

National Children's Mental Health and Wellbeing Strategy

Submission to the National Mental Health Commission

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Introduction

As the national peak body representing the voices of children and young people in out-of-home care, CREATE appreciates the opportunity to provide a submission towards the draft *National Children's Mental Health and Wellbeing Strategy* (the Strategy). CREATE supports the need for a national framework that can guide critical investment in the mental health and wellbeing of children and families. Improving mental health access and support for children and young people with an out-of-home care experience is much needed. CREATE's research with children and young people with an out-of-home care experience has found inspiring stories of resilience in overcoming adversity and trauma. It also has highlighted challenges and barriers to accessing mental health support and shortcomings in available mental health services that work with children and young people in care.

Historically, mental health has been a taboo topic despite it being a prevalent societal issue. Children and young people with an out-of-home care experience typically enter care due to physical, emotional, and/or sexual abuse, neglect, or domestic violence; therefore, many experience higher rates of complex relational trauma (Bailey et al., 2019). The process of being removed from their home, as well as experiences within the care system (e.g., placement changes), can add to their experiences of trauma and distress. Research suggests that they are more likely to have poorer educational outcomes, poorer physical and mental health, and higher rates of developmental difficulties compared to their peers not in care (Arora et al., 2014; Berridge, 2012). Not only is this because they may have experienced past abuse or neglect in their family homes, but they may also experience further harm, instability, separation from siblings or loss of identity and connection to culture whilst in care (McDowall, 2018).

This submission is shaped by the voices of children and young people who have a care experience and have contributed to CREATE's research, consultation reports and participated in CREATE Youth Advisory Groups. Our responses address several areas of the Strategy's consultation questions related to:

- Strategy language;
- Parenting programs;
- Education;
- Connecting with children and families who are struggling; and
- General.

Consultation Question Responses

Strategy Language

The Strategy argues that an optimal system responds to children who are struggling, and that support and intervention should not be dependent on a diagnosis being made. It proposes using a "wellbeing continuum" rather than diagnoses to help conceptualise a child's needs.

The wellbeing continuum is discussed briefly on page 6 and in more detail on page 22.

To what extent does the language used in the wellbeing continuum resonate with your (actual or observed) experiences of mental health and wellbeing?

CREATE welcomes the shift of mental health towards a wellbeing continuum approach as it conceptually illustrates the different emotional experiences that individuals can encounter. The use of a continuum also supports the construct that these experiences are able to vary throughout a child's lifetime based on different developmental stages and experiences. The language used in the wellbeing



continuum seems appropriate and non-stigmatising. Children and young people in care have often expressed the need for language to be child-friendly, easy to understand and relatable.

Parenting Programs

Parenting programs that help families identify when a child is struggling and teach parents/carers how they can help a child are useful for all families. Parenting programs are discussed in the Strategy in Focus Area 1, which is outlined briefly on page 8 and detailed on pages 26–33.

The Strategy proposes that parenting programs be routinely offered to all parents/carers. What might help encourage parents and carers to engage with these programs?

CREATE supports the idea of having universal parenting programs that are routinely offered to parents and carers. In several CREATE research reports, children and young people in care have identified that ongoing training is needed for carers as well as caseworkers to be able to better support the child or young person while in care (CREATE, 2017a; CREATE, 2017b; McDowall, 2018).

Training specifically to increase mental health literacy for children in care is needed for kinship, foster and residential care workers. Because children in care can have complex backgrounds, ideally all carers, particularly those who work in residential care facilities should be trauma-informed so they can better respond to a child or young person's needs if they are undergoing a difficult time with their mental or emotional health (CREATE, 2017a). One way to encourage carers to engage in parenting programs is by creating positive messaging around the programs when they apply to become a carer, or frame programs as a continuing development opportunity.

Train our carers to understand our conditions more. Even good carers can assume we don't need help when we do. (Male, 17) (CREATE, 2019a).

Education

The Strategy discusses actions for the Education Sector in Focus Area 3, which are outlined on page 10 and detailed in pages 52–62.

Do the actions outlined in Focus Area 3 capture the role educators should play in supporting children's mental health and wellbeing? If not, what needs to be changed or added?

CREATE supports Focus Area 3's objectives and actions relevant to the Education Setting which include creating a wellbeing culture, providing targeted responses, and ensuring educators are well-equipped.

