Submission to the Productivity Commission about the Mental Health and Suicide Prevention Review

July 2025

Commissioner for Children & Young People

251 Morphett Street, Adelaide, SA 5000

08 8226 3355 | commissionercyp@sa.gov.au

Introduction

Thank you for the opportunity to provide input to the Productivity Commission's review of the Mental Health and Suicide Prevention Agreement.

As South Australia's Acting Commissioner for Children and Young People, my mandate under the *Children and Young People (Oversight and Advocacy Bodies) Act 2016* is to advocate for the rights, interests and wellbeing of all children and young people in South Australia.

I have a commitment to and responsibility for ensuring the *United Nations Convention on the Rights of the Child*, to which Australia is a signatory, is respected, protected, and fulfilled including as it pertains to mental health systems and child voice.

The Convention prioritises access to what is required in order to live, survive, and develop, and for children and young people to have a say in the decisions affecting them. To meet these principles, children have a right to a system that offers them and their families the best our education, medical health providers, disability workers and social workers can provide. Specifically:

- Article 12 of the Convention states that children shall "*...be provided the opportunity to be heard in any... administrative proceedings affecting the child*".
- Article 23 recognises the rights of the child to special care and resources appropriate to their condition and to the circumstances of the parents or others caring for the child.
- Article 24 recognises the rights of the child to the enjoyment of the highest attainable standard of health.

Mental health is one of the issues that most concerns children and young people and which they have spoken about repeatedly to the Commissioner. However, their voices are rarely sought in consideration of the mental health policies, agreements and services that impact them.

While I am pleased that this Review highlights that the Federal and State governments plan to continue to work together on mental health and suicide prevention with a focus on investing in child and youth mental health and wellbeing, I note that no children or young people appear to have been consulted directly as part of the Review to date. I urge the Commission to take steps to rectify this matter as a priority. Forming over 20 per cent of the population, children and young people have diverse and unique perspectives about the mental health supports they need and receive which must be heard to be understood.

In addition, I recommend that the Commonwealth provide funding for Urgent Mental Health Care facilities to be made available 24 hours a day for Australia's children and young people. The need for out of hours emergency mental health support for under 18s

was a clear message that resulted from the Inaugural Commissioner's in-depth consultation with young people and their families about mental health[1].

It is vital that Australia establish an overarching vision for the mental health of children and young people to align cross government and community efforts to a common set of goals and actions and to ensure priority investment in the mental health of children and young people.

What we know

Youth mental health issues are increasing. Between 2016/17 and 2020/21 the SA Women and Children's Hospital (WCH) Emergency Department experienced a 63 per cent increase in mental health presentations for children and young people aged 12-17 years[2].

In terms of volume, 24 per cent of calls to the Kids' Helpline from South Australian children and young people between March and September 2020 (out of 3,225 calls) were about mental health issues[3]. A further 22 per cent were about emotional wellbeing, 17 per cent were suicide related, and a further 7 per cent were about self-injury or self-harm concerns. The Helpline initiated actions in 116 cases, in which the police, an ambulance or child protection authorities were notified to ensure the safety of children and young people aged 18 years or under. Of these, 46 instances were due to a suicide attempt, 5 for self-injury and 3 for drug overdose[4].

The best way to ensure that children and young people get the support they need is to understand their diverse needs by listening to them and their families and tailoring services appropriately.

To this end, I urge the Commission to consider the attached Policy Position on Why we need an overarching vision for children and young people's health in South Australia which provides insights into challenges which currently hinder our ability to fully understand, track and improve the mental health and wellbeing of children, young people, families and communities. While this paper is focused on South Australia, the findings can be applied more broadly.

The Policy Position highlights the following challenges which hinder our ability to fully understand, track and improve the health of South Australian children and young people, and to determine whether current investments are working as intended.

They also make the system difficult to understand and navigate, not only for children, young people and families, but also for clinicians, service providers and policy makers. They therefore must be directly addressed in the plan for children and young people's mental health.

Limited focus on how children and young people experience mental health

We know that children's mental health outcomes depend on outcomes across a range of areas that go beyond health, including education, housing, employment, transport, infrastructure, child protection and youth justice. Yet strategies for promoting and supporting mental health are often narrowly geared.

For example, when systems take a 'clinical' view of mental health and health services, key agencies may consider addressing the social determinants of mental health as being 'someone else's responsibility', with the risk that this becomes nobody's responsibility. In this context, there is also a risk of overlooking:

- The diversity of experiences of children and young people;

- Important intersections between physical health and mental health;
- Local-level and region-specific considerations that support communities and consider experiences across systems;
- Intersections of cultural background, religion, gender identity, and sexuality;
- The impacts of racism, gender inequality, bullying, and discrimination; and
- The impacts of 'corporate, environmental and global forces' such as climate change, marketing and media consumption[5].

Siloes and fragmented effort

Currently, key departments and agencies are developing policy and delivering services in a siloed manner. This fragmentation of effort is evident across policymaking, data collection, and service delivery[6]. Fragmentation not only occurs horizontally (both within and between government departments), but also vertically (across federal, state and local governments), as well as across age groups and target groups.

