

## Our Children Can't Wait

Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA



**Commissioner for Children and Young People**  
Western Australia



### **Suggested citation**

Commissioner for Children and Young People WA 2015, *Our Children Can't Wait – Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA*, Commissioner for Children and Young People WA, Perth.

### **Alternative formats**

On request, large print or alternative format copies of this report can be obtained from the Commissioner for Children and Young People at:

Commissioner for Children and Young People WA  
Ground Floor, 1 Alvan St  
Subiaco WA 6008

Telephone: 08 6213 2297  
Facsimile: 08 6213 2220  
Freecall: 1800 072 444  
Email: [info@ccyp.wa.gov.au](mailto:info@ccyp.wa.gov.au)  
Web: [www.ccyp.wa.gov.au](http://www.ccyp.wa.gov.au)

ISBN: 978-0-9925924-4-8

Hon. Barry House MLC  
President, Legislative Council

Hon. Michael William Sutherland MLA  
Speaker of the Legislative Assembly

*Our Children Can't Wait – Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA*

In accordance with section 49 of the *Commissioner for Children and Young People Act 2006*, I hereby submit to Parliament for information the report, *Our Children Can't Wait – Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA*.



COLIN PETTIT  
Commissioner for Children and Young People WA

9 December 2015



The 2011 Inquiry into the mental health and wellbeing of children and young people in Western Australia was one of the largest and most important undertakings of the Commissioner for Children and Young People's office since its inception.

A major factor that contributed to the decision to undertake the Inquiry was the views expressed directly to the Commissioner by children and young people, families, communities and service providers across WA about their concerns for the mental health and wellbeing of children and young people.

A key concern was that sufficient attention had not been paid to the existence of mental health problems and disorders affecting children and young people, including very young children, and that inadequate priority had been placed on their needs.

The 54 recommendations of the Inquiry report were intended to be a roadmap to guide the development and implementation of comprehensive mental health services and programs for children and young across the State, particularly those who were vulnerable, and those living in regional and remote areas who were often unable to access appropriate services.

Since the tabling of the Inquiry report in the Western Australian Parliament in May 2011, much has occurred and mental health has been high on the agenda of the community and the State and Commonwealth Governments alike.

This report provides a detailed review of what has been achieved since 2011, and what more needs to be done to effectively support the mental health needs of our youngest citizens.

The review has found that while progress has been made in some areas, particularly in relation to enhanced services for young people, significant gaps remain, with children and young people's mental health and wellbeing far from being comprehensively supported.

There remain shortfalls in access to appropriate specialist services for children and young people with severe mental health needs, particularly those with complex needs.

It is of concern that there has been limited progress on essential promotion, prevention and early intervention strategies that are required to prevent children and young people from reaching the stage of requiring treatment for more severe mental health illnesses.

There remains a reluctance to acknowledge that very young children can and do experience mental health issues that may manifest as serious social, emotional or behavioural problems (for example, aggression, anxiety and depression), and a mistaken belief that issues experienced by young children will be outgrown; despite all of the research showing that early childhood experience impacts on lifelong mental health and wellbeing and that intervention at the earliest possible stage will have the most beneficial impact.

It is fundamentally important that mental health planning places a high priority on the mental health and wellbeing of children and young people and their families by providing the full spectrum of services, from promotion/prevention to acute, commencing prior to birth and considering the needs of children at all stages of their development.

This includes providing timely access to effective services for children and young people and their families, closing the gaps in services for particularly vulnerable children and young people and those with complex and severe mental health needs, developing effective promotion and prevention strategies, and building the capacity for early identification and intervention.

---

Considering the initial Inquiry report, progress made against the original 54 recommendations and other factors that have emerged since 2011, this report makes 12 new recommendations which are intended to identify the current priorities and guide the planning and delivery of mental health programs and services for WA children and young people into the future, so that we can be better assured that 'children and young people get the services they need, when and where they need them'.

I would like to acknowledge the former acting Commissioner Jenni Perkins, who initiated this important review and guided the development of the report and its 12 recommendations.



COLIN PETTIT  
Commissioner for Children and Young People WA



<b>Letter to Parliament</b>	<b>3</b>
<b>Commissioner's foreword</b>	<b>4</b>
<b>Executive summary</b>	<b>8</b>
<b>Background</b>	<b>15</b>
Role of Commissioner for Children and Young People	16
The Inquiry into the mental health and wellbeing of children and young people in Western Australia	17
<b>Review methodology</b>	<b>23</b>
Scope of the review	24
Reference Group	24
Methodology	24
<b>Developments since the Inquiry</b>	<b>27</b>
Demographics	28
Children and young people's mental health and wellbeing	29
<b>Progress since the Inquiry</b>	<b>43</b>
Summary of progress and continuing areas of concern	45
Detailed overview of progress under broad themes	48
<b>Conclusion and recommendations</b>	<b>63</b>
Recommendations	66
<b>Appendices</b>	
Appendix 1 – Terms and definitions	71
Appendix 2 – Summary of recommendations of the Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia	75
Appendix 3 – Example template	83
Appendix 4 – Agencies providing information	87
Appendix 5 – Recommendations made by the Commissioner for Children and Young People to the Review of the admission or referral to and discharge and transfer practices of public mental health facilities/services in Western Australia (the Stokes Review)	89



Appendix 6 – Recommendations specific to children and young people made by the Review of the admission or referral to and discharge and transfer practices of public mental health facilities/services in Western Australia (the Stokes Review)	93
Appendix 7 – Recommendations from the Ombudsman Western Australia’s own-motion investigation into ways that State government departments and authorities can prevent or reduce suicide by young people	97
Appendix 8 – National Children’s Commissioner’s findings and recommendations from an examination into intentional self-harm, with or without suicidal intent, in children and young people	101
Appendix 9 – Detailed information about each of the 54 recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia	105

In 2010 the inaugural Commissioner for Children and Young People commenced an inquiry into the mental health and wellbeing of children and young people in Western Australia (the Inquiry).

The Inquiry was conducted under section 19(f) of the *Commissioner for Children and Young People Act 2006* and its purpose was to report on the mental health and wellbeing of children and young people and make recommendations for action on how to strengthen mental health and wellbeing from pregnancy through to young adulthood.

The term 'wellbeing' was included in the Inquiry's scope to ensure a broad definition of mental health – from the development of mentally healthy children and young people through to the provision of services and programs for children and young people who are unwell.

The *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia* (the Inquiry report) was tabled in the WA Parliament in May 2011.

The Inquiry report found that Western Australian children and young people's mental health needs had not been given sufficient priority and there were significant shortfalls in programs and services, particularly in regional and remote areas, for vulnerable children and young people, and in prevention and early intervention services.

Also identified was a general lack of understanding in the community that children and young people can experience mental health problems and disorders, including limited awareness that even very young children can suffer from conditions such as anxiety and depression.

An urgent need for reform in terms of both investment and focus was identified, and 54 recommendations were made as a 'road map' to guide government, non-government and community to undertake immediate and long-term action to support the mental health and wellbeing of children and young people.

While the Commissioner had reported on progress made on the recommendations in Annual Reports subsequent to 2011, the office in 2014 commenced a review of specific initiatives, investment in infrastructure, planning and funding for programs and services related to each of the 54 recommendations made in the Inquiry report.

In undertaking this review, the Commissioner considered changes to the demographic status of children and young people in WA and the findings from relevant reviews and research that had occurred since 2011.

The population of children and young people aged up to 18 years has increased by approximately 50,000 since the time of tabling, and is expected to increase by 31 per cent to more than 800,000 by 2025.

The draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 identifies mental disorders as being a high cause of disability for children aged 0 to 14 years (accounting for 30% of all years lost to disability) and a leading cause of disability (61%) for young people aged 15 to 24 years.

The comprehensive report of the Young Minds Matter survey, *The Mental Health of Children and Adolescents*, published in August 2015 found that 13.9 per cent of children and young people (aged four to 17 years) met the criteria for a diagnosis of a mental disorder in the last 12 months. Of this group, almost 60 per cent were assessed as having a mild disorder, 25 per cent a moderate disorder, and 15 per cent a severe disorder. The report also found strong associations between several social and demographic characteristics and rates of mental disorders.

Further, there have been a number of relevant national and state reviews and research undertaken since 2011, including:

- the Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia
- the Ombudsman Western Australia's own motion investigation into ways that State government departments and authorities can prevent or reduce suicide by young people
- the National Mental Health Commission's review of national mental health programs and services
- the National Commissioner for Children's examination of intentional self-harm and suicidal behaviour in children and young people
- the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy.

In the context of this work, the review on progress on the Inquiry report's recommendations found the following:

## Significant developments

- Increased mental health treatment services for children and young people, including the reform of, and increased funding to, the metropolitan Child and Adolescent Mental Health Service, the establishment of a 24-hour, seven-day-a-week acute mental health service and associated psychosocial support for the metropolitan area and in some regional areas, reform of WA Country Health Service Child and Adolescent Mental Health Services and expanded tele mental health services.
- Improved early intervention and treatment services for young people aged 12 years and over through additional headspace centres, the establishment of the headspace Youth Early Psychosis Programs in two locations and additional funding to Youth Focus for early intervention counselling services for young people aged 12 to 18 years living in the Perth metropolitan area.
- A strengthened focus on youth services (for young people aged 16 to 25 years) through the development of youth-specific services such as Youth Axis and a new youth mental health unit at Fiona Stanley Hospital with associated specialist community mental health service.
- The implementation of dedicated prevention, early intervention and treatment initiatives for specific groups, for example, the Young People with Exceptionally Complex Needs (YPECN) program, and Links, the Perth Children's Court Mental Health Court Diversion and Support Pilot Program.
- The establishment of the Swan Perinatal and Infant Mental Health Service and the Fiona Stanley Hospital Mother and Baby Unit to better support maternal and infant health, and the development of the *Competency Guidelines* training resource for the perinatal and infant mental health workforce.
- Increased funding to parenting services and additional supports for young children and their families through the introduction of 16 Child and Parent Centres on school sites, along with additional funding for community child health nurses, school health staff and Child Development Services, and Royalties for Regions funding to support regional initiatives such as Better Beginnings and the Responsible Parenting Program.
- The Suicide Prevention 2020 Strategy that includes specific actions for children and young people and their families, particularly those who have high vulnerability.
- The systematic rollout of KidSport across the State to help facilitate participation in a broad range of sporting and recreational activities.

---

## Significant gaps and challenges remaining

- Access for children and young people in regional areas to programs and services across the full service continuum.
- Services and programs for children aged younger than 12 years that intervene early in symptoms or in the course of an illness and provide treatment.
- Community mental health treatment services for infants, children and young people with severe mental illness.
- Early intervention and treatment services tailored to the needs of specific groups of children and young people vulnerable to mental health problems and disorders, particularly children and young people in care or in contact with the justice system.
- Culturally appropriate services and programs for Aboriginal children and young people and their families, tailored to recognise the importance of culture and healing and to address the impact of intergenerational trauma, particularly for younger ages.
- Planning for, and provision of, services for children and young people with mild and moderate mental illness and with early signs and symptoms of mental health problems.
- Implementation of evidence-based social and emotional learning programs throughout all primary and secondary schools.
- Access to mental health early intervention and treatment programs and services on school sites through Child and Parent Centres.
- Access to mental health early intervention and treatment programs and services on primary and secondary school sites.
- Better coordinated universal and targeted parenting programs and supports, including for parents of older children and young people.
- Broad community education about the importance of children and young people's mental health.
- Collaboration and coordination between the Commonwealth and State Governments and a comprehensive and integrated approach across and within government to planning and providing the full range of programs and services needed to maintain and improve the mental health and wellbeing of WA children and young people.
- A comprehensive approach to building the capacity and skills of the workforce to deliver mental health promotion, prevention, early intervention and treatment services to children and young people.
- Greater involvement of children and young people in the development of mental health policy, program and service design.
- Reliable data on the mental health and wellbeing of WA children and young people and the impact of programs and services on the mental health and wellbeing of children and young people.

Some of these concerns are addressed in the draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 (the draft Plan), which was released for consultation in December 2014.

Based on national modelling tools, the draft Plan estimates 'the optimal mix of services' required over the next 10 years, and describes a range of actions for the development of services and supports specifically for people (including children and young people) with severe mental illness.

The draft Plan makes several important acknowledgements, including that the current gap in infant, child and adolescent community treatment mental health services is ‘substantial and requires urgent resources’, and proposes to almost double the Infant, Child and Adolescent (to 16 years) mental health community treatment hours of service by 2017, and almost quadruple them by 2025.

However, the draft Plan does not include detail of funding arrangements so it is not possible to assess how effective the initiatives included may be in improving children and young people’s health and wellbeing.

What the analysis of progress on the Inquiry report’s recommendations does show is that the mental health and wellbeing of Western Australian children and young people must remain a priority for parents, families, communities and governments, and there is still much to be achieved.

Many of the key findings and significant gaps identified by the Inquiry report in 2011 remain current, and most of the report’s priorities are as critical now to improving the mental health and wellbeing of WA children and young people as they were at the time of the Inquiry, specifically the need for:

- recognition that lifelong positive mental health begins at pregnancy and is crucial for healthy development through early childhood, childhood and adolescence
- recognition of the importance of parents and families to children and young people’s mental health and wellbeing
- program and service development across the service and severity continuum
- a focus on outcomes for children and young people and implementing and evaluating services and programs accordingly
- recognition of the unique and specific needs of vulnerable children and young people, for example Aboriginal children and young people, and children and young people with disability or from culturally and linguistically diverse backgrounds<sup>1</sup>
- a more strategic, coordinated and integrated approach to mental health planning and program and service delivery across the State and Commonwealth Governments and across portfolios
- involving children and young people in mental health policy, planning and service design
- workforce development and capacity building to address shortfalls, particularly in regional areas.

## Recommendations

This report makes 12 new recommendations to guide the planning and delivery of better mental health programs and services into the future to achieve improved outcomes for children and young people’s mental health and wellbeing, in line with the intent of the 2011 Inquiry.

They have been made after considering the progress made on the original 54 recommendations from the Inquiry report, the remaining gaps in services and programs, current demographic information and the findings from relevant reviews and research.

The recommendations support a balanced approach, which recognises the important role played by parents and schools in the mental health and wellbeing of children and young people, along with the importance of responding to the needs of particularly vulnerable children and young people, including those in care, Aboriginal children and young people and those living in regional WA.

---

## Resource and planning priorities

1. Initiatives in The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 aimed at improving services and supports for children and young people with severe mental illness and meeting the needs of vulnerable groups of children and young people be fully resourced and implemented.
2. The Mental Health Commission report annually on the progress on implementation of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 and key outcomes for children and young people aged 0 to 18 years in regional and metropolitan areas.
3. The Commonwealth Government implement the findings and recommendations from the *Report of the National Review of Mental Health Programmes and Services* in relation to children and young people and their families, including Aboriginal children and young people and those living in regional areas.

## Investment in younger children

4. The number of Child and Parent Centres be increased to support more children aged 0 to eight years and their families state-wide, and services be expanded to include mental health early intervention and treatment programs.

## Prevention and early intervention

5. The State and Commonwealth Governments work collaboratively to improve planning and increase resources for mental health promotion, prevention and early intervention services for children and young people, to ensure children and young people across the State have access to the full continuum of services and programs they require.

## Parenting information and support

6. A detailed assessment be undertaken by government of the availability and effectiveness of existing parenting programs and services in WA and a model of service delivery be developed to support more equitable access to quality parenting advice and support, especially for parents at risk, tailored to children and young people's key life stages and transition points. This needs to include both universal and targeted support, be culturally appropriate, and across all ages.

## Strengthening the capacity of schools

7. Schools be resourced to provide whole-of-school approaches that have been demonstrated to be effective in promoting resilience and supporting social and emotional learning.
8. A model of integrated services be piloted in primary and secondary schools, to provide better access to mental health and wellbeing supports and services for children and young people and their families.

## Vulnerable children and young people

9. Government agencies to report on the Rapid Responses Framework in their annual report to demonstrate how they have prioritised access to services or programs to meet the health, mental health, disability, educational, housing and other needs for children and young people in care and for care leavers up to 25 years of age.
10. The development of a specialised children in care program and dedicated youth forensic mental health service, as outlined under The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025, be undertaken as a high priority.



- 
11. More innovative and flexible models of service delivery and support be adopted in regional areas, including wider and better use of technology, local workforce development and funding that takes into account the costs of regional service delivery.
  12. More culturally appropriate mental health programs and services be provided for Aboriginal children and young people and their families, to be achieved by initiatives such as employing more Aboriginal staff, cultural competency training and the development and implementation of tailored programs and services. This must include the full continuum of services, from programs supporting wellbeing, addressing trauma and loss and building resilience, through to early intervention and treatment services, tailored to recognise the importance of culture and healing and to address the impact of intergenerational trauma, particularly for younger ages.

## ENDNOTES

---

1. The Inquiry considered the needs of Aboriginal children and young people, children and young people from culturally and linguistically diverse backgrounds, living in regional and remote areas, in care, with disability, experiencing difficult circumstances and in contact with the youth justice system.





# Chapter 1

## Background



## Role of Commissioner for Children and Young People

The role of the Commissioner under the *Commissioner for Children and Young People Act 2006* (the Act) is broadly to monitor and promote the wellbeing of all children and young people aged under 18 years in Western Australia, and to advocate for policies and services that improve their wellbeing.<sup>2</sup>

The Commissioner is an independent statutory officer who reports directly to the Parliament of Western Australia and under the Act can request relevant information from a government agency or service provider to enable the Act's specific functions to be carried out.

As an independent statutory officer the Commissioner cannot develop or implement government policies and programs or fund and provide services.

Under the Act the Commissioner must give priority to, and have special regard to, the interests and needs of Aboriginal children and young people and those who are vulnerable or disadvantaged for any reason.<sup>3</sup>

Some of the Commissioner's specific functions under the Act are to:

- advocate for children and young people
- promote the participation of children and young people in the making of decisions that affect their lives and to encourage government and non-government agencies to seek the participation of children and young people appropriate to their age and maturity
- promote and monitor the wellbeing of children and young people generally
- initiate and conduct inquiries into any matter, including any written law or any practice, procedure or service affecting the wellbeing of children and young people
- monitor and review written laws, draft laws, policies, practices and services affecting the wellbeing of children and young people
- promote public awareness and understanding of matters relating to the wellbeing of children and young people
- conduct, coordinate, sponsor, participate in and promote research into matters relating to the wellbeing of children and young people.<sup>4</sup>

In performing all of the functions under the Act, the Commissioner is required to have regard to the United Nations Convention on the Rights of the Child and the best interests of children and young people must be the paramount consideration.<sup>5</sup>

The following principles guide the administration of the Act:

- children and young people are entitled to live in a caring and nurturing environment and to be protected from harm and exploitation
- the contributions made by children and young people to the community should be recognised for their value and merit
- the views of children and young people on all matters affecting them should be given serious consideration and taken into account
- parents, families and communities have the primary role in safeguarding and promoting the wellbeing of their children and young people and should be supported in carrying out their role.<sup>6</sup>

## The Inquiry into the mental health and wellbeing of children and young people in Western Australia

In 2010 the inaugural Commissioner for Children and Young People commenced an inquiry into the mental health and wellbeing of children and young people in Western Australia (the Inquiry). The Inquiry was conducted under section 19(f) of the Act and was initiated after hearing consistently from children and young people, families, communities and service providers across WA about their concerns for the mental health and wellbeing of children and young people.

The purpose of the Inquiry was to report on the mental health and wellbeing of children and young people and make recommendations for action on how to strengthen mental health and wellbeing from pregnancy through to young adulthood.

*The Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia* (the Inquiry report) was tabled in the WA Parliament in May 2011.

### Conduct and scope

The Inquiry was established with comprehensive Terms of Reference to allow a wide assessment of all the factors that should be considered in the mental health of children and young people.

The Terms of Reference for the Inquiry were to examine and report on:

- The mental health and wellbeing of children and young people in WA.
- The experiences of children and young people and their families in relation to the mental health and wellbeing of children and young people.
- Agencies that have a critical role to play in strengthening the mental health and wellbeing of children and young people.
- Models and interventions that strengthen the mental health and wellbeing of children and young people in Western Australia, including those that reduce the risk or prevent mental health problems or disorders.
- Opportunities for coordination and collaboration within the government sector and between government, non-government and private sectors to assist in the promotion of the mental health and wellbeing of children and young people.
- Positive approaches and partnerships that are evidence based and are proving effective in strengthening the mental health and wellbeing of children and young people (in WA or elsewhere and which would be relevant to WA).
- Recommendations to inform future directions that will strengthen the mental health and wellbeing of children and young people, including interventions aimed at reducing the risk or preventing mental health problems and disorders and effective treatment.

The Inquiry was not about resolving individual cases (although the experience of individuals could be referred to as an example) or about issues outside the jurisdiction of the Commissioner or the scope of the Terms of Reference.

The Inquiry drew on the expertise of a Reference Group and an independent Reviewer. The office used best available research and evidence, conducted meetings with subject matter experts and liaised throughout the process with key government and non-government agencies.

There were 141 submissions to the Inquiry and more than 700 children and young people were consulted to obtain their views, in addition briefings were held in seven regional centres.

---

## Mental health and wellbeing

The Inquiry included the term ‘wellbeing’ in its scope to ensure a broad definition of mental health – from the development of mentally healthy children and young people through to the provision of services and programs for children and young people who are unwell.

The Inquiry recognised that Aboriginal people have a holistic view of mental health – a view that incorporates the physical, social, emotional and cultural wellbeing of individuals and their communities and the importance of connection to the land, culture, spirituality, ancestry, family and community.<sup>7 8</sup>

The scope of the Inquiry was deliberately broad and considered the mental health and wellbeing of children and young people across three continuums:

**Age:** Considered the developmental stages of children and young people – pregnancy, infancy and early childhood (pregnancy to three years), childhood (four to 12 years), adolescence (13 to 17 years ) and transition to adulthood – and the programs and services required at each stage to support and strengthen mental health.

**Wellbeing:** Considered the continuum of mental health – from wellness to mild problems, early signs of disorder and episodes of acute illness or severe disorder – and the supports and services provided for children and young people across this continuum.

**Intervention:** Examined the various programs and services that were in place in terms of their function to:

- promote mental health and wellbeing
- prevent mental health problems and disorders
- intervene early with mental health problems and disorders
- treat mental health problems and disorders.

The Inquiry also explored the range of complex interactions between a child or young person and their family, their community, and their social, physical, cultural and economic environments, being cognisant that all these interactions impact on mental health and wellbeing in some way.

Definitions regarding this content and other terms used in this report are provided in Appendix 1.

## The Inquiry report

In May 2011, the Commissioner for Children and Young People tabled in the WA Parliament the *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia* (the Inquiry report).

Key findings contained in the Inquiry report are as follows:

- Western Australian children and young people’s mental health needs had not been given sufficient priority and there was an urgent need for reform in terms of both investment and focus.
- There was a general lack of understanding in the community that children (including infants and young children) and young people can experience mental health problems and disorders, including limited awareness that even very young children can suffer from anxiety and depression.
- Although there were strong, evidence-based mental health promotion and prevention programs in WA, their delivery was limited and they were not available to all children and young people.
- There were very few services for children and young people experiencing mild to moderate mental health problems and disorders.

- Services for children and young people with severe mental illness were under-resourced with lengthy waitlists resulting in crisis responses rather than comprehensive early intervention and treatment.
- There were particular shortfalls in programs and services in regional and remote areas, for Aboriginal children and young people, and for those who are vulnerable, such as children and young people in care and in the justice system.
- Support for parents of children of all ages was crucial to children and young people's mental health and wellbeing and while there were a number of universal and targeted parenting programs available particularly during the early years, they did not appear to be connected or integrated from a parent perspective and the number and range of programs decreased as children got older.
- There was a need for a comprehensive mental health and wellbeing strategy specifically for Western Australian children and young people that took into account the continuum of services from promotion of mental health through to treatment of mental illness.
- There was an imperative to develop a highly skilled mental health workforce trained in children and young people's mental health, including training and awareness for the wide range of professions and support staff who may have direct contact with children and young people (e.g. playgroup leaders, teachers, youth workers).
- It was important that children and young people be involved in any mental health reform agenda, as children and young people are well placed to advise on how their needs can be met and how delivery of services can be improved.
- There was a need for improved data collection to inform planning and services.

The resulting 54 recommendations (Appendix 2) from the Inquiry report were intended as a 'road map'<sup>19</sup> to guide government, non-government and community to undertake immediate and long-term action to support the mental health and wellbeing of children and young people. The recommendations sought to achieve:

- increased priority to the mental health and wellbeing of children and young people
- improved access by children and young people and their families, wherever they live in Western Australia, to the full range of programs and services to support their mental health and wellbeing and to prevent, reduce and treat mental health problems and disorders
- more dedicated programs and services for vulnerable children and young people, including Aboriginal children and young people, those living in regional and remote areas, children in care, and those in contact with the justice system
- a more coordinated and integrated approach and significant increase in the availability of evidence-based parenting support programs
- a more comprehensive, coordinated and planned approach that provides for the range of promotion, prevention, early intervention and treatment services and programs, from prenatal through to young adulthood and including children and young people with mild/moderate mental illness through to severe mental illness
- increased availability and quality of mental health programs and services through a focus on building the skills, knowledge and capacity of the workforce and the capacity and sustainability of non-government organisations
- improved processes to hear the views of children and young people to inform the development, design and implementation of policy, programs and services
- improved data and evaluation to better inform planning and funding of services and programs.

---

At the time of tabling the Inquiry report the Commissioner advised:

It is the Commissioner for Children and Young People's intention to provide updates on the progress of the Inquiry's recommendations in her Annual Report to the Western Australian Parliament.<sup>10</sup>

The Commissioner also published two other reports arising from the Inquiry:

- *Report to Children, Young People and the Community*
- *Speaking Out About Mental Health: The views of Western Australian children and young people*<sup>11</sup>

Subsequently the Commissioner developed policy briefs to focus on specific groups or issues. The following policy briefs were released from March 2012 to November 2013:<sup>12</sup>

- Prevention and early intervention for mental health problems and disorders in children and young people
- Children and young people from culturally and linguistically diverse communities
- Children and young people in contact with the criminal justice system
- Children and young people in care
- Children of parents with mental illness
- Aboriginal children and young people
- Children and young people in regional and remote areas
- Children and young people with disability
- Transition to adulthood

## Reporting since the Inquiry

The 2011–12 and 2012–13 Annual Reports of the Commissioner contained information regarding the progress on implementing the recommendations of the Inquiry report.

In the 2012–13 Annual Report the Commissioner wrote 'overall the Commissioner notes the progress and positive commitment of both the State and Federal governments to address the mental health needs of children and young people.'<sup>13</sup>

However, in reviewing progress, the Commissioner also noted that there were some recommendations and areas where further progress was required.

In their Report No 2 tabled in the WA Parliament, the Joint Standing Committee on the Commissioner for Children and Young People suggests:

The Commissioner may wish to consider publishing stand-alone updates on the implementation of the recommendations of the report of the Inquiry into the mental health and wellbeing of children and young people in WA.<sup>14</sup>

There has been significant work undertaken by both the State and Commonwealth Governments over the last four years to support the development of mental health services. This includes recent work by the State Government to implement the recommendations of the *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*,<sup>15</sup> including a commitment to develop a ten year plan for mental health services.

On this basis the Commissioner determined that it was timely to undertake a review of progress on the recommendations of the Inquiry and table a stand-alone report in the WA Parliament on progress to improve the mental health and wellbeing of children and young people.

## ENDNOTES

---

2. *Commissioner for Children and Young People Act 2006* (WA), section 19.
3. *Ibid*, section 20.
4. *Ibid*, section 19.
5. *Ibid*, sections 3 & 20(1)(b).
6. *Ibid*, section 4.
7. Purdie N et al (eds.) 2010, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, Commonwealth of Australia, p. 4.
8. Australian Health Ministers Advisory Council 2004, *Social and Emotional Wellbeing Framework: a National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing: 2004–2009*, Department of Health and Ageing, pp. 8–9.
9. Commissioner for Children and Young People WA 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People WA, p. 3.
10. *Ibid*, p. 15.
11. See [ccyp.wa.gov.au](http://ccyp.wa.gov.au)
12. See [ccyp.wa.gov.au](http://ccyp.wa.gov.au)
13. Commissioner for Children and Young People WA 2013, *Annual Report 2012–13*, Commissioner for Children and Young People WA, p. 15.
14. See Finding 3, Joint Standing Committee on the Commissioner for Children and Young People 2014, *Report No 2*, Parliament of Western Australia, p. 15.
15. Stokes B 2012, *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*, Government of Western Australia.





# Chapter 2

## Review methodology

In 2014 the Commissioner for Children and Young People determined that it was timely to undertake a formal review of progress on the implementation of recommendations arising from the Inquiry into the mental health and wellbeing of children and young people in Western Australia (the Inquiry) and to table a stand-alone report in the WA Parliament on progress.

### Scope of the review

For all 54 recommendations of the *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia* a review was undertaken of:

- progress against the recommendation
- areas requiring further action
- future priorities.

### Reference Group

An expert Reference Group was appointed to provide guidance and advice on the review's methodology, relevant agencies and other sources of information. Feedback from the Reference Group about progress on the recommendations was also sought.

The Reference Group comprised the following members:

- Ms Jenni Perkins, Acting Commissioner for Children and Young People WA
- Mr Rod Astbury, Executive Director, Western Australian Association for Mental Health
- Dr Caroline Goossens, Director, Clinical Services, Child and Adolescent Mental Health Service, Child and Adolescent Health Service, Department of Health
- Mr Aram Hosie, Director, Policy and Research, Inspire Foundation
- Ms Lindsay Leek, Assistant Director Strategic Policy, Mental Health Commission
- Mr Michael Mitchell, Program Manager, Wungen Kartup Specialist Aboriginal Mental Health Services Metropolitan, Department of Health
- Ms Tricia Murray, Chief Executive Officer, Wanslea Family Services
- Winthrop Professor Stephen Zubrick, Senior Principal Investigator, Telethon Kids Institute

The Reference Group met three times and provided advice outside of the meetings.

### Methodology

The methodology used in this review was developed with reference to other reviews of inquiries identified in the grey literature.<sup>16 17</sup>

The methodology was further refined after consultation with staff from the Ombudsman Western Australia and the Office of the Auditor General.

Information from a number of sources was used to 'triangulate' 'evidence' on each of the 54 recommendations.

---

The sources of information were:

- request for information from agencies
- grey literature search
- feedback from the Reference Group
- literature review
- informed stakeholder focus group

## **Request for information from agencies**

A request for information on progress on each of the recommendations was made to the relevant State government agency/agencies. Under section 22 of the Act the Commissioner may ask a government agency or service provider to disclose relevant information. Section 22(3) requires the government agency to provide the information requested unless such disclosure contravenes a prescribed written enactment relating to secrecy or confidentiality.

A template requesting information specific to each recommendation was developed to provide a simplified method for agencies to report. See for example the template for Recommendation 14 (Appendix 3).

Several agencies were asked to report on a number of recommendations and briefings were provided by members of the project team to these agencies prior to the request for information being made. All State government agencies contacted provided information. A list of these is provided in Appendix 4. In addition a request for information was sent to the Commonwealth Government and non-government agencies with knowledge relevant to particular recommendations. The agencies who responded are also included in Appendix 4.

It should be noted that for some recommendations no specific agency could be identified, information on progress was readily available in the public domain or a response was not received from the most relevant agency. For those recommendations a summary of progress was drafted by the Commissioner's office.

## **Grey literature search**

Desktop research, search of the grey literature and review of the literature was undertaken to obtain additional relevant information and to verify information provided.

## **Feedback from the Reference Group**

The Reference Group provided feedback about progress on the recommendations.

## **Literature review**

An independent consultant was engaged to undertake a review of the literature to assist in identifying key issues and priority areas of focus for children and young people's mental health and wellbeing for the next five years.

This work was informed by the parameters established by the Inquiry report.

The consultant undertook a review of the national and international grey literature and peer review journals for relevant literature post 2010.

---

## Informed stakeholder focus group

An independent consultant was engaged to plan and conduct a focus group for informed stakeholders (from government and non-government agencies). As the Inquiry was the first of its kind conducted by the Commissioner, the aim of the focus group was to obtain the stakeholders' perspective concerning the conduct and impact of the Inquiry and areas for future focus.

## The review report

Information was included in this report if it related to activity after May 2011 (the date of tabling of the Inquiry report), was in regard to children and young people younger than 18 years of age (as per the *Commissioner for Children and Young People Act 2006*), and if it was relevant to the recommendation and/or the intent of the recommendation. In general, initiatives subsequent to 30 June 2015 are not included.

For some recommendations, changes in government agencies, policies and funding mean the specifics of a recommendation have become outdated. For other recommendations where particular services or programs are referred to, an alternative may have been implemented.

The report provides detailed information about activity that has occurred for each of the 54 recommendations consistent with the broad intent of each recommendation, a summary of overall progress to date and identifies continuing areas of concern.

Consistent with section 47 of the Act, agencies who provided information on the recommendations were provided with the opportunity to 'make representations to the Commissioner' on matters in the report of the review. The process used to obtain this feedback was in two parts. Once the text for each recommendation was drafted it was sent to the relevant agencies for feedback on any errors in fact or omissions. It was then provided again as a final draft.

In accordance with section 48 of the Act the Minister was provided with a draft of the report.

## ENDNOTES

---

16. Buckley H & O'Nolan C 2013, *An examination of recommendations from inquiries into events in families and their interactions with State services, and their impact on policy and practice*, Minister of Children and Youth Affairs (Republic of Ireland).
17. Senate Community Affairs References Committee 2009, *Lost Innocents and Forgotten Australians Revisited: Report on the progress with the implementation of the recommendations of the Lost Innocents and Forgotten Australians Reports*, Commonwealth of Australia.

# Chapter 3

## Developments since the Inquiry



This chapter provides an update on demographic data about Western Australian children and young people and key reviews and research studies undertaken since the tabling of the Inquiry report in May 2011.

## Demographics

### Children and young people in Western Australia

At the time of the Inquiry there were around 535,000 (535,085) children and young people aged from 0 to 17 years living in Western Australia,<sup>18</sup> now there are more than 585,000 (585,623)<sup>19</sup> – a 9.4 per cent (50,538) increase. The largest increase has been in the 0 to three years (11,975 or 9.7%) and four to 12 years (23,568 or 9.0%) age groups (Table 1), the result of WA's high birth rate over the last decade (Chart 1).

**Table 1: Population of children and young people aged 0 to 17 years: number, by age group, Western Australia, 2010 and 2014**

	June 2010	Proportion of total c&yp	Sept 2014	Proportion of total c&yp	Change 2010 to 2014
0 to 3 years	123,456	23.1%	135,431	23.5%	+9.7%
4 to 12 years	261,264	48.8%	284,832	49.4%	+9.0%
13 to 17 years	150,365	28.1%	156,201	27.1%	+3.9%
Total 0 to 17 years	535,085	100%	576,464	100%	+7.7%

Source: Australian Bureau of Statistics 2013, *Australian Demographic Statistics June 2013*, Australian Bureau of Statistics 2015, *Australian Demographic Statistics Sep 2014*

### Geographical distribution

At the time of the Inquiry around 72 per cent of WA children and young people were living in metropolitan Perth, 17 per cent in regional WA and just over 10 per cent in remote WA.<sup>20</sup> In June 2013<sup>21</sup> the population of children and young people in all regions had increased except remote WA although the proportion living in each region was very similar to June 2010.<sup>22</sup>

### Aboriginal children and young people

The Australian Bureau of Statistics estimates that there are 36,000 Aboriginal children and young people in WA under 18 years, 6.7 per cent of the total population of children and young people.<sup>23</sup>

The proportion of children and young people in the Aboriginal population is almost double that of the proportion of children and young people in the non-Aboriginal population (41.5% compared to 22.4%). Around 60 per cent of Aboriginal children and young people aged 0 to 19<sup>24</sup> years live outside the Perth metropolitan area compared to 22 per cent of non-Aboriginal children and young people.<sup>25</sup> However the largest single concentration of Aboriginal children and young people in WA is in the Perth metropolitan area.<sup>26</sup>

## Births

There were 34,516 births registered in WA in 2013,<sup>27</sup> the largest number ever recorded and just over 3,000 more than in 2010 (31,424). The number of births has increased strongly and steadily over the last decade, with a 42.2 per cent increase since 2003.<sup>28</sup>

There were 2,735 births (7.9% of all births) registered in WA during 2013 where at least one parent reported themselves as being Aboriginal on the birth registration form.<sup>29</sup>

## Projected growth

The Australian Bureau of Statistics (ABS) projects that the number of children and young people in WA will increase by 31 per cent to more than 800,000 by 2025.<sup>30</sup> Most of this growth is expected to occur in Perth, with smaller population increases in regional areas.<sup>31</sup>

## Children and young people's mental health and wellbeing

The draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 identifies mental disorders as being a high cause of disability for children aged 0 to 14 years (accounting for 30% of all years lost to disability) and a leading cause of disability (61%) for young people aged 15 to 24 years.<sup>32</sup>

However, reliable data that provides information about the mental health and wellbeing of Western Australian children and young people and the extent of mental health problems and disorders among them is not readily available.<sup>33</sup>

Data from the 2012 Australian Early Development Census (AEDC) shows that 8.4 per cent of Western Australian children were developmentally vulnerable on the social competence domain and 8.3 per cent on the emotional maturity domain.<sup>34</sup> In other jurisdictions the equivalent of the AEDC is used in mental health planning and policy as a measure of young children's social-emotional development.<sup>35</sup>

Until the report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing was released in August 2015, recent data was also not available about the mental health of Australian children and young people as a whole.

## Young Minds Matter – The second Australian Child and Adolescent Survey of Mental Health and Wellbeing

The second Australian Child and Adolescent Survey of Mental Health and Wellbeing (Young Minds Matter) is one of a series of surveys of the mental health of Australians funded by the Commonwealth Government since 1997.

Young Minds Matter surveyed 6,300 Australian<sup>36</sup> families with children aged from four to 17 years to obtain information about the prevalence and type of mental health problems that affect Australian children and young people, the impact of these problems on the children and young people and their families, and the role of health and education services in supporting them.

The survey collected information about the seven mental disorders that are most common and have the greatest impact (four anxiety disorders – generalised anxiety disorder, social phobia, separation anxiety disorder, obsessive compulsive disorder; major depressive disorder; Attention-Deficit/Hyperactivity Disorder (ADHD) and conduct disorder). The survey was conducted with parents and carers and separately with the young people aged 11 to 17 years in participating families.<sup>37</sup>

---

Fourteen per cent (13.9%) of children and young people (four to 17 years) met the criteria for a diagnosis of a mental disorder<sup>38</sup> in the last 12 months. ADHD was the most common disorder, followed by anxiety disorders. Thirty per cent of those with a mental disorder were found to have had two or more disorders at some time in the previous 12 months.<sup>39</sup>

The prevalence of mental disorders did not differ greatly between age groups (13.6% for children four to 11 years, 14.4% for young people 12 to 17 years).<sup>40</sup>

Differences in the prevalence of disorders were evident between sexes and between ages for different disorders.<sup>41</sup> Anxiety disorders were the disorders most consistently prevalent across ages and sexes.<sup>42</sup> Overall there was a higher prevalence of mental disorders in males than females (16.3% males, 11.5% females),<sup>43</sup> a difference mainly due to the higher prevalence of ADHD in males. The prevalence of major depressive disorder was higher in young people (12 to 17 years) than children (four to 11 years), 5.0 per cent compared to 1.1 per cent.<sup>44</sup>

There was low agreement on the prevalence of major depressive disorders when comparing young people's self-reports and reports by parents. Self-reports by young people (11 to 17 years) found a higher prevalence (7.7%) than parent and carer reports (4.7%) for the same age group. For all young people aged 16 to 17 years the prevalence from self-reports was significantly higher than parents (14.0% compared to 8.1%) and even higher for females in this age group (19.6% compared to 10.6%).<sup>45</sup>

When both sources of information are considered together, 10.5 per cent of young people (11 to 17 years) meet the criteria for major depressive disorders.<sup>46</sup> The combined parent and young person information provided a prevalence of 24.3 per cent for females 16 to 17 years.<sup>47</sup>

Young people aged 11 to 17 years were asked to complete a measure of psychological distress<sup>48</sup> and, for those 12 years and over, questions about self-harm and suicidal behaviours.<sup>49</sup> Based on responses to this questionnaire, 19.9 per cent of all young people (11 to 17 years) had high or very high levels of psychological distress, however for females aged 16 to 17 years and young people with major depressive disorder, this was significantly higher (36.2% and 80.7% respectively).<sup>50</sup> Rates of self-harm in all young people aged 12 to 17 years were high (10.9%) and significantly higher in young people with major depressive disorders (25.8% males and 54.9% females) and for females aged 16 to 17 years (22.8%).<sup>51</sup> Of all young people aged 12 to 17 years surveyed, 7.5 per cent had seriously considered attempting suicide in the last 12 months, with rates being significantly higher for females aged 16 to 17 years (15.4%), and for those with a major depressive disorder (56.4% of females and 13.8% males).<sup>52</sup>

Strong associations between several social and demographic characteristics and rates of mental disorders were found. Children and young people (four to 17 years) in the lowest income families had a rate of mental disorders almost double that of those in the highest income families,<sup>53</sup> those with no parents or carers in employment had higher rates of mental disorders (double compared to those in employment)<sup>54</sup> and the prevalence of disorders increased with decreasing levels of family functioning, being almost three times higher for poor levels of family functioning compared to very good levels.<sup>55</sup> Males had significantly higher rates of mental disorders when they lived outside of the greater capital city areas,<sup>56</sup> and also when their primary or secondary parent or carer had an education level of Year 10 or below.<sup>57</sup> It is acknowledged that these socio-demographic characteristics are often correlated however it does indicate a high level of disorder in families that are already facing significant burden.



