Association of the ACT advised that carers for children on 18-year orders are finding it almost impossible to adopt these children or gain enduring parental responsibility (EPR).

Making these children’s lives more normal and stable through more normalised living arrangements, for example, no caseworker visits, same surnames for the whole family, would stabilise these families and increase their whole mental health.[[145]](#footnote-145)

#### Safe and Connected Youth Program

* 1. The Safe and Connected Youth trial was funded following the identification of a service gap for children and young people aged 8-15 at risk of or experiencing homelessness. The program is a collaborative undertaking between the Community Services Directorate, the Youth Coalition of the ACT and three nominated NGOs (Conflict Resolution Service, Woden Community Services and Northside Community Services).[[146]](#footnote-146)
  2. The ACT Government informed the Committee that early results from the trial have been promising.

Clients are reporting improved family relationships and parents have reported that the service has provided a valuable support for their families. Only 11 young people and their families have participated in the trial so far, and of those, four have been identified as requiring mental health support.[[147]](#footnote-147)

|  |
| --- |
| Recommendation 29  The Committee recommends that the ACT Government conduct an evaluation with a view to making the Safe and Connected Youth trial a permanent service. |

#### Young Adults Transitioning From Care

* 1. The relative disadvantage experienced by young people leaving care spans several factors including ongoing poor physical and mental health, substance use, homelessness, unemployment and victimisation. The uncertainty and fragmentation that is typical during transition from care can trigger acute mental ill-health including self-harm and suicide.
  2. 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.[[148]](#footnote-148)
  3. Again, supporting the importance of the 18-25-year age range, 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 more than 25 years of age.
  4. The Committee received evidence that this ‘ageing out’ of the care system causes further issues into the future.

My daughter got kicked out of the carers program not because she did not have a further need or was not responding positively to it but because she turned 18. If we have an adolescent unit in Canberra, the last thing you want is for the young person to be kicked out as they turn 18, just because they have turned 18. Then we have actually abrogated our responsibility for them, and it causes further issues down the track and we have people going into a cycle, like my daughter is now.[[149]](#footnote-149)

#### Respect for, Communication with and Involvement of Carers

* 1. The Committee heard multiple accounts of parents and carers wanting to assist in their child’s mental health treatments and recovery however being blocked from doing so due to the young person’s individual rights and freedoms.[[150]](#footnote-150)

It is very important to involve carers all the way through, regardless of the young person’s age because unfortunately, when people have mental health issues they are not necessarily thinking rationally.[[151]](#footnote-151)

* 1. The *Mental Health Act 2015* allows a person with a mental disorder or mental illness to nominate someone else to be their ‘nominated person’.[[152]](#footnote-152) The nominated person helps by ensuring the views and wishes of the person are respected and is consulted about decisions in relation to treatment, care and support.[[153]](#footnote-153)
  2. One carer provided evidence that even when registered as a nominated person under the *Mental Health Act 2015*, any information had to be identified and then sought, with frequent advocacy.

Greater carer respect and involvement is required. Interaction with family carers is almost entirely reactive to issues raised by the family. We appreciate the importance for over 18s of privacy rights, but some information sharing for therapeutic benefit should be more easily available to ensure continuing connection with family and community. [[154]](#footnote-154)

* 1. Similarly, the *Children and Young People Act 2008* provides for the declaration of a care team that allows for open information sharing for those people who are part of that care team.[[155]](#footnote-155) That is usually health providers, education, the child, their family, their carers, CYPS and others who are involved. The ACT Government explained that once you have declared a care team, you are able to access information, and information should flow freely through that process.[[156]](#footnote-156)
  2. The Committee heard from a registered young carer about the difficulties in accessing information.

Because I was not his parent, they said, “You don’t need to be here. You don’t need to talk about this.” Sure, I am not his parent, but I am a registered young carer for him. I have a right to ask these questions. That was the first big one that I had. Another one was that, once they respected the fact that I had a right to ask, I was then told that I had no legal rights to get the answers. My mother was told the same thing. They generally refused to involve us in his transition.[[157]](#footnote-157)

* 1. Another avenue available for carers is legal guardianship provided for under the *Guardianship and Management of Property Act 1991*. In the ACT, a guardian is a person appointed by the ACT Civil and Administrative Tribunal (ACAT) to make a range of personal and health decisions for a person who is found by ACAT to have a decision-making disability.[[158]](#footnote-158) This differs from the appointment of an Attorney under an Enduring Power of Attorney (EPA) arrangement in that an EPA allows a person to make a choice about who will represent them in their inability or incapacity, whereas, the appointment of a guardian is made by ACAT after considering who is best to represent your interests and wishes.[[159]](#footnote-159)
  2. The Committee heard frustrations from parents unable to help their child who was suffering severe mental health challenges due to his age as a 17 and 18-year-old. These parents applied for legal guardianship of their son with ACAT however due to insufficient medical proof, the application was rejected.[[160]](#footnote-160)

Human rights are a great thing. But the thing is, it defeats the purpose when you have someone who clearly is not of sound mind to make a decision to save their own life. We, as parents, are watching our son die.[[161]](#footnote-161)

* 1. The Committee notes s70A in the *Guardianship and Management of Property Act 199*1 which states that guardians may only consent to mental health treatment, care and supports if the affected person ‘expresses willingness to receive the treatment.’[[162]](#footnote-162)

##### Committee comment

* 1. The Committee questions whether the provisions in the *Guardianship and Management of Property Act 1991*, or the manner in which the legislation is applied by ACAT in the granting of guardianship for young people suffering mental ill health, need to be reviewed so that parents and carers are better able to seek the appropriate treatments and supports for their child.

|  |
| --- |
| Recommendation 30  The Committee recommends that the ACT Government give more consideration of parents/carers in relevant legislation such that at milestones of 16/18 years of age, parents are not removed from care planning. |
| Recommendation 31  The Committee recommends that the ACT Government review the application process for legal guardianship so that parents and carers can assist in obtaining appropriate treatments for young people with mental health challenges. |

### Justice

* 1. There is significant overlap between young people who engage in, or who are at risk of, offending behaviour and young people with mental ill-health. Orygen, the National Centre of Excellence in Youth Mental Health, has highlighted the pressing need for preventative forensic, early intervention and community-based and residential mental health services for potential young offenders, as well as continued dedicated mental health care to rehabilitate young people in detention or on remand, in order to improve their life prospects as members of the community.[[163]](#footnote-163)
  2. The ACT Government has announced a focus on justice reinvestment.[[164]](#footnote-164) The Canberra Mental Health Forum suggests this needs to:
     + improve understanding and address complex mental illness in justice services;
     + better integrate police and mental health services;
     + accelerate work on the Disability Justice Strategy; and,
     + resource dedicated mental health units, especially for those under 25 involved with the justice system to divert young people from custodial harm.[[165]](#footnote-165)
  3. The Canberra Mental Health Forum reported cases of confusion between the responsibilities of Canberra Health Services and the requirements of the *Mental Health Act 2015* and the Criminal Code.

Lack of information sharing between Corrective Services and Health resulted in further harm to young people. Research reports far better outcomes, including lower recidivism for those caught up with the justice system, when treated at mental health facilities rather than through prisons. Thereby, also reducing the likelihood of suicide, self-harm and harm to others.[[166]](#footnote-166)

* 1. Families and Friends for Drug Law Reform insist imprisonment is one of the worst possible places for people with mental health problems to be.

Treating mental health conditions in prison is akin to attempting to treat malaria in a swamp. Recent coronial inquiries into deaths in custody of Steven Freeman and Jonathan Hogan highlight this. It is just not possible for healing mental health services and support to be provided in a correctional environment.[[167]](#footnote-167)

* 1. One witness raised the issue of appropriate justice given the significant power imbalance for those under 25 suffering a mental illness if they are required to go through the court system.[[168]](#footnote-168)

For young people, research recommends that all those suffering mental illness would be better served with services under a mental health model, rather than an incarceration model. I think young people under 25 are specifically and particularly vulnerable, given their young age and exposure to significant other trauma in terms of an environment that has violence and high levels of mental illness.[[169]](#footnote-169)

* 1. The Committee also heard that correctional officers are in a very difficult situation.

Their staff are correctional officers; they are not mental health workers and they are being asked to supervise people with mental health issues and mental illness.[[170]](#footnote-170)

#### Bimberi

* 1. In relation to Bimberi Youth Justice Centre, the Community Services Directorate reported that it works very closely with forensic mental health services and forensic health services. They provide the service to young people in Bimberi. Within 24 hours of a young person entering detention, whether they are on remand or sentenced, they all have a health and mental health assessment. That assessment immediately informs the type of response that is provided to young people in Bimberi. Some young people who come into Bimberi already had existing mental health providers in the community and, where that is the case, their mental health providers will continue to come and see them for the period in which they are in Bimberi and then back into the community.[[171]](#footnote-171)
  2. One submitter (carer of young person with experience of the justice system) suggested the Bimberi model should be initiated for those up to age 25 to encourage a more educational and rehabilitative focus.[[172]](#footnote-172) The submitter suggested any such model should allow for separation between individuals aged under 18 and over 21.

##### Committee comment

* 1. The Committee understands there are some communication issues between mental health services accessed by young people in Bimberi and the corrections staff at Bimberi. These communication issues mean that Bimberi staff may be unable to appropriately support the young people in detention who are experiencing mental health challenges. The Committee acknowledges the importance of protecting young people’s privacy when it comes to mental health, however, suggests some information sharing between mental health services and Bimberi staff, with the young person and/or their family or carer’s consent, may be beneficial for the young person’s recovery.

|  |
| --- |
| Recommendation 32  The Committee recommends that the ACT Government ensure that, where appropriate and with the young person’s consent, information is shared between mental health services accessed by young detainees and Bimberi staff to enable Bimberi staff to best support the young person. |

#### Alexander Maconochie Centre

* 1. One submitter called for a dedicated mental health unit at AMC.

It is telling that even Justice Health staff and the Forensic Mental Health Model of Care that was developed last year (2019), identified the need for a dedicated Mental Health Unit at AMC and a re­look at the structure of Justice Health. This requires adequate resourcing and staffing and addressing the significant number of detainees with mental illness.[[173]](#footnote-173)

##### Committee comment

* 1. Reflecting on the MIT research about how the brain is still developing until age 25 and noting AMC has a population that includes 18-25-year olds, the Committee sees a need for a greater youth focus in mental health service provision at AMC.

#### Dhulwa

* 1. Dhulwa is a 25-bed facility that provides mental health care for adults who are, or are likely to become, caught up in the criminal justice system. The facility is split into two categories, an acute unit and a rehabilitation unit.
  2. In November 2019, media reported the Dhulwa Mental Health Unit’s rehabilitation program had been at 100 per cent capacity since June 2019, with both of its units being over-capacity on two separate occasions in September 2019.[[174]](#footnote-174)
  3. The Committee was informed *in camera* that Dhulwa has very restrictive visiting arrangements with limited numbers of phone calls and no access to email (unlike AMC).

#### Vocational Supports

* 1. Engagement in work and successful completion of education is known to have mental health benefits for young people.[[175]](#footnote-175) For the 2019 ACT Human Rights Commission *Review of Allegations regarding Bimberi Youth Justice Centre*,[[176]](#footnote-176) the Education Directorate advised that:

In order to ensure effective educational transition for young people leaving Bimberi, all young people have a formal transition/pathways plan that is completed with them through the dedicated education Transition Officer. The Transition Officer will prepare schools to re‑engage with a returning student, and will also organise employment and training opportunities as appropriate.

* 1. However, the Human Rights Commission Review also found that the current security classification system for young people limits vocational learning opportunities and pre-release planning.

Security classification can limit access to programs (typically in woodwork, horticulture and metalwork) at Bimberi and the ability to obtain leave from Bimberi. Leave allows the Murrumbidgee Education and Training Centre to provide work experience opportunities, access to classes at the Canberra Institute of Technology (CIT) or universities, and participation in Australian school-based apprenticeships, and traineeships/apprenticeships.[[177]](#footnote-177)

* 1. The Review noted that some sentenced young people are not allowed to go on day leave from Bimberi even within the several months before their sentence is complete.[[178]](#footnote-178)

##### Committee comment

* 1. The Committee recommends that the ACT Government improve mental health and wellbeing services for Bimberi and young detainees at AMC by providing external vocational education and training based on the detainees’ interests. Young people need positive role models, and this may help young people in detention centres focus on setting positive goals for themselves. The ACT Government may partner with community and businesses to achieve this.
  2. Further, the Committee believes that mental health supports should form an important part of young detainees’ care plans when they exit a prison environment. Of concern to the Committee were findings from the ACT Human Rights Commission that the ACT’s adult correctional facility has a more structured throughcare program for adult detainees leaving custody compared with Bimberi.[[179]](#footnote-179) Concerns have been raised about a lack of systematic throughcare at Bimberi and young people not being offered adequate pre‑release preparation nor post‑release support.[[180]](#footnote-180) In order to best support young people’s mental health, the Committee urges the ACT Government to implement mental health care plans for all young detainees who need such support when leaving custody.

|  |
| --- |
| Recommendation 33  The Committee recommends that the ACT Government provide youth-centric mental health support services at the Alexander Maconochie Centre. |
| Recommendation 34  The Committee recommends that the ACT Government allow carers to be informed about suicide attempts and mental health care plans, if the relevant young person consents, at the beginning of justice system entry. |
| Recommendation 35  The Committee recommends that the ACT Government improve mental health and wellbeing services for Bimberi and AMC (young detainees) by providing external vocational education and training based on the detainees’ interests. |
| Recommendation 36  The Committee recommends that every detainee under 25 years of age who has presented with mental health challenges be given a care plan and an immediate case manager to help them recover when discharged from Bimberi, AMC or Dhulwa. The plan should also be communicated to carers. |
| Recommendation 37  The Committee recommends that the ACT Government provide case workers who assist young people transitioning out of a detention setting with Mental Health First Aid training to ensure the young people are supported in an appropriate manner. |
| Recommendation 38  The Committee recommends that the ACT Government provide mental health support, especially for those under 25 involved with the justice system to divert young people from custodial harm. |

### Self-help and Navigation

* 1. The previous sections in this chapter provided a sample of the range of services available to young people with mental health challenges. Alongside these services sit a plethora of self‑help programs. This section discusses some of the key issues relating to self-help services and the challenges that come with navigating such a complex system.
  2. The ACT Government funds several programs that have a self-help focus or component for young people in the ACT. These include Belconnen Community Services – Bungee Program; Capital Health Network – Headspace; CatholicCare Canberra and Goulburn – Youth Mental Health Outreach Service; Gugan Gulwan; Menslink; Mental Illness Education ACT; Oz Help Canberra; the Recovery College; the Perinatal Wellbeing Centre and Lifeline.[[181]](#footnote-181)
  3. The OMHW Coordinator General explained that many young people are not aware of the number of different online self-help support areas.

We heard a lot from people who said, “Well, if I’d known that Mind Gym was available, I may not have needed to see a psychiatrist or psychologist.” So it is that promotion of the lower levels and what you can do to help yourself.[[182]](#footnote-182)

* 1. However, the Committee also heard of much unmet need in self-help options. For example, resourcing constraints (lack of funding) prevents Kids Helpline from responding to all contacts from children and young people, with around 40 per cent of contacts going unanswered in the ACT. This equates to 3,038 contacts.[[183]](#footnote-183)
  2. The Committee received consistent evidence on the difficulty in navigating the mental health system, for both young people and their parents/carers.

Due to the capacities of the young person themselves and the capacities of their family, they find it very hard to navigate what is a relatively complex system that to us, at times, feels disjointed, not aligned, and with communication flows that are not efficient.[[184]](#footnote-184)

* 1. This was supported by one parent who described the sensation of ‘floundering because you do not know what you are doing or where to go or who to talk to.’[[185]](#footnote-185)
  2. The Association of Independent Schools of the ACT suggested navigation difficulties exacerbate existing mental health conditions.