CREATE notes that in addition to learning about mental health, educators and other staff such as school counsellors, should be better educated about out-of-home care and the different types of mental health challenges that children and young people can experience as a response to past trauma, periods of instability (e.g., placement or educational) and bullying (CREATE, 2019a). Greater awareness of the different types of mental health challenges that care-experienced children and young people can face (e.g., Post-traumatic stress disorder [PTSD]) will better equip educators and staff by recognising where earlier interventions and supports could be utilised (CREATE, 2016; CREATE, 2019a). Additionally, incorporating mental health and general ways of self-care within the school curriculum could contribute to promoting a wellbeing culture (CREATE, 2019a).



We need to break down stigma regarding a broader range of mental health problems. Depression and anxiety are more understood, but not more complex things like PTSD. (Female, 19). (CREATE, 2019a)

Connecting with Children and Families who are Struggling

The Strategy recommends using (almost) universal mechanisms such as schools, early childhood learning centres and maternal child and family health checks, as opportunities to identify children who are struggling and connect them with services. However, there are some children and families who do not engage with these touchpoints and may miss out on crucial support.

This topic is discussed in Focus Area 1 and Box 2 of the Strategy. Box 2 can be found on page 27 and 28.

How would you recommend we reach these children and families? How might we do this systematically across the country?

Children and young people in care have shared their stories about their experiences regarding stigma around mental health (CREATE, 2019a; CREATE, 2020a). As they may be more vulnerable in experiencing challenges in dealing with the mental, social, and emotional health issues, it is important that the people within their support networks who do not work within the health care industry, including their carers, family members, friends, and teachers, as well as caseworkers, are able to recognise situations that may cause emotional distress or signs of struggling in a child or young person. Not only would this include visible emotional states, but also behavioural changes.

Greater public awareness in the community is needed to open up conversations about mental health and wellbeing. The use of national advertisements that depict positive messaging about mental health across mainstream media and social media platforms are powerful in driving this and reaching wider audiences to challenge stigma and “break the stereotypes” that may prevent early help-seeking behaviour in children and families who may be struggling (CREATE, 2019a).

Ads are powerful. Issues need to be advertised more widely, including on social media. (Male, 22) (CREATE, 2019a)

There was a lot of stigma around going to mental health support services, or struggling mentally, especially when I was around 14, 15, 16 and in residential care, and the other kids would ask where I had been. Even in my mid 20’s, there is stigma connected with accessing mental health support. (Male, 24) (CREATE, 2019a)

Are there any additional actions necessary to improve the mental health and wellbeing of children who may be struggling, such as those in the care of the State?

CREATE welcomes and supports the Actions 2.4 a–f within the Strategy, particularly 2.4b and 2.4c which are related to priority access to support services for children in care, and requiring governments to regularly report on how they support children in care. The following should also be considered before finalising the Strategy.

National Standards for out-of-home care

The National Standards for out-of-home care were developed to ensure that standards of care are consistently performed across Australia (Department of Families, Housing, Community and Indigenous



Affairs, 2011). Standard 5 of the National Standards for out-of-home care requires that children and young people have their physical, developmental, psychosocial, and mental health needs assessed and attended to in a timely way. Its measure is “*the number and proportion of children and young people who have an initial health check of their physical, developmental, psychosocial and mental health needs within a specified period of entering out-of-home care*” (Department of Families, Housing, Community and Indigenous Affairs, 2011). CREATE acknowledges that initial checks regarding mental health are important; however, follow up checks regarding mental health are just as important and must be enacted in practice if efforts towards early intervention and prevention are to occur.

CREATE would like to note that an additional approach to reform the current system is to listen to the voices of children and young people when dealing with families and children who experience sexual or domestic violence. This is so that trauma can be addressed earlier in the intake process and will allow children and young people who come into the out-of-home care system to receive additional trauma-informed supports which are documented in their care plan (CREATE, 2020e).

What Children and Young People Have Told Us

CREATE has seen an increasing trend for children and young people in care to talk about mental health, both anecdotally within our Youth Advisory Groups and as part of CREATE’s consultations. Not only have they shared their experiences in how they practice self-care to look after their mental wellbeing, but also they have voiced their concerns about the barriers to adequate and suitable mental health care (CREATE, 2020a; CREATE, 2020b; CREATE, 2020f). It is well known that children in care are at increased risk of experiencing mental health problems due to past trauma, with emotional abuse being one of the main reasons for children and young people coming into care (Australian Institute of Health and Welfare., 2020). Specific life events and transition stages commonly experienced by children in out-of-home care such as family and sibling separation, experiencing placement and educational instability, and transitioning from care can all adversely impact a child or young person’s mental health (CREATE, 2020f; McDowall, 2018; Jones, 2016). The recent COVID-19 pandemic further highlighted children and young people’s experiences and vulnerabilities related to their mental health (CREATE, 2020b; CREATE, 2020c).