Personal distress and the impact of the symptoms of mental disorder/s on functioning at school, with family and with friends were assessed to determine the severity of the disorders experienced by the survey participants. Of those with a mental disorder, 14.7 per cent reported a severe level of impact, 25.4 per cent reported a moderate level of impact and 59.8 per cent reported a mild impact.<sup>58</sup> Of all children and young people aged four to 17 years, 2.1 per cent were assessed as having a severe disorder, 3.5 per cent a moderate disorder and 8.3 per cent a mild disorder.<sup>59</sup>

Although there was little difference in overall prevalence between ages, young people (12 to 17 years) were much more likely to experience a severe mental disorder than children (four to 11 years), 23.1 per cent compared to 8.2 per cent, and were also more likely to experience a moderate disorder.<sup>60</sup>

Having a mental health disorder had a significant impact on school attendance and functioning at school, with students (four to 17 years) with major depressive disorders averaging 20 days absent from school,<sup>61</sup> and young people (12 to 17 years) with anxiety disorders averaging 20 days absent as a result of their symptoms.<sup>62</sup> Research by Telethon Kids Institute into school attendance and its relationship with student outcomes found academic achievement declined with any absence from school and continued to decline as absence rates increased.<sup>63</sup>

Information was collected on the services used by children and young people to assist them with their emotional or behavioural problems. This included use of health services across the full range of settings and providers and, given the important role of the education sector in providing support, of services provided by schools.<sup>64</sup> It also included the use of telephone counselling and/or online services.

Half (50.4%) of children and young people who had used services for emotional or behavioural problems in the previous 12 months had a mental disorder and 40.0 per cent had symptoms of a mental disorder at a clinically sub-threshold level.<sup>65</sup>

Fifty-six per cent of the children and young people with mental disorders had used services in the previous 12 months.<sup>66</sup> Service use was higher among those with severe disorders than with moderate or mild disorders (87.6%, 72.5% and 41.2% respectively),<sup>67</sup> and higher for young people (12 to 17 years) than children (four to 11 years), with 65.1 per cent and 48.9 per cent respectively having used services.<sup>68</sup> Even though service use was higher among children and young people with severe disorders, only 10.2 per cent used specialist child and adolescent mental health services. Most children and young people with mental disorders (regardless of severity) use primary care and education services.<sup>69</sup>

Although rates of mental disorders were higher among those living outside of greater capital cities, service use was similar.<sup>70</sup>

Most children and young people with a mental disorder who did not use services had mild disorders (79.9%) and had only one type of disorder (81.9%).<sup>71</sup> Children (four to 11 years) were less likely to have used services than young people (12 to 17 years), with 65.2 per cent of those with a mental disorder who had not used services being aged to four to 11 years.<sup>72</sup>

Although comparisons between the findings of this survey and the first child and adolescent survey undertaken in 1998 must be interpreted with caution,<sup>73</sup> a significant increase in service use by children and young people aged six to 17 years with mental disorders is evident, with 31.2 per cent using health and education services in the six months prior in the 1998 survey and 68.3 per cent having used similar services in the 12 months prior in the Young Minds Matter survey.<sup>74</sup>

---

Parents and carers of children and young people (four to 17 years) with mental disorders were asked about the help their child needed with their emotional or behavioural problems<sup>75</sup> and whether their needs had been met.<sup>76</sup> Most (78.6%) identified that their children needed some type of help in the previous 12 months with 73.8 per cent of those who did reporting that their children's needs had been met fully or partially.<sup>77</sup>

The extent to which parents perceived a need for help varied with the severity of the disorder. A smaller proportion of parents with children with mild mental disorders felt they needed help (68.3%), compared to those with children with moderate or severe disorders (91.8% and 100.0% respectively).<sup>78</sup> A higher proportion of parents with children with severe and moderate disorders reported their needs were met fully or partially compared to those with children with mild disorders (84.2%, 81.8% and 65.6% respectively).<sup>79</sup>

Parents of children and young people with mental disorders (four to 17 years) were asked their reasons for not seeking help or receiving more help. A significant proportion (30.9%) identified accessibility (problems in getting to a service, not being able to afford it, not being able to get to an appointment) as the main reason, and 36.4 per cent identified issues related to mental health literacy (unsure if their child needed help, where to get help or thinking the problem would get better by itself).<sup>80</sup>

These two reasons were also the most commonly identified by parents of children aged four to 11 years, however parents of young people (12 to 17 years) identified the main reason as the young person refusing help, not turning up for appointments or because the young person did not think they had a problem (34.8%).<sup>81</sup>

## **Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia**

In November 2011, the Minister for Mental Health requested three reviews as a result of the suicides of people who had been discharged from mental health services in WA. Two were conducted by the Chief Psychiatrist into specific cases and clinical decisions at Fremantle Hospital. The third, conducted by Professor Bryant Stokes AM, was an independent state-wide review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in WA including the Child and Adolescent Health Service (the Stokes Review).<sup>82</sup>

The report of Professor Stokes' review was released in November 2012 and contained 107 recommendations including the complete recommendations made by the Chief Psychiatrist, the Deputy State Coroner and the Commissioner for Children and Young People WA.<sup>83</sup> The Stokes Review found that 'in the context of limited resources, the mental health system is under considerable stress' with the demand for services outstripping their availability.<sup>84</sup>

Consistent with the Inquiry's findings, the Stokes Review found there were long waits for Child and Adolescent Mental Health Services (CAMHS) (five to nine months), obtaining a service either through an Emergency Department or a mental health hospital referral was difficult, and that CAMHS' focus was on therapy and treatment (mainly frequent short-term care) and rarely preventative care.<sup>85</sup>

The patchiness of mental health services for children and young people was also identified by the Stokes Review, in particular the lack of after-hours CAMHS services and psychiatric liaison clinicians in some rural and remote areas and the variable way in which the issue of limited child and adolescent psychiatrists is managed in different regional areas.<sup>86</sup>

In regard to children and young people, the Stokes Review concluded that:

Simplifying access and entry processes, improving pathways of referrals, improving after-hours and emergency response services irrespective of location, and closing identified gaps should each be given strategic priority.<sup>87</sup>

The Stokes Review supported all the recommendations made to it by the Commissioner for Children and Young People WA, which incorporated Recommendations 9, 14, 19, 20, 25, 53 and 54 (or parts thereof) of the Inquiry (see Appendix 5). The full list of the Stokes Review recommendations directly relating to children and young people is provided in Appendix 6. It should be noted that all recommendations made by the Stokes Review apply to varying degrees to mental health services provided for children and young people.

All recommendations made by the Stokes Review were ‘broadly supported’ by the WA government<sup>88</sup> and the recommendations in the theme Children and Youth were ‘supported’. It was noted in the government’s response that:

The mental health reform agenda for children and youth, both nationally and for the WA government, is a priority and the WA Mental Health Services Plan to be delivered in December 2013<sup>89</sup> will articulate a comprehensive prevention, early intervention and treatment model of care for this cohort.<sup>90</sup>

The government expressed its commitment to implementing the recommendations of the Stokes Review and this continues to occur through joint work by the Department of Health and the Mental Health Commission in liaison with relevant government and non-government agencies.<sup>91</sup>

The principal recommendation made by the Stokes Review was for a Clinical Service Plan to be developed jointly by the Mental Health Commission and the Department of Health. The release of the draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 for public consultation in December 2014 is the government’s response to this recommendation.

Aspects of the draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 relevant to children and young people (to 18 years) are provided in Chapter 4.

### **The Ombudsman Western Australia’s own motion investigation into ways that State government departments and authorities can prevent or reduce suicide by young people**

In April 2014 the Ombudsman Western Australia (the Ombudsman) released the report of an own motion investigation into ways State government departments and authorities can prevent or reduce suicide by young people. Thirty-six deaths in which a young person had either died of suicide or was suspected to have died of suicide were analysed. These deaths comprised almost 40 per cent of deaths of young people aged 13 to 17 years notified to the Ombudsman and was the most common circumstance of notified deaths.<sup>92</sup> Note that the scope of the Ombudsman’s own motion inquiry function allows for investigating all notifiable deaths, not just those defined by the child death review function.<sup>93</sup>

The Ombudsman analysed the factors (mental health problems, suicidal ideation and behaviour, substance use, experiencing maltreatment, adverse family experiences) associated with suicide experienced by the 36 young people and identified four groupings of young people, distinguished from each other in patterns in the factors associated with suicide and in their contact with State government agencies.<sup>94</sup>

---

The Ombudsman concluded that the patterns identified may have implications for WA's suicide prevention framework and the Departments of Health and Education and the Department for Child Protection and Family Support, making a number of findings and 22 Recommendations overall. These include the need for recognition, assessment of and appropriate responses to cumulative harm arising from child maltreatment,<sup>95</sup> a more vigilant approach to student non-attendance and an approach to managing student behaviour that recognises it may be due to cumulative harm from child maltreatment<sup>96</sup> and the importance of inter-agency collaboration in preventing and reducing suicide by young people who experience multiple risk factors and have contact with multiple State government departments<sup>97</sup> (see Appendix 7 for all recommendations).

## Report of the National Review of Mental Health Programmes and Services

In 2014 the National Mental Health Commission, at the request of the Commonwealth Government, conducted a national review of existing mental health programs and services funded by the Commonwealth and provided by all levels of government and the private and non-government sectors (the Review).

The Review assessed the efficiency and effectiveness of programs and services for people experiencing mental illness (including children and young people), their families and carers. It included programs and services that focus on the prevention, early detection and treatment of mental illness and the prevention of suicide, workforce development and training and reducing the burden of disease caused by mental illness.<sup>98</sup>

The Review had a strong focus on the social and emotional wellbeing of Aboriginal and Torres Strait Islander people and the challenges for regional and remote Australia.<sup>99</sup>

*The Report of the National Review of Mental Health Programmes and Services* was released in April 2015. The Commonwealth Government has appointed an Expert Reference Group to develop an implementation action plan for the Review's recommendations to be provided to the government by October 2015.<sup>100</sup>

The Review found that Australia has 'a patchwork of services, programmes and systems' and that 'many people do not receive the support they need'.<sup>101</sup> Areas of duplication, substantial gaps and services where access is not matched to need were identified.<sup>102</sup> It was found that resources are concentrated in acute care and income support and too little is directed to preventing and intervening early in mental illness.<sup>103</sup>

Overall, the Review identified that 'services and programmes:

- are often not well linked or integrated
- are administered by separate Commonwealth departments
- are delivered through short-term funding arrangements, which limits operational certainty, workforce stability and continuity of service delivery
- do not explicitly enable service coordination and integration
- often target similar population groups and/or provide similar types of supports
- lack outcome-based evaluation data and accountability mechanisms
- do not appear to be planned for or designed with integrated whole-of-government, whole-of-life outcomes objectives in mind.<sup>104</sup>

In terms of the effectiveness of programs, the Review found that data was not always accessible, consistent or comparable, and most funding arrangements did not require the consistent measurement, collection and reporting of mental health outcomes.<sup>105</sup> As a result, the Review concluded that in 'critical areas' it is not possible to say whether resources are being used in a way that improves mental health outcomes.<sup>106</sup>

The Review identified a ‘missing middle’ in mental health services and programs – a growing gap between general practitioners and primary health care and emergency departments and hospitals.<sup>107</sup>

Additionally it was found that the resourcing of mental health programs and services for different population groups is highly variable when compared to risk and need:

For example, while there has been significant and vital investment in adolescent mental health through headspace (and significant further investment planned through the headspace Youth Early Psychosis Programme or hYEPP), there has not been a corresponding investment for children, even though there is overwhelming evidence about the lifetime benefits of investing in the birth to 12 year-old age group.<sup>108</sup>

Gaps in the provision of specialised programs and services were also identified for Aboriginal and Torres Strait Islander people; people in rural and remote areas; who identify as lesbian, gay, bisexual, transgender or intersex; from culturally and linguistically diverse (CaLD) communities; with intellectual disability or in contact with the criminal justice system.<sup>109</sup>

In particular for Aboriginal people the Review found the burden of mental health problems and illness is far greater than can be realistically addressed by current programs and services,<sup>110</sup> with the design of services and programs, the lack of coordination and collaboration between services and programs and limitations in policy implementation and monitoring all contributing.<sup>111</sup>

The Review also found that people living outside of metropolitan areas experience significant inequity both in terms of their overall mental health and in access to services. For example, they have lower access to Medicare-funded services and significantly less access to psychological services. The impact of these inequities for Aboriginal and Torres Strait Islander people living in these areas was found to be particularly significant.<sup>112</sup>

In regard to regional and remote areas the Review found that:

- mental health services in rural and remote areas are transient, face significant workforce shortages and in many cases are decreasing despite high demand
- programmes are given inadequate funding for the additional demands and costs of service delivery in regional, rural and remote areas
- access to services could be improved by wider use of technology and increasing community capacity.<sup>113</sup>

An overall finding was that evaluation needs to be embedded in program design and funded as part of program implementation.<sup>114</sup>

The Review makes 25 recommendations across nine strategic directions for the short term (one to two years) and proposes further reforms in the longer term (three to 10 years). The recommendations and directions focus on implementing national targets and local organisational performance measures, and shifting funding priorities from hospitals and income support to community and primary health care services and a shift to a new model of stepped care.<sup>115</sup> There are specific recommendations relevant to children and young people, Aboriginal people and people living in regional and remote areas, including:

Recommendation 2: Develop, agree and implement a National Mental Health and Suicide Prevention Plan with states and territories, in collaboration with people with lived experience, their families and support people.

Recommendation 5: Make Aboriginal and Torres Strait Islander mental health a national priority and agree an additional COAG Closing the Gap target specifically for mental health.

---

Recommendation 15: Build resilience and targeted interventions for families with children, both collectively and with those with emerging behavioural issues, distress and mental health difficulties.

Recommendation 16: Identify, develop and implement a national framework to support families and communities in the prevention of trauma from maltreatment during infancy and early childhood, and to support those impacted by childhood trauma.<sup>116</sup>

Further, the Review identified the need to improve access to services and support through innovative technologies.<sup>117</sup>

Additionally the Review identifies that none of the proposed national targets for mental health (yet to be agreed by Council of Australian Governments (COAG)) addresses a healthy start to life and proposes this target, with indicators, be developed as a priority.<sup>118</sup>

Recommendations 15 and 16 focus on children and young people and their families and are underpinned by the understanding that the mental health and wellbeing of children and adolescents, including Aboriginal children and young people, is as important as adults, the burden of mental health problems among children and young people is significant, mental health problems can be identified in children and young people and early identification enables early intervention to prevent future illness.<sup>119 120</sup>

The Review identified a critical gap in services for children aged 0 to 12 years and their families.<sup>121</sup>

The Review found that education settings, including early childhood services and schools, are uniquely placed to identify problems early and guide students and their families to sources of help.<sup>122</sup> It recommended a system-wide framework for child and adolescent mental health, with integrated models of care and care pathways co-created with local health networks, local councils, non-government organisations, the private sector, early childhood services, schools, workplaces and community organisations.<sup>123</sup> Children's wellbeing centres were recommended as a method of locating service providers closer to where children and their families reside and spend their time, with services providing assessments and services directly or by linking to other services.<sup>124</sup>

The Review also recommended that additional to the Australian Early Development Census, the Middle Development Index for students in Years 4 to 9 is introduced to identify and respond to child development issues.<sup>125</sup>

## **National Commissioner for Children's examination into self-harm and suicidal behaviour in children and young people**

In 2014 the National Children's Commissioner reported on the findings of her examination of intentional self-harm, with or without suicidal intent, in children and young people under 18 years of age.<sup>126</sup> The examination involved a review of current research, consultation with experts and hearing from children and young people.

The National Children's Commissioner's main findings were that despite excellent work in the area a lack of knowledge is impacting on the ability to predict and prevent injury and death in children and young people due to intentional self-harm, and that activity relating to this is fragmented and lacks a sound evidence base.

A focus on children and young people separately from adults when considering risk and protective factors was identified as crucial because the nature of stressors varies with age and development.<sup>127</sup>



In regard to supporting children and young people who are engaging in intentional self-harm, with or without suicidal intent, the National Children's Commissioner stated that:

Australia lacks a strategic and coordinated approach that articulates and resources the full suite of interventions required. This is despite the existence of the National Suicide Prevention Strategy, the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and a range of other national policy initiatives focused on the wellbeing of children and young people.<sup>128</sup>

This is within the context of the Commonwealth Government advocating a public health model to address the issue, one that prioritises promotion, prevention and early intervention.<sup>129</sup>

The National Children's Commissioner made 16 key findings and four recommendations based on the public health model<sup>130</sup> (see Appendix 8).

## The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy

The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy was released in 2013. It was developed in response to a recommendation for a separate strategy made in 2010 by the Senate Community Affairs References Committee's report into suicide amongst Aboriginal and Torres Strait Islander peoples. The main goal of the Strategy is to 'reduce the cause, prevalence and impact of suicide on individuals, their families and communities'.<sup>131</sup>

The Strategy describes six action areas that focus on early intervention and 'building strong communities through more community-focused, holistic and integrated approaches to suicide prevention'.<sup>132</sup>

Action area 2 – Building strengths and resilience in individuals and families – aims to address the suicide risk associated with adversity in early childhood and to 'ensure that all Aboriginal and Torres Strait Islander children are supported to develop the social and emotional competencies that are the foundations of resilience throughout life'.<sup>133</sup>

The Strategy is underpinned by the research on how environmental and biological factors influence brain development in early life with later impacts on physical and mental health and social and emotional wellbeing. The result is an emphasis in the Strategy on 'preventing psychosocial and behavioural problems in childhood and adolescence . . . [and] supporting children's social and emotional learning, . . . their Aboriginal and Torres Strait Islander identity . . . [and] to improve self-regulation and resilience'.<sup>134</sup>

The influence of these on vulnerability to antisocial behaviour, mental illness, social withdrawal and suicide, alcohol and drug misuse and crime is noted.<sup>135</sup>

## Suicide Prevention 2020

In May 2015 a new state-wide prevention strategy, Suicide Prevention 2020: Together we can save lives strategy<sup>136</sup> was released by the Mental Health Commission.

The Strategy aims to prevent suicide through six action areas as follows:

1. Greater public awareness and united action
2. Local support and community prevention across the lifespan
3. Coordinated and targeted services for high-risk groups
4. Shared responsibility across government, private and non-government sectors to build mentally healthy workplaces
5. Increased suicide prevention training
6. Timely data and evidence to improve responses and services.<sup>137</sup>

---

Suicide Prevention 2020 takes an evidence-based approach to reducing suicide risk across the lifespan, acknowledging children and young people, the role of parents and the importance of perinatal and early years in key principles, action areas, discussion about resilience and protective factors and early priorities. It refers to early intervention as a component of the full spectrum of interventions for mental health problems and disorders.<sup>138</sup>

The Strategy was informed by coronial data and current research, recommendations of the Stokes Review, the Ombudsman's report into his own motion investigation, findings from the Auditor General and the evaluation of the Western Australian Suicide Prevention Strategy 2009–2013 by Centrecare with Edith Cowan University.<sup>139</sup>

The Mental Health Commission has developed a Youth Engagement Strategy to support implementation of the Strategy.



18. Australian Bureau of Statistics 2013, *Australian Demographic Statistics June 2013*, cat. no. 3101.0, Table 55. Estimated Resident Population by Single Year of Age, Western Australia, viewed 25 February 2015, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3101.0Jun%202013?OpenDocument>
19. Australian Bureau of Statistics 2015, *Australian Demographic Statistics Sep 2014*, cat. no. 3101.0, Table 55. Estimated Resident Population by Single Year of Age, Western Australia, viewed 20 April 2015, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3101.0Sep%202014?OpenDocument>
20. Regional WA – Mandurah, Bunbury, Wheatbelt; Remote WA – Esperance, Goldfields, Mid West, Gascoyne, Pilbara, Kimberley; Australian Bureau of Statistics 2014, *Estimated Resident Population June 2001–2011*, custom report (unpublished).
21. The most recently available data.
22. Australian Bureau of Statistics 2014, *Estimated Resident Population June 2013*, custom report (unpublished).
23. Australian Bureau of Statistics 2013, *Estimates of Aboriginal and Torres Strait Islander Australians, June 2011*, cat. no. 3238.0.55.001, Table 'Estimated resident Aboriginal and Torres Strait Islander and Non-Indigenous population', Remoteness Areas, Single year of age, 30 June 2011, data cube: Excel spreadsheet, viewed 27 February 2014, [www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3238.0.55.001June%202011?OpenDocument](http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3238.0.55.001June%202011?OpenDocument)
24. ABS Estimates of ATSI population is in 0–4, 5–9, 10–14 and 15–19 age groups.
25. Commissioner for Children and Young People WA 2014, *The State of Western Australia's Children and Young People – Edition Two*, Commissioner for Children and Young People WA, p. 38.
26. Ibid, p. 38.
27. The most recently available data.
28. Australian Bureau of Statistics 2014, *Births, Australia, 2013*, cat. no. 3301.0, 'Table 1.5 Births, Summary statistics for Western Australia – 2003 to 2013', viewed 25 February 2015, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3301.02013?OpenDocument>
29. Ibid.
30. Australian Bureau of Statistics 2013, *Population Projections, Australia, 2012 (base) to 2101*, cat. no. 3222.0, Table B5. Population projections, By age and sex, Western Australia – Series B, viewed 12 May 2015, [http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3222.02012%20\(base\)%20to%202101?OpenDocument](http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3222.02012%20(base)%20to%202101?OpenDocument)
31. Australian Bureau of Statistics 2013, *Population Projections, Australia, 2012 (base) to 2101*, cat. no. 3222.0, Table B5. Population projections, By age and sex, Western Australia – Series B, data cube: Excel spreadsheet, viewed 12 February 2014, [www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3222.02012%20\(base\)%20to%202101?OpenDocument](http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3222.02012%20(base)%20to%202101?OpenDocument)
32. Begg S et al 2007, *The burden of disease and injury in Australia 2003*, Australian Institute of Health and Welfare; cited in Mental Health Commission WA 2014, *The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*, Draft for consultation, Mental Health Commission WA, p. 15.
33. Commissioner for Children and Young People WA 2014, *The State of Western Australia's Children and Young People – Edition Two*, Commissioner for Children and Young People WA.
34. Australian Early Development Census, *Data Explorer*, [website], viewed 8 October 2015, <https://www.aedc.gov.au/data/data-explorer>
35. See for example Ministry of Health Services, Ministry of Children and Family Development 2010, *Healthy minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia*, Ministry of Health Services, Ministry of Children and Family Development, p. 7.
36. WA children and young people were included, disaggregation of WA data is not possible.
37. Lawrence D et al 2015, *The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*, Department of Health, p. iii.
38. According to the DSM-IV. Ibid, p. 150.
39. Ibid, p. 4.



40. Ibid, p. 26.
41. Ibid, pp. 25, 26.
42. Ibid, p. 26.
43. Ibid, p. 25.
44. Ibid, p. 35.
45. Ibid, pp. 97, 98, 99.
46. Ibid, p. 98.
47. Ibid, p. 99.
48. Kessler 10+. Ibid, p. 100.
49. Ibid, pp. 97–99.
50. Ibid, pp. 9, 100.
51. Ibid, pp. 11, 104.
52. Ibid, p. 12.
53. Ibid, p. 27.
54. Ibid, p. 28.
55. Ibid, p. 29.
56. Ibid, p. 28.
57. Ibid, p. 29.
58. Ibid, p. 30.
59. Ibid, p. 5.
60. Ibid, pp. 4, 5.
61. Ibid, p. 39.
62. Ibid, p. 48.
63. Hancock K J et al 2013, *Student attendance and educational outcomes: Every day counts*, Report for the Department of Education, Employment and Workplace Relations, p. v.
64. Lawrence D et al 2015, *The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*, Department of Health, p. 65.
65. For detail on how this was determined see Ibid, p. 79.
66. Ibid, p. 68.
67. Ibid, p. 71.
68. Lawrence D 2015, *Young Minds Matter: The second Australian Child and Adolescent Survey of Mental Health and Wellbeing*, presentation to Commissioner for Children and Young People WA, Perth, 9 September 2015.
69. Lawrence D et al 2015, *The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*, Department of Health, p. 68.
70. Ibid, p. 71.
71. Ibid, p. 80.
72. Ibid, p. 80.
73. For detail on ways in which the information from the 1998 and 2013–14 surveys are not comparable see Ibid, p. 140.
74. Ibid, p. 140.
75. Categorized into four types: information, medication, counselling and life skills courses. For detail see Ibid, p. 81.
76. Ibid, p. 81.
77. Ibid, p. 82.
78. Ibid, p. 83.
79. Ibid, p. 83.
80. Ibid, p. 86.
81. Ibid, p. 86.
82. Morton H 2011, *Renowned professor to lead review*, Ministerial Media Statements, viewed 8 October 2015, <https://www.mediastatements.wa.gov.au/Pages/Barnett/2011/12/Renowned-professor-to-lead-review.aspx>.



83. Stokes B 2012, *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*, Government of Western Australia, pp. 8–21.
84. Ibid, p. 1.
85. Ibid, pp. 129, 170.
86. Ibid, pp. 171–172.
87. Ibid, p. 167.
88. Government of Western Australia 2012, *Western Australian Government Response to the report on the Review of the Admission or referral to and the discharge and transfer practices of public mental health facilities services in Western Australia*, Government of Western Australia, p. 2.
89. The draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 was released for public consultation in December 2014.
90. Government of Western Australia 2012, *Western Australian Government Response to the report on the Review of the Admission or referral to and the discharge and transfer practices of public mental health facilities services in Western Australia*, p. 7.
91. Mental Health Commission WA 2013, *Communique August 2013*, pp. 1, 2, viewed 24 June 2015, <[http://www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Communique\\_August\\_2013\\_3.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Communique_August_2013_3.sflb.ashx)>
92. Ombudsman Western Australia 2014, *Investigation into ways that State government departments and authorities can prevent or reduce suicide by young people*, Ombudsman Western Australia, p. 7.
93. See *Ombudsman Western Australia, Undertaking own motion investigations* [website], viewed 24 June 2015, [http://www.ombudsman.wa.gov.au/Improving\\_Admin/AI\\_Investigations.htm](http://www.ombudsman.wa.gov.au/Improving_Admin/AI_Investigations.htm) and *Ombudsman Western Australia, Child Death and Family and Domestic Violence Fatality Review* [website], viewed 24 June 2015, [http://www.ombudsman.wa.gov.au/Reviews/review\\_of\\_certain\\_deaths.htm](http://www.ombudsman.wa.gov.au/Reviews/review_of_certain_deaths.htm)
94. Ombudsman Western Australia 2014, *Investigation into ways that State government departments and authorities can prevent or reduce suicide by young people*, Ombudsman Western Australia, pp. 14–15.
95. Ibid, p. 22.
96. Ibid, p. 25.
97. Ibid, pp. 16–28.
98. National Mental Health Commission 2014, *Report of the National Review of Mental Health Programmes and Services: Volume 1*, National Mental Health Commission, p. 9.
99. Ibid, p. 9.
100. Ley S 2015, *Abbott Government working with mental health sector to action reform*, Ministerial Media Statements, viewed 1 September 2015, <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2015-ley072.htm>
101. National Mental Health Commission 2014, *Report of the National Review of Mental Health Programmes and Services: Volume 1*, National Mental Health Commission, p. 13.
102. Ibid, p. 14.
103. Ibid, p. 14.
104. Ibid, p. 29.
105. Ibid, p. 31.
106. Ibid, pp. 27, 29.
107. Ibid, p. 33.
108. Ibid, pp. 33–34.
109. Ibid, pp. 34.
110. Ibid, p. 35.
111. Ibid, p. 36.
112. Ibid, p. 36.
113. Ibid, p. 37.
114. Ibid, p. 18.
115. Ibid, pp. 16, 10, 11, 87 & 88.

- 
116. Ibid, pp. 10–11.
  117. Ibid, pp. 10–11.
  118. Ibid, p. 65.
  119. Ibid, pp. 100–105.
  120. National Mental Health Commission 2014, *Report of the National Review of Mental Health Programmes and Services: Volume 2*, National Mental Health Commission, pp. 51–52.
  121. National Mental Health Commission 2014, *Report of the National Review of Mental Health Programmes and Services: Volume 1*, National Mental Health Commission, p. 102.
  122. National Mental Health Commission 2014, *Report of the National Review of Mental Health Programmes and Services: Volume 2*, National Mental Health Commission, p. 46.
  123. National Mental Health Commission 2014, *Report of the National Review of Mental Health Programmes and Services: Volume 1*, National Mental Health Commission, p. 100.
  124. Ibid, p. 103.
  125. Ibid, p. 101.
  126. National Children’s Commissioner 2014, ‘Intentional self-harm, with or without suicidal intent, in children and young people under 18 years of age’, in *Children’s Rights Report 2014*, Australian Human Rights Commission, pp. 58–233.
  127. Ibid, p. 82.
  128. Ibid, p. 98.
  129. Ibid, p. 98.
  130. Ibid, pp. 156–161.
  131. Department of Health 2013, *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*, Department of Health, p. 5.
  132. Ibid, p. 6.
  133. Ibid, p. 6.
  134. Ibid, pp. 15–16.
  135. Ibid, pp. 15–16.
  136. Mental Health Commission 2015, *Suicide Prevention 2020: Together we can save lives strategy*, Mental Health Commission.
  137. Ibid, pp. 8–9.
  138. Ibid, pp. 8–9, 18, 20, 24–25, 36–38.
  139. Ibid, p. 6.



# Chapter 4

## Progress since the Inquiry

This chapter reports on overall progress on recommendations of the *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia* (the Inquiry Report) since it was tabled in the Western Australian Parliament on 10 May 2011. Progress has been determined utilising the methodology outlined in chapter 2.

Information is provided in three levels of detail:

- Summary of progress and continuing areas of concern (over page)
- Detailed overview of progress under broad themes: (page 48)
  - Access for all WA children and young people to the mental health and wellbeing supports, programs and services they need (page 48)
  - Parents and families (page 55)
  - A comprehensive, planned, coordinated and sustainable approach (page 55)
  - Involving children and young people (page 58)
  - Evidence, data and evaluation (page 58)
- Full information on progress under each of the 54 recommendations – Appendix 9



## Summary of progress and continuing areas of concern

Significant developments since the Inquiry report was tabled in the Western Australian Parliament in May 2011:

- Increased mental health treatment services for children and young people, including the reform of, and increased funding to, the metropolitan Child and Adolescent Mental Health Service, the establishment of a 24-hour, seven-day-a-week acute mental health service and associated psychosocial support for the metropolitan area and in some regional areas, reform of WA Country Health Service Child and Adolescent Mental Health Services and expanded tele mental health services.
- Improved early intervention and treatment services for young people aged 12 years and over through additional headspace centres, the establishment of the headspace Youth Early Psychosis Programs in two locations and additional funding to Youth Focus for early intervention counselling services for young people aged 12 to 18 years living in the Perth metropolitan area.
- A strengthened focus on youth services (for young people aged 16 to 25 years) through the development of youth specific services such as Youth Axis and a new youth mental health unit at Fiona Stanley Hospital and associated specialist community mental health service.
- The implementation of dedicated prevention, early intervention and treatment initiatives for specific groups, for example, the Young People with Exceptionally Complex Needs (YPECN) program, and Links, the Perth Children's Court Mental Health Court Diversion and Support Pilot Program.
- The establishment of the Swan Perinatal and Infant Mental Health Service and the Fiona Stanley Hospital Mother and Baby Unit to better support maternal and infant health, and the development of the *Competency Guidelines* training resource for the perinatal and infant mental health workforce.
- Increased funding to parenting services and additional supports for young children and their families through the introduction of 16 Child and Parent Centres on school sites, along with additional funding for community child health nurses, school health staff and Child Development Services, and Royalties for Regions funding to support regional initiatives such as Better Beginnings and the Responsible Parenting Program.
- The Suicide Prevention 2020 Strategy which includes specific actions for children and young people and their families, particularly those who have high vulnerability.
- The systematic rollout of KidSport across the State to help facilitate participation in a broad range of sporting and recreational activities.

While progress has been made in providing programs and services that children and young people need to support and improve their mental health and wellbeing, particularly for young people aged 16 years and over, significant gaps and challenges remain including:

- access for children and young people in regional areas to programs and services across the full service continuum
- services and programs for children aged younger than 12 years that intervene early in symptoms or in the course of an illness and provide treatment
- community mental health treatment services for infants, children and young people with severe mental illness across WA



- early intervention and treatment services tailored to the needs of specific groups of children and young people vulnerable to mental health problems and disorders, particularly children and young people in care or in contact with the justice system
- culturally appropriate services and programs for Aboriginal children and young people and their families, tailored to recognise the importance of culture and healing and to address the impact of intergenerational trauma, particularly for younger ages
- planning for, and provision of, services for children and young people with mild and moderate mental illness and with early signs and symptoms of mental health problems
- implementation of evidence-based social and emotional learning programs throughout all primary and secondary schools
- access to mental health early intervention and treatment programs and services on school sites through Child and Parent Centres
- access to mental health early intervention and treatment programs and services on primary and secondary school sites
- better coordinated universal and targeted parenting programs and supports, including for parents of older children and young people
- broad community education about the importance of children and young people's mental health
- collaboration and coordination between the Commonwealth and State Governments and a comprehensive and integrated approach across and within government to planning and providing the full range of programs and services needed to maintain and improve the mental health and wellbeing of WA children and young people
- a comprehensive approach to building the capacity and skills of the workforce to deliver mental health promotion, prevention, early intervention and treatment services to children and young people
- greater involvement of children and young people in the development of mental health policy, program and service design
- reliable data on the mental health and wellbeing of WA children and young people and the impact of programs and services on the mental health and wellbeing of children and young people.

Some of these concerns are addressed under the draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 (the draft Plan), which was released for consultation in December 2014.

Based on national modelling tools, the draft Plan estimates 'the optimal mix of services' required over the next 10 years, and describes a range of actions for the development of services and supports specifically for people (including children and young people) with severe mental illness.<sup>140</sup>

Importantly, the draft Plan:

- acknowledges that the current gap in infant, child and adolescent community treatment mental health services is 'substantial and requires urgent resources',<sup>141</sup> and proposes to almost double the Infant, Child and Adolescent (to 16 years) mental health community treatment hours of service by 2017, and almost quadruple them by 2025<sup>142</sup>
- proposes a youth mental health service stream for young people aged 16 to 24 years by 2017, by realigning existing services and commissioning new youth specific services<sup>143</sup>



- proposes doubling community support services by 2017, with a particular focus on rural and remote areas and youth<sup>144</sup>
- includes other initiatives that will benefit young people, such as a state-wide inpatient subacute service for youth at the current Bentley Adolescent Unit, a sexuality, sex and gender diversity service for youth and adults, and additional eating disorder services for youth and adults<sup>145</sup>
- aims for five per cent of the Mental Health Commission's total budget by 2025 to be dedicated to mental health promotion and mental illness prevention (including infant, child, adolescent and youth programs) and for a comprehensive prevention plan to be developed by 2017<sup>146</sup>
- identifies a requirement for double the number of perinatal inpatient beds by 2017, and a further 10 additional beds by 2025, along with additional community treatment hours<sup>147</sup>
- identifies a 'critical' need to improve services for children in care, aims to establish a specialised children in care program as a matter of urgency<sup>148</sup> and proposes establishing youth forensic mental health services as a high priority<sup>149</sup>
- proposes additional services for other groups with specific needs, including maintaining and strengthening Specialised Aboriginal Mental Health Services, further developing transcultural mental health services, establishing a hearing and vision impaired service and establishing a specialised service to meet the needs of people with co-occurring mental illness and intellectual and developmental disability, including autism spectrum disorder. No detail is provided on whether these services, apart from Specialised Aboriginal Mental Health Services, will also be for children and young people<sup>150</sup>
- includes the development of a 10-year information and communication technology (ICT) plan intended to enable implementation of mental e-health and Telehealth services across rural and regional WA<sup>151</sup>
- identifies the need to build capacity across the specialist workforce broadly (although not the child and adolescent workforce specifically), and includes the intent to develop partnerships with the tertiary education sector to increase mental health in core curricula.<sup>152</sup>

Funding is yet to be committed to these initiatives, however their implementation is critical to improving the mental health and wellbeing of children and young people.

---

## Detailed overview of progress under broad themes

The recommendations of the 2011 Inquiry report have been grouped under the following broad themes:

- Access for all WA children and young people to the mental health and wellbeing supports, programs and services they need
  - All children and young people from pre-birth to 18 years
  - Infancy and early childhood
  - Childhood and adolescence (primary and secondary school)
  - Young people aged 16 years and over
  - Vulnerable groups of children and young people
- Parents and families
- A comprehensive, planned, coordinated and sustainable approach
  - A comprehensive and planned approach
  - Collaboration and coordination
  - Workforce and sector capacity
- Involving children and young people
- Evidence, data and evaluation

### Access for all WA children and young people to the mental health and wellbeing supports, programs and services they need

#### All children and young people from pre-birth to 18 years

Recommendation 13: The Mental Health Commission monitor the operational transfer of the Infant, Child, Adolescent and Youth Mental Health Service into the Child and Adolescent Health Service to ensure there are improved outcomes for the mental health and wellbeing of children and young people.

Recommendation 14: Funding to the State's Infant, Child, Adolescent and Youth Mental Health Service be increased so it is able to provide comprehensive early intervention and treatment services for children and young people across Western Australia, including meeting the needs of those with mild, moderate and severe mental illnesses.

Recommendation 15: The *Mental Health Act 1996 (WA)* and the *Criminal Law (Mentally Impaired Accused) Act 1996 (WA)* be reviewed to ensure the rights and needs of children and young people are adequately recognised.

Recommendation 40: A specialised, state-wide, 24-hour emergency service be developed for children and young people experiencing a mental health crisis.

Recommendation 44: A community education campaign about the importance of children and young people's mental health be led by the Mental Health Commission.

---

Recommendation 46: The Department of Sport and Recreation, the Department of Culture and the Arts and the Mental Health Commission work to increase arts, cultural, sport and recreation opportunities for children and young people – particularly in regional and remote areas.

Recommendation 53: The previous reports by the Western Australian Coroner, Deputy Coroner, Telethon Institute for Child Health Research and the Senate Community Affairs Reference Committee be taken into account by the Mental Health Commission to inform a comprehensive approach to suicide and suicide prevention in Western Australia.

Recommendation 9 is also relevant.

## Progress

There has been an increase in treatment services for children and young people in the metropolitan area through the reform of the metropolitan Child and Adolescent Mental Health Service, including initiatives such as the Choice and Partnership Approach, and increased funding for the establishment of a 24-hour, seven-day-a-week acute mental health service and associated psychosocial support for children and young people aged younger than 18 years (provided through the metropolitan Child and Adolescent Mental Health Service Acute Response Team and Acute Community Intervention Team and Mission Australia's Child and Family Support Service).

In some regional areas improved treatment services have occurred through WA Country Health Service Child and Adolescent Mental Health Service implementation of the Choice and Partnership Approach, expanded Telehealth services and access to the metropolitan-based Acute Response Team for after-hours emergencies.

Improved state-wide services provided by Acute Inpatient Units and Specialised Services, for example the Bentley Adolescent Unit, are available to regional children and young people, (although it is noted that access can be limited due to lack of accommodation and the ability of families to stay away from home for long periods of time).

The Suicide Prevention 2020 strategy includes specific actions for children and young people (pre-birth to 18 years) and their families as part of a comprehensive whole of life, whole of population approach.

The *Mental Health Act 2014* (WA) includes specific provisions for children younger than 18 years.

The systematic rollout of KidSport funded by the Department for Sport and Recreation and initiatives funded by the Department of Culture and the Arts are important initiatives for improving the mental health and wellbeing of children and young people.

The draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 (the draft Plan) acknowledges that 'the gap in infant, child and adolescent community treatment mental health services is substantial and requires urgent resources'.<sup>153</sup> The draft Plan includes the aim to double the provision of community treatment hours for infant, child and adolescent mental health services across the State by 2017 and almost quadruple them by 2025.<sup>154</sup>

Implementation of the draft Plan is dependent on government's fiscal capacity and is subject to budgetary processes.<sup>155</sup>

While there has been a continued commitment to existing mental health promotion initiatives such as Act-Belong-Commit and Music Feedback, there has not been additional activity to support broader community education specifically about the importance of children and young people's mental health.

---

The draft Plan suggests a target of five per cent of the Mental Health Commission's total budget by 2025 to be dedicated to mental health promotion and mental illness prevention, including infant, child, adolescent and youth programs, and for a comprehensive prevention plan to be developed by 2017.<sup>156</sup>

### Infancy and early childhood

Recommendation 4: Integrated early childhood services on school sites be implemented as soon as possible. This must include those services that provide mental health promotion, prevention, early intervention and treatment programs.

Recommendation 27: The Commonwealth Government support incentives to ensure general practitioners have longer consultations with pregnant women, explaining mental health issues and supports.

Recommendation 29: The number of community child health nurses be increased to provide a comprehensive, universal health service to parents and children across Western Australia.

Recommendation 34: Consideration be given to rolling out KidsMatter Early Childhood to all early childhood services across Western Australia.

Recommendation 35: The State Child Development Services receive significant investment to increase service to an appropriate level and reduce waiting times.

Recommendation 36: A comprehensive, specialist infant mental health service be developed that can provide early intervention and treatment services for very young children and their parents.

### Progress

Sixteen Child and Parent Centres have been established on school sites to deliver a range of early childhood services for children aged 0 to 8 years and their families. The most common services provided are child health nurses, parenting programs and support, playgroups and referrals to other services, all of which are important mental health promotion and prevention services for infants, young children and their families.

Currently, mental health early intervention and treatment programs and services (such as Child Development Services and Child and Adolescent Mental Health Services or similar) are not provided on site at Child and Parent Centres and there does not appear to be a systematic approach to referral to ensure a child's access to mental health treatment services.

There has been additional State Government funding for regional and metropolitan community child health nurses and school health staff who play an important role in promotion, prevention and referral to early intervention and treatment services.

The total budget for child development services state-wide has increased by over 50 per cent from 2010–11 to 2013–14. This has contributed to additional clinical staff positions and/or procurement of additional services in both the country and metropolitan areas, and includes the provision of services via Telehealth in some regions. This additional resourcing was largely in place at the time of the Inquiry and contributed to an initial reduction in waiting times.

A comparison of current Child Development Services (metropolitan) waiting times for speech pathology, occupational therapy, physiotherapy, social work and clinical psychology with those at the time of the Inquiry shows a small reduction.<sup>157 158</sup> Waiting times currently vary between 5.9 and 10.3 months depending on the specific services.<sup>159</sup> The current 7.4 month (metropolitan) and 3.9 month (regional) waiting times to see a paediatrician remains significant. Generally WA Country Health Service waiting times are lower than metropolitan, being in the range of 1.4 to 3.9 months.<sup>160</sup>

---

Infant mental health services have been expanded through initiatives such as the Swan Perinatal and Infant Mental Health Service and the Fiona Stanley Hospital Mother and Baby Unit. There has been an increase in the number of infants and young children seen by metropolitan Child and Adolescent Mental Health Services. Nine organisations were provided with one-off small grants through the Project Agreement for the National Perinatal Depression Initiative 2014–15 for initiatives to improve the mental health outcomes of women experiencing or at risk of perinatal depression and their infants.

Modelling under the draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 shows a requirement for double the number of perinatal inpatient beds by 2017, and a further 10 additional beds by 2025, along with additional community treatment hours.<sup>161</sup> The draft Plan both acknowledges the gap in infant mental health services<sup>162</sup> and aims to substantially increase the provision of community treatment hours including for infants.<sup>163</sup>

### **Childhood and adolescence (primary and secondary)**

Recommendation 37: Funding be provided to KidsMatter and all primary schools in Western Australia to enable the implementation of social and emotional learning programs within the KidsMatter framework.

Recommendation 38: The current focus on bullying be maintained and enhanced by the continued development and implementation of evidence-based anti-bullying programs involving the Commonwealth and State Governments, non-government agencies, community, parents and children and young people.

Recommendation 39: The model of integrated services on school sites be established as pilots in a number of primary and secondary schools in Western Australia. These integrated services to include comprehensive mental health services.

Recommendation 41: Additional resourcing be provided to schools so appropriate mental health training can be provided to school staff with pastoral care roles.

Recommendation 42: The Department of Education increase the numbers of school psychologists to enable the expansion of the services and programs they currently provide for children and young people with mild to moderate mental health problems and to promote mental health and wellbeing.

Recommendation 43: Funding be provided to MindMatters and all secondary schools in Western Australia to enable the implementation of social and emotional learning programs within the MindMatters framework.

Recommendation 45: Information and communication technology be an integral part of any comprehensive mental health plan for children and young people.

Recommendation 47: The Mental Health Commission coordinate the establishment of co-located 'youth service centres' across the State.

Recommendation 48: Confidentiality, wherever possible, should be a critical consideration in the design and operation of services and programs, to encourage young people to seek help with issues concerning their mental health and wellbeing.

Recommendation 49: As a matter of urgency, the Bentley Adolescent Unit be upgraded to provide a more therapeutic service for children and young people.

Recommendation 6 is also relevant.



---

## Progress

The Bentley Adolescent Unit has been upgraded to provide a more therapeutic environment, based on input from young people and their families.

There has been particular progress in the delivery of early intervention and treatment services for young people aged 12 years and over. The Commonwealth Government has increased the number of headspace centres in WA from three to 10, with a further one centre planned. Four of these centres are located in regional WA. In addition, the headspace Youth Early Psychosis Program is being provided at the Joondalup and Osborne Park headspace centres. Youth Focus has received additional funding for early intervention counselling services for young people aged 12 to 18 years living in the Perth metropolitan area and to provide additional counselling support to secondary schools.

There are no equivalent services for children aged younger than 12 years.

Both the Commonwealth and State Governments have continued investment in a range of anti-bullying strategies and programs, including initiatives to support online safety and the development of guidelines by the Department of Education to prevent and manage bullying.

Social and emotional wellbeing programs such as Aussie Optimism, PATHS and Triple P are conducted by accredited Department of Education school psychologists in primary and secondary schools. No additional funding has been provided to KidsMatter or MindMatters or primary and secondary schools specifically for wide-scale implementation of social and emotional learning programs.

On top of the commitment by the State Government to increase the number of school psychologists by 60 FTE over the period 2008–09 to 2011–12, a further 18 FTE are being funded by individual Department of Education schools. The availability of school psychology services through every Department of Education school in WA means they are one of the main services (or referral pathways) available for children and young people with mental health problems and disorders, and their families.

Youth Focus has been funded by the Department of Education's School Psychology Service to provide supplementary mental health services to students. Youth Mental Health First Aid is available to a broad range of secondary school staff and primary school principals and deputy principals, with 600 teaching and support staff undertaking training since 2014.

A model of integrated services, such as that underpinning Child and Parent Centres (also known as 'wrap around services', 'extended service' and 'full service' schools)<sup>164 165</sup> has not been extended to primary and secondary school sites.

### Young people aged 16 years and over

Recommendation 50: Planning for the new Children's Hospital should include comprehensive therapeutic services for children and young people with mental illness, and be able to accommodate and support young people up to 25 years of age where developmentally and clinically appropriate.

Recommendation 52: A short-term residential facility for young people being discharged from acute in-patient care be made available, as a 'step-down' from hospital care when appropriate.

Recommendation 54: Transition strategies for young people moving into adult services be developed and implemented between services to ensure the individual is supported and continuity of care is maintained.

Recommendation 47 is also relevant.

## Progress

There has been considerable progress in the area of youth mental health (young people aged 16 to 24 years). Youth mental health is a priority in Mental Health 2020 and young people aged 16 to 18 years have benefited from the upgrade of the Bentley Adolescent Unit, the development of Youth Axis, funding to Youth Focus for early intervention counselling services, the establishment of a 24-hour, seven-day-a-week acute mental health service (through funding to the Acute Response Team and Acute Community Intervention Team) and associated psychosocial support (Child and Family Support Service), and the expansion of headspace.

Other initiatives include a new youth mental health unit at Fiona Stanley Hospital, with a specialist community mental health service planned to run in conjunction with the unit.

A similar level of investment in early intervention and treatment services is not evident for young people aged over 16 years who require services in regional areas, other than the expansion of headspace, although some metropolitan-based specialised services such as Bentley Adolescent Unit are available for state-wide admissions.

The draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 aims to further address the needs of young people (16 to 24) with severe mental illness through a specific strategy to develop a youth mental health services stream by 2017, to be achieved by realigning existing services and commissioning new youth specific services, including community-based beds. Other initiatives proposed under the draft Plan include the conversion of the Bentley Adolescent Unit into a state-wide inpatient subacute service for youth by 2017, a new Sexuality, Sex and Gender Diversity Service for youth and adults, and enhanced eating disorder services for youth and adults.<sup>166</sup>

## Vulnerable groups of children and young people

Recommendation 3: A new collaborative service to address the needs of children and young people who have complex needs be established as a demonstration project. The development of this service should consider the models of Wraparound Milwaukee and the People with Exceptionally Complex Needs.

Recommendation 17: As part of the strategic and comprehensive plan for the mental health and wellbeing of children and young people across Western Australia, the Mental Health Commission identify the unique and specific requirements for:

- Aboriginal children and young people; and
- children and young people who are vulnerable or disadvantaged for any reason.

Recommendation 18: The allocation of funding from the Royalties for Regions program be considered for the provision of mental health services for children and young people living in regional and remote communities.

Recommendation 19: Children and young people appearing before the Children's Court of Western Australia have access to appropriate, comprehensive mental health assessment, referral and treatment services.

Recommendation 20: A dedicated forensic mental health unit for children and young people be established.

Recommendation 21: The Rapid Response framework identify and respond to the mental health requirements of individual children and young people in care and that this be monitored on a regular basis by the Department for Child Protection.

---

Recommendation 22: To meet the mental health needs of children and young people of parents with a mental illness, the Mental Health Commission in partnership with relevant agencies identify and support a strategic and coordinated approach to services and programs.

Recommendation 23: Agencies providing services for adults in the areas of domestic violence, mental or chronic illness, disability, alcohol or drug abuse or prison recognise that children and young people in these families are a vulnerable group with specific mental health needs, and incorporate a child-centred approach to the services they deliver.

Recommendation 24: The Integrated Services Centres at Parkwood and Koondoola be maintained and consideration be given to expanding this model on additional school sites.

Recommendation 25: The Disability Services Commission work with the Mental Health Commission to identify the services required to address the unique needs and risk factors of children and young people with disabilities in a coordinated and seamless manner.

## Progress

Several dedicated prevention, early intervention and treatment initiatives for specific vulnerable groups have been implemented, including the Young People with Exceptionally Complex Needs (YPECN) program, the Perth Children's Court component of the Mental Health Court Diversion and Support Pilot Program (Links), Specialist Aboriginal Mental Health Service staff for the metropolitan Child and Adolescent Mental Health Services and the establishment of the Child and Adolescent Health Service Gender Diversity Service. Funding for two Integrated Services Centres has continued. Almost exclusively these programs and services have a metropolitan focus.

Royalties for Regions funding has mainly been directed to mental health promotion and prevention initiatives (including Better Beginnings and the Responsible Parenting Program), with no new programs or services that intervene early in symptoms or treat mental health problems or disorders for regional children and young people aged younger than 18 years.

Joint planning and agreements have been established between the Department for Child Protection and Family Support and the Department of Health for children or young people in care requiring urgent mental health assessment or assistance. The Department for Child Protection and Family Support has strengthened practice guidance and training for staff on assessing and responding to children and young people with mental health issues.

The Suicide Prevention 2020 strategy acknowledges the high vulnerability of Aboriginal young people, young people who have experienced trauma from abuse and/or neglect and young people in contact with the justice system and includes targeted actions for them.<sup>167</sup>

For some significant groups of children and young people with identified risk factors and who are vulnerable to mental health problems and disorders – for example, Aboriginal children and young people, children and young people in care or in youth detention and children and young people experiencing neglect, abuse and trauma – few new or expanded targeted prevention and early intervention programs and services are evident.

The draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 identifies a 'critical need to improve services for children in care', and includes the aim to establish a specialised 'children in care' program as a matter of urgency, along with improved forensic mental health services for young people.<sup>168</sup>

---

## Parents<sup>169</sup> and families

Recommendation 30: The Department for Communities establish a mechanism across government agencies – including the Departments of Education, Health and Child Protection – to coordinate, collaborate on and deliver effective parenting programs across Western Australia for parents of children and young people of all ages.

Recommendation 31: Significant funding be provided to increase the delivery of evidence-based parenting programs for parents of children and young people. Programs must be universal and targeted, accessible across the State, with some tailored to children and young people who have particular needs.

Recommendations 4, 6, 18, 21, 22, 26, 29, 32, 33, 36, 44 are also relevant.

### Progress

There has been progress in strengthening programs and supports for parents and families. In addition to the establishment of 16 Child and Parent Centres, there has been an increase in funding to parenting services by the Department of Local Government and Communities and also through Royalties for Regions.

Other initiatives include increased funding for community child health nurses, the implementation of the Circle of Security Program attachment-based parenting training for foster carers and biological parents as part of the Best Beginnings and Enhanced Contact Centre Programs, a memorandum of understanding for Triple P (Positive Parenting Program) signed by the Departments of Health, Education and Local Government and Communities, introduction of the Swan Perinatal Mental Health Service, the new Fiona Stanley Hospital Mother and Baby Unit, and several initiatives to develop the perinatal and infant mental health workforce.

Overall the provision of parenting programs and supports across government and non-government agencies remains poorly coordinated and integrated, with gaps remaining in the availability of both universal and targeted parenting programs and supports, depending on geographic location, age of child or young person (from 0 to 18 years) and type of need.

Improving parents' and families' understanding of the mental health of children and young people, the types of problems they experience and available services remains a priority, for all ages of children and young people.

Universally provided mental health information and support for pregnant women also continues to be required.

## A comprehensive, planned, coordinated and sustainable approach

### A comprehensive and planned approach

Recommendation 1: The Council of Australian Governments' mental health reform make children and young people a priority group and include planning for mental health promotion and prevention, early intervention and treatment services and programs.

Recommendation 8: Increased priority be given to the mental health and wellbeing of children and young people by the Mental Health Commission.

Recommendation 9: A strategic and comprehensive plan for the mental health and wellbeing of children and young people across Western Australia be developed by the Mental Health Commission. This plan provide for the implementation and funding of promotion, prevention, early intervention and treatment services and programs.

Recommendation 17 and 32 are also relevant.

---

## Progress

Specific provisions, actions and services are identified for children and young people in the Council of Australian Government's Roadmap for national mental health reform 2012–2022, and the State Government's Mental Health 2020 strategic policy, the draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 and the Suicide Prevention 2020 strategy.

While there has been some progress on acknowledging and providing for the mental health needs of children and young people aged from 0 to 18 years in Commonwealth and State planning and funding, overall most State and Commonwealth mental health planning, policy and strategic development remains strongly focused on adults and does not reflect the substantial evidence about the importance of children and young people's mental health and of providing timely programs and services for them.

The draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 is scoped specifically around state-funded mental health services for people with severe mental illness (3% of the population<sup>170</sup>) only.

Even in combination, the current Commonwealth and State government strategies and plans do not provide a comprehensive approach to planning for and providing the range of programs and services needed to maintain and improve the mental health and wellbeing of children and young people across Western Australia. Significant gaps for different populations and different types of services and programs remain, including for children and young people presenting with severe mental health disorders, as well as those with mild and moderate mental illness and with early signs and symptoms of mental health problems.

## Collaboration and coordination

Recommendation 2: The Commonwealth and State Governments work collaboratively to ensure the mental health and wellbeing needs of children and young people are addressed.

Recommendation 10: A whole-of-government collaboration to improve the mental health and wellbeing of children and young people across the State be led by the Mental Health Commission.

Recommendation 32: A central Office of Early Childhood be established and a state-wide plan for early childhood be prepared.

Recommendation 33: Pending the establishment of an Office of Early Childhood, the Directors General of the Departments of Health, Education and Communities establish a working party mechanism to ensure collaboration and coordination in the important area of early childhood services.

Recommendation 5 is also relevant.

## Progress

Initiatives that improve coordination and more integrated delivery of services are evident, significant examples being the Young People with Exceptionally Complex Needs (YPECN) program, Child and Parent Centres, the Youth Mental Health Services and the work of the Partnership Forum including the South East Corridor Youth at Risk Project and Cockburn and Kwinana Early Years Partnership.

Limited collaboration and coordination of mental health planning, funding and the development and implementation of services and programs is evident between the Commonwealth and State Governments.<sup>171</sup> The continued need for this to be addressed is identified in the draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025.<sup>172</sup>

---

Overall the lack of a coordinated and comprehensive approach across WA to the planning and provision of services to young children and their families remains of concern.<sup>173</sup>

Efforts to develop and implement coordinated and integrated approaches to planning, funding and delivery of mental health services and programs for children and young people continue to be required.

### Workforce and sector capacity

Recommendation 5: Arrangements for long-term funding be included in new contracts between government and non-government organisations for the provision of mental health services for children and young people.

Recommendation 6: The Mental Health Commission build the capacity of the non-government sector so it is equipped to deliver mental health promotion, prevention, early intervention and treatment services for children and young people.

Recommendation 16: A comprehensive mental health workforce strategy be developed by the Mental Health Commission in collaboration with the Commonwealth Government. This strategy to include cultural competency training and specific planning for the recruitment, training and retention of Aboriginal mental health professionals.

Recommendation 26: The Commonwealth Government provide for additional training to general practitioners and health professionals to assist in the early identification and treatment of mental health problems in pregnant women and children and young people.

Recommendation 28: Training be provided at university and TAFE as a part of relevant undergraduate and certificate courses (for example, general practitioners, teachers, allied health professionals, youth workers and child care workers) to improve the understanding of the mental health needs of children and young people.

Recommendations 13, 36 and 41 are also relevant.

### Progress

The *Competency Guidelines*<sup>174</sup> training resource for the perinatal and infant mental health workforce has been developed, and an associated course at Edith Cowan University and a specialised training program developed by Child and Adolescent Mental Health Services are planned to commence in 2016.

Significant workforce development and staff training has been undertaken by the metropolitan Child and Adolescent Mental Health Service and WA Country Health Service Child and Adolescent Health Services.

The increased funding for, and availability of, Youth Mental Health First Aid across a number of organisations is also noted.

A comprehensive approach to building the capacity and skills of the workforce to deliver mental health promotion, prevention, early intervention and treatment services to children and young people is not evident.

Significant gaps in workforce capacity for some types of services (for example, early intervention) and for some groups of children and young people (for example, Aboriginal children and young people) remain.

The draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 identifies the need to build capacity across the specialist workforce broadly, and includes the intent to develop partnerships with the tertiary education sector to increase mental health in core curricula. It does not include specific actions for developing the child and adolescent mental health workforce, including in regional and remote areas.<sup>175</sup>



---

The capacity of the non-government sector to provide mental health programs and services to children and young people – in comparison to other areas of children and young people’s wellbeing, such as family and parenting support, disability services and youth services (health, employment, housing, etc.) – remains limited. It would appear that many Commonwealth and State Government funding contracts to non-government agencies continue to be short rather than long term.

## Involving children and young people

Recommendation 7: The Mental Health Commission ensure that the views of children and young people are heard in the work of the Mental Health Advisory Council and in the development of mental health policy, program and service design.

Recommendation 51: The planning and design of the mental health facilities in the new Children’s Hospital occur with the direct involvement of children and young people.

Recommendation 13 is also relevant.

### Progress

Children and young people have been directly involved in the planning and design of the new Perth Children’s Hospital and the metropolitan Child and Adolescent Mental Health Service has implemented a range of child and youth-friendly processes to support consumer feedback. The Mental Health Commission has engaged agencies such as Arafmi<sup>176</sup>, Carers WA, Youth Affairs Council of WA and Inclusion WA to consult with children and young people on its behalf for specific initiatives and has recently developed a Youth Engagement Strategy for implementation of Suicide Prevention 2020.

Despite these initiatives, involvement overall of children and young people under the age of 18 years in the development of policy, program and service design remains limited.

There remains a need for processes to be developed that enable agencies to readily involve children and young people in the development and implementation of mental health policies, plans, programs and services including, for example, developing the processes for involving them and for child-friendly complaints systems.

## Evidence, data and evaluation

Recommendation 11: The Mental Health Commission improve and maintain comprehensive data collection on the mental health of children and young people in Western Australia, including expenditure and mental health and wellbeing outcomes.

Recommendation 12: The State Government provide funding for the regular conduct of the Telethon Institute for Child Health Research’s Child Health Survey and for this survey to be conducted in Western Australia every three years.

### Progress

A national survey of Australian children and adolescent’s mental health and wellbeing (Young Minds Matter) has recently been conducted. Although WA children and young people were surveyed, the data cannot be disaggregated at a state level, and hence specific information about their mental health and wellbeing and the extent of mental health problems and disorders among them is not available.

---

The Australian Early Development Census (AEDC) has been conducted twice since the Inquiry report was released in 2011.

There has been a Memorandum of Understanding on data sharing agreed between the WA Department of Health and the Mental Health Commission.

In its review of national mental health programs and services the National Mental Health Commission found 'no real evidence that specific Commonwealth-funded services or programmes were not adding value or that they should be defunded due to lack of impact', but notes that this assessment was made based on 'limited information' in a number of instances.<sup>177</sup>

Comprehensive data collection on the mental health and wellbeing of children and young people including the impact of programs and services on their mental health and wellbeing appears to be limited.

The lack of data means it is unclear to what extent the response to the recommendations of the Inquiry report have resulted in improved mental health and wellbeing outcomes for WA children and young people.

It is noted that measures for children and young people aged younger than 16 years are not included in the evaluation requirements and key performance indicators of the draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025.



## ENDNOTES

---

140. Mental Health Commission WA 2014, *The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*, Draft for consultation, Mental Health Commission WA, pp. 6, 16.
141. *Ibid*, p. 38.
142. *Ibid*, p. 43.
143. *Ibid*, p. 41.
144. *Ibid*, p. 90.
145. *Ibid*, p. 92.
146. *Ibid*, pp. 28–29.
147. *Ibid*, p. 62.
148. *Ibid*, pp. 3, 60–61.
149. *Ibid*, p. 69.
150. *Ibid*, pp. 58–64.
151. *Ibid*, pp. 85–86.
152. *Ibid*, pp. 83–85.
153. *Ibid*, p. 38.
154. *Ibid*, p. 43.
155. *Ibid*, pp. 3.
156. *Ibid*, pp. 28–29.
157. In the range of 0.2 to 3.5 months, with the exception of waiting times for clinical psychology which have increased by nearly two months. See detailed information provided for Recommendation 35 in Appendix 9 and Commissioner for Children and Young People WA 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People WA, p. 112.
158. Waiting times for regional child development services were not available at the time of Inquiry, therefore no comparison can be made.
159. See detailed information provided for Recommendation 35 in Appendix 9.
160. See detailed information provided for Recommendation 35 in Appendix 9.
161. Mental Health Commission WA 2014, *The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*, Draft for consultation, Mental Health Commission WA, p. 62.
162. *Ibid*, p. 38.
163. *Ibid*, p. 43.
164. Commissioner for Children and Young People WA 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People WA, pp. 129–130.
165. Education and Training (Victoria) *Extended School Hubs* [webpage], viewed 20 September 2015 <http://www.education.vic.gov.au/about/programs/archive/Pages/partnerhub.aspx>
166. Mental Health Commission WA 2014, *The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*, Draft for consultation, Mental Health Commission WA, pp. 75, 61, 62, 90, 91 & 92. Note that the draft Plan outlines the ‘overall intentions regarding service development’ only and that delivering on the actions is dependent on additional State Government funding p. 3.
167. Mental Health Commission WA 2014, *Suicide Prevention 2020: Together we can save lives*, Mental Health Commission WA, pp. 18, 20, 21, 36 & 37.
168. Mental Health Commission WA 2014, *The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*, Draft for consultation, Mental Health Commission WA, pp. 3, 60–61 & 65–72.
169. The terms parent/parents is used to include any person with a parenting role inclusive of, but not limited to, parents, carers, grandparents and guardians. It is inclusive of the diversity of all family arrangements.
170. Mental Health Commission WA 2014, *The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*, Draft for consultation, Mental Health Commission WA, p. 9.

- 
171. National Mental Health Commission 2014, *Report of the National Review of Mental Health Programmes and Services: Volume 1*, National Mental Health Commission, pp. 32, 54–61.
  172. Mental Health Commission WA 2014, *The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*, Draft for consultation, Mental Health Commission WA, p. 116.
  173. Commissioner for Children and Young People WA 2013, *Early Childhood Issues Paper 2013*, Commissioner for Children and Young People WA, p. 5.
  174. Australian Association for Infant Mental Health Western Australian Branch Inc. 2015, *Competency Guidelines for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health*, Australian Association for Infant Mental Health Western Australian Branch Inc.
  175. Mental Health Commission WA 2014, *The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*, Mental Health Commission WA, pp. 83–85.
  176. Now HelpingMinds.
  177. National Mental Health Commission 2014, *Report of the National Review of Mental Health Programmes and Services: Volume 1*, National Mental Health Commission, p. 13.





PROGRESS SINCE THE INQUIRY

# Chapter 5

## Conclusion and recommendations



## CONCLUSION AND RECOMMENDATIONS

---

[Every child has the right to]...the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health... (Parties) shall ensure that no child is deprived of his or her right of access to such health care services. (Article 24 Convention on the Rights of the Child)<sup>178</sup>

As outlined in chapter 1, the 2011 *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia* (the Inquiry report) identified a lack of understanding concerning the mental health and wellbeing needs of children and young people, and a significant under-resourcing of mental health programs and services. This resulted in poor access for children and young people requiring help, with those living in regional and remote areas of the State often having no access to appropriate services at all.

The social and economic consequences of continuing these circumstances were significant, and the Inquiry report identified 54 recommendations aimed at promoting and supporting positive mental health from before birth, and providing equitable access across the State to the full continuum of programs and services, from promotion, prevention and early intervention to acute treatment services.

Since the Inquiry Western Australia's population of children and young people has increased significantly, and it is projected to continue to do so. There are now more than 585,000 children and young people living in WA, an increase of around 50,000 since the Inquiry. This population growth is not confined to metropolitan Perth, with the number of children and young people in regional WA also increasing. The increase has been particularly significant for children aged 0 to 12 years.

Notwithstanding the lack of Western Australian data identified in chapters 3 and 4 of this report, the recently released survey *Young Minds Matters* shows a significant and concerning proportion of children and young people are experiencing mental health problems and disorders, with one in seven (13.9%) children and young people aged four to 17 years assessed as having a mental disorder – equivalent to 560,000 nationally.<sup>179</sup> Of this group, almost 60 per cent were assessed as having a mild disorder, 25 per cent a moderate disorder, and 15 per cent a severe disorder.<sup>180</sup>

*Young Minds Matter* found there was little difference in the overall prevalence of disorders between children and young people (13.6% for four to 11 years compared to 14.4% for 12 to 17 years)<sup>181</sup> however young people were almost three times more likely to experience a severe mental disorder than children (23.1% of 12 to 17 year-olds compared to 8.2% of four to 11 year-olds).<sup>182</sup>

Subsequent to the Inquiry the Commissioner has continued to meet with children and young people, their families, community members and service providers throughout WA. Concerns are regularly expressed in these discussions about the number of children and young people experiencing mental health problems and the difficulties in accessing help in a timely manner, particularly early intervention services that may have the greatest impact. These issues are of significant concern for schools (where almost all children and young people spend large amounts of time) and in every regional area the Commissioner has visited.

Poor mental health and mental illness can have a significant impact on children and young people, impairing their ability to successfully engage in the normal developmental tasks of childhood and adolescence (including education), with potentially significant consequences for their wellbeing now and into the future.

For these reasons the mental health and wellbeing of Western Australian children and young people must remain a priority for parents, families, communities and governments.

It is recognised that both the Commonwealth and State Governments are undertaking significant review, reform and planning in relation to mental health, and that progress has occurred on many of the Inquiry's recommendations.

In particular, there has been significant and essential investment in the mental health of adolescents and young adults, with further investments planned. This work is in its early stages and the impact on children and young people's mental health and wellbeing cannot yet be determined.

Although there has been an increase since the Inquiry in mental health programs and services, and in some instances increased funding to existing programs and services, questions remain about the extent to which all children and young people who need a service or program are receiving it and, for those who are using a program or service, whether it is tailored to their mental health needs and adequately meeting them.

For example, are all the young people with complex needs who may need support from an initiative like Young People with Exceptionally Complex Needs program (YPECN) receiving it? Are all children and young people who would benefit from a social and emotional learning program able to access one that is appropriate to them? Similarly, for a child with anxiety, undertaking a social and emotional learning program may not be the best service – specialist services may also be required.

The Young Mind Matters survey found that 56 per cent of children and young people with mental disorders had used services (health, education, telephone and/or online counselling) in the previous 12 months<sup>183</sup> and service use was higher among those with severe disorders than with moderate or mild disorders (87.6%, 72.5% and 41.2% respectively).<sup>184</sup> However, even though service use was higher among children and young people with severe disorders, only 10.2 per cent used specialist child and adolescent mental health services. Most children and young people with mental disorders (regardless of severity) use primary care and education services.<sup>185</sup>

Notwithstanding the lack of demographic, prevalence and effectiveness data, it seems likely that despite significant activity in response to many of the recommendations it has not been enough to ensure all WA children and young people are having their mental health needs appropriately met, wherever they are on the mental wellness to mental illness continuum.

This situation, combined with the lack of progress on other recommendations and the increasing population of children and young people in WA, means many of the key findings and significant gaps identified by the Inquiry in 2011 remain current.

Priorities identified in the 2011 Inquiry report are as critical now to improving the mental health and wellbeing of WA children and young people as they were at the time of the Inquiry, specifically the need for:

- recognition that lifelong positive mental health begins at pregnancy and is crucial for healthy development through early childhood, childhood and adolescence
- recognition of the importance of parents and families to children and young people's mental health and wellbeing
- program and service development across the service and severity continuum
- a focus on outcomes for children and young people and implementing and evaluating services and programs accordingly
- recognition of the unique and specific needs of vulnerable children and young people, for example Aboriginal children and young people, and children and young people with disability or from culturally and linguistically diverse backgrounds<sup>186</sup>
- a more strategic, coordinated and integrated approach to mental health planning and program and service delivery across State and Commonwealth Governments and across portfolios
- involving children and young people in mental health policy and planning
- workforce development and capacity building to address shortfalls, particularly in regional areas.

---

## Recommendations

This report makes 12 new recommendations to guide the planning and delivery of better mental health programs and services into the future to achieve improved outcomes for children and young people's mental health and wellbeing, as was the intent of the 2011 Inquiry.

They have been made after considering the progress made on the original 54 recommendations from the Inquiry report, the remaining gaps in services and programs, the current demographic information and the findings from relevant reviews and research.

The recommendations support a balanced approach, which recognises the important role played by parents and schools in the mental health and wellbeing of children and young people, along with the importance of responding to the needs of particularly vulnerable children and young people, including those in care, Aboriginal children and young people, and those living in regional WA.

### Resource and planning priorities

The draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 has identified significant shortfalls in infant, child and adolescent community treatment services that require urgent and substantial resources. In addition, the draft Plan includes a number of important initiatives to provide better targeted and more effective support, particularly for young people. It is essential that these be supported and appropriately resourced.

Further, the findings and recommendations from the *Report of the National Review of Mental Health Programmes and Services* in relation to children and young people and their families, including Aboriginal children and young people and those living in regional areas, need prompt and careful consideration in future Commonwealth planning and program development.

### Recommendations

1. Initiatives in The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 aimed at improving services and supports for children and young people with severe mental illness and meeting the needs of vulnerable groups of children and young people be fully resourced and implemented.
2. The Mental Health Commission report annually on the progress on implementation of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 and key outcomes for children and young people aged 0 to 18 years in regional and metropolitan areas.
3. The Commonwealth Government implement the findings and recommendations from the *Report of the National Review of Mental Health Programmes and Services* in relation to children and young people and their families, including Aboriginal children and young people and those living in regional areas.

### Investment in younger children

There remain insufficient mental health services and supports for children aged 0 to 12 years. This gap was also identified by the National Mental Health Commission's review of national mental health programs and services.

Given the widely-recognised importance of early childhood experience on lifelong mental health and wellbeing, it is essential to focus on the specific needs of infants and young children, and their families, to support and promote their healthy long-term development.

---

The establishment of Child and Parent Centres on school sites provides a model of integrated service delivery that helps to facilitate ready access for parents of young children to a range of early childhood programs, parenting information and supports.

At present, mental health early intervention or treatment programs are not delivered at these Centres, although there are many benefits in an integrated and coordinated approach which brings more targeted interventions and programs to where children and parents are already spending time in a supportive and familiar environment.

### Recommendation

4. The number of Child and Parent Centres be increased to support more children aged 0 to eight years and their families state-wide, and services be expanded to include mental health early intervention and treatment programs.

### Prevention and early intervention

Support for people experiencing the most severe mental health problems is the key focus of the State Government's mental health funding and planning, as indicated under the draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025.

While the draft Plan includes a commitment to establish some infant, child, adolescent and youth programs to reduce the incidence of mental illness, and notes the importance of early and effective intervention, there remain significant gaps in planning and services for children and young people with mild and moderate mental illness and with early signs and symptoms of mental health problems.

Efforts to reach more children and young people earlier and more effectively must continue to be a priority across both Commonwealth and State Governments.

This means being able to provide the appropriate level of care at the earliest possible point to help reduce the impact of symptoms and minimise the likelihood of symptoms worsening or developing into more serious disorders.

While this may require additional investment initially, it is anticipated that a reorientation towards a stronger prevention/early intervention focus will ultimately reduce the demand for more intensive (and more costly) treatment services.

### Recommendation

5. The State and Commonwealth Governments work collaboratively to improve planning and increase resources for mental health promotion, prevention and early intervention services for children and young people, to ensure children and young people across the State have access to the full continuum of services and programs they require.

### Parenting information and support

Positive parenting is essential to the wellbeing of children and young people.

As identified by the Young Minds Matter survey, there remains a need for greater awareness and increased mental health literacy, particularly for parents and caregivers, to facilitate their child's access to appropriate services and supports at an earlier stage.



---

There exists a range of State and Commonwealth-funded parenting information and support programs that are delivered or funded through a number of different government departments and non-government agencies. Access to parenting information and support remains challenging for many families, particularly for families of older children and young people.

### Recommendation

6. A detailed assessment be undertaken by government of the availability and effectiveness of existing parenting programs and services in WA and a model of service delivery be developed to support more equitable access to quality parenting advice and support, especially for parents at risk, tailored to children and young people's key life stages and transition points. This needs to include both universal and targeted support, be culturally appropriate, and across all ages.

## Strengthening the capacity of schools

Young Minds Matters and the *Report of the National Review of Mental Health Programmes and Services* draw attention to the critical role that schools play in enabling access to mental health services at an earlier stage. Properly supported, education settings are uniquely placed to identify problems early and to guide students and parents to sources of help. There is a strong rationale for investment in school-based promotion, prevention and early intervention programs, with research showing that programs that build individual self-regulation, resilience and social emotional skills have a positive impact on mental health and wellbeing.

### Recommendations

7. Schools be resourced to provide whole-of-school approaches that have been demonstrated to be effective in promoting resilience and supporting social and emotional learning.
8. A model of integrated services be piloted in primary and secondary schools, to provide better access to mental health and wellbeing supports and services for children and young people and their families.

## Vulnerable children and young people

There remains an urgent need to develop better tailored mental health support and care for vulnerable children and young people who have experienced significant abuse and trauma. The need for a specialised children in care program and a dedicated youth forensic mental health service as outlined under the draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 are both high and urgent priorities, and should not be delayed.

The ongoing disadvantage faced by Aboriginal children and young people makes them particularly at risk of experiencing mental health problems. The National Mental Health Commission identified that for Aboriginal people the burden of mental health problems and illness is far greater than the current level of programs and services. There remains an ongoing need for a range of holistic mental health and wellbeing programs that draw from and help to support strong cultural connections and better support Aboriginal families and their children. There also needs to be greater focus on developing the Aboriginal workforce across all settings and the entire service continuum to a level that more adequately reflects the proportion of Aboriginal children and young people who require a program or service.

Gaps in services are particularly acute in many regional areas (also identified by the National Mental Health Commission), and there is an urgent need to develop more innovative and flexible models of support and funding to better respond to the mental health needs of regional children and young people.

---

## Recommendations

9. Government agencies to report on the Rapid Responses Framework in their annual report to demonstrate how they have prioritised access to services or programs to meet the health, mental health, disability, educational, housing and other needs for children and young people in care and for care leavers up to 25 years of age.
10. The development of a specialised children in care program and dedicated youth forensic mental health service, as outlined under The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025, be undertaken as a high priority.
11. More innovative and flexible models of service delivery and support be adopted in regional areas, including wider and better use of technology, local workforce development and funding that takes into account the costs of regional service delivery.
12. More culturally appropriate mental health programs and services be provided for Aboriginal children and young people and their families, to be achieved by initiatives such as employing more Aboriginal staff, cultural competency training and the development and implementation of tailored programs and services. This must include the full continuum of services, from programs supporting wellbeing, addressing trauma and loss and building resilience, through to early intervention and treatment services, tailored to recognise the importance of culture and healing and to address the impact of intergenerational trauma, particularly for younger ages.



## ENDNOTES

---

178. United Nations 1989, *Convention on the Rights of the Child*, viewed April 14 2015, <http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf>.
179. Lawrence D et al 2015, *The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*, Department of Health, p. 4.
180. *Ibid*, p. 30.
181. *Ibid*, pp. 25–26.
182. *Ibid*, p. 5.
183. *Ibid*, p. 68.
184. *Ibid*, p. 71.
185. *Ibid*, p. 68.
186. The Inquiry considered the needs of Aboriginal children and young people, children and young people from culturally and linguistically diverse communities, living in regional and remote areas, in care, with disability, experiencing difficult circumstances and in contact with the youth justice system.



# Appendix 1

Terms and definitions



The following terms and definitions are used throughout this Report when referring to children and young people's mental health and wellbeing. They were used in the Inquiry report and are derived from widely accepted Australian and international research and policy documents, relevant in the Western Australian context.

### **Mental health**

'Mental health for children and young people has a strong inter-relationship with normal growth and development. Mental health for children and young people means the capacity to enjoy and benefit from a satisfying family life and relationships and educational opportunities, and to contribute to society in a number of age-appropriate ways. It also includes freedom from problems with emotions, behaviours or social relationships that are sufficiently marked or prolonged to lead to suffering or risk to optimal development in the child or to distress or disturbance in the family.'<sup>187</sup>

### **Social and emotional wellbeing**

Aboriginal people have a holistic view of mental health and prefer a social and emotional wellbeing approach to mental health.

The domains of wellbeing that typically characterise Aboriginal definitions of social and emotional wellbeing include connection to:

- body
- mind and emotions
- family and kinship
- community
- culture
- country
- spirit, spirituality and ancestors.<sup>188</sup>

### **Mental health problem**

'A mental health problem interferes with a person's cognitive, emotional or social abilities, but to a lesser extent than a mental disorder. Mental health problems are more common and include the mental ill health temporarily experienced as a reaction to life stressors. Mental health problems are less severe and of shorter duration than mental disorders, but may develop into a mental disorder. The distinction between mental health problems and mental disorders is not well defined and is made on the basis of severity and duration of the symptoms.'<sup>189</sup>

### **Mental disorder**

A mental disorder is a diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities. Mental disorders are of different types and degrees of severity and are diagnosed by standardised criteria.<sup>190 191</sup> Examples of mental disorders affecting children and young people are depression, anxiety, conduct disorders, substance use disorders, eating disorders and psychosis.



---

## Mental illness

The term mental illness is considered to be synonymous with mental disorder.<sup>192</sup> Throughout this Report the term 'mental illness' is used for ease of reading to cover mental health problems and mental disorders when both are being referred to.

