AUSTRALIAN COUNCIL OF STATE SCHOOL ORGANISATIONS LTD

The National Children's Mental Health and Wellbeing Strategy – Consultation

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Please indicate your name if an individual, or your organisation name if you are responding on behalf of an organisation

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The Australian Council of State School Organisations is a peak community organisation and the

One voice for every child in public education

Do you wish your submission to be treated as confidential?

No

AUSTRALIAN COUNCIL OF STATE SCHOOL ORGANISATIONS

SUBMISSION TO

THE NATIONAL CHILDREN'S MENTAL HEALTH AND WELLBEING STRATEGY – CONSULTATION

The Australian Council of State School Organisations (ACSSO) is the one voice for every child in public education in Australia. As an organisation, ACSSO welcomes the opportunity to make a submission to the National Children's Mental Health and Wellbeing Strategy - Consultation.

ACSSO is committed to access, equality, equity of outcomes, excellence, and participatory democracy.

It is ACSSO's position that a social framework should exist which will enable every young Australian to:

- achieve a lifestyle which will provide sustenance, occupation, identity, and satisfaction.
- live effectively as a responsible member of the community.
- obtain training or further education as the need arises without suffering undue economic penalty.
- obtain a living wage / allowance.

It is the responsibility of governments to pursue and implement policies and provide the resources necessary to achieve these aims.

From the outset ACSSO acknowledges the work undertaken to produce this excellent and well researched strategy that is considered and nuanced. The strategy acknowledges the issues and highlights the often silo-ed approach to mental health and wellbeing of young people in Australia. It also seeks to highlight models of best practice and ask the questions about what can be done to enact meaningful and widespread change.

Strategy language

ACSSO supports the paradigmatic shift in reframing the way mental health and wellbeing of children is conceptualised. Much like their own growth and development, this process is not always linear.

In acknowledging and intervening at the initial point of need, rather than after formal diagnosis this would be beneficial for child and care giver alike. It also de-stigmatises much of the negative and largely mystique-based misconceptions associated with it.

The words to describe the continuum are broadly reflective of the changing aspects of the continuum. However, when addressing the language used, ACSSO would suggest that further consideration should be given to the following areas:

- The term Healthy and its definition is suitable.
- Supported would be a more appropriate term than *coping*, which is subjective and places all the responsibility onto the child. Often children deemed to be coping are masking and require immediate support. We need to be referring to the situation, not the child's effort. A better definition under Supported would be: Children experience challenges to their mental health and are equipped with the resources to manage these effectively.

- Struggling again suggests that all the responsibility lays with the child. Challenged would be more appropriate. The definition could read: Children experience challenges to their mental health which are not yet being managed effectively and need additional support.
- The term Unwell is suitable, however the definition could be updated to: Children experience mental illness and considerable challenges to their wellbeing. They need additional and/or continuous support to manage and recover.

It may be useful to unpack these terms in more depth and detail to provide a more contextualised understanding for parents and a wider reading community.

Parenting programmes

Language technique has played an essential role in the preparation of this strategy. However, *ACSSO strongly requests that further consideration be given to an alternative choice of title for 'parenting programs'* to promote the use of strength-based language and encourage all families and the community in general to participate.

Parents are more likely to attend and provide support if the stigma around mental health is removed, but that is a long term, societal issue to be resolved. To encourage parents to attend information sessions, programs need to:

- Be respectfully and positively titled
- Aimed at, and accessible to, all families and the community in general
- Have resources and presentations available in multiple languages, including Auslan
- Ensure the language is targeted and accessible
- Be without cost to parents
- Offer free onsite childcare for the duration of the program sessions
- Be available via a variety of platforms

In acknowledging the benefit of parenting programmes to assist when a child is struggling, we note that for Objective 1.2 it states that parents may not recognise signs of poor mental health in their child. This is reflective of the possibility of not recognising it in themselves and is something that requires further consideration.

Pp 27-28 acknowledges the barriers to accessing support for and by parents. This is made more complex by the nature of the impact of the pandemic in further isolating parents and carers. There is also the cost of childcare, working full time or being unable to cope with physically attending classes or courses.