Navigation around referral and follow up processes can be complex and unclear. The wide range of supports have similarly wide ranges of access criteria and waiting lists. These issues often serve to heighten staff, family and student anxieties at the most critical times.[[186]](#footnote-186)

|  |
| --- |
| Recommendation 39  The Committee recommends that the ACT Government fund more accessible and free counselling and mentor services for young people aged 12-25 years. |

#### Automated E-Health Services

* 1. The Mission Australia Youth Survey illustrates young people’s appetite for mental health support that can be provided online.[[187]](#footnote-187) Further the Royal Commission into Victoria’s Mental Health System noted that children and young people can be reluctant to seek help in person, and many prefer to access support and information online.[[188]](#footnote-188) A survey conducted for the Commission found that, while older people are more likely to visit their GP about mental health concerns, young people are more likely to use the websites of specific mental health support services.
  2. Self-guided, online psychological therapies can be clinically and cost effective in reducing symptoms of depression and anxiety. As poor help-seekers, young people may prefer online resources that reduce some of the barriers of accessing traditional services, including embarrassment and stigma.[[189]](#footnote-189)
  3. The Black Dog Institute informed the Committee that automated e-health services can be shown to be effective and should be made widely available for those at risk but who do not seek out traditional healthcare services. For example:
     + Online school-based technology has been proven effective in targeting substance abuse and other mental health issues like depression and anxiety;
     + Self-guided interventions for depression and suicide prevention have been shown to be effective in reducing suicide ideation;
     + Digital CBT-based online games can be help prevent depressive symptoms, particularly prior to a stressful event like Year 12 exams. For example, participants of the online program SPARX were found to have fewer depressive symptoms after 6 months. Effects were shown to be at least as effective as traditional therapies (face-to-face counselling and medication); and
     + Cognitive Behavioural Therapy for Insomnia (CBT-I) can be used to help young people sleep which in turn can help reduce rates of depression, anxiety, suicidality and poor academic performance. For example, the Sleep Ninja app has been shown to improve sleep and reduce depression and anxiety symptoms.[[190]](#footnote-190)
  4. ReachOut is the most accessed online mental health service for young people and their parents in Australia. From March – July 2019, 13,000 young people in the ACT contacted ReachOut for reasons ranging from anxiety and depression to abuse, violence and drugs.[[191]](#footnote-191) An independent peer-reviewed study commissioned by ReachOut, *A Measurable Impact: Helping Young People To Be and Stay Well,* showed that over a three‑month period ReachOut contributed to a statistically significant decline in symptoms of depression, anxiety and stress.[[192]](#footnote-192) The biggest changes were seen in young people who had severe or extremely severe symptoms.
  5. ReachOut NextStep, launched in 2016, is an evidence-based automated triaging tool designed to build service readiness and link young people to the services that are most appropriate for their level of need.[[193]](#footnote-193) A randomised control trial found it to be effective in reducing negative concerns and improving satisfaction with the help seeking process up to three months after using the tool, when compared with usual help seeking strategies.[[194]](#footnote-194)

##### Committee comment

* 1. The Committee suggests the OMHW engage with ReachOut to examine the utility of the NextStep service as a potential input or service associated with the development of the Online Youth Navigation Portal.

|  |
| --- |
| Recommendation 40  The Committee recommends that the ACT Government trial more automated e-health services and report back on outcomes by mid-2021. |
| Recommendation 41  The Committee recommends that the ACT Government investigate implementing evidence‑based CBT (cognitive behavioural therapy) online programs. |

#### Online Youth Navigation Portal

* 1. In terms of navigating available mental health services, currently the Access Mental Health Line is the single point of entry into ACT mental health services. They will triage someone, much like turning up to the emergency department, and will direct the person to the right part of the service system.[[195]](#footnote-195)
  2. Making access to services easier was part of the first recommendation in the OMHW Review. The ACT Government received funding from the Commonwealth Government to look at what is available currently, in terms of navigation portals, and what would be of most use to children and young people and also to their families.[[196]](#footnote-196) The Online Youth Navigation Portal is expected to go live in mid-2021.[[197]](#footnote-197)

##### Committee comment

* 1. Considering the negative impact COVID-19 has had on the mental health of young people, and the lasting impact this is expected to have, the Committee sees value in the ACT Government expediting the development of the Online Youth Navigation Portal so that young people can find assistance in a timely manner.

|  |
| --- |
| Recommendation 42  The Committee recommends that the ACT Government should as a matter of urgency bring online the central navigation portal for youth mental health services. |

## Comorbidities and Complexity

* 1. This section investigates some of the key co-occurring (comorbid) diagnoses and other complexities in youth mental health including substance abuse, eating disorders, autism and disability, behavioural disorders and suicide.
  2. Young people with complex needs require a very strong, multidisciplinary approach for successful treatment of mental health concerns.

### Substance Abuse

* 1. Orygen, the National Centre of Excellence in Youth Mental Health, reports that:

The increased onset of mental illness between the ages of 12 and 25 years coincides with exposure to alcohol and other drugs for many young people. Alcohol and other drug use can both contribute to the onset of mental illness and exacerbate existing symptoms. Once comorbid mental illness and alcohol or other drug use is present it is difficult to disentangle the two health issues. Treatment for both is required.[[198]](#footnote-198)

* 1. The ACT Government acknowledged that the co-occurrence of mental illness and substance abuse disorders are prevalent in Australia.[[199]](#footnote-199)
  2. Orygen notes the impact of a divided treatment system on outcomes for individuals.

The diagnosis of a comorbid condition is less likely than a single diagnosis of either a mental health or alcohol/other drug use disorder. The level of each illness, mild, moderate or severe, may influence the likelihood of seeking help, and by extension, diagnosis. Where one illness is more acute, the co-occurring illness may not be diagnosed, or priority may be attributed to the more acute illness. The division in mental health and alcohol/other drug services mean that an initial diagnosis will determine which treatment corridor a person is sent down.[[200]](#footnote-200)

* 1. RANZCP raised concerns about the difficulties associated with fragmented care between CAMHS and alcohol and other drug (AOD) services within the ACT. Young people attending services with psychiatric illness commonly present with AOD issues. RANZCP suggested that a possible solution to this would be the creation of one Child and Adolescent Mental Health and Drug and Alcohol service to provide better coordinated care.[[201]](#footnote-201)
  2. Canberra Health Services stated that the CAMHS team works closely with the alcohol and drug services to ensure that there is input into the care of the young people that are part of the CAMHS, as required, however there is also a body of work underway around how the Government can strengthen the integration between mental health and alcohol and drug services more broadly, including within the youth space.[[202]](#footnote-202)

#### Drug Rehabilitation Services

* 1. In its submission, the ACT Government stated that there is a wide range of publicly funded alcohol and other drug services accessible for adolescents and young people in the ACT. Critically, these services are available across the spectrum of AOD addiction. These services range from the Counselling and Treatment; and Police and Court Drug Diversion Services operated by CHS to a range of residential programs operated by NGO services.[[203]](#footnote-203)
  2. However, one submitter who cares for a child with drug dependence provided an insight into the actual experience of drug and alcohol services.

This system is a band-aid approach. It is a merry-go-round system. There is no help offered unless he goes and asks for help. He has mental health issues too. As I say, mental health and drug addiction go hand in hand. Things have to escalate so bad before anyone will step in and help. The worst-case scenario has to happen before anyone will step in and force rehab! Rehab is a lifeline. It saves lives![[204]](#footnote-204)

* 1. The Committee heard from several frustrated carers who want their children treated effectively in residential rehabilitation.

Anyone with an addiction will do anything to get their hands on drugs. They need to be in a secure and cared for environment, and get the right help. Needless to say, I support mandatory rehab. In other words, rights to be restricted so they can be admitted to rehabilitation only, not their total rights. Then release them only on assessment and approval, to be readmitted if they don’t meet the requirements.[[205]](#footnote-205)

* 1. One young witness struggled in the mental health system for seven years before finding success with drug and alcohol services.

I got involved with the youth drug and alcohol program and I found a psych through there. She is absolutely wonderful. Within eight months of seeing her, I was able to go into detox, get off the things I was using and get sober. She set me up with DBT. The drug and alcohol service was what changed it for me. I got the help I needed. Until then I was not getting it.[[206]](#footnote-206)

##### Committee comment

* 1. The Committee highlights the prevalence of co-existing mental health and substance abuse disorders and the need for diagnosis and treatment of both conditions in order to achieve improved outcomes for young people in Canberra.

|  |
| --- |
| Recommendation  The Committee recommends that the ACT Government expand drug rehabilitation services in the ACT. |
| Recommendation  The Committee recommends that the ACT Government expand evidence-based residential rehabilitation programs for young people struggling with addiction in the ACT. |

#### Justice Diversion

* 1. The Committee heard evidence from parents who wanted their child’s comorbid mental health and substance abuse conditions treated but found themselves channelled towards the criminal justice system.

We called the police so many times we have lost count. Always the same scenario. They could not help unless we were willing to place domestic violence charges and have him arrested and in jail. Our son is not a criminal. He was at the wrong place at the wrong time. He tried ice out of curiosity, just once, and now he is hooked.[[207]](#footnote-207)

* 1. Families and Friends for Drug Law Reform suggest that the prevalence of comorbid mental health and substance abuse disorders could be ‘ameliorated by less stigmatising and less punitive drug policies that give primacy to a health approach.’[[208]](#footnote-208)
  2. The Committee inquired as to what reforms are required to improve outcomes for young people suffering from these co-occurring diagnoses.

Well, the short answer that I would give is to get the criminal law off the back of these young people who are really suffering. It just provides an impediment to their reintegration with their families and the rest of society. It forms a barrier.[[209]](#footnote-209)

##### Committee comment

* 1. The Committee acknowledges that substance abuse is a health issue and believes youth suffering from such disorders should be treated in the health system, allowing for diversion from the criminal justice system. As raised in the Justice section in the previous chapter, there is a risk of a significant power imbalance for those under 25 suffering a mental illness if they are required to go through the court system. To enable such diversion and improvement of outcomes for Canberra’s youth, one option may be to investigate the implementation of a simple drug offence notice. This would be similar to the simple cannabis offence notices that currently exist for minors but could be considered for extension to some other drugs.

|  |
| --- |
| Recommendation 45  The Committee recommends that the ACT Government pursue young people’s use and possession of drugs in a coordinated and holistic manner. |
| Recommendation 46  The Committee recommends that the ACT Government consider further criminal justice diversion for young drug users by investigating the appropriateness of a simple drug offence notice for some drugs. |

### Eating Disorders

* 1. Eating disorders are complex psychiatric disorders which involve a combination of biological, psychological and sociocultural factors. Eating disorders are frequently associated with other psychological and physical disorders such as depression, anxiety disorders, substance abuse and personality disorders.[[210]](#footnote-210)

#### Prevalence

* 1. There is a lack of consistent data on prevalence of eating disorders in Australia, however according to analysis commissioned by Butterfly using Australian Institute of Health and Welfare data, it is estimated to affect approximately four per cent of people – or almost one million people – in any given year (Deloitte Access Economics, 2015). There is no estimate of the number of people experiencing eating disorders in the ACT.[[211]](#footnote-211)
  2. The significance of eating disorders and body image concerns for young people is evidenced in the contacts to the Butterfly Foundation Helpline – 57 per cent of contacts in the last financial year were from young people aged up to 25 years. There were 19,962 instances of contact with the service in 2018-19, an increase of 56 per cent on the previous year.[[212]](#footnote-212)
  3. More than two million people in Australia care for someone with an eating disorder. Family members and carers play an important role in supporting treatment and recovery, particularly for people with moderate to severe eating disorders. Without this support there is a need for higher intensity of treatment and greater risk of recurrence and chronicity of eating disorders.[[213]](#footnote-213)
  4. The Butterfly Foundation advised that stigmatising weight attitudes are now forming from very early in childhood. Importantly, greater body concerns from ages 5 and 7 have been shown to predict dieting by age 9. By the time they reach adolescence, 1 in 6 girls have already employed at least one potentially dangerous method of weight reduction.[[214]](#footnote-214)

|  |
| --- |
| Recommendation 47  The Committee recommends that the ACT Government quantify the prevalence of eating disorders in the ACT and the treatment pathways being pursued by Canberra residents and report back to the Assembly by mid-2021. |

#### Position Statement

* 1. The ACT Government reported that it has invested significantly in the further development of services for eating disorder services in the ACT, which are most commonly occur in people aged 12 to 25. This has included the development of an Eating Disorders Position Statement, in response to a community petition from a young woman in the ACT community requesting further investment in these services.[[215]](#footnote-215)
  2. This Position Statement outlines a focus of ensuring that there are appropriate eating disorders services across the whole continuum of care, from mental health promotion through to more acute services. This is an important element for identifying the range of needs for young people with eating disorders in the ACT. This also then led to the announcement, in the 2019-20 ACT Budget, of $2.2 million over four years to expand the range of eating disorder services available. Included in this funding is the announcement of community-based early intervention support.[[216]](#footnote-216)
  3. In terms of community-based early intervention support, Butterfly Body Bright is a new whole of school approach to consistent and long-term promotion of positive body image and healthy behaviours for Australian primary schools, including healthy attitudes and behaviours towards the body, food, and physical activity within an appearance-inclusive environment. Once an evaluation of the pilot is completed, the Butterfly Foundation will be seeking to roll out the program throughout primary schools across Australia. Butterfly would welcome involvement from the ACT Government in the pilot phase of the program and in funding the implementation of the program throughout the ACT.[[217]](#footnote-217)

|  |
| --- |
| Recommendation 48  The Committee recommends that the ACT Government provide an update on the 2018 Position Statement on Eating Disorders by the last sitting day of the 9th Assembly. |

#### Current Treatment Options

* 1. In November 2019, the Commonwealth Government introduced new Medicare Benefits Schedule (MBS) Item Numbers for Eating Disorders, which will greatly increase access to care. Although even with the MBS rebate, the Butterfly Foundation indicated out of pocket costs are still in the order of $3,000 per annum, which is prohibitive for people living on low incomes.[[218]](#footnote-218)
  2. In the 2018-19 Budget there was $2.2 million appropriated for eating disorders support services. This includes an expansion of the clinical team, as well as the establishment of a clinical hub. Those positions have been recruited to this year.[[219]](#footnote-219)
  3. Currently, the main source of support for people accessing services here in Canberra is through the eating disorders clinical service, which is physically based in Woden and free of charge. That is a community-based service and offers a multidisciplinary service that includes access to psychiatrists, dieticians, psychologists and nurses.[[220]](#footnote-220)
  4. In addition to that, there is the potential for young people, if they are medically compromised with an eating disorder, to be admitted to the Canberra Hospital. They get admitted to the paediatric adolescent ward. The paediatric adolescent ward is staffed with paediatric nursing staff, and there is always access to psychiatrists for children and adolescent, working very closely with the nursing team.[[221]](#footnote-221)
  5. The ACT Chief Psychiatrist informed the Committee that there is only one psychiatrist who is child and adolescent trained at the actual eating disorder service, who works there one day a week.[[222]](#footnote-222)
  6. The Committee heard from a young person who had battled with eating disorders and found the current service far from satisfactory. In addition, her experience was that ‘unless you have a psych who is particularly interested in eating disorders and support around that, it is very difficult to get specialised support, unless you have money to pay for a dietitian.’[[223]](#footnote-223)

|  |
| --- |
| Recommendation 49  The Committee recommends that the ACT Government provide further eating disorder support services in the ACT, prioritising services on the northside. |

#### A New Planned Clinic

* 1. In addition, the ACT Government has received a $13.5 million commitment from the Commonwealth Government to establish a community-based Residential Eating Disorder Treatment Centre based on a model which is currently being finalised on the Sunshine Coast in Queensland. The ACT Government and the Commonwealth Government are currently negotiating the arrangements for this project with construction expected to commence in 2021-22.[[224]](#footnote-224)

|  |
| --- |
| Recommendation 50  The Committee recommends the ACT Government expedite the construction of an inpatient eating disorder clinic. |

