Submission on the draft Youth Mental Health Services Model of Care (SA)

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Commissioner for Children & Young People

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Introduction

As South Australia's Commissioner for Children and Young People, I welcome the opportunity to provide feedback on the draft Youth Mental Health Services for South Australia Model of Care (the MoC).

As you are aware, my mandate is to promote the rights, interests and wellbeing of all children and young people in South Australia. Since 2017, I have engaged with thousands of children and young people across South Australia. My work is directly informed and guided by children and young people's voices and experiences. I have also met with practitioners, policymakers, parents and families who have raised concerns about the mental health support available for young people, particularly at times of crisis.

When young people talk about mental health, they tend to focus on a range of issues and experiences that impact their health, including bullying and exclusion, family and domestic violence, and other stress or pressures in their family lives, schools or communities. They consider their relationships with peers, partners and families, as well as the existence or quality of their broader support networks, to be key protective factors for mental health.

Many young people talk about their role supporting friends or family members who have significant mental health issues while often trying to manage their own mental health issues. Yet they express concern that they are not equipped with the practical knowledge or skills to adequately support themselves or others. These informal support networks can often become overstretched, and young people identify a range of structural and attitudinal barriers that make it difficult for them to seek more formal 'help' when they need it.

These barriers include persistent stigma related to mental health, which is reinforced by stereotypes based on age and gender and can make young people doubt whether their issues are 'serious enough'. There is also a lack of information about how and where to get help, difficulty navigating parental consent requirements, cost barriers, and fear of breaches to privacy and confidentiality that undermine their trust in adults and services.

While young people are often asked 'R U OK?', they noted that their peers and adults are not prepared to respond if the answer is 'no', and that more needs to be done to 'normalise getting help' at the right time.

Many feel they are not truly heard by adults; that they are seen either as a child to protect or as a risk to control, rather than as a thinking, feeling individual with much to offer. Children and young people come into contact with many helping professionals throughout their lives, including teachers, counsellors and doctors. Others have involvement with more specialised service providers such as mental health professionals, lawyers and police. Being believed and listened to by these professionals is a priority for young people.

Despite efforts to establish a system of care for youth mental health in South Australia, there has been little change to the fundamental structure of mental health services over the last decades.

Beyond improving young people's access to and experiences with services, the development of the MoC presents an opportunity to rethink the structure of the mental health system. This includes considering how the system, services and policies might need to be transformed in order to match the priorities and expectations of young people today.

I understand that the draft model of care is a 'first step' and that effective implementation will require funding and resourcing as well as changes to culture, particularly to ensure ongoing training, access to a wider range of services and genuine collaboration and integration between services.

If the MoC outlines the 'essential components of care' to be incorporated into service improvements and local policies and procedures, it is essential that the model reflects contemporary and human rights-based principles in order to be fit for purpose in the twenty-first century.

In light of the above, I recommend that the Model of Care:

1. **Adopts a human rights based approach, with explicit reference to the United Nations Convention on the Rights of the Child (UNCRC) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).**

2. **Considers the unique issues and pressures shaping young people's mental health today in the context of social, political, economic, environmental and digital change.**

3. **Is supported by investment in collaboration and coordination between services within and beyond mental health services, with particular regard to prevention, early intervention and addressing the divide between primary and tertiary services.**

If you would like to discuss anything further, please do not hesitate to contact my office.

Yours sincerely

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1. **The Model of Care adopt a human rights based approach, with explicit reference to the United Nations Convention on the Rights of the Child (UNCRC) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).**

The relationship between mental health and human rights is an integral and interdependent one; respecting human rights can improve mental health and improving mental healthcare is fundamental to human rights. One of the key priorities in South Australia's Mental Health Services Plan 2020-2025 is 'ensuring human rights are respected, protected and fulfilled, with a reduction in coercion'.[i]

The draft MoC is a needs-based model. While this is more holistic than a diagnosis-based model in that it acknowledges that 'the right support is more important than diagnosis', it does not go far enough. In order to strengthen the model in line with the Mental Health Services Plan and international human rights standards, I recommend that the final MoC adopts a rights-based approach and reframes needs as entitlements and rights.

Where a needs-based model handles needs individually, rights are non-negotiable, indivisible, universal and apply to people everywhere. Rights always trigger obligations and responsibilities; where people are often expected to be grateful when their needs are met, this is not the case when people's rights are met.