ACSSO acknowledges the issues identified in Box 2. Children and families that are 'hard to engage'. The notion 'hard to reach'/hard to engage' ACSSO believes is a contested and ambiguous term. ACSSO's position is that work with key stakeholders needs to be undertaken to promote the use of strength-based language. These people are not "hard to engage" they are "still to be reached" or "still to be engaged"

Integrated care model

The concept of integrated care is strongly shaped by perspectives and expectations of various users in the system; critical to this model working is its fundamental premise of wraparound services.

The critical element, however, is the availability of allied health staff and professionals and indeed the guidance as to where to turn. Often GPs do not know, and the family GP is a primary initial contact point as mental health issues often initially present as a physical symptom such as abdominal pain, headaches, feeling unwell etc.

At its heart, however, lies a commitment to improving the quality and safety of care services through ongoing and co-productive partnerships. ACSSO notes the support for parents is acknowledged in this process and stresses the imperative that the services are co-ordinated, and there must be opportunity for families to have their base contact person help them find services, book appointments, and navigate the mental health system in general. It is currently very difficult to find and connect with resources and services, especially at a time when families are in a heightened state of anxiety themselves.

The Executive Summary proposes co-designing with children and parents, which is essential, but even more importantly, co-design should include those with lived experience. The voices of people who have lived through the experience are the only ones which can accurately answer "What did you need? Did you get it? How could that have worked better? What do you still need?"

In addition to accessing services and assessments for children, it is essential that resources and information is supplied to parents – "What does this diagnosis mean for my child? What can I expect from here? What are the danger signs to look for? What can I do to help and support them?"

Mental health care needs to be funded under Medicare in the same way as physical health. The current 10 visit mental health plan is insufficient and often in some practices incurs an additional charge. The proposed strategy must be fully funded, or many families will continue to be denied access, assessment, and help.

Funding for families to physically attend appointments must be made available if required, without the request being onerous or embarrassing for families.

In agreeing the CAHMS model is currently at maximum capacity we have reservations about the "quarantining" p. 37 of resources and would recommend the extension and increase to it instead.

Mental health workforce

This is a sensitive and nuanced response to the challenges many families face when accessing or attempting to access mental health resources for their children. ACSSO also appreciates the highlighting that this issue is further complicated for those in rural and remote regions of Australia with 30% of children living in rural and 3% in remote regions. An available and effective rural mental health workforce ACSSO believes is critical to support the National Children's Mental Health and Wellbeing Strategy.

Fragmentation, lack of clarity and the sense of 'potluck' for families are all highly problematic especially at a time that can be deeply distressing for families.

ACSSO notes the reference to health pathways and would welcome some insight into this model.

Clearly this requires substantial funding for healthcare professionals and a revision of support for those workers in remote and rural areas to ensure they too are supported within rural and remote communities.

Education

Interventions in mental health promotion in schools are increasingly gaining salience as schools seek to provide more relevant and meaningful education to our youth. And while teachers are playing an important role, the reality is that teachers have many different capability levels. Teacher professional learning is certainly required in this space to be able to identify early intervention opportunities. One concern would be the continuing impost being added to the teacher's role.

Engaging with families from day one, as respected partners in their children's learning journey, will facilitate the trusted relationships needed to discuss a student's mental wellbeing. As ACSSO's recent National Survey on COVID-19 showed, it is too late to try to form such a relationship in the middle of a crisis.

To facilitate such relationships between educators and families, Family Engagement modules should be mandated in every teacher training course, and there must be regular professional development sessions in Family Engagement strategies, and in wellbeing awareness.

The Mental Health in Primary Schools (MHiPS) pilot project in Victoria is proving very beneficial and could be the model for a national program. The Mental Health and Wellbeing Coordinators provide much needed training, and are the essential link between educators, students, families, and services.