Siloes and fragmented effort cause inefficiencies, duplication, and a lack of coordination and collaboration towards a broader set of common goals. For children, young people, and their families attempting to navigate service systems across different agencies and levels of government, this can mean contact with a range of providers, and lead to an increasing number of referrals that fail to get them the support they need.

Limited focus on prevention

Despite long-standing recognition of the importance of early intervention and prevention, the focus of our service systems tends to be on dealing with children's and young people's mental health issues once they have escalated, rather than on preventing problems from emerging in the first place.

The imbalance towards a 'siloed and predominantly acute care approach' limits action on social determinants. It also limits the success of early intervention and prevention[7].

Mental health is an area where late (and often biomedical) intervention is often the norm, with most support available once people reach a 'crisis' point. A 2022 report by South Australia's Auditor-General concluded that 'SA Health is not able to demonstrate how well it is performing in providing the public with access to the right mental health services at the right time' – mainly due to significant gaps in planning, monitoring and reporting processes[8].

Data gaps

There is a lack of data collected directly from children by the public sector, including in relation to their overall health and wellbeing, sleep, body image, social networks, living arrangements, and experiences of bullying or violence. Ongoing data sources tend to be administrative (collected as part of service delivery) or based on surveys that are generally completed by adults.

Other significant data gaps include:

- A tendency to focus on deficit-based measures of harm or poor outcomes rather than more strengths-based measures of wellbeing or desired outcomes.
- Variable quality and consistency of data in terms of geographic insights and insights into health inequities.
- Indicators that have only been measured once or may have been measured regularly in the past but are not anymore.
- Lack of indicators to measure how children transition through major development stages, interact with services, and move through different systems[9].
- Inconsistent collation and reporting of data by services.

Key datasets tend to focus on the early years and then on adolescence and young adulthood. The health and wellbeing of children aged 7 to 14 years garner less attention.

Lack of focus on children and young people

Without a dedicated focus on children and young people, their experiences and voices tend to be overlooked or invisible, with the needs and experiences of adults generally assumed to be the 'norm'. Gaps in relation to children and young people generally tend to be taken as given, rather than acknowledged, despite some exceptions. For example, the state's Palliative Care Strategic Framework 2022–27 provides a comprehensive definition of a 'good death,' but notes that 'the definition of a good death in children and young adults is less defined'[10].

Inconsistent definitions of children and young people

The defined age ranges for children and young people varies significantly in policy, legislation, data collection and service delivery, both within and across Australian jurisdictions as well as internationally. This has significant ramifications for the design, delivery and monitoring of policy and services. If we cannot agree on who children or young people are, how can we appropriately design, deliver, monitor, and evaluate policies, programs and services? How can we be sure that we are acknowledging the unique experiences and differences between and amongst children and young people across different ages and stages of development?

While children are defined as aged 0–12 for the purposes of reporting national Children's Headline Indicators, health related data from the Australian Bureau of Statistics (ABS) uses 0–14 years of age as their definition. Legal definitions are different again, with the *Public Health Act 2011* defining a child as a person under 16 years of age. While some policies span from birth, others start from before conception. 'Youth' are sometimes defined as being aged between 12 and 25 years (eg. Metropolitan Youth Health services), 12–24 years (eg. National Youth Information Framework) or 16–25 years (eg. South Australia's Youth Mental Health Services Model of Care).

There is also inconsistency across services in terms of the ages and stages of development at which children and young people can access support. The division of services into paediatric and adult populations has limited focus on the key 'transitional' years of adolescence and young adulthood.

Ad hoc engagement with children and young people

It is essential that mental health systems value and support the participation of children and young people in decision making, both to ensure children and young people's safety and to tailor policies and services to their needs, experiences and expectations.

The right of all children to be heard and taken seriously in all matters that affect them is enshrined in Article 12 of the UN Convention on the Rights of the Child (UNCRC). Article 12 constitutes one of the general principles of the UNCRC, meaning it should be considered in the interpretation and implementation of all other rights.

Systems and services cannot presume to meet children and young people's needs without directly sourcing children and young people's views and experiences. Yet children's participation rights are often diluted in favour of other priorities and agendas. There is a tendency to underestimate the competencies of children and young people and rely on adult perspectives and assumptions. This not only undermines effective decision-making, but also impacts children and young people's confidence and trust in adults and institutions.

Gathering feedback from adults is now standard practice across many areas of policy development and service delivery. State authorities should afford children and young people the same opportunities consistent with their obligations under the UNCRC. Meaningful engagement with children and young people improves the design and delivery of services, builds trust and drives better health and wellbeing outcomes at an individual as well as a system level.

Meaningful engagement respects children and young people as active contributors and citizens and includes at a minimum:

- Providing a range of ways in which children and young people can be informed and involved across the planning, delivery and review of policies and services that aim to support them.
- Enabling children and young people to speak for themselves rather than through a parent, carer or other adult.
- Establishing or expanding child and youth friendly feedback mechanisms.
- Tailoring information to children and young people in age- and stage-appropriate language so they can understand their rights, supports available to them.
- Recognising and respecting the breadth and diversity of children and young people's experiences and identities, including diversity in terms of cultural background, religion, disability, age, sexual orientation, and gender identity.