A rights-based approach recognises and responds to the social determinants of health and key risk and protective factors affecting mental health, viewing a failure to account for economic, social and cultural rights as a barrier to the realisation of the right to mental health. Where a needs-based approach 'considers finding more resources', a rights-based approach 'considers the redistribution of existing resources'.

Given that a rights-based approach focuses on structural and systemic factors, it demands an intersectional approach and a joined-up approach with emphasis on prevention and early intervention and alliances beyond the health sector. Such an approach is therefore well-placed to address the gaps between services that currently leaves many young people's needs unmet until they are 'critical' or 'severe' enough to meet the threshold for support (see Recommendation 3).

A rights-based approach normalises rather than pathologises distress and considers the boundary between mental health and ill-health flexible, thereby reducing stigma, which can threaten full and equal enjoyment of rights. Such an approach also builds on strengths rather than deficits and is recovery-oriented insofar as it views people accessing services as 'agents of change' rather than 'passive recipients of care'.

Although elements of the draft MoC appear to be consistent with a rights-based approach, they are not labelled as such. Explicit reference to human rights principles and supporting practices is recommended, consistent with the United Nations Convention on the Rights of the Child (UNCRC) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). This will recognise that children and young people

require additional protections in light of their vulnerability to multiple and intersecting forms of discrimination and stigma.

A rights-based approach means not only preventing human rights violations but also affirming that human rights principles are at the centre of service planning, design, delivery and evaluation, thus ensuring ongoing systemic improvements.

Drawing on the articles of the UNCRC and the Guiding Principles of the UNCRPD, principles underpinning the MoC should include:

- Equality and non-discrimination;
- Participation, voice and agency (Article 12 of UNCRC);
- A young person's 'best interests' as a primary consideration in decisions and actions in relation to services and treatment (Article 3 of UNCRC);
- Respect for inherent dignity and autonomy;
- Privacy (Article 16 of UNCRC);
- A young person's right to enjoy and practice their culture (Article 30) and preserve their identity (Article 8); and
- Accountability.

Practices to support these rights-based principles include:

- Child Rights Impact Assessments to consider how decisions to change policies or services may impact different groups of children and what action may be needed to mitigate this;
- Providing time, space and opportunities for young people to be listened to, to feel heard and develop trusting relationships, including to know what has happened based on their participation;
- Providing age- and stage-appropriate information so that young people understand decisions that affect them, their rights and other supports available to them.

While principles of participation, voice and agency challenge the traditional power asymmetry between clinicians and young people, they are essential preconditions for a rights-based approach. Young people report that they are often overlooked in healthcare settings and that adults are prioritised; where they are asked for their thoughts, the agenda is often set by professionals and the focus is often on the service rather than their priorities in the broader context of their lives (See Recommendation 2).

"Talk instead of assume"
- 18 year old

"It made me feel awful like no one wanted to help me and that people had given up on me because the hospital also rejects me I don't talk to anyone I just get sedated and put into a room by myself. But also with cahms there was no confidential everything I said to them they told my mum everything"
- 16 year old, female

Clinicians make decisions every day that involve weighing up a range of young people's rights, including rights to be safe from harm, to be listened to, and to privacy. Importantly, a rights-based approach is well-placed to guide responses to some of the more complex and uncomfortable issues that affect young people's rights in the context of mental health care, many of which have been historically denied and which are not explored in the draft MoC. Such issues include:

- **Restrictive practices and coercion.**
  Restrictive practices, including the use of physical or chemical restraint, seclusion or coercion, can cause further harm and exacerbate trauma. Such practices can also reinforce stigma and involve a lack of empathy and communication, which undermines young people's trust.[ii] Recent guidance from the World Health Organisation highlights the changes to policies and practice to ensure services are free of coercion, including the need to address the factors that may contribute to the use of these practices, including organisational culture, physical environments, staffing levels and insufficient training and support.[iii]
- **Privacy and confidentiality.**
  Young people identify a lack of respect for privacy and confidentiality as a barrier to engaging with and trusting services and adults, particularly in the context of mental health support. Professionals working with young people should therefore be clear about their disclosure obligations, the extent to which what young people share is confidential, and who they will be sharing information with and for what purpose.
- **Capacity and informed consent.**
  Given that promoting young people's autonomy is key to their mental health, it is important for the model of care to clarify and respect young people's right to capacity and consent. This includes clarifying young people's right to information, ensuring that young people are provided with support and adequate and age-appropriate information about the purpose, advantages and disadvantages of treatment, any alternatives, who should or should not be contacted.
  Parental consent requirements should also be recognised as a significant barrier to seeking and receiving mental health information and support. Where current policies depend on the assumption that parents and guardians have their child's best interests at heart, this is not always the case and including parents may not always be helpful for the child-parent relationship.
- **Effective complaints systems.**
  In addition to creating opportunities for young people to inform the design, delivery and evaluation of services, services should also have effective ways of not only hearing and responding to complaints from young people, but also learning from them, particularly in cases where young people's rights have not been upheld.