## Promotion

'Promotion strategies refer to any action taken aimed at promoting positive mental health and maximising wellbeing among populations and individuals. Mental health promotion includes efforts to enhance an individual's ability to achieve developmentally appropriate tasks (developmental competence) and a positive sense of self-esteem, mastery, wellbeing and social inclusion and strengthen their ability to cope with adversity.'<sup>193</sup>

## Prevention

'Prevention strategies aim to maintain positive mental health through pre-emptively addressing factors that may lead to mental health problems or illnesses. These strategies can be aimed at increasing protective factors, decreasing risk factors or both, as long as the ultimate goal is to maintain or enhance mental health and wellbeing.'<sup>194</sup>

Prevention programs for children and young people may be 'universal', in that they are offered to the whole population (for example, a school-wide program). They may be 'selective', provided to groups at heightened risk of developing mental health problems (for example, children in care, in the justice system or who have parents with a mental illness). Prevention programs may also be 'indicated', targeted for children or young people who have minimal but detectable signs or symptoms of mental health problems (for example, depression or anxiety).<sup>195</sup>

## Early intervention<sup>196</sup>

'Early intervention strategies refer to the identification of early manifestations of mental illnesses, and the subsequent delivery of a prompt response aimed at preventing progression and reducing impact.'<sup>197</sup>

## Treatment

'[Treatment] interventions [are] targeted to individuals who are identified as currently suffering from a diagnosable disorder and are intended to cure the disorder or reduce the symptoms or effects of the disorder, including the prevention of disability, relapse, and/or comorbidity.'<sup>198</sup>

## ENDNOTES

---

187. Raphael B 2000, *Promoting the Mental Health and Wellbeing of Children and Young People. Discussion Paper: Key Principles and Directions*, National Mental Health Working Group and National Community Child Health Council, Commonwealth Department of Health and Aged Care, p. 5.
188. Dudgeon P et al (eds.) 2014, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, 2nd Edition, Commonwealth of Australia, p. 57.
189. Mental Health and Special Programs Branch 2000, *National action plan for promotion, prevention and early intervention for mental health 2000: a joint Commonwealth, State and Territory initiative under the second national mental health plan*, Commonwealth Department of Health and Aged Care, p. 5.
190. Mental disorders are diagnosed by standardised criteria, such as those contained in the Diagnostic and Statistical Manual of Mental Disorders, (DSM-5) (American Psychiatric Association, 1994) and the International Classification of Diseases, (ICD-10 2015) (WHO, 2015).
191. Mental Health and Special Programs Branch 2000, *National action plan for promotion, prevention and early intervention for mental health 2000: a joint Commonwealth, State and Territory initiative under the second national mental health plan*, Commonwealth Department of Health and Aged Care, p. 5.
192. Ibid, p. 5.
193. Faculty of Child and Adolescent Psychiatry 2010, *Prevention and early intervention of mental illness in infants, children and adolescents: planning strategies for Australia and New Zealand*, The Royal Australian and New Zealand College of Psychiatrists, p. 4.
194. Ibid, p. 5.
195. Ibid, p. 5.
196. Note that early intervention can sometimes refer to early intervention in the life course. It can also refer to early intervention in the treatment of psychosis.
197. Faculty of Child and Adolescent Psychiatry 2010, *Prevention and early intervention of mental illness in infants, children and adolescents: planning strategies for Australia and New Zealand*, The Royal Australian and New Zealand College of Psychiatrists, p. 5.
198. National Research Council and Institute of Medicine 2009, *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*, Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth and Young Adults: Research Advances and Promising Interventions, National Academies Press, pp. xxix, 65–67.



## Appendix 2

Summary of recommendations of the Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia

The 54 recommendations from the 2011 *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia* are listed in numerical sequence (with relevant page numbers for reference). The recommendations are interlinked and should not be read in isolation from one another.

### **Recommendation 1**

The Council of Australian Governments' mental health reform make children and young people a priority group and include planning for mental health promotion and prevention, early intervention and treatment services and programs.

### **Recommendation 2**

The Commonwealth and State Governments work collaboratively to ensure the mental health and wellbeing needs of children and young people are addressed.

### **Recommendation 3**

A new collaborative service to address the needs of children and young people who have complex needs be established as a demonstration project. The development of this service should consider the models of Wraparound Milwaukee and the People with Exceptionally Complex Needs.

### **Recommendation 4**

Integrated early childhood services on school sites be implemented as soon as possible. This must include those services that provide mental health promotion, prevention, early intervention and treatment programs.

### **Recommendation 5**

Arrangements for long-term funding be included in new contracts between government and non-government organisations for the provision of mental health services for children and young people.

### **Recommendation 6**

The Mental Health Commission build the capacity of the non-government sector so it is equipped to deliver mental health promotion, prevention, early intervention and treatment services for children and young people.

### **Recommendation 7**

The Mental Health Commission ensure that the views of children and young people are heard in the work of the Mental Health Advisory Council and in the development of mental health policy, program and service design.

### **Recommendation 8**

Increased priority be given to the mental health and wellbeing of children and young people by the Mental Health Commission.

### **Recommendation 9**

A strategic and comprehensive plan for the mental health and wellbeing of children and young people across Western Australia be developed by the Mental Health Commission. This plan provide for the implementation and funding of promotion, prevention, early intervention and treatment services and programs.

---

### Recommendation 10

A whole-of-government collaboration to improve the mental health and wellbeing of children and young people across the State be led by the Mental Health Commission.

### Recommendation 11

The Mental Health Commission improve and maintain comprehensive data collection on the mental health of children and young people in Western Australia, including expenditure and mental health and wellbeing outcomes.

### Recommendation 12

The State Government provide funding for the regular conduct of the Telethon Institute for Child Health Research's Child Health Survey and for this survey to be conducted in Western Australia every three years.

### Recommendation 13

The Mental Health Commission monitor the operational transfer of the Infant, Child, Adolescent and Youth Mental Health Service into the Child and Adolescent Health Service to ensure there are improved outcomes for the mental health and wellbeing of children and young people.

### Recommendation 14

Funding to the State's Infant, Child, Adolescent and Youth Mental Health Service be increased so it is able to provide comprehensive early intervention and treatment services for children and young people across Western Australia, including meeting the needs of those with mild, moderate and severe mental illnesses.

### Recommendation 15

The *Mental Health Act 1996 (WA)* and the *Criminal Law (Mentally Impaired Accused) Act 1996 (WA)* be reviewed to ensure the rights and needs of children and young people are adequately recognised.

### Recommendation 16

A comprehensive mental health workforce strategy be developed by the Mental Health Commission in collaboration with the Commonwealth Government. This strategy to include cultural competency training and specific planning for the recruitment, training and retention of Aboriginal mental health professionals.

### Recommendation 17

As part of the strategic and comprehensive plan for the mental health and wellbeing of children and young people across Western Australia, the Mental Health Commission identify the unique and specific requirements for:

- Aboriginal children and young people; and
- children and young people who are vulnerable or disadvantaged for any reason.

### Recommendation 18

The allocation of funding from the Royalties for Regions program be considered for the provision of mental health services for children and young people living in regional and remote communities.

---

### **Recommendation 19**

Children and young people appearing before the Children’s Court of Western Australia have access to appropriate, comprehensive mental health assessment, referral and treatment services.

### **Recommendation 20**

A dedicated forensic mental health unit for children and young people be established.

### **Recommendation 21**

The Rapid Response framework identify and respond to the mental health requirements of individual children and young people in care and that this be monitored on a regular basis by the Department for Child Protection.

### **Recommendation 22**

To meet the mental health needs of children and young people of parents with a mental illness, the Mental Health Commission in partnership with relevant agencies identify and support a strategic and coordinated approach to services and programs.

### **Recommendation 23**

Agencies providing services for adults in the areas of domestic violence, mental or chronic illness, disability, alcohol or drug abuse or prison recognise that children and young people in these families are a vulnerable group with specific mental health needs, and incorporate a child-centred approach to the services they deliver.

### **Recommendation 24**

The Integrated Services Centres at Parkwood and Koondoola be maintained and consideration be given to expanding this model on additional school sites.

### **Recommendation 25**

The Disability Services Commission work with the Mental Health Commission to identify the services required to address the unique needs and risk factors of children and young people with disabilities in a coordinated and seamless manner.

### **Recommendation 26**

The Commonwealth Government provide for additional training to general practitioners and health professionals to assist in the early identification and treatment of mental health problems in pregnant women and children and young people.

### **Recommendation 27**

The Commonwealth Government support incentives to ensure general practitioners have longer consultations with pregnant women, explaining mental health issues and supports.

---

### **Recommendation 28**

Training be provided at university and TAFE as a part of relevant undergraduate and certificate courses (for example: general practitioners, teachers, allied health professionals, youth workers and child care workers) to improve the understanding of the mental health needs of children and young people.

### **Recommendation 29**

The number of community child health nurses be increased to provide a comprehensive, universal health service to parents and children across Western Australia.

### **Recommendation 30**

The Department for Communities establish a mechanism across government agencies – including the Departments of Education, Health and Child Protection – to coordinate, collaborate on and deliver effective parenting programs across Western Australia for parents of children and young people of all ages.

### **Recommendation 31**

Significant funding be provided to increase the delivery of evidence-based parenting programs for parents of children and young people. Programs must be universal and targeted, accessible across the State, with some tailored to children and young people who have particular needs.

### **Recommendation 32**

A central Office of Early Childhood be established and a state-wide plan for early childhood be prepared.

### **Recommendation 33**

Pending the establishment of an Office of Early Childhood, the Directors General of the Departments of Health, Education and Communities establish a working party mechanism to ensure collaboration and coordination in the important area of early childhood services.

### **Recommendation 34**

Consideration be given to rolling out *KidsMatter Early Childhood* to all early childhood services across Western Australia.

### **Recommendation 35**

The State Child Development Services receive significant investment to increase service to an appropriate level and reduce waiting times.

### **Recommendation 36**

A comprehensive, specialist infant mental health service be developed that can provide early intervention and treatment services for very young children and their parents.

### **Recommendation 37**

Funding be provided to *KidsMatter* and all primary schools in Western Australia to enable the implementation of social and emotional learning programs within the *KidsMatter* framework.

---

### **Recommendation 38**

The current focus on bullying be maintained and enhanced by the continued development and implementation of evidence-based anti-bullying programs involving the Commonwealth and State Governments, non-government agencies, community, parents and children and young people.

### **Recommendation 39**

The model of integrated services on school sites be established as pilots in a number of primary and secondary schools in Western Australia. These integrated services to include comprehensive mental health services.

### **Recommendation 40**

A specialised, state-wide, 24-hour emergency service be developed for children and young people experiencing a mental health crisis.

### **Recommendation 41**

Additional resourcing be provided to schools so appropriate mental health training can be provided to school staff with pastoral care roles.

### **Recommendation 42**

The Department of Education increase the numbers of school psychologists to enable the expansion of the services and programs they currently provide for children and young people with mild to moderate mental health problems and to promote mental health and wellbeing.

### **Recommendation 43**

Funding be provided to *MindMatters* and all secondary schools in Western Australia to enable the implementation of social and emotional learning programs within the *MindMatters* framework.

### **Recommendation 44**

A community education campaign about the importance of children and young people's mental health be led by the Mental Health Commission.

### **Recommendation 45**

Information and communication technology be an integral part of any comprehensive mental health plan for children and young people.

### **Recommendation 46**

The Department of Sport and Recreation, the Department of Culture and the Arts and the Mental Health Commission work to increase arts, cultural, sport and recreation opportunities for children and young people – particularly in regional and remote areas.

### **Recommendation 47**

The Mental Health Commission coordinate the establishment of co-located 'youth service centres' across the State.

---

### **Recommendation 48**

Confidentiality, wherever possible, should be a critical consideration in the design and operation of services and programs, to encourage young people to seek help with issues concerning their mental health and wellbeing.

### **Recommendation 49**

As a matter of urgency, the Bentley Adolescent Unit be upgraded to provide a more therapeutic service for children and young people.

### **Recommendation 50**

Planning for the new Children's Hospital should include comprehensive therapeutic services for children and young people with mental illness, and be able to accommodate and support young people up to 25 years of age where developmentally and clinically appropriate.

### **Recommendation 51**

The planning and design of the mental health facilities in the new Children's Hospital occur with the direct involvement of children and young people.

### **Recommendation 52**

A short-term residential facility for young people being discharged from acute in-patient care be made available, as a 'step-down' from hospital care when appropriate.

### **Recommendation 53**

The previous reports by the Western Australian Coroner, Deputy Coroner, Telethon Institute for Child Health Research and the Senate Community Affairs Reference Committee be taken into account by the Mental Health Commission to inform a comprehensive approach to suicide and suicide prevention in Western Australia.

### **Recommendation 54**

Transition strategies for young people moving into adult services be developed and implemented between services to ensure the individual is supported and continuity of care is maintained.





APPENDIX 2

## Appendix 3

Example template

A request for information on progress on each of the recommendations was made to the relevant State government agency/agencies. A template requesting information specific to each recommendation was developed to provide a simplified method for agencies to report. This is the template for Recommendation 14.

## **Review of the implementation of the recommendations of the Inquiry into the mental health and wellbeing of children and young people in Western Australia**

### **Recommendation 14:**

Funding to the State's Infant, Child, Adolescent and Youth Mental Health Service be increased so it is able to provide comprehensive early intervention and treatment services for children and young people across Western Australia, including meeting the needs of those with mild, moderate and severe mental illnesses.

### **The intent of this recommendation:**

At the time of the Inquiry the current Child and Adolescent Mental Health Service (CAMHS) and Country Mental Health Services for children and young people were known as the Infant, Child, Adolescent and Youth Mental Health Service (ICAYMHS). It provided a range of community, inpatient and state-wide services and Tier 3 and Tier 4 mental health services in metropolitan, regional and remote WA.

The Inquiry found that ongoing under-funding had resulted in lengthy waitlists and a focus on a 'crisis' response rather than comprehensive early intervention and treatment and that some children and young people in regional and remote areas were unable to receive any service. The Inquiry also found that structural reform (merging the two metropolitan services into one service within the Child and Adolescent Health Service) would not be sufficient and increased funding was necessary to meet the needs of their target population.

The intent of this recommendation was to ensure comprehensive early intervention and treatment services are available to meet the needs of children and young people with mild, moderate and severe mental illness across WA.

### **Response to the recommendation:**

Please provide the following information on new funding that has occurred **since May 5 2011** (only the requested information is required – do not provide documents).

### **Child and Adolescent Mental Health Service**

**Funding amount:** Click here to enter text.

**Purpose:** Click here to enter text.

**Target age:** Click here to enter text.

**Target location:** Click here to enter text.

**Funding amount:** Click here to enter text.

**Purpose:** Click here to enter text.

**Target age:** Click here to enter text.

**Target location:** Click here to enter text.

---

## WA Country Health Services

**Funding amount:** Click here to enter text.

**Purpose:** Click here to enter text.

**Target age:** Click here to enter text.

**Target location:** Click here to enter text.

**Funding amount:** Click here to enter text.

**Purpose:** Click here to enter text.

**Target age:** Click here to enter text.

**Target location:** Click here to enter text.

If you wish to describe more than two services/programs, contact [leanne.pech@ccyp.wa.gov.au](mailto:leanne.pech@ccyp.wa.gov.au)

## Youth Mental Health Services

**Funding amount:** Click here to enter text.

**Purpose:** Click here to enter text.

**Target age:** Click here to enter text.

**Target location:** Click here to enter text.

**Funding amount:** Click here to enter text.

**Purpose:** Click here to enter text.

**Target age:** Click here to enter text.

**Target location:** Click here to enter text.

If you wish to describe more than two services/programs, contact [leanne.pech@ccyp.wa.gov.au](mailto:leanne.pech@ccyp.wa.gov.au)

### **Please name and provide contact details for any other agencies that may be able to provide information on this recommendation.**

Click here to enter text.

### **Any further comments**

Click here to enter text.

### **Please provide contact details of person if clarification or further information is required regarding this information**

**Name:** Click here to enter text.

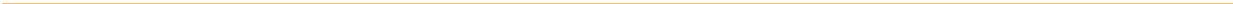
**Position:** Click here to enter text.

**Agency:** Click here to enter text.

**Phone:** Click here to enter text.

**Email:** Click here to enter text.





## Appendix 4

Agencies providing information

## APPENDIX 4

---

The following government and non-government agencies provided information about progress on one or more recommendations.

Act Belong Commit

Arafmi<sup>199</sup> – Mental Health Carers Arafmi (WA)

Australian Association for Infant Mental Health Inc (AAIHMI) – Western Australia

Australian Medical Association (WA)

Department of Attorney General

Department for Child Protection and Family Support

Department of Corrective Services

Department of Culture and Arts

Department of Education

Department of Health – Office of Mental Health and Child and Adolescent Health Service

Department of Local Government and Communities

Department of Premier and Cabinet

Department of Regional Development

Department of Sport and Recreation

Disability Services Commission

Edith Cowan University

headspace National

Mental Health Commission

Murdoch University

Principals Australia Institute

Telethon Kids Institute

University of Notre Dame

Western Australian Association of Mental Health (WAAMH)

Western Australian Council of Social Service (WACOSS)

Youth Affairs Council of Western Australia (YACWA)

## ENDNOTES

---

199. Now HelpingMinds.

## Appendix 5

Recommendations made by the Commissioner for Children and Young People to the Review of the admission or referral to and discharge and transfer practices of public mental health facilities/services in Western Australia (the Stokes Review)

The following recommendations were made by the Commissioner for Children and Young People to the Review of the admission or referral to and discharge and transfer practices of public mental health facilities/ services in Western Australia (the Stokes Review). The recommendations were based on the findings of the Inquiry and the recommendations made by the Inquiry report. The Commissioner's submission to the Stokes Review can be found at <http://www.cyp.wa.gov.au>

### **Recommendation 1**

A strategic and comprehensive plan for the mental health and wellbeing of children and young people across Western Australia be developed by the Mental Health Commission. This plan provide for the implementation and funding of promotion, prevention, early intervention and treatment services and programs.

### **Recommendation 2**

Funding to the State's Infant, Child, Adolescent and Youth Mental Health Service be increased so it is able to provide comprehensive early intervention and treatment services for children and young people across Western Australia, including meeting the needs of those with mild, moderate and severe mental illnesses.

### **Recommendation 3**

Admission, referral, discharge and transfer policies, practices and procedures of mental health services need to ensure the cultural needs of Aboriginal children and young people are met.

### **Recommendation 4**

The Statewide Specialist Aboriginal Mental Health Service and ICAYMHS establish a close working relationship and seamless referral processes to ensure the best possible outcomes for Aboriginal children and young people.

### **Recommendation 5**

Priority is given by mental health services to the assessment, referral, admission and continuity of treatment of children and young people in out-of-home care or leaving care.

### **Recommendation 6**

A dedicated forensic mental health unit for children and young people be established.

### **Recommendation 7**

Children and young people appearing before the Children's Court of Western Australia have access to appropriate, comprehensive mental health assessment, referral and treatment services.

### **Recommendation 8**

The new Acute Response Emergency Team and specialist mental health services establish a close working relationship and seamless referral processes to ensure rapid access to treatment.



---

### **Recommendation 9**

Previous recommendations made by the Western Australian Coroner, Deputy Coroner, the Auditor General for Western Australia and the Telethon Institute for Child Health Research about assessment, referral, admission, discharge, follow-up care, communication and care coordination be taken into account.

### **Recommendation 10**

Transition strategies for young people moving from child and adolescent services to youth mental health services and from youth services into adult services be developed and implemented to ensure the individual is supported and continuity of care is maintained at both transition points.

### **Recommendation 11**

The Disability Services Commission work with the Mental Health Commission to identify the services required to address the unique needs and risk factors of children and young people with disabilities in a coordinated and seamless manner.

### **Recommendation 12**

All children and young people admitted to the mental health system have a treatment, support and discharge plan and that policies, processes and procedures that ensure care and discharge planning occurs to the level that ensures continuity of services and includes planning for education, accommodation and other support services as needed.





## Appendix 6

Recommendations specific to children and young people made by the Review of the admission or referral to and discharge and transfer practices of public mental health facilities/services in Western Australia (the Stokes Review)

All recommendations made by the Review of the admission or referral to and discharge and transfer practices of public mental health facilities/services in Western Australia (the Stokes Review)<sup>200</sup> may be relevant to children and young people. The following recommendations refer to children and young people specifically. Not included are recommendations 8.10.1 through to 8.10.12, which were made by the Commissioner and accepted in full. These are provided in Appendix 5.

### **Recommendation 2.4**

That adolescents and young people are assessed comprehensively, particularly for factors which encroach upon self-image and self-worth and that their concerns are validated and taken seriously.

### **Recommendation 5.2**

Adolescent beds need to be increased to take into account the increasing population of youths. Beds must also be provided for child forensic and eating disorder patients. These are urgent requirements.

### **Recommendation 5.3**

Rural child, adolescent and youth beds should be considered a priority in forward planning and attended to immediately.

### **Recommendation 7.10.9**

Every child or adolescent with mental health issues should know a person acting as a community liaison officer [case manager]. PMH should be included in all authorised facility guidelines and directives and should be funded for community liaison officers to maintain contact with any child who has presented to PMH with mental health issues. This is regardless of whether or not carers choose private or public sector treatment for their child.

### **Recommendation 7.10.10**

The role of the liaison officer is to ensure a contact for the child in times of crisis. They should maintain contact with the Bentley Adolescent Unit if the child is admitted as a patient or the relevant CMHS where the child becomes a client of a CMHS. They should know by whom a child is being treated if the choice is for private treatment. I do not envisage the liaison officer as being involved with treatment per se, but as ensuring children and adolescents are being provided with or have access to ongoing treatment as a matter of community commitment to children and adolescents.

### **Recommendation 7.10.11**

Bentley Adolescent Unit should also have community liaison officers with a similar role and function to ensure children not passing through PMH also are provided with ongoing input.

### **Recommendation 8.1**

A central referring position is established to receive referrals for children and youth services, which will then direct the referral to the correct services in the patient's locality.

### **Recommendation 8.2**

After-hours services are established for children and adolescent and youth services in rural and remote communities, where possible.

---

### **Recommendation 8.3**

Emergency response services, including the Acute Community Intervention Team and the King Edward Hospital Unit for Mother and Baby, are supported.

### **Recommendation 8.4**

Clear entry processes are developed for the Bentley Adolescent Unit.

### **Recommendation 8.5**

Recovery programs for children are established.

### **Recommendation 8.6**

Special provisions are made for the clinical governance of the mental health needs of youth (16-25 years of age). The State would benefit from the advent of a comprehensive youth stream with a range of services that do not have barriers to access.

#### **Recommendation 8.6.1**

Children should be treated in separate areas from adults, and young children should be separated from youth. Establish a youth inpatient unit with the capacity to manage comorbidities and alcohol and drug withdrawal.

#### **Recommendation 8.6.2**

Respite and rehabilitation services are developed for youth.

#### **Recommendation 8.6.3**

A service is established for youths with gender and sexual identity problems. Such a service requires expertise in psychiatric morbidity, suicidal behaviour, endocrinology and hormone treatments and close links with surgical and legal services.

#### **Recommendation 8.6.4**

Appropriate credentialing for children and youth health workers must be assured.

#### **Recommendation 8.6.5**

Workforce planning must be made to address the shortage of Child Psychiatrists.

### **Recommendation 8.7**

To reduce disconnection between inpatient and community, treatment teams involve all the child's services and communicate with one another in a timely and respectful manner.

### **Recommendation 8.8**

A more equitable distribution of community resources is provided.



---

### **Recommendation 8.9**

Early childhood assessment and intervention programs are established for those children who show signs of the development of possible mental illness.

### **Recommendation 9.1.2**

The rapid and timely establishment of the recently funded Court Diversion and Support Program for adult courts is supported. The approved program for the Children's Court is also supported and it is recognised it will need early expansion to a complete service as in the adult courts.

### **Recommendation 9.1.3**

The planning, business cases and funding for provision of a full range of mental health services in WA prisons and detention centres. This will involve dedicated units and services in prison for mentally ill women, youth, Aboriginal and people with acquired brain injury/intellectual disability.



## ENDNOTES

---

200. Stokes B 2012, *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*, Government of Western Australia, pp. 8–21

## Appendix 7

Recommendations from the Ombudsman Western Australia's own-motion investigation into ways that State government departments and authorities can prevent or reduce suicide by young people

The following are the Recommendations from the Ombudsman Western Australia's own-motion investigation into ways that State government departments and authorities can prevent or reduce suicide by young people.<sup>201</sup>

### **Recommendation 1**

As part of the development of the State Strategy past 2013, the Mental Health Commission considers developing differentiated strategies relevant to each of the four groups of young people, taking into account the findings of the investigation regarding the demographic characteristics of the 36 young people who died by suicide, the factors associated with suicide they experienced, and their contact with State government departments and authorities.

### **Recommendation 2**

The Mental Health Commission, in collaboration with relevant stakeholders, considers whether it may be appropriate to undertake, or facilitate the undertaking of, mental health literacy and suicide prevention activities for those young people who demonstrate few factors associated with suicide, as identified by the investigation.

### **Recommendation 3**

As part of the development of the State Strategy past 2013, the Mental Health Commission gives consideration to whether the scope of the State Strategy should be expanded to encompass the Treatment and Continuing Care categories of suicide prevention, by incorporating the investigation's recommendations about ways that State government departments can prevent or reduce suicide by young people.

### **Recommendation 4**

The Department of Health considers the findings of this investigation in determining their state-wide provision of mental health services for young people.

### **Recommendation 5**

The Department of Health ensures that the Child and Adolescent Mental Health Service applies the priorities for acceptance of referrals set out in its policies.

### **Recommendation 6**

The Department of Health, where services are available, assists with the coordination of services from other government and non-government mental health services for young people who have been placed on a waitlist for services from the Child and Adolescent Mental Health Service.

### **Recommendation 7**

Where a young person is referred to the Child and Adolescent Mental Health Service but not accepted by the Child and Adolescent Mental Health Service, the Department of Health notifies the referrer that the young person has not been accepted.

### **Recommendation 8**

The Department of Health ensures that risk assessments undertaken by the Child and Adolescent Mental Health Service are conducted in accordance with the Clinical Risk Assessment and Management policy and the findings of the Chief Psychiatrist, including for young people who present with a history of child maltreatment.

---

### Recommendation 9

The Department for Child Protection and Family Support considers whether an amendment to the *Children and Community Services Act 2004* should be made to explicitly identify the importance of considering the effects of cumulative patterns of harm on a child's safety and development.

### Recommendation 10

The Department for Child Protection and Family Support considers the revision of its relevant policies and procedures to recognise, consider and appropriately respond to cumulative harm that is caused by child maltreatment.

### Recommendation 11

The Department for Child Protection and Family Support enables and strengthens staff compliance with the policies and procedures that are applicable to the duty interaction process.

### Recommendation 12

The Department for Child Protection and Family Support enables and strengthens staff compliance with any revised policies and procedures which require them to assess the potential for cumulative harm to have occurred as a result of child maltreatment.

### Recommendation 13

In considering revisions to its policies and procedures to recognise cumulative harm, the Department for Child Protection and Family Support considers incorporating requirements to consult with Aboriginal Practice Leaders when the potential for cumulative harm is being assessed for Aboriginal young people.

### Recommendation 14

The Department for Child Protection and Family Support uses information developed about young people who are likely to have experienced cumulative harm as a result of child maltreatment to identify young people whose risk of suicide will be further examined and addressed through the collaborative inter-agency approach discussed in Recommendation 22.

### Recommendation 15

The Department of Education ensures that schools comply with the requirements for addressing student non-attendance, as set out in the *School Education Act 1999* and the *Student Attendance* policy.

### Recommendation 16

The Department of Education considers expanding its *Student Attendance* policy to:

- recognise that persistent non-attendance by a student may be due to cumulative harm resulting from child maltreatment
- recognise that these students may be at heightened risk of suicide
- set out what additional steps will be taken in response to this risk, including working in coordination with other State government departments and authorities
- provide that, where this association is identified, it will be appropriately taken into account.

---

### Recommendation 17

The Department of Education ensures that schools comply with the requirements for managing student behaviour, as set out in its *Behaviour Management in Schools* policy.

### Recommendation 18

The Department of Education considers the expansion of its *Behaviour Management in Schools* policy to:

- recognise that ongoing behavioural difficulties by a student resulting in multiple suspensions and exclusions may be due to cumulative harm resulting from child maltreatment
- recognise that these students may be at heightened risk of suicide
- set out what additional steps will be taken in response to this risk, including working in coordination with other State government departments and authorities
- provide that, where this association is identified, it will be appropriately taken into account.

### Recommendation 19

The Department of Education ensures that schools comply with the additional requirements for addressing non-attendance by Aboriginal students, as set out in the *Student Attendance* policy.

### Recommendation 20

The Department of Education identifies young people who are exhibiting difficulties by establishing internal procedures to track when:

- a young person's attendance has fallen below 60 per cent
- a young person's name has been placed on the Students whose Whereabouts are Unknown list
- a young person has been suspended from attendance at school on two or more occasions
- a young person has been excluded from school.

### Recommendation 21

The Department of Education uses the information obtained through tracking attendance, suspensions and exclusions to identify young people whose risk of suicide will be further examined and addressed through the collaborative inter-agency approach discussed in Recommendation 22.

### Recommendation 22

The Mental Health Commission, working together with the Department of Health, the Department for Child Protection and Family Support and the Department of Education, considers the development of a collaborative inter-agency approach, including consideration of a shared screening tool and a joint case management approach for young people with multiple risk factors for suicide.

## ENDNOTES

---

201. Ombudsman Western Australia 2014, *Investigation into ways that State government departments and authorities can prevent or reduce suicide by young people*, Ombudsman Western Australia, pp. 17–28.

## Appendix 8

National Children's Commissioner's findings and recommendations from an examination into intentional self-harm, with or without suicidal intent, in children and young people

The following are the National Children's Commissioner's findings and recommendations from an examination into intentional self-harm, with or without suicidal intent, in children and young people.<sup>202</sup>

## Key findings

- The inconsistent use of terms and definitions to describe the range of thoughts, communications and behaviours that are related to non-suicidal self-harm, suicidal behaviours and death due to intentional self-harm.
- Understanding the multiplicity of risk factors is central to effectively targeting and supporting children and young people.
- While knowledge about possible protective factors is increasing, we do not sufficiently understand the impact of the different protective factors, how they are interrelated, whether some are more predominant than others or whether specific combinations offer more protection.
- There is a dearth of research involving the direct participation of children and young people.
- Empirical evidence is lacking in terms of the psychological mechanisms underlying suicide clusters.
- There is limited evidence about the incidence and mechanisms leading to clustering of intentional self-harm without suicidal intent.
- There is no solid evidence-base documenting the effectiveness of postvention services.
- There is insufficient empirical evidence on the effectiveness of gatekeeping training programs on actual outcomes for children and young people.
- Where children and young people present to an accident and emergency department, there is a genuine opportunity to connect with them and facilitate follow-up intervention.
- Not enough is known about the online communicability of non-suicidal self-harm.
- Poorly completed death certificates impede the accurate identification of intentional self-harm resulting in death by suicide.
- Given the prevalence of hanging, investigating ways to prevent it should be prioritised.
- Increasing the awareness of primary caregivers about risk factors and warning signs is essential.
- The continued implementation of universal suicide prevention strategies aimed at raising public awareness, encouraging help-seeking behaviour and challenging stigma associated with suicide may assist with this.
- Restricting access to the means used for intentional self-poisoning could prevent intentional self-harm in children and young people.
- Finding effective ways to encourage children and young people to access appropriate help or support for early signs and symptoms of difficulties must be a priority.

## Recommendations

The National Children's Commissioner made the following recommendations based on the public health model where:

suicide prevention begins with surveillance to define the problem and to understand it, followed by the identification of risk and protective factors (as well as effective interventions), and culminates in implementation, which includes evaluation and scale-up of interventions and leads to revisiting surveillance and the ensuing steps.

---

## Recommendation 1

Establish a national research agenda for children and young people engaging in non-suicidal self-harm and suicidal behaviour through the new National Strategic Framework for Child and Youth Health. This should be supported by the soon to be established National Centre for Excellence in Youth Mental Health. This research agenda should prioritise:

- the standardisation of terms and definitions to describe the range of thoughts, communications and behaviours that are related to intentional self-harm, with or without the intent to die
- understanding the multiplicity of risk factors central to effectively targeting and supporting children and young people
- understanding the impact of different protective factors, how they are interrelated, whether some are more predominant than others, or whether specific combinations offer more protection
- the direct participation of children and young people in research about intentional self-harm, with or without suicidal intent
- understanding the psychological mechanisms underlying suicide clusters
- understanding incidence and mechanisms leading to clustering of intentional self-harm without suicidal intent
- evaluating the effectiveness of postvention services
- evaluating the effectiveness of gatekeeping training programs on actual outcomes for children and young people
- increasing the awareness of primary caregivers about risk factors and warning signs
- investigating ways to restrict access to the means used for intentional self-poisoning in children and young people
- finding effective ways to encourage children and young people to access appropriate help or support for early signs and symptoms of difficulties.

## Recommendation 2

Strengthen and develop surveillance of intentional self-harm, with or without suicidal intent, through:

- The Australian Government funding an annual report on deaths due to intentional self-harm involving children and young people aged 0 to 17 years using the agreement reached between the Australian Bureau of Statistics, the Registrars of Births, Deaths and Marriages, and state and territory coroners on the dissemination of unit record data.
- The Australian Institute of Health and Welfare including a section using disaggregated data about hospitalisations for intentional self-harm involving children and young people aged 0 to 17 years in its regular series on hospitalisations for injury and poisoning in Australia.
- The Australian and New Zealand Child Death Review and Prevention Group continuing its work in relation to the development of a national child death database, in conjunction with the Australian Institute of Health and Welfare, and providing an annual progress report.

---

### Recommendation 3

Collect national data on children and young people who die due to intentional self-harm through:

- The use of the standardised National Police Form, in all jurisdictions, by 2015. This should include an electronic transfer to the National Coronial Information System. A plan to monitor the outcomes of all jurisdictions using the standardised National Police Form should be developed, and the possibility of incorporating a range of demographic, psychosocial and psychiatric information specific to children and young people should be investigated.
- The Standing Council on Law, Crime and Community Safety putting the issue of standardisation of coronial legislation and/or coronial systems on its agenda. Standardisation should require that where all state and territory coroners find a death under investigation to be caused by an action of the deceased, the coroner must make a further finding of intent, based on the evidence, to clarify whether the deceased intended to take the action which caused his or her death; the deceased lacked capacity to recognise that his or her action would cause his or her death but death was a reasonably foreseeable consequence of the action, or it is not clear from the evidence whether the deceased intended to cause his or her death.

### Recommendation 4

The Royal Australian and New Zealand College of Psychiatrists should review and, where appropriate, update its Guidelines for the Management of Deliberate Self Harm in Young People (2000).

## ENDNOTES

---

202. National Children's Commissioner 2014, 'Intentional self-harm, with or without suicidal intent, in children and young people under 18 years of age', in *Children's Rights Report 2014*, Australian Human Rights Commission, pp. 156–161.

## Appendix 9

Detailed information about each of the 54 recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia

## APPENDIX 9

---

For the purposes of this Appendix, funding amounts provided by agencies have been rounded to two decimal places (e.g. \$1.89 million for \$1,892,800).

Funding amounts provided by agencies are either for financial years (e.g. 2015–16) or for a grant (e.g. \$340,000). Where funding amounts are given for some but not all financial years this indicates no funding was provided for that period, unless it is noted to be ongoing.

In some instances this information was not available from agencies. Every effort has been made to prevent gaps or errors in information provided.



---

## Recommendation 1

The Council of Australian Governments' mental health reform make children and young people a priority group and include planning for mental health promotion and prevention, early intervention and treatment services and programs.

### The intent of this recommendation

The Fourth National Mental Health Plan: An agenda for collaborative government action in mental health 2009–2014 described action and outcomes agreed to by all Commonwealth and state/territory governments.

The Inquiry found the plan did not address the needs of children and young people in a comprehensive way, including across mental health promotion, prevention, early intervention and treatment programs and services. In February 2011, the Council of Australian Governments agreed to further reforms in mental health over the next three years.

The intent of this recommendation was to make children and young people a priority group within the Council of Australian Governments' mental health reform, and include planning for mental health promotion and prevention, early intervention and treatment services and programs.

### Progress since 2011

#### Roadmap for national mental health reform 2012–2022

The Council of Australian Governments endorsed the *Roadmap for national mental health reform 2012–2022* at its meeting on 7 December 2012.

The Roadmap clearly identifies children and young people younger than 18 years as a priority group, stating 'the first signs of mental health issues and mental illness may emerge in childhood, and often appear in adolescence or early adulthood'. It also includes strategies that are either inclusive of or specific to children and young people.

#### New national mental health plan

In the 2015–16 Budget the Commonwealth Government committed to developing a new national mental health plan in consultation with state and territory governments. This will replace the Fourth National Mental Health Plan: An agenda for collaborative government action in mental health 2009–2014.

### Source of additional information

Australian Government Department of Health, *Australian Government 2015–16 Health Portfolio Budget Statements*, p. 104 ([https://www.health.gov.au/internet/budget/publishing.nsf/Content/2015-2016\\_Health\\_PBS\\_sup1/\\$File/2015-16\\_Health\\_PBS\\_0.0\\_Complete.pdf](https://www.health.gov.au/internet/budget/publishing.nsf/Content/2015-2016_Health_PBS_sup1/$File/2015-16_Health_PBS_0.0_Complete.pdf)).

Council of Australian Governments, *Roadmap for national mental health reform 2012–2022*, ([www.coag.gov.au/node/482](http://www.coag.gov.au/node/482))

---

## Recommendation 2

The Commonwealth and State Governments work collaboratively to ensure the mental health and wellbeing needs of children and young people are addressed.

### The intent of this recommendation

The Fourth National Mental Health Plan: An agenda for collaborative government action in mental health 2009–2014 described action and outcomes agreed to by all Commonwealth and state/territory governments.

The Inquiry found the plan did not address the needs of children and young people in a comprehensive way, including across mental health promotion, prevention, early intervention and treatment programs and services. In February 2011, the Council of Australian Governments agreed to further reforms in mental health over the next three years.

The intent of this recommendation was for the Commonwealth and State Governments to work collaboratively to better meet the mental health needs of children and young people.

### Progress since 2011

#### New agreements, services or programs

##### National Partnership Agreement Supporting National Mental Health Reform

The Agreement provides Commonwealth funding of \$26.08 million over five years (2011–15/16) to the State to improve health, social, economic and housing outcomes for people with severe and persistent mental illness until June 2017. It aims to address service gaps and prevent repeated contact with the mental health system. The Individualised Community Living Strategy and the Assertive Community Intervention Initiative (see Recommendation 40) are funded through this Agreement and overseen by the Mental Health Commission.

##### National Partnership Agreement on Improving Public Hospital Services

The Agreement provides Commonwealth funding of \$351 million to improve access to public hospital services, including elective surgery, emergency department services and subacute care until the National Partnership Agreement ends in June 2017. The Adolescent Assertive Outreach team initiative is funded through this Agreement and overseen by the Department of Health, through the Acute Response Team and Acute Community Intervention (Child and Adolescent Mental Health, Child and Adolescent Health Service).

##### National Perinatal Depression Initiative 2013–14

The Agreement provided Commonwealth funding of \$1.01 million to the State to provide services and support to women at risk of, or experiencing, perinatal depression.

##### Project Agreement for the National Perinatal Depression Initiative 2014–15

The Agreement provided further Commonwealth funding of \$1.01 million to maintain the services and supports provided by six non-government organisations and one public health position to women at risk of, or experiencing, perinatal depression.

Small grants up to \$40,000 have been provided to nine organisations for initiatives to improve the mental health outcomes of women experiencing or at risk of perinatal depression and their infants.

---

In June 2015 the Commonwealth Government gave notice to the state and territory ministers that their funding of the Agreement would cease.

### **Growth of pre-existing services**

#### **Assertive Community Intervention Initiative**

See Recommendation 40 for detailed information on this initiative.

#### **Other**

#### **New national mental health plan**

In the 2015–16 Budget the Commonwealth Government committed to developing a new national mental health plan in consultation with state and territory governments. This will replace the Fourth National Mental Health Plan: An agenda for collaborative government action in mental health 2009–2014.

### **Source of additional information**

ABC News Online, 19 June 2015, *National Perinatal Depression Initiative loses federal funding; states, territories 'hard-pressed' to cover cuts* ([www.abc.net.au/news/2015-06-19/government-pulls-funding-from-perinatal-depression-program/6560266](http://www.abc.net.au/news/2015-06-19/government-pulls-funding-from-perinatal-depression-program/6560266))

Australian Government Department of Health, *Australian Government 2015–16 Health Portfolio Budget Statements*, p. 104 ([https://www.health.gov.au/internet/budget/publishing.nsf/Content/2015-2016\\_Health\\_PBS\\_sup1/\\$File/2015-16\\_Health\\_PBS\\_0.0\\_Complete.pdf](https://www.health.gov.au/internet/budget/publishing.nsf/Content/2015-2016_Health_PBS_sup1/$File/2015-16_Health_PBS_0.0_Complete.pdf))

Mental Health Commission, National Perinatal Depression Initiative ([http://www.mentalhealth.wa.gov.au/mental\\_illness\\_and\\_health/infant\\_child\\_copy1/National\\_Perinatal\\_Depression\\_Initiative.aspx](http://www.mentalhealth.wa.gov.au/mental_illness_and_health/infant_child_copy1/National_Perinatal_Depression_Initiative.aspx))

---

## Recommendation 3

A new collaborative service to address the needs of children and young people who have complex needs be established as a demonstration project. The development of this service should consider the models of Wraparound Milwaukee and the People with Exceptionally Complex Needs.