Inadequate Inpatient Care

Mallee Ward in the Women's and Children's Hospital, North Adelaide, is the only designated psychiatric inpatient facility for children and adolescents in South Australia. A team of multidisciplinary clinicians provide specialised care and support there for children and adolescents with severe mental health problems.

The service is for "children and young people whose acute needs cannot be adequately met in a community setting"[11]. Common acute phase diagnoses treated by Mallee Ward are stated as including:

- First episode psychosis;
- Bipolar disorder;
- Emerging personality disorder; and
- Severe depression or anxiety disorder.

Referrals to Mallee Ward come from[12]:

- Young people presenting to the Paediatric Emergency Department;
- SAPOL/SAAS for patients under Section 25 of the Mental Health Act;
- Transfer from within WCH and other SA hospitals; and
- Planned referrals from Youth Mental Health Services/CAMHS Community Services/ Education/ Department for Child Protection/Forensic Services/ Headspace/other private providers (GPs/Psychiatrists/other).

The Mallee Ward Model of Care states that it has a commitment to "least restrictive care" and that, "For acute crisis the admission will be as brief as safely possible, with the community continuing treatment once the crisis has been resolved, usually over a 24 hour to 48-hour period"[13].

According to the Annual Report of the Chief Psychiatrist of South Australia[14] 122 children aged 0–14 years and 436 young people aged 15–24 years accessed CAMHS inpatient services at WCH in 2021–22. The average length of stay for children and adolescent inpatient mental health services was 3.4 days in 2020–21, in comparison to an average closer to ten days in other states and territories[15].

This is not due to lack of bedspace. In 2020–21, South Australia provided a total of 2,252 acute child and adolescent mental health hospital inpatient days, which amounts to an average of 6 patients in the Mallee Ward per day[16]. That would make average usage around 50 per cent of available bed space.

According to the Mallee Ward Model of Care[17] discharge/transition from the ward should involve transition planning with partners – including with the young person and their family – and services including education, community services, and GPs. CAMHS community services should follow up within seven days of discharge; Mallee Ward should offer ongoing consultation and support to other agencies and private practitioners; and the ward should "assertively" follow up with carers who do not engage via community

based or outpatient appointments. The Productivity Commission reports that in 2020-21, community follow-up within the first 7 days of discharge took place for only 68.5 per cent of patients aged under 25 years in South Australia[18].

National Disability Insurance Scheme

Where children with complex disability needs present to hospitals or other health care settings, stakeholders have raised concerns about the quality of the mental health care provided to them, particularly for those with intellectual disability. Some families report that their child is denied mental health care because their 'behaviours of concern' are deemed 'disability-related' rather than mental health-related.

The NDIS After Hours Crisis Referral Service (AHCRS), which is designed to support participants who are experiencing a crisis or breakdown in support, is only available to NDIS participants aged 18 years and over. In the absence of real crisis-point intervention services, hospital then becomes the only other option for those aged 17 and under.

It is well-known that hospital environments and busy emergency departments are inappropriate places for adults with complex disability and mental health needs, let alone for children with these needs. Indeed, the impacts on fundamental human rights of being placed in these environments can be even more far-reaching and traumatic for children and young people who are still developing.

Despite often having well-funded NDIS plans, children with complex needs can become a casualty of 'thin markets', which result in a lack of appropriate services, a lack of workers with the requisite skillsets to support the child, and service providers unable to fill the required roster of supports. A lack of skilled positive behavioural support in particular increases the already high likelihood of disability-related 'behaviours of concern' being criminalised.

Insufficient supports, difficulty accessing services, or a breakdown in supports, can contribute to the need for voluntary out-of-home care arrangements in the first instance. Yet it is incredibly difficult to provide children with high-quality and consistent support in the context of unstable or temporary 'crisis' accommodation.

What we have heard

The impact of mental health crises is significant. Between 2017 and 2021, nine 0–14-year-olds and 152 15-24 year olds died by suicide in SA[19]. Amongst young people aged 0-24 who suicide, a personal history of self-harm is by far the most common risk factor for both males and females[20].

In 2023, the Commissioner employed consultants to undertake a listening process to respond to the requests of families supporting their children and young people through escalating mental health challenges culminating in times of acute crisis.

A range of families were engaged about their experiences of trying to cope at home, seeking help from community services, and seeking crisis support. The children and young people ranged in age from 3-17 years, with the majority being in the 14-17 years age bracket.

