Submission from the

**Australian Research Alliance for Children & Youth (ARACY)**

to the inquiry of the

WA Commissioner for Children and Young People

into

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

**November 2010**

The Australian Research Alliance for Children and Youth (ARACY) is a national non-profit organisation of more than 1300 individual and organisational members working together to create a better future for Australia's children and young people.

ARACY addresses complex problems confronting young Australians by establishing collaborations across disciplines, sectors and settings to build a shared commitment of effort and expertise.

By working together, we believe we can close the gap between "what is known" and "what is done" to ensure that all young Australians achieve their full potential in life.

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*"Today's young people are tomorrow's partners, parents, workers, citizens. Unless they master the skills required to manage their own emotions, treat others with respect, negotiate points of disagreement and conflict, build their capacity for productive work, and work cooperatively with others, Australian society as a whole will suffer."*

*Professor Fiona Stanley, cited in Hemphill & Smith (2009)*

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# 1. Overview

*"There is no health without mental health" (WHO, 2005)*[1]

ARACY welcomes the initiative of the WA Commissioner for Children and Young People in undertaking an inquiry into the mental health and wellbeing of children and young people in Western Australia which we understand to be an Australian first.

While acknowledging the need to implement measures that prevent and treat mental health problems among children and young people, ARACY supports a policy and practice focus that promotes better mental health as a goal in its own right.

We support the view that mental health is a much broader concept than simply denoting the absence of mental illness although the latter is often the primary focus of public policy initiatives in this area.

Schonert-Reichl et al (2009) use the term social and emotional health to describe the dimensions of life to which mental health refers.

According to the World Health Organisation (2005)

> *"Mental health is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community."*[2]

We believe mental health also encompasses the capacity of individuals to recognise and regulate their emotions and to respect themselves and others as necessary pre-requisites for healthy interpersonal, family and social relationships.

A holistic approach to child and youth development needs to take account of the interaction between:

- the physical, intellectual, social, emotional and spiritual dimensions of children's lives

[1] Herrman H., Shekhar S., Moodie R. (eds). (2005). *Promoting Mental Health: Concepts; Emerging Evidence; Practice*. World Health Organisation
[2] ibid

- changing needs and risks at different developmental stages
- factors in the social, economic and physical environment that impact on developmental outcomes for children and young people.

The interaction between individual, social and environmental factors reinforces why coordinated and collaborative policies and practices are required if we are to meet the developmental needs of young Australians.

While this inquiry is specific to the mental health and wellbeing of children and young people in Western Australia, the basic pre-requisites for healthy social and emotional development are the same for all children and young people, irrespective of their place of residence or the division between jurisdictional service provision responsibilities.

However, we also recognise that factors operating in the social and physical environment may differ between jurisdictions (as well as between communities within jurisdictions) calling for more targeted responses to local issues, needs and problems.[3]

Improving the mental health of young Australians (including the mental health of young Western Australians) requires:

- a national commitment to meeting the developmental needs of all young Australians (across all developmental domains of children's lives and irrespective of the family, social circumstances or geographic location into which a child may be born or raised)

- a broad community understanding of the developmental needs of children and young people, and especially of the pre-requisites for healthy social and emotional development at different developmental stages[4]

- an integrated national policy and practice framework for more effectively meeting the social and emotional developmental needs of young Australians

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[3] An ARACY commissioned study of risk and protective factors for violent and antisocial behaviours among 8,000 10-14 year olds in Western Australia, Victoria and Queensland (Williams et al) showed wide variation in problem behaviours across the 30 communities surveyed, even after controlling for socio-economic status. The results demonstrate the need to target conditions that may be specific to different communities.

[4] The framework adopted by the Collaborative for Academic, Social and Emotional Learning (CASEL) cited in KidsMatter proposes that children need to learn to recognise and manage their emotions, establish positive and lasting interpersonal relationships, make responsible and ethical decisions and be able to care for themselves and others.

from birth through to adulthood (across jurisdictions and beyond portfolio areas of administrative responsibility)

- a substantially increased public investment of human and financial resources to policies, programs and services that build the capacity and skills of parents, carers, teachers and others to better meet the social and emotional developmental needs of children and young people

- concerted action to reduce disadvantage and promote increased economic and social participation of socially and economically disadvantaged families[5]

- universal and targeted public education campaigns to promote healthy behaviours and lifestyles (especially aimed at moderating alcohol consumption in adults and deterring alcohol and drug use among children and young people)

- a national data collection system (based on reliable standardised measures and indicators of mental health and wellbeing) to
  - identify emerging areas of need
  - enable trends to be monitored over time
  - enable the effectiveness of programs to be evaluated.