### Autism and Disability

#### Autism

* 1. Autism is distinct from intellectual disability though the disorders may be comorbid for some people (usually said to be 30-50 per cent).[[225]](#footnote-225) The Committee was informed that little data or evidence is available about autistic youth in the ACT but Speaking Out for Autism Spectrum Disorder (SOfASD) commented that the ACT has low diagnosis rates and delayed Autism Spectrum Disorder (ASD) diagnoses.[[226]](#footnote-226)
  2. Over 3 per cent of Australian children aged 5-14 years are autistic (have an ASD diagnosis) but fewer than 0.5 per cent of adults over 30 years of age have been diagnosed.[[227]](#footnote-227) The latest NDIS Quarterly Report shows that 1,950 of 7,260 NDIS participants (27 per cent) in the ACT are autistic.[[228]](#footnote-228) In terms of mental health, SOfASD argues that ‘the ACT Government’s persistent underestimating of ASD numbers and service needs contribute to especially poor mental health outcomes for autistic youth in the Territory.’[[229]](#footnote-229)
  3. Professor Julian Trollor (head of the Department of Developmental Disability Neuropsychiatry within the School of Psychiatry at the University of NSW) gave evidence before the Disability Royal Commission, raising concerns that autistic people:[[230]](#footnote-230)
     + are not being treated inside the health and mental health system and also not being addressed outside the health sector – autistic people just miss out everywhere on many of the services and supports they need;
     + have a right to health services under Article 25 of the *Convention on the Rights of Persons with Disabilities* but that goal is not being met;
     + have high mortality rates including suicide; and
     + have high rates of undiagnosed, untreated and/or poorly managed illness.
  4. The Australian Longitudinal Study of Adults with Autism (ALSAA) reported that between 25 and 84 per cent of autistic adults have a diagnosed mental health condition, with depression and anxiety the most reported conditions. Autistic adults have higher rates of suicide, increased mortality and reduced life expectancy.[[231]](#footnote-231)
  5. The Committee heard reports of autistic youth and their parents report being turned away from mental health services, such as CAMHS, because “we don’t treat people with autism”.[[232]](#footnote-232)

Routinely, autistic youth who present with anxiety, trauma or depression are denied mental health services for those conditions because of their autism. In the past, CAMHS had a strong interest in autism but now the service excludes many, possibly all known, patients known to be autistic. Many autistic youths with mental illness have nowhere else to go to get the mental health services they need. It seems this is a staff decision rather than an actual policy.[[233]](#footnote-233)

* 1. SOfASD is concerned that many mental health patients who are termed ‘treatment resistant’ or ‘unresponsive to treatment’ have undiagnosed ASD, and that clinicians try to treat their undiagnosed ASD with drugs which is known to not work instead of treating their mental illness. SOfASD argues that clinicians should be treating the patient’s comorbid mental illness, not their ASD and that this problem is ‘the result of chronic undertraining of mental health clinicians in relation to ASD.’[[234]](#footnote-234)
  2. The Committee heard that police in the ACT need training in how best to approach autistic people. According to SOfASD, the ACT has a Mental Health Crisis Team that does not attend mental health crises generally, and ‘certainly not when an autistic person is involved.’[[235]](#footnote-235)
  3. The ACT Government admitted that CYPS staff do not receive training specifically on the complexity of working with autistic children.[[236]](#footnote-236)

##### Committee comment

* 1. The Committee was disappointed to hear accounts of autistic youth with mental health challenges in Canberra being refused support or receiving inappropriate treatment in the mental health system. The Committee highlights the urgent need for training of mental health professionals to effectively assist in the treatment of autistic youth suffering mental health challenges.

|  |
| --- |
| Recommendation 51  The Committee recommends that CAHMS expand its work to include and/or further cater to autistic youth. |
| Recommendation 52  The Committee recommends that the mental health sector and Child and Youth Protection Services need better training, knowledge and understanding about autistic youth. |

#### Disability

* 1. The Committee received limited evidence on disability and youth mental health.
  2. Research suggests that at all stages of life, people living with an intellectual disability (ID) are at least two to three times more likely to have a mental disorder than the general population.[[237]](#footnote-237) Despite this, the right support can be difficult to find, and many people living with an ID experience substantial barriers to accessing mental health services.[[238]](#footnote-238) The Black Dog Institute reports that few specialised services exist, and many clinicians worry they do not have the experience or training to give people with ID the help they deserve.[[239]](#footnote-239) Whilst not specifically targeted at young people, the Black Dog Institute has recently launched Healthy Minds, a free e-learning mental health tool for people with mild to borderline ID.[[240]](#footnote-240)
  3. The ACT Government advised that children and young people living with a disability have been reported to experience more abuse, neglect, social disadvantage, challenging family circumstances, stigma, peer neglect and peer exclusion than persons without such disabilities. Young people living with a disability can find it difficult to access mental health services due to the nature of their disability and/or their experiences. These factors will be considered in the development of the Online Youth Navigation Portal which the ACT Government is progressing as an outcome from the OMHW Review.[[241]](#footnote-241)
  4. The ACT Government reported that the consultation process for the portal will involve young people living with disabilities and/or with NDIS plans. The intention is to ensure all young people have an opportunity to engage in the discussion to ensure the portal is designed accordingly.[[242]](#footnote-242)

|  |
| --- |
| Recommendation 53  The Committee recommends that the ACT Government assess whether existing mental health services are appropriate for young Canberrans living with a disability. |

### Behavioural Disorders

* 1. Mental health problems in adolescence are often preceded by behavioural problems in childhood. In a 2015 report, the Department of Health identified one third of adolescents with either anxiety or major depressive disorders also had a conduct (behavioural) disorder or ADHD in the previous 12 months.[[243]](#footnote-243) Orygen reports that people with ADHD often have other mental health problems. Common co-occurring illnesses include: depression, anxiety, bipolar disorder, oppositional defiant disorder, conduct disorder and substance use disorders.
  2. Similar to the other sections within this chapter, for ADHD, Orygen notes that having more than one illness complicates the assessment and treatment of all concurrent conditions, and careful history-taking and referral to qualified and experienced clinicians is recommended to confirm diagnoses and develop treatment plans.[[244]](#footnote-244)
  3. The RANZCP also notes that due to workforce pressures it is sometimes not possible for the CAMHS to prioritise seeing children and adolescents with comorbid behavioural problems. It is ineffectual for these comorbid disorders to be treated in isolation, leading to poorer outcomes for young people and their families.[[245]](#footnote-245)
  4. The Galilee School shared an experience of trying to engage CAMHS for a student but when his condition was described, CAMHS stated his issues were behavioural and not mental health so they were unable to see him.[[246]](#footnote-246)
  5. The Galilee School also shared the negative impact that having mental health services discontinued due to the young person being deemed to have behavioural rather than mental health issues, has on the young person and their family.

I think that some of the services should have a clearer scope and maybe a wider scope around behavioural versus mental health, given that we often find that they are both present in a young person. They are not exclusive at times.[[247]](#footnote-247)

##### Committee comment

* 1. The Committee acknowledges the difficulty that mental health professionals may face when treating a young person who presents with both mental health and behavioural or conduct issues however emphasises the importance of appropriate diagnosis and treatment of all co‑existing conditions.

### Suicide

* 1. The annual suicide rate in Australia remains above 3,000, and in the ACT, there were 46 reported suicide deaths in 2018.[[248]](#footnote-248)
  2. The Black Dog Institute argues that suicide prevention and mental health prevention and early intervention should form part of the school curriculum.[[249]](#footnote-249)

I want to be really clear that the evidence has shown that talking about suicide does not increase the risk, it actually decreases the risk because people are more likely to disclose their thoughts and feelings about suicide and get help.[[250]](#footnote-250)

#### LifeSpan Integrated Suicide Prevention Framework

* 1. The ACT Government established a pilot version of the Black Dog Institute’s LifeSpan Integrated Suicide Prevention Framework in the ACT from 2018-19. LifeSpan is an evidence‑based approach to integrated suicide prevention. This approach combines nine strategies that have strong evidence for suicide prevention into one community-led approach incorporating health, education, frontline services, business and the community. One of the nine strategies targets the promotion of help-seeking, mental health and resilience in schools.
  2. The inclusion of the voice of lived experience of suicide is a key priority under the LifeSpan framework, for all suicide prevention activity targeting young people. Lived experience representation is included in all the governance structures and consultation forums of ACT LifeSpan to ensure that the voice of those with lived experience of suicide, including young people, is included. [[251]](#footnote-251)
  3. Also, under the LifeSpan model for suicide prevention, there is a shorter course called Question, Persuade, Refer that is free online now through the ACT Government and the Capital Health Network. By being able to do a 90-minute online session, a person can start to learn how to identify potential mental illness and respond to it in a way that is safe for them and the person that they are communicating with.[[252]](#footnote-252)

#### Youth Aware of Mental Health Program (YAM)

* 1. Suicide prevention programs in the school setting are an important element of the Lifespan framework. ACT Health works closely with the ACT Education Directorate on these programs. The flagship program in schools is the Youth Aware of Mental Health Program (YAM) which is being rolled out to all Year 9 students.[[253]](#footnote-253)
  2. The Black Dog Institute reported that YAM has a very strong evidence base.

It reduces completed suicide deaths in young people by 50 per cent and it decreases suicidal ideation in young people at a rate of about 25 per cent. Suicidal ideation is thinking about suicide, contemplating it, and that is a necessary precursor to suicidal behaviour. So, it is really important to move the whole continuum of young people down the spectrum. By reducing suicidal thinking, you are also ultimately going to be reducing suicidal deaths.[[254]](#footnote-254)

* 1. The ACT Government reported that it provides a range of support services for families and friends of children and adolescents who suicide. These include comprehensive postvention planning using the Be You model in schools; Standby Support After Suicide – community-based service that is available to families; the Suicide Call Back Service and a coronial counselling service.[[255]](#footnote-255)

#### ACT Children and Young People Death Review Committee

* 1. The Youth Coalition of the ACT raised the issue that the ACT Children and Young People Death Review Committee currently reviews deaths for children and young people up until the age of 18 in order to try and prevent deaths from occurring in the future. Given that the ACT defines a young person as aged 12 to 25,[[256]](#footnote-256) the Youth coalition argues for increased reporting up to age 25 so that opportunities for early intervention and prevention of suicides among young people in that group can be identified.[[257]](#footnote-257)

|  |
| --- |
| Recommendation 54  The Committee recommends that the ACT Children and Young People Death Review Committee reviews should include reporting for people aged up to 25 years. |

## Environments and Early Intervention

*Treatment in and of itself is not going to be the answer. The expansion of treatment services is absolutely not the answer. I am a clinician. Getting mental health support is really important but it is not the panacea for the mental health problems and issues at a population level. With prevention and early intervention, you can move about 22 per cent of people off the trajectory towards mental illness, which is a huge number. That is more than the number of people we successfully treat with the interventions we have now, including antidepressant medication.[[258]](#footnote-258)*

* 1. This section examines the impact of social disadvantage, needs of diverse populations, the role of the family unit and the importance of promotion, prevention and early intervention programs in improving mental health outcomes for Canberra’s young people.
  2. RANZCP highlights the need for holistic reform taking social and environmental factors into account.

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.[[259]](#footnote-259)

### Social Disadvantage

* 1. The Public Advocate and Children and Young People Commissioner noted that public policy often fails to adequately recognise the importance of addressing the social determinants of mental ill-health brought about by socio-economic disadvantage.[[260]](#footnote-260)
  2. The Committee received evidence about how social and economic factors contribute to mental ill-health.

With the cohorts of children and young people with whom we work, we see how the social determinants of health, and in particular, how deep and persistent disadvantage – consisting of a combination of issues such as homelessness, parental unemployment, drug and alcohol abuse, interaction with the justice system, domestic and family violence, child abuse, colonialism and other trauma – causes, contributes to and/or compounds this ill health. [[261]](#footnote-261)

* 1. This is in keeping with wider research showing higher prevalence of mental ill-health in disadvantaged communities, and for example, mental health issues being widespread in cohorts of children and young people in OOHC and who have left OOHC.
  2. yourtown encouraged the Committee and the ACT Government to view the mental health challenges and needs of children and young people in their broadest sense (like the Productivity Commission has recently done). The organisation urged the ACT Government to consider how to address the broader root causes and compounding factors of mental illness and not simply provide reactive and acute services designed to manage mental health issues.[[262]](#footnote-262)

##### Committee comment

* 1. The Committee notes the ACT Government’s whole-of-government *Early Support* initiative (introduced in Chapter 3: Services and Support) and agrees with yourtown’s suggestion to view mental health challenges and needs of children and young people in their broadest sense.

|  |
| --- |
| Recommendation 55  The Committee recommends the ACT Government consider how to address the broader root causes and compounding factors of youth mental illness. |
| Recommendation 56  The Committee recommends that the ACT Government support the holistic needs of the ACT’s youngest and most vulnerable children (first 1,000 days) to prevent the effects of trauma and disadvantage from detrimentally affecting the development of foundational life skills, including support for their social and emotional wellbeing. |
| Recommendation 57  The Committee recommends that the ACT Government identify and respond to the holistic needs of young parents in disadvantaged communities, particularly parents in the child protection system or at risk of contact with the children protection system, including through providing life skills, housing, employment, transport, trauma and mental health. |

#### Homelessness

* 1. In 2019-20, the ACT Government allocated $5.5 million to eight programs within the ACT Specialist Homelessness Sector that support young people. [[263]](#footnote-263) Programs include crisis accommodation, transitional housing, counselling and living skills. Collectively, these programs provide 242 support places and 112 accommodation places at any one time. In addition to these programs, Gugan Gulwan Youth Aboriginal Corporation, will receive funding to support up to six young Aboriginal or Torres Strait Islander people at any one time.[[264]](#footnote-264)
  2. Housing ACT has a specialised Youth Team which works with young people aged between 16 and 25 years. In 2018-19, the program supported 406 young people to sustain tenancies. In addition to managing these tenancies, 29 youth housing assistance assessments were undertaken with the aim of providing safe and secure accommodation into the future for young people.[[265]](#footnote-265)
  3. The Youth Coalition of the ACT reported that young people experiencing homelessness, including those who stay in youth refuges, have been excluded from accessing youth mental health residential services in the ACT. Eligibility criteria for these services requires them to nominate an address to which they will return after treatment.[[266]](#footnote-266)

##### Committee comment

* 1. The Committee believes this policy excludes some of Canberra’s most vulnerable young people from accessing essential mental health support and may exacerbate the conditions that have led to their homelessness.

|  |
| --- |
| Recommendation 58  The Committee recommends that accessing youth mental health residential services in the ACT should not be dependent on nominating an address. |

#### Unemployment

* 1. A further issue impacting young people’s wellbeing is unemployment. According to yourtown:

The youth unemployment rate has historically been higher than the overall unemployment rate and this remains the case today…and, in our experience as a youth specialist employment services provider, is a driver of mental illness. What’s more, increasing numbers of young people are experiencing long-term unemployment. A tragic start to a young life and a factor we recognise as a barrier to finding work itself, long-term unemployment occurs disproportionately among young people who comprise 16 per cent of the total population, but 26.1 per cent of long-term unemployed people.[[267]](#footnote-267)

* 1. Engagement in work and successful completion of education is known to have mental health benefits. However, young people are often making the transition to further study and work at a period in their lives when mental ill-health is most likely to onset.[[268]](#footnote-268)
  2. The vocational status of young people aged 15 to 25 years who are or have accessed headspace Canberra in the past 12 months shows 31 per cent were not undertaking any study and 41 per cent were not engaged in employment. The increased need for vocational support due to mental health concerns is a national trend, with 26 per cent of young people in headspace centres nationally unemployed or disengaged from education.[[269]](#footnote-269)
  3. With the impacts of COVID-19, headspace Canberra expects to see the unprecedented demand for integrated mental health and vocational support programs over the coming months. In its submission to the Committee, headspace Canberra explained:

Currently headspace Canberra rely on in-kind services such as MatchWorks to provide vocational support to local young people. We believe that there is a great need for greater investment in evidence-based programs embedded within headspace such as the national Individual Placement and Support program that focuses on the individual needs of young people with mental illness who are seeking to enter, or remain in, education and/or employment.[[270]](#footnote-270)

##### Committee comment

* 1. As foreshadowed, young people will be ‘disproportionately affected by the pandemic’s economic ramifications, including on the job market, higher education and vocational training sectors, and housing.’[[271]](#footnote-271) The Committee believes this is an important area in which the ACT Government can intervene to maximise both economic and mental health outcomes for Canberra’s young people.

|  |
| --- |
| Recommendation 59  The Committee recommends that the ACT Government fund evidence-based employment support programs for young people with mental illness. |

### Diverse Populations

* 1. The stigma associated with mental illness remains a key challenge for young people both nationally and in the ACT and was identified in the OMHW Review but was also one of the top three barriers for young people seeking help in the recent Mission Australia and Black Dog Institute Report on mental health.[[272]](#footnote-272) Stigma is a real concern for Aboriginal and Torres Strait Islander (ATSI) people, those of Culturally and Linguistically Diverse (CALD) background and Lesbian, Gay, Bisexual, Trans, Intersex & Queer (LGBTIQ+) communities and the impact mental health issues can have on these communities.[[273]](#footnote-273)
  2. ACTCOSS highlighted the need for mental health services to be person-centred and culturally appropriate.