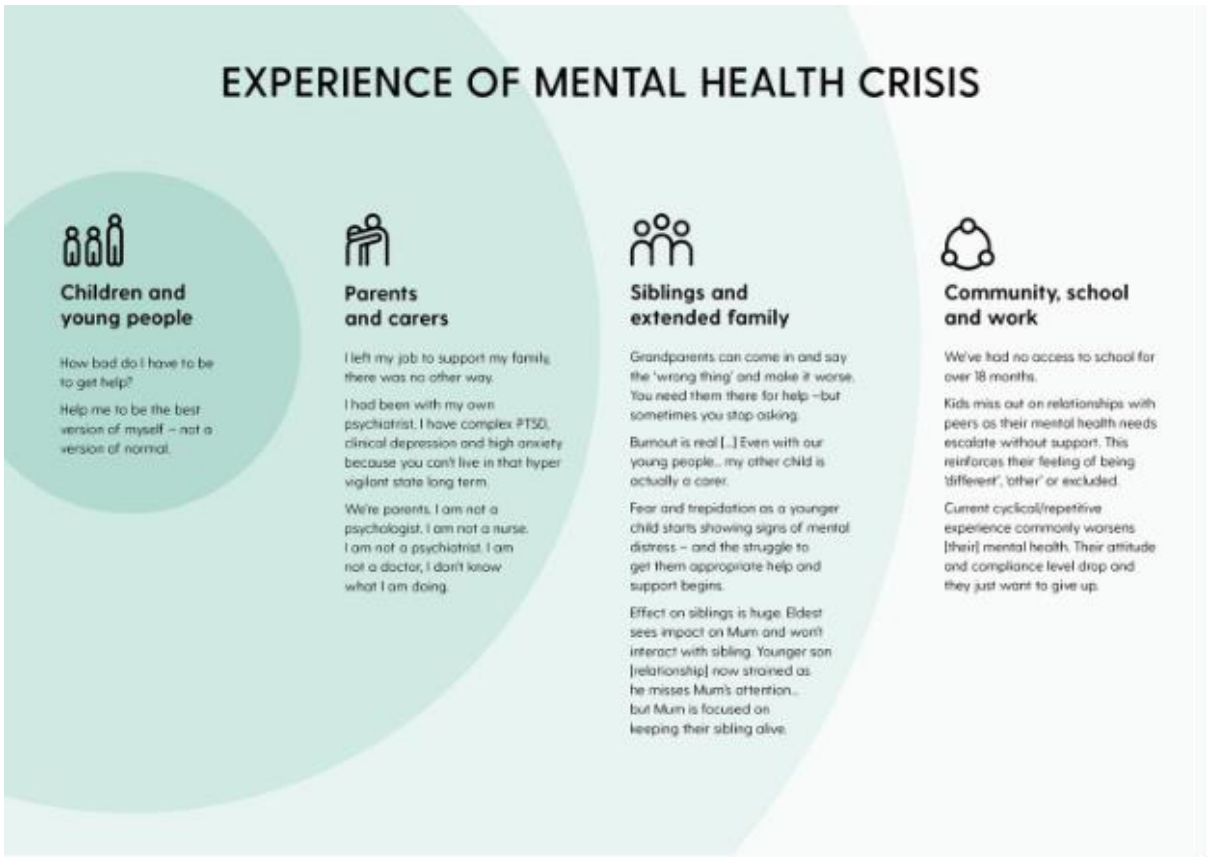
The Commissioner heard a range of concerns about mental health supports including reports of inconsistent care, poor responses from emergency departments, and the over involvement of SAPOL in responses to children's behavioural and mental health issues.

A consistent message arising from these reports was the pressing imperative to put in place a "safety" response that is community based and available 24 hours a day, seven days a week.

While some changes have been put in place since the Commissioner reported her findings to the Minister for Health, the majority still endure.

In addition, in 2021, the Commissioner held a conversation with a group of young people aged between 16 to 18 years of age about suicide prevention[21].

In these consultations young people raised a range of concerns about their experiences of mental health supports and the responses of adults. Many of their experiences are very positive, involving educators, psychologists, mental health staff, and others who have helped them to live positively with the issues they have had to grapple with. However, they have also raised some very serious concerns. Repeated themes include being made to feel like a problem, not being believed, having their rights ignored, and feeling like they have no-one they can trust, and nowhere they can turn to for help when they need it most.



