

CREATE Foundation Submission on Orygen's Summary of Consortium Early Advice

"Young people should help design services, not just be asked for feedback after." (Young person, 2025)

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? (Young person, 2019)

CREATE Foundation

A: Burramattagal Land
Suite 6.01, Level 6
80 George Street
Parramatta NSW 2150
E: create@create.org.au

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Acknowledgements

CREATE is the national peak consumer body for children and young people with an out-of-home care experience. Whenever government or the sector considers issues of policy, legislation, system reform or service design, the voices of children and young people most impacted by these decisions must be heard.

CREATE represents the voices of over 45,000 children and young people, and would like to acknowledge the contribution and support of 30,000 clubCREATE members, Young Consultants and Youth Advisory Groups throughout Australia, who have provided depth and breadth of expertise in every state and territory on the issues considered in this submission.

Where this submission uses direct quotes from children and young people in care, all identifying information is removed, including references to gender, sexuality, age, culture, community, location/s of their current or past care experiences.

About CREATE

CREATE Foundation is the national peak consumer body for children and young people with an out-of-home care experience. We represent the voices of the 45,000 children and young people who have been removed from their families by government child protection services across Australian jurisdictions and live in out-of-home care (OOHC), and those who have transitioned from care up to the age of 25.

Our vision is that all children and young people with a care experience reach their full potential.

Our mission is to create a better life for children and young people in care.

To do this we:

- **CONNECT** children and young people to each other, CREATE and their community to...
- **EMPOWER** children and young people to build self-confidence, self-esteem, and skills that enable them to have a voice and be heard to...
- **CHANGE** the systems that impact children and young people, in consultation with them, through advocacy to improve policies, practices and services and increase community awareness.

We achieve our mission by delivering a variety of programs and supports for children and young people with a care experience, and through robust advocacy for systems' change that delivers care to children and young people living in OOHC that encourages, supports and promotes their safety, security and stability and the conditions that enable each to thrive while in care and into adulthood.

For more information, see:

- CREATE's [Strategic Plan 2024-27](#), which outlines our strategic directions and goals.
- CREATE's [Menu of Programs](#), which outlines the range of programs, events and activities that CREATE runs.
- CREATE's [Menu of Consultations](#), which outlines our engagement, consultation and research offerings.

About the submission

CREATE Foundation welcomes the opportunity to provide this submission to Orygen's call for feedback on the Summary of Consortium Early Advice for New and/or Refined Models of Youth Mental Health Care in Australia. CREATE hopes this contribution to the feedback process makes a useful contribution to the knowledge sought around 'needs, barriers, gaps, duplication, and fragmentation within the existing system' and offers insight into how the 9 'ideas' considered align with the needs of children and young people who live in, or have experience of, out-of-home care (OOHC).

As the national peak body for the voices of children and young people with care experience, CREATE recognises that this submission draws upon and gives voice to the 'experience, expertise and advice' of the young people, who are the key stakeholders in this collaborative work.ⁱ We identify that at this time children and young people with a care experience are not recognised as a 'priority population'. CREATE sees this as a significant gap in the early work of the consortium which, if not addressed, will undermine the efficacy of the work and leave a highly vulnerable group of young people left struggling with significant mental health challenges.

CREATE acknowledges our positionality as a non-Indigenous organisation and the limitations of our voice in relation to community-led and culturally-informed models of care for First Nations children and young people. Self-determination for First Nations communities and the community-controlled sector should be the paramount guiding principle in relation to the safety and wellbeing of Aboriginal and Torres Strait Islander children, young people and their families. CREATE acknowledges that the community-controlled sector are the experts when it comes to achieving outcomes for communities and their children and young people, and we stand alongside them as allies.