The priority action plan recommends a designated wellbeing staff member in early learning centres and primary settings. ACSSO suggests that as adolescence is a key period where mental health issues are often exacerbated, having this support in high school is also needed. The MHiPS is a promising pilot programme that could potentially be highly beneficial to educators Australia wise. As the report acknowledges, educators juggle a heavy load already and making this an opt in would provide them with autonomy but enable them to improve their knowledge and understanding of how to support children in their classes.

There is also a need for ongoing interventions to present factual information about Mental Health and Wellbeing. The Goal of this being to correct misinformation or contradicting negative attitudes and beliefs.

Connecting with children and families who are struggling

This report cites "the Inverse Care Law" p.27 which highlights the crux of the issue in terms of accessing support or resources. ACSSO would add that children and families who do not engage with health services are often not doing so because of cost. Fully funded Kindergarten programs for 3-year-old children would help ensure that the vast majority of young children have contact with educators for assessment and referral, prior to entering the school environment.

Having information brochures, in multiple languages, readily available at Maternal and Child Health Centres, kindergartens, schools, and doctors' offices would also help engagement with assessment services.

ACSSO supports Actions 1.1 a-g. However, in order to systematically reach families who may be struggling, we recommend closer liaison with programmes such as the Homeless Connect teams across Australia. Mobilising teams of professionals who themselves go and engage with community members at risk will undoubtedly be more effective as a means of connection.

Some of our most vulnerable community members are those in state care and / or juvenile detention. Often relationships with their care givers have also broken down. Central sources such as Centrelink will provide data on identifying these children. ACSSO would argue that providing targeted and tailored support to them requires a human element of social support and connections. Supportive relationships with a case worker or mentor would be an ideal approach to identify any mental ill-health signs early.

Mechanisms for data capture and use

ACSSO notes the statement on p.64 that there is currently no regular national data collection or reporting regarding children's overall mental health and wellbeing. Add to this the difficulties accessing data across sectors. ACSSO asks:

- What are the standards/indicators we are applying?
- Which service features are important, even essential, to service users supporting different cultures and communities?

It is not necessarily about additional indicators; the key will be the use of the data these indicators provide. The indicators need to be meaningful, accessible, and actionable.

Improving mental health and wellbeing for all Australian children

This report acknowledges that Aboriginal and Torres Strait Islander children continue to be compromised by intergenerational trauma. ACSSO supports the Children's ground model and ACHHO which enables working with families from within the communities themselves (p. 32). Provision of the support, training, ongoing support, and funding are central to the success of these programmes and are critical to creating tangible positive outcomes for the health and wellbeing of Aboriginal and Torres Strait Islander children and their families.

Most critical for children and families with disability

ACSSO believes that a favourable exchange with your home and neighbourhood social environment has positive effects on both mental health and wellbeing. People with physical disabilities may have fewer opportunities of favourable exchange, and therefore the effects on mental health and wellbeing may be less beneficial.

Substantial evidence shows that people living with disabilities are at least three times more likely to experience mental health issues compared to the general population. Often their diagnosis is a trigger for mental health issues; particularly for those whose disability is not congenital.

Given that disability may lead to a decrease in social interactions, non-identification or disbelief in, not making adjustments for – disabilities such as OCD, Autism (different parts of the spectrum), can lead to anxiety, depression, and low self-esteem.

General

Mental health includes our emotional, psychological, and social wellbeing. It affects how we think, feel, and act as we cope with life. It also helps determine how we handle stress, relate to others, and make choices.

The rates of children/young people presenting with mental ill-health are skyrocketing at an alarming rate. *ACSSO suggests that part of the Strategy should be investigating the cause*. Too often we

seem to be treating the child alone, and not examining the underlying cause and providing wholistic support.

Funded services, access to, and availability of, said services are the baseline for ensuring mental health issues are addressed at every stage, starting with early intervention. Currently, diagnoses are often made too late, and once diagnosed, access to prescribed help is hindered by limited resources, both in terms of professionals and hospital placements, as well as prohibitive costs to families.

Mental health is important at every stage of life, it influences how we think, feel, and perform in daily life. It supports our resilience. In this sense, investment in the full development of this strategy should be seen as an investment in human capital, the most significant priority for investment along with education, a nation can make.