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Attention Mr Anthony Beasley
Secretary
Select Committee on Health Services in South Australia
Parliament House
North Terrace
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Attention the Select Committee

As South Australia's Commissioner for Children and Young People my mandate under the *Children and Young People (Oversight and Advocacy Bodies) Act 2016* is to advocate for the rights, interests and wellbeing of all children and young people in South Australia. It is also my role to ensure that the State, at all levels of government, satisfies its international obligations under the Convention on the Rights of the Child (CRC).

Under the *Children and Young People (Safety) Act 2017* (Safety Act) the SA Parliament made a declaration that it "recognises and acknowledges that children and young people are valued citizens of the State" and is committed to them enjoying a healthy lifestyle, prioritising early intervention. Further, under the Safety Act statutory authorities "whose functions and powers include matters relating to the safety and welfare of children and young people must have regard to the fact that early intervention in matters where risk is a priority". This includes a child's risk to poor health outcomes, particularly for children who are homeless, LGBTQI, have mental health issues, from lower socio-economic backgrounds, children who are carers, aboriginal children, and children in care or in the youth justice system.

ARTICLE 3 OF THE CRC - THE STATE HAS A DUTY TO DO WHAT IS IN THE BEST OF INTERESTS OF THE CHILD AND THAT INCLUDES THE INSTITUTIONS, SERVICES AND FACILITIES RESPONSIBLE FOR THE CARE AND PROTECTION OF CHILDREN SHALL CONFORM WITH STANDARDS ESTABLISHED BY COMPETENT AUTHORITIES, PARTICULARLY IN AREAS LIKE HEALTH.

I welcome this review of the health system and see this as an opportunity to rethink how it is functioning, particularly for children and young people. Getting children's health right is a key indicator of

them maintaining good health in adulthood resulting in better social and economic participation and decreasing costs to the health system.

Under the CRC, the State has a duty to ensure "that no child is deprived of his or her right of access to health care services".[1] Children have the right to enjoyment of the "highest attainable standard of health and to facilities for the treatment of illness and rehabilitation".[2] The reality is that most health services are directed at adults, rather than children. However, if we get their health and well-being right, then we get the State's future right.

I have spoken to thousands of children and young people since my appointment and many have expressed concerns about access to health services for both themselves and their family. This includes the impact of – and the barriers to – getting what they described as the "right help". I have also specifically asked children and young people about their understanding of a range of health issues.

What healthy means to children and young people

In 2017, I explored the concept of what "being healthy" means to children and young people. I talked to 61 children and young people between 3 and 22 years old from a variety of backgrounds. I asked them what being healthy means. They said that being healthy means being happy, excited, strong and feeling like they can do anything. To get that way they are active, play, do sport and eat fruit and vegetables and other healthy foods. Children and young people think prevention is the most important aspect of being healthy.

In recent conversations about wellbeing, children and young people have told me about the relationship between activity and health, and many have told me that often their participation in health promoting activities are impacted by issues related to cost of living and low incomes. They have said that sport is more than club fees and uniforms but it is often about transport and needing an adult supervisor to be in attendance. They have told me that strategies to increase participation of children and young people in physical activity must include measures to support families with transport and other indirect costs.

This example demonstrates that children and young people's ability to become and remain healthy is often hindered by policies and constructs that deal with health issues in isolation, often separating health outcomes from social issues. In consultations with children with chronic health conditions they have said that improvements in health outcomes could be achieved through the development of youth focussed services for young people 16 - 25. We have heard from these young people how difficult the transition from children's services to adult services can be and how worrying about can add to their health concerns.[3]

[1] Article 24(1) Convention on the Rights of the Child.
[2] ibid.
[3] W&CH School - Senior Class (Consultation), *"Make it easier to transition from WCH to RAH, 18 going from child to adult in one day is bad, maybe if you are a patient at WCH keep being able to go until like 21 and transition over a few years not days"*

ARTICLE 6 OF THE CRC– CHILDREN HAVE AN INHERENT RIGHT TO LIFE, AND STATE PARTIES MUST ENSURE TO THE MAXIMUM EXTENT POSSIBLE THE SURVIVAL AND DEVELOPMENT OF THE CHILD.

