Feedback on The National Children's Mental Health and Wellbeing Strategy

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Commissioner for Children & Young People

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Thank you for the opportunity to provide feedback on the National Children's Mental Health and Wellbeing Strategy (the Strategy). Overall, the Strategy sets out a comprehensive vision for an optimal child mental health and wellbeing system.

As South Australia's Commissioner for Children and Young People, my mandate is to promote and advocate for the rights, interests and wellbeing of all South Australian children and young people. Many of the issues and evidence raised in the Strategy resonate with what thousands of children and young people have told me they care about and asked me to focus on, including mental health.[i]

I commend the work that has been undertaken so far. However, for the Strategy to make any material change in the lives of children in Australia, it will need to be backed by sufficient funding and leadership from both the Australian government and state and territory governments.

Through engaging children and young people directly in consultations, the Strategy recognises that the most effective systems and services are designed and developed with input from those who use them. I hope that children and young people will continue to be engaged and listened to at all stages of the Strategy's lifespan, in line with Article 12 of the United Nations Convention on the Rights of the Child.

I welcome the Strategy's focus on children under 12 years old. As highlighted in my Things that Matter Report, this group of children have few opportunities to have a say, with adults and policymakers often underestimating them and relying upon their own assumptions about children's perspectives and experiences.

Children and young people have told me that they are worried about their own health as well as the mental health of others and recognise that mental health is "a problem for a whole community". They have talked about the barriers to getting what they describe as the "right help at the right time".

"[If I were the boss of South Australia, I would…] make sure that each child is provied with mental help if needed as well as shelter and food and some sort of education no matter who they are".
- 11 year old

Most of the children and young people I meet with are doing okay. Some need more support while a smaller group are in immediate need of assistance to have their rights and needs met. Whatever their situation, children have told me what would make life better for all children and young people, particularly those they see who are 'doing it tough'.

Based on what children across South Australia have told me is important to their health and wellbeing, I recommend that the final strategy:

1. **Commits to providing wraparound supports for children with caring responsibilities and their families through a social prescribing framework and resourcing for whole-school approaches to support the wellbeing of young carers at school.**

2. **Recognises LGBTQ+ children as a group at a higher risk of mental health issues; and implements actions to equip families, communities and service providers with the information and funding they need to best meet the needs of LGBTQ+ children.**

3. **Builds on draft Actions 3.2a and 3.2b to commit all levels of government to the delivery of school-based and community-based bullying prevention programs that support healthy peer relationships.**

4. **Considers the impacts of education suspensions and exclusions on child mental health and wellbeing and commit to actions that ensure exclusions are only used as a measure of "last possible resort".**

5. **Commits to actions that recognise the importance of play in all aspects of children lives, increase opportunities to play and reduce barriers to play at the individual family, community and system level.**

6. **Recognises the need for whole of government, whole of community approaches to develop and implement policies that embed menstrual wellbeing and address menstruation-related barriers to wellbeing, participation and school attendance and engagement.**

7. **Recognises the diverse experiences and needs of children living with disability not only as consumers in accessing services, but also as individuals in families, communities and education settings.**

8. **Recognises the diverse experiences and needs of children living in regional and remote areas not only as consumers in accessing services, but also as individuals in families, communities and education settings.**

9. **Links children's health and wellbeing offline with their health and wellbeing online, and provide support for families, educators and communities to engage and empower all children as digital citizens and to uphold children's rights in digital environments.**

The Strategy acknowledges the structural disadvantages that increase the risk of mental health issues, and which social and economic policies have failed to address, including poverty, unemployment, and limited access to healthcare and other financial and social supports.

All levels of government should directly address these issues to ensure that mental health is addressed early in life, resulting in a more productive and cohesive Australia, both economically and socially. I would be happy to further discuss any part of this submission at a time convenient to you.

Yours sincerely,

Helen Connolly
Commissioner for Children and Young People, South Australia

1. **That the final Strategy commits to providing wraparound supports for children with caring responsibilities and their families through a social prescribing framework and resourcing for whole-school approaches to support the wellbeing of young carers.**

I recommend that the final Strategy commit to providing wraparound supports for children with caring responsibilities and their families. This may be implemented using a social prescribing framework similar to that mentioned in the draft Strategy in the context of the NSW pilot Thriving Together program. This would support GPs with referral pathways and link children and families with chronic health issues to psychosocial services and wraparound interagency responses. Early evidence from overseas suggests social prescribing benefits marginalised groups.[ii]

Young carers are a group who need extra support and understanding from the individuals and systems around them. Although many of the young carers I meet report that their caring role is a positive experience, research clearly indicates that without adequate support, caring can place immense strain on a child's health, wellbeing, and education outcomes is immense.