## 1.1 Cause for concern

Our research[6], supported by feedback from our members and stakeholders, indicates increasing community concern about what appears to be growing numbers of Australian children and young people struggling to cope with the social and

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[5] A recent analysis of the impact of family unemployment on the wellbeing of children aged 5-10 years (Taylor, Edwards & Gray, 2010) found that children living in a jobless family had a 13% higher probability of having emotional and behavioural problems that children living in a household where at least one parent worked. The World Health Organisation report on mental health promotion (Herrman, Shekhar& Moodie, 2005) noted that the risk of mental illness was associated with indicators of poverty including low levels of education, poor housing and low income.

[6] An unpublished study conducted for ARACY by Auspoll (2009) indicated that 58% of 1500 adults surveyed believed that the level of emotional wellbeing in Australia is lower than it was 20 years ago. Survey respondents believed that many Australian children and young people were faring poorly – particularly with respect to mental health and behavioural issues. These problems were largely attributed to changing external factors associated with increased individualism, increased competition, increased materialism and the influence of media and marketing. ARACY would be prepared to make a copy of the study available to this inquiry.

emotional demands in their lives, leading to an upsurge in mental health and behavioural problems.

Data from the 2007 National Survey of Mental Health and Wellbeing (ABS) confirm that mental health problems are more likely to occur among young people than among older age groups, with just over one in four 16-24 year olds (26%) estimated to have a mental disorder.

The vulnerability of young people to mental health problems is compounded by their own health-compromising behaviours (such as an increased likelihood of alcohol and drug misuse)[7] and by their dependence on parents and family who may also be experiencing their own social and emotional problems limiting their capacity to adequately meet their children's needs.

According to the 2007 ABS Survey of Mental Health and Wellbeing:

- 13% of young people had a substance use disorder (higher than for older age groups)
- just over a third (34%) of people living in one parent families had a mental disorder compared with 19% of people in couple families with children.

The exposure of many children and young people to emotional and social problems and issues occurring within the family home and the potential impact that these may have on children's mental health is reinforced through other survey and research data.

- An estimated 21% - 23% of Australian children live in a household where at least one parent has a mental illness (estimated at just over one million children in 2005)[8]
- An estimated 13.6% of children aged 12 or under are at risk of exposure to binge drinking in the household by at least one adult (451 621 children in 2004), while 2.3% children live in households in which there is at least one daily cannabis user and 0.8% live in households in which there is an adult who regularly uses methamphetamine[9]

[7] Williams et al (2009) found that Australian children as young as 11 and 12 were already consuming alcohol at alarmingly high levels
[8] Website of Children of Parents with a Mental Illness http://www.copmi.net.au/common/stats.html citing Maybery and Reupert (2005)
[9] Australian National Council on Drugs (2006)

- Up to half of all Australian children and young people have seen or heard verbal, emotional or psychological violence used against their mothers. One in four has witnessed an act of physical violence committed by their father or step father against their mother.[10]

Flood and Fergus (2008) report that children living with domestic violence have much higher rates of depression, anxiety and behavioural problems, as well as an increased risk of alcohol and drug use and youth suicide. Where other forms of intimate partner violence are occurring, the evidence shows that children living in such households are also more likely to be physically abused, with one study rating the risk at 15 times higher.

**Alcohol and drug related violence in the family home**

Reviewing the evidence on the impact of drug and alcohol misuse on children and families, Dodd and Saggers (2006) noted the association between parental drug and alcohol misuse and the potential for parental physical and sexual abuse, as well as neglect, of children. The authors cited data from the New South Wales Department of Community Services indicating that as many as 80 percent of child abuse cases are associated with drug and/or alcohol misuse.

In other studies cited as part of this review:

- mothers who misuse substances were reportedly less likely to be responsive to their children's needs and to perceive them more negatively than mothers who did not misuse substances ( p.12)
- injury prevention statistics indicate that in families where there is parental substance misuse, both child abuse and partner abuse are also more likely to co-occur ( p.9)
- children exposed to drug use among other family members are at a far higher risk of an earlier initiation into drug use themselves ( p.11).