The Role of Caseworkers

Caseworkers are responsible for ensuring children and young people in care have their needs met and are a key touch-point to recognise if a child in care needs mental health support. However, the instability of caseworkers due to high staff turnover and caseloads often means that children and young people may not be receiving adequate contact time with their caseworker (McDowall, 2018). Consequently, this can affect the worker’s ability to establish trust and positive relationships, and can potentially lead to re-traumatising children as they have to “*re-tell their story*” to a new caseworker.

CREATE’s 2018 National survey of 1275 care-experienced young people found that most had between 3-6 caseworkers while in care (McDowall, 2018). This has practice implications for conducting regular check-ins to see how a child or young person is doing, or having important conversations. For example, during care planning sessions, caseworkers need to ensure that a child in care receives the mental health support they need (CREATE, 2020d). Attention must be given to address the instability of caseworkers so that children and young people in out-of-home care can develop positive relationships and feel comfortable contributing to care plans that can better meet their needs (CREATE, 2020d).



Children and Young People's Participation in Care Plans

Under the United Nation's *Convention on the Rights of the Child* (United Nations, 1989), children and young people have the right to participate in decisions about their lives. It is a legal requirement for all children and young people in care to have a care/case plan, and participating in care planning is one way that children in care can be involved in decisions about their lives. However, in CREATE's 2018 National Survey with 1275 participants, only 43.6% of young people in care reported knowing about their plan. Additionally, of those, 67.5% had a say about their care plans, with 15.7% reported that they "rarely" or "never" had a say in decisions about their life in care (McDowall, 2018). Those living in residential care had even less of a say, and were less likely to be listened to, which is concerning as more often than not, they have more complex trauma needs. Without input from children and young people themselves, care plans lack meaning and are not useful, adding further accessibility challenges and delays in accessing support for those in care.

Another barrier to consider is that caseworkers may not understand the importance of promoting positive mental health and wellbeing for children in care, which can delay early prevention due to a lack of mental health literacy. A young person in one jurisdiction has shared his experience which emphasises the need to have better preventative measures in place.

[The Department] would wait until I had a crisis to find mental health support for me, whereas we really need support when we are doing well, so that we don't reach crisis point as readily. (Male, 24) (CREATE, 2019a)

Access to Services

Children and young people in care often describe various factors that influence their help-seeking behaviour and mental health service engagement. This includes having trust issues, exacerbated by past trauma and multiple caseworker changes.

We have been let down by so many adults. We have had so many workers come and go and not really help us. Why would we think that a mental health service would treat us any differently? (Female, 16) (CREATE, 2019a)

Likewise, children and young people have also expressed concerns about the limitations placed on the number of sessions that they can access counsellors; their inability to afford service or transport costs to see a doctor or counsellor; limitations on service provider availability or compatibility; and feeling as though they are unable to access responsive treatment due to their age (CREATE, 2020f).

Access to mental health support up to the age of 25. I think there should be more organisations like Headspace. At the moment, Headspace are beyond capacity but I think more organisations should assist people to the age of 25. (Non-binary, 17) (CREATE, 2020f)

There is a huge problem with provisional diagnoses. It is wrong that they can't diagnose us with conditions when we strongly present with all of the symptoms, just because of our age. That means we cannot get treated for our condition. Things unfolded and I've ended up with criminal charges when I lashed out because I wasn't getting the help I needed. They refused me help because of my age. I have been having these problems since I was seven years old. (Female, 15) (CREATE, 2019a)



Given the shift towards a mental health continuum, CREATE believes it is important for children and young people in care to be better supported to have access to their siblings and family, recreational opportunities such as sports or creative arts, and community services that maintain their sense of connection, belonging and identity, as these act as protective factors that positively influence their sense of wellbeing (CREATE, 2020b; CREATE, 2020c).

Specialised Services for Children and Young People in Care

Priority access must be given to children in care and should be based on their individual needs and lived experiences to ensure they receive appropriate, holistic, and tailored support that effectively addresses any stressors that may influence their mental or emotional health.

There is an urgent need to ensure that healthcare workers and specialists are trauma-informed and are trained about the out-of-home care system and the experiences that children and young people in care go through (CREATE, 2019a). Young people have expressed their frustrations about the lack of awareness amongst health care professionals about children who are in, or have been in the out-of-home care system. This lack of awareness can often lead to adverse experiences which include unintentionally stigmatising children and young people or causing episodes of re-traumatisation. To prevent such instances from occurring, greater awareness about the out-of-home care system is needed, incorporating trauma-informed training for workers. (CREATE, 2019b).