Children's caring responsibilities are not limited to caring for those with mental illness (as briefly mentioned on page 15 of the draft Strategy); they may be caring for a family member living with either one or a combination of physical disability, chronic illness, post-traumatic stress, mental illness, degenerative disease, terminal illness, and/or drug and alcohol issues.

Currently, support for young carers at school is inconsistent and often too vested in individual teachers rather than whole-of-school approaches, and the Strategy should address this. I also encourage you to consider the recommendations made in my Take Care Report, which highlight what schools can do to best support the whole of life outcomes for students who have caring responsibilities.

> "Understand that we don't have much money and choices have to be made, and sometimes we stay home because we don't have clean clothes, food or bus fares.'"

2. **That the final strategy recognises LGBTQ+ children as a group at a higher risk of mental health issues; and implements actions to equip families, communities and service providers with the information and funding they need to best meet the needs of LGBTQ+ children.**

> "Transgender kids & youth face the intersection of transphobia & the disempowering place children face in society. This is further disempowering as precious time is running out to medically transition, (if desired)."

Despite a substantial body of research highlighting significant differences between the health and wellbeing of LGBTQ+ communities and the general population, the draft Strategy currently does not refer to LGBTQ+ children. Compared to 16 to 17 year olds in the general population, LGBTQ+ young people aged 16 to 17 years are at higher risk of mental health issues and more than five times more likely to have experienced suicidal ideation in the last year.[iii]

This is mainly because of how they are treated in schools, workplaces, sport and community. LGBTIQ+ young people report that school is the place where harassment is most likely to occur, and a place where they do not feel they can safely use bathrooms or wear clothes that

matched their gender identity. This is consistent with what I have heard from this group of children about their experiences in the education and healthcare system.[iv]

There is strong evidence that children start making sense of their identity at a young age meaning that this Strategy needs to ensure there are the right supports for these children. For trans and gender diverse children and young people, for example, the time window for gender-affirming treatment such as stage 1 hormone blockers begins before or during the onset of puberty.

My 2019 First Port of Call Report focuses on how the health care system in South Australia could better meet the needs of trans and gender diverse children and young people.

"While I have support now, I waited for months for this and during this time
I was falling apart and nearly ended it multiple times,
and I believe my mental health worsened because of no support"

Despite genuine will for change, resources dedicated to working with trans and gender diverse children currently does not meet demand. Long wait times, delays and barriers to access gender-affirming services often came too late for young people to receive the full benefits, leading to adverse health outcomes, including impacts on their mental health.

There also needs to be action to increase the information and support available regarding gender and sexual diversity in schools, health system and in society more broadly so that significant adults in families, communities, and service settings are equipped to support LGBTQ+ children. This would improve access to timely treatment that respects children's privacy and safety and improve overall mental health and wellbeing and should be addressed in the Strategy.

3. **That the final Strategy builds on draft Actions 3.2a and 3.2b to commit all levels of government to the delivery of school-based and community-based bullying prevention programs that support healthy peer relationships.**

While the Strategy broadly recognises a need for schools to "deliver programs to assist with the prevention of bullying and to support healthy peer relationships", there are no specific actions dedicated to this despite the evidence that bullying negatively affects mental health.

During extensive consultations as part of my bullying project, children described having friends and learning how to treat others with kindness and acceptance as important parts of bullying prevention. They want teachers and other adult role models to take bullying seriously and be more supportive when they respond to bullying. Supporting respectful and positive relationships was seen to be more effective than punitive responses to bullying.

Children want to be more involved in anti-bullying programs. There is a real sense that current generations experience bullying in different ways to previous generations. These programs should be practical and interesting, and equip young people with skills so they can have difficult conversations. The Strategy should commit to programs that are developed by and for students, and tailored to individual education settings, communities, families and specific situations, both online and offline.

4. **That the final Strategy consider the impacts of education suspensions and exclusions on child mental health and wellbeing and commit to actions that ensure exclusions are only used as a measure of "last possible resort".**

While the draft Strategy acknowledges the links between school engagement and mental health (pp. 57-58), there is an opportunity for this Strategy to specifically address the complex causes and impacts of education exclusion and how children's mental health are affected to ensure they are only used as a "last possible resort". This would improve child mental health and wellbeing and strengthen several draft actions that already highlight a need to review school policies and practices to reduce possible stigma and discrimination (action 3.1a) and implement trauma-informed responses for responding to students disengaging from education (3.2d).