### The intent of this recommendation

The 2009 Economic Audit Committee's report *Putting the Public First* noted the importance of effective collaboration across government agencies, as well as other sectors.

The Inquiry found a coordinated response to the mental health and wellbeing of children and young people was lacking, particularly for those who have complex needs (e.g. a mental health problem or disorder, a disability and/or in contact with the criminal justice system and child protection). Effective and coordinated services were almost non-existent for this group although the need was urgent.

The Inquiry considered good practice examples of collaboration in WA and other jurisdictions, including the People with Exceptionally Complex Needs Model and the Wraparound Milwaukee.

The intent of this recommendation was for a model of collaboration to be implemented in order to provide a system of care for children and young people who have complex needs.

### Progress since 2011

#### Young People with Exceptionally Complex Needs (YPECN) program

This program aims to coordinate services for young people (up to and including 18 years) with exceptionally complex, co-occurring needs.

Funding has been jointly provided by the Mental Health Commission, Department for Child Protection and Family Support and Disability Services Commission. The Mental Health Commission provided \$50,000 in 2013–14 for 1.0 FTE Inter-agency Coordinator located within Department for Child Protection and Family Support. All other aspects of the program are funded from within existing resources of the latter two agencies. Funding for this state-wide program has been ongoing since 2012 and in the 2013–14 financial year; it supported 17 young people.

An Inter-agency Executive Committee is responsible for overseeing the governance of the Young People with Exceptionally Complex Needs (YPECN) program. It comprises senior representatives from the following partner agencies:

- Department for Child Protection and Family Support
- Mental Health Commission
- Disability Services Commission
- Department of Housing
- Department of Health, Child and Adolescent Mental Health
- Department of Health, WA Country Health Services
- Department of Education
- Department of Corrective Services, Youth Justice
- Drug and Alcohol Office
- Office of the Public Advocate

---

The YPECN program has not yet been formally evaluated, however early reports indicate positive outcomes for the young people involved, including stabilisation of housing/accommodation and improved links with appropriate supports and services. Improved coordination across the agencies involved has also been reported. The Department for Child Protection and Family Support is undertaking a review of the program which will include consideration as to whether the program is expanded to have two coordinators.

### **Source of additional information**

Mental Health Commission, *Mental Health Commission Annual Report 2012–13* ([www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Annual\\_Report\\_2012–13\\_LR.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Annual_Report_2012–13_LR.sflb.ashx))

---

## Recommendation 4

Integrated early childhood services on school sites be implemented as soon as possible. This must include those services that provide mental health promotion, prevention, early intervention and treatment programs.

### The intent of this recommendation

On 15 December 2010, the State Government announced schools would receive increases in resources to enable them to become one-stop shops for early childhood services.

The Inquiry considered the continuum of mental health interventions for children and young people, including the following specific to young children:

- Antenatal and perinatal support
- Child health services
- Parenting programs and support
- Playgroups
- Child Development Services (e.g. speech pathology, psychology, paediatrician)
- Child and Adolescent Mental Health Services (or similar).

The intent of this recommendation was for mental health promotion, prevention, early intervention and treatment programs to be part of the range of services available at the early childhood one-stop shops on school sites.

### Progress since 2011

The following information on Child and Parent Centres and Children and Family Centres is an estimate based on data to 30 June 2014 and provided to the Department of Education by the managing organisations.

#### Child and Parent Centres (State Government)

Sixteen Child and Parent Centres funded by the State Government and managed by non-government organisations have become operational. The following services and programs are provided at one or more centres:

- Antenatal and perinatal support: one centre
- Child health nurses (or similar): seven centres (including speech pathology)
- Parenting programs or support: 10 centres
- Playgroup (or similar): 10 centres

Child Development Services and Child and Adolescent Mental Health Services (or similar) are generally not provided, however the metropolitan Child Development Service has speech pathologists based at Brookman and Challis Child and Parent Centres and intends to locate clinical staff at each of the remaining Child and Parent Centre sites across the Perth metropolitan area.

#### Children and Family Centres (Commonwealth Government)

Children and Family Centres were funded by the Commonwealth Government through the Closing the Gap: National Partnership Agreement on Indigenous Early Childhood Development between 2009 and June 2014.

---

Five centres were established in WA. The centres focus on Aboriginal families with children aged pre-birth to eight years. The following services and programs are provided at one or more centres:

- Antenatal and perinatal support: two centres
- Child health nurses (or similar): five centres (including speech pathology)
- Parenting programs or support: five centres
- Playgroup (or similar): five centres
- Child Development Services: Child and Family Centres make a referral to Department of Health
- Child and Adolescent Mental Health Service: Child and Family Centres make a referral to Department of Health

The Agreement ceased on 30 June 2014, however the operation of the centres was extended through to 30 June 2015. Commonwealth funding for the five Children and Family Centres has now ceased.

In June 2015, the State Government announced that parts of the five Children and Family Centres would be converted into State Government Child and Parent Centres from 1 January 2016. The child care services previously provided by the Children and Family Centres will not become part of Child and Parent Centres because the Department of Education cannot administer child care under the *School Education Act 1999* (WA). Arrangements are being made for the child care section of the buildings to be leased to third party operators so they can provide child care services under provisions of the *National Law for Education and Care 2012* (WA).

### Early Years Learning Grants

The 2012–13 State Budget allocated funding to enable 75 Department of Education primary schools located in low socioeconomic and vulnerable communities throughout WA, to support the engagement and participation of parents, families and children (from 0 to five years), including through the provision of child development and parenting programs. Each school was allocated \$10,000 per year over two years (2013–14).

The Early Years Learning Grants were allocated for three years, finishing in 2015.

### Aboriginal kindergarten program

In June 2015 the State Government announced the establishment of a voluntary Kindergarten program (KindiLink) for three year-old Aboriginal children attending with family members commencing in Term 1, 2016. KindiLink will be piloted in 37 schools throughout WA, 27 of which currently have Aboriginal Kindergartens. It is intended that in addition to play and learning programs support will be provided for families through programs such as the Positive Parenting Program (Triple P), Better Beginnings and referrals for developmental concerns.

### Source of additional information

Collier P 18 June 2015, *New support for young children and families*, Ministerial Media Statements (<http://www.mediastatements.wa.gov.au/Pages/Barnett/2015/06/New-support-for-young-children-and-families.aspx>)

Department of Education, Early Childhood Education, Children and Family Centres (<http://www.det.wa.edu.au/curriculum-support/earlychildhood/detcms/navigation/initiatives/children-and-family-centres/>)

Department of Education, Early Childhood Education, Child and Parent Centres (<http://www.det.wa.edu.au/curriculum-support/earlychildhood/detcms/navigation/initiatives/child-and-parent-centres/>)

---

## Recommendation 5

Arrangements for long-term funding be included in new contracts between government and non-government organisations for the provision of mental health services for children and young people.

### The intent of this recommendation

The 2009 Economic Audit Committee's report *Putting the Public First* identified the need for improved and genuine partnerships between the public service and the community sector in the delivery of human services, with recognition that to enable this, changes must occur in the contractual and financial arrangements for the outsourcing of services by the community sector. The report recommended a move to longer term contractual arrangements where appropriate, to reduce the administrative burden on government and community sector organisations.

The intent of this recommendation is that, where possible, funding contracts to non-government agencies be for a longer period to improve services and programs to children and young people and reduce the administrative time required to implement the service or program.

### Progress since 2011

#### Delivering Community Services in Partnership Policy

In July 2011 the State Government began phased implementation of the Delivering Community Services in Partnership Policy, which aims to further develop a joint approach to contracting between government and non-government agencies, so that increasingly government agencies will fund and support non-government agencies to be the direct service providers.

Implementation and governance of the Delivering Community Services in Partnership Policy is provided by the Partnership Forum, which comprises senior representatives from State government agencies and the non-government sector. The Partnership Forum's role is to improve services and support for vulnerable and disadvantaged Western Australians through a shared approach to policy, planning and delivery of community services. Other Partnership Forum initiatives include the South East Corridor Youth at Risk Project and Cockburn and Kwinana Early Years Partnership.

Also intended to improve the way services are provided in WA (including mental health services) is the move to self-directed services (through the Partnership Forum's Self Directed Services project). Self-directed services involve individuals, families and communities in having a say in the type of services they need and how these are designed and delivered. The Mental Health Commission and the Disability Services Commission are undertaking significant work in this area.

In the 2011–12 State Budget additional funding of \$600 million over four years was provided to support a sustainable non-government sector. The Mental Health Commission was provided with \$6 million of this for increasing the sustainability of mental health service providers.

As of October 2014, the Mental Health Commission had three current service agreements with government or non-government organisations with a term of longer than three years, and nine current service agreements with a term of three years or less, with most of the latter having two options to extend the term, each option being for one year.

---

While not a mental health service for children and young people, the Western Australian Suicide Prevention Strategy 2009–2013 received \$18 million in funding from the State Government, including for the development and implementation of Community Action Plans. The Auditor General reports most Community Action Plans were funded for one year of activities, with some funded for shorter periods, while a few had their funding extended. The Auditor General found the timeframe of one year or less in which the Community Action Plans' activities were carried out reduced the chances of making lasting change.

In November 2014 and February 2015, the State Government announced a total of \$900,000 funding for small grants up to the value of \$10,000 for local suicide prevention projects or training, to be delivered within six months.

### Aboriginal Youth Services Investment Priorities and Principles

In June 2015 the State Government commenced implementation of the Aboriginal Youth Services Investment Reforms. The Reforms are in response to a 2013 review of State government expenditure on programs and services for Aboriginal young people (eight to 24 years), which found a highly fragmented youth service system with limited effectiveness. Contributing to this was ad-hoc and short-term funding, poor or patchy design and a lack of robust evaluation.

As part of the Reform all relevant services provided to Aboriginal youth, delivered either directly by State government agencies or through State funded service providers will be reviewed to see how they can be better targeted, engage with local communities, collaborate more effectively and measure and sustain their impact.

### Source of additional information

Auditor General Western Australia, *The Implementation and Initial Outcomes of the Suicide Prevention Strategy*, pp. 18 & 23 (<https://audit.wa.gov.au/reports-and-publications/reports/the-implementation-and-initial-outcomes-of-the-suicide-prevention-strategy/>)

Department of Premier and Cabinet, *Aboriginal Youth Expenditure Review* (<https://www.dpc.wa.gov.au/Publications/Documents/Aboriginal%20Youth%20Expenditure%20Review.pdf>)

Department of Premier and Cabinet, *Aboriginal Youth Services Investment Priorities and Principles* (<https://www.dpc.wa.gov.au/Publications/Pages/AboriginalYouthServicesInvestmentReforms.aspx>)

Department of Premier and Cabinet, *Premiers Circular 2011/01: Delivering Community Services in Partnership Policy* (<https://www.dpc.wa.gov.au/GuidelinesAndPolicies/PremiersCirculars/Pages/201101DeliveringCommunityServicesinPartnershipPolicy.aspx>)

Disability Services Commission, WA NDIS My Way Fact Sheet, Benefits of individualised planning (<http://disability.wa.gov.au/Global/Publications/WA-NDIS-My-Way/Fact%20sheets%20-%20June%202014/WA-NDIS-My-Way-fact-sheet-Benefits-of-individualised-planning.pdf>)

Government of Western Australia, *Delivering Community Services in Partnership Policy: A Policy to Achieve Better Outcomes for Western Australians Through the Funding and Contracting of Community Services* (<https://partnershipforum.dpc.wa.gov.au/AboutUs/Documents/Delivering%20Community%20Services%20in%20Partnership%20Policy.pdf>)

Government of Western Australia, Partnership Forum Fact Sheet (<http://www.partnershipforum.dpc.wa.gov.au/EventsAndNews/Documents/Fact%20Sheet%201%20Partnership%20Forum.pdf>)

---

Mental Health Commission, *Message from the Commissioner March 2012*, ([http://www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/MHC\\_Commissioners\\_amended\\_Update\\_-\\_March\\_2012\\_2.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/MHC_Commissioners_amended_Update_-_March_2012_2.sflb.ashx))

Mental Health Commission, Person Centred Support ([http://www.mentalhealth.wa.gov.au/mental\\_illness\\_and\\_health/Person\\_centred\\_support.aspx](http://www.mentalhealth.wa.gov.au/mental_illness_and_health/Person_centred_support.aspx))

Mental Health Commission, Western Australian Suicide Prevention Strategy – Small Grants and Training ([www.mentalhealth.wa.gov.au/mentalhealth\\_changes/wa\\_suicide\\_prevention\\_strategy/Small\\_grants\\_and\\_training.aspx](http://www.mentalhealth.wa.gov.au/mentalhealth_changes/wa_suicide_prevention_strategy/Small_grants_and_training.aspx))

OneLife, Western Australian Suicide Prevention Small Grants and Training (<http://www.onelifewa.com.au/grants-training/>)

Partnership Forum, Funding & Contracting (<http://www.partnershipforum.dpc.wa.gov.au/CurrentProjects/Pages/FundingContracting.aspx>)

Partnership Forum, Self Directed Services (<http://www.partnershipforum.dpc.wa.gov.au/CurrentProjects/Pages/SelfDirectedServices.aspx>)



---

## Recommendation 6

The Mental Health Commission build the capacity of the non-government sector so it is equipped to deliver mental health promotion, prevention, early intervention and treatment services for children and young people.

### The intent of this recommendation

The transfer of service delivery to the community sector as recommended by the 2009 Economic Audit Committee report *Putting the Public First* relies on adequately funded and experienced non-government organisations to be effective. At the time of the Inquiry, only a small number of organisations had the expertise to provide the range of mental health services required by children and young people.

The intent of this recommendation was for the Mental Health Commission to fund non-government organisations to develop expertise in children and young people's mental health and wellbeing, and to deliver additional programs and services to meet their specific needs.

### Progress since 2011

#### New funding or service contracts

##### Youth Focus – Response to Self-Harm and Suicide in Schools (School Response Program)

This program addresses suicide and self-harm in Metropolitan and South West schools with students aged 12 to 17 years by providing clinical treatment, suicide prevention, and postvention support and education.

This is a joint project by Youth Focus (funded by the Mental Health Commission), the Department of Education, and the Child and Adolescent Mental Health Service, Department of Health in the Metropolitan area and South West region.

The Mental Health Commission provided funding of \$200,000 for 2013–14, and \$550,000 for 2014–15.

##### Mission Australia – Assertive Community Intervention Initiative (Children and Family Support Service)

See Recommendation 40 for detailed information on this project.

Funded by the Commonwealth Government for \$5.68 million over three years from 2013–14 to 2015–16, administered by the Mental Health Commission.

##### Outcare – Mental Health Court Diversion and Support Pilot Program

See Recommendation 19 for detailed information on this project.

The Mental Health Commission provided funding of \$576,800 in 2013–14, and \$496,800 in 2014–15.

##### Western Australian Suicide Prevention – Small grants and training

This grants program aims to strengthen families, communities and workplaces, and build resilience to prevent suicide in people of all ages across WA by providing funding for suicide prevention projects or training.

The Mental Health Commission granted funding of \$3.00 million in 2013–14 with 13 grants awarded to youth specific initiatives.

---

In 2014–15, the Mental Health Commission provided \$811,605 in total funding for the Suicide Prevention Small Grants program, \$312,315 was provided to 35 youth-specific (12 to 25 years) projects and training.

### **WACOSS/City of Cockburn – Integrating services to support the mental health of infants and young children**

See Recommendation 36 for detailed information on this project.

The Mental Health Commission provided funding of \$50,000 in 2011–12 for the period 1 June 2012 to 25 January 2014.

### **Swan Perinatal Mental Health Service**

See Recommendation 36 for detailed information on this project.

Funding of \$267,916 was provided by the Mental Health Commission for 2011–12.

### **St John of God Outreach Service/City of Swan – Integrating perinatal and infant mental health services**

See Recommendation 36 for detailed information on this project.

The Mental Health Commission provided \$50,000 for the period 2011–12 and \$78,000 for 2012–13.

### **Perinatal and infant mental health workforce development**

See Recommendation 36 for detailed information on this project.

The Mental Health Commission provided funding of \$80,797 in 2012–13 to identify a workforce development framework.

### **Growth of pre-existing funding or service contracts**

#### **Youth Focus**

Youth Focus provides early intervention counselling services for young people aged from 12 to 18 years living in the Perth metropolitan area who are at risk of developing depression or anxiety or engaging in self-harming behaviours.

The Mental Health Commission granted \$2.70 million over five years from June 2014.

#### **Children of Parents with Mental Illness (COPMI) coordination**

The COPMI coordination supports children and young people (to 18 years) of parents with mental illness throughout WA.

Three non-government organisations deliver different aspects of this support:

1. Arafmi<sup>203</sup> – state-wide COPMI Advisory Committee
2. Ruah – education, information and training
3. Wanslea – home-based program aimed at building family resilience, support group, activities and community education

---

The Mental Health Commission provided funding to the following:

- Arafmi<sup>204</sup> – approx. \$2.5 million, 2013–15
- Ruah – approx. \$5.1 million, 2013–17
- Wanslea – approx. \$513,450, 2013–15

### **Source of additional information**

Mental Health Commission, Western Australian Suicide Prevention Strategy – Small Grants and Training ([www.mentalhealth.wa.gov.au/mentalhealth\\_changes/wa\\_suicide\\_prevention\\_strategy/Small\\_grants\\_nd\\_training.aspx](http://www.mentalhealth.wa.gov.au/mentalhealth_changes/wa_suicide_prevention_strategy/Small_grants_nd_training.aspx))

OneLife, Western Australian Suicide Prevention Small Grants and Training (<http://www.onelifewa.com.au/grants-training/>)

Youth Focus, 14 July 2014, *Young West Australians to benefit from increased mental health funding*, Media Release, (<http://youthfocus.com.au/2014/07/media-release-young-west-australians-to-benefit-from-increased-mental-health-funding/#more-3241>)

---

## Recommendation 7

The Mental Health Commission ensure that the views of children and young people are heard in the work of the Mental Health Advisory Council and in the development of mental health policy, program and service design.

### The intent of this recommendation

There are more than 575,000 children and young people 0 to 18 years living in WA, 23 per cent of the State's total population. Government and non-government organisations have an important role to play in ensuring children and young people's views are heard and reflected in their policies, programs and services.

Involving children and young people will help ensure their mental health and developmental needs are considered and policies, programs and services that are intended for them are relevant and appropriate.

The intent of this recommendation was for the Mental Health Commission and the Mental Health Advisory Council to implement processes to hear from children and young people (younger than 18 years of age), as is the case with adult consumers and carers, and for their views to inform the development of mental health policy, program and service design.

### Progress since 2011

#### Formal consultation

The Mental Health Commission has established the Engagement and Consultation Directorate, which will become the central point of consumer, family and carer representation. The Directorate is working with Mental Health Commission staff to develop engagement plans and strategies for current and future projects.

The Mental Health Commission engages agencies and services such as Arafmi (now HelpingMinds), Carers WA, The Youth Affairs Council (YACWA) and Inclusion WA to consult with children and young people on its behalf for specific initiatives. Consultations have included the following:

#### Arafmi<sup>205</sup> – Children of Parents with Mental Illness (COPMI) Forum

This forum on the Mental Health Bill 2013 involved young people older than 13 years.

#### Arafmi<sup>206</sup> – Children of Parents with Mental Illness (COPMI) Advisory Committee – The Children Of Parents with a Mental Illness (COPMI) Reference Group

This reference group involved young people from 16 to 25 years in developing the WA Children Of Parents with a Mental Illness (COPMI) Education and Awareness Strategy.

#### Youth Affairs Council (YACWA) – Music Feedback Project – Reference Group

This reference group assisted in delivering the Music Feedback Project, and involved young people from 12 and 25 years.

#### Suicide Prevention 2020

In May 2015 a new state-wide prevention strategy, Suicide Prevention 2020: Together we can save lives strategy was released by the Mental Health Commission.

The Mental Health Commission has developed a Youth Engagement Strategy (young people aged 12 to 25 years) to support the implementation of the Strategy.

---

## Recommendation 8

Increased priority be given to the mental health and wellbeing of children and young people by the Mental Health Commission.

### The intent of this recommendation

In March 2010, the Western Australian Government established the Mental Health Commission to take responsibility for mental health strategic policy, planning, procurement and performance monitoring and evaluation of services.

At the time of the Inquiry, the Mental Health Commission advised it was involved in short and long-term planning projects for the infant, child, adolescent and youth mental health sector.

The Inquiry found the establishment of the Mental Health Commission presented the opportunity to bring about much needed reform in the area of children and young people's mental health, however appropriate resourcing was required.

The intent of this recommendation was for the Mental Health Commission to give increased priority to the mental health and wellbeing of children and young people.

### Progress since 2011

#### Mental Health 2020 strategic policy and Action Plan 2011–12

In October 2011 the Mental Health Commission released the Mental Health 2020 strategic policy, which outlined three reform directions and nine action areas for prevention, early intervention, treatment and recovery supports and services for Western Australians of all ages affected by mental health problems and mental illness. In Action Area 5 the specific needs of infants and children and youth (along with six other specific populations) were acknowledged and a number of priority actions identified.

The associated Action Plan 2011–2012 provided more detail on over 10 (of a total of 68) priority actions specifically for infants, children and young people, including those funded by the Commonwealth Government.<sup>207</sup>

#### The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025

The draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 (the draft Plan) was released on 3 December 2014 for consultation. The draft Plan describes the 'optimal mix' of services required to meet the severe mental health and alcohol, and other drug needs of the WA population over the next 10 years but not who should fund or provide them. It takes a phased implementation approach.

The draft Plan acknowledges that service development must consider the lifespan from before birth through to older adulthood and that mental disorders are the leading cause of disability in young people 15 to 24 years, and a high cause in children 0 to 14 years.

The needs of infants, children, adolescents and young people with severe mental illness are included in the draft Plan through the intent to develop a promotion and prevention strategy, to increase infant, child and adolescent and youth community treatment services and to realign hospital and community services to create a youth-specific (16 to 24 years) service stream, and in the proposed expansion or development of several specialised state-wide services.

---

## Suicide Prevention 2020 strategy

In May 2015 a new state-wide prevention strategy, *Suicide Prevention 2020: Together we can save lives* strategy was released by the Mental Health Commission.

The Strategy aims to prevent suicide through six action areas including public awareness, community based suicide prevention activities, coordinated and targeted services for high-risk groups and suicide prevention training. The Strategy acknowledges children and young people in key principles, action areas, discussion about resilience and protective factors and in early priorities. It refers to early intervention as a component of the full spectrum of interventions for mental health problems and disorders.

### Source of additional information

Barnett C & Morton H 3 December 2015, *10-year plan builds on WA mental health reforms*, Ministerial Media Statements, (<http://www.mediastatements.wa.gov.au/Pages/Barnett/2014/12/10-year-plan-builds-on-WA-mental-health-reforms.aspx>)

Mental Health Commission, *Mental Health 2020: Making it personal and everybody's business* ([http://www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Mental\\_Health\\_Commission\\_strategic\\_plan\\_2020.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Mental_Health_Commission_strategic_plan_2020.sflb.ashx)) pp. 11, 14, 30–34.

Mental Health Commission, *Mental Health 2020: Making it personal and everybody's business, Action Plan 2011–2012*, ([http://www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/MHC\\_action\\_plan\\_Web\\_2.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/MHC_action_plan_Web_2.sflb.ashx))

Mental Health Commission, *Suicide Prevention 2020: Together we can save lives* ([http://www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Suicide\\_Prevention\\_2020\\_Strategy\\_Final\\_5.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Suicide_Prevention_2020_Strategy_Final_5.sflb.ashx))

Mental Health Commission, *The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025* ([http://www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Plan\\_27\\_11\\_2014\\_for\\_consultation\\_3.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Plan_27_11_2014_for_consultation_3.sflb.ashx))

Morton H & Nahan M 15 May 2015, *Our State Budget 2015–16 – Supporting and protecting our community: New plan to halve WA's suicide numbers by 2025*, Ministerial Media Statements, (<http://www.mediastatements.wa.gov.au/Pages/Barnett/2015/05/Our-State-Budget-2015-16-Supporting-and-protecting-our-community-New-plan-to-halve-WAs-suicide-numbers-by-2025.aspx>)

---

## Recommendation 9

A strategic and comprehensive plan for the mental health and wellbeing of children and young people across Western Australia be developed by the Mental Health Commission. This plan provides for the implementation and funding of promotion, prevention, early intervention and treatment services and programs.

### The intent of this recommendation

At the time of the Inquiry the Mental Health Commission advised it would be leading the implementation of the Mental Health Strategic Plan, working on a plan for youth mental health services and developing short and long-term initiatives for infant and child mental health. *WA Mental Health Towards 2020: Consultation Paper* had also been released for community feedback.

The Inquiry found the work on youth mental health services and initiatives for infants and children needed to be part of a long-term, comprehensive plan for all children and young people in WA, taking into account what they needed in terms of promotion, prevention, early intervention and treatment services.

The intent of this recommendation was for a strategic and comprehensive plan for the mental health and wellbeing of children and young people across WA to be developed by the Mental Health Commission, and for this plan to provide for the implementation and funding of promotion, prevention, early intervention and treatment services and programs.

### Progress since 2011

#### Mental Health 2020 strategic policy and Action Plan 2011–12

In October 2011 the Mental Health Commission released the Mental Health 2020 strategic policy, which outlined three reform directions and nine action areas for prevention, early intervention, treatment and recovery supports and services for Western Australians of all ages affected by mental health problems and mental illness. In Action Area 5 the specific needs of infants and children and youth (along with six other specific populations) were acknowledged and a number of priority actions identified.

The associated Action Plan 2011–2012 provided more detail on over 10 priority actions for infants, children and young people, including those funded by the Commonwealth Government.<sup>208</sup>

#### The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025

The draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 (the draft Plan) was released on 3 December 2014 for consultation. The draft Plan describes the 'optimal mix' of services required to meet the severe mental health and alcohol and other drug needs of the WA population over the next 10 years but not who should fund or provide them. It takes a phased implementation approach.

The draft Plan acknowledges that service development must consider the lifespan from before birth through to older adulthood and that mental disorders are the leading cause of disability in young people 15 to 24 years, and a high cause in children 0 to 14 years.

The needs of infants, children, adolescents and young people with severe mental illness are included in the Plan through the intent to develop a promotion and prevention strategy, to increase infant, child and adolescent and youth community treatment services and to realign hospital and community services to create a youth-specific (16 to 24 years) service stream, and in the proposed expansion or development of several specialised state-wide services.

---

The Mental Health Community Support Services and Community Bed Based Services sections of the draft Plan do not refer specifically refer to children and young people (particularly those younger than 16 years).

The draft Plan states that it:

estimates resources to service people with a severe mental illness only. It is considered that people with a moderate or mild illness will be treated in the primary care or the private system (p. 109)

### **Source of additional information**

Barnett C & Morton H 3 December 2014, *10-year plan builds on WA mental health reforms*, Ministerial Media Statements, (<http://www.mediastatements.wa.gov.au/Pages/Barnett/2014/12/10-year-plan-builds-on-WA-mental-health-reforms.aspx>)

Mental Health Commission, *Mental Health 2020: Making it personal and everybody's business* ([http://www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Mental\\_Health\\_Commission\\_strategic\\_plan\\_2020.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Mental_Health_Commission_strategic_plan_2020.sflb.ashx)) pp. 11, 14, 30–34.

Mental Health Commission, *Mental Health 2020: Making it personal and everybody's business, Action Plan 2011–2012*, ([http://www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/MHC\\_action\\_plan\\_Web\\_2.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/MHC_action_plan_Web_2.sflb.ashx)) pp. 16–18.

Mental Health Commission, *The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025* ([http://www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Plan\\_27\\_11\\_2014\\_for\\_consultation\\_3.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Plan_27_11_2014_for_consultation_3.sflb.ashx)) p. 7.



---

## Recommendation 10

A whole-of-government collaboration to improve the mental health and wellbeing of children and young people across the State be led by the Mental Health Commission.

### The intent of this recommendation

The Inquiry found that collaboration across government and the non-government and private sectors was crucial for the effective delivery of mental health services to individuals and children and young people more broadly.

The Inquiry identified that there were many government agencies involved in delivering mental health services and programs to children and young people across the intervention continuum, and that the Mental Health Commission was best placed to lead a 'whole-of-government' collaborative approach to identify, address and improve mental health services for children and young people across WA.

The intent of this recommendation was for the whole-of-government to collaborate to improve the mental health and wellbeing of children and young people across the State and that this be led by the Mental Health Commission.

### Progress since 2011

#### Mental Health 2020 strategic policy

Mental Health 2020 identifies 'Connected approaches' as one of three reform agendas and 'Services working together' as one of nine action areas. It states:

Strong connections forged across Commonwealth, state and local governments, professional bodies, peak organisations, private and community sector organisations are fundamental to implementing Mental Health 2020 (p. 17).

and

The Mental Health Commission has a key role to educate, influence and facilitate other government agencies, community sector organisations, private providers and communities to work well together (p. 17).

Examples of whole-of-government collaboration (led in full or in part by the Mental Health Commission) to improve children and young people's mental health and wellbeing include (but are not limited to):

- Infant Mental Health Planning Group
- Mental Health Court Diversion and Support Program
- Young People with Exceptionally Complex Needs (YPECN) project
- Mental Health Bill 2013
- Development of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025
- The Western Australian Suicide Prevention Strategy 2009–2013

---

## The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025

The draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 identifies the importance of multiagency partnerships for implementation and for the Mental Health Commission to lead implementation and review of progress.

### Suicide Prevention 2020 strategy

In May 2015 a new state-wide prevention strategy, *Suicide Prevention 2020: Together we can save lives* strategy was released by the Mental Health Commission.

Implementation of the Strategy will be led by the Mental Health Commission through partnerships with Commonwealth, State and non-government agencies.

### Source of additional information

Barnett C & Morton H 3 December 2014, *10-year plan builds on WA mental health reforms*, Ministerial Media Statements, (<http://www.mediastatements.wa.gov.au/Pages/Barnett/2014/12/10-year-plan-builds-on-WA-mental-health-reforms.aspx>)

Mental Health Commission, *Annual Report 2012–13* ([http://www.mentalhealth.wa.gov.au/media\\_resources/policies\\_reports\\_forms/2013\\_annual\\_report.aspx](http://www.mentalhealth.wa.gov.au/media_resources/policies_reports_forms/2013_annual_report.aspx))

Mental Health Commission, *Annual Report 2013–14* ([www.mentalhealth.wa.gov.au/media\\_resources/policies\\_reports\\_forms/2014\\_annual\\_report.aspx](http://www.mentalhealth.wa.gov.au/media_resources/policies_reports_forms/2014_annual_report.aspx))

Mental Health Commission, *Mental Health 2020: Making it personal and everybody's business* ([http://www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Mental\\_Health\\_Commission\\_strategic\\_plan\\_2020.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Mental_Health_Commission_strategic_plan_2020.sflb.ashx)) p. 17.

Mental Health Commission, *The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025* ([www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Plan\\_27\\_11\\_2014\\_for\\_consultation\\_1.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Plan_27_11_2014_for_consultation_1.sflb.ashx))

Mental Health Commission, *Suicide Prevention 2020: Together we can save lives* ([http://www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Suicide\\_Prevention\\_2020\\_Strategy\\_Final\\_5.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Suicide_Prevention_2020_Strategy_Final_5.sflb.ashx))



---

## Recommendation 11

The Mental Health Commission improve and maintain comprehensive data collection on the mental health of children and young people in Western Australia, including expenditure and mental health and wellbeing outcomes.

### The intent of this recommendation

Accurate and reliable data is integral to developing, delivering, coordinating and evaluating mental health services to children and young people.

The Inquiry found there was no comprehensive data on children and young people (0 to 18 years) who are experiencing mental health disorders or problems or the extent to which they are affected or on mental health programs and services for children and young people, including expenditure.

The intent of this recommendation was that accurate and reliable data be systematically collected to understand the extent of mental health problems and disorders among children and young people, and to inform service development, delivery, coordination and evaluation.

### Progress since 2011

The Mental Health Commission does not collect comprehensive data on the mental health of children and young people, however it has a key role within current legal constraints in progressing improvements in the availability, transparency, consistency and use of mental health data through relationships with data custodians, such as the Department of Health and participation in other state and national initiatives. For example, the Mental Health Commission collects data on the number of young people clinically assessed and receiving treatment through the Mental Health Court Diversion and Support Service.

The following have occurred in regard to data collection on children and young people younger than 18 years since the Inquiry report was tabled on 5 May 2011.

#### Memorandum of Understanding on data sharing between the WA Department of Health and Mental Health Commission

The purpose of the Memorandum of Understanding is to enable the Department of Health, as data custodian, to provide the Mental Health Commission with access to key mental health datasets.

The Mental Health Commission uses this data to inform mental health policy development, planning and evaluation. The Memorandum of Understanding includes a number of child and adolescent data sets. These were agreed and signed off by the Acting Director General, Department of Health, the Chief Executive, Child and Adolescent Health Service and the Mental Health Commissioner in November 2014.

Data source: WA Department of Health datasets and key performance indicators relating to public mental health activity.

#### Activity Based Funding

Public mental health services are funded by the State Government through the Activity Based Funding model, which for inpatient activity allows direct comparison against key state-based and national performance indicators, including quality and efficiency. The Mental Health Commission meets quarterly with each of the Health Services (including the Child and Adolescent Health Service) to discuss progress against agreed targets, issues and current trends.

Data source: WA Department of Health Activity Based Funding data for child, adolescent and youth populations.

---

## Recommendation 12

The State Government provide funding for the regular conduct of the Telethon Institute for Child Health Research's<sup>209</sup> Child Health Survey and for this survey to be conducted in Western Australia every three years.

### The intent of this recommendation

The Inquiry found the collation of accurate and reliable data on children and young people's mental health and wellbeing was integral to coordinating the provision of services and reporting on outcomes.

At the time of the Inquiry there was no comprehensive data collection on the extent of children and young people's mental health problems and disorders or of expenditure on mental health services and programs for them.

In 2007 the Telethon Institute for Child Health Research (now Telethon Kids Institute) was funded to undertake preliminary work for a 2008 Western Australian Child Health Survey, to examine the development of children and apply it to questions of current importance for children and their families, including mental health problems. Although the preliminary work was completed, the survey was not funded.

The intent of this recommendation was for the Telethon Institute for Child Health Research to be funded to conduct a comprehensive survey of children and young people's health (including mental health) every three years.

### Progress since 2011

There have been no initiatives or activities identified in regard to a comprehensive survey of WA children and young people's health (including mental health) since the Inquiry report was tabled on 5 May 2011.

A national survey of Australian children and adolescent's mental health and wellbeing (Young Minds Matter) has recently been conducted. Although WA children and young people were surveyed, the data cannot be disaggregated at a state level.

The Australian Early Development Census (AEDC) (formerly the Australian Early Development Index) continues to be administered nationally every three years. The AEDC is a population measure of children's development as they enter their first year of formal full-time school (Pre-primary in WA). The AEDC provides information on the number of children who are 'developmentally vulnerable' on one or more of five domains, including two that provide a measure of children's social and emotional wellbeing. Since the Inquiry report was tabled it has been conducted in 2012 and 2015.

In 2013 the Middle Years Development Instrument was trialled with over 6,000 students from South Australia and Victoria. This self-report instrument for students between Year 4 and Year 9 provides population level information on the health and wellbeing (including social and emotional development) of children in the middle years (eight to 14 years). The Middle Years Development Instrument was developed in Canada by many associated with the development of the Early Development Index, and the adaption of it for use in Australia as the Australian Early Development Census.

### Source of additional information

Australian Early Development Census, (<https://www.aedc.gov.au/>)

Middle Years Development Instrument Australia, (<http://www.mdi.sa.edu.au/pages/default/Austpilot/?reFlag=1>)

---

## Recommendation 13

The Mental Health Commission monitor the operational transfer of the Infant, Child, Adolescent and Youth Mental Health Service into the Child and Adolescent Health Service to ensure there are improved outcomes for the mental health and wellbeing of children and young people.

### The intent of this recommendation

At the time of the Inquiry the current metropolitan Child and Adolescent Mental Health Service (CAMHS), WA Country Mental Health Services for children and young people and Youth Mental Health Services were known as the Infant, Child, Adolescent and Youth Mental Health Service. It provided a range of community, inpatient and state-wide services and Tier 3 and Tier 4 mental health services in metropolitan, regional and remote WA.

The Inquiry found that ongoing under-funding had resulted in lengthy waitlists and a focus on a 'crisis' response rather than comprehensive early intervention and treatment, and that some children and young people in regional and remote areas were unable to receive any service. The Inquiry welcomed the structural reform that occurred on 28 February 2011, which involved merging the two metropolitan services into one service within the Child and Adolescent Health Service with this unit to manage state-wide operational policy development and negotiations with the Mental Health Commission regarding metropolitan and regional child and adolescent mental health services.

The intent of this recommendation was to ensure the operational transfer of the Infant, Child, Adolescent and Youth Mental Health Service into the Child and Adolescent Health Service resulted in more consistent and improved mental health service delivery for WA children and young people.

### Progress since 2011

#### Metropolitan Child and Adolescent Mental Health Service

The metropolitan Child and Adolescent Mental Health Service (CAMHS) now provides a range of community, specialised and acute mental health services to children and young people to 18 years, although not all services are for all ages.

The Acute Inpatient Units (e.g. Ward 4H, Princess Margaret Hospital, and Bentley Adolescent Unit) and Specialised Services (e.g. Eating Disorders Program, Complex Attention and Hyperactivity Disorders Service, and Pathways) are metropolitan based services available to all children from across the State. The ten community mental health services are for metropolitan children and young people.

All metropolitan Child and Adolescent Mental Health Services now operate under a single governance structure. Significant reforms have occurred in relation to clinical and corporate governance, risk identification and management, policy, clinical guidelines, evaluation, professional development and consumer and carer engagement, and these have been implemented throughout the Child and Adolescent Mental Health Service. This includes policy development recommended by the Office of the Chief Psychiatrist and the Stokes Review. Regular audits of clinical assessment, risk assessment and discharge and transfer policies are undertaken.

---

The following are service-wide reforms enabled by the single governance structure:

### Metropolitan Child and Adolescent Mental Health Service – Choice and Partnership Approach

The Choice and Partnership Approach (CAPA) service delivery framework aims to improve the engagement of children and young people and their families in their treatment, increase service efficiency and better manage demand for services.

The Choice and Partnership Approach has been implemented by all ten community Child and Adolescent Mental Health Service teams, as of July 2015.

Implementation of the Choice and Partnership Approach has resulted in a significant increase in the number of initial face-to-face appointments per week and a reduction in the number of children, young people and families not attending appointments.

### Establishment of Acute Response Team, enhancement of Acute Community Intervention Team

See Recommendation 40 for detailed information on this project.

### Improved interagency collaboration

Improved collaboration with agencies including:

- Department of Child Protection and Family Support and Department of Health health care planning working group (see Recommendation 21)
- Schools Suicide Response and Prevention Project – coordinating the response of schools, school psychologists and the Child and Adolescent Mental Health Service.
- headspace – for example, Rockingham headspace is included in multidisciplinary team meetings at Rockingham Community Child and Adolescent Mental Health Service to improve shared care.

### Reduction in seclusion and restraint

Therapeutic Crisis Intervention training has been implemented as a core competency for clinicians to help reduce the need for high risk interventions, such as seclusion and restraint. The use of seclusion and restraint has been reduced within the Child and Adolescent Mental Health Service. For example, at the Bentley Adolescent Unit (which has also undergone renovation), the number of young people secluded for more than four hours has reduced from 34 per cent (2010–11) to 0 per cent across the calendar years of 2013 and 2014. The average length of seclusion has decreased from just over two hours (2009–10) to just under one hour (2013–14). Overall the rates of seclusion within Bentley Adolescent Unit continue to fall both in terms of frequency and duration.

### Standardised consumer feedback

A number of methods of collecting and acting on consumer feedback have been implemented including:

- The Experience of Service Questionnaire obtains feedback from children, young people and their families about services to guide service delivery and clinical reform. Results are collated, analysed and fed back to teams on a monthly and quarterly basis.
- The Child and Adolescent Mental Health Service Child and Adolescent Network (CAMHS-CAN) allows children and young people to give their views, advice and feedback about Child and Adolescent Mental Health Services through a virtual network. Participants receive surveys and other documents via email and return their feedback the same way.