Source: Supporting Families Through Mental Health Crises, CCYP, May 2023

Common experiences

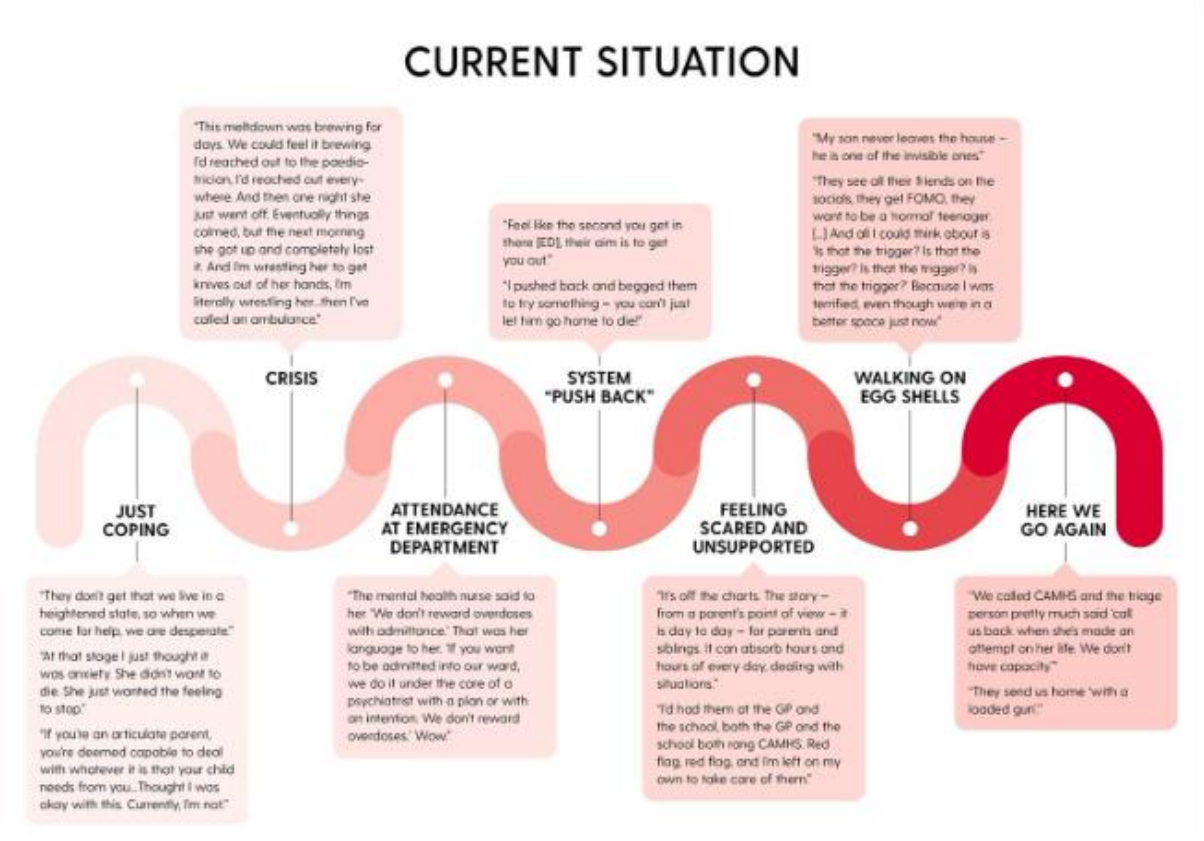
Many children, young people and their families have described the existing system as fragmented and unable to deliver the help their children need, when and where they need it. Furthermore, when they do receive services, they are made to feel unworthy and undeserving of support, and as an irritant to doctors, nurses, and therapists. Consequently, families describe feeling punished for being who they are and for what they are experiencing, with little information on managing and understanding what is happening to them provided.

Whilst families do the best they can to support their young people with complex and serious emotional and behavioural challenges, a number require urgent support for situations that go beyond the capacity of most families to deal with. The children are often facing mental health challenges, diagnosed or undiagnosed, along with complex disabilities. During adolescence these can escalate and become overwhelming. Whilst previously manageable when children are younger and less independent, and when they are physically smaller, their behaviours in adolescence can become life and death issues, particularly when they engage in dangerous and risky behaviours.

Once immediate safety concerns for the young person themselves, their parent(s), siblings or all three, trigger a 'crisis safety response' then Emergency Services (SA Police and the

SA Ambulance Service) are the only services available, who in turn funnel children and young people into the only available 24/7 'service response': hospital emergency departments. As these are currently configured, the whole experience is adding to, rather than alleviating families' shame, stress, and trauma.

The first point of contact when a family reaches out for help is critically important. Even if a service is not immediately available, if a young person's feelings and experiences are not validated and legitimised, some lose hope, struggling to trust the system from that point onwards and starting to believe that no-one can or will help. If this becomes a repeated pattern, families remain in unsafe and traumatic circumstances, trying to cope without support rather than risk repeated rejection of help, which makes things worse. Families report health professionals making comments and seemingly simplistic judgements based on how a young person presents; according to their 'mood' or demeanour.



Source: Supporting Families Through Mental Health Crises, CCYP, May 2023

Our current system doesn't place enough focus on a consistent and assertive urgent response for families in crisis, irrespective of cause and irrespective of diagnosis. From a child and family perspective the system does not respond with compassion and urgency to alleviate the immediate situation of distress, anguish and safety concerns of the

families. The day-to-day trauma and stress within the home is unacknowledged and invisible to the system.

Parents across the board have reported that they felt that the 'system' does not fully understand or acknowledge the complexity of what they are managing at home, 24/7. A young person struggling with their mental health has an impact on the entire household – parents, siblings and the young person themselves. Going to the Emergency Department is preceded by a long period of trying to cope, make sense of, and manage what is happening, including seeking community supports.

Without support for a young person in crisis there is an impact not only on them, but also on their siblings' relationships, wellbeing and mental health.

Families with more than one child in the household were unequivocal that they see an ongoing negative impact on siblings as a result of escalating mental health needs, that remain unsupported or untreated. Parents spoke of younger siblings feeling afraid, hiding, or temporarily moving to another family member's home. In some cases, parents said that they were also then seeking mental health support for this younger sibling. With older siblings, self-protection can manifest in a withdrawal from or a rejection of their 'unwell' sibling, which further exacerbates the young person's sense of isolation and 'otherness'.

Community Based Mental Health Support

A range of services are available within the community for young people facing mental health issues. The State government has invested in school based social emotional learning programs, mental health literacy for educators, and mental health first aid training. This investment seeks to build an increased awareness of how to support children and young people to maintain mental health, acquire help seeking skills, practice self-care, and gain a better understanding of mental illness and treatment. In addition, children and young people have access to specialist helplines such as the Kids' Helpline.

Nevertheless, in terms of face-to-face services, GPs are generally the first point of contact for mental health support. Depending on need, children and young people with mental health issues may be referred to public or private mental health services for further support (within working hours only). We have heard that it can take a long time to find a place that is accepting new patients, or which offers the right service for the child. South Australia has the lowest rate of GP availability per head of population compared to all the other states except for Western Australia - the territories have much lower rates still[22].