Embedding rights consistently and intentionally into everyday practices, language, staff training and development, has the potential to transform culture, environments, relationships and decision-making processes.[iv] While the peer workforce has significant potential, it needs to be valued, which is challenging within a system where there tends

to be a power imbalance between clinicians and young people and an emphasis on biomedical intervention.

A rights-based approach will help clinicians across local health networks to consider what is already working and to identify areas for improvement. When young people hear the clear message that they have the right to the support they need, this is also likely to improve how young people view and engage with services but also how they view themselves and their future.

As part of the QualityRights Initiative, the World Health Organisation has provided training and guidance materials for implementing a human rights and recovery approach in mental health in line with the UNCRPD and other international human rights standards.[v]

"better sources that won't send info to parents, but either someone or no one of their choosing"
- 17 year old, non-binary

"I think that we need more resources de-stigmatising mental health issues, because everyone knows about the stereotypical aspects surrounding mental health, but it needs to be made known that everyone will have different symptoms and different solutions"
- 16 year old, female

2. **The Model of Care consider the unique issues and pressures shaping young people's mental health today in the context of social, political, economic, environmental and digital change, with particular regard to:**
    a. **Identity and intersectionality.**
    b. **The complexity of young people's digital lives.**
    c. **Climate change and climate anxiety.**
    d. **Bullying.**

Although the draft MoC outlines 'why young people need a different service', there is little consideration of how unique issues and pressures facing young people today should influence service provision and everyday practices and decision-making.

Young people today have been born into a century characterised by rapid social, economic, civic, technological and environmental change. As the most digitally-literate and globally-connected generation to ever live, young people have unprecedented access to information and relationships that cross continents and ideological lines. This not only shapes the meaning of identity and agency for young people, but also their views and expectations of systems and services, including mental health services.

Consistent with a rights-based approach, there is scope to strengthen the youth-specific elements of the MoC and to:

- map out where current practices may conflict with young people's priorities and expectations;

- explore what changes are needed to address the gap between what mental health systems may think they are achieving and what is experienced by young people accessing services; and
- clearly articulate what differentiates a youth approach from adult or child approaches.

Engaging directly with young people's views and experiences will open up understanding of young people's distress and their expectations of support in ways that are likely to help young people feel comfortable and trust services. Doing so may also challenge a medical view of distress that pathologises what may be 'normal' reactions to a range of issues, pressures and experiences, such as bullying and discrimination, insufficient support networks, trauma or adverse childhood experiences, school or work environments that fail to promote positive mental and physical health, a lack of opportunities or not feeling heard or believed.

The following considerations are essential in order to ensure the MoC is fit-for-purpose as a contemporary and youth-focussed model in the twenty-first century. As such, they should be factored into education and training for staff.

a. Identity, intersectionality and comorbidities.

Young people want adults and services to see and treat them as a 'whole person'. However, this can be difficult when the focus of mental health services often tends to be on 'problems' and diagnosis to inform treatment.

There is scope to strengthen the MoC by considering:

- The interplay between disability, trauma and complex mental health needs. While the individual experiences of children and families are incredibly diverse, some families report that young people – particularly those living with intellectual disability and autism – are denied mental health care because their 'behaviours of concern' are deemed 'disability-related' rather than mental health-related.
- The need to provide environments that respect young people's rights and promote cultural safety, and guide decision-making through a social or cultural rather than medical and clinical lens, with regard to young people's own definitions of culture. This how services may need to be restructured to promote the rights of Aboriginal and Torres Strait Islander young people and culturally and linguistically diverse young people and families, particularly those from refugee, migrant or asylum seeker backgrounds.
- The need to provide safe and rights-respecting environments for trans, gender diverse, non-binary or gender-questioning young people, including in everyday practices and language.
- The interplay between chronic illness, physical health and mental health.
- The impact of poverty on children and young people's access to and engagement with health and education, and their wellbeing, relationships and aspirations.
- How stigma and stereotypes regarding age and gender persist as barriers to seeking and receiving support. For example, young people talk about how society raises women to talk about their emotions and men to 'bottle it up', which

negatively impacts everyone, regardless of gender identity. They also note the 'angsty teenager' stereotype, which often serves to minimise or hyperbolise what they are experiencing.