Mainstream services may not be appropriate for the provision of support to all sections of the community. At the very least, mainstream services must be supported and funded to develop skills and competencies that reflect the diversity of the Canberra community including Canberrans who identify as LGBTIQ+, Canberrans of migrant and refugee background, people living with disability and young people. [[274]](#footnote-274)

|  |
| --- |
| Recommendation 60  The Committee recommends that the ACT Government acknowledge the diversity of needs in provision of mental health services for young people and ensure services are co-designed by young people, including ATSI young people, CALD young people (including international students), LGBTIQ+ young people and young people living with disabilities. |

#### Aboriginal and Torres Strait Islander Young People

* 1. At a national level, most (67 per cent) Indigenous people aged 15–24 experienced low to moderate levels of psychological distress in the previous month, while 33 per cent experienced high to very high levels. For the ACT, 53 per cent experienced some form of distress.[[275]](#footnote-275)
  2. There is also significant research that demonstrates that racism is responsible for poorer physical and mental health among Aboriginal Australians, with racism experienced in the health sector additionally, detrimentally affecting future health-seeking behaviour as well as contributing to further negative psychological effects itself.[[276]](#footnote-276)
  3. According to the ACT Government, the *ACT Aboriginal and Torres Strait Islander Agreement 2019-2028* is a whole of government framework which will address ten focus areas to improve the lives of members of the ATSI community. Key to this is the central focus of ‘Strong Families’. Aboriginal and Torres Strait Islander children and young people’s health and wellbeing is crucial in the realisation of the Agreement’s commitment to equitable outcomes for Aboriginal and Torres Strait Islander people in the ACT.[[277]](#footnote-277)
  4. Further, the Committee learned about Gugan Gulwan’s early intervention program. This early intervention youth outreach program seeks to provide support and advice to vulnerable Aboriginal and Torres Strait Islander young people experiencing mental ill-health and/or emotional wellbeing problems.[[278]](#footnote-278)
  5. Some organisations such as the Black Dog Institute have developed interventions specifically for ATSI populations.

One of the things that we are working on, that we have developed, is an app called iBobbly, which was developed in partnership with Aboriginal and Torres Strait Islander communities. It uses Aboriginal art and Aboriginal voiceovers, and the goal is suicide prevention. It is for young adults, I think aged 16 to 30. It was tested in a community in the Kimberly and it increased help-seeking and decreased suicidal ideation.[[279]](#footnote-279)

#### Culturally and Linguistically Diverse (CALD)

* 1. In a 2019 consultation about mental health needs and experiences, service providers identified a range of additional challenges that young people from culturally and linguistically diverse backgrounds experience. These included:
     + Intergenerational family/peer conflict related to living within two potentially conflicting cultures: the ‘external’ culture (school and friends); and their home culture (family background);
     + Barriers relating to language and terminology: Different cultural communities may have varying conceptualisations of mental health and mental illness. Additionally, young people may be required to act as interpreters for other family members with limited English;
     + Stigma: In some communities, mental health is not discussed, which creates barriers for young people and family members if there is a risk of upsetting the local community; and
     + Upskilling mainstream services: Service providers identified the need to both expand existing trauma-based services that support young people from refugee backgrounds, while also training practitioners in other settings to provide culturally appropriate trauma support. This includes within community-based services and education settings.[[280]](#footnote-280)
  2. The Youth Coalition of the ACT identified the need to better support the mental health of international students in Canberra.

International students are another area, especially in our tertiary institutions, where we see a lot of people needing support. They are away from family; they are having to make new connections and they feel quite isolated. Help-seeking might be difficult, for language reasons as well as cultural reasons. This is a very lucrative population group for Canberra, and I think we have really dropped the ball during the COVID crisis in making sure that we are adequately supporting this population group. They contribute to our economy enormously. They contribute to our society tremendously. We need to make sure that we are reaching out to those international students proactively in those education institutions. We need to build a greater capacity for this population group, not just at the pointy end but more broadly as well.[[281]](#footnote-281)

* 1. A range of resources are available to improve cultural competence including, as an example, the Framework for Mental Health in Multicultural Australia which was developed with Commonwealth Funding by the Embrace Multicultural Mental Health project.[[282]](#footnote-282)

#### LGBTIQ+ People

* 1. The ACT Government reported that mental health disparities between LGBTIQ+ people and the wider population are more pronounced in younger age groups and that ‘LGBTIQ+ young people aged 16-24 have the highest levels of psychological distress across all age groups.’[[283]](#footnote-283)
  2. The ACT Government (through the Capital of Equality Strategy) seeks to set an agenda for Canberra to be Australia’s most LGBTIQ+ inclusive city by establishing whole of government direction and priority actions for supporting LGBTIQ+ Canberrans including in health and education settings.

Priority actions due for completion in 2020 include the development of a gender affirming standard of care for psychologists and mental health professionals working with trans and gender diverse people; making sure Canberra schools get good guidance about supporting students who are affirming their gender; and a major scoping study to analyse and identify barriers to LGBTIQ+ people accessing health services.[[284]](#footnote-284)

* 1. Meridian, a Canberra-based LGBTIQ+ community organisation, argues that there should be flexible, confidential, and free medical and psychological support and treatment that can be accessed without parental consent or knowledge due to the fact that LGBTIQ+ young people are known to ‘self-edit when seeking medical or psychological support with practitioners known to their family.’ [[285]](#footnote-285) Similarly, Meridian suggests that where a young person is unable or unwilling to participate in their own care, family members who are not supportive of their LGBTIQ+ identity should not have sole responsibility for determining care, providers or pathways.[[286]](#footnote-286)
  2. Meridian also highlighted that there is a significant lack of specialised resources and supports for young people under 15 years of age, who are LGBTIQ+. This is such an important age group who require support.[[287]](#footnote-287)
  3. Further, the Committee was informed about the Safe and Inclusive Schools Initiative which seeks to help schools to develop and maintain safe and inclusive environments for all students regardless of their gender presentation/identity, intersex status or sexual orientation. The Minister for Education and Early Childhood Development submitted that these programs are to support young people because ‘we know that children and young people who are identifying as LGBTIQ+ in our schools are more likely to be bullied and are more likely to have thoughts around suicide than any other child.’[[288]](#footnote-288)

### The Family Unit

* 1. The Committee was advised of the importance of the whole family approach to achieving positive outcomes in the treatment of a young person’s mental health challenges. A submitter elaborated:

In relation to a child’s mental health specifically, collaborative approaches with a child’s parents have been found to build on and strengthen their role in supporting child and youth mental and emotional wellbeing both at home and within the context of their community. Indeed, we know that there is little point working solely with a child to support their mental health, if they are only to return home to a family environment that has not changed and addressed the many issues that have resulted in the child’s poor mental health. Furthermore, parental input is essential to a child gaining access to the services they need, at the very least since parental consent is required to work with children and young people.[[289]](#footnote-289)

|  |
| --- |
| Recommendation 61  The Committee recommends that the ACT Government take a whole family approach to supporting children and young people at risk of poor mental health or showing symptoms of mental illness. |

#### Screen Time and Social Media

* 1. Screen time was included in the Inquiry’s Terms of Reference however the Committee received little evidence on this matter.
  2. The Gonski *Growing Up Digital* report explains the difficulty in drawing any conclusions about screen time and youth mental health.

Proving causality between Problematic Interactive Media Use (PIMU)[[290]](#footnote-290) and declining mental health, wellbeing or learning outcomes is hard to do. Namely, because there is little evidence to support dose and response relationships in this space and there are other confounding variables at play.[[291]](#footnote-291)

* 1. The report further states:

Poor sleep outcomes are a common correlate of excessive use of screens. Examination of the LSAC data showed children and adolescents not meeting the minimum sleep guidelines were more likely to have poorer mental health (e.g. anxiety, depression, unhappiness), be late for or absent from school and most notably, have internet access in the bedroom or spend more time on the internet.[[292]](#footnote-292)

* 1. The Committee recognises the need for better research to understand the effects of digital media on children’s wellbeing. As the *Growing Up Digital* Report notes:

We need better research to inform deeper understandings of how media and digital technologies affect children’s lives, learning and wellbeing. We recognise that there are benefits and drawbacks to the use of technology and that we are facing a truly complex issue, perhaps more than so some parents and policymakers realise.[[293]](#footnote-293)

* 1. In terms of social media specifically, Orygen notes that social media use by young people is inherently neither good nor bad, but rather a balancing act that is unique to every young person and their needs and priorities.[[294]](#footnote-294) This was supported by perspectives from young people at the Tuggeranong Community Council Youth Engagement Forum who shared that ‘social media can be positive and negative to mental health.’[[295]](#footnote-295)

#### Domestic and Family Violence

* 1. Exposure to domestic violence can have a significant impact on children’s mental health. Many studies have found strong links with poorer educational outcomes and higher levels of mental health problems for young people exposed to domestic violence.[[296]](#footnote-296)
  2. In 2018, the Domestic Violence Prevention Council (DVPC), held an Extraordinary Meeting to discuss the needs of children and young people affected by domestic violence, and concurred with the urgent need to hear from children and young people themselves. In response to the DVPC’s recommendations, the ACT Government allocated funding to enable the Coordinator‑General for Family Safety, in partnership with the Children and Young People Commissioner to consult and engage with young people with nearly 70 young people having taken the opportunity to have a say.
  3. The Family Safety Hub and Children and Young People Commissioner will be sharing messages from this project over coming months and moving forward to co-design responses in the new financial year.[[297]](#footnote-297)

#### Support for Parents and Carers

* 1. Parents and carers are an important source of informal support for young people and in helping them to navigate mental health difficulties and facilitating timely and appropriate support. The Mission Australia Youth Survey Report 2019 asked young people to indicate where they would go for help with important issues in their lives. The top three sources of help for young people were friend/s, parent/s or guardian/s and relative/family friend (83 per cent, 75.2 per cent and 57.6 per cent respectively).[[298]](#footnote-298)
  2. ReachOut Parents, launched in 2016, was accessed by more than 300,000 parents in 2018-19, and provides evidence-based information, resources, peer support and one-on-one telephone support for parents and young people aged 12-18 years. It is free and accessible, available 24/7, co-designed with parents and young people, offers one-on-one free and confidential support, over the phone and online.[[299]](#footnote-299)
  3. Carers ACT highlighted the need for parents and carers to receive tips and strategies to assist their children’s mental health recovery.

We have a system where the young person comes and spends an hour a week with the psychologist and they talk about their issues and they are given some tips and strategies and off they go. And no-one actually then helps the parent learn the same tips and the same strategies.[[300]](#footnote-300)

##### Committee comment

* 1. The Committee heard from a range of parents and carers who are trying their best to support their children navigate the mental health system in Canberra. The Committee could clearly see the huge toll that this places on parents and carers across many facets of their lives, emotionally, socially and financially. The Committee commends all parents and carers who are supporting their young loved ones with mental health challenges and urges the ACT Government to provide enhanced supports to parents of young people with mental health issues.

|  |
| --- |
| Recommendation 62  The Committee recommends that the ACT Government promote accessible and flexible evidence-based parenting support programs to parents and integrate these into whole‑of‑school approaches to mental health and wellbeing. |

### Promotion, Prevention and Early Intervention Programs

* 1. The Committee heard from multiple sources that research clearly indicates the most cost‑effective way to prevent the development of mental health problems and promote mental wellbeing is to target childhood and adolescence (including the perinatal period). Subsequent Australian Child and Adolescent Surveys of Mental Health and Wellbeing (2000 and 2015) have shown that the last 15 years of reform have not delivered significant improvements to the mental health of children and adolescents.[[301]](#footnote-301)
  2. The submission from yourtown supported this research.

Although highly susceptible to mental health issues and a key at risk group, young brains are highly malleable and responsive to treatment and learning new skills and there are therefore opportunities to optimise the effectiveness of prevention and effective management of mental illness through targeting this cohort.[[302]](#footnote-302)

* 1. The Committee heard lamentations through multiple personal accounts about how things could have turned out so much differently had help been available sooner.
     + ‘If we were able to have some intervention to help [our son] in the early stages, I do believe we would have had a better outcome.’[[303]](#footnote-303)
     + ‘Over the 4 years my depression got worse, I was diagnosed with bipolar and a mood disorder. What if I got the help I needed 4 years ago? Maybe I wouldn’t have gotten to the point where I was thinking horrible thoughts and to be prescribed antipsychotics.’[[304]](#footnote-304)
  2. The National Mental Health Commission analysed expected costs incurred in delivering a parenting intervention for the prevention of anxiety disorders in children. The program was found to cost $3.7 million but saved $8.3 million as it reduced children’s use of health services and the number of working days missed by parents as a result of their children’s illness.[[305]](#footnote-305)
  3. As outlined in the *Fifth National Mental Health Plan* early intervention through education programs can lead to: improved diagnosis and treatment, more timely and targeted referrals to specialist services, and improved confidence and engagement of primary care providers.[[306]](#footnote-306)

##### Committee comment

* 1. The importance of effective promotion, prevention and early intervention is one of the biggest findings from the Committee’s Inquiry and should be accordingly prioritised in the ACT Government’s implementation of outcomes from this Inquiry.

|  |
| --- |
| Recommendation 63  The Committee recommends that the ACT Government integrate wellbeing into the curriculum through evidence-based mental health programs and e-mental health, including cognitive behavioural therapy, that help students cope with stress and boost self‑esteem, increasing mental health literacy and preventing bullying. |

#### MIEACT

* 1. Mental Illness Education ACT (MIEACT) is the primary local mental health and wellbeing education provider for workplaces, community groups and secondary schools across the Canberra region and surrounding area. In 2019, MIEACT reached over 22,000 Canberrans delivering mental health education programs.[[307]](#footnote-307)
  2. MIEACT has seen an increase in organisations and school groups seeking quality, high-level, evidence-based programs that are not just about awareness but about building resilience and providing clear strategies that people can put in place today, as well as the avenues through which they can seek help, if it comes to a point that they need to do that.
  3. MIEACT reported that awareness programs have led to a reduction of stigma regarding anxiety and depression, but not as much regarding more complex mental illness, such as bipolar disorder, schizophrenia or other types of mental illness. Another witness agreed that greater awareness needs to be placed on schizophrenia and psychosis.

I know that there is a quite a bit of emphasis at the moment on anxiety and depression, and that is totally understandable because it is much more prevalent in society. However, about one in a hundred people suffer from schizophrenia and potentially psychosis, from a range of issues relating to depression, schizophrenia or schizoaffective disorder.[[308]](#footnote-308)

|  |
| --- |
| Recommendation 64  The Committee recommends that the ACT Government expand mental health awareness and education programs in ACT government schools. |

#### Mental Health First Aid

* 1. Mental Health First Aid Australia is a national not-for-profit organisation that has developed two training programs of relevance to youth:
     + **Youth MHFA** is a 14-hour training course for adults to assist youth developing mental health problems or in a mental health crisis.
     + **teen MHFA** is a 3.5-hour course that teaches high school students how to support their peers who are developing mental health problems or experiencing a mental health crisis. There are two versions of the course, one for students in Years 10-12 and another for students in Years 7-9.[[309]](#footnote-309)
  2. In the ACT, there have been 23 Youth MHFA instructors trained, who have run 211 courses and trained 4,022 mental health first aiders. For teen MHFA, there have been two instructors trained in the ACT, but these instructors have yet to deliver a course, indicating barriers to the dissemination of this course.[[310]](#footnote-310)
  3. One submitter discovered MHFA late one night out of desperation and commented that it was ‘the most practical’ thing she has done in her nine years of dealing with her child’s mental health challenges.[[311]](#footnote-311)
  4. The CEO of MIEACT endorsed the quality of MHFA saying that ‘it was created in Canberra and it is an internationally recognised course.’[[312]](#footnote-312)

|  |
| --- |
| Recommendation 65  The Committee recommends that the ACT Government makes Mental Health First Aid training available for young people and their parents/carers. |

#### Digital Interventions

* 1. The Black Dog Institute raised concerns that there are several wellbeing and positive psychology programs available in schools, but they do not necessarily have an evidence base to reduce symptoms of mental illness. The Black Dog Institute is urging all governments to fully recognise the clinical effectiveness, potential for reach, and low-to-zero marginal cost of digital solutions.[[313]](#footnote-313)
  2. The Committee was told that digital interventions offer a solution to assist students in the classroom while removing any expectations that teachers become mental health experts.