Contents

Acknowledgements	2
About CREATE	3
About the submission	4
CREATE's Discussion	6
1. Priority Population: children and young people with of OOHC experience	6
2. What are the challenges children and young people living in, or with experience of, out-of-home care currently encounter when needing mental health services?	8
3. Feedback on consortium's ideas for investigation after early advice	10
3.1 Strengthen and expand Headspace's model and reconsider the footprint of Headspace's centres and other youth mental health services	10
3.2 Invest in specialist support services that provides transdiagnostic care	11
3.3 Harmonise the age range of the youth mental health systems	11
3.4 Pilot approaches using 'care navigators'	12
3.5 Integrate psychosocial services with clinical services	13
3.6 Build a national, person-centred data base system.....	13
3.7 Leverage digital technologies in practice and service	14
3.8 Develop a directory of evidence-based services	15
Final thoughts	16
References	17

CREATE's Feedback

1. Priority Population: children and young people with of OOHC experience

Currently, the project's scope for the consideration of 'priority populations' among young people include the 'unique experiences of young people from First Nations communities, the LGBTIQ+ community, rural and remote areas, multicultural communities, young people with disability, and families, carers and supporters.'

CREATE urges explicit inclusion of Australia's 45,000 children and young people who live in out-of-home care (OOHC)ⁱⁱ, and those with OOHC experience, as one of the project's priority populations. The lived experiences of the young people of this population are unique and require direct focus.

Children and young people with OOHC experience are removed from their families through no fault of their own. They enter care as a result of experiencing physical, emotional, and/or sexual abuse, neglect, or domestic violence. Every child and young person's experience is different. For example, a child or young person might have experiences of family violence, or may have been exposed to drug and alcohol substance abuse in their families. At the point of entering care, children and young people who have lived these experiences already suffer trauma. Being removed from their parents, siblings, communities and their homes compounds their trauma and, soberingly, children and young people's experiences within the care system, which can include experiences of further abuse and additional adversity which further adds to this harm, protracted trauma and mental health challenges.ⁱⁱⁱ

Substantial evidence confirms that children and young people with OOHC experience are more vulnerable than their peers to acute mental health vulnerabilities in childhood and throughout their lifetime. They present with higher rates of complex relational trauma than their peers with no OOHC involvement (Bailey et al., 2019).^{iv} Children and young people in OOHC are almost five times more likely to display suicidal behaviour than peers with no OOHC involvement^v, consistent with other evidence that suicidality is strongly correlated with experiences of abuse and/or neglect in childhood, with associations to depression, anxiety, eating disorders, isolation, drug/alcohol use, comorbid psychiatric disorders and self-harm.^{vi}

"Obviously there is those negatives of intense suicide ideation and not thinking I was good enough for the world and not thinking I should be here and was never meant to be here and that was really hard." (young person, 2024)^{vii}

When identifying 'priority populations', it is important to highlight and understand that young people who live in care are often represented in two or more additional priority populations. The intersectionality of being a young person in statutory care with other known causal factors for mental health vulnerabilities are shown below: [Table 1]

Table 1

being an Aboriginal young person	Nationally, 22,908 Aboriginal and Torres Strait Islander children are living in out-of-home care, amounting to approximately 41% of all children and young people in care viii ix
living in regional, rural and remote South Australia	the rate of young people in out-of-home care was twice as high in regional areas compared to those living in major cities (13 and 6.7 per 1,000, respectively). ^x
suffering poor mental health, including suicidality	youth who have experienced child maltreatment are: 2.9 x more likely to have any mental disorder 5.8 x more likely to have PTSD 3.3 x more likely to have generalised anxiety disorder 4.1 x more likely to have severe alcohol use disorder 2.7 x more likely to have had major depressive disorder ^{xi}
experiencing discrimination and stigma for being in care	Children and young people who live in OOHC report stigma and discrimination, which is exacerbated when they are Aboriginal, live with disability, are sexually or gender diverse or neurodivergent. ^{xii}
being in contact with the criminal justice system.	It has been reported that: 30% of all children in detention in Australia have also been in the child protection system in the same year ^{xiii} children in OOHC were 19 times more likely to be under Juvenile Justice supervision compared with children from the general population ^{xiv}

Although administrative data recording the disability status of children and young people living in OOHC is incomplete,^{xv} of the available data 29%, almost a third, have a recorded disability.^{xvi} This compares to the approximately 7.6% of children (aged 0–14 years) in Australia who live with disability.^{xvii} CREATE recommends that children and young people with OOHC experience to be included in the project’s scope of priority populations. This would enable the project to meet its aim ‘to build a youth mental health system that can meet demand and deliver outcomes’^{xviii} for all young Australians.