"I think people don't talk about the connection between outside influences (aka disabilities, discrimination, abuse, sexuality, gender, race) and how they can impact your mental state differently"
– 17 year old, male

"Ways to de-stigmatise mental health issues. Recognising and ending the double standards with mental health between different genders. Understanding the connection between mental and physical health (especially for those with chronic illness)"
- 16 year old, female

"If people asked if I am generally ok more, and don't get mad if I say i'm not ok lol."
- 16 year old, male

"if grown ups believed us because sometimes they just think we are exaggerating"
– 13 year old, female

The experience of mental ill-health and the associated stigma can have a significant impact on a young person's developing sense of identity. Valuing different layers of identity and acknowledging intersectional discrimination is key to a human rights based approach and is particularly important in the context of youth mental health.[vi] Further, for many young people, 'recovery' or 'getting better' is not just about reducing symptoms but about being who they want to be.

Ultimately, there is an opportunity for the MoC to guide services away from asking young people 'what is wrong with you?' towards asking 'who are you?' This can and should be done without making generalisations and assumptions. Acknowledging the fluidity and diversity of young people's sense of identity will allow services to explore which aspects of identity matter to a young person and tailor care and support accordingly, drawing on strengths rather than deficits.

b. The complexity of young people's digital lives

The draft MoC refers to the 'use of technology' as an opportunity for mental health services to 'reach', 'engage' and provide resources to young people. However, there is scope for the MoC to better recognise the complex reality of digital technology and social media in young people's lives, including what technology means to them and how they use it in relation to their mental health.[vii]

Young people do not make clear distinctions between 'online' and 'offline' environments; the 'digital world' is simply one more place they connect with others, share and receive information, create content, play games and relax. Young people have nuanced views about the ways in which technology and social media influences their lives and the way they see themselves, others, and their future.

Young people today have unprecedented access to information, tools and resources related to mental health. With this comes a whole vocabulary that adults may not be aware of, as well as opportunities to connect with other young people and celebrities, both locally and globally, to share views and experiences, seek validation, advice, and sometimes self-diagnose.

While this can be empowering, the sheer volume of information can be overwhelming, and some young people can find the use of diagnostic tools and terms more alienating and frightening than helpful. Further, the quality of information is variable, and does not always lead young people to connect to further professional support when it may be required.

While some young people welcome the option to access services online or through an app, they emphasise that this is not a 'silver bullet' and that they still seek and prioritise face-to-face connections and genuine relationships grounded in respect, kindness and trust. Young people talk about the negative aspects of being so digitally-connected, including increased opportunities to make social comparisons or be vulnerable to bullying. There is also the constant exposure to news about global crises and 'pressure to be in the know'.

It is therefore important that the MoC goes beyond the 'use of technology' as a 'way we communicate' and consider the complex reality of young people's digital lives, including the reality of digital poverty in South Australia. In particular, the MoC could explore how clinicians can be supported to be aware of the information and language available to young people, and how these influence young people's understanding of mental health and what they may expect from services.

"Over the past few years the discourse regarding mental health has thankfully opened up a lot. There are now many more safety networks that advocate for mental health, specially online. However, the down side of this is that many of the younger generations today tend to self diagnose. While knowledge regarding mental health is pivotal, it's also equally as important to not self diagnose and seek for a specialist opinion if one is concerned"
- 17 year old, female

"Not using diagnostic terms to describe things. Don't say OCD if you don't have it for example"
– 17 year old, female

c. Climate change and climate anxiety.

Although climate anxiety is not considered a mental health disorder, the association between climate anxiety and mental disorders is still being explored. The MoC should recognise climate anxiety as a valid response to a threat to young people's lives, including the evidence that recognises engagement in climate action – particularly when collective and participatory – as a helpful coping strategy.[viii]

Young people are growing up in a time that scientists have described as a global 'climate emergency' and 'climate crisis'. They are regularly exposed to the reality of climate change, through their lived experience or through social media and news reports.

'Climate anxiety' is commonly used to describe anxiety related to the global climate crisis, which has been growing in recent years and tends to affect children and young people.

On top of the despair and frustration many young people feel about what they see as a lack of climate action, they also describe feeling invisible, ignored and 'cut off' from decision making and information about climate-related risks, impacts and solutions.