Children report how formal and informal processes of exclusion from school make them feel unwelcome and internalise a message that they are "bad". They also tell me that a focus on symptoms means the causes of student disengagement from school often go ignored. This can affect their mental health and wellbeing immediately and well into the future, often creating further behavioural issues rather than reducing problem behaviour.

Anything with the potential for such a substantive impact on a child's wellbeing and their future attainment must be subject to the most rigorous examination of what standards of justice and representation are being applied. My 2020 Blame Game Report contains further details along with suggestions from South Australian children and their families to reduce exclusions.

> *'Some schools exclude 'cause they don't know how to handle kids learning disabilities or that their behavioural issues are from a specific condition or diagnosis - and they don't have the funds or staff to make adjustments for that kid to learn how that kid needs to learn, which might be different from the mainstream. So I think some schools discriminate and put the kid in a 'too hard basket' when in fact they need to just think outside the mainstream box and find other ways that kid can learn.'*

Exclusion also disproportionately impacts children living with disability, developmental delays, trauma and complex social, emotional or behavioural needs. Data from South Australia also shows a concerning trend in the increasingly young age at which children are being excluded from school. Almost one quarter (24%) of students suspended from government school in Term 2, 2018 were aged between 4 and 9 years old.

5. **That the final Strategy commit to actions that recognise the importance of play in all aspects of children's lives, increase opportunities to play and reduce barriers to play at the individual family, community and system level.**

While the draft Strategy mentions play briefly as something children do, the final Strategy would benefit from actions that increase opportunities for play and address the barriers that currently prevent children from participating fully in their right to play, including not having enough money, issues with access to transport, not knowing what opportunities exist, parental attitudes towards safety and the demands of schoolwork and priority of academic achievement.

Having the time and the freedom to play is central to healthy social, cognitive and emotional development. Despite clear evidence linking play and positive mental health and wellbeing

outcomes, decision makers still do not prioritise projects or build infrastructure that encourage and support play.[v]

Play is also a human right. Article 31 of the UNCRC requires the state to ensure children have the right to relax, play and participate in activities. Despite this, most education environments almost exclusively prioritise formal approaches to teaching and learning over playful and learner-centred approaches to the extent that play in school is almost non-existent outside the early years of learning and in select schools.

The recommendations in my 2020 Press Play Report might be useful in informing these actions. It outlines several strategies to address some of the key barriers to play at the individual, community, cultural and systemic level.

6. **That the final Strategy recognise the need for whole of government, whole of community approaches to develop and implement policies that embed menstrual wellbeing and address menstruation-related barriers to wellbeing, participation and school attendance and engagement.**

Many children and young people report facing barriers to managing menstruation comfortably and confidently that affect their health and wellbeing. Current health and wellbeing policies do not adequately acknowledge menstrual wellbeing as a desired health outcome. In its current form, the draft Strategy is no exception.

During my project on children's experiences and perceptions about poverty, I heard children and young people are missing school because their families are unable to afford the period products they need.[vi] Through two surveys, over 2,200 children and young people reported how menstruation affects their wellbeing and limits their participation at school, at work, in sport and physical activity.

Even where they had reliable access to products, children of primary school age described the shame and stigma associated with menstruation, a lack of support from adults, inadequate sanitation facilities, and a lack of knowledge about their bodies. Many do not know how to practically manage menstruation and minimise the negative impacts on their wellbeing, participation and school attendance.

Given the wide-ranging impacts of menstruation on key aspects of a child's health and wellbeing, this strategy should acknowledge that it is a responsibility of all sectors across the state – education, business, health, and community – to recognise menstrual wellbeing and dignity as a systemic issue and fundamental children's rights issue central to economic productivity and gender equity. This Strategy is well placed to lead the way.

7. **That the final Strategy recognise the diverse experiences and needs of children living with disability not only as consumers in accessing services, but also as individuals in families, communities and education settings.**

The final Strategy should increase disability awareness in schools, communities and peers and commit to support the participation for children and young people living with disability in everyday decisions that affect their lives. This should recognise the diverse experiences and needs of children living with disability; where children with physical disabilities raise concerns

about environmental barriers, children with autism and intellectual disability talk more about connections with others and communication as a safety factor central to their wellbeing.

While the draft Strategy acknowledges that children living with disability are at a higher risk of mental illness, the discussion of this group is confined to the service system. This should be expanded in the final Strategy to include actions across families, communities and education settings, this would benefit all children.