In 2021-22, there were 25,175 young people under 18 years who had contact with Medicare Benefits Schedule (MBS) for subsidised primary mental health care services. This figure included 12.6 per cent of secondary school-aged children, which is comparable to the rates reported in other states and territories[23].

Despite this, young people have told the Commissioner they often only receive support when things reach a 'critical level'. While they are told to 'ask for help' and to check in

with others to see if they 'are okay', the right support is not always available when people do ask for help[24].

Where mental health services are concerned, South Australia has the lowest number of average treatment days per three-month community mental health care period of all states and territories, with an average of 4.6 days per three-months of care compared to a national average of 6.4 days[25].

Mental health services provided specifically for children and young people in South Australia are thin on the ground. There are particular gaps for children younger under 12 years old and for those living in regional and remote areas.

Headspace was designed for young people aged 12 to 25 years experiencing mild-to-moderate mental health, the service is reporting increasing numbers of complex presentations. In the absence of service offerings at the secondary level, the next level of care is the tertiary system.

An overarching vision and system for child and youth mental health is required, which needs to accommodate the needs of all those in need of mental health support 24/7, including those with the most urgent and complex needs.

What is needed: key messages from young people and families

The Commissioner has heard from young people, parents and service agencies that access to mental health services is limited and, even where we have services in place that should help there is no coordination across these systems. This means each agency may be independently escalating within their own silo, and inadvertently planning even more disjointed responses.

We know that when we prioritise the treatment of children with complex behavioural and mental health issues while they are still children, we are better able to support them in the longer term. Providing the right joined up responses early means those affected are more likely to experience a more positive and hopeful childhood and reduces the severity of enduring mental health problems in adulthood.

A Joined Up System Focused on the Needs of the Child

A dedicated focus on children and young people is essential if we are to meet the needs of children and young people.

It is also vital that mechanisms are established to listen to the voices of children, young people and their families to understand the situations they are facing and how best to meet their diverse needs.

Currently, families report that handovers between services are non-existent, with a tendency for each 'expert agency' to dismiss the insights of another and start again 'from scratch'.

To ensure ongoing progress, children and young people need a single access point for youth mental health, and a joined up model of care to underpin new approaches, consistent with contemporary understandings of children's and young peoples' rights, interests and wellbeing.

A more streamlined child focused response is required; one that reduces the trauma caused by the system on families, and which provides enhanced communication between agencies and families. This systemic case management should be led by an agency with the broadest mandate, existing orientation to advocacy, experience working with children and young people with disability and non-traditional mental health presentations, as well as having established relationships with the NDIA.

Families and children with complex emotional and behavioural challenges need support across a range of areas beyond the healthcare system. These include education, housing, and employment, and sometimes youth justice and child protection. Considering interventions beyond mental health services is therefore critical to ensuring young people can access support in the places with which they are already connected.

This may require a Children with Complex Needs Case Management/Coordination response. Such a response would provide a more coordinated multi-system approach to prevention and intervention that provides youth-specific alternatives to hospital

emergency departments, and which actively connects young people and their families with resources and services. This would involve schools, community partners and different levels of government, local, and professional and peer workforce teams.

24/7 Urgent Mental Health Support

It is clear that neither emergency services nor hospitals are the ideal place to provide long-term responses to support families through youth mental health crises. It is also apparent that there are currently no appropriate alternatives available.

Whilst the complexity of bridging the State Health system and the Federal Disability system is acknowledged, families report that the health system is repeatedly expecting a crisis response from NDIS, which it is not set up to deliver. In times of crisis and acute danger for young people and their families, an immediate response is critical, and this must be provided by a readily accessible system.

In the short to medium-term hospital attendance must continue to be part of a system of pathways to services and support, albeit managed in a way that doesn't mirror the crisis for the child.