2. What are the challenges children and young people living in, or with experience of, out-of-home care currently encounter when needing mental health services?

CREATE holds a privileged position to listen to and advocate for system change based on the voices of young people with OOHC experience, who are best placed to identify and advocate for the systems and services they need to thrive. They provide insights about the challenges they encounter to access mental health services, and receive the mental health care responses that meet their needs. In their own words, young people identify a range of being barriers to accessing services, including long wait times; a lack of early intervention; high costs; bureaucratic processes; a lack of knowledge by those around them of complex trauma and post-traumatic stress, including among mental health practitioners; the stigma young people with care experience face when disclosing their need for help; and their own mistrust of systems to care about them and for them.

"Long waits make you feel like your problems aren't important enough." (Young person, 2025)^{xi}

"Support should start earlier, not just when things are really bad." (Young person, 2025)^x

"It feels like you have to be in crisis before anyone listens." (Young person, 2025)^{xi}

"[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. (Young person, 2019)^{xii}

"I attempted suicide and I was in hospital for a good 2 weeks because of how bad it was. It was an overdose. This was the only way that they would take me seriously." (Young person, 2024)^{xiii}

The lack of appropriate help when we first ask for it means that people end up in the justice system due to mental breakdowns. (Young person, 2019)^{xiv}

They are putting AOD [alcohol and other 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. (Young person, 2019)^{xv}

"Make therapy more affordable for people who can't afford it." (Young person, 2025)^{xvi}

"There should be easy ways to get mental health support without jumping through a million hoops." (Young person, 2025)^{xvii}

"Professionals should be trained by care-experienced people so they actually understand." (Young person, CREATE Foundation, 2025)^{xviii}

"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." (Young person, 2019)^{xix}

"It is hard to ask for help when you feel like you're being judged." (Young person, 2025)^{xx}

"Having to tell your story over and over again makes you want to give up." (Young person, 2025)^{xxi}

"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. (Young person, 2019)^{xxxii}

"People don't realise how hard it is to trust services when you've been hurt before." (Young person, 2025)^{xxxiii}

3. Feedback on consortium's ideas for investigation after early advice

3.1 Strengthen and expand Headspace's model and reconsider the footprint of Headspace's centres and other youth mental health services

CREATE strongly supports the expansion of the Headspace model, and the investment that is needed to develop a continuity of care model that delivers prevention, intervention and treatment for children and young people who access mental health services. With a particular concern for the prevalence of mental health vulnerability, and the complex comorbidity of mental health illness, among children and young people in care, CREATE makes a strong call for the expansion of the Headspace model to include services for young people with 'more complex presentations.'

CREATE welcomes the over \$200 million committed by the Federal Government, acknowledging the growing demand for mental health care for children and young people, to expand the Headspace network, including 58 new and upgraded services. As the young people have identified, delivering on the aims for expanded services to provide free mental health care that can be rapidly accessed by young people when they need it is urgent.

Within this model and as part of this investment, CREATE urges that children and young people with OOHC experience are identified as a 'priority population', and new service models developed provide children in care, and young people who have transitioned from care, priority access.

CREATE also strongly supports the Federal Government's promise to establish 20 new youth mental health centres, at an investment of \$500 million, to deliver both proven early intervention mental health programs and longer-term specialist clinical care. The development and provision of early intervention mental health programs, as reported by young people to CREATE, is critical to an effective mental health system.