---

## Service-wide training and orientation

A comprehensive, service-wide training and orientation program has been developed based on Child and Adolescent Mental Health Service-specific core competencies. Development of a Child and Adolescent Mental Health Service-specific Aboriginal cultural competency training framework and a training framework to address core competencies and advanced skill training is underway.

## WA Country Mental Health Services for children and young people

Since the Inquiry report was tabled on 5 May 2011 the following reforms have been implemented by WA Country Mental Health Services (WACHS) Child and Adolescent Mental Health Services (CAMHS):

- Twice weekly Tele Mental Health Specialist Consultation and Psychiatrist assessment, treatment and case-management services to individuals and families across regional areas serviced by WACHS.
- Training and professional development through:
  - Delivery of the Tele Mental Health WACHS CAMHS Training Program for all new clinicians commencing in CAMHS
  - Advanced specialist CAMHS training for rural and remote CAMHS clinicians
  - Specialist Emergency Department CAMHS assessment and management training.
- Development and implementation of a reduced waitlist policy, with some regions implementing the Choice and Partnership Approach (CAPA) model to improve the timeliness of response for children, young people and their families. Where this has been implemented waitlists have reduced.
- Monthly regional CAMHS network meetings.
- Alignment of WACHS CAMHS policies with CAHS and use of the Acute Response Team (ART) for after-hours emergencies and referral of children and youth.
- WACHS CAMHS executive and clinical leads meet monthly to discuss strategic and operational matters.
- WACHS CAMHS representatives are invited to the Child and Adolescent Mental Health Service policy group and training and planning sessions.

## Youth Mental Health Services

Youth Mental Health Services came under the governance of the Child and Adolescent Health Service on 28 February 2011. Youth Mental Health Services (YouthLink, Youth Axis, Youth Reach South) was subsequently transferred to the North Metropolitan Health Service Mental Health on 1 July 2013.

## Director of Youth Mental Health

This dedicated position has been established to coordinate and lead the Youth Specialist Mental Health stream. The position commenced on 29 July 2013.

## Source of additional information

Child and Adolescent Health Service Western Australia, Child and Adolescent Health Service CAMHS About Child and Adolescent Mental Health Service (<http://www.pmh.health.wa.gov.au/general/CAMHS/>)

Department of Health, Youth Mental Health Program ([www.nmahsmh.health.wa.gov.au/services/youth.cfm](http://www.nmahsmh.health.wa.gov.au/services/youth.cfm))

---

## Recommendation 14

Funding to the State's Infant, Child, Adolescent and Youth Mental Health Service be increased so it is able to provide comprehensive early intervention and treatment services for children and young people across Western Australia, including meeting the needs of those with mild, moderate and severe mental illnesses.

### The intent of this recommendation

At the time of the Inquiry the current metropolitan Child and Adolescent Mental Health Service (CAMHS), WA Country Mental Health Services for children and young people and Youth Mental Health Services were known as the Infant, Child, Adolescent and Youth Mental Health Service. It provided a range of community, inpatient and state-wide services and Tier 3 and Tier 4 mental health services in metropolitan, regional and remote WA.

The Inquiry found that ongoing under-funding had resulted in lengthy waitlists and a focus on a 'crisis' response rather than comprehensive early intervention and treatment and that some children and young people in regional and remote areas were unable to receive any service. The Inquiry also found that structural reform (merging the two metropolitan services into one service within the Child and Adolescent Health Service) would not be sufficient and increased funding was necessary to meet the needs of their target population.

The intent of this recommendation was to ensure comprehensive early intervention and treatment services are available to meet the needs of children and young people with mild, moderate and severe mental illness across WA.

## Progress since 2011

### Metropolitan Child and Adolescent Mental Health Service

The WA State Budget 2014–15 provided for targeted growth funding for child and adolescent mental health services. It reflects population and cost growth and represents an increase in budget for the metropolitan Child and Adolescent Mental Health Service (CAMHS) of \$18.03 million since 2011–12.

### Acute Response Team

The Acute Response Team (ART) is a 24-hour, seven-day-a-week assertive outreach service operating from Princess Margaret Hospital that assesses and assists children and young people up to 18 years who are experiencing a mental health crisis in the community, including when they have presented to a metropolitan emergency department. The Princess Margaret Hospital inpatient liaison role is for children up to the age of 16; the outreach ART services are provided to children up to 18 years old.

The Mental Health Commission provided funding of \$1.20 million for 2012–13, \$1.60 million for 2013–14 and \$1.71 million for 2014–15.

See Recommendation 40 for further information on this initiative.

### Assertive Community Intervention

This initiative provides assertive community follow up for up to eight weeks to transition the child or young person to a community based service.

---

It includes two components:

- 24/7 triage and visiting team response – for this, the Mental Health Commission funded \$612,000 for 2012–13, \$1.82 million for 2013–14 and \$1.89 million for 2014–15.
- Emergency Department Mental Health Diversion Program – Adolescents Assertive Outreach Teams – the Mental Health Commission provided \$1.97 million over three years from November 2011.

See Recommendation 40 for detailed information on this initiative.

### Response to Self-Harm and Suicide in Schools (School Response Program)

This program aims to address suicide and self-harm in Metropolitan and South West school students aged 12 to 17 years by providing clinical treatment, suicide prevention and postvention support plus education.

This is a joint project by Youth Focus (funded by the Mental Health Commission), the Department of Education and the Child and Adolescent Mental Health Service.

Child and Adolescent Mental Health Services provide clinical support to teams providing earlier intervention to young people presenting at high risk of suicide.

The Mental Health Commission granted \$1.13 million (7.1 FTE) (Child and Adolescent Mental Health Service component) for the period 2014–15.

### Advanced trainee child and adolescent psychiatrist positions

The trainee positions address a shortage of Child and Adolescent Psychiatry training positions in WA.

The Mental Health Commission provided funding for five positions, including \$1.10 million for 2013–14 and \$1.17 million for 2014–15.

### Child and Adolescent Health Service Gender Diversity Service

The purpose of the Child and Adolescent Health Service (CAHS) Gender Diversity Service is to provide a service for children and young people (three to 18 years) experiencing gender identity disorders.

This service is provided within existing Child and Adolescent Mental Health Service and Child and Adolescent Health Service FTE funding.

### Statewide Specialist Aboriginal Mental Health

This service aims to support Aboriginal people across WA (including children and young people younger than 18 years) and their families to access mental health services.

Funding of \$22.47 million was provided by the Commonwealth Government (for all ages) over four years (pre-May 2011), and also \$7.90 million by the State Government in 2013–14, with an additional \$29.10 million over three years commencing 2014–15.

Funding allocated to the Child and Adolescent Mental Health Service has enabled recruitment of five Aboriginal workers to focus on the needs of Aboriginal children and young people.

---

## WA Country Mental Health services for children and young people

### Regional youth community mental health services

These services improve regional community mental health services for young people 16 to 25 years in the South West health region.

The State Government has provided funding of \$1.60 million per annum since 2011–12.

The Youth Community Mental Health Services funding has been prioritised by WA Country Health Service (WACHS) to:

- Implement CAMHS Team Leaders positions across all regions in WACHS to improve supervision and governance for CAMHS clinicians, clients and their families.
- Develop standardised approaches to CAMHS assessment, treatment and care coordination.
- Establish a CAMHS Team Leaders network that meets fortnightly to review clinical priorities and to develop models of care and policy to meet consumer needs in rural and remote communities.
- Increase Consultant Psychiatrist services.

### Youth Mental Health Services

#### Youth Axis

Youth Axis provides specialist mental health assessment, treatment, consultation and community capacity building for metropolitan young people (16 to 24 years) who have emerging mental health issues, primarily associated with ultra-high risk of developing psychosis and/or emerging borderline personality disorder.

Youth Axis receives funding of \$2.00 million per annum from the Mental Health Commission through North Metropolitan Health Service.

### Source of additional information

Mental Health Commission, *Mental Health 2020: Making it personal and everybody's business, Action Plan 2011–2012*, ([http://www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/MHC\\_action\\_plan\\_Web\\_2.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/MHC_action_plan_Web_2.sflb.ashx))

Morton H 13 October 2011, *Mental Health of young a priority in country WA*, Ministerial Media Statements, (<http://www.mediastatements.wa.gov.au/Pages/Barnett/2011/10/Mental-health-of-young-a-priority-in-country-WA.aspx>)

Morton H 13 May 2015, *Specialist youth service now has a new home*, Ministerial Media Statements, (<http://www.mediastatements.wa.gov.au/Pages/Barnett/2015/05/Specialist-youth-service-now-has-a-new-home.aspx>)

---

## Recommendation 15

The *Mental Health Act 1996* (WA) and the *Criminal Law (Mentally Impaired Accused) Act 1996* (WA) be reviewed to ensure the rights and needs of children and young people are adequately recognised.

### The intent of this recommendation

Appropriate legislation governing mental health in WA is an important component of an effective mental health system. Mental health laws (both civil and criminal) have the potential to impact on the wellbeing of children and young people.

The Inquiry found that reform of both the *Mental Health Act 1996* (WA) and the *Criminal Law (Mentally Impaired Accused) Act 1996* (WA) was needed to better take account of the special vulnerability and specific needs of children and young people.

The intent of this recommendation was to support the review of both Acts to ensure the rights and needs of children and young people were adequately recognised.

### Progress since 2011

#### The Mental Health Act 2014

The *Mental Health Act 2014* (WA) was passed by the WA Parliament on 16 October 2014 and was assented to on 3 November 2014. It will commence no earlier than November 2015 and, until that time, the *Mental Health Act 1996* (WA) remains in place.

The *Mental Health Act 2014* (WA) contains a number of provisions that take account of the specific needs and vulnerabilities of children and young people younger than 18 years. The current *Mental Health Act 1996* (WA) does not make special provision for children and young people.

#### Review of Criminal Law (Mentally Impaired Accused) Act 1996

The *Criminal Law (Mentally Impaired Accused) Act 1996* is currently under review. There are no proposed reforms relating specifically to children and young people younger than 18 years. The public consultation phase closed on 12 December 2014.

A report on the outcomes of the consultation will be considered by the Attorney General. There is no specific date set for finalisation of the review.

### Source of additional information

Mental Health Commission and Department of Health, Western Australian Mental Health Legislation ([www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/MHA\\_2014\\_posters.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/MHA_2014_posters.sflb.ashx))

---

## Recommendation 16

A comprehensive mental health workforce strategy be developed by the Mental Health Commission in collaboration with the Commonwealth Government. This strategy to include cultural competency training and specific planning for the recruitment, training and retention of Aboriginal mental health professionals.

### The intent of this recommendation

The Inquiry noted the importance of a skilled mental health workforce and the extent to which workforce issues were impacting on the delivery of mental health services to children and young people throughout WA. Issues included:

- a lack of professionals skilled and trained in children and young people's mental health
- a lack of Aboriginal professionals
- the reluctance of professionals to work in regional and remote WA
- difficulty accessing professional development, training and professional supervision
- the need for a wide range of professionals to be better trained to identify mental illness in children and young people and to make referrals.

The intent of this recommendation was for the Mental Health Commission, in collaboration with the Commonwealth Government, to develop and implement a strategy to ensure a sustainable workforce skilled in children and young people's mental health.

### Progress since 2011

#### The National Mental Health Workforce Strategy and Plan

The National Mental Health Workforce Strategy and Plan (the Workforce Strategy) was endorsed by the Australian Health Ministers' Conference in September 2011. Three of the five outcome areas in the Workforce Strategy refer to the mental health workforce for children and young people.

Health Workforce Australia was the Commonwealth agency with responsibility for undertaking a mental health workforce reform program relating to the Workforce Strategy. In August 2014 Health Workforce Australia closed and essential functions were transferred to the Australian Government Department of Health.

#### Mental Health 2020 strategic policy and Action Plan 2011–12

'A sustainable workforce' is one of the action areas under the Mental Health 2020 strategic policy.

The associated Action Plan 2011–2012<sup>210</sup> provided more detail on priority actions for 'A sustainable workforce' including two specifically relating to infants, children and young people – the Infant Mental Health Scholarship Scheme and resources to provide more training posts for Child and Adolescent Psychiatrists.

#### The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025

Services for infants, children, adolescents and young people with severe mental illness are included in the draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025.

---

It refers to the need to build capacity across the specialist workforce broadly, not for children and young people specifically.

The Mental Health Commission will be developing a comprehensive mental health workforce strategy incorporating recommendations made in the draft Plan.

### Perinatal and Infant Mental Health Workforce Development

See Recommendation 36 for detailed information on this project.

### Statewide Specialist Aboriginal Mental Health Service<sup>211</sup>

This service aims to improve access to culturally appropriate treatment services for Aboriginal people of all ages with severe mental illness throughout WA, to recruit, train and retain a skilled Aboriginal mental health workforce and to build the cultural responsiveness of mainstream mental health services.

Additional funding to this service has been allocated since the Inquiry including four FTE to metropolitan Child and Adolescent Mental Health Services to meet the needs of children and young people specifically.

### Source of additional information

Health Workforce Australia ([www.hwa.gov.au/](http://www.hwa.gov.au/))

Mental Health Commission, *Mental Health 2020: Making it personal and everybody's business* ([http://www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Mental\\_Health\\_Commission\\_strategic\\_plan\\_2020.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Mental_Health_Commission_strategic_plan_2020.sflb.ashx)) pp. 42–43.

Mental Health Commission, *Mental Health 2020: Making it personal and everybody's business*, Action Plan 2011–2012, ([http://www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/MHC\\_action\\_plan\\_Web\\_2.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/MHC_action_plan_Web_2.sflb.ashx)) pp. 25–26.

Mental Health Commission, Statewide Specialist Aboriginal Mental Health Service ([www.mentalhealth.wa.gov.au/mental\\_illness\\_and\\_health/mh\\_aboriginal/SSAMHS.aspx](http://www.mentalhealth.wa.gov.au/mental_illness_and_health/mh_aboriginal/SSAMHS.aspx))

Mental Health Commission, The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 ([www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Plan\\_27\\_11\\_2014\\_for\\_consultation\\_1.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Plan_27_11_2014_for_consultation_1.sflb.ashx))

---

## Recommendation 17

As part of the strategic and comprehensive plan for the mental health and wellbeing of children and young people across Western Australia, the Mental Health Commission identify the unique and specific requirements for Aboriginal children and young people and children and young people who are vulnerable or disadvantaged for any reason.

### The intent of this recommendation

The Inquiry found that Aboriginal children and young people and children and young people who are vulnerable or disadvantaged (through living in regional and remote communities, contact with the criminal justice system, being in care, or from culturally and linguistically diverse communities, having disability or experiencing difficult circumstances) have unique and specific needs both in regard to their mental health and wellbeing and services and programs.

The intent of this recommendation is that the unique and specific requirements of Aboriginal children and young people and children and young people who are vulnerable or disadvantaged for any reason are identified as part of a strategic and comprehensive plan for the mental health and wellbeing of children and young people across Western Australia, and this plan takes into account what they need in terms of promotion, prevention, early intervention and treatment services.

### Progress since 2011

#### Mental Health 2020 strategic policy and Action Plan 2011–2012

The specific needs of Aboriginal people, people from culturally and linguistically diverse backgrounds and people living in rural and remote areas (along with infants and children and youth) were acknowledged and a number of priority actions identified under Action area 5 of the Mental Health 2020 strategic policy. Action area 6 acknowledges the needs of people in contact with the justice system.

The associated Action Plan 2011–2012 provided more detail on four priority actions relevant to Aboriginal children and young people and some groups of vulnerable children and young people.

#### The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025

The needs of infants, children, adolescents and young people with severe mental illness (not moderate or mild illness) are included in the draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 (see Recommendation 9 for detail of the extent) including some groups of vulnerable children and young people in several specialised state-wide services, such as forensic services and a program for children in care. Children and young people are not specifically referred to in new specialised state-wide services for people with disabilities (hearing and vision impaired, intellectual disability, autism spectrum disorders) and the expansion of Aboriginal Mental Health Services and Transcultural Services.

---

## Source of additional information

Barnett C & Morton H 3 December 2014, *10-year plan builds on WA mental health reforms*, Ministerial Media Statements, (<http://www.mediastatements.wa.gov.au/Pages/Barnett/2014/12/10-year-plan-builds-on-WA-mental-health-reforms.aspx>)

Mental Health Commission, *Mental Health 2020: Making it personal and everybody's business* ([http://www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Mental\\_Health\\_Commission\\_strategic\\_plan\\_2020.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Mental_Health_Commission_strategic_plan_2020.sflb.ashx))

Mental Health Commission, *Mental Health 2020: Making it personal and everybody's business, Action Plan 2011–2012*, ([http://www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/MHC\\_action\\_plan\\_Web\\_2.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/MHC_action_plan_Web_2.sflb.ashx))

Mental Health Commission, *The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025* ([www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Plan\\_27\\_11\\_2014\\_for\\_consultation\\_1.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Plan_27_11_2014_for_consultation_1.sflb.ashx))

---

## Recommendation 18

The allocation of funding from the Royalties for Regions program be considered for the provision of mental health services for children and young people living in regional and remote communities.

### The intent of this recommendation

At the time of the Inquiry approximately 28 per cent of children and young people (0 to 18 years of age) lived in regional and remote Western Australia.

The Inquiry found that, as with other human services in regional and remote areas, mental health services for children and young people were under-resourced, stretched and in some cases non-existent. This was particularly the case for assessment, early intervention and treatment services.

The Inquiry was informed that Royalties for Regions funding had been used to support men's mental health programs in regional WA and therefore concluded that Royalties for Regions funding could be similarly directed to mental health services and programs for children and young people

The intent of this recommendation was that funding from the Royalties for Regions program be directed to mental health services for children and young people living in regional and remote communities.

### Progress since 2011

#### New initiatives

Funding has been provided to:

- A Smart Start Great Southern (\$660,000 over three years)
- Better Health for Fitzroy Kids
- Bidi Bidi Early Childhood Education Support Centre
- Engaging Aboriginal Boys In Education in the West Pilbara (Clontarf Foundation) (\$849,970)
- EON Thriving Communities Program (\$1.64 million)
- Extension to Responsible Parenting Services (\$6.40 million increase in 2013)
- Funding for Regional Community Child Care Development Fund (\$9.30 million over four years)
- Improving Eye, Ear and Oral Health of Children in Aboriginal Rural and Remote Communities (\$6.00 million )
- Perenjori Parenting and Early Childhood Centre (\$1.10 million)
- Regional Partnership For Success in Indigenous Education
- Remote Indigenous Health Clinics (\$22.20 million)
- Supporting Community Sport Initiative
- YMCA Swim for Life Program (\$500,000)
- Health facility upgrades as part of Pilbara Cities, North West Health Initiative (\$161.00 million) and Southern Inland Health Initiative (\$325.00 million)
- Various initiatives under the Country Local Government Fund.

---

## Existing initiatives

Funding has continued to support:

- expansion of Clontarf Foundation programs and services into regional locations
- extension of Better Beginnings Program
- Foodbank – School Breakfast Program and services into regional locations
- funding for the continuation of Occasional Child Care Services in regional WA
- Regional Residential Colleges: Esperance and Merredin
- Regional Schools Plan 2010–2014
- Regional Youth Justice Strategy: Kimberley and Pilbara Expansion
- Responsible Parenting Services
- Roebourne Youth Centre
- Rural in Reach Program (Women's Health)

## Source of additional information

Buswell T & Grylls B 8 August 2013, *State Budget 2013–14: Royalties for Regions continues to drive regional growth*, Ministerial Media Statements, (<https://www.mediastatements.wa.gov.au/Pages/Barnett/2013/08/State-Budget-2013-14-Royalties-for-Regions-continues-to-drive-regional-growth.aspx>)

Department of Local Government and Communities, *Regional Community Child Care Development Fund*, (<http://www.communities.wa.gov.au/grants/grants/regional-community-child-care-development-fund/Pages/default.aspx>)

Department of Regional Development, *EON Thriving Communities* (<http://www.drd.wa.gov.au/projects/Aboriginal-Initiatives/Pages/EON-Thriving-Communities.aspx>)

Department of Regional Development, Perenjori Parenting and Early Childhood Centre, (<http://www.drd.wa.gov.au/projects/Education/Pages/Perenjori-Parenting-and-Early-Childhood-Centre.aspx>)

Department of Regional Development, *Regional Development Council's Action Agenda Funding Scheme*, ([https://encrypted.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=OCBwQFjAAahUKEwio78Puh9\\_GAhViqqYKHcd9AGE&url=https%3A%2F%2Fwww.mediastatements.wa.gov.au%2FLists%2FStatementsBarnett%2FAttachments%2F5907%2Factionagendaprojsummary.pdf&ei=SFSnVairJeLSmgXH-4GIbG&usq=AFQjCNHDwlBQ\\_tqbAW8QCe\\_6Sy5PhL2ZyQ&bvm=bv.97949915,d.dGY](https://encrypted.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=OCBwQFjAAahUKEwio78Puh9_GAhViqqYKHcd9AGE&url=https%3A%2F%2Fwww.mediastatements.wa.gov.au%2FLists%2FStatementsBarnett%2FAttachments%2F5907%2Factionagendaprojsummary.pdf&ei=SFSnVairJeLSmgXH-4GIbG&usq=AFQjCNHDwlBQ_tqbAW8QCe_6Sy5PhL2ZyQ&bvm=bv.97949915,d.dGY))

Department of Regional Development, *Royalties for Regions: Progress Report July 2011 to June 2012*, ([http://www.drd.wa.gov.au/Publications/Documents/R4R\\_Progress\\_Report\\_2011\\_12.pdf](http://www.drd.wa.gov.au/Publications/Documents/R4R_Progress_Report_2011_12.pdf))

Great Southern Development Corporation, Media Release, 6 November 2012, *Early childhood program honoured* ([https://encrypted.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=OCBwQFjAAahUKEwjKpJrBg9\\_GAhXiHaYKHRphDSg&url=http%3A%2F%2Fwww.gsdc.wa.gov.au%2Fsites%2Fwww.gsdc.wa.gov.au%2Ffiles%2Fpdf%2F38%2520SmartStart.pdf&ei=t0-nVYrtMeK7mAWawrXAAG&usq=AFQjCNFrB4R8d-T73vIT7E3R2vhbTWX5tw&bvm=bv.97949915,d.dGY](https://encrypted.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=OCBwQFjAAahUKEwjKpJrBg9_GAhXiHaYKHRphDSg&url=http%3A%2F%2Fwww.gsdc.wa.gov.au%2Fsites%2Fwww.gsdc.wa.gov.au%2Ffiles%2Fpdf%2F38%2520SmartStart.pdf&ei=t0-nVYrtMeK7mAWawrXAAG&usq=AFQjCNFrB4R8d-T73vIT7E3R2vhbTWX5tw&bvm=bv.97949915,d.dGY))

---

Government of Western Australia, Bigger Picture Health, *Remote Indigenous Health Clinics*, (<http://getthebiggerpicture.health.wa.gov.au/North-West/Remote-Aboriginal-Health-Clinics>)

Grylls B & Morton H 20 November 2013, *Parenting programs deliver dramatic results*, Ministerial Media Statements, (<https://www.mediastatements.wa.gov.au/Pages/Barnett/2013/11/Parenting-programs-deliver-dramatic-results.aspx>)

Hames K 22 October 2014, *Australian first for child health in Pilbara*, Ministerial Media Statements, (<https://www.mediastatements.wa.gov.au/Pages/Barnett/2014/10/Australian-first-for-child-health-in-Pilbara.aspx>)



---

## Recommendation 19

Children and young people appearing before the Children's Court of Western Australia have access to appropriate, comprehensive mental health assessment, referral and treatment services.

### The intent of this recommendation

It is known that significant numbers of young people who come into contact with the justice system have mental health problems. Many children and young people with mental illness could, with appropriate prevention, early intervention or treatment, be diverted from the criminal justice system.

The Inquiry found that despite the complex needs of many children and young people facing court, there was no comprehensive mental health service attached to the Children's Court or any comprehensive process for the identification or assessment of children and young people with underlying mental health problems.

The intent of this recommendation was for comprehensive mental health assessment, referral and treatment services to be available to meet the needs of children and young people appearing before the Children's Court and divert them from the criminal justice system.

### Progress since 2011

#### Mental Health Court Diversion and Support Pilot Program – Perth Children's Court (Links)

Links is the Perth Children's Court component of the Mental Health Court Diversion and Support Pilot Program, which is a partnership between the Mental Health Commission and the Department of the Attorney General. Links services are provided by the Department of Health, the Department of Corrective Services and Outcare. This metropolitan-based program began on 8 April 2013.

Links provides young people (13 to 17 years) appearing before the Perth Children's Court access to mental health specialists, including a clinical psychologist and mental health nurses. The service undertakes assessments, makes referrals and develops personal treatment and support plans for the children and young people. The program also aims to improve coordination between youth justice services and mental health services.

In addition to an assessment, case management and referral service, Links provides verbal and written advice to the Perth Children's Court on a daily basis.

The number of criminal cases lodged<sup>212</sup> at the Perth Children's Court in the period from 8 April 2013 to 30 April 2015 was 3,576. Over the same period, 509 young people appearing before the Court were referred to Links, 424 of these were assessed and 109 were case managed by the program.

Case management addresses both clinical needs and broader life issues such as accommodation and education. Young people assessed by the Links program may not proceed to case management for reasons including the absence of a mental health problem, voluntary withdrawal, or the young person has been successfully connected to other services.

The Mental Health Commission has provided funding of \$1.70 million for the period 2012–13 to 2013–14; \$1.17 million for the period 2014–15 and \$1.21 million for 2015–16.

### Source of additional information

Mischin M & Morton H 8 April 2013, *More help for young offenders with mental illness*, Ministerial Media Statements, ([http://www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/More\\_help\\_for\\_young\\_offenders\\_with\\_mental\\_illness\\_1.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/More_help_for_young_offenders_with_mental_illness_1.sflb.ashx))

---

## Recommendation 20

A dedicated forensic mental health unit for children and young people be established.

### The intent of this recommendation

At the time of the Inquiry there was no dedicated, secure forensic mental health facility for children and young people with a mental illness in WA, meaning there was no place where a child or young person younger than 18 years with a mental illness who needs to be held in custody (on remand or detention) could go to be treated in secure, fit-for-purpose accommodation.

At the time of the Inquiry an informal arrangement had been established between Rangeview Remand Centre (Supervised Bail Team) and the Bentley Adolescent Unit whereby young people who were on remand and who were mentally unwell can be placed on conditional bail and sent as voluntary patients to the Bentley Adolescent Unit.

The intent of this recommendation was that a dedicated forensic mental health unit for children and young people be established to meet the needs of those who are mentally unwell and need to be held in custody.

### Progress since 2011

There have been no initiatives or activities identified in regard to a dedicated forensic mental health unit for children and young people younger than 18 years since the Inquiry report was tabled on 5 May 2011.

#### Disability Justice Centre

From July 2015, the Disability Services Commission will operate a new 'declared place' facility for mentally impaired accused people aged 16 years and over whose primary disability is an intellectual or cognitive disability, or autism.

People with mental illness as their primary diagnosis will not be eligible to be accommodated in this facility.

#### The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025

The draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 acknowledges the need for forensic mental health services for young people and has a specific strategy to 'establish youth forensic services' including forensic bed-based services.

### Source of additional information

*Declared Places (Mentally Impaired Accused) Act 2015* ([www.slp.wa.gov.au/pco/prod/FileStore.nsf/Documents/MRDocument:27389P/\\$FILE/Declared%20Places%20\(Mentally%20Impaired%20Accused\)%20Act%202015%20-%20\[00-00-00\].pdf?OpenElement](http://www.slp.wa.gov.au/pco/prod/FileStore.nsf/Documents/MRDocument:27389P/$FILE/Declared%20Places%20(Mentally%20Impaired%20Accused)%20Act%202015%20-%20[00-00-00].pdf?OpenElement))

Mental Health Commission, *The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*, pp. 67–69 ([www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Plan\\_27\\_11\\_2014\\_for\\_consultation\\_1.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Plan_27_11_2014_for_consultation_1.sflb.ashx))

---

## Recommendation 21

The Rapid Response framework identify and respond to the mental health requirements of individual children and young people in care and that this be monitored on a regular basis by the Department for Child Protection.<sup>213</sup>

### The intent of this recommendation

Children and young people in out-of-home care have a higher prevalence of mental health problems than in the general population of children and young people and are likely to experience significant risk factors for mental health problems and disorders. At the time of the Inquiry services to meet the mental health needs of children and young people in care were not adequate.

The Inquiry commended the introduction of mental health screening as part of individual health care plans and the implementation of the Rapid Response Framework also noting that these needed to result in timely access to mental health services and treatment, and continuity of service and treatment.

Additionally to ensure improved mental health outcomes for all children and young people in care the Inquiry found it was important to monitor relevant procedures and implement collaborative processes between agencies including information sharing and shared clinical frameworks.

The intent of this recommendation was that there be priority access to mental health assessment, referral and early intervention and treatment services for children and young people in care.

## Progress since 2011

### Rapid Response Framework

Implementation of the Rapid Response Framework has resulted in the following.

#### Interagency action plan

The Department for Child Protection and Family Support and the Department of Health have established a working group to enable early assessment and referral of children and young people in care with high and complex health needs, including mental health. Child Development Services and Child and Adolescent Mental Health Services are members. The Department for Child Protection and Family Support reports that the effectiveness in the prioritisation of referrals for mental health assessment of children in care is defined more by the quality of the working relationship between services rather than by the actual agreement prescribed by the framework.

To support the implementation of the interagency action plan, the following strategies are in place:

- Mental health screening/assessments conducted as part of health care planning (see below).
- A bilateral schedule between the Department for Child Protection and Family Support and Child and Adolescent Mental Health Services (Department of Health) was developed in 2012, to guide referral and joint planning processes.
- Guidelines developed by the Department for Child Protection and Family Support and the Department of Health for responding to children and young people in care who present to Princess Margaret Hospital Emergency Department, including those with mental health problems.

- 
- Practice guidelines for the Department for Child Protection and Family Support staff and foster carers to contact the Child and Adolescent Mental Health Service Acute Response Team as a first response when a child or young person in care requires immediate mental health assessment and assistance to access appropriate mental health supports and/or mental health beds.

The Department of Education provides education assistance, including an individual targeted intervention plan, for children and young people in care awaiting formal diagnosis.

### Health Care Planning

The Department for Child Protection and Family Support's case practice guidelines outlines the requirement for health and development assessments to be undertaken when children and young people come into care and for their care plan to be reviewed each 12 months. This involves:

- on coming into care, an initial medical check to treat any immediate health issues, including mental health concerns and referral to services as required
- a subsequent health and development (including social and emotional wellbeing) assessment of children 0 to four years by a Community Child Health Nurse who refers to other services as required
- a Strengths and Difficulties Questionnaire (SDQ) completed within six months of entering care for children and young people aged five years and over, and then annually, scored by the district psychologist who undertakes further assessment as needed and refers to other services as required.

Mental health assessments may be undertaken by various health providers, including general practitioners, Community Child and School Health Nurses, and district psychologists.

Children and young people in care are referred to and receive services from general practitioners, private psychologists, Child Development Services or Child and Adolescent Mental Health Services.

The Department for Child Protection and Family Support is unable to extract aggregate data on:

- how many children and young people coming into care had a mental health assessment as part of their health care planning
- how many children and young people due for an annual review of their health care plan in the last 12 months received one
- how many children and young people in care had a mental health assessment as part of their annual review
- how many of those who received a mental health assessment required referral for further assessment and/or a mental health program or service
- how many identified as needing a referral for further assessment and/or a mental health program or service received the assessment or service.

These records are contained in individual care plans and case files. The Department for Child Protection and Family Support is exploring options to improve data quality.

The Department for Child Protection and Family Support uses Viewpoint as part of the care planning process for children and young people five to 17 years. Questions focusing on the child's views, concerns (including mental health concerns) and experiences assist case workers to identify issues.

---

## Policies or procedures

The following initiatives also aim to improve access to mental health assessment, referral and early intervention and treatment services for children and young people in care:

- Strengthened practice guidance and training for the Department for Child Protection and Family Support staff on assessing and responding to children and young people with mental health issues, including suicidal thoughts and behaviours and self-harm. All staff across WA have completed gatekeeper suicide prevention training.
- Amendment to the *Children and Community Services Act 2004* (the Act) to reinforce the need to consider the effects of cumulative harm on a child's safety and development. The amendments to the Act have been passed by Parliament.

## New services or programs

### Kath French Secure Care Centre

This centre provides therapeutic support to children and young people 10 to 18 years in care assessed as at risk to themselves or others in a residential centre.

### Young People with Exceptionally Complex Needs program (YPECN)

See Recommendation 3 for detailed information on this initiative.

### Circle of Security program

The Circle of Security program provides attachment-based parenting training to foster carers and biological parents of children 0 to five years who are currently in the Best Beginnings and Enhanced Contact Centre programs.

### Enhanced Contact Centre program

The program aims to provide child and family-friendly environments for contact between children aged 0 to five years who are currently in out-of-home care and their biological parents. The Centres aim to improve parent-child attachment and develop responsive and consistent parenting.

A pilot of Enhanced Contact Centres commenced in 2015, based in the metropolitan area.

### Children in care program

The 'establishment or enhancement of community based specialised state-wide services', including for children and young people in care (a children in care program), is included in The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 to commence by the end of 2017. The Department for Child Protection and Family Support and the Department of Health have been developing a model of care and costings for this service.

## Source of additional information

Mental Health Commission, The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025, pp. 60–61 ([www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Plan\\_27\\_11\\_2014\\_for\\_consultation\\_1.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Plan_27_11_2014_for_consultation_1.sflb.ashx))

Parliament of Western Australia, *Parliamentary Debates (Hansard) Legislative Council Thursday 10 September 2015*, ([http://www.parliament.wa.gov.au/Hansard/hansard.nsf/0/D5A3D2CFDF09DFFA48257ECF000DE86D/\\$File/C39%20S1%2020150910%20All.pdf](http://www.parliament.wa.gov.au/Hansard/hansard.nsf/0/D5A3D2CFDF09DFFA48257ECF000DE86D/$File/C39%20S1%2020150910%20All.pdf))

---

## Recommendation 22

To meet the mental health needs of children and young people of parents with a mental illness, the Mental Health Commission in partnership with relevant agencies identify and support a strategic and coordinated approach to services and programs.

### The intent of this recommendation

Children and young people of parents with mental illness are at increased risk of mental health problems, therefore mental health promotion, prevention and early intervention programs are needed for them.

A significant barrier to the provision of services and support is the lack of awareness of agencies providing services to adults about the need to identify whether there are children who need support or referral to an appropriate service.

A more comprehensive approach to early identification and referral, particularly by those providing mental health services to adults, is needed to ensure timely intervention and support to their children.

The intent of this recommendation was that children and young people of parents with a mental illness are identified and provided with the support and services they need.

### Progress since 2011

#### New strategies, programs or services

##### WA Council of Social Service (WACOSS)/City of Cockburn – Integrating services to support the mental health of infants and young children

These services develop a model for integrated, community based services to support infant and child mental health (0 to eight years) in the City of Cockburn. It was trialled in 2013 and two reports were published by WACOSS.

The Mental Health Commission funded \$50,000 from 2012 to January 2014.

#### Growth of pre-existing strategies, programs or services

##### Children of Parents with Mental Illness (COPMI) coordination

The aim of this service is to support children and young people (to 18 years) of parents with mental illness throughout WA.

Three non-government organisations deliver different aspects of this support:

1. Arafmi<sup>214</sup> – State-wide Children of Parents with Mental Illness (COPMI) Advisory Committee, State-wide Children of Parents with Mental Illness (COPMI) Education and Awareness Strategy 2013–2014
2. Ruah – education, information and training
3. Wanslea – home-based program aimed at building family resilience.

The Mental Health Commission granted the following funding:

- Arafmi<sup>215</sup> – 2013–15 approx. \$2.5 million
- Ruah – 2013–17 approx. \$5.1 million
- Wanslea – 2013–15 \$513,450

---

### Arafmi<sup>216</sup> young carer services

During the 2012–13 financial year demand for Arafmi's young carer services (support and counselling for children and young people eight to 18 years) increased significantly. Subsequently the number of contracted hours has been increased and the programs have been expanded from the North Metropolitan region to the entire Metropolitan region.

Funding was provided as above.

### Source of additional information

HelpingMinds, Counselling & Support, Metro Youth Support (<http://helpingminds.org.au/index.php/counselling-support/counselling-overview/108-metro-youth-support>)

---

## **Recommendation 23**

Agencies providing services for adults in the areas of domestic violence, mental or chronic illness, disability, alcohol or drug abuse or prison recognise that children and young people in these families are a vulnerable group with specific mental health needs, and incorporate a child-centred approach to the services they deliver.

### **The intent of this recommendation**

The Inquiry recognised the needs of children and young people who are at greater risk of mental health problems due to challenging family or other circumstances. This included those children and young people with a parent or sibling with a mental or physical illness, disability or alcohol or substance abuse problem, who may have a parent in prison, who have experienced family and domestic violence, or who may be experiencing divorce, separation or the death of a parent or close family member.

The Inquiry found that although their experiences vary, there is evidence that children and young people in these circumstances are affected by grief, loss, trauma, social isolation, stigma, stress, anxiety, low self-esteem and depression.

In many cases, adults in these challenging circumstances are receiving services that meet their particular needs however an adult-focused service does not always acknowledge or provide for the needs of the child or young person in the family.

The intent of this recommendation was for agencies providing services to adults to implement a child-centred approach that acknowledges the needs of the children and young people in the family and provide or refer for additional services where necessary.

### **Progress since 2011**

Due to the broad scope of this recommendation relevant initiatives or activities which have occurred in regard to young people younger than 18 years since the Inquiry report was tabled on 5 May 2011 have not been described.



---

## Recommendation 24

The Integrated Services Centres at Parkwood and Koondoola be maintained and consideration be given to expanding this model on additional school sites.

### The intent of this recommendation

Culturally and linguistically diverse children and young people and children and young people from a refugee background have a higher risk of mental health problems and face additional barriers to accessing services.

Targeted early identification processes that result in culturally appropriate early intervention and treatment services are needed in settings readily accessed by children, young people and families, with schools being particularly important places for program and service delivery. The Integrated Service Centres located at Parkwood and Koondoola Primary Schools were considered an effective service delivery model suitable for expansion to additional schools, including secondary schools.

The intent of this recommendation was that Integrated Services Centres be maintained at Parkwood and Koondoola Primary Schools and expanded to additional school sites.

### Progress since 2011

The Integrated Services Centres operate in partnership between the Department of Education (facilities), Department of Health (staffing) and non-government organisations (transportation). Since the Inquiry report was tabled on the 5 May 2011 the location of the population in need of these services has changed. The current status of Integrated Services Centres is as follows:

#### Parkwood Integrated Service Centre

This service was relocated to Thornlie Primary School at the end of 2013. An outreach service to Parkwood Primary School is now delivered from the Thornlie Primary School site.

#### Koondoola Integrated Service Centre

Service is maintained with recurrent funding.

#### Additional school sites

Thornlie Integrated Services Centre has replaced Parkwood as the main Centre.

This funding is provided by the Department of Health and future funding plans are not known.

---

## Recommendation 25

The Disability Services Commission work with the Mental Health Commission to identify the services required to address the unique needs and risk factors of children and young people with disabilities in a coordinated and seamless manner.

### The intent of this recommendation

Children and young people with disability are at a higher risk of developing mental health problems than those without disability.

The *Fourth National Mental Health Plan* identifies better coordination between the range of service sectors providing treatment and care as essential to meeting the needs of the whole person, whether those needs arise from their disability or their mental health.

The Inquiry found that there was significant unrecognised comorbidity for disability and mental health and significant gaps in service for a child or young person with a dual diagnosis or when a diagnosis forms the criteria for a service. There is a need for dedicated mental health early intervention and treatment services and improved coordination between agencies.

The intent of this recommendation was to improve the provision of appropriate services and programs (especially early intervention and treatment) to meet the mental health needs of children and young people with disability.

### Progress since 2011

#### National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) is a Commonwealth government initiative to support people up to 65 years of age with a permanent and significant disability that affects their ability to take part in everyday activities.

The *National Disability Insurance Scheme Act 2013* became operational on 1 July 2013 and provides the framework for a national scheme including access criteria, age requirements and what constitutes reasonable and necessary support.

The National Disability Insurance Scheme is being progressively rolled out across Australia as a two-year trial through the National Disability Insurance Agency (NDIA). People (including children and young people with significant, permanent mental illness) living in Swan, Kalamunda and Mundaring have been able participate in the Perth Hills NDIS trial from 1 July 2014.