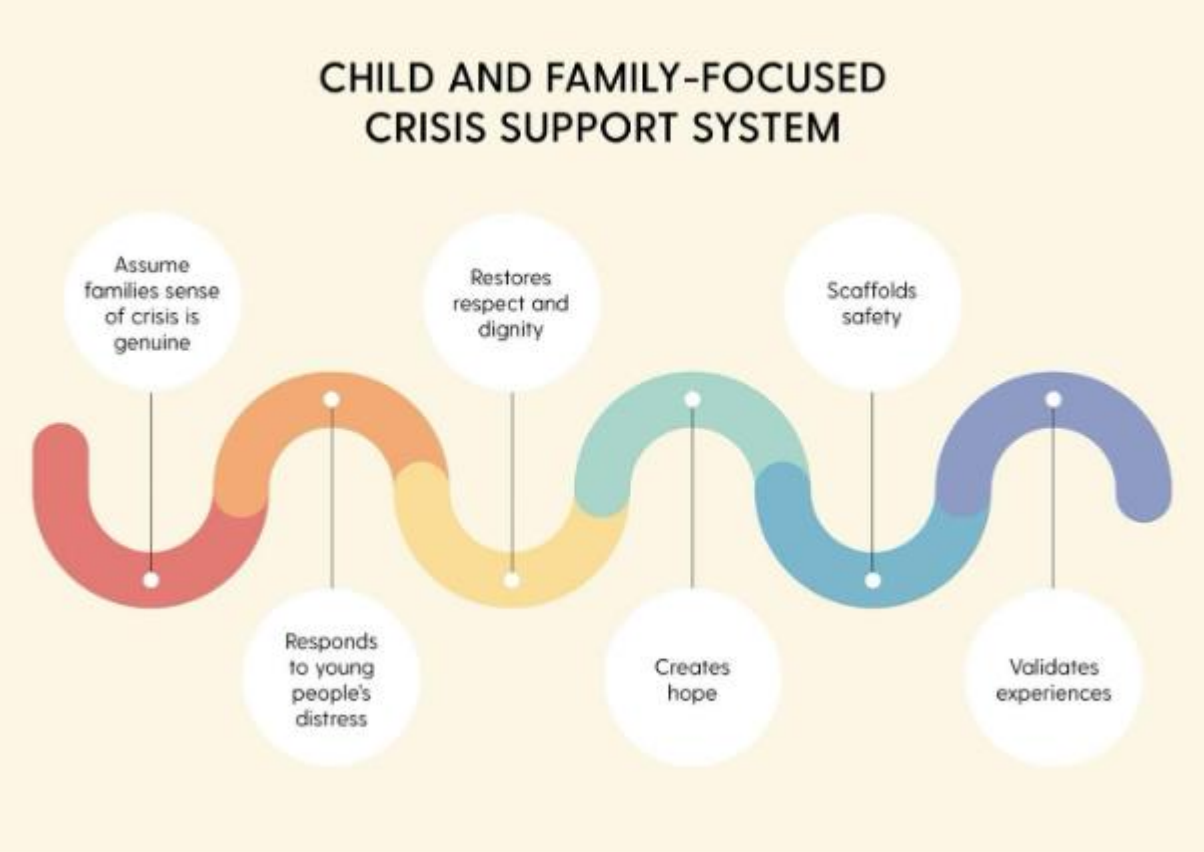
A 'by name' approach may be of greatest value in the short term: a comprehensive list of children and young people known to the key agencies updated in real time. Using information collected and shared with their consent, each young person on the list has a file that includes their name, service history, health, and other needs. This data is updated in conjunction with the family, so that health services are able to better match services and needs. At the system level, communities are able to track the changing size, composition, and dynamics of this population to allocate resources, test changes to their system, and understand whether their efforts are helping to drive better responses from Emergency Department services.

In the longer term it is clear that young people with complex emotional, behavioural, and mental health needs, and their families, would benefit from a specialised child friendly service that is able to coordinate and offer joined up multiagency and multidisciplinary approaches - work with families, young people, and service providers in partnership, and have a dialogue with Federal services.

This complex care service must be able to offer a whole family approach to assessment and intervention. It would have case coordination and therapy that includes a youth model of care that understands the impact of cumulative harm and attachment, and of trauma and adverse childhood events. It would also need to have expertise in dual presentations of neurodevelopmental and learning disabilities.

The aim of this service is to ensure children and young people and their families reaching out for support with mental health, emotional, or behavioural needs, are no longer told they have come to the wrong door and turned away. This service must respond to young people in ways that de-escalate behaviours respectfully, non-coercively and in non-restrictive ways.

This service should offer overnight and short stays to stabilise children and young people with complex needs and offer access to expertise and advice that will support families experiencing a mental health crisis, including those who are yet to be diagnosed.



Source: Supporting Families Through Mental Health Crises, CCYP, May 2023

In keeping with what families have said they want, the service must be grounded in the following principles to embed compassion and meet the needs of children and young people and their families when they are most in need:

- **Respond to the crisis, first and foremost:** Assume that the sense of crisis is genuine and that families who seek help do not do so lightly.
- **Respond to the distress, never negate it:** Assume a young person's distress is genuine and that it requires a genuine and compassionate response.
- **Restore respect and dignity with every interaction:** Do everything possible to minimise shame and stigma, for young people and their family.
- **Create hope - for every young person:** Connect with and build hope for each young person across the span of neurodiversity.
- **Scaffold conditions for safety:** Focus on creating safety rather than focusing on which agency is 'responsible'.

- **Assume that every word and action has an impact:** Ensure that everything that happens around a young person respects their dignity, validates their experience, and build towards a positive outcome.

An Overarching Vision for Children's and Young People's Mental Health

In order to provide the supports required, Australian children and young people need a child and youth mental health vision and plan that will provide for a continuum of supports and services ranging from primary and community-based interventions through to secondary and tertiary services, with greater coordination of different levels of care.

It must ensure there are appropriate governance arrangements in place and drive outcomes that address the fragmentation of effort and reduce siloes that hinder coordination, partnerships, transparency and accountability.

At its heart, any framework must involve the ongoing and meaningful input from children and young people including a reporting back mechanism.