In my consultations with children and young people I shared the results of a poll of adults across Australia in which they rated the top ten health problems for children and young people.[4] For the adults the highest concerns were excessive screen time, obesity and not enough physical activity. The children and young people in the consultation had a very different list of health concerns. For them the three top health concerns were suicide, child abuse and neglect and internet safety. The differences in the list were stark and highlighted the disconnect between adult views about children's health issues and those that children and young people identify.

This is not peculiar to health, through my conversations with children and young people they demonstrate unique perspectives and solutions to the diversity of issues that impact on their life, including health issues. The system is, however not engaging children and young people in any health promotion or health strategies at community or population levels.

Children and young people can be at the forefront of leading improvements in their own lives, and they offer an enormous opportunity to contribute to the implementation of this review. Children and young people have repeatedly told me how important it is for their voices to be heard and respected[5] and solutions to their problems would be improved if their views, opinions and recommendations are sought and considered.

There are examples of this engagement and participation happening around the world. One highly successful example of children and young people leading a health education and prevention program is from Denmark called "Lekepatruljen" (*Play Patrol*). The program was developed by experts with the input of children and young people to reduce obesity and cancer risk by encouraging those not normally active to become more active during break times at school. The program is led by children and young people in their environment utilising peer to peer learning, which has also resulted in other health benefits. Due to its success it exceeded the target population by 130% and has been a feature in a large number of Danish schools since 2005.

Below are my comments and recommendations on particular aspects of the health system that children and young people have raised with me, in particular substance issues and mental health support.

[4] Royal Children's Hospital Child Health Poll accessed at https://www.rchpoll.org.au/polls/top-10-child-health-problems/.

[5] *"Being listened to – having a continus (continuous) discussion on issues involving young people."*
"Change: Improve ability of youth to affect gov (government) policies that affect their future – state and national." – Young person from Listening Tour consultation.

Drug and Alcohol Services

The use of drugs by children and young people has been decreasing. Illicit drug use has decreased from 14.2% in 2010 to 10.8% in 2016[6], with a similar decrease in Cannabis use, from 12% in 2010 to 5.9% in 2016.[7]

Despite this positive trend, children and young people in contact with me continue to express a range of concerns regarding the use of drugs and alcohol, as well as the support options that exist for them, their peers, family and community. Young people of all ages have said they are worried about problematic use, particularly in relation to their family members and peers, and have identified barriers that exist in regards to prevention, intervention, treatment and support. A major barrier being lack of youth focussed drug and alcohol services.

In a review into alcohol and drug treatment in Australia this has been identified as a significant gap in service provision.[8] Young people in regional areas have told me that access to services through GPs are often not appropriate, as young people often can't independently access the GP, or they can't afford the fee gap, or the community is such that privacy is difficult to maintain.

They specifically talked about how drugs and alcohol disproportionately impact those doing it tough and those in particular communities[9] and that there is a lack of support, especially comprehensive support, available for young people struggling with drug and alcohol misuse.[10] They also raised concerns regarding the criminal approach to drug use, and how this prevented them and their peers from accessing support for themselves or others.[11] The stigma associated with drug and alcohol use was also raised as a barrier which can manifest even in professional health settings where young people present.[12]

Based on the things that children and young people have said and a significant and growing body of research from Australia and abroad, there are a number of areas in which improvements can be made for children and young people in relation to drug and alcohol services.

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[6] Australian Institute of Health and Welfare, 'National Drug Strategy Household Survey', Supplementary data tables, accessed at https://www.aihw.gov.au/reports/illicit-use-of-drugs/2016-ndshs-detailed/data#page1 on 1 February 2019.

[7] ibid.

[8] Ritter, A. et al. 'New Horizons: The review of alcohol and other drug treatment services in Australia: Final Report', *Drug Policy Modelling Program National Drug and Alcohol Research Centre UNSW*, July 2014.