I think that in schools a lot of the psychologists and counselling staff are spending their time with the pointy-end, high-needs crisis students, which is absolutely appropriate because they are in need; but the rest of the cohort do not necessarily get access to what they need. So, what my recommendation would be is to upskill teachers, wellbeing staff and even assistant principals. More than 50 per cent of these staff members say that they do not receive adequate mental health training. Nobody is asking them to be mental health professionals but there is no reason why they cannot deliver curriculum based mental health prevention programs. Looking at digital technologies removes the need for the individual to be an expert. They need to be able to support students to do these programs and to lead safe discussions about mental illness, but they do not necessarily need to be the experts delivering the intervention. That is what I think is missing.[[314]](#footnote-314)

##### Committee comment

* 1. The Committee discussed the benefits of automated e-health services or digital interventions, in the self-help section of Chapter 2: Services and Support. The Committee believes there is much potential for such solutions in school environments as well as a complement to existing face-to-face mental health service provision. The Committee refers the ACT Government to Recommendations 40 and 41.

#### Mental Health Promotion for Under 12s

* 1. The CEO of MIEACT explained the growing importance of starting mental health conversations for children under the age of 12.

With groups like headspace, their programs start at age 12, so there is the eight to 12‑year‑old group that are beginning to be at risk of mental health issues or mental ill‑health earlier than the services become available to them. We are almost waiting for them to get to that age before we can start either having the conversation or building resilience. [[315]](#footnote-315)

* 1. Mental health education is addressed in the school curriculum from year 3.
  2. Dr Werner-Seidler explained that most of the work done by the Black Dog Institute to date is in secondary schools, but the organisation is now looking at moving to primary schools because it is seeing a decreasing age in terms of mental health problems and a need, particularly for teachers, for programs.

For primary school aged students, you would look at the key mental health issues that they are experiencing. They tend to be anxiety disorders and also the externalising disorders—more conduct and behavioural problems, which has a huge impact in the classroom. There are nowhere near as many programs available but there are some. One really popular one from the US is called the good behaviour game, which is delivered to primary school students who are quite young. We are looking at late infants, year 2, early primary school, year 3. It is about increasing prosocial behaviour and it helps with classroom management, so teachers really like it. Basically, the evidence from that is that if you deliver the program early on, you can see a reduced risk of suicide 10 to 15 years later. So, there are very large long-term effects.[[316]](#footnote-316)

* 1. The ACT Government is currently scoping a project to look at youth mental health promotion in the eight-year-old to 12-year-old age group. This was an outcome arising from Recommendation 2 in the OMHW Review to increase the awareness and education addressing stigma and fear around mental health. The scoping exercise will provide guidance to the Education Directorate as to what would be the best program, or the principles for the best program, and spread it across non-government schools as well. The ACT Government expects to have the outcomes of the scoping exercise published by the end of the year.[[317]](#footnote-317)

##### Committee comment

* 1. The Committee notes the investigation into appropriate evidence-based mental health promotion programs for 8-12-year olds and urges the ACT Government to roll-out the best program as a matter of urgency, including to non‑government schools.

|  |
| --- |
| Recommendation 66  The Committee recommends that the ACT Government roll-out the mental health promotion program which is found to be most effective for 8-12 year olds as a matter of urgency, including to non-government schools. |

## Conclusion

* 1. Based on the evidence presented, the Committee believes evidence-based promotion, prevention and early intervention programs offer the most effective solution to the unfortunately growing problem of youth mental health challenges in the ACT.
  2. The Committee reiterates the multitude of evidence that highlighted the neuroplasticity of the 18-25 years age bracket and the suggestion that youth focussed mental health services and support be extended to age 25.
  3. The Committee acknowledges the Office of Mental Health and Wellbeing’s forward program of work arising from the Children and Young People Review and encourages the ACT Government to ensure children and young people and their families and carers are actively engaged in any reforms generated from this Inquiry.
  4. Whilst the Committee acknowledges the recent and planned initiatives of the ACT Government, it notes many of these are funded by the Commonwealth Government – for example, the second headspace centre, the scoping exercise for the Online Youth Navigation Portal, the Residential Eating Disorder Treatment Centre and Medicare numbers for eating disorders.
  5. Again, the Committee extends its most sincere gratitude to the individuals who contributed their lived experience to this Inquiry. The Committee recognises the difficult period in which this Inquiry took place and thanks the many organisations who made time to either produce a submission or appear at a public hearing, or both, particularly considering increased demand on services due to COVID-19.
  6. The Committee has made **66** recommendations in relation to its *Inquiry into Youth Mental Health in the ACT*. The Committee expects the ACT Government to seriously consider the implementation of these recommendations to minimise future suffering for youth experiencing mental health challenges and their families.

Mr Michael Pettersson MLA

Chair

10 August 2020

## Appendix A – Submissions

|  |  |  |
| --- | --- | --- |
| **Submission Number** | **Submitter** | **Received** |
| 01 | White Wreath Association | 12 February 2020 |
| 02 | Individual | 22 February 2020 |
| 03 | Mary and Ross | 24 February 2020 |
| 04 | ACT Mental Health Consumer Network | 17 March 2020 |
| 05 | ReachOut Australia | 19 March 2020 |
| 06 | Yourtown | 20 March 2020 |
| 07 | ACT Government | 20 March 2020 |
| 08 | Mental Health First Aid Australia | 20 March 2020 |
| 09 | Public Advocate and Children and Young People Commissioner | 20 March 2020 |
| 10 | Mental Illness Education ACT | 20 March 2020 |
| 11 | Tuggeranong Community Council | 21 March 2020 |
| 12 | The Royal Australian and New Zealand College of Psychiatrists | 23 March 2020 |
| 13 | Butterfly Foundation | 27 March 2020 |
| 14 | Black Dog Institute | 2 April 2020 |
| 15 | Association of Independent Schools of the ACT | 3 April 2020 |
| 16 | Speaking Out for Autism Spectrum Disorder | 6 April 2020 |
| 17 | Youth Coalition of the ACT | 29 April 2020 |
| 18 | Ms Judith Girdler | 1 June 2020 |
| 19 | Individual (not for publication) | 12 June 2020 |
| 20 | Canberra Mental Health Forum | 16 June 2020 |
| 21 | Meridian | 17 June 2020 |
| 22 | Communities@Work Galilee School | 17 June 2020 |
| 23 | Carers ACT | 17 June 2020 |
| 24 | Mental Health Community Coalition ACT | 18 June 2020 |
| 25 | Individual | 18 June 2020 |
| 26 | Individual (Name withheld) | 18 June 2020 |
| 27 | Marathon Health (headspace Canberra) | 19 June 2020 |
| 28 | Foster Care Association (not for publication) | 19 June 2020 |
| 29 | ACT Council of Social Service Inc. (ACTCOSS) | 19 June 2020 |
| 30 | Individual | 19 June 2020 |
| 31 | Individual (not for publication) | 21 June 2020 |
| 32 | Families and Friends for Drug Law Reform | 22 June 2020 |

## Appendix B – Witnesses

### 26 May 2020

* Mrs Rachael Thorpe;
* Mrs Mary Bingham;
* Mr Ross Bingham;
* Dr Justin Barker, Executive Director, Youth Coalition of the ACT;
* Ms Erin Barry, Director, Policy, Youth Coalition of the ACT; and
* Mrs Heidi Prowse, Chief Executive Officer, Mental Illness Education ACT Inc.

### 2 June 2020

* Ms Yvette Berry, Deputy Chief Minister, Minister for Education and Early Childhood Development, Minister for Housing and Suburban Development, Minister for Prevention of Domestic and Family Violence, Minister for Sport and Recreation, Minister for Women;
* Ms Ellen Dunne, Executive Branch Manager, Office for Disability, Inclusion and Participation, Community Services Directorate;
* Ms Karen Grace, Executive Director, Mental Health, Justice Health and Alcohol and Drug Services, Community Services Directorate;
* Ms Katy Haire, Director General, Education Directorate;
* Mr Ross Matthews, Acting Deputy Director General, Education Directorate;
* Dr Elizabeth Moore, Coordinator-General Mental Health, Office for Mental Health and Wellbeing, ACT Health Directorate;
* Mr Jon Ord, Acting Executive Branch Manager, Mental Health Policy Unit, Policy, Partnerships and Programs, ACT Health Directorate;
* Ms Helen Pappas, Executive Group Manager, Children, Youth and Families, Community Services Directorate;
* Mr Dave Pfeffer, Deputy Chief Executive, Canberra Health Services;
* Mr Shane Rattenbury, Minister for Climate Change and Sustainability, Minister for Corrections and Justice Health, Minister for Justice, Consumer Affairs and Road Safety, Minister for Mental Health;
* Dr Denise Riordan, Chief Psychiatrist, Health Systems, Policy and Research, ACT Health Directorate;
* Ms Jodie Robinson, Executive Senior Branch Manager, Child and Youth Protection Services, Community Services Directorate;
* Ms Anne-Maree Sabellico, Deputy Director-General, Community Services Directorate;
* Ms Rachel Stephen-Smith, Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Children, Youth and Families, Minister for Health WOOD, MS JO, Director-General, Community Services Directorate; and,
* Ms Jo Wood, Director-General, Community Services Directorate.

### 30 June 2020

* Ms Piper-Jade Anderson;
* Miss Jacqueline Frost;
* Mr Tim NcNevin, Principal, Communities@Work Galilee School;
* Mr Joel Artup, Head of Student Support, Communities@Work Galilee School;
* Mrs Kaila Drysdale, Youth Worker, Communities@Work Galilee School;
* Dr Aliza Werner-Seidler, Senior Research Fellow and Clinical Psychologist, Black Dog Institute, University of New South Wales; and
* Ms Lisa Kelly, Chief Executive Officer, Carers ACT.

### 1 July 2020

* This hearing was conducted *in camera* and the Committee has chosen not to publicly identify witnesses who appeared at the *in camera* hearing.

### 14 July 2020

* Mr William Bush, President, Families and Friends for Drug Law Reform; and
* Ms Jan Lee, Secretary, Family and Friends for Drug Law Reform.

## Appendix C – Questions Taken on Notice/ Questions on Notice

Questions taken on Notice – 2 June 2020

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Hearing date | Asked by | Directorate/ Portfolio | Subject | Answer date |
| 01 | 2 June | Pettersson | Mental Health | Timeline for Eating Disorder Rehabilitation Centre in the ACT. | 18 June |
| 02 | 2 June | Lee | Education | Evidence based practices | 17 June |
| 03 | 2 June | Kikkert | Children, Youth and Families | Respite beds available | 15 June |

Questions on Notice – 10 June 2020

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Date received | Asked by | Directorate/ Portfolio | Subject | Answer date |
| 01 | 10 June | Pettersson | Mental Health | Adolescent Mental Health Inpatient Unit | 3 July |
| 02 | 10 June | Kikkert | Mental Health | Availability of mental health services for children and young people | 24 June |
| 03 | 10 June | Kikkert | Mental Health | Capital Health Network partnership | 18 June |
| 04 | 10 June | Kikkert | Mental Health | Funding for Menslink | 18 June |
| 05 | 10 June | Kikkert | Mental Health | Bimberi Youth Justice Centre | 18 June |
| 06 | 10 June | Kikkert | Education | Dyslexia assessments | 18 June |
| 07 | 10 June | Kikkert | Mental Health | Mental health and hospitals | 18 June |
| 08 | 10 June | Kikkert | Mental Health | PACER program | 18 June |
| 09 | 10 June | Kikkert | Mental Health | Online youth navigation portal and disability | 26 June |
| 10 | 10 June | Kikkert | Mental Health | Self-help support services | 18 June |
| 11 | 10 June | Lee | Mental Health | Youth mental health portal | 18 June |
| 12 | 10 June | Lee | Mental Health | Youth suicide | 22 June |
| 13 | 10 June | Lee | Mental Health | Adolescent mental health unit | 18 June |
| 14 | 10 June | Lee | Mental Health | The Deakin Clinic | 25 June |
| 15 | 10 June | Kikkert | Education | Mental health support at schools | 17 June |
| 16 | 10 June | Kikkert | Mental Health | Youth Aware of Mental Health (YAM) program | 22 June |
| 17 | 10 June | Kikkert | Youth | Mental health and out-of-home care (OOHC) | 24 June |
| 18 | 10 June | Kikkert | Youth | OOHC and youth offending | 6 July |
| 19 | 10 June | Kikkert | Youth | Respite care | 17 June |

## Appendix D – Exhibits

* 1. The following exhibits were provided to the Committee to assist in its Inquiry:
     + SANE Factsheet on Psychosis;[[318]](#footnote-318)
     + Forensic Mental Health Services Model of Care 2019;[[319]](#footnote-319) and,
     + Government Response to the *Healthy Prison Review of the Alexander Maconochie Centre 2019.[[320]](#footnote-320)*