---

[1] CCYP, Developing a 'fit for purpose' mental health care system for 21st century children and young people, 2023, https://www.ccyp.com.au/publications/developing-a-fit-for-purpose-mental-health-crisis-care-system-for-a-21st-century-children-and-young-people/

[2] Public Health Information Development Unit (PHIDU). Emergency Department presentations for mental health-related conditions. Adelaide: PHIDU, Torrens University Australia, October 2021

[3] AHRC Kids Helpline Data Report Special Covid-19 Edition: South Australia, 2020, https://www.kidsthrive.org.au/wp-content/uploads/2021/04/AHRCKIds-Helpline-report_Sept-2020.pdf

[4] AHRC Kids Helpline Data Report Special Covid-19 Edition: South Australia, 2020, https://www.kidsthrive.org.au/wp-content/uploads/2021/04/AHRCKIds-Helpline-report_Sept-2020.pdf

[5] Littleton, Clare and Caitlin Reader. "To what extent do Australian child and youth health, and education wellbeing policies, address the social determinants of health and health equity?: a policy analysis study." BMC Public Health 22. (2022). https://doi.org/10.1186/s12889-022-14784-4.

[6] Oberklaid, Frank. "Achieving sustained, integrated policy focus on children's health and development: New approaches needed." (Brisbane: CAA 2017 Conference, 15 May 2017). https://childaware.org. au/wp-content/uploads/sites/3/2017/07/Professor-Frank-Oberklaid-OAM-presentation-Child-Aware-Approaches-Conference-2017.pdf

[7] Littleton, Clare and Caitlin Reader. "To what extent do Australian child and youth health, and education wellbeing policies, address the social determinants of health and health equity?: a policy analysis study." BMC Public Health 22. (2022). https://doi.org/10.1186/s12889-022-14784-4

[8] Government of South Australia, Auditor-General's Department. Report of the Auditor-General. Report 6 of 2022: Managing access to mental health services. (6 September 2022). https://www.audit.sa.gov.au/sites/default/files/2022-09/Report%206%20of%202022%20%20Access%20to%20mental%20health%20services.pdf
[9] Australian Institute of Health and Welfare. Australia's Children. (2020). https://www.aihw.gov.au/getmedia/6af928d6-692e-4449-b915-cf2ca946982f/aihw-cws-69-print-report.pdf?inline=true
[10] Government of South Australia, SA Health. South Australia's Palliative Care Strategic Framework 2022–2027. https://www.sahealth.sa.gov.au/wps/wcm/connect/54c48d50-0124-471a-a1fb-ba7daa0e0c79/21064.3+Palliative+Care+Strategic+Framework-2022-2027-WEB.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-54c48d50-0124-471a-a1fb-ba7daa0e0c79-ojDEhEG
[11] Women's and Children's Hospital, Mallee Ward (Children's): https://www.wch.sa.gov.au/patients-visitors/children/childrens-wards/mallee-ward-children
[12] CAMHS Model of Care: Mallee Ward, June 2021 https://cdn.wchn.sa.gov.au/downloads/WCHN/camhs/CAMHS-Model-of-Care-Mallee-Ward.pdf
[13] CAMHS Model of Care: Mallee Ward, June 2021 https://cdn.wchn.sa.gov.au/downloads/WCHN/camhs/CAMHS-Model-of-Care-Mallee-Ward.pdf
[14] Annual Report of the Chief Psychiatrist of South Australia, 2021-22: https://s3-ap-southeast-2.amazonaws.com/sahealth-ocp-assets/general-downloads/Chief-Psychiatrist-of-South-Australia-Annual-Report-2021-2022.pdf
[15] Report on Government Services 2023, Productivity Commission: https://www.pc.gov.au/ongoing/report-on-government-services/2023/health/services-for-mental-health
[16] Mental health resources, Australian Institute of Health and Welfare: https://www.aihw.gov.au/mental-health/resources/data-tables
[17] CAMHS Model of Care: Mallee Ward, June 2021 https://cdn.wchn.sa.gov.au/downloads/WCHN/camhs/CAMHS-Model-of-Care-Mallee-Ward.pdf
[18] Report on Government Services 2022, Productivity Commission: https://www.pc.gov.au/ongoing/report-on-government-services/2022/health/services-for-mental-health#downloads
[19] Suicide and self-harm monitoring data, Australian Institute of Health and Welfare, 2018: https://www.aihw.gov.au/suicide-self-harm-monitoring/data/suicide-self-harm-monitoring-data
[20] Suicide and self-harm monitoring data, Australian Institute of Health and Welfare, 2018: https://www.aihw.gov.au/suicide-self-harm-monitoring/data/suicide-self-harm-monitoring-data
[21] CCYP, Feedback on South Australia's next Suicide Prevention Plan 2022-2025, 2021, https://www.ccyp.com.au/publications/submission-on-the-south-australias-suicide-prevention-plan-2022-2025/
[22] Report on Government Services 2023, Productivity Commission: https://www.pc.gov.au/ongoing/report-on-government-services/2023/health/primary-and-community-health
[23] Report on Government Services 2023, Productivity Commission: https://www.pc.gov.au/ongoing/report-on-government-services/2023/health/services-for-mental-health
[24] CCYP, Feedback on South Australia's next Suicide Prevention Plan 2022-2025, 2021, https://www.ccyp.com.au/publications/submission-on-the-south-australias-suicide-prevention-plan-2022-2025/
[25] Australian Institute of Health and Welfare, Performance Indicators, 2025, https://www.aihw.gov.au/mental-health/monitoring/performance-indicators