[9] "*Drug problem, ice 'Kind of big problem with low income families"* - Youth Reference Group - Mount Gambier

[10] "*I think there should be more support for young people who struggle with finances as well as drug & alcohol use. Individuals should also be more aware of the damage it does*"- St John's Homelessness Services
"*Ongoing support & help for kids, making sure they don't fall through cracks – access to resources & mental health, drug rehab (rehabilitation)*" - Southern Queer Youth Drop In

[11] "*Kids are talking about it (the drug problem) but know it's illegal so also reluctant to talk It (drugs) doesn't discriminate across all economic demographics but low socioeconomic don't have support parents police don't want to get friend in trouble*" - Youth Reference Group - Mount Gambier

[12] "*Change: Take incredibly seriously young people presenting with mental health / drug problems – appoint them psychiatrists committed to seeing them regularly."* - St John's Homelessness Services

This includes:

- Implementing early intervention services with multiple entry points of referral will minimise long term harm at all levels.[1314] There is evidence that this approach increases the likelihood of positive outcomes prior to long term individual, community and economic damage.[15]
- Recognising that drug and alcohol use in children and young people is often accompanied by other factors, including maltreatment, physical, sexual and emotional abuse (including witnessing violence), complex social factors and other health issues such as depression.[16] Eighty percent of users that abuse licit and illicit substances have experienced significant untreated trauma in their lives, with a larger number suffering from some form of trauma.[17] The Patient Pathways study, the largest research program on treatment and pathways for alcohol and other drug treatment in Australia, reiterated need for a larger interconnected system that includes health and welfare services and sectorial linkage as well as a holistic approach to recovery.[18] This is particularly important for children and young people as an absence of support services risks the success of treatment, and may result with children and young people returning to the same conditions that entrenched substance abuse.
- Supporting children and young people from someone else's drug and alcohol misuse has also been evident in the concern that they expressed for their family and peers. In some, but not all instances this may be connected to co-occurring issues in the family or peer network. For example, problematic alcohol and drug misuse has a strong association with family and domestic violence, with local and international statistics suggesting it is present in nearly half of all family and domestic violence perpetrators.[19] This is evident in those that sought treatment or support from publically funded alcohol and other drug treatment services in South Australia for someone else's use. The largest group of these clients were aged 10 to 19 and nearly half were below 29.[20] In South Australia there are limited support services capable of offering counselling for children, young people or their families for someone else's alcohol and drug use. Federally funded services that previously provided face-to-face counselling services have been defunded, leaving a significant gap in support that helps to minimise long term damage arising from someone else's use.

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[13] Lubman DI, Hides L, Yücel M & Toumbourou J. 'Intervening early to reduce developmentally harmful substance use amongst youth populations', *Medical Journal of Australia*, vol. 187, 2007.
[14] Carney, T., & Myers, B. 'Effectiveness of early interventions for substance-using adolescents: findings from a systematic review and meta-analysis.' *Substance abuse treatment, prevention, and policy.* Vol. 7, no. 25., 2012.
[15] ibid.
[16] Whitesell, Mackenzie et al. "Familial, social, and individual factors contributing to risk for adolescent substance use" *Journal of addiction*, vol. 2013, 2013.
[17] Discussed by Dr Katherine Mills, University of New South Wales, National Drug and Alcohol Research Centre on 'The link between substance abuse and post-traumatic stress', *Life Matters,* ABC Radio National. Accessed at: https://www.abc.net.au/radionational/programs/lifematters/ndarc-abuse/4136722 on 1 February 2019.
[18] Allsop, S et al. 'A Study of patient pathways in alcohol and other drug treatment: Patient pathways national project: final report'. *Turning Point Alcohol and Drug Centre*. 2014.
[19] Nicholas, R., White, M., Roche, AM., Gruenert, S. & Lee, N. 'Breaking the Silence: Addressing family and domestic violence problems in alcohol and other drug treatment practice in Australia.' *National Centre for Education and Training on Addiction (NCETA)*. Flinders University, Adelaide, SA, 2012.
[20] Australian Institute of Health and Welfare. 'Alcohol and other drug treatment services in Australia 2016-2017: South Australia.' *Australian Government*. Accessed at https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/aodts-2016-17-state-territory-summaries/contents/south-australia on 1 February 2019.