A child or young person in care encounters various difficulties and transition points, warranting greater access to mental health services that are specialised for this group and the experiences they face. Transitions of concern include times of entering into care, changing placement or being separated from their siblings in care, changing schools, or experiencing bullying within school or at home, especially for those living in a residential care facility (CREATE, 2016; CREATE, 2017a; CREATE, 2020f; McDowall, 2018).

A nationally consistent service that provides specialised mental health services for children and young people in care is needed. Currently in Queensland, the *Evolve Therapeutic Services* provides specialist intensive trauma-informed mental health services for eligible children and young people in care aged 0-18 years (Queensland Government, 2021). To ensure that specialised trauma-informed services are accessible for all children and young people with a care-experience, investments should be made to implement similar services modelled off the Evolve model across Australia. A nationally consistent service would help ensure continuity of care for those with a care experience without the added complexities of navigating mental health services on their own (CREATE, 2019a).

Mental health services must also be respectful of diversity, and actively inclusive of children and young people that come from Aboriginal and Torres Strait Islander or culturally and linguistically diverse backgrounds, those living with a disability, and LGBTQI+ people (CREATE, 2019a).

Preventing Interactions with the Youth Justice System

Finally, given the intersection between the child protection and youth justice system, CREATE would like to note that better preventative efforts are needed to avert a child's interaction with the justice system (CREATE, 2019a). Again, this involves early identification of mental, emotional, or behavioural challenges, requiring adequate trauma-informed training for carers, caseworkers, and healthcare workers, as well as ensuring the appropriate support services are included in a child or young person's care plan.



The lack of appropriate help when we first ask for it means that people end up in the justice system due to mental breakdowns. (Female, 15) (CREATE, 2019a)

They are putting AOD [alcohol and drug] services and psych beds in the new youth justice centre... but how about giving young people these services before they end up locked up. It angers me that the justice system is used to plug holes in the mental health and AOD systems. (Female, 16) (CREATE, 2019a)

Improving Mental Health and Wellbeing for all Australian Children

The Strategy will only be successful if it contributes to improved mental health and wellbeing of all Australian children.

Are there any additional actions you think are necessary to improve the mental health and wellbeing of children and families from Aboriginal and Torres Strait Islander communities?

CREATE supports the need to engage Aboriginal Community Controlled Health Organisations to provide culturally responsive support for Indigenous children in care who require mental health support. Connection to culture is important for identity development and is a key element of the *Aboriginal and Torres Strait Islander Child Placement Principle* (SNAICC, 2019). For Indigenous children in care, staying connected to culture can also be facilitated through Cultural Support Plans. However, in CREATE's 2018 National survey, out of 374 Indigenous participants, only 17.9% were aware of their Cultural Support Plan (McDowall, 2018). In order to help support Indigenous children who come into care, care plans and cultural support plans should be discussed and developed simultaneously to ensure that Indigenous children's social and emotional needs are met and, if wanted, they should be provided with opportunities to connect with family, community, and culture (McDowall, 2018). Plans should be reviewed as the child gets older so that the content remains current. However, the choice to engage with services should involve the child or young person, in case they may not wish to identify or connect with their culture.

General

In your opinion what avenues should be used to promote the Strategy upon publication, to ensure it reaches as many people as possible? Please provide any additional feedback you would like considered regarding the Strategy.

Multiple channels of communication should be used to ensure the Strategy reaches as many children and families as possible. This includes communication in-person within the community so that community members who have a role are aware. Coming from an out-of-home care context, these members would include carers, caseworkers, school teachers, doctors, dentists, and counsellors. Other avenues could include the use of media releases, through user-friendly technology-based or media platforms, including email, sharing through organisational e-newsletters and promoted through professional networks, online information sessions and information accessible on websites and social media platforms.

Considering that the strategy is also catering to children and young people, a child-friendly version conveying the key information that is easy to understand, respectful and in child-friendly language would be helpful so that children and young people are also informed about the strategy, and the types of programs and services that they might be able to access.



Thank you for the opportunity to provide comment towards the draft *National Children's Mental Health and Wellbeing Strategy*. For any questions or further requests for information regarding any of CREATE's unpublished references that have been cited, please contact Noelle Hudson, CREATE's National Influencing Manager at noelle.hudson@create.org.au

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