1. Ms Anderson, *Transcript of Evidence*, 30 June 2020, p. 66. [↑](#footnote-ref-1)
2. World Health Organisation, *Fact Sheet: Adolescent mental health*, <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>, accessed 7 July 2020. [↑](#footnote-ref-2)
3. Black Dog Institute, *Submission 14*, p. 2. [↑](#footnote-ref-3)
4. yourtown, *Submission 6*, pp. 11-12. [↑](#footnote-ref-4)
5. Transcripts are available at: <http://www.hansard.act.gov.au/hansard/2017/comms/default.htm#education.> [↑](#footnote-ref-5)
6. Responses to QTONs and QONs are available here: <https://www.parliament.act.gov.au/parliamentary-business/in-committees/committees/standing-committees-current-assembly/standing-committee-on-education,-employment-and-youth-affairs/inquiry-into-youth-mental-health-in-the-act#tab1477975-4id>. [↑](#footnote-ref-6)
7. World Health Organisation, *Mental health: strengthening our response*, <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>, accessed 7 July 2020. [↑](#footnote-ref-7)
8. World Health Organisation, *Fact Sheet: Adolescent mental health*, <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>, accessed 7 July 2020. [↑](#footnote-ref-8)
9. Black Dog Institute, *Submission 14*, p. 2. [↑](#footnote-ref-9)
10. Productivity Commission, *Factsheet: Early Childhood, Children and Young People*, available at: <https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-factsheet4.pdf> [↑](#footnote-ref-10)
11. Mission Australia, *2019 Youth Survey Infographic*, available at: <https://www.missionaustralia.com.au/publications/youth-survey>. [↑](#footnote-ref-11)
12. Australian Institute of Health and Welfare, *Mental health services in Australia 2017-18*, p. 5, <https://www.aihw.gov.au/getmedia/3ccb9dfd-caed-464f-b628-cd46057d22ac/Community-mental-health-care-services-2017-18.pdf.aspx>, accessed 7 July 2020. [↑](#footnote-ref-12)
13. Australian Institute of Health and Welfare, *Mental health services in Australia 2017-18*, pp. 6 and 9, <https://www.aihw.gov.au/getmedia/3ccb9dfd-caed-464f-b628-cd46057d22ac/Community-mental-health-care-services-2017-18.pdf.aspx> accessed 7 July 2020. [↑](#footnote-ref-13)
14. Young Minds Matter, *The Mental Health of Australian Children and Adolescents: Educational Outcomes*, <https://youngmindsmatter.telethonkids.org.au/siteassets/media-docs---young-minds-matter/summarybookletweb.pdf>. [↑](#footnote-ref-14)
15. ACT Health, *Psychological distress by age group*, <https://health.act.gov.au/about-our-health-systemdata-and-publications/healthstats/statistics-and-indicators/psychological>, accessed 7 July 2020. [↑](#footnote-ref-15)
16. Hall, S., Fildes, J., Perrens, B., Plummer, J., Carlisle, E., Cockayne, N., & Werner-Seidler, A. (2019). *Can we Talk? Seven Year Youth Mental Health Report - 2012-2018.* Mission Australia: Sydney, NSW, 62-66. ACT youth has a small sample so care needs to be taken when interpreting and generalising the survey result. [↑](#footnote-ref-16)
17. Answer to Question Taken on Notice No. 22, *HACS Inquiry into the 2018-19 Annual and Financial Reports*, 11 November 2019, p. 118. [↑](#footnote-ref-17)
18. *Transcript of Evidence, HACS Inquiry into the 2018-19 Annual and Financial Reports*, 11 November 2019, p. 118. [↑](#footnote-ref-18)
19. Available at: <https://health.act.gov.au/sites/default/files/2020-03/OMHW%20Children%20and%20Young%20People%20Report_0.pdf>, accessed 7 July 2020. [↑](#footnote-ref-19)
20. Mental Illness Education ACT, *Submission 10*, p. 1. [↑](#footnote-ref-20)
21. Mental Illness Education ACT, *Submission 10*, p. 1. [↑](#footnote-ref-21)
22. More detail on each project is provided in the OMHW Review: <https://health.act.gov.au/sites/default/files/2020-03/OMHW%20Children%20and%20Young%20People%20Report_0.pdf>, accessed 7 July 2020. [↑](#footnote-ref-22)
23. See *Chapter 17: Interventions in early childhood and school education* and *Chapter 18: Youth economic participation* <https://www.pc.gov.au/inquiries/completed/mental-health/draft> [↑](#footnote-ref-23)
24. Productivity Commission, *Factsheet: Early Childhood, Children and Young People,*  <https://www.pc.gov.au/inquiries/completed/mental-health/draft/mental-health-draft-factsheet4.pdf>, accessed 7 July 2020. [↑](#footnote-ref-24)
25. A list of witnesses and a transcript of the hearing is available here: <https://www.pc.gov.au/__data/assets/pdf_file/0005/248171/20191115-canberra-mental-health-transcript.pdf>, accessed 7 July 2020. [↑](#footnote-ref-25)
26. Under the *Productivity Commission Act 1998*, the Government is required to table the report in each House of the Parliament within 25 sitting days of receipt. [↑](#footnote-ref-26)
27. Andrew Barr MLA and Rachel Stephen-Smith MLA, *Media release: Public Health Emergency declared for ACT*, 16 March 2020, <https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_releases/barr/2020/public-health-emergency-declared-for-act>, accessed 7 July 2020. [↑](#footnote-ref-27)
28. D Gianni, *Mental health support package foreshadowed after unprecedented Lifeline demand*, 28 April 2020, <https://the-riotact.com/mental-health-support-package-foreshadowed-amid-unprecedented-lifeline-demand/372260>, accessed 7 July 2020. [↑](#footnote-ref-28)
29. The full communique outlining findings and recommendations can be viewed at [www.youthcoalition.net/covid-19/](http://www.youthcoalition.net/covid-19/). [↑](#footnote-ref-29)
30. The Hon. Josh Frydenberg MP, Treasurer, *Press conference, Australian Parliament House, ACT*, 18 June 2020, transcript <https://ministers.treasury.gov.au/ministers/josh-frydenberg-2018/transcripts/press-conference-australian-parliament-house-act-5>, accessed 7 July 2020. Youth unemployment refers to those aged 15-24 years old. [↑](#footnote-ref-30)
31. Shane Rattenbury MLA and Rachel Stephen-Smith MLA, *Media Release: $4.5 million COVID-19 mental health support package to help Canberrans*, 6 May 2020, <https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_releases/rattenbury/2020/$4.5-million-covid-19-mental-health-support-package-to-help-canberrans>, accessed 7 July 2020. A $450,000 *COVID-19 Mental Health and Wellbeing Innovation Grants program* was announced on 29 June 2020 which was part of the original $4.5 million commitment. Applications for the program closed on 17 July 2020. For further information: <https://www.health.act.gov.au/services-and-programs/mental-health/mental-health-and-wellbeing-during-covid-19/mental-health-and>, accessed 7 July 2020. [↑](#footnote-ref-31)
32. Andrew Barr MLA, *The State of our Territory Remains Bright*, 17 June 2020, <https://www.andrewbarr.com.au/news/latest-news/the-state-of-our-territory-remains-bright/>, accessed 7 July 2020. [↑](#footnote-ref-32)
33. ACT Government, *Submission 7*. [↑](#footnote-ref-33)
34. Mr Rattenbury MLA, Minister for Mental Health, *Transcript of Evidence*, 2 June 2020, p. 32. [↑](#footnote-ref-34)
35. ACT Government, *Submission 7*, p. 13. [↑](#footnote-ref-35)
36. National Association of School Psychologists, *School-Based Mental Health Services: Improving Student Learning and Well-Being*, <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/mental-health/school-psychology-and-mental-health/school-based-mental-health-services>, accessed 7 July 2020. [↑](#footnote-ref-36)
37. ACT Government, *Submission 7*, p. 26. A similar three-tiered model is also adopted by independent schools. Refer to Association of Independent Schools of the ACT, *Submission 15*, p. 4. [↑](#footnote-ref-37)
38. ACT Government, *Submission 7*, pp. 29-34. [↑](#footnote-ref-38)
39. ACT Government, *Submission 7*, pp. 34-36. [↑](#footnote-ref-39)
40. ACT Government, *Submission 7*, pp. 36-37. [↑](#footnote-ref-40)
41. Individual (name withheld), *Transcript of Evidence*, 1 July 2020, p. 7. [↑](#footnote-ref-41)
42. Mr Hawkins, ACT Education Directorate, *Transcript of Evidence*, 2 June 2020, p. 48. [↑](#footnote-ref-42)
43. Ms Barry, Youth Coalition of the ACT, *Transcript of Evidence*, 26 May 2020, p. 14. [↑](#footnote-ref-43)
44. Individual (name withheld), *Transcript of Evidence*, 1 July 2020, p. 8. [↑](#footnote-ref-44)
45. Tuggeranong Community Council, *Submission 11*, p. 2. Quoted from the Tuggeranong Community Council Youth Engagement Forum held on 28 March 2019. [↑](#footnote-ref-45)
46. Individual (name withheld), *Transcript of Evidence*, 1 July 2020, p. 8. [↑](#footnote-ref-46)
47. Mr Pettersson MLA, Chair, dissented with this recommendation. [↑](#footnote-ref-47)
48. A description of the stepped care model is available in the Health section of this chapter. [↑](#footnote-ref-48)
49. ReachOut, *Submission 5*, p. 6. [↑](#footnote-ref-49)
50. Black Dog Institute, *Submission 14*, p. 4. [↑](#footnote-ref-50)
51. Individual (name withheld), *Transcript of Evidence*, 1 July 2020, p. 7. [↑](#footnote-ref-51)
52. Dr Werner-Seidler, Black Dog Institute, *Transcript of Evidence*, 30 June 2020, p. 79. [↑](#footnote-ref-52)
53. yourtown, *Submission 6*, p. 17. [↑](#footnote-ref-53)
54. Individual, *Submission 26*, p. 4. [↑](#footnote-ref-54)
55. ACT Education Directorate, *ACT Student Disability Criteria*, updated 2019, <https://www.education.act.gov.au/__data/assets/pdf_file/0009/17829/ACT-Student-Disability-Criteria-2019-.pdf>, accessed 7 July 2020. [↑](#footnote-ref-55)
56. ACT Education Directorate, *Students With Disability*, <https://www.education.act.gov.au/support-for-our-students/students-with-disability>, accessed 7 July 2020. [↑](#footnote-ref-56)
57. Ms Barry, Youth Coalition of the ACT, *Transcript of Evidence*, 26 May 2020, p. 14. [↑](#footnote-ref-57)
58. Communities@Work Galilee School, *Submission 22*, p. 7. [↑](#footnote-ref-58)
59. Communities@Work Galilee School is a registered, independent secondary school designed specifically for disengaged and vulnerable young people in years 7-10 in the ACT and surrounding areas for whom the mainstream schooling environment has struggled to deliver positive learning outcomes. [↑](#footnote-ref-59)
60. Email from Galilee School, Response to follow-up question from Committee, 2 July 2020. [↑](#footnote-ref-60)
61. Mr McNevin, Galilee School*, Transcript of Evidence*, 30 June 2020, p. 86. [↑](#footnote-ref-61)
62. Individual (name withheld), *Transcript of Evidence*, 1 July 2020, p. 3. [↑](#footnote-ref-62)
63. ACT Government, *Submission 7,* p. 6. [↑](#footnote-ref-63)
64. Office of Mental Health and Wellbeing, *Children and Young People Review*, March 2019, <https://health.act.gov.au/sites/default/files/2020-03/OMHW%20Children%20and%20Young%20People%20Report_0.pdf>, accessed 7 July 2020. [↑](#footnote-ref-64)
65. Mrs Drysdale, Galilee School, *Transcript of Evidence*, 30 June 2020, p. 84. [↑](#footnote-ref-65)
66. Capital Health Network, *What is Stepped Care,* <https://www.chnact.org.au/what-is-stepped-care>, accessed 7 July 2020. [↑](#footnote-ref-66)
67. ACT Government, *Submission 7*, p. 12. [↑](#footnote-ref-67)
68. Furst, M.C., Salinas-Perez, J.A., Anthes, L., Bagheri, N., Banfield, M., Aloisi, B., Salvador Carulla, L. (2018). *The Integrated Mental Health Atlas of the Australian Capital Territory Primary Health Network Region*. Centre for Mental Health Research, Australian National University. [↑](#footnote-ref-68)
69. Public Advocate and Children and Young People Commissioner, *Submission 9*, p. 2. [↑](#footnote-ref-69)
70. Marathon Health (headspace Canberra), *Submission 27,* p. 2. [↑](#footnote-ref-70)
71. Marathon Health (headspace Canberra), *Submission 27*, p. 3. [↑](#footnote-ref-71)
72. Marathon Health (headspace Canberra), *Submission 27*, p. 4. [↑](#footnote-ref-72)
73. ACT Government, *Submission 7*, pp. 19-20. [↑](#footnote-ref-73)
74. ACT Government, *ACT Health find-a-health service,* <http://findahealthservice.act.gov.au/c/fahs?a=sp&pid=1316133581&site=133970&servicecategory=23&suburb=BELCONNEN>, accessed 7 July 2020. [↑](#footnote-ref-74)
75. Youth Coalition of the ACT, *Submission 17*, p. 4. [↑](#footnote-ref-75)
76. Ms Frost, *Transcript of Evidence*, 30 June 2020, p. 71. [↑](#footnote-ref-76)
77. For further information, refer to the Social Disadvantage section in Chapter 4: Environments and Early Intervention. [↑](#footnote-ref-77)
78. Mr Rattenbury MLA, Minister for Mental Health, *Transcript of Evidence*, 2 June 2020, p. 38. [↑](#footnote-ref-78)
79. See *QON 8: PACER Program*. [↑](#footnote-ref-79)
80. For statistics on the number of young people under 18 admitted to the AMHU over the past three years along with information on the paediatric ward, see *QON 7: Mental health and hospitals*. [↑](#footnote-ref-80)
81. Public Advocate and Children and Young People Commissioner, *Submission 9*, p. 3. [↑](#footnote-ref-81)
82. Public Advocate and Children and Young People Commissioner, *Submission 9*, p. 3. [↑](#footnote-ref-82)
83. Dr Barker, Youth Coalition of the ACT, *Transcript of Evidence*, 26 May 2020, pp. 17-18. [↑](#footnote-ref-83)
84. ACT Government, *Submission 7*, p. 12. [↑](#footnote-ref-84)
85. ACT Health, *Interstate Patient Travel Assistance Scheme (IPTAS)*, <https://www.health.act.gov.au/hospitals-and-health-centres/canberra-hospital/your-time-hospital/interstate-patient-travel>, accessed 5 August 2020. [↑](#footnote-ref-85)
86. The guidelines state financial assistance is not available to cover the cost of inpatient hospital accommodation. [↑](#footnote-ref-86)
87. For further details, see *QON 1: Adolescent Mental Health Inpatient Unit.* [↑](#footnote-ref-87)
88. For further details, see *QON 13: Adolescent Mental Health Unit*. [↑](#footnote-ref-88)
89. In March 2020, the draft Model of Care (MoC) was sent to stakeholders for consultation and the Committee requested and received a copy as part of this Inquiry however the draft MoC has not been published online. The MoC includes an expansion of the Adolescent Mobile Outreach Service (AMOS) team to include a transition team. This team will provide intensive care and support to adolescents and members of their support system directly into their homes. This intensive support aims to avoid admissions to the AdMHU and facilitate the discharge of adolescents from the AdMHU. [↑](#footnote-ref-89)
90. Carers ACT, *Submission 23*, p. 2; Mental Health Community Coalition ACT Inc., *Submission 24*, p. 2; and ACT Council of Social Service Inc., *Submission 29*, p. 1. [↑](#footnote-ref-90)
91. Public Advocate and Children and Young People Commissioner, *Submission 9*, p. 2. [↑](#footnote-ref-91)
92. Media Release, *Barwon Investment Partners and Healthe Care Australia confront Canberra’s identified need for private mental health services; Canberra’s only private adolescent mental health beds announced*, 10 September 2019, <https://healthecare.com.au/uploads/healthecare.com.au/Barwon-and-Healthe-Care-confront-Canberras-undersupply-of-mental-heatlh-services_10Sep2019.pdf>, accessed 7 July 2020. [↑](#footnote-ref-92)
93. See *QON 1: Adolescent Mental Health Inpatient Unit*. [↑](#footnote-ref-93)
94. Carers ACT, *Submission 23*, p. 2. [↑](#footnote-ref-94)
95. Individual, *Submission 25*, p. 4. [↑](#footnote-ref-95)