- Staff of intervention and referral services – particularly initial counselling and assessment services – need to have experience in the drug and alcohol field or adequate training to understand the unique issues facing clients with problematic drug and alcohol use. Children and young people expressed concern that some of the seriousness of their presentation may be downplayed. A best practice model should be adopted with, amongst others things, counselling and support services being multidimensional and flexible, and counsellors themselves understanding the unique developmental process of adolescence and being able to connect and relate to the young person.[21]

Mental Health

Children and young people have indicated their main health concern is mental health. During my Listening Tour I spoke to 1,419 children and young people on what was important to them and what they wanted changed and prioritised. Young people of all ages were worried about their own mental health as well as the mental health of others; they talked about the impact and the barriers to getting what they described as the 'right help'.[22] Examples were given of friends being suicidal, parents suffering depression, and struggles of stigma, lack of understanding, embarrassment and isolation.

Children and young people's views are in-line with the Commonwealth's concern about how mental health is affecting Australian society and its economy. On 23 November 2018, Josh Frydenberg announced an inquiry into mental health and the effect it has on social and economic participation that will be undertaken by the Australian Productivity Commission.[23]

It is recognised that "mental illness at a young age can affect schooling and other factors which influence opportunities over a person's lifetime — moreover, most mental illnesses experienced in adult life have their onset in childhood or adolescence".[24] Further, it affects the more vulnerable groups, including children from a lower socio-economic background, out of home care and those that have been abused and/or bullied.

A recent study reviewing and mapping mental health services for infants, children and young people in South Australia found that the services "did not match the level of need across the life span".[25]

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[21] Dale. A et al. 'Evidence Based Practice Indicators for Alcohol and Other Drug Interventions: Literature Review', *Western Australian Drug and Alcohol Office*, 2nd Edition, 2007.

[22] "*I think we've got to priorities getting young people continuity of care when it comes to mental health problems incl, substance abuse… this is because y can present to EDs, GPs, go through psychiatric wards, be in the system but not care for in between. This is what turns these problems that could be helped with a period of intense therapy into lifelong battles. So you have to make access easier, encourage practitioners to make long term plans with all who see them, subsidise mental health further. Some people only get a certain amount of appointments a year, you have to really deteriorate to receive quality care. Young people deserve better care, Continuity of Care, more info, more funding. This will save and transform lives*." - Young person from Listening Tour consultation.

[23] For more information see: https://www.pc.gov.au/inquiries/current/mental-health/terms-of-reference.

[24] Australian Productivity Commission, *The Social and Economic Benefits of Improving Mental Health*, at https://www.pc.gov.au/inquiries/current/mental-health/issues, accessed on 30 January 2019.

[25] The Australian Institute of Family Studies, *Introducing the National Workforce Centre for Child Mental Health, Improving the lives of infants, children and families,* accessed at https://aifs.gov.au/publications/family-matters/issue-100/introducing-national-workforce-centre-child-mental-health citing Segal, L., Guy, S., & Furber, G. 'What is the current level of mental health service delivery

Mental health services provided specifically for children and young people in South Australia are thin-on-the ground. I have heard of instances where children with mental illnesses "fall through the gaps" and are not being treated at all. It is also unclear as to what clinical mental health services are available, particularly for young children as they are often packaged into "family health services"[26] rather than being child focussed.

The two most prevalent issues young people have spoken to me about in relation to mental health is the ongoing level of stigma young people talk about in relation to mental health, and the second is the role of friends in supporting their mates who have significant mental health issues.

Many young people are trying to support peers whilst often dealing with their own issues. These informal support networks can often be overstretched but young people talk about real barriers for them in getting adult help. Young people tell me that in their situations they are most likely to turn to their parents for help rather than schools or professionals.

There are many ways to address this, including earlier intervention measures, such as:

- More specialised counselling and services that work specifically with children and young people.
- Mental health education at school to help reduce stigma and to provide information on where children and young people are able to access services and support.
- Easier transition from youth to adult services.

Children and young people who need extra support and specialised services

There are a few groups of children and young people I believe are particularly vulnerable, who need extra recognition when creating and formulating health plans for the public health system. These children and young people need wrap-around services with multiple access points, so they do not fall through the gaps.

Homeless Children

Children and young people are one of the largest groups of South Australians experiencing homelessness, with 23% of all homeless people being children under 18, and 12.9% being children under 12.[27] These children experience worse health and education outcomes, including the increased likelihood of ear infections, developmental delays, nutritional deficits, asthma, infectious illness, increased use of emergency department, dental problems, gastrointestinal problems,

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and expenditure on infants, children, adolescents, and young people in Australia?' *Australian & New Zealand Journal of Psychiatry,* 2017, pp. 1-10.