"Support should start earlier, not just when things are really bad." (Young person, 2025)^{xxxiv}

CREATE also acknowledges the \$91 million government investment to build a skilled youth mental health workforce, that delivers effective and sustainable evidence-based care. Young people with experience of OOHC must be important co-design partners to develop this workforce if these aims are to be achieved for them, as they know their needs best. This is also true for young people of other 'priority populations' and all young people.

"Young people should help design services, not just be asked for feedback after." (Young person, 2025)^{xxxv}

Young people with care experience tell us they need a skilled youth mental health workforce responsive to their needs is a workforce that is trauma informed, has knowledge of OOHC experience, employs relationship-based practice, includes peer-to-peer approaches and involves the young person actively in designing the care they need.

"It should feel like you are part of the team helping yourself, not like you're the problem." (Young person, 2025)^{xxxvi}

"[We need] trauma informed training for medical staff." (Young person, 2025)^{xxxvii}

"Workers need to have knowledge about young people being in care." (Young person, 2025)^{xxxviii}

Additionally, CREATE supports the national campaign to advocate that all children and young people in care, and with care experience, hold a 'gold card' for health services so that they receive the care they need without expense. These measures directly address the issues of expense and access young people with OOHC experience identify as challenges to receiving the mental health care they need.

CREATE looks forward to working closely with Orygen to support the involvement of young people with care experience in the development of new mental health care models and workforce development to ensure priority access and responses to the needs of children in care, and young people with care experience, are understood, prioritised and met.

3.2 Invest in specialist support services that provides transdiagnostic care

A significant investment in, and commitment to, the provision of specialist support for transdiagnostic care is most critical for children and young people with care experiences. As described in Section 1, the majority of children and young people with lived experience of OOHC present, more than non-OOHC involved peers, with complex and overlapping experiences and identities that are associated with multiple mental health concern presentations. Children and young people who have experienced child maltreatment are five times more likely to suffer suicidality, 5.8 times more likely to have post-traumatic stress disorder, 3.3 times more likely to have generalised anxiety disorder, 4.1 times more likely to have severe alcohol use disorder and 2.7 times more likely to have had major depressive disorder^{xxix} Children and young people with Fetal Alcohol Syndrome Disorder (FASD) are 17-19 times more likely to be placed in OOHC.^{xl} FASD is associated with an increased risk of mental health conditions such as anxiety, depression, and suicidal ideation.^{xli}

Transdiagnostic models respond to the complex interplay of biological, psychological, and social factors that contribute to mental health issues. The emphasis on the interconnectedness of mental health problems with other life factors and understanding that complex life factors can lead to comorbid presentations, accommodates a holistic approach to treatment and intervention.^{xlii} These approaches are more suitable for the care of children and young people with OOHC experience than traditional diagnostic models, which can ignore children and young people's early experiences of trauma and maltreatment and pathologise their mental health, which serves to exacerbate their experiences of stigmatisation.

To meet the needs of the 45,000 children and young people currently living in OOHC nationally, and many more with a care experience, CREATE strongly supports such services being integrated across the footprint of primary care providers and extended Headspace model.

3.3 Harmonise the age range of the youth mental health systems

"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...I have been having these problems since I was seven years old." (Young person, 2019)^{xliii}

CREATE strongly supports the harmonising of the age range of the youth mental health systems across Australia to 12 to 25 years-of-age for a 'nationally cohesive youth mental health system'.^{xliiv} Young people have reported to CREATE that navigating the mental health system is *"confusing when every service has different rules and no one tells you your rights."* (Young person, 2025)^{xliv}. This confusion includes the mental health support they are entitled to depending on their age and the service location. Harmonising the age range of youth mental health systems will mitigate this confusion, and so an unnecessary barrier children and young people encounter to accessing the help they need.