96. Communities@Work Galilee School, *Submission 22*, pp. 7-8. [↑](#footnote-ref-96)
97. Marathon Health (headspace Canberra), *Submission 27,* p. 4. [↑](#footnote-ref-97)
98. Mr Artup, Galilee School, *Transcript of Evidence*, 30 June 2020, p. 83. [↑](#footnote-ref-98)
99. Individual, *Submission 30*, p. 1. [↑](#footnote-ref-99)
100. Ms Frost, *Transcript of Evidence*, 30 June 2020, pp. 68-69. [↑](#footnote-ref-100)
101. Orygen: The National Centre of Excellence in Youth Mental Health, *Submission to the Productivity Commission’s Inquiry into Mental Health*, 2019, [https://www.orygen.org.au/Policy/Policy-Areas/Government-policy-service-delivery-and-workforce/Government-policy/Productivity-Commission-s-Inquiry-into-Mental-Heal/Orygen-and-headspace-Productivity-Commission-Submi?ext=](https://www.orygen.org.au/Policy/Policy-Areas/Government-policy-service-delivery-and-workforce/Government-policy/Productivity-Commission-s-Inquiry-into-Mental-Heal/Orygen-and-headspace-Productivity-Commission-Submi?ext=.), accessed 7 July 2020. [↑](#footnote-ref-101)
102. ACT Government, *Submission 7*, p. 12. For more details on the co-design process, see *QON 3: CHN Partnership*. [↑](#footnote-ref-102)
103. yourtown, *Submission 6*, p. 11. [↑](#footnote-ref-103)
104. Communities@Work Galilee School, *Submission 22*, p. 4. [↑](#footnote-ref-104)
105. Marathon Health (headspace Canberra), *Submission 27*, p. 3. [↑](#footnote-ref-105)
106. Dr Barker, Youth Coalition of the ACT, *Transcript of Evidence*, 26 May 2020, p. 10. [↑](#footnote-ref-106)
107. Youth Coalition of the ACT, *Submission 17*, pp. 2-3. [↑](#footnote-ref-107)
108. Massachusetts Institute of Technology, *Changes in Young Adulthood*, 2018, <https://hr.mit.edu/static/worklife/youngadult/changes.html>, referenced in Australian Government, *Head to Health*, <https://headtohealth.gov.au/supporting-yourself/support-for/young-adults>, accessed 7 July 2020. [↑](#footnote-ref-108)
109. Mrs Thorpe, *Transcript of Evidence*, 26 May 2020, p. 3. [↑](#footnote-ref-109)
110. Individual (not for publication), *Submission 31*, p. 4. [↑](#footnote-ref-110)
111. Individual (not for publication), *Submission 31*, p. 6. [↑](#footnote-ref-111)
112. Individual (name withheld), *Transcript of Evidence*, 1 July 2020, p. 3. [↑](#footnote-ref-112)
113. Ms Barry, Youth Coalition of the ACT, *Transcript of Evidence*, 26 May 2020, p. 18. [↑](#footnote-ref-113)
114. Dr Barker, Youth Coalition of the ACT, *Transcript of Evidence*, 26 May 2020, p. 18. [↑](#footnote-ref-114)
115. Orygen, *Under the Radar: the mental health of Australian university students*, [https://www.orygen.org.au/Policy/Policy-Reports/Under-the-radar/Orygen-Under\_the\_radar\_report?ext=](https://www.orygen.org.au/Policy/Policy-Reports/Under-the-radar/Orygen-Under_the_radar_report?ext=.), accessed 7 July 2020. [↑](#footnote-ref-115)
116. Orygen, *University Mental Health Framework*, <https://www.orygen.org.au/Policy/University-Mental-Health-Framework>, accessed 7 July 2020. [↑](#footnote-ref-116)
117. Ms Judith Girdler, *Submission 18*, p. 2. [↑](#footnote-ref-117)
118. Canberra Mental Health Forum, *Submission 20*, p. 1. [↑](#footnote-ref-118)
119. Public Advocate and Children and Young People Commissioner, *Submission 9*, p. 4. [↑](#footnote-ref-119)
120. Public Advocate and Children and Young People Commissioner, *Submission 9*, p. 4. [↑](#footnote-ref-120)
121. Royal Australian and New Zealand College of Psychiatrists, *Submission 12*. See also Royal Australian and New Zealand College of Psychiatrists, *Child and adolescent psychiatry: meeting future workforce needs*, <https://www.ranzcp.org/files/resources/reports/fcap-workforce-discussion-paper-board-approved-may.aspx>, accessed 7 July 2020. [↑](#footnote-ref-121)
122. Royal Australian and New Zealand College of Psychiatrists, *Child and adolescent psychiatry: meeting future workforce needs*, <https://www.ranzcp.org/files/resources/reports/fcap-workforce-discussion-paper-board-approved-may.aspx>, accessed 7 July 2020. [↑](#footnote-ref-122)
123. Royal Australian and New Zealand College of Psychiatrists, *Submission 12*, p. 3. [↑](#footnote-ref-123)
124. Individual, *Submission 25*, p. 2 and Mrs Thorpe, *Transcript of Evidence*, 26 May 2020, p. 2. [↑](#footnote-ref-124)
125. Individual, *Submission 25*, p. 4. [↑](#footnote-ref-125)
126. Individual, *Submission 26*, p. 2. [↑](#footnote-ref-126)
127. Mrs Thorpe, *Transcript of Evidence*, 26 May 2020, p. 1. [↑](#footnote-ref-127)
128. Mr Rattenbury MLA, Minister for Mental Health, *Transcript of Evidence*, 2 June 2020, p. 43. [↑](#footnote-ref-128)
129. Ms Anderson, *Transcript of Evidence*, 30 June 2020, p. 65. [↑](#footnote-ref-129)
130. Foster Care Association, *Submission 28*, p. 5. [↑](#footnote-ref-130)
131. Foster Care Association, *Submission 28*, p. 2. [↑](#footnote-ref-131)
132. McDowell, J. (2018). Out-of-Home Care in Australia: children and young people’s views after five years of national standards, *CREATE Foundation*, referenced in Public Advocate and Children and Young People Commissioner, *Submission 9*. [↑](#footnote-ref-132)
133. 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, <http://onlinelibrary.wiley.com/doi/10.1111/jpc.1291324/full>, accessed 7 July 2020. [↑](#footnote-ref-133)
134. Catania, L., Hetrick, S., Purcell, R., & Newman, L. (2015). 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 in Public Advocate and Children and Young People Commissioner, *Submission 9*. [↑](#footnote-ref-134)
135. McDowell, J., ‘Out-of-Home Care in Australia: children and young people’s views after five years of national standards’, 2018, *CREATE Foundation*, referenced in Public Advocate and Children and Young People Commissioner, *Submission 9*. [↑](#footnote-ref-135)
136. McDowell, J., ‘Out-of-Home Care in Australia: children and young people’s views after five years of national standards’, 2018, *CREATE Foundation*, referenced in Public Advocate and Children and Young People Commissioner, *Submission 9*. [↑](#footnote-ref-136)
137. Ms Pappas, ACT Community Services Directorate, *Transcript of Evidence*, 2 June 2020, pp. 58 and 60. [↑](#footnote-ref-137)
138. Individual (name withheld), *Transcript of Evidence*, 1 July 2020, p. 2. [↑](#footnote-ref-138)
139. Foster Care Association, *Submission 28*, p. 3. [↑](#footnote-ref-139)
140. Carers ACT, *Submission 23*, p. 2. [↑](#footnote-ref-140)
141. Public Advocate and Children and Young People Commissioner, *Submission 9*, p. 5. [↑](#footnote-ref-141)
142. World Health Organisation (WHO) (2004). *Prevention of mental health disorders: effective interventions and policy options: summary report*; van Doesum, K. T. M. and Hosman, C. M. H. (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. [↑](#footnote-ref-142)
143. Manning, C. & Gregoire, A. (2009). Effects of parental mental illness on children, *Psychiatry*, 8(1), 7-9. [↑](#footnote-ref-143)
144. Carers ACT, *Register Now*, <https://www.carersact.org.au/register-now/>, accessed 7 July 2020. [↑](#footnote-ref-144)
145. Foster Care Association, *Submission 28*, p. 5. [↑](#footnote-ref-145)
146. See *QON 19: Respite care*. [↑](#footnote-ref-146)
147. ACT Government, *Submission 7*, p. 17. [↑](#footnote-ref-147)
148. Public Advocate and Children and Young People Commissioner, *Submission 9*, p. 7. [↑](#footnote-ref-148)
149. Individual (name withheld), *Transcript of Evidence*, 1 July 2020, p. 4. [↑](#footnote-ref-149)
150. White Wreath Association, *Submission 1*; Mary and Ross, *Submission 3* and Individual, *Submission 31*. [↑](#footnote-ref-150)
151. Individual (name withheld), *Transcript of Evidence*, 1 July 2020, p. 2. [↑](#footnote-ref-151)
152. *Mental Health Act 2015*, Section 19. [↑](#footnote-ref-152)
153. *Mental Health Act 2015*, Section 20 Nominated person – functions. [↑](#footnote-ref-153)
154. Individual, *Submission 19*, p. 3. [↑](#footnote-ref-154)
155. *Children and Young People Act 2008*, Section 863: Care teams – sharing safety and wellbeing information. [↑](#footnote-ref-155)
156. Ms Pappas, ACT Community Services Directorate, *Transcript of Evidence*, 2 June 2020, p. 59. [↑](#footnote-ref-156)
157. Ms Frost, *Transcript of Evidence*, 30 June 2020, p. 72. [↑](#footnote-ref-157)
158. Public Trustee and Guardian, *Guardianship*, 15 March 2016, <https://www.ptg.act.gov.au/guardianship>, accessed 7 July 2020. [↑](#footnote-ref-158)
159. Public Trustee and Guardian, *Guardianship*, 15 March 2016, <https://www.ptg.act.gov.au/guardianship>, accessed 7 July 2020. [↑](#footnote-ref-159)
160. Mary and Ross, *Submission 3*, p. 3. [↑](#footnote-ref-160)
161. Mr Bingham, *Transcript of Evidence*, 26 May 2020, p. 5. [↑](#footnote-ref-161)
162. *Guardianship and Management of Property Act 199*1, section 70A. [↑](#footnote-ref-162)
163. Orygen, *Youth Justice*, <https://www.orygen.org.au/Policy/Policy-Areas/Youth-justice>, accessed 7 July 2020. [↑](#footnote-ref-163)
164. Shane Rattenbury MLA, *Media Release:* *Building Communities, not Prisons: expanding the ACT’s nation-leading Justice Reinvestment program*, 3 June 2019, <https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_releases/rattenbury/2019/building-communities,-not-prisons-expanding-the-acts-nation-leading-justice-reinvestment-program>, accessed 7 July 2020. [↑](#footnote-ref-164)
165. Canberra Mental Health Forum, *Submission 20*, p. 2. [↑](#footnote-ref-165)
166. Canberra Mental Health Forum, *Submission 20*, p. 1. [↑](#footnote-ref-166)
167. Families and Friends for Drug Law Reform, *Submission 32*, p. 5. [↑](#footnote-ref-167)
168. Individual (name withheld), *Transcript of Evidence*, 1 July 2020, p. 17. [↑](#footnote-ref-168)
169. Individual (name withheld), *Transcript of Evidence*, 1 July 2020, p. 20. [↑](#footnote-ref-169)
170. Individual (name withheld), *Transcript of Evidence*, 1 July 2020, p. 21. [↑](#footnote-ref-170)
171. Ms Robinson, ACT Community Services Directorate, *Transcript of Evidence*, 2 June 2020, pp. 57-58. [↑](#footnote-ref-171)
172. Individual, *Submission 19*, p. 3. [↑](#footnote-ref-172)
173. Individual, *Submission 19*, p. 3. [↑](#footnote-ref-173)
174. Giannini, D., Waiting time for secure mental health rehab bed now tops 130 days, *RiotACT*, 26 November 2019, <https://the-riotact.com/waiting-time-for-secure-mental-health-rehab-bed-now-tops-130-days/340090>, accessed 7 July 2020. [↑](#footnote-ref-174)
175. Orygen, *Policy Areas: Employment and Education*, <https://www.orygen.org.au/Policy/Policy-Areas/Employment-and-education>, accessed 7 July 2020. For more information, refer to the ‘Social Disadvantage’ section of Chapter 4: Environments and Early Intervention below. [↑](#footnote-ref-175)
176. ACT Human Rights Commission, *Commission Initiated Review of Allegations regarding Bimberi Youth Justice Centre*, February 2019, p. 93, <https://apo.org.au/sites/default/files/resource-files/2019-04/apo-nid230466_1.pdf>, accessed 7 July 2020. [↑](#footnote-ref-176)
177. ACT Human Rights Commission, *Commission Initiated Review of Allegations regarding Bimberi Youth Justice Centre*, February 2019, p. 93, <https://apo.org.au/sites/default/files/resource-files/2019-04/apo-nid230466_1.pdf>, accessed 7 July 2020. [↑](#footnote-ref-177)
178. ACT Human Rights Commission, *Commission Initiated Review of Allegations regarding Bimberi Youth Justice Centre*, February 2019, p. 93, <https://apo.org.au/sites/default/files/resource-files/2019-04/apo-nid230466_1.pdf>, accessed 7 July 2020. [↑](#footnote-ref-178)
179. In the 2017-18 Budget, the ACT Government appropriated $5.3 million over four years to 2020-21 for the Extended Throughcare Program at AMC. The Program, which commenced in June 2013, is tailored to each individual, commences pre-release, and continues for a period of 12 months post-release with the support of community organisations. The Program provides coordinated and continuous support, and aims to reduce duplication and gaps in services, to help detainees reintegrate into the community and to reduce the risk of homelessness, poor physical and mental health, drug and alcohol abuse, and premature death. [↑](#footnote-ref-179)
180. ACT Human Rights Commission, *Commission Initiated Review of Allegations regarding Bimberi Youth Justice Centre*, February 2019, p. 91, <https://apo.org.au/sites/default/files/resource-files/2019-04/apo-nid230466_1.pdf>, accessed 7 July 2020. [↑](#footnote-ref-180)
181. For further details, see *QON 10: Self-help support services*. [↑](#footnote-ref-181)
182. Dr Moore, ACT Office for Mental Health and Wellbeing, *Transcript of Evidence*, 2 June 2020, p. 43. [↑](#footnote-ref-182)
183. yourtown, *Submission 6*, p. 6. [↑](#footnote-ref-183)
184. Mr McNevin, Galilee School, *Transcript of Evidence*, 30 June 2020, p. 83. [↑](#footnote-ref-184)
185. Mrs Thorpe, *Transcript of Evidence*, 26 May 2020, pp. 1-2. [↑](#footnote-ref-185)
186. Association of Independent Schools, *Submission 15*, p. 5. [↑](#footnote-ref-186)
187. Hall, S., Fildes, J., Perrens, B., Plummer, J., Carlisle, E., Cockayne, N., & Werner-Seidler A. (2019). *Can we Talk? Seven Year Youth Mental Health Report - 2012-2018*. Mission Australia: Sydney, NSW. [↑](#footnote-ref-187)
188. State of Victoria, *Royal Commission into Victoria’s Mental Health System, Interim Report*, Parliament Paper No. 87 (2018–19). [↑](#footnote-ref-188)
189. Black Dog Institute, *Submission 14*, p. 2. [↑](#footnote-ref-189)
190. Black Dog Institute, *Submission 14*, p. 6. [↑](#footnote-ref-190)
191. ReachOut, *Submission 5*, p. 3. [↑](#footnote-ref-191)
192. ReachOut, *Submission 5*, p. 3. [↑](#footnote-ref-192)
193. ReachOut, *Submission 5*, p. 3. [↑](#footnote-ref-193)
194. Le, L.K., Sanci, L., Chatterton, M.L., Kauer, S., Buhagiar, K., & Mihalopouls, C. (2019). The Cost-Effectiveness of an Internet Intervention to Facilitate Mental Health Help-Seeking by Young Adults: Randomized Controlled Trial, *Journal of medical internet research*, 21(7), 1-12, doi: 10.2196/13065. [↑](#footnote-ref-194)
195. Mr Rattenbury MLA, Minister for Mental Health, *Transcript of Evidence*, 2 June 2020, p. 38. [↑](#footnote-ref-195)
196. Dr Moore, ACT Office for Mental Health and Wellbeing, *Transcript of Evidence*, 2 June 2020, p. 31. [↑](#footnote-ref-196)
197. For more information, see *QON 11 – Youth mental health portal.* [↑](#footnote-ref-197)
198. Orygen, *Two at a Time: Alcohol and other drug use by young people with a mental illness*, <https://www.orygen.org.au/Policy/Policy-Reports/Alcohol-and-other-drug-use/alcohol_and_other_drug_policy_paper_2016?ext>, accessed 7 July 2020. [↑](#footnote-ref-198)
199. ACT Government, *Submission 7*, p. 19. [↑](#footnote-ref-199)
200. Orygen, *Two at a Time: Alcohol and other drug use by young people with a mental illness*, <https://www.orygen.org.au/Policy/Policy-Reports/Alcohol-and-other-drug-use/alcohol_and_other_drug_policy_paper_2016?ext>, accessed 7 July 2020. [↑](#footnote-ref-200)
201. Royal Australian and New Zealand College of Psychiatrists, *Submission 12*, p. 2. [↑](#footnote-ref-201)
202. Ms Grace, Canberra Health Services, *Transcript of Evidence*, 2 June 2020, p. 34. [↑](#footnote-ref-202)