[26] The Australian Institute of Family Studies, *Introducing the National Workforce Centre for Child Mental Health, Improving the lives of infants, children and families,* accessed at https://aifs.gov.au/publications/family-matters/issue-100/introducing-national-workforce-centre-child-mental-health citing Roxon, N., Macklin, J., & Butler, M. Budget: National mental health reform. *Australian Government national mental health reform 2011-12*. Canberra: Department of Health, 2011.

[27] Australian Bureau of Statistics, 2016 Census of Population and Housing: Estimating homelessness, accessed at: http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/2049.02016?OpenDocument on 4 February 2019.

abdominal pain, anxiety and depression, behavioural issues and low self-esteem and confidence.[28] It also effects their education and disengages them from society.[29]

Further, according to the homeless sector, the demand for young people between 12 and 16 seeking homelessness services is on the rise. Anecdotally many services report that young people aged 12 – 15 are in "no man's land" as they are too young for youth homeless services and not prioritised within the child protection system. These young people have made decisions about their safety at home and have chosen to leave with limited service options, and they often end up in mentally and physically unhealthy environments. Addressing the health outcomes must include a review of "turnaway" data from youth homeless services and Department of Child Protection for this cohort of children. Engagement of NGO service providers in the development of hybrid models of care for this group is required if we are to stop the revolving door of homelessness.

The health system clearly has to work with other services, including NGOs to ensure these children (and if applicable their families) are housed, safe and in education. The cohort is small, estimated at just over 1,400 so intensive and specialised supports could be created to support these children and young people so that they are healthy, engaged and productive. Investing in early intervention measures before children and young people are homeless and end up in the child protection or youth justice system will result in savings in the health, child protection and youth justice sectors.

Transgender Health Services

Transgender children and young people are a particularly vulnerable cohort and have unique needs related to their gender identity concerns and issues, and as a result face high levels of stigma, discrimination and social exclusion. Generally speaking their mental health, wellbeing and physical health is poorer than that of the general population.[30] Notably the difference in mental health and wellbeing has been attributed to social exclusion and stigma, discrimination, family and peer rejection, bullying and the pressures of transition.[31] This encompasses transgender children and young people's experience with health in South Australia.[32]

I have had multiple consultations with transgender children and their parents; their interface with the health systems has been identified as having a significant impact on their wellbeing. There is a need for better focus on the health and wellbeing of transgender children and young people as a vulnerable cohort. Children and young people have said that there are a number of issues and barriers that are particularly relevant to this cohort. This includes the cost of transitioning,[33]

[28] Homelessness Australia, 'Homelessness and Children', accessed at: https://www.homelessnessaustralia.org.au/sites/homelessnessaus/files/2017-07/Homelessness_and_Children.pdf on 4 February 2019.
[29] ibid.
[30] Leonard, L., Pitts, M. et al. 'Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender Australians.', Melbourne, *The Australian Research Centre in Sex, Health & Society, La Trobe University*, 2012.
[31] Robinson, K., Bansel, P. et al. 'Growing up Queer: Issues Facing Young Australians Who are Gender Variant and Sexuality Diverse,' *Young and Well Cooperative Research Centre*, University of Western Sydney, 2014.
[32] "*Better health [f]or trans (transgender) people."* – Southern Queer Youth Drop In
[33] "*Transition is expensive."* – Southern Queer Youth Drop In

discriminatory or uncomfortable practices and set ups,[34] a lack of specialist and multidisciplinary support in South Australia,[35] issues with regards to accessing surgery and the right to voice their decision[36] and a lack of informative and inclusive information and education.[37] These views are supported by a significant body of research from Australia and abroad.

Domestic research points to barriers and burdens in administrative procedures,[38] discrimination and disrespectful treatment when accessing health services (including exclusion and ineligibility),[39] lack of understanding and capacity by clinicians regarding health and wellbeing issues and needs[40] and the absence of an integrated approach to the provision of services (including between specialists).[41] The medicalisation of transgender children and young people at all levels of service, including by clinicians and nurses has also raised issues with regards to its contribution to poor mental health.[42]

These are all significant factors that contribute to a deterioration of the health outcomes of transgender children and young people and their relationship and access to appropriate health services. I have heard that these issues not only arise in relation to transition but can also occur at unrelated presentations that do not require the intervention of a specialist associated with their transition.