Young people are thoughtful about the need for mental health care to be responsive to age, and recognise *"therapy should be different for [different] ages."* (Young person, 2025)^{xlvi} Harmonising the age range of youth mental health services will allow for consistent, age-appropriate service delivery

and professional practice. Young people observe that consistent age appropriate mental health care is a part of *"healthcare...being about the whole person, not just fixing problems."* (Young person, 2025), and being *"individual - not one-size-fits-all."* (Young person, 2025)^{xlvii}

CREATE affirms that harmonising the age range of the youth mental health system nationally will strengthen the benefits to young people engaged in the care system as they transition from one age category to the next. For young people with care experience, the harmonisation of the age range to 25 years-of-age will assure that they receive access to mental health support at the critical time when they have transitioned from care to living independently. This particular cohort faces unique challenges during this period, including experiences of homelessness, isolation, unemployment, poverty and poor mental health.^{xlviii} Access to high quality mental health care during this period, without overstatement, saves lives. It is imperative young people are assured access to services without expense to them, which will be possible if they remain recipients of a health services 'gold card' after leaving care until 25 years-of-age.

3.4 Pilot approaches using 'care navigators'

The aims of 'care navigators' approaches to provide an individual support person who 'walks alongside' each young person in need of mental health support so they receive the support 'based on their needs' is admirable. CREATE consistently hears the call from young people for personalised, continuity of care in all aspects of their mental health. They desire:

- clear pathways to access help for their mental health (CREATE, 2025)^{xlix}
- *"a say in choosing our therapist or doctor"* (CREATE, 2025)ⁱ
- *"workers [that] ask what you need instead of telling you what you need"* (Young person, 2025).ⁱⁱ
- *"one main worker you could trust and not have to keep starting again"* (Young person, 2025)ⁱⁱⁱ
- *"a set health plan where you see the same doctor or therapist regularly."* (Young person, 2025).^{liii}
- *"routinely you see the same doctor/therapist over time"* (Young person, 2025)^{liv}
- *"[not]having to tell your story over and over again[which]makes you want to give up"* (Young person, 2025)^{lv}
- the opportunity to *"develop a relationship"* (Young person, 2025)^{lvi}
- *"[to] have a multidisciplinary team of different medical specialists"* and *"better communication between doctors"* (Young person, 2025)^{lvii}
- *"Doctors [who] understand your background"* (Young person, 2025)^{lviii}
- *"better information provided after diagnosis"* (Young person, 2025).^{lix}

CREATE calls for the design of 'care navigators' approach pilots to be informed by the experiences of children and young people who, through no fault of their own, are involved with many systems, such as child protection, judiciary, education, human services, health and (often) criminal justice systems. A care navigator approach that is fit-for-purpose for children and young people with care experience must understand the context of their lives and the ecosystem that, unlike non-OOHC involved peers, regulates their lives. Navigating mental health care for them, and with them, is complex. 'Identifying where care navigation already exists across the system', in the lives of these young people is not limited to the mental health system, but an expanded system that includes child protection,

government or NGO social workers, government or NGO case workers, government or NGO foster care agencies, as well as, disproportionately, Youth Justice. Recognising children and young people with OOHC experience as a 'priority population', would rightly acknowledge the community care they deserve and support the necessary understanding of their circumstances.

3.5 Integrate psychosocial services with clinical services

CREATE welcomes the Federal Government's \$500 million investment to establish 20 new youth mental health centres, which will draw on proven early intervention mental health programs that integrate psychosocial support for young people with longer-term specialist clinical care for young people with more complex and/or persistent conditions. Young people with care experiences value psychosocial support to reduce stressors that can give rise to more complex or severe mental health challenges.