In a recent study of 10,000 children and young people in 10 countries, 45% of respondents reported that their feelings about climate change negatively impacted their daily functioning.[ix]

"at this rate, our job in the future will be to live with the impact that past generations have left on our Earth. The government needs to adress (address) things such as climate change and realise this isnt science fiction, its real life & if we don't do anything about it soon, it will be too late."

– 17 year old, female

d. Bullying.

The United Nations Committee on the Rights of the Child recognises bullying as a form of violence that 'not only harms a child's physical and psychological integrity and wellbeing' in the immediate term but can also have severe medium- and long-term impacts on 'development, education and social integration'.[x] There is a well-established link between bullying and mental health, with unique 'bidirectional' relationships between depression, anxiety and victimisation.[xi]

The draft MoC recognises 'violence (especially sexual violence and bullying)' as a risk to mental health. However, there is scope to consider how mental health services might not only recognise the impact of trauma, but also strengthen protective factors and create and sustain safe environments free from bullying and discrimination. This requires collaborative and cross-sectoral approaches (see Recommendation 3).

As part of addressing the 'social and underlying determinants for the promotion of mental health for all', for example, the United Nations Special Rapporteur 'on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health' has recommended that States take measures to:

- prevent violence in all environments where people live study and work;
- address harmful gender stereotypes, gender-based violence and access to sexual and reproductive health;
- eliminate the corporal punishment of children and their institutionalization, including children with disabilities;
- Develop public policies that address mental health and holistic development in early childhood and adolescence, prioritising promotion, prevention and psychosocial interventions.[xii]

3. The Model of Care is supported by investment in collaboration and coordination between services within and beyond mental health services, with particular regard to prevention, early intervention and addressing the divide between primary and tertiary services.

Despite recognition of the importance of prevention and early intervention, mental health is one area where late (and often biomedical) intervention is too often the norm.[xiii] The MoC is an opportunity to explore what is needed to address the divide between primary and tertiary services and meet the needs of the 'missing middle' – young people whose needs are not being met because they are too unwell for primary care but not unwell enough for tertiary services.[xiv]

"theres no support for people in between. in hospital you only get help if you are severe otherwise you get kicked back out into the real world with no help or supports"
- 16 year old

"What recourses are available in your area. Where to go if you're in a mental health crisis. What to do if someone you know is having a mental health crisis."
– 18 year old, female

"Currently not enough services for when help is reached out. Patients in the health system must be treated as people not as problems"
– 17 years old, male

Young people have raised concerns about mental health support only being available once things reach a 'critical' level or 'crisis point'. The current system requires people to experience severe symptoms before they can access the next level of care, which leaves many young people feeling as though their situation is 'not yet bad enough' to seek support.

Currently, in the absence of after-hours service options for young people experiencing a mental health crisis, hospital emergency departments tend to become the only option. SAPOL are often involved in responses to escalating behavioural issues, particularly where family support is limited or for those living in out-of-home care.

A more coordinated multi-system response to prevention and intervention is required that provides youth-specific alternatives to hospital emergency departments and actively connects young people and their families with resources and services. This would involve schools, community partners and different levels of government, local and professional and peer workforce teams.

Such a response would provide for a continuum of supports, ranging from mental health first-aid training for all young people in education and work settings through to community-based crisis service options and 'step down' accommodation for young people with more severe and complex mental health issues.[xv]

Effective mental health prevention and promotion depends on outcomes in a range of areas beyond the healthcare system, including education, housing, employment, justice, and child protection. Considering interventions beyond mental health services is therefore

critical to ensuring that young people can access support in the places they're already connected with and benefit from low cost and low intensity services where possible.

It is promising that the draft MoC mentions 'key partners' and the importance of 'genuine partnerships'. Without investment in genuine collaboration and coordination with psychosocial and community services, there is a risk of reinforcing 'silos' and exacerbating fragmented rather than integrated care.

While a range of early intervention and psychosocial support have been implemented at a small scale, the challenge is ensuring they are supported beyond a 'pilot phase' to be sustainable and scalable across metropolitan and regional South Australia. Investing in joined-up approaches that prioritises early intervention and prevention will also better acknowledge that recovery is about a young person's connections with family and community as much as it is about the individual.

Investing in service integration will not only help to ensure that there is 'no wrong door' for young people seeking and receiving timely support, but also improve transition between adult services, which we know presents many challenges. Greater consistency in terms of the age at which young people are able to receive certain services (e.g. 16 years or 18 years) is also likely to improve the way young people navigate key transitions through childhood and adolescence to adulthood.