A lack of understanding or additional pressure from medical professionals can have profound impacts and should be minimalised to the greatest extent possible. Issues regarding access, support and integrative service delivery all require addressing.

South Australia lags behind other jurisdictions in support and service provision, and we have heard from some transgender children and young people who feel that they have to move jurisdiction in order to receive access to the appropriate support and health services. A review of health service provision for transgender children and young people in South Australia is needed and this should include patient led research that tracks their experiences, and allows for an opportunity for them to express their voice.

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[34] "*we need toilets for transgender / a gender people to feel more comfortable! A lot of people feel like they don't fit"* - Southern Queer Youth Drop In

[35] "*A larger amount of gender Dysphoria psychiatric specialists per state for emotional and mental support"* – Salvation Army Homelessness Services

[36] "*Leniency for age restricted surgery's such as breast reduction. Better access to puberty blocker."* - Southern Queer Youth Drop In

[37] *Better sex educations program: […] trans people sex* - Southern Queer Youth Drop In

[38] Couch, M., Pitts, M. et al. 'Tranznation: A report on the health and wellbeing of transgender people in Australia and New Zealand', *The Australian Research Centre in Sex, Health & Society, La Trobe University,* 2007.

[39] Riggs, D. and Due, C. 'Gender Identity in Australia: the healthcare experiences of people whose gender identity differs from that expected of their naturally assigned sex', Flinders University, 2013.

[40] Hewitt, J., Paul, C. et al. 'Hormone treatment of gender identity disorder in a cohort of children and adolescents', *Medical Journal Australia,* vol. 196 no. 9, 2012, pp. 578–580.

[41] Trans Expert Advisory Group. 'Trans health service model workshop: Report on proceedings', *Government of Victoria: Lesbian, Gay, Bisexual, Trans and Gender Diverse, and Intersex ('LGBTI') Taskforce*, 2016.

[42] Dewy, J., and Gesbeck, M. '*(Dys) Functional Diagnosing: Mental health Diagnosis, Medicalization, and the Making of Transgender Patients*.' *Humanity & Society*, vol.41 no.1, 2017, pp. 37-72.

Young carers

Young carers are another group often forgotten that regularly experience poor health outcomes because of the caring they are required to undertake. Many also do not ask for help and are hidden within the community as they fear being labelled and bullied.

Carers Australia SA estimates that there are approximately 30,500 carers under 25 years in South Australia, an average of 2-3 young carers in every classroom.[43] In 2016 Carers Australia SA undertook an assessment project and found:

- The average age of young carers was 14 years old, the youngest 7
- 1 in 5 felt their life was not worth living
- 29% provide care for a family member with one or more mental illness
- 59% have to do caring tasks that upset them
- 38% feel they do not matter
- 81% are often stressed
- 52% feel very lonely and
- 40% feel so sad they can hardly stand it.[44]

I have had many conversations with young carers. They have told me that their health, education and relationships with friends suffer as a result of this caring responsibility. They often say that they spend years never telling anyone about their situation. It is often only when there is a crisis that they ask for and receive support. The crisis is often with their schooling. Improvements in health outcomes for young carers must include measures to increase their visibility within the education system.

The education system should have comprehensive and systematic methods for identifying and supporting students with their caring needs and introduce measures to maximise their capacity to participate in education and the broader school life at peer appropriate levels. These children are often invisible to the system and they are a group that requires more support so that they can do what other children and young people are able to do, which is to enjoy school, go home and play, spend time with friends and have opportunities to go on class excursions and camps.

This Committee should look into Carers SA young carer service model and the pilot, to consider embedding long-term resources into this model so that young carers have more certainty in their lives, a brighter future and the opportunity to be healthy and productive citizens.

I am happy to discuss this submission further with the Committee at a time convenient to you if you have any questions or queries.

[43] Carers Australia SA, State Pre-Budget Submission 2019-2020, December 2018 accessed at https://www.carers-sa.asn.au/wp-content/uploads/2018/12/State-Pre-Budget-Submission-2019-2020.pdf on 4 February 2019.
[44] ibid.