#### WA NDIS My Way

In addition to the Commonwealth Government's National Disability Insurance Scheme (NDIS) model administered by the NDIA, the State Government is implementing a two-year trial of the WA NDIS My Way model in the Lower South West region (from 1 July 2014) and Cockburn and Kwinana (from 1 July 2015).

The intent is to progressively include people (including children and young people from 0 to 18 years) with a permanent or likely to be permanent psychosocial disability in WA NDIS My Way.

An independent evaluation of the WA NDIS My Way trial will be undertaken from July 2014 to July 2016.

---

## Nationally Consistent Collection of Data on School Students with Disability

This annual national data collection involving all Australian government and non-government schools identifies the number of school age students with disability (including social, emotional and behavioural), where they are located and the level of adjustment they receive to participate in schooling.

### Young People with Exceptionally Complex Needs (YPECN) project

See Recommendation 3 for detailed information on this project.

## Source of additional information

Australian Government Department of Education and Training, What is the Nationally Consistent Collection of Data on School Students with Disability (<https://education.gov.au/what-nationally-consistent-collection-data-school-students-disability>)

Disability Services Commission, WA NDIS My Way ([www.disability.wa.gov.au/wa-ndis-my-way/wa-ndis-my-way/](http://www.disability.wa.gov.au/wa-ndis-my-way/wa-ndis-my-way/))

National Disability Insurance Scheme ([www.ndis.gov.au](http://www.ndis.gov.au))

---

## Recommendation 26

The Commonwealth Government provide for additional training to general practitioners and health professionals to assist in the early identification and treatment of mental health problems in pregnant women and children and young people.

### The intent of this recommendation

The Inquiry found that working with mothers during the antenatal period is an important mental health strategy because of the significant impact the mother's health has on their child's mental health outcomes.

Although pregnancy is a time when frequent visits to health professionals, including general practitioners, and provides the opportunity for identification and appropriate intervention, the Inquiry found that a mother's mental health is often overlooked.

The Inquiry also found that on occasions the capacity of general practitioners is stretched and they are unable to provide the coordinated care and time required to explain mental health issues and the supports available to pregnant women, children and young people and their parents/carers.

The intent of this recommendation was for there to be additional training to general practitioners and health professionals to assist in the early identification and treatment of mental health problems in pregnant women and children and young people.

## Progress since 2011

### National Perinatal Depression Initiative

The National Perinatal Depression Initiative (2008–13) aimed to improve prevention and early detection of antenatal and postnatal depression and provide better support and treatment for expectant and new mothers experiencing depression. The Initiative included a significant component for training of health care professionals and general practitioners, for example, the free on-line training developed by beyondblue.

In June 2015 the Commonwealth Government gave notice to the state and territory ministers that their funding of the Agreement would cease.

### Expanded Medicare Healthy Kids Check

The 2011 Federal Budget committed an additional \$11 million over five years (to 2015–16) to expand the Medicare Healthy Kids Check to include development and social and emotional wellbeing. This was implemented through a pilot in 2013 involving eight Medicare Locals. The pilot included an orientation package for GPs and other health professionals. In May 2015 the Commonwealth Government announced that the Healthy Kids Check funding would cease however the pre-school health check would still be provided by general practitioners and with a Medicare rebate.



---

## Source of additional information

ABC News Online, 19 June 2015, National Perinatal Depression Initiative loses federal funding; states, territories 'hard-pressed' to cover cuts ([www.abc.net.au/news/2015-06-19/government-pulls-funding-from-perinatal-depression-program/6560266](http://www.abc.net.au/news/2015-06-19/government-pulls-funding-from-perinatal-depression-program/6560266))

Australian Government Department of Health, National Perinatal Initiative ([www.health.gov.au/internet/main/publishing.nsf/Content/mental-perinat](http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-perinat))

beyondblue, National Perinatal Initiative ([www.beyondblue.org.au/about-us/programs/perinatal-program-beyond-babyblues/national-perinatal-depression-initiative-npdi](http://www.beyondblue.org.au/about-us/programs/perinatal-program-beyond-babyblues/national-perinatal-depression-initiative-npdi))

Ley S 19 May 2015, *GPs still funded to deliver important kids checks*, Ministerial Media Statements, ([www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2015-ley054.htm](http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2015-ley054.htm))

---

## **Recommendation 27**

The Commonwealth Government support incentives to ensure general practitioners have longer consultations with pregnant women, explaining mental health issues and supports.

### **The intent of this recommendation**

The Inquiry found that working with mothers during the antenatal period is an important mental health strategy because of the significant impact the mother's health has on their child's mental health outcomes.

Although pregnancy is a time of frequent visits to health professionals, including general practitioners, that provide the opportunity for identification and appropriate intervention, the Inquiry found that a mother's mental health is often overlooked.

The Inquiry also found that on occasions the capacity of general practitioners is stretched and they are unable to provide the coordinated care and time required to explain mental health issues and the available supports.

The intent of this recommendation was for there to be incentives to ensure general practitioners have longer consultations with pregnant women to explain mental health issues and supports.

### **Progress since 2011**

There have been no relevant initiatives or activities identified since the Inquiry report was tabled on 5 May 2011.



---

## Recommendation 28

Training be provided at university and TAFE as a part of relevant undergraduate and certificate courses (e.g. general practitioners, teachers, allied health professionals, youth workers and child care workers) to improve the understanding of the mental health needs of children and young people.

### The intent of this recommendation

The Inquiry found a general lack of professionals skilled in children and young people's mental health was a factor impacting on the delivery of mental health services across the continuum of promotion, prevention, early intervention and treatment services.

The Inquiry also found that it is important to equip a wide range of professionals, in addition to mental health specialists, to better understand mental health and mental illness. Playgroup leaders, child care workers, community child health nurses, teachers, people working in sporting associations and youth organisations, doctors and allied health professionals all have direct contact with children and young people and need the skills to identify mental health problems and make appropriate referrals.

The intent of this recommendation was for universities and training organisations (e.g. Central Institute of Technology) to provide education/training on the mental health needs of children and young people as a part of relevant undergraduate and certificate courses to train professionals such as general practitioners, teachers, allied health professionals, youth workers and child care workers.

### Progress since 2011

The following courses (not all new since the Inquiry report was tabled on 5 May 2011) were identified as improving students' understanding of the mental health needs of children and young people.

Note: The Department of Workforce Training and Development and individual training organisations were not contacted for information about this recommendation. The University of Western Australia and Curtin University were contacted but no information was provided.

#### Murdoch University

##### Early Childhood, Primary and Secondary Teaching courses

New core units include Children, Families and Communities, with content covering interactions between education, families and communities.

##### Criminology

Core units include Children and Crime, with content covering the victimisation and subsequent offending behaviour of children, including socio-psychological impact.

##### Secondary Teaching and Sports Science

Core units include Adolescent Health and Development with content covering adolescent health and development and the interplay of emotional, social and physical development.

##### Nursing

Core units include Maternal, Child and Adolescent Nursing Care, with content covering maternal and children's health from a holistic perspective.

---

## **Master of Applied Psychology courses and Doctor of Psychology course**

Core units include Clinical Psychology: Working with Children and Families with content that covers theories and interventions applicable to psychological problems of childhood and adolescence.

## **Graduate Certificate, Diploma and Master Counselling courses**

Core units include Counselling Children and Adolescents with content covering common issues and theories and models that underpin counselling with children and adolescents.

## **Notre Dame University**

The School of Education, Fremantle has a focus within units in Early Childhood, Primary and Secondary teacher education on maintaining good mental health and early intervention in mental health problems. The importance of social and emotional learning programs to enable students to flourish in schools is a focus in units that cover professional, ethical and legal responsibilities of teachers.

## **Bachelor of Law**

New core units include Mental Health & The Law with new content covering how mental illness impacts various areas of the law.

## **Bachelor of Nursing**

New core units include Mental Health 1, which covers communications skills, communicating with young people, their parents and guardians, mental health assessment of young people.

## **Bachelor of Nursing**

New core units include Mental Health 2, which covers mental health of children and young people including assessment, early childhood disorders, referral, eating disorders, early onset psychosis, self-harm, dual diagnosis and social media.

## **Graduate Certificate in Mental Health**

New core units include Contemporary Mental Health, Interpersonal Communication, Expanded Role of the Mental Health Practitioner in Acute Psychiatry, covering content of talking therapies, assessment models and tools, including for young people.

## **Graduate Diploma of Mental Health**

New core units include Solution Focused Therapy, Clinical Issues in the Suicidal and Self-harming Client. This course will be offered from 2016 and covers advanced assessment skills and tools and therapies for young people, early childhood disorders and referral, referral to health professionals and agencies, legal requirements for mandatory reporting.

## **Bachelor of Behavioural Science**

New units include Beyond Family and Violence: Issues and Responses (elective unit), which provides an overview and social context of family violence, including domestic violence, child abuse, parent/adolescent conflict; responses at the individual, family, legislative and policy levels.

## **Edith Cowan University**

Note: All relevant courses/units, not just new since May 2011.

---

### Bachelor of Science (Nursing)

The Mental health and Illness unit covers the care of clients with mental illness in institutional and community settings, responses to stressors, and treatment.

### Bachelor of Education Primary, Bachelor of Early Childhood Studies

The Child Growth and Development unit covers theories in child development (cognitive, physical, social-emotional and moral), learning; resilience, intervention strategies, and support agencies.

### Bachelor of Education (Secondary)

The Creating Positive Learning Environments covers models and skills for dealing with classroom behaviour, effective teaching strategies, connecting with youth.

### Undergraduate Counselling and Psychotherapy Programs

The Therapeutic Practice with Children and Adolescents unit covers working with children and adolescents, developmental context and therapeutic application, legal and ethical frameworks, theoretical understandings and skills.

While the Therapeutic Practice with Families unit covers working therapeutically with families, theory and practice models; major therapeutic approaches.

### Post Graduate Level (Master of Counselling and Psychotherapy)

New unit includes Object Relations and Attachment Theory with content covering understanding behaviour and development from psychoanalytic and attachment theory perspectives social and cultural factors, difficulties in human development.

While the Psychodynamic Theories of Couples and Families unit covers psychodynamic approaches to couples and family therapy, rationale for intervention strategies, family of origin and impacts on counsellor's practice.

### Skills Development Work with Couples and Families

The Couples and Family Therapy Practice 2 unit explores within an agency context, the development of skills in assessment, intervention, and evaluation for couple and family therapy.

The Couples and Family Therapy Practice 2 unit explores within an agency context, the development of advanced clinical skills in assessment, intervention and evaluation for couple and family therapy; principles of practice relating to infant mental health and working with children in families.

### Master of Infant Mental Health

This course (commencing in 2016) aligns with the Australian Association for Infant Mental Health Western Australia Inc. (AAIMHI WA)'s *Competency Guidelines* (see Recommendation 36) and enables professionals working with infants, young children and their families to develop competencies in infant mental health. The course has an interdisciplinary focus across the levels of promotion, prevention, intervention and policy.

### Source of additional information

Edith Cowan University, Master of Infant Mental Health ([www.ecu.edu.au/degrees/courses/master-of-infant-mental-health](http://www.ecu.edu.au/degrees/courses/master-of-infant-mental-health))

---

## Recommendation 29

The number of community child health nurses be increased to provide a comprehensive, universal health service to parents and children across Western Australia.

### The intent of this recommendation

At the time of the Inquiry all babies born in WA were eligible to receive free Universal Child Health Checks provided by the Department of Health through community child health nurses. The Department of Health's policy was to provide seven checks in total up to school entry. Community child health nurses also screened new mothers for post-natal depression and provided advice and referral to other services for child development, parenting and child safety and protection.

The Inquiry found that the community child health nurse service was unable to meet the needs of WA's rapidly growing population and many infants, young children and parents were missing out on a service.

The intent of this recommendation was that a comprehensive, universal health service be provided to all WA infants, young children and their parents.

### Progress since 2011

#### Additional community child health nurses

In the 2012–13 Budget the State Government allocated \$58.50 million over four years for an additional 100 new community child health nurses (metropolitan area \$38.50 million, regional/remote WA \$20.00 million).

Of the total, \$18.00 million was for the direct employment of nurses by Child and Adolescent Health Service and WA Country Health Service and \$40.50 million was for service delivery through partnering with the community services sector.

A procurement process was undertaken for the community services sector component of the funding and was completed by October 2013 with three agencies awarded a total of nearly \$13.8 million. Approximately 7.0 Child Health FTE have been employed in the metropolitan area.

WA Country Health Service has established arrangements with a number of non-government agencies in the community service sector. The arrangements have resulted in the employment of approximately 11.0 additional Child Health FTE in country WA as of 1 October 2014.

Unallocated procurement funding has been redirected to the direct employment of nurses by Child and Adolescent Health Service and WA Country Health Service. As of 1 October 2014 an additional 62.5 FTE Child Health Nurse have been directly employed across the State (50.5 FTE by Child and Adolescent Health Service and 12.0 FTE by WA Country Health Service). Recruitment for an additional 15.0 FTE (11.0 FTE in Child and Adolescent Health Service and 4.0 FTE in WACHS) is progressing.

---

## School Health Investment Initiative

In the 2013–14 Budget, the State Government allocated \$38 million over four years for 155.5 FTE additional school health staff across the State to strengthen school health services and ensure that all children have access to school entry health assessments. This allocation includes 138.5 FTE school nurses, 10.0 FTE speech pathologists and 7.0 FTE Community Clinical Nurse Manager positions; 110.6 FTE are to be employed in the metropolitan area by CAHS and 44.9 FTE in country WA by WACHS.

As at 30 June 2015, an additional 47.6 school health FTE have been employed. In the metropolitan area 34.6 FTE school health FTE have been employed, and in country WA 13.0 school health FTE have been employed to 30 June 2015.

## Source of additional information

Buswell T 8 August 2013, *State Budget 2013–14: The efficient delivery of quality services – More money for health, education, police*, Ministerial Media Statements, ([www.mediastatements.wa.gov.au/Pages/Barnett/2013/08/State-Budget-2013-14-The-efficient-delivery-of-quality-services---More-money-for-health,-education,-police.aspx](http://www.mediastatements.wa.gov.au/Pages/Barnett/2013/08/State-Budget-2013-14-The-efficient-delivery-of-quality-services---More-money-for-health,-education,-police.aspx))

---

## Recommendation 30

The Department for Communities establish a mechanism across government agencies – including the Departments of Education, Health and Child Protection – to coordinate, collaborate on and deliver effective parenting programs across Western Australia for parents of children and young people of all ages.

### The intent of this recommendation

Consistent, quality parenting is of critical importance for the cognitive, social and emotional development of children and young people of all ages.

The Inquiry found it was important that parenting programs and supports are available universally to all parents, with additional supports and services for those with additional needs. Although WA had a variety of parenting programs, they were provided by three levels of government, non-government agencies and the private sector. From a parent perspective services are not integrated or coordinated.

At the time of the Inquiry the Department for Communities had launched the *Parenting WA Strategic Framework*.

The intent of this recommendation was that the Department for Communities (now Department of Local Government and Communities) coordinate, collaborate on and deliver effective parenting programs across Western Australia for parents of children and young people of all ages.

## Progress since 2011

### Positive Parenting Program (Triple P) Joint Management Group

The purpose of the Joint Management Group is to coordinate the professional development and delivery of the Positive Parenting Program (Triple P) in WA. The group consists of representatives from the Departments of Health, Education and Local Government and Communities. A memorandum of understanding for Triple P has been signed by each agency.

### Interagency Parenting Reference Group

This group coordinates and collaborates on the delivery of effective parenting programs across WA, promotes the delivery of evidence-based parenting programs across the service continuum, develops and promotes consistent key messages concerning parenting and children's development, and acts as an across government reference group for parenting policy and program initiatives. The group was established by the former Department for Communities in 2011 and included representatives from the Departments of Education, Health, Disability Services, Corrective Services, Child Protection and Family Support and Aboriginal Affairs, the Mental Health Commission and the Office of Multicultural Interests. Subsequently, the Department's focus has shifted to collaborating and providing information across the government (including local government), non-government and private sectors through participation in community initiatives, reference groups and committees.

### Parenting WA Strategic Framework

To guide the Department for Local Government and Communities' delivery of the *Parenting WA services the Parenting WA Strategic Framework 2013* and *Parenting WA 2014–2018* have been developed.

---

## Recommendation 31

Significant funding be provided to increase the delivery of evidence-based parenting programs for parents of children and young people. Programs must be universal and targeted, accessible across the State, with some tailored to children and young people who have particular needs.

### The intent of this recommendation

Consistent, quality parenting is of critical importance for the cognitive, social and emotional development of children and young people of all ages.

The Inquiry found it was important that parenting programs and supports are available universally to all parents, with additional supports and services for those with additional needs. Although WA had a variety of parenting programs, they were provided by three levels of government, non-government agencies and the private sector. From a parent perspective services are not integrated or coordinated. Additionally the Inquiry found there was a lack of programs to assist parents of school age children and adolescents

The intent of this recommendation was that there be a significant increase in the availability throughout WA of evidence-based parenting programs for parents of children and young people, both universal and targeted, with some tailored to children and young people who have particular needs.

### Progress since 2011

#### Parenting services

Parenting services provide information, assistance and support to parents and families with children from pre-birth to 18 years throughout WA.

The Department of Local Government and Communities has increased its funding to parenting services since 2010–11. In 2015–16 the Department has committed funding of \$4.89 million for parenting services. This is \$2.03 million more than was funded in 2010–11.

Services are universal although also provide for parents requiring different types and levels of support, including fathers, teenage parents, parents from new and emerging communities and parents experiencing mental health issues. Thirteen of the total services funded identify their target group as early childhood, two as middle years and none as adolescents.

Seven services are delivered in the metropolitan area, three services are delivered in regional areas (Goldfields, Pilbara and Mid-West) and two services are provided on a state-wide basis.

#### Parenting WA

The Department of Local Government and Communities through Parenting WA, provides parenting information, assistance and support. Services include the Parenting WA Line, Parenting WA Library, Courses Guide, Parenting Matters seminars, Facebook, publications, delivery of evidence based programs, presentations and workshops, and individual consultations.

The Department of Local Government and Communities increased funding to its Parenting WA service from \$2.7 million in 2010–11 to \$3.03 million in 2014–15.

This service is offered to parents, families and caregivers with children from pre-birth to 18 years, state-wide.

---

## Recommendation 32

A central Office of Early Childhood be established and a state-wide plan for early childhood be prepared.

### The intent of this recommendation

The Inquiry found the implementation of care, education, health and parenting services for young children was ad hoc and spread across the three Departments of Education, Health and Communities with three different ministers, with input sought as required from other agencies, for example, Department for Child Protection and Disability Services Commission. Rather than being holistic and coordinated, services for young children and their families are compartmentalised and fragmented.

The intent of this recommendation was for a central Office of Early Childhood to be established and a state-wide plan for early childhood to be developed.

### Progress since 2011

#### Office of Early Childhood Development and Learning, Department of Education

The role of the Office of Early Childhood Development and Learning, Department of Education has expanded to include:

- coordinating the 16 Child and Parent Centres and five (previous) Children and Family Centres (see Recommendation 33 for more detail)
- implementing the National Quality Standard in all public schools and working with the Department of Education Services and the non-government school sectors to ensure consistent implementation of the standard across all Western Australian school
- coordinating implementation of the Australian Early Development Census
- collaborating with PlaygroupWA to consolidate and extend links between schools and community-based playgroups
- implementing the Kindilink program (see Recommendation 4 for more detail).

#### Partnership Forum Early Years Working Group

A Partnership Forum Early Years Working Group has been established to identify ways to create sustainable and systemic models of coordination across early year's services.

See Recommendation 33 for detailed information.

### Source of additional information

Department of Education, Early Childhood Education, Children and Family Centres ([www.det.wa.edu.au/curriculum-support/earlychildhood/detcms/navigation/initiatives/children-and-family-centres/](http://www.det.wa.edu.au/curriculum-support/earlychildhood/detcms/navigation/initiatives/children-and-family-centres/))

---

## Recommendation 33

Pending the establishment of an Office of Early Childhood, the Directors General of the Departments of Health, Education and Communities establish a working party mechanism to ensure collaboration and coordination in the important area of early childhood services.

### The intent of this recommendation

The Inquiry found the implementation of care, education, health and parenting services for young children was relatively ad hoc and spread across the three Departments of Education, Health and Communities with three different ministers, with input sought as required from other agencies, for example, Department for Child Protection and Disability Services Commission. Rather than being holistic and coordinated, services for young children and their families are compartmentalised and fragmented.

The intent of this recommendation was that a working party mechanism be established by the Directors General of the Departments of Health, Education and Communities to ensure collaboration and coordination of early childhood services pending the establishment an Office of Early Childhood.

### Progress since 2011

#### Partnership Forum Early Years Working Group

The purpose of the Working Group is to add value to existing early years initiatives in WA and to identify ways to create sustainable and systemic models of coordination across early years' services.

It is jointly chaired by the Director General Department of Local Government and Communities and the Chief Executive Officer Western Australian Council of Social Service. Other members include the Disability Services Commission, Department of Health, Department of Child Protection and Family Support, Department of Education, Department of Premier and Cabinet, Ngala and My Place.

The Working Group, in partnership with representatives from the communities of Cockburn and Kwinana, is overseeing the development of the Cockburn and Kwinana Early Years Project, Connecting Community for Kids. The project focuses on developing a locally based approach to early years' service coordination. It aims to improve the health and wellbeing of children in the Cities of Cockburn and Kwinana by 2024. The Australian Early Development Census (AEDC) will be used to help measure outcomes from the project.

#### Child and Parent Centres Directors General Coordination Group

This group leads the state-wide implementation of the Child and Parent Centre initiative and provide strategic oversight and advice to government and the Steering Group.

It is chaired by the Director General, Department of Education.

#### Child and Parent Centres Steering Group

The steering group reviews the implementation progress for the Child and Parent Centres, providing operational guidance, direction and advice, and is a conduit for information flow within and between government departments, non-government organisations, and communities.

---

The steering group is chaired by the Executive Director, Office of Early Childhood Development and Learning, Department of Education, and includes the Department of Health, Department of Aboriginal Affairs, Department for Child Protection and Family Support, Department of Local Government and Communities, Mental Health Commission, Western Australian Council of Social Service (WACOSS), and representation from one of the host school principals and one of the participating NGO's.

### **Cross-Sectoral Early Childhood Education Governance Group**

The Governance Group is chaired by the Director General of the Department of Education and comprises Director General's from the Departments of Local Government and Communities, Education Services, the School Curriculum and Standards Authority and Chief Executive Officers from the non-government schools sectors. This group has overseen collaborative implementation of the National Partnership on Universal Access to Early Childhood Education and the National Quality Standard.



---

## Recommendation 34

Consideration be given to rolling out KidsMatter Early Childhood to all early childhood services across Western Australia.

### The intent of this recommendation

Child care workers and other early childhood professionals are a group who, if provided with adequate training and supported appropriately, could assist in the delivery of mental health promotion, prevention and early intervention programs.

At the time of the Inquiry KidsMatter Early Childhood was being piloted nationally in selected early childhood services and was showing encouraging results.

The intent of this recommendation was for all early childhood services across Western Australia to have access to KidsMatter Early Childhood.

### Progress since 2011

#### Funding for KidsMatter Early Childhood

The Commonwealth Government provided an additional \$7.2 million up to 30 June 2014 for further implementation of KidsMatter Early Childhood nationally.

Thirty nine early childhood education and care services are now implementing the KidsMatter Early Childhood Framework in WA. KidsMatter Early Childhood resources are now also available for online use in any education and care service.

### Source of additional information

KidsMatter Early Childhood ([www.kidsmatter.edu.au/early-childhood](http://www.kidsmatter.edu.au/early-childhood))

---

## Recommendation 35

The State Child Development Services receive significant investment to increase service to an appropriate level and reduce waiting times.

### The intent of this recommendation

Child Development Services provide an important early intervention and treatment service following referral for children with developmental disorder and delay. The services provided have a significant impact on a child's healthy development and therefore on their mental health and wellbeing.

At the time of the Inquiry waiting times for Child Development Services were seven to 13 months (depending on the service), although a budget allocation of \$49.70 million by the WA government had begun to reduce waiting times. WA's strong population growth was resulting in a significant increase in demand for services.

The intent of this recommendation was for the capacity of the Child Development Service/Centres to be increased to an appropriate level and for waiting times to be reduced.

### Progress since 2011

#### Child development services state-wide

In May 2010, the State Government announced the allocation of \$49.70 million for direct employment and procurement of child development services state-wide. The funding is now ongoing. Total budget for Child development services state-wide has increased by more than 50 per cent between 2010–11 and 2014–15.

The increase in funding has resulted in:

- An additional 42 clinical FTE for the metropolitan Child Development Service in 2010–11, and a further 20.5 additional clinical FTE by June 2015.
- An additional 16.59 clinical FTE for the WA Country Health Service (WACHS) by July 2011, subsequently increasing to 17.85 clinical FTE (permanent).
- Additional procured services from non-government and private organisations:
  - Metropolitan Child Development Service procured services included Speech Pathology and developmental assessments to the value of \$1.7 million in 2014–15.
  - WACHS procured services included Speech Pathology, Occupational Therapy, Clinical Psychology, Dietetics, Audiology and Specialist Developmental Paediatric Services in 2013–14 and 2014–15. This included the provision of services via Telehealth, as a means to increase access.
- An additional 10.0 FTE Speech Pathologists (8.0 FTE by Child and Adolescent Health Service and 2.0 FTE by WA Country Health Service) are funded over four years as part of the School Health Investment

---

Initiative (see Recommendation 29).

### Waiting times

The current waiting time for a child to receive a service is as follows:

- Speech Pathology: Metropolitan Child Development Service 8.6 months; WA Country Health Service 2.8 months.
- Occupational Therapy: Metropolitan Child Development Service 7.9 months; WA Country Health Service 2.6 months.
- Physiotherapy: Metropolitan Child Development Service 5.9 months; WA Country Health Service 1.9 months.
- Clinical Psychology: Metropolitan Child Development Service 10.3 months; WA Country Health Service 1.9 months.
- Social Work: Metropolitan Child Development Service 6 months; WA Country Health Service 1.4 months.
- Paediatrician: Metropolitan Child Development Service 7.4 months; WA Country Health Service 3.9 months\*

Notes:

Child and Adolescent Health Service: The metropolitan Child Development Service is one of a number of publicly-funded allied health service providers for children in Perth. The waiting times for an appointment are the median waiting time across the Perth metropolitan area. Younger children and those with more complex presentations are seen more quickly. The current waiting times are based upon January – March 2015 data. Waiting times for April – June 2015 will be available in September 2015.

WA Country Health Service: Waiting times provided for WA Country Health Service are median waiting times across all regions as at 30 April 2015, where the discipline provides a Child Development Service funded service. Prioritisation of referrals is based on age, complexity and access to other services.

\*The above waiting times for a paediatrician service are only able to be obtained for one region in WACHS (Wheatbelt) due to paediatrician data not being fully entered into the existing data bases by private and visiting paediatricians and will be rectified over the next 12 months.

---

## Recommendation 36

A comprehensive, specialist infant mental health service be developed that can provide early intervention and treatment services for very young children and their parents.

### The intent of this recommendation

At the time of the Inquiry the Infant, Child, Adolescent and Youth Mental Health Service provided services to infants and young children who had severe, complex and persistent mental health disorders, however the Inquiry found that the under resourcing of the Infant, Child, Adolescent and Youth Mental Health Service was having a significant detrimental impact on services to this age group, particularly in regional and remote areas.

The intent of this recommendation was for improved early intervention and treatment services for infants, young children and their parents through the development of a comprehensive, specialist infant mental health service.

### Progress since 2011

#### Swan Perinatal Mental Health Service

The purpose of the Swan Perinatal Mental Health Service is to more effectively address the mental health needs of infants (to five years), their families and carers in the City of Swan.

The Midland Women's Health Care Place provides a three-day-a-week Perinatal Mental Health Service in Ellenbrook. Midland Women's Health Care Place received funding of \$250,000 in 2011–12 from the Mental Health Commission, increasing with indexation to \$267,916 in 2014–15.

The St John of God Outreach Service/City of Swan developed and implemented an integrated, community-based model for perinatal and infant mental health services, including a community-based perinatal specific information, support and referral service and a local model of care for Ellenbrook. St John of God Outreach Service/City of Swan was funded \$50,000 in 2011–12 and \$78,000 in 2012–13 by the Mental Health Commission.

#### Metropolitan Child and Adolescent Mental Health Service

Implementation of a single governance structure for the metropolitan Child and Adolescent Mental Health Service has enabled service-wide reforms including introduction of the Choice and Partnership Approach (CAPA) and review of the service's access policy (See Recommendation 13 for more detail). Subsequent to the implementation of these reforms the number of children from 0 to five years of age accessing the metropolitan Child and Adolescent Mental Health Service (CAMHS) has increased from 70 in the 2012–13 financial year to 125 in the 2014–15 financial year.

#### WA Council of Social Service (WACOSS)/City of Cockburn – Integrating services to support the mental health of infants and young children

This initiative developed a model for integrated, community-based services to support infant and child mental health (0 to eight years) in the City of Cockburn. It was trialled in 2013 and two reports were published by WACOSS.

The Mental Health Commission provided \$50,000 for 2011–12 \$50,000 (for the period June 2012 to January 2014).

---

## Infant Mental Health Planning Group

The Infant Mental Health Planning Group identified gaps and developed effective strategies to address areas of need within infant and child mental health. Membership includes the Mental Health Commission, Department of Health, Australian Association for Infant Mental Health WA, Department for Communities and Local Government and the Department for Child Protection and Family Support.

It operated from 2010 to 2014.

## Infant Mental Health Scholarships

These scholarships assisted government and non-government employees throughout WA to attend training, conferences, supervision, and related professional development in the field of infant (0 to four years) mental health. Non-government and rural applications were prioritised.

The Mental Health Commission granted \$457,923 in 2011–13.

## Perinatal and infant mental health workforce development

Through this initiative a framework for workforce competencies and training for a sustainable perinatal and infant mental health workforce was identified. The Australian Association for Infant Mental Health West Australian Branch Incorporated (AAIMHIWA) purchased the licence to the *MI-AIMH Competency Guidelines for Culturally Sensitive, Relationship-Focussed Practice Promoting Infant Mental Health*<sup>®</sup>, modified them for the WA context and is undertaking their implementation. The *Competency Guidelines* are relevant for workers across agencies and professions, encompassing promotion, prevention, early intervention and treatment services.

Funding of \$80,797 was provided by the Mental Health Commission for 2012–13 to identify an appropriate framework and the *MI-AIMH Competency Guidelines*<sup>®</sup> were purchased by AAIMHI WA.

The Mental Health Commission provided the Child and Adolescent Mental Health Service (CAMHS) with funding of \$150,000 from the National Perinatal Depression Initiative to produce a specialised Infant and Parent Mental Health Training program for government and non-government services. This training aligns with *AAIMHI WA Competency Guidelines* (Level III). Five full-day workshops will be rolled out during 2016.

## Fiona Stanley Hospital Mother and Baby Unit

This service provides a specialist eight bed in-patient service to support mothers who have developed a mental illness post-birth to care for their babies during the acute stages of their illness. The unit admitted the first patient in February 2015.

## Source of additional information

Mental Health Commission, *2011–12 Annual Report* ([www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Mental\\_Health\\_Commission\\_Annual\\_Report\\_2013\\_amended2\\_2.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Mental_Health_Commission_Annual_Report_2013_amended2_2.sflb.ashx))

Mental Health Commission, *2012–13 Annual Report* ([http://www.mentalhealth.wa.gov.au/media\\_resources/policies\\_reports\\_forms/2013\\_annual\\_report.aspx](http://www.mentalhealth.wa.gov.au/media_resources/policies_reports_forms/2013_annual_report.aspx))

Western Australian Council of Social Services (WACOSS), *Integrating services to support the mental health of infants and young children: Developing the Concepts* ([www.wacoss.org.au/Libraries/P\\_A\\_Children\\_Vun\\_Children\\_Youth\\_and\\_Families\\_Publications/Integrating\\_services\\_to\\_support\\_the\\_mental\\_health\\_of\\_infants\\_and\\_young\\_Children\\_Developing\\_the\\_Concepts\\_Report\\_1\\_June\\_2013.sflb.ashx](http://www.wacoss.org.au/Libraries/P_A_Children_Vun_Children_Youth_and_Families_Publications/Integrating_services_to_support_the_mental_health_of_infants_and_young_Children_Developing_the_Concepts_Report_1_June_2013.sflb.ashx))

---

## **Recommendation 37**

Funding be provided to KidsMatter and all primary schools in Western Australia to enable the implementation of social and emotional learning programs within the KidsMatter framework.

### **The intent of this recommendation**

KidsMatter provides an evidence-based, whole-school framework for the strengthening of children's mental health and wellbeing – using evidence-based programs to develop children's social and emotional skills.

Programs that strengthen social and emotional skills have been found to be effective in mental health promotion and prevention interventions. The Inquiry found these skills are protective of mental health, modifiable in children of primary school age and can be explicitly taught and learnt. Evidence-based social and emotional skills programs include Aussie Optimism and PATHS (Promoting Alternative Thinking Strategies).

The intent of this recommendation was for all primary schools in WA to have additional funding specifically for implementing evidence-based social and emotional learning programs.

### **Progress since 2011**

No additional funding has been provided to KidsMatter or primary schools in WA to enable the implementation of social and emotional learning programs since the Inquiry report was tabled on 5 May 2011.

Social and emotional programs such as PATHS and Aussie Optimism are run by accredited Department of Education school psychologists.

Department of Education continued to offer in-kind support to KidsMatter through the provision of office space until it was relocated. The Department continues to participate in the KidsMatter MindMatters State Reference Group and provide information to schools regarding professional learning opportunities.



---

## Recommendation 38

The current focus on bullying be maintained and enhanced by the continued development and implementation of evidence-based anti-bullying programs involving the Commonwealth and State Governments, non-government agencies, community, parents and children and young people.

### The intent of this recommendation

The Inquiry found that bullying is a reality for many children and young people in WA and has a significant impact on their mental health and wellbeing. It is associated with anxiety, depression, suicidality, psychiatric disorders, poor academic achievement, poor relationships with peers, increased loneliness, low self-esteem and increased alcohol and substance use.

The Inquiry found that bullying requires a whole-of-community response because it occurs in a variety of settings, including sporting and other recreational groups, however, schools were identified as a key setting for implementing programs that address the issue. Specific school-based programs targeting bullying are important to equip children and young people with better understanding and skills but also to assist teachers in implementing prevention strategies.

At the time of the Inquiry there was a focus on anti-bullying measures by the Commonwealth and State Governments, the school sector and the Child Health Promotion Research Centre.

The intent of this recommendation was for the focus on bullying to be maintained and enhanced by the continued development and implementation of evidence-based anti-bullying programs involving the Commonwealth and State Governments, non-government agencies, community, parents and children and young people.

## Progress since 2011

### National initiatives

- In the 2014–15 Budget the Commonwealth Government committed \$10.00 million over four years to implement their Policy to Enhance Online Safety for Children.
- Commonwealth legislation (*Enhancing Online Safety for Children Act 2015*) to enhance online safety for children, including to establish a Children's e-Safety Commissioner, was passed in March 2015. The inaugural e-Safety Commissioner for Children commenced on 1 July 2015.
- The Australian Communications and Media Authority's Cybersmart program has expanded.
- The Safe and Supportive School Communities Working Group, comprising education representatives from the Commonwealth, all states and territories and national Catholic and independent schools, continues The Bullying. No Way! initiative and the annual National Day of Action against Bullying and Violence.
- The Alannah and Madeline Foundation's eSmart Schools and eSmart Libraries has expanded from a pilot of 159 schools in 2010 to over 2,200 schools and 500 libraries nationally.

---

## State initiatives

- The WA Department of Education has developed *Preventing and Managing Bullying – Guidelines and Templates*.
- Friendly Schools Plus, based on the extensive research of the Child Health Promotion Research Centre, Edith Cowan University is now available for purchase by schools.

Also see Recommendations 37 and 43 regarding KidsMatter Primary and MindMatters, which include components on bullying.

## Source of additional information

Australian Communications and Media Authority, cyber(smart) ([www.cybersmart.gov.au/](http://www.cybersmart.gov.au/))

Bullying, No Way!, About Us ([www.bullyingnoway.gov.au/footer/about-us.html](http://www.bullyingnoway.gov.au/footer/about-us.html))

Department of Education, Behaviour and Wellbeing, Safe and Supportive Schools ([www.det.wa.edu.au/student-support/behaviourandwellbeing/detcms/navigation/safe-and-supportive-schools/](http://www.det.wa.edu.au/student-support/behaviourandwellbeing/detcms/navigation/safe-and-supportive-schools/))

eSmart Schools (<https://www.esmartschools.org.au/Pages/default.aspx>)

Fletcher P 19 March 2015, *Leading online safety expert Alastair MacGibbon appointed Children's e-Safety Commissioner*, Ministerial Media Statements, ([http://www.minister.communications.gov.au/paul\\_fletcher/news/leading\\_online\\_safety\\_expert\\_alastair\\_macgibbon\\_appointed\\_childrens\\_e-safety\\_commissioner](http://www.minister.communications.gov.au/paul_fletcher/news/leading_online_safety_expert_alastair_macgibbon_appointed_childrens_e-safety_commissioner))

Friendly Schools (<http://friendlyschools.com.au/fsp/>)

Parliament of Australia, *Enhancing Online Safety for Children Bill 2014* ([www.aph.gov.au/Parliamentary\\_Business/Bills\\_Legislation/Bills\\_Search\\_Results/Result?bld=r5387](http://www.aph.gov.au/Parliamentary_Business/Bills_Legislation/Bills_Search_Results/Result?bld=r5387))



---

## **Recommendation 39**

The model of integrated services on school sites be established as pilots in a number of primary and secondary schools in Western Australia. These integrated services to include comprehensive mental health services.

### **The intent of this recommendation**

On 15 December 2010 the State Government announced schools would receive increases in resources to enable them to become one-stop shops for early childhood services.

The Inquiry found there was also support for this model of service delivery in primary and secondary schools for services including mental health early intervention and treatment.

The intent of this recommendation was for mental health early intervention and treatment services to be part of pilots for integrated services on primary and secondary school sites for students older than early childhood age.

### **Progress since 2011**

There have been no initiatives or activities identified in regard to integrated services on primary and secondary school sites for students older than early childhood age (0 to eight years) since the Inquiry report was tabled on 5 May 2011.

See Recommendation 4 for information about integrated early childhood services (for children 0 to eight years) on school sites.

---

## Recommendation 40

A specialised, state-wide, 24-hour emergency service be developed for children and young people experiencing a mental health crisis.

### The intent of this recommendation

At the time of the Inquiry there were two key services for emergency response for mental health issues in the community, the Mental Health Emergency Response Line (MHERL) and the Community Emergency Response Teams (CERT). Although these services existed for 'persons of all ages' the Inquiry found they had extremely low usage by children and young people.

The Inquiry found that in the absence of a dedicated emergency phone line and a mobile team of experts often the Western Australia Police were called to assist and Princess Margaret Hospital's emergency department had become the default admission point for children and young people in need of emergency mental health assistance.

The intent of this recommendation was for a specialised, state-wide, 24-hour emergency service to be developed for children and young people experiencing a mental health crisis.

### Progress since 2011

#### Mental Health Assertive Community Intervention Initiative

This initiative aims to expand mental health emergency services and reduce emergency department admissions through a new service for children and young people aged 0 to 18 years and their families living in the Perth metropolitan area.

The Commonwealth Government provided \$6.56 million for the Mental Health Commission to expand the Mental Health Assertive Community Intervention Initiative over a five-year period from 2011–12 to 2015–16, under the National Partnership Agreement Supporting National Mental Health Reform.

The service provides clinical support through the metropolitan Child and Adolescent Mental Health Service, Child and Adolescent Health Service Acute Response Team and the Acute Community Intervention Team.

#### Child and Adolescent Mental Health Service Acute Response Team

This is a 24 hour, seven-day-a-week assertive outreach service based at Princess Margaret Hospital to assess and assist children and young people (to 18 years) experiencing a mental health crisis in the community. This includes a state-wide telephone information, support and bed coordination role to Child and Adolescent Mental Health Service inpatient units, and a metropolitan community-based emergency assessment role. The Princess Margaret Hospital inpatient liaison role is for children and young people up to 16 years, the community-based Acute Response Team services are provided to 18 years.

The service consists of 18.1 clinical FTE and in 2013–14 conducted over 1,000 face-to-face assessments more than double the number conducted in 2009–10 prior to additional funding and the structural reform of Child and Adolescent Mental Health Service.

---

### Child and Adolescent Mental Health Service Acute Community Intervention Team

The service aims to support children and young people (up to 18 years) being discharged from Princess Margaret Hospital, the Bentley Adolescent Unit and Metropolitan Emergency Departments to transition back to the community. This includes assertive community follow up for up to eight weeks and transitioning the young person to a community-based service for ongoing follow-up.