A consideration raised by young people with care experience is that psychosocial support from their wider community needs to be integrated with their longer-term specialist care. Children and young people with care experience identify their foster and kinship families, case workers, social workers, residential care workers and, prominently, schools as locations of psychosocial support. A model developed to support young people's psychosocial resources with clinical responses must operate more broadly than within mental health care services. Young people tell us building the capacity of their wider care team to offer such support is both needed and beneficial:

"[In schools] we need to have wellbeing workers who sit with the young people and find out what is happening before going straight to carers and case workers. They need to learn to understand the young people." (Young person, 2025)^{lx}

"Teachers need to go through training... to give them the tools is what we're hoping for. Right now, it's just getting teachers to understand the behaviours so they know what to do with someone who is [in] OOHC, so they can understand, not necessarily relate, but understand." (Young person, 2024).^{lxi}

"[There was a] Year 7 high school student wellbeing leader/vice principal – every day, when I go in, I would go into his office and chat with him for half an hour before starting classes. He was very supportive, with ideas, and alternate perspectives." (Young person, 2024).^{lxii}

"[We need to] have extra support workers available if a young person feels overwhelmed or alone – but only if they want that support, such as social workers, support workers, with knowledge about young people in care." (Young person, 2025).^{lxiii}

"[We need systems to] give carers more support on how to better support and approach young people in conversations about mental health." (Young person, 2025).^{lxiv}

"[We need systems to] give more training to residential workers, carers, and workers – teach them how to have mental health conversations and respond with a trauma-informed approach." (Young person, 2025).^{lxv}

3.6 Build a national, person-centred data base system

CREATE supports the development of a national, person-centred database system 'to support service integration, drive cost-effectiveness and deliver better outcomes for young people'.^{lxvi} Improved health and wellbeing services and outcomes for children and young people with care experience is a strategic priority for CREATE. Evidence establishes that children and young people with care experience meet more health challenges than their non-OOHC involved peers, both while in care and after care, which can affect long-term quality of life.

A national, person-centred data base to support the continuous development and delivery of high-quality youth mental health nationally would advance CREATE's calls for high-quality health care, including mental health care, for young people with a care experience. Such a data base must be designed with children and young people with care experience, recognised as a 'priority population', if they are to be recipients of its foreseen benefits. CREATE advocates for children and young people in care to have equitable access to comprehensive health assessments, including geographical equity; early intervention services; priority access and express pathways to diagnostic services and NDIS supports, and targeted mental health service models that address the impacts of trauma.^{lxvii} A national data base would enable evaluation of the delivery of such services to OOHC experienced children and young people.

CREATE also supports the early advice for the development of national data standards for youth mental health services, including assessment, outcomes and measures, that enhance interoperability between services children and young people are connected to. All children and young people removed identified as at risk by child protection should have the benefit of their health needs assessed on entering care and they 'receive specialised services to respond to their health challenges', including mental health care.^{lxviii} A national data base would provide transparency and visibility of the accessibility, service delivery, quality and outcomes achieved for children and young people in care and leaving care.

CREATE welcomes the inclusion of the intent for young people to be able to 'provide feedback about their care and outcomes' via the proposed data base. The principles underpinning this undertaking – the obligation to empower young people's autonomy and recognising young people's experiences of the mental health care system as the best sources for understanding the efficacy of the youth mental health system – are aligned with CREATE's core principles that guide our mission, with the *United Nations Convention on the Rights of the Child*^{lxix} that all 'children and young people participate in decisions that have an impact on their lives'. The proposed national data base could be a place to capture evidence of the voices and experiences of children in care relating to the mental health services and supports provided.

3.7 Leverage digital technologies in practice and service

CREATE supports the investigation of the benefits of evidence-based digital interventions blended with clinical support, and the upskilling of youth mental health practitioners 'to blend evidence-based digital mental health tools with their own practice, and to increase understanding of best practice application'. CREATE recognises that the best practice use of emerging blended approaches has the potential to address long waitlists, help to address workforce shortages and engage some young people more effectively than in-person only practice.

The consistency and connection with a practitioner within this model will continue to be vital to support the safe and positive experiences of children and young people with mental health services. CREATE hears from young people with care experience the importance of relationships and the continuity of relationships with people who care, who are interested in their wellbeing and support their thriving. They have expressed caution of being offered only digital approaches as not being able to meet their relational needs. People from regional areas have particularly expressed this concern and identified that rather than an approach that will address the inequity of service delivery to regional areas, digital only mental health services would be an example of continued inequity, with young people who live in metropolitan areas having access to in-person support while they continue to lack access to such services.