I have gathered the views of children and young people with disability on broad issues and in the context of specific projects. However, four years into my term as Commissioner, I find myself searching still to hear the voices of children with disability. This continuously prompts me to question, 'if I'm struggling to connect with diverse groups of children with disability to hear their voice directly, how are our systems and decision-makers ensuring that they listen to them?'

While children with disability share many of the same experiences as those without disability, they added barriers to participation and are often excluded from decision making at every level. This can include, for example, not having as much free time to play or make and maintain friendships due to medical or therapy-based activities. Their lives are influenced by access to funded supports, including Education and NDIS, and the capacity of the adults around them. This has implications for their wellbeing and how they experience their rights in terms of play, relationships, bullying and engagement with key services, including education and health.

8. **That the final Strategy recognise the diverse experiences and needs of children living in regional and remote areas not only as consumers in accessing services, but also as individuals in families, communities and education settings.**

Like children with disability, children living in regional and remote areas of Australia are only mentioned in the draft Strategy briefly, and only in relation to the service system.

I welcome the Strategy's action to create and incentivise training opportunities for mental health professionals to work in regional and remote areas. As draft action 2.3c highlights, it is critical that access to services is improved, particularly access to face to face services in the regions. However, this lack of opportunities is a secondary problem to the lack of university places to become a registered or clinical psychologist and the lack of specialists working with children.

In 2019 I hosted a regional youth forum that brought together over 170 young people, including 150 students aged 12 to 14 years. Participants identified mental health, education, online behaviour, employment and job opportunities as their main issues of concern. They also shared solutions to address these issues and existing assets in the community that could be harnessed for change.

While they acknowledged the importance of services being available and child-friendly, their main focus was on the everyday role and responsibilities of their peers, schools, their broader communities and governments in supporting them.

They talked about wanting more open communication around mental health to occur across the whole community, with an understanding that issues often intersect and compound in children's lives to affect their health and wellbeing. Rather than just talking about the fact mental health issues exist, they emphasised that this discussion needed to emphasise the practical things that

individuals, community groups and government can all do to help children maintain positive mental health.

My Regenerating Our Regions Report builds on my Hopes and Dreams Report and looks at these issues in greater depth and the solutions that children living in South Australia's regions have proposed to address them. My Things that Matter Report also summarises region by region what I heard from over 8,400 children aged 8 to 12 years old about their aspirations, concerns and what they would do if they were the boss of South Australia. All of these suggestions are achievable, if trust children themselves to be part of the solution. By doing so we promote their wellbeing and send a strong message that they are valued, and that we want them to build their futures in their own communities.

9. **That the final Strategy links children's health and wellbeing offline with their health and wellbeing online, and provide support for families, educators and communities to engage and empower all children as digital citizens and to uphold children's rights in digital environments.**

The draft Strategy does not recognise children as digital citizens. It frames digital rights as only relevant to adults. Where children's use of technology is noted once, it is framed as a "challenge" that schools need to manage "more systematically and consistently" (p. 53).

I recommend the final Strategy recognise that children's online and offline lives are inextricably linked and their health and wellbeing offline therefore cannot be separated from their health and wellbeing online. This should include actions that support children, families, educators and communities to empower and engage children's access to and participation in the digital world.

Children often describe their concerns about the way adults misunderstand or overlook their online life. They report how unhelpful it is when adults attribute all the issues facing children and young people, whether physical or mental, to their exposure to the online world and their over-reliance on digital devices.

> 'Stop linking all of our emotions back to social media –
> it's not helpful. We want support not a lecture.'

Children want the knowledge and skills to confidently and comfortably navigate relationships and complex situations online. Children seek the same guidance from adults around respectful behaviour online as they do around what constitutes respectful behaviour offline. They want to be able to trust the significant adults in their lives, yet parents and educators often engage in practices that impact child wellbeing, confidence, privacy and trust, including "sharenting", parental surveillance and monitoring, and disciplinary practices in schools. They consider educational approaches that build their digital literacy and resilience to be more effective than fear-based and risk-based approaches that punish or restrict their participation without building understanding.[vii]

The Strategy should also recognise that opportunities to access the opportunities and benefits of the digital world are not experienced equally. Given that children are less concerned with the technology-related issues as they are with the human issues about who and what to trust online, technological solutions will be ineffective on their own.

The work of the 5Rights Foundation could be a useful framework for this Strategy to support child's rights in digital environments as a key part of promoting child mental health and wellbeing. As 5Rights state, "In an interconnected world, if children and young people's rights are not upheld in one environment, they are denuded in all environments".[viii]

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