203. ACT Government, *Submission 7*, p. 19. [↑](#footnote-ref-203)
204. Mary and Ross, *Submission 3*, p. 3. [↑](#footnote-ref-204)
205. Ms Judith Girdler, *Submission 18*, p. 2. [↑](#footnote-ref-205)
206. Ms Frost, *Transcript of Evidence*, 30 June 2020, p. 69. [↑](#footnote-ref-206)
207. Mary and Ross, *Submission 3*, p. 3. [↑](#footnote-ref-207)
208. Families and Friends for Drug Law Reform, *Submission 32*, p. 4. [↑](#footnote-ref-208)
209. Bill Bush, Families and Friends for Drug Law Reform, *Transcript of Evidence*, 14 July 2020. [↑](#footnote-ref-209)
210. The Butterfly Foundation, *Submission 13*, p. 7. [↑](#footnote-ref-210)
211. The Butterfly Foundation, *Submission 13*, p. 5. [↑](#footnote-ref-211)
212. The Butterfly Foundation, *Submission 13*, p. 6. [↑](#footnote-ref-212)
213. The Butterfly Foundation, *Submission 13*, p. 9. [↑](#footnote-ref-213)
214. The Butterfly Foundation, *Submission 13*, p. 11. [↑](#footnote-ref-214)
215. ACT Government, *Submission 7*, p. 21. [↑](#footnote-ref-215)
216. ACT Government, *Submission 7*, p. 21. [↑](#footnote-ref-216)
217. The Butterfly Foundation, *Submission 13*, p. 12. [↑](#footnote-ref-217)
218. The Butterfly Foundation, *Submission 13*, p. 13. [↑](#footnote-ref-218)
219. Mr Ord, ACT Health Directorate, *Transcript of Evidence*, 2 June 2020, p. 39. [↑](#footnote-ref-219)
220. Dr Riordan, ACT Office for Mental Health and Wellbeing, *Transcript of Evidence*, 2 June 2020, p. 41. [↑](#footnote-ref-220)
221. Dr Riordan, ACT Office for Mental Health and Wellbeing, *Transcript of Evidence*, 2 June 2020, p. 41. [↑](#footnote-ref-221)
222. Dr Riordan, ACT Office for Mental Health and Wellbeing, *Transcript of Evidence*, 2 June 2020, p. 41. [↑](#footnote-ref-222)
223. Ms Frost, *Transcript of Evidence*, 30 June 2020, p. 73. [↑](#footnote-ref-223)
224. ACT Government, *Submission 7*, p. 21. For further details, see *QTON 1: Eating Disorder Rehabilitation Centre*. [↑](#footnote-ref-224)
225. Speaking Out for Autism Spectrum Disorder, *Submission 16*, p. 31. [↑](#footnote-ref-225)
226. Speaking Out for Autism Spectrum Disorder, *Submission 16*, p. 8. [↑](#footnote-ref-226)
227. Speaking Out for Autism Spectrum Disorder, *Submission 16*, p. 1. The Committee is using identity-first language, that is ‘autistic person’ rather than ‘person with autism/ASD’, on advice from SOfASD that this is the stated preference of many autistic people. [↑](#footnote-ref-227)
228. Speaking Out for Autism Spectrum Disorder, *Submission 16*, p. 10. There is long-standing difference between *SOfASD* and ACT Government officials over ASD prevalence figures for the ACT. [↑](#footnote-ref-228)
229. Speaking Out for Autism Spectrum Disorder, *Submission 16*, p. 11. [↑](#footnote-ref-229)
230. Speaking Out for Autism Spectrum Disorder, *Submission 16*, p. 12. [↑](#footnote-ref-230)
231. Speaking Out for Autism Spectrum Disorder, *Submission 16*, p. 14. [↑](#footnote-ref-231)
232. Speaking Out for Autism Spectrum Disorder, *Submission 16*, p. 15. [↑](#footnote-ref-232)
233. Speaking Out for Autism Spectrum Disorder, *Submission 16*, pp. 15 and 21. [↑](#footnote-ref-233)
234. Speaking Out for Autism Spectrum Disorder, *Submission 16*, p. 15. [↑](#footnote-ref-234)
235. Speaking Out for Autism Spectrum Disorder, *Submission 16*, p. 24. [↑](#footnote-ref-235)
236. See *QON 17: Mental health and out of home care*. [↑](#footnote-ref-236)
237. Department of Developmental Disability Neuropsychiatry. (2014). *Accessible Mental Health Services for People with an Intellectual Disability: A Guide for Providers*. <https://www.3dn.unsw.edu.au/sites/default/files/documents/Accessible-Mental-Health-Services-for-People-with-a-ID-A-Guide-for-Providers.pdf>, accessed 7 July 2020. [↑](#footnote-ref-237)
238. Whittle, E. L., Fisher, K. R., Reppermund, S., Lenroot, R., & Trollor, J. (2018). Barriers and Enablers to Accessing Mental Health Services for People With Intellectual Disability: A Scoping Review. *Journal of Mental Health Research in Intellectual Disabilities*, 11(1), 69-102. <https://www.tandfonline.com/doi/abs/10.1080/19315864.2017.1408724?journalCode=umid20>, accessed 7 July 2020. [↑](#footnote-ref-238)
239. Black Dog Institute, *Can an online program improve mood in people with intellectual disability*?, <https://www.blackdoginstitute.org.au/news/can-an-online-program-improve-mood-in-people-with-intellectual-disability/>, accessed 7 July 2020. [↑](#footnote-ref-239)
240. Black Dog Institute, *Healthy Mind*, [https://www.blackdoginstitute.org.au/resources-support/digital-tools-apps/healthy-mind/#:~:text=Healthy%20Mind%20is%20an%20online,now%20widely%20available%20for%20implementation,](https://www.blackdoginstitute.org.au/resources-support/digital-tools-apps/healthy-mind/#:~:text=Healthy%20Mind%20is%20an%20online,now%20widely%20available%20for%20implementation.) accessed 7 July 2020. [↑](#footnote-ref-240)
241. See *QON 09: Youth Navigation Portal*. [↑](#footnote-ref-241)
242. See *QON 09: Youth Navigation Portal*. [↑](#footnote-ref-242)
243. Department of Health. (2015). *The Mental Health of Children and Adolescents*. Available from: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/9DA8CA21306FE6EDCA257E2700016945/$File/child2.pdf>, accessed 7 July 2020. [↑](#footnote-ref-243)
244. Orygen. (2019). *Neurodevelopmental disorders and youth mental health*. <https://www.orygen.org.au/Training/Resources/Neurodevelopmental-disorders/Fact-sheets/Neurodevelopmental-disorders-and-youth-mental-heal/Orygen-Neurodevelopmental-disorders-and-youth-ment?ext=>, accessed 7 July 2020. [↑](#footnote-ref-244)
245. Royal Australian and New Zealand College of Psychiatrists, *Submission 12*, p. 2. [↑](#footnote-ref-245)
246. Communities@Work Galilee School, *Submission 22*, p. 7. [↑](#footnote-ref-246)
247. Mr Artup, Galilee School, *Transcript of Evidence*, 30 June 2020, p. 88. [↑](#footnote-ref-247)
248. Australian Bureau of Statistics, *3303.0 Causes of death Australia 2018*. [↑](#footnote-ref-248)
249. Black Dog Institute, *Submission 14*, p. 3. [↑](#footnote-ref-249)
250. Dr Werner-Seidler, Black Dog Institute, *Transcript of Evidence*, 30 June 2020, p. 78. [↑](#footnote-ref-250)
251. ACT Government, *Submission 7*, p. 23. [↑](#footnote-ref-251)
252. Mrs Prowse, MIEACT, *Transcript of Evidence*, p. 25. [↑](#footnote-ref-252)
253. By the end of the year, 1,150 of the approximately 5,252 Year 9 students will have completed the YAM Program. Due to disruption caused by COVID-19, several schools scheduled to complete YAM in 2020 have requested to undertake the program in 2021. For further details, including a list of schools scheduled to deliver YAM in 2020, see *QON 16: Youth Aware of Mental Health.* [↑](#footnote-ref-253)
254. Dr Werner-Seidler, Black Dog Institute, *Transcript of Evidence*, 30 June 2020, p. 75. [↑](#footnote-ref-254)
255. For further details, see *QON 12: Youth Suicide*. [↑](#footnote-ref-255)
256. See A Picture of Children and Young People in the ACT 2018, <https://www.communityservices.act.gov.au/__data/assets/pdf_file/0004/1332517/A-Picture-of-Children-and-Young-People-2018-FINAL.pdf>, accessed 7 July 2020. [↑](#footnote-ref-256)
257. Ms Barry, *Transcript of Evidence*, 26 May 2020, p. 19. [↑](#footnote-ref-257)
258. Dr Werner-Seidler, Black Dog Institute, *Transcript of Evidence*, 30 June 2020, p. 80. [↑](#footnote-ref-258)
259. 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. Quoted in Public Advocate and Children and Young People Commissioner, *Submission 9*, p. 2. [↑](#footnote-ref-259)
260. Public Advocate and Children and Young People Commissioner, *Submission 9*, p. 2. [↑](#footnote-ref-260)
261. yourtown, *Submission 6*, pp. 9-10. [↑](#footnote-ref-261)
262. yourtown, *Submission 6*, pp. 9-10. [↑](#footnote-ref-262)
263. ACT Government, *Submission 7*, pp. 16-17. [↑](#footnote-ref-263)
264. ACT Government, *Submission 7*, pp. 16-17. [↑](#footnote-ref-264)
265. ACT Government, *Submission 7*, p. 17. [↑](#footnote-ref-265)
266. Youth Coalition of the ACT, *Submission 17*, p. 2. [↑](#footnote-ref-266)
267. yourtown, *Submission 6*, p. 10. [↑](#footnote-ref-267)
268. Orygen, *Policy Areas: Employment and Education*, <https://www.orygen.org.au/Policy/Policy-Areas/Employment-and-education>, accessed 7 July 2020. [↑](#footnote-ref-268)
269. Marathon Health (headspace Canberra), *Submission 27*, p. 3. [↑](#footnote-ref-269)
270. Marathon Health (headspace Canberra), *Submission 27*, p. 3. The Individual Placement and Support (IPS) Trial forms part of the Australian Government’s broader Youth Employment Strategy aimed at tackling the problem of high youth unemployment. The aim of the Trial is to improve the educational and employment outcomes of young people aged up to 25 with mental illness. The IPS model integrates employment and vocational services with clinical mental health and non-vocational support, and focuses on the individual needs of people with mental illness who are seeking to enter, or remain in, education and/or employment. [↑](#footnote-ref-270)
271. Andrew Barr MLA, *The State of our Territory Remains Bright*, 17 June 2020, <https://www.andrewbarr.com.au/news/latest-news/the-state-of-our-territory-remains-bright/>, accessed 7 July 2020. [↑](#footnote-ref-271)
272. Hall, S., Fildes, J., Perrens, B., Plummer, J., Carlisle, E., Cockayne, N., & Werner-Seidler, A. (2019). *Can we Talk? Seven Year Youth Mental Health Report - 2012-2018.* Mission Australia: Sydney, NSW. [↑](#footnote-ref-272)
273. ACT Government, *Submission 7*, p. 7. [↑](#footnote-ref-273)
274. ACT Council of Social Service Inc., *Submission 29*, p. 2. [↑](#footnote-ref-274)
275. Australian Institute of Health and Welfare (AIHW). (2018). *Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018*. [↑](#footnote-ref-275)
276. yourtown, *Submission 6*, p. 9. [↑](#footnote-ref-276)
277. ACT Government, *Submission 7*, pp. 7-8. [↑](#footnote-ref-277)
278. *QON14: Deakin Clinic.* [↑](#footnote-ref-278)
279. Dr Werner-Seidler, Black Dog Institute, *Transcript of Evidence*, 30 June 2020, p. 81. [↑](#footnote-ref-279)
280. Youth Coalition of the ACT, *Submission 17*, pp. 2-3. [↑](#footnote-ref-280)
281. Dr Barker, Youth Coalition of the ACT, *Transcript of Evidence*, 26 May 2020, pp. 20-21. [↑](#footnote-ref-281)
282. ACT Council of Social Service Inc., *Submission 29*, p. 2. [↑](#footnote-ref-282)
283. ACT Government, *Submission 7*, p. 8. [↑](#footnote-ref-283)
284. ACT Government, *Submission 7*, p. 9. [↑](#footnote-ref-284)
285. Meridian, *Submission 21*, p. 3. [↑](#footnote-ref-285)
286. Meridian, *Submission 21*, p. 4. [↑](#footnote-ref-286)
287. Meridian, *Submission 21*, p. 3. [↑](#footnote-ref-287)
288. Ms Berry MLA, Minister for Education and Early Childhood Development, *Transcript of Evidence*, 2 June 2020, p. 53. [↑](#footnote-ref-288)
289. yourtown, *Submission 6*, p. 15. [↑](#footnote-ref-289)
290. In the present study, we avoid using the term ‘addiction’ when talking about heavy use of media and technology. Instead, the term Problematic Interactive Media Use (PIMU) that Dr Michael Rich uses in GUD Alberta is more appropriate to describe situations where an individual can’t fully control behaviours and use of media and technology. [↑](#footnote-ref-290)
291. Gonski Institute for Education. (2020). *Growing Up Digital Australia: Phase 1 technical report.* Gonski Institute for Education. UNSW, Sydney, 11. [↑](#footnote-ref-291)
292. Gonski Institute for Education. (2020). *Growing Up Digital Australia: Phase 1 technical report.* Gonski Institute for Education. UNSW, Sydney, 11. [↑](#footnote-ref-292)
293. Gonski Institute for Education. (2020). *Growing Up Digital Australia: Phase 1 technical report.* Gonski Institute for Education. UNSW, Sydney, 11. [↑](#footnote-ref-293)
294. Orygen, *Factsheet: Social media and youth mental health*, <https://www.orygen.org.au/Training/Resources/E-Health/Clinical-practice-points/Social-media-youth-mental-health/orygen-social-media-YMH-factsheet-2019?ext=>, accessed 7 July 2020. [↑](#footnote-ref-294)
295. Tuggeranong Community Council, *Submission 11*, p. 2. Quoted from Youth Engagement Forum held on 28 March 2019. [↑](#footnote-ref-295)
296. ACT Government, *Submission 7*, p. 9. [↑](#footnote-ref-296)
297. ACT Government, *Submission 7*, p. 10. [↑](#footnote-ref-297)
298. Hall, S., Fildes, J., Perrens, B., Plummer, J., Carlisle, E., Cockayne, N., & Werner-Seidler, A. (2019). *Can we Talk? Seven Year Youth Mental Health Report - 2012-2018.* Mission Australia: Sydney, NSW. [↑](#footnote-ref-298)
299. ReachOut, *Submission 5*, p. 9. [↑](#footnote-ref-299)
300. Ms Kelly, Carers ACT, *Transcript of Evidence*, 30 June 2020, p. 93. [↑](#footnote-ref-300)
301. Royal Australian and New Zealand College of Psychiatrists, *Submission 12*, p. 1. [↑](#footnote-ref-301)
302. yourtown, *Submission 6*, p. 19. [↑](#footnote-ref-302)
303. Ms Judith Girdler, *Submission 18*, p. 2. [↑](#footnote-ref-303)
304. Individual, *Submission 30*, p. 1. [↑](#footnote-ref-304)
305. <https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-volume2.pdf>, p. 664. [↑](#footnote-ref-305)
306. Mental Illness Education ACT, *Submission 10*, p. 2. [↑](#footnote-ref-306)
307. Mental Illness Education ACT, *Submission 10*, p. 1. [↑](#footnote-ref-307)
308. Individual (name withheld), *Transcript of Evidence*, 1 July 2020, p. 18. [↑](#footnote-ref-308)
309. Mental Health First Aid Australia, *Submission 8*, p. 2. [↑](#footnote-ref-309)
310. Mental Health First Aid Australia, *Submission 8*, p. 4. [↑](#footnote-ref-310)
311. Mrs Thorpe, *Transcript of Evidence*, 26 May 2020, p. 4. [↑](#footnote-ref-311)
312. Mrs Prowse, MIEACT, *Transcript of Evidence*, 26 May 2020, p. 25. [↑](#footnote-ref-312)
313. Black Dog Institute, *Submission 14*, p. 4. [↑](#footnote-ref-313)
314. Dr Werner-Seidler, Black Dog Institute, *Transcript of Evidence*, 30 June 2020, p. 78. [↑](#footnote-ref-314)
315. Mrs Prowse, MIEACT, *Transcript of Evidence*, 26 May 2020, p. 23. [↑](#footnote-ref-315)
316. Dr Werner-Seidler, Black Dog Institute, *Transcript of Evidence*, 30 June 2020, p. 78. [↑](#footnote-ref-316)
317. Ms Grace, Canberra Health Services, *Transcript of Evidence*, 2 June 2020, p. 34. [↑](#footnote-ref-317)
318. [https://www.sane.org/information-stories/facts-and-guides/psychosis](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sane.org%2Finformation-stories%2Ffacts-and-guides%2Fpsychosis&data=02%7C01%7C%7C2caebe84713f4c22b04e08d81bd86dc8%7Cb46c190803344236b978585ee88e4199%7C0%7C1%7C637289963835711774&sdata=zKMfONVpYeMDDUzrB5t7FCVoyBW0V0%2BLZ4Cd01nVQUM%3D&reserved=0). [↑](#footnote-ref-318)
319. <https://www.health.act.gov.au/sites/default/files/2019-12/Forensic%20Mental%20Health%20Services%20Model%20of%20Care%202019.pdf>. [↑](#footnote-ref-319)
320. <https://www.ics.act.gov.au/__data/assets/pdf_file/0004/1551928/Tabled-version_Government-Response-to-Report-of-review-of-correctional-centre-by-Inspector-of-Correctional-Services-Healthy-Prison-Review-of-the-AMC-2019.pdf>. [↑](#footnote-ref-320)