3.8 Develop a directory of evidence-based services

"Have a map of services – so young people know what's out there." (Young person, 2025)^{lxx}

The development of a directory of evidence-based services that is available to young people, their families, carers and supporters echoes the call CREATE has heard from young people with care experience. For young people, possessing knowledge is identified as a right and an enabler for themselves and their supporters. They report *"[n]ot knowing what help is out there makes it really hard to even start"* (female, metro), and recommend *"[m]ore resources should be sent to young people in care and be tailored to the individual": "resources on where to go and how to get help"* (Young person, 2025). A directory of evidence-based services will enable young people to *"make the decision about who looks after their health."* (Young person, 2025).^{lxxi}

Young people, also, see the need for foster and kinship carers to have access to *"more tools on how to help"* and a guide to *places where they [carers] can get better information"* (Young person, 2025)^{lxxii}.

Mapping evidence-based service would enable children, young people and their carers to make informed decisions about suitability and effectiveness of care options and interventions proposed. CREATE recognises the challenges in maintaining such a directory, including the evaluation of 'evidence-based' services, the comprehensiveness of the directory given the diverse needs of young people and their supporters, the resources to maintain a national directory for dominantly state and territory based services, a commitment to maintaining the directory beyond election cycles, and where the directory will be housed, i.e. what platform(s) given its multiple audiences.

Final thoughts

All children and young people with care experience have significant trauma, or post-traumatic stress, and need the benefit of expert and evidence-based interventions and treatments to address and resolve the continuing impacts of trauma and harm.^{lxxiii} Before coming into care, this population of children and young people may have experienced family violence, abuse or neglect; they may be victims of crime, from perpetrators within their home settings, including sexual, physical and emotional abuse. Many children and young people have been exposed to drug and alcohol substance abuse in their families. Others have had contact with adults involved in offending, and are targeted for exploitation. For some, their parents or carers have been incarcerated. Far too often, at rates of significant over representation, children and young people in care of government come into contact with the youth justice system, and are placed in police cells or detained in youth justice systems. Profoundly sad is that a number of children and young people taken into care are exposed to additional abuse within the care system, evidenced through substantiations of abuse while in care.

The design of mental health services for young people must be cognisant of the common co-presentation of untreated trauma and abuse, and recognise the manifested mental health presentations which can be severe and acute, including suicidal ideation, self-harm and eating disorders.

The community has a moral obligation to ensure these children and young people are equipped to heal, to live life free of trauma, violence and abuse, and to thrive in adulthood. The highest standard and responsiveness of mental health services to care-experienced young people is critical to meet this need.

CREATE recommends that the re-design of the national youth mental health system gives priority populations – that include young people with OOHC experience until the age of 25 – priority access to specialist care, timely assessments and accurate diagnosis, continuing and consistent treatment and multidisciplinary support, which blends psychosocial and clinical approaches, and continuous review. CREATE calls for the mental health care of young people with OOHC experience to be fully funded by government, with provisions made through the implementation of a ‘gold card’ program. Further, CREATE advocates that the re-designed national youth mental health system embeds the advice received from First Nations young people, families and communities, and the place of Aboriginal community-controlled services to deliver mental health responses best for their young people.

CREATE’s vision is that all young people in contact with Australia’s child protection and OOHC systems are provided with the supports and opportunities so they can thrive. Unfortunately, the national mental health data shows that this is not their experience. We must do better. All young people deserve access to care that meets their needs to heal and develop. CREATE champions this right for children and young people with OOHC experience who bravely tell the community what they need, based on their unique circumstances. CREATE looks forward to every opportunity to involve young people in the ongoing redesign project, as collaborators with Orygen.

References

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