Although the draft MoC acknowledges that a young person's care journey and interaction with systems is 'not linear', the visual representation of the model places 'employment' under 'adult'. This overlooks that many young people are employed and their experiences of work may influence their mental health. The model could also acknowledge that there can sometimes be- disparity between the language used by adults (including parents, clinicians and other staff) and young people, including in terms of what they see as mental health issues.

Many of the 'key qualities of the service' in the draft MoC resonate with what young people have told me they want: services to be kind, opportunities to connect to people 'who understand' and who they can trust and who listen 'without judgment or shame'. There is scope for the MoC to build on this with particular regard to what accessibility means to young people, including the extent to which opening hours and physical spaces and environments are youth-friendly.

"Services which are open 24/7, and I am able to reach to while still be anonymous and not kept record of."
- 15 year old, female

"what to do if your parents dont believe in it so refuse to get you help and you dont have any other options"
– 15 year old, female

[i] Government of South Australia, SA Health, Mental Health Services Plan 2020-2025. Available at https://www.sahealth.sa.gov.au/wps/wcm/connect/8520124e-0250-4393-819e-71bca0db4ad9/19032.2+MHSP-report-web-no+watermark.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-8520124e-0250-4393-819e-71bca0db4ad9-nwLp6cp.
[ii] United Nations Committee on the Rights of Persons with Disabilities, Guidelines on article 14 of the Convention on the Rights of Persons with Disabilities. The right to liberty and security of persons with disabilities (para 12). Available at www.ohchr.orgDocuments/HRBodies/CRPD/GC/GuidelinesArticle14.doc.
[iii] World Health Organisation, Guidance on community mental health services: Promoting person-centred and rights-based approaches. Available at https://www.who.int/publications/i/item/9789240025707.
[iv] Children's Commissioner for Wales, 2021. The Right Way: A Children's Rights Approach for Social Care in Wales. Available at https://www.childcomwales.org.uk/wp-content/uploads/2021/04/RightWaySocialCare_Final-Amendments.pdf.
[v] Available at https://www.who.int/publications/i/item/who-qualityrights-guidance-and-training-tools.
[vi] UNICEF, 2021. A rights-based approach to disability in the context of mental health. Available at https://www.unicef.org/media/95836/file/A%20Rights-Based%20Approach%20to%20Disability%20in%20the%20Context%20of%20Mental%20Health.pdf.
[vii] The Global Framework for Youth Mental Health, developed by Orygen and World Economic Forum, recognises climate anxiety, academic success and the impact of technology and social media. See Orygen and WEF, 2020. A Global Framework for Youth Mental Health: Investing in Future Mental Capital for Individuals, Communities and Economies. Available at https://www3.weforum.org/docs/WEF_Youth_Mental_Health_2020.pdf.
[viii] Sampaio et al, 2022. Climate anxiety: trigger or threat for mental disorders? Available at https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(22)00008-0/fulltext.
[ix] Marks et al, 2021. Young People's Voices on Climate Anxiety, Government Betrayal and Moral Injury: A Global Phenomenon. Available at https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3918955.
[x] United Nations Committee on the Rights of the Child. General Comment No. 13 (2011). The right of the child to freedom from all forms of violence. Available at https://cypcs.org.uk/wpcypcs/wp-content/uploads/2021/02/General-Comment-13.pdf.
[xi] Forbes, M.K, Fitzpatrick, S., Magson, N.R., Rapee, R.M., 2019. Depression, Anxiety and Peer Victimisation: Bidirectional Relationships and Associated Outcomes Transitioning from Childhood to Adolescence. Journal of Youth and Adolescence 48, 692-702.
[xii] United Nations Human Rights Council. Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Available at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G17/076/04/PDF/G1707604.pdf?OpenElement.
[xiii] Colizzi et al., 2020. Prevention and early intervention in youth mental health: is it time for a multidisciplinary and trans-diagnostic model for care? Available at https://ijmhs.biomedcentral.com/articles/10.1186/s13033-020-00356-9.
[xiv] Orygen, 2021. Defining the Missing Middle. Available at https://www.orygen.org.au/Orygen-Institute/Policy-Areas/Government-policy-service-delivery-and-workforce/Service-delivery/Defining-the-missing-middle/orygen-defining-the-missing-middle-pdf.
[xv] Suicide Prevention Australia, Foundations Paper: Improvements and Alternatives to Emergency Departments for Young People who have Attempted Suicide or Self-harmed. Available at https://www.suicidepreventionaust.org/wp-content/uploads/2022/07/Foundations-Improvements-and-alternatives-to-ED-1.pdf.