Thus, children living in families where there is parental substance misuse are exposed to multiple risks that are not only likely to threaten their healthy development, but may also have implications for their capacity to resist engaging in unhealthy, violent and antisocial behaviours as they are progress through their own lives.

[10] Flood and Fergus (2008)

As well as violence committed by parents in the family home, Dodd and Saggers (2006) noted the violence that alcohol or drug affected young people may inflict on others within the family home (presumably with adverse implications for all family members including younger siblings).

> *"Usher and colleagues (2005) cite a study which reports that mothers of young people who misuse substances need to deal with the violent behaviour and criminal activity of their own children and their associates" (p.24).*

The health and social costs and consequences of drug and alcohol misuse are considerable.

> *"Individuals living in families where they or other family members misuse substances are more likely to come in contact with the criminal justice system, be diagnosed with a mental illness, be admitted to hospital, experience or be a perpetrator of family violence, experience poverty and homelessness, and experience marital breakdown" (p. 13).*

As the authors comment, until relatively recently most of the research and interest at a policy and research level has focused on substance misuse as an individual problem rather than one which has broader family and social influences and implications. An increasing awareness of the effects of substance misuse on the entire family and especially on the wellbeing of children has lead to a growing recognition of the need to adopt a more holistic and 'joined up' approach to service provision.

However, existing service provision boundaries, and administrative structures and arrangements, the authors suggest, has detracted from the effective implementation of such 'joined up' approaches.

**The implications of alcohol misuse on early brain development**

Dodd and Saggers (2006) cite Australian data from 2003 indicating that approximately five per cent of pregnant woman admitted to drinking alcohol at the level associated with Foetal Alcohol Syndrome (FAS)[11].

A health fact sheet authorised by the Victorian government reports that there is little public awareness of, or concern about, Foetal Alcohol Syndrome (FAS) in Australia

[11] Note: Foetal Alcohol Spectrum Disorder is likely to be even more pervasive than the more extreme Foetal Alcohol Syndrome.

compared to overseas where FAS is considered to be the leading preventable cause of intellectual and developmental problems in children[12].

Of particular concern to the focus of this inquiry is that as well as impairments to intellectual functioning which may result from excessive exposure to alcohol during the gestational period, Foetal Alcohol Syndrome is also associated with behavioural problems in affected children (including hyperactivity and impulsivity) which may also predispose them to engaging in violent and antisocial behaviour throughout their lives.

**These data suggest that around one in four Australian children (and possibly up to a half of all Australian children) may be growing up in households where the capacity of parent carers to model healthy behaviours and/or to provide appropriate support and guidance to meet their children's social and emotional developmental needs may be limited.**

An increased public investment in programs and services that empower parents in their child-rearing role is required.

However, a public policy expectation focused exclusively on promoting parental knowledge and child-rearing capacity may result in a substantial proportion of young Australians missing out on the benefits of this investment because their parents are struggling with their own emotional and social problems which makes them difficult to reach, or to engage, in mainstream parent education courses or programs. ARACY believes that parent and community education relating to children's developmental needs should be universally provided in innovative ways, in various settings, as well as being non-labelling and non-stigmatising.

A heightened focus on the role of teachers and schools in supporting the development of emotional and social skills in children and young people as part of a more holistic approach to childhood education would ensure that all children had

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[12] The fact sheet is posted on the Better Health Channel website http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Foetal_alcohol_syndrome

access to these developmental opportunities, whether or not their parents had the skills and capacity to provide them.

The work of the Collaborative for Academic, Social and Emotional Learning[13] (as cited in the Australian KidsMatter Primary Schools Mental Health Initiative) reinforces the benefits of schools-based social and emotional learning programs. A recent review of the impact of schools-based social and emotional learning programs found that the academic performance of students who undertook such programs increased by between 11 and 17% (Paton et al, 2010)[14].

## 2. This submission

As a national organisation, ARACY is concerned to promote the health, development and wellbeing of young Australians across jurisdictional boundaries and areas of administrative responsibility.

While this inquiry focuses on the mental health and wellbeing of children and young people who live in Western Australia, there is a critical need to elevate the importance of children's social and emotional development on the public policy agenda across the nation.

ARACY believes that the findings of this inquiry will have relevance beyond Western Australia providing information, evidence and support for advocacy nationally. The recent appointment of a Western Australian Commissioner for Mental Health places this state in a strong position to promote a broader understanding of the importance of social and emotional health to individual and collective wellbeing.

[13] http://www.casel.org/

[14] http://www.casel.org/downloads/PackardES.pdf

## 2.1. Addressing the inquiry's terms of reference

Many of the issues canvassed in this inquiry are currently being addressed by ARACY at a national level.

The policy and practice principles implied in the Terms of Reference also reflect ARACY's operating principles including:

- involving and capturing the views and experiences of children and young people on matters that affect them

- promoting collaboration across sectors and disciplines to address complex issues affecting the wellbeing of children and young people

- basing policy and practice decisions, and actions, on the best available evidence on what works and doesn't work in enhancing the health, development and wellbeing of young Australians.

This submission provides a summarised commentary of each Term of Reference, together with information on relevant ARACY projects. Many of the concepts underpinning these projects, and the evidence that supports them, address the specific issues identified in the inquiry's Terms of Reference.

ARACY comments relating to each Term of Reference are provided below.

### ***Term of Reference 1:***

*the mental health and wellbeing of children and young people in Western Australia*

***ARACY Comment:***

Measuring and monitoring the mental health and wellbeing of children and young people requires:

- a clear conceptualisation of what constitutes mental health and wellbeing
- indicators that capture different dimensions of mental health and wellbeing (including, but not confined to, indicators of mental health problems and disorders)
- standardised measures and data collection procedures that will enable monitoring of these indicators over time.

ARACY argues that these measures should be uniform across the nation as well as providing localised data that enables community level issues and differences to be identified. (See details of ARACY project on Indicators of Social and Emotional Wellbeing p. x)

## *Term of Reference 2:*

> *the experiences of children and young people and their families in relation to the mental health and wellbeing of children and young people*

***ARACY Comment:***

ARACY strongly supports the principle of incorporating the views and experiences of children and young people in the development of policies and services that impact on them. If policies and practice are to be informed by evidence, it is also important to involve children and young people in research.

Involving children and young people in participatory research can be of great benefit to the young participants as well as to researchers but it can also raise a number of ethical and access challenges. In November 2008, ARACY co-hosted a symposium with the NSW Commissioner for Children and Young People to explore these issues.

A compendium of papers presented at the symposium Involving Children and Young People in Research prompted significant feedback from researchers, policy makers and ethics committee members interested in learning more about how to address the ethical and methodological challenges of integrating children's and young people's views in participatory research.

ARACY also believes it is important to involve children and young people in policy making processes, particularly children and young people who may already be socially disengaged making them more difficult to reach and to motivate to take part.

## *Term of Reference 3:*

> *agencies that have a critical role to play in strengthening the mental health and wellbeing of children and young people*

***ARACY Comment:***

ARACY supports the principle that the entire community has a role to play in supporting the healthy development of its younger citizens.

In accordance with the developmental pathways model of risk and protective factors operating at different developmental stages, together with the socio-ecological model which recognises multiple influences operating at the various levels of the social ecosystem, a diverse array of people and agencies influence children's developmental outcomes.

The diversity of influences and agencies impacting on the mental health of children and young people is reinforced by the World Health Organisation in its fact sheet on mental health[15].

*"Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. For example, persistent socio-economic pressures are recognized risks to mental health for individuals and communities. The clearest evidence is associated with indicators of poverty, including low levels of education…"*

*Promoting mental health depends largely on intersectoral strategies. Specific ways to promote mental health include:*

- *early childhood interventions (eg home visits for pregnant women, pre-school psycho-social activities, combined nutritional and psycho-social help for disadvantaged populations);*
- *support to children (eg skills building programs, child and youth development programs);*
- *socio-economic empowerment of women (eg improving access to education and microcredit schemes);*

[15] http://www.who.int/mediacentre/factsheets/fs220/en/index.html

- *social support for elderly populations (eg befriending initiatives, community and day centres for the aged);*
- *programs targeted at vulnerable groups, including minorities, indigenous people, migrants and people affected by conflicts and disasters (eg psycho-social interventions after disasters);*
- *mental health promotional activities in schools (eg programs supporting ecological changes in schools and child-friendly schools);*
- *mental health interventions at work (eg stress prevention programs);*
- *housing policies (eg housing improvement);*
- *violence prevention programs (eg community policing initiatives); and*
- *community development programs (eg 'Communities That Care' initiatives, integrated rural development)."*

The diversity of ARACY's membership reflects the importance of engaging with and connecting organisations working in different sectors and fields.

In developing its projects, ARACY also consults widely with people and agencies whose work impacts either directly or indirectly on children's lives.