Since additional funding and the structural reform of Child and Adolescent Mental Health Service, the service has expanded to 16.1 clinical FTE, which includes a new North-East Metropolitan service.

### Mission Australia – Children and Family Support Service

The purpose of this service is to provide psychosocial support (e.g. vocational, educational and recreational support, and linkage to services) alongside the Acute Community Intervention Team for children and young people (to 18 years) and their families living in the Perth metropolitan area who are experiencing a mental health crisis.

The Commonwealth Government, through the Mental Health Commission, has provided a further \$5.7 million over a five year period, from 2011–12 to 2015–16, to Mission Australia for this service.

### Source of additional information

Mental Health Commission, *Annual Report 2013–14*, ([www.mentalhealth.wa.gov.au/media\\_resources/policies\\_reports\\_forms/2014\\_annual\\_report.aspx](http://www.mentalhealth.wa.gov.au/media_resources/policies_reports_forms/2014_annual_report.aspx)) p. 26

Mission Australia, Children and Family Support Service (<http://sd.missionaustralia.com.au/314-children-and-family-support-service>).

Morton H 12 October 2013, *Mental health program to support WA youth*, Ministerial Media Statements, (<https://www.mediastatements.wa.gov.au/Pages/Barnett/2013/10/Mental-health-program-to-support-WA-youth-.aspx>)

---

## Recommendation 41

Additional resourcing be provided to schools so appropriate mental health training can be provided to school staff with pastoral care roles.

### The intent of this recommendation

The Inquiry found that mental health problems in students was a significant issue for schools and that current government policy identified schools as having an important role in providing mental health support and programs to students.

The Inquiry found it was unreasonable to expect schools (and teachers) to provide mental health services without adequate resourcing and training, including mental health training for teachers and other staff taking on pastoral care roles.

The intent of this recommendation was for additional resourcing to be provided to schools so pastoral care staff can undertake appropriate mental health training.

### Progress since 2011

#### Youth Mental Health First Aid

Youth Mental Health First Aid training is available to Department of Education secondary school teachers, education assistants, year coordinators, student service managers, deputy principals and principals and primary school principals and deputy principals to assist adolescents who are developing a mental health problem or in a mental health crisis.

The Department provides funding of \$40,000 annually. The program is delivered by trained Department of Education school psychologists. Nineteen school psychologists continue to be accredited to deliver Youth Mental Health First Aid across the State. From January 2014 to June 2015, approximately 600 teaching and support staff undertook Youth Mental Health First aid training.

The Department is piloting Teen Mental Health First Aid in a small number of secondary schools that already have staff trained in Youth Mental Health First Aid.



---

## Recommendation 42

The Department of Education increase the numbers of school psychologists to enable the expansion of the services and programs they currently provide for children and young people with mild to moderate mental health problems and to promote mental health and wellbeing.

### The intent of this recommendation

The Inquiry found that mental health problems in their students was a significant issue for schools and that current government policy identified schools as having an important role in providing mental health support and programs to students. School psychologists were identified as a key support service but their role was limited due to lack of resources and the high ratio of students to school psychologists.

The intent of this recommendation was for the Department of Education to increase the numbers of school psychologists to enable the expansion of services and programs for children and young people with mild to moderate mental health problems.

### Progress since 2011

#### School psychologists

Sixty additional school psychologist FTE have been added as part of a government commitment progressive from the 2008–09 through to 2011–12 financial years. The final 15 FTE were added in 2011.

Department of Education schools are currently purchasing 18 additional FTE from their own unallocated funding.

The School Psychology Service is providing Youth Focus with \$150,000 per year to provide supplementary mental health services, including out of school hours, to students.

The Department of Education has entered into an agreement to supply 2.0 FTE school psychologist plus 0.5 FTE lead school psychologist to the Kimberley for non-government schools on a cost recovery basis.

#### School of Special Educational Needs: Behaviour and Engagement

In May 2015 the State Government announced the establishment of 13 engagement centres throughout the State from 2016 to support students (Kindergarten to Year 12) with complex behavioural and attendance issues, replacing 12 existing behaviour centres and expanding services available to these students, including in regional areas.

From 2016 a new School of Special Educational Needs: Behaviour and Engagement within the Department's State-wide Services Directorate will facilitate access to specialist support for students with behavioural, attendance and mental health needs in schools throughout WA.

### Source of additional information

Collier P, 27 May 2015, *New approach for at-risk students*, Ministerial Media Statements, (<https://www.mediastatements.wa.gov.au/Pages/Barnett/2015/05/New-approach-for-at-risk-students-.aspx>)

---

## **Recommendation 43**

Funding be provided to MindMatters and all secondary schools in Western Australia to enable the implementation of social and emotional learning programs within the MindMatters framework.

### **The intent of this recommendation**

MindMatters provides an evidence-based, whole-school framework for the strengthening of young people's mental health and wellbeing, aiming to embed mental health promotion, prevention and early intervention activities in secondary schools.

The Inquiry found that MindMatters was a valuable strategy for encouraging social and emotional learning in schools and enabling a continuum of support for students with additional mental health needs.

The intent of this recommendation was for all secondary schools in WA to have additional funding, specifically for implementing evidence-based social and emotional learning programs.

### **Progress since 2011**

No additional funding has been provided to MindMatters or secondary schools in WA to enable the implementation of social and emotional learning programs since the Inquiry report was tabled on 5 May 2011.

Social and emotional programs such as Friendly Schools Plus, Aussie Optimism and Teen Triple P are run by accredited Department of Education school psychologists.

The Department of Education continued to provide in-kind support through provision of office space until it was relocated. The Department continues to participate in the KidsMatter MindMatters Reference Group and provide information to schools regarding professional learning opportunities.



---

## Recommendation 44

A community education campaign about the importance of children and young people's mental health be led by the Mental Health Commission.

### The intent of this recommendation

The Inquiry found there was a general lack of understanding in the community that children (particularly infants and young children) can experience significant mental health problems.

The Inquiry concluded that improved awareness by the Western Australian community about the reality, impact and prevalence of mental illness in children and young people was an essential component of mental health reform. A community education campaign would raise awareness, help address stigma and encourage help-seeking.

The intent of this recommendation was for the Mental Health Commission to undertake community education activities that specifically raise awareness about the importance of children and young people's mental health.

### Progress since 2011

There have been no new community education initiatives or activities that raise awareness specifically about the importance of children and young people's mental health (under 18 years) since the Inquiry report was tabled on 5 May 2011.

The pre-existing initiatives described below have continued to receive funding from the Mental Health Commission since the Inquiry report was tabled on 5 May 2011.

#### Act-Belong-Commit

Act-Belong-Commit is a state-wide mental health promotion campaign that highlights the importance of mental wellbeing for the whole of the population and encourages individuals (including children and young people) to participate and organisations to promote participation in mentally healthy activities.

Act-Belong-Commit is based on research by Curtin University and was initially piloted in six WA regional communities from 2005 to 2007 before expanding state-wide. An initiative to bring Act-Belong-Commit into schools (the Mentally Healthy Schools Framework) aims to involve 40 schools by 2017.

From January 2015 to June 2017, the Mental Health Commission has provided funding of \$1.34 million.

#### Music Feedback

Music Feedback is an anti-stigma mental health campaign targeting young people aged 12 to 25 years, aiming to increase community awareness and understanding of mental illness through music. The Youth Affairs Council of WA was a Music Feedback project partner in 2011 and 2012 and has been the sole delivery agency since 2013.

The Mental Health Commission provides funding of \$100,000 annually.

#### Head2Head magazine

The Autumn 2013 edition of the Mental Health Commission's *Head2Head* magazine focused on young people.

---

## Source of additional information

Act Belong Commit, ([www.actbelongcommit.org.au/about-us/what-is-act-belong-commit.html](http://www.actbelongcommit.org.au/about-us/what-is-act-belong-commit.html))

Mental Health Commission, *Annual Report 2012–13* ([http://www.mentalhealth.wa.gov.au/media\\_resources/policies\\_reports\\_forms/2013\\_annual\\_report.aspx](http://www.mentalhealth.wa.gov.au/media_resources/policies_reports_forms/2013_annual_report.aspx))

Mental Health Commission, *Annual Report 2013–14* ([http://www.mentalhealth.wa.gov.au/media\\_resources/policies\\_reports\\_forms/2014\\_annual\\_report.aspx](http://www.mentalhealth.wa.gov.au/media_resources/policies_reports_forms/2014_annual_report.aspx))

Mental Health Commission, Head2Head ([www.mentalhealth.wa.gov.au/media\\_resources/head2head.aspx](http://www.mentalhealth.wa.gov.au/media_resources/head2head.aspx))

Mental Health Commission, Music Feedback ([http://www.mentalhealth.wa.gov.au/mentalhealth\\_changes/breaking\\_down\\_stigma/music\\_feedback.aspx](http://www.mentalhealth.wa.gov.au/mentalhealth_changes/breaking_down_stigma/music_feedback.aspx))



---

## Recommendation 45

Information and communication technology be an integral part of any comprehensive mental health plan for children and young people.

### The intent of this recommendation

The Inquiry found that after family and friends, the internet was an important source of mental health advice and support for young people. Young people identified the internet (and phone helplines) as having many benefits including that it is accessible, anonymous, engaging and informative.

The Inquiry found that information and communication technologies provide opportunities to increase help-seeking for those experiencing mental health problems, particularly for those least likely to seek professional help (such as young males) and young people in regional and remote areas where isolation and being unable to access services are significant barriers.

The intent of this recommendation was for information and communication technology strategies to be an integral part of any comprehensive mental health plan for children and young people.

### Progress since 2011

#### Mental Health 2020 strategic policy and Action Plan 2011–12

Action Area 5 under the Mental Health 2020 strategic policy refers to using ‘state of the art technologies’ to facilitate services for all people in rural and remote areas.

#### The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025

Information and communication technology are included in the draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 through strategies and actions to provide services such as online, e-health and Telehealth, including to rural and regional Western Australia. The needs of children and young people are not specifically referred to.

### Source of additional information

Mental Health Commission, *Mental Health 2020: Making it personal and everybody's business* ([http://www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Mental\\_Health\\_Commission\\_strategic\\_plan\\_2020.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Mental_Health_Commission_strategic_plan_2020.sflb.ashx)) p. 30.

Mental Health Commission, *The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*, pp. 85–86. ([www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Plan\\_27\\_11\\_2014\\_for\\_consultation\\_1.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Plan_27_11_2014_for_consultation_1.sflb.ashx))

---

## Recommendation 46

The Department of Sport and Recreation, the Department of Culture and the Arts and the Mental Health Commission work to increase arts, cultural, sport and recreation opportunities for children and young people, particularly in regional and remote areas.

### The intent of this recommendation

The Inquiry found compelling evidence that young people's participation in extra-curricular activities is linked to a range of positive outcomes and that young people who participate in activities appear to have a more positive sense of self. In practice however it appears many children and young people across WA do not feel they have adequate access to important sport and recreation or arts and cultural activities.

The Departments of Culture and the Arts and Sport and Recreation submitted to the Inquiry regarding the importance of a range of activities contributing to positive mental health and wellbeing. The Inquiry commended the Department for Sport and Recreation, particularly for their willingness to explore new opportunities in this area and recommended the departments work together with the Mental Health Commission to increase opportunities for young people to participate in a wide range of activities.

The intent of this recommendation was for the Department of Sport and Recreation and the Department of Culture and the Arts to increase arts, cultural, sport and recreation opportunities for children and young people, particularly in regional and remote areas.

## Progress since 2011

### New initiatives

#### KidSport

KidSport ensures all WA children and young people can participate in community sport and recreation, no matter their financial circumstances. Eligible children and young people aged five to 18 years can apply for financial assistance to contribute towards club fees.

The Department of Sport and Recreation provides funding of \$17.00 million, over six years 2011–17.

This state-wide program has been ongoing since September 2011, and as at June 2015, 46,802 children and young people have participated.

#### KidsCulture Pilot Project

This project aimed to increase participation in arts and cultural activities by removing the financial barriers to participation for children and young people aged five to 18 years. The program was piloted in the cities of Albany and Stirling from February 2014 to June 2015, and was modelled on the KidSport program.

Funding of \$140,000 from the Department of Culture and the Arts for the pilot concluded 30 June 2015.

#### Sensorium Theatre

Department of Culture and the Arts funding supported Sensorium in the creation and touring of tailored creative experiences for children and young people with complex disabilities aged five to 15 years. From May 2011 to May 2014, Sensorium Theatre developed two multi-sensory theatre performances (The Jub Jub Tree and Oddyssey) and toured to schools for children and young people with complex disabilities.

---

Funding of \$91,370 was provided by the Department of Culture and the Arts over four projects May 2011 to May 2014.

### **Mullewa Goals to Life Program**

This program aims to increase participation of young people and other community members in sport and active recreation, and to reduce domestic violence and alcohol and drug use in the community. From January 2012 to June 2014, the Mullewa Football Club was supported to implement player contracts, workshops and a media campaign.

Funding of \$60,000 was provided by Department of Sport and Recreation from January 2012 to June 2014.

### **The Hive**

The Hive enabled Propel Youth Arts WA to pilot an extended youth arts space and enabled easy access to innovative youth-led arts projects for young people aged 12 to 25 years. The Hive was open from April to December 2014 and supported presentation of many of Propel's programs that support mental health and wellbeing, including Home is Where My Heart Is and Kickstart Arts Festival.

The Department of Culture and the Arts provided funding of \$26,256 for a pilot project for The Hive. Propel also receives multi-year funding (\$131,922 in 2014). This project is also supported by the Perth Theatre Trust.

### **Deadly Books for Deadly Readers**

This program promotes literacy development in Aboriginal children and young people aged five to 18 years through books relevant to their cultural background and interests. Magabala Books is developing a series titled Deadly Books for Deadly Readers written by Indigenous authors and distributed through public libraries state-wide.

It received funding from the Department of Culture and the Arts of \$247,414 (Tri-annual funding, 2014 amount).

### **Pre-existing initiatives**

#### **Southern Wheatbelt Sport and Recreation Project**

This project aims to increase sport and active recreation participation by young people in Narrogin, Wagin, Brookton and Pingelly. The program included mental health awareness training for club volunteers and service providers.

Funding of \$490,000 was provided by the Department of Sport and Recreation from 2011 to 2014.

#### **Awesome Arts**

Awesome Arts provides opportunities for WA children aged to 12 years to actively engage with the arts through the annual AWESOME Festival and the Awesome Creative Challenge (a two-week residency program in 10 regional or remote Western Australian communities). This program is ongoing.

It received funding from Department of Culture and the Arts of \$207,369 in 2014.

In June 2015 a \$30,000 grant was provided to enable subsidised and free tickets to the 2015 festival for families in financial hardship.

---

### Drug Aware YCulture Regional Panellists Professional Development Program

This program enabled Country Arts WA to bring a group of young people (aged 12 to 26 years) involved in Drug Aware YCulture Regional to Perth for professional development, networking and information sharing. Country Arts WA's Drug Aware YCulture Regional supports community arts projects that are run by young people for young people across all art forms.

Funding is provided by Department of Culture and the Arts of \$8,000 for 2012 and \$9,000 in 2013. The Drug Aware funding program itself is managed by Country Arts WA, through Healthway Sponsorship.

### Community Participation Funding

Community Participation Funding increases participation in sport and active recreation by groups with previously low participation, including culturally and linguistically diverse, Aboriginal community members and those affected by mental illness, including children and young people. Grants of up to \$5,000 may be applied for at any one time.

The Mental Health Commission funded \$20,000 (for mental health projects) in 2013–14. The Department of Sport of Recreation funded \$520,000 during the period 2012–15.



---

## Recommendation 47

The Mental Health Commission coordinate the establishment of co-located 'youth service centres' across the State.

### The intent of this recommendation

The Inquiry found that a 'youth-friendly' centre that provides a single point of access to a number of different services, builds relationships and facilitates a holistic and responsive plan to address the mental health needs of young people was an effective model of service delivery. Clear pathways of referral to well-resourced specialist services were considered important to their success.

headspace centres were an example of this model. At the time of the Inquiry there were only three headspace centres operating in Western Australia.

The intent of this recommendation was for co-located 'youth service centres' to be established in other locations around both regional and metropolitan WA.

### Progress since 2011

#### State government youth services

##### Bentley Adolescent Unit – Refurbishment

See Recommendation 49 for detailed information on this project.

##### Fiona Stanley Hospital – Youth mental health unit

This unit provides inpatient treatment for young people (16 to 24 years) with an acute mental illness. The 14-bed youth-friendly unit is part of a 30-bed mental health service which opened in February 2015.

##### Youth Axis

Youth Axis provides specialist mental health assessment, treatment, consultation and community capacity building for metropolitan young people (16 to 24 years) who have emerging mental health issues, primarily associated with ultra-high risk of developing psychosis and/or emerging borderline personality disorder.

Youth Axis receives funding of \$2.00 million per annum, ongoing from the Mental Health Commission through North Metropolitan Health Service.

##### Fiona Stanley Hospital – Specialist youth community mental health service

As part of the 2015–16 State Budget the State Government announced \$2.50 million funding for a two-year trial of a specialist community mental health service to support young people with a mental illness to stay out of hospital, or return home after an inpatient stay. This service will be based at the Fiona Stanley Hospital youth mental health unit.

---

## Commonwealth government youth services

### headspace centres

The Commonwealth Government has continued to expand funding for the headspace model across Australia. Funding goes directly to the headspace National Youth Mental Health Foundation without the involvement of the Mental Health Commission. With this expansion, the number of headspace centres in WA has increased to ten, with new centres in Bunbury, Joondalup, Kalgoorlie, Midland, Osborne Park, Rockingham and Armadale. One further centre is currently being developed in Geraldton. headspace centres provide early intervention mental health services to young people aged 12 to 25 years.

### headspace Youth Early Psychosis Program

In 2013 headspace National Youth Mental Health Foundation received additional Commonwealth funding over six years to develop Youth Early Psychosis Programs at a number of sites across Australia. In WA, headspace Joondalup and headspace Osborne Park have been funded to provide this service.

These centres provide early access to comprehensive, evidence-based early psychosis services for young people aged 12 to 25 years identified as being at risk of, or experiencing a first episode of psychosis.

### Source of additional information

headspace, (<http://headspace.org.au/corporate-and-governance/>)

Morton H, 25 June 2014, *Youth-friendly mental health unit unveiled*, Ministerial Media Statement, (<https://www.mediastatements.wa.gov.au/Pages/Barnett/2014/06/Youth-friendly-mental-health-unit-unveiled.aspx>)

Morton H, 13 May 2015, *Specialist youth service now has a new home*, Ministerial Media Statement, ([www.mediastatements.wa.gov.au/Pages/Barnett/2015/05/Specialist-youth-service-now-has-a-new-home.aspx](http://www.mediastatements.wa.gov.au/Pages/Barnett/2015/05/Specialist-youth-service-now-has-a-new-home.aspx))

Nahan M & Morton H, 5 May 2015, *Budget to deliver more mental health care*, Ministerial Media Statement, ([www.mediastatements.wa.gov.au/Pages/Barnett/2015/05/Budget-to-deliver-more-mental-health-care.aspx](http://www.mediastatements.wa.gov.au/Pages/Barnett/2015/05/Budget-to-deliver-more-mental-health-care.aspx))

---

## **Recommendation 48**

Confidentiality, wherever possible, should be a critical consideration in the design and operation of services and programs, to encourage young people to seek help with issues concerning their mental health and wellbeing.

### **The intent of this recommendation**

The Inquiry found that privacy and confidentiality concerns were a significant barrier to young people when seeking advice or support on a mental health matter and also when accessing services.

The Inquiry found that early help-seeking and early intervention are key to making an impact on young people's mental health and wellbeing and therefore unnecessary barriers that prevent young people from accessing assistance should be removed. Services for young people seeking help for mental health issues should ensure confidentiality wherever possible.

The intent of this recommendation was to raise awareness about the importance of confidentiality to young people seeking help for issues concerning their mental health and wellbeing.

### **Progress since 2011**

Due to the broad scope of this recommendation, initiatives or activities that have occurred in regard to young people aged younger than 18 years since the Inquiry report was tabled on 5 May 2011 have not been described.

---

## Recommendation 49

As a matter of urgency, the Bentley Adolescent Unit be upgraded to provide a more therapeutic service for children and young people.

### The intent of this recommendation

At the time of the Inquiry the Bentley Adolescent Unit was a 12-bed inpatient unit that admitted young people from the age of 12 to 18 years.

The Inquiry found that the Bentley Adolescent Unit was considered an inadequate inpatient facility for children and young people requiring specialised mental health care, needing urgent attention and significant funding to meet service demand and provide an appropriate therapeutic environment commensurate with facilities provided to children and young people with other health needs.

The Inquiry noted that the Minister for Mental Health had expressed her concern about the Bentley Adolescent Unit in Parliament and the government had allocated funding for improvements.

The intent of this recommendation was for the Bentley Adolescent Unit to be upgraded to provide a more therapeutic service for children and young people.

### Progress since 2011

In January 2013 extensive renovations to the Bentley Adolescent Unit (funded by the Mental Health Commission and the Commonwealth Government) were completed. The renovations included more youth-friendly and safe accommodation, outdoor and indoor recreational space, youth friendly furnishings and other changes to improve the therapeutic environment.

### Source of additional information

Mental Health Commission, *Annual Report 2012–13* ([www.mentalhealth.wa.gov.au/media\\_resources/policies\\_reports\\_forms/2013\\_annual\\_report.aspx](http://www.mentalhealth.wa.gov.au/media_resources/policies_reports_forms/2013_annual_report.aspx))



---

## Recommendation 50

Planning for the new Children's Hospital should include comprehensive therapeutic services for children and young people with mental illness, and be able to accommodate and support young people up to 25 years of age where developmentally and clinically appropriate.

### The intent of this recommendation

At the time of the Inquiry the Bentley Adolescent Unit was a 12-bed inpatient unit admitting young people from the age of 12 to 18 years. The Inquiry found that the Bentley Adolescent Unit was unable to meet service demand and there was a need for more appropriate acute care, particularly for young people over the age of 16 years.

The intent of this recommendation was for the new Children's Hospital (now Perth Children's Hospital) to provide comprehensive services for children and young people with mental illness, including young people up to 25 years as appropriate.

### Progress since 2011

#### Perth Children's Hospital

The Perth Children's Hospital is due to open in 2016. There will be 20 mental health beds for children and young people aged to 15 years.

The construction of Perth Children's Hospital (PCH) is due to be complete by the end of 2015, at which time clinical commissioning, staff training and orientation will commence. The commissioning of the hospital is expected to take between 20 and 26 weeks following completion of construction. The precise date for the hospital opening will be determined later in 2015.

See also Recommendation 51.

#### Fiona Stanley Hospital – Youth Mental Health Unit

The Fiona Stanley Hospital mental health service opened in February 2015. A 14-bed youth-friendly unit for young people 16 to 24 years is part of a 30-bed mental health service.

#### Bentley Adolescent Unit

The number of mental health beds at the Bentley Adolescent Unit and the age of the people to which it provides a service may change subsequent to the opening of the Perth Children's Hospital and the Fiona Stanley Hospital Youth Mental Health Unit.

The draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 states by 2017 the intent is to 'convert the Bentley Adolescent Unit into a state-wide inpatient subacute service for youth'.

---

## Source of additional information

Barnett C & Hames K May 2015, *New kids on the block*, Ministerial Media Statements (<https://www.mediastatements.wa.gov.au/Pages/Barnett/2015/05/New-kids-on-the-block.aspx>)

Mental Health Commission, Hospital Based Services ([www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Hospital\\_Based\\_Factsheet\\_web\\_1.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Hospital_Based_Factsheet_web_1.sflb.ashx))

Mental Health Commission, The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 ([www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Plan\\_27\\_11\\_2014\\_for\\_consultation\\_1.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Plan_27_11_2014_for_consultation_1.sflb.ashx))

Morton H, 25 June 2014, *Youth-friendly mental health unit unveiled*, Ministerial Media Statements, (<https://www.mediastatements.wa.gov.au/Pages/Barnett/2014/06/Youth-friendly-mental-health-unit-unveiled.aspx>)



---

## **Recommendation 51**

The planning and design of the mental health facilities in the new Children's Hospital occur with the direct involvement of children and young people.

### **The intent of this recommendation**

At the time of the Inquiry planning for the new Children's Hospital (now Perth Children's Hospital) had begun and presented an opportunity to design a greatly enhanced therapeutic environment in consultation with children and young people.

Involving children and young people will help ensure their mental health and developmental needs are considered and policies, programs and services that are intended for them are relevant and appropriate.

The intent of this recommendation was for children and young people to be involved in the planning and design of the mental health facilities in Perth Children's Hospital.

### **Progress since 2011**

The Perth Children's Hospital design teams' consultation with children and young people (12 to 21 years) has continued, including for mental health facilities.

Consultations have been held with the Perth Children's Hospital Youth Advisory Committee, the Consumer Advisory Council (parents and carers of Child and Adolescent Health Service patients), and the Child and Adolescent Health Service Governing Council (who have a number of youth representatives) on the design as a whole and interior design concepts, as well as a walk-through of mock-up rooms and site visits.

This feedback was incorporated into the final design. In addition, the Child and Adolescent Mental Health Service has consulted with children and young people from Princess Margaret Hospital Ward 4H and Bentley Adolescent Unit on the model of care and some aspects of the interior design.

---

## Recommendation 52

A short-term residential facility for young people being discharged from acute in-patient care be made available, as a 'step-down' from hospital care when appropriate.

### The intent of this recommendation

The Inquiry found that supported accommodation was a significant issue for young people with mental illness being discharged from acute in-patient care. At the time of the Inquiry there was no such accommodation, and therefore no 'step-down' or respite service for children and young people with a mental illness.

The intent of this recommendation was for the development of a short-term residential facility for young people being discharged from acute in-patient care as a 'step-down' from hospital care.

### Progress since 2011

#### Subacute mental health services

These services provide a community-based subacute step-up, step-down service to people (aged older than 18 years), as an alternative to hospital care. A 22-bed non-government provided service (funded by the State Government) opened in 2013 in Joondalup.

Construction of a 10-bed service at Rockingham is underway, with an operation date of early 2016. Planning has also begun on further subacute services in Broome, the Goldfields, Karratha and Sunbury to be operational in 2017.

#### The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025

The draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 addresses the needs of young people with severe mental illness (16 to 24 years) through a specific strategy to develop a youth mental health services stream by 2017, to be achieved by realigning existing services and commissioning new youth specific services, including community-based beds. The Plan states that by 2017 the intent is to 'convert the Bentley Adolescent Unit into a state-wide inpatient subacute service for youth'.

### Source of additional information

Mental Health Commission, *Annual Report 2013–14* ([http://www.mentalhealth.wa.gov.au/media\\_resources/policies\\_reports\\_forms/2014\\_annual\\_report.aspx](http://www.mentalhealth.wa.gov.au/media_resources/policies_reports_forms/2014_annual_report.aspx))

Mental Health Commission, Hospital Based Services ([www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Hospital\\_Based\\_Factsheet\\_web\\_1.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Hospital_Based_Factsheet_web_1.sflb.ashx))

Mental Health Commission, The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025, pp. 75–76. ([www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Plan\\_27\\_11\\_2014\\_for\\_consultation\\_1.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Plan_27_11_2014_for_consultation_1.sflb.ashx))

Morton H, 29 April 2014, *Alternative to hospital for mental health patients*, Ministerial Media Statements, ([www.mediastatements.wa.gov.au/Pages/Barnett/2014/04/Alternative-to-hospital-for-mental-health-patients.aspx](http://www.mediastatements.wa.gov.au/Pages/Barnett/2014/04/Alternative-to-hospital-for-mental-health-patients.aspx))

Morton M, 17 June 2015, *Rockingham-subacute-service-work-under-way*, Ministerial Media Statements, ([www.mediastatements.wa.gov.au/Pages/Barnett/2015/06/Rockingham-subacute-service-work-under-way.aspx](http://www.mediastatements.wa.gov.au/Pages/Barnett/2015/06/Rockingham-subacute-service-work-under-way.aspx))

---

## Recommendation 53

The previous reports by the Western Australian Coroner, Deputy Coroner, Telethon Institute for Child Health Research<sup>217</sup> and the Senate Community Affairs Reference Committee be taken into account by the Mental Health Commission to inform a comprehensive approach to suicide and suicide prevention in Western Australia.

### The intent of this recommendation

At the time of the Inquiry the number of WA young people who died by suicide in the 15 to 19 years age group had remained unchanged for the previous decade. The Inquiry found that death by suicide among Aboriginal young people was of particular concern.

The Inquiry found that relevant, extensive and significant recommendations had been made in relation to self-harm and suicide by the Auditor General of Western Australia, the Western Australian Coroner, the Deputy State Coroner, the Telethon Institute for Child Health Research (now Telethon Kids Institute) and the 2010 Senate Community Affairs Reference Committee.

The intent of this recommendation was that a comprehensive approach to suicide prevention specific to young people was developed and implemented.

### Progress since 2011

In November 2011, subsequent to the tabling of the Inquiry report on 5 May 2011, the Minister for Mental Health requested three reviews about the suicides of people who had been discharged from mental health services in WA, including an independent state-wide review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in WA conducted by Professor Bryant Stokes AM (the Stokes Review).

The Stokes Review made a number of recommendations relevant to children and young people and in addition supported the Deputy State Coroner's 2008 recommendations and 12 recommendations made by the Commissioner, including one based on this recommendation (Recommendation 53).

The Stokes Review's recommendations were broadly supported by the State Government and implementation is underway, for example, the draft of The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 has been developed.

In April 2014 the Ombudsman Western Australia released the report into his own motion investigation into ways that State government departments and authorities can prevent or reduce suicide by young people. The report makes 22 recommendations to four government agencies about ways to prevent or reduce suicide by young people. Each agency has agreed to these recommendations.

The following initiatives in regard to suicide prevention for young people have occurred since the Inquiry report was tabled on 5 May 2011.

#### The Western Australian Suicide Prevention Strategy 2009–2013 (One Life)

The Western Australian Suicide Prevention Strategy 2009–2013 aimed to strengthen families, communities and workplaces throughout WA, and build resilience to prevent suicide (across all ages). A key component of the Strategy was the development and implementation of Community Action Plans.

---

All 45 Community Action Plans included people aged younger than 18 years as a target group, with five Community Action Plans developed specifically for young people (delivered by the Hyden Community Resource Centre Wheatbelt, City of Swan, City of Vincent, GP Down South and Youth Affairs Council of WA).

Community Action Plan activities continued until June 2014 and Western Australian Suicide Prevention – Small grants and training program until 2015.

The Strategy was reviewed by the Auditor General and evaluated by Centrecare with Edith Cowan University.

Since 2009, the Strategy has received \$21.00 million in funding, including \$3.00 million in 2014–15.

### Western Australian Suicide Prevention – Small grants and training

This grants program aims to strengthen families, communities and workplaces, and build resilience to prevent suicide in people of all ages across WA by providing funding for suicide prevention projects or training.

In 2014–15, the Mental Health Commission provided \$811,605 in total funding for the Suicide Prevention Small Grants program, \$312,315 was provided to 35 youth-specific (12 to 25 years) projects and training.

### Response to Self-Harm and Suicide in Schools Program (School Response Program)

This initiative addresses suicide and self-harm in Metropolitan and South West school students aged 12 to 17 years by providing clinical treatment, suicide prevention and postvention support, and education in 30 priority school communities across three school systems.

This is a joint project currently delivered by Youth Focus (funded by the Mental Health Commission), the Department of Education and Child and Adolescent Mental Health Service and the Department of Health in the Metropolitan area, the Wheatbelt and the South West region.

The Mental Health Commission provided funding of approximately \$2.00 million in 2014–15. In 2015–16, the School Response Program will continue under the new Suicide Prevention Strategy with an investment of approximately \$2.20 million.

The Department of Education collaborates with the Mental Health Commission and has funded and appointed a child psychologist to focus on the issues of individual behaviour and non-suicidal self-injury.

### School Response and Planning Guidelines for Students with Suicidal Behaviour and Non-Suicidal Self-Injury.

Since 2014 the Department of Education has identified the issue of suicidal behaviour as an area of focus for schools. To support schools the Department developed guidelines to assist in the identification, intervention and support of students exhibiting these behaviours.

The guidelines and associated training have been made available to all schools in WA through partnerships with the Child and Adolescent Mental Health Service, the Catholic Education Office and the Association of Independent Schools in Western Australia.

A Suicide Prevention School Psychologist has been appointed by the Department to support schools and inter-agency coordination.

### Suicide Prevention 2020

In May 2015 a new state-wide prevention strategy, Suicide Prevention 2020: Together we can save lives strategy was released by the Mental Health Commission.

---

The Strategy aims to prevent suicide through six action areas as follows:

1. Greater public awareness and united action.
2. Local support and community prevention across the lifespan.
3. Coordinated and targeted services for high-risk groups.
4. Shared responsibility across government, private and non-government sectors to build mentally healthy workplaces.
5. Increased suicide prevention training.
6. Timely data and evidence to improve responses and services.

Suicide Prevention 2020 takes an evidence-based approach to reducing suicide risk across the lifespan, acknowledging the role of parents and the importance of perinatal and early years in key principles, action areas, discussion about resilience and protective factors and early priorities. It refers to early intervention as a component of the full spectrum of interventions for mental health problems and disorders.

The Strategy was informed by coronial data and current research, recommendations of the Stokes Review, the Ombudsman's report into his own investigation, findings from the Auditor General and the evaluation of the Western Australian Suicide Prevention Strategy 2009–2013 by Centrecare with Edith Cowan University.

The Mental Health Commission has developed a Youth Engagement Strategy to support implementation of the Strategy.

### Source of additional information

Department of Education, *School Response and Planning Guidelines for Students with Suicidal Behaviour and Non-Suicidal Self-Injury* (<http://det.wa.edu.au/policies/detcms/policy-planning-and-accountability/policies-framework/guidelines/school-response-and-planning-guidelines-for-students-with-suicidal-behaviour-and-non-suicidal-self-injury.en?cat-id=3458013>)

Deputy State Coroner 2008, *General comments into the deaths, inquests and findings* (of nine persons), State Coroner's Office, Perth, Mental Health Commission, Suicide Prevention 2020 ([http://v1224.vividcluster2.crox.net.au/Libraries/pdf\\_docs/Suicide\\_Prevention\\_2020\\_Strategy\\_Final.sflb.ashx](http://v1224.vividcluster2.crox.net.au/Libraries/pdf_docs/Suicide_Prevention_2020_Strategy_Final.sflb.ashx))

Mental Health Commission, The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025, ([www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Plan\\_27\\_11\\_2014\\_for\\_consultation\\_1.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Plan_27_11_2014_for_consultation_1.sflb.ashx))

Mental Health Commission, *Western Australian Government response to the report on the Review of the Admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia, Government of Western Australia* ([www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Government\\_Response\\_FINAL.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Government_Response_FINAL.sflb.ashx))

Mental Health Commission, Western Australian Suicide Prevention Strategy – Small Grants and Training ([www.mentalhealth.wa.gov.au/mentalhealth\\_changes/wa\\_suicide\\_prevention\\_strategy/Small\\_grants\\_nd\\_training.aspx](http://www.mentalhealth.wa.gov.au/mentalhealth_changes/wa_suicide_prevention_strategy/Small_grants_nd_training.aspx))

Office of the Auditor General, *The Implementation and Initial Outcomes of the Suicide Prevention Strategy* (<https://audit.wa.gov.au/reports-and-publications/reports/the-implementation-and-initial-outcomes-of-the-suicide-prevention-strategy/>)

---

Ombudsman Western Australia, *Investigation into ways that State government departments and authorities can prevent or reduce suicide by young people* ([www.ombudsman.wa.gov.au/Publications/Documents/reports/Suicide-by-young-people/Ombudsman-WA-Suicide-by-Young-People-Investigation-Report-2014.pdf](http://www.ombudsman.wa.gov.au/Publications/Documents/reports/Suicide-by-young-people/Ombudsman-WA-Suicide-by-Young-People-Investigation-Report-2014.pdf))

OneLife WA, Western Australian Suicide Prevention Small Grants and Training ([www.onelifewa.com.au/grants-training](http://www.onelifewa.com.au/grants-training))

The Sellenger Centre, Edith Cowan University, <http://www.onelifewa.com.au/wp-content/uploads/2015/05/ECU-Strategy-Research-Evaluation-Report.pdf> ([www.onelifewa.com.au/wp-content/uploads/2015/05/ECU-Strategy-Research-Evaluation-Report.pdf](http://www.onelifewa.com.au/wp-content/uploads/2015/05/ECU-Strategy-Research-Evaluation-Report.pdf))

Stokes B, *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*, Government of Western Australia, ([http://www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Mental\\_Health\\_Review\\_Report\\_by\\_Professor\\_Bryant\\_Stokes\\_AM\\_1.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Mental_Health_Review_Report_by_Professor_Bryant_Stokes_AM_1.sflb.ashx)) p. 1.



---

## Recommendation 54

Transition strategies for young people moving into adult services be developed and implemented between services to ensure the individual is supported and continuity of care is maintained.

### The intent of this recommendation

For young people with mental illness it is critical that the transition from a child-focused mental health service to an adult-focused service provides continuity of care and supports continued engagement with services. The Inquiry found that the transitional processes in place were not meeting the needs of young people.

Best practice in delivering services for young people as they move through adolescence and into adulthood includes accessibility, flexibility, a focus on individual needs and eligibility for a service to extend beyond 18 years.

The intent of this recommendation was for improved transition processes to be implemented to support and provide continuity of care for young people with mental illness.

### Progress since 2011

Since the Inquiry report was tabled on 5 May 2011, there has been progress towards a dedicated youth mental health services stream (16 to 24 years). See Recommendations 13, 47 and 50 for more information on these reforms.

### Metropolitan Child and Adolescent Mental Health Services

#### Discharge and Transfer Policy

In October 2013, metropolitan Child and Adolescent Mental Health Services implemented the Discharge and Transfer Policy and use of standardised documentation to ensure transition strategies for young people moving into youth or adult services are standard clinical practice. All Child and Adolescent Mental Health Services consumers have a discharge plan.

Preparation for transfer to adult services begins at least six months prior for Community Child and Adolescent Mental Health Services. A written referral by Child and Adolescent Mental Health Services to, and acceptance by, Adult Mental Health Services is required. The Discharge and Transfer policy allows for a period of joint care where it may be beneficial to the young person.

The discharge plan is provided to the new service, a specific contact is identified to manage issues of urgency or failure of follow-up contact and wherever possible, those who will be involved post-discharge attend care planning meetings.

#### Interagency collaboration

Metropolitan Child and Adolescent Mental Health Services and headspace Centres work strategically and operationally together to facilitate shared care, for example, headspace Rockingham attend team meetings at Rockingham Community Child and Adolescent Mental Health Services.

---

## Youth Mental Health Services

### Service level agreements

Youth Mental Health Services (comprising YouthLink, YouthReach South and Youth Axis) have developed service level agreements with other agencies, including headspace, Mission Australia, Life without Barriers, Looking Forward Project and Alma Street/Ellen Street Recovery Program.

### Central triage for Youth Mental Health Services

A central triage telephone number has been developed to provide a single point of entry for the Perth Metropolitan services YouthReach South, YouthLink and Youth Axis.

### Bentley Adolescent Unit clinical review meetings

Youth Mental Health Service staff attend Bentley Adolescent Unit clinical review meetings and engage with young people in the service to facilitate the transition to either Child and Adolescent Mental Health Services or adult community mental health services on discharge.

### International Declaration on Youth Mental Health

The Youth Mental Health Service is applying the International Declaration on Youth Mental Health, which has set 10-year targets as minimum standards for mental health services for young people. One of the targets relates to transition and continuity of care.

## Source of additional information

International Association for Youth Mental Health, The International Declaration on Youth Mental Health ([www.iaymh.org/f.ashx/8909\\_Int-Declaration-YMH\\_print.pdf](http://www.iaymh.org/f.ashx/8909_Int-Declaration-YMH_print.pdf))



## ENDNOTES

---

203. Now HelpingMinds
204. Now HelpingMinds
205. Now HelpingMinds
206. Now HelpingMinds
207. Note that Action Plans for subsequent years have also been developed.
208. Note that Action Plans for subsequent years have also been developed.
209. Now Telethon Kids Institute
210. Note that Action Plans for subsequent years have also been developed.
211. The metropolitan aspect of this service now known as Wungen Kartup Specialist Aboriginal Mental Health Services Metropolitan.
212. A count of case lodgements is not the same as a count of individuals as one individual may have more than one case running through the court simultaneously. A case is a number of charges lodged at the court on the same day for the same person.
213. Now Department of Child Protection and Family Support
214. Now HelpingMinds
215. Now HelpingMinds
216. Now HelpingMinds
217. Now Telethon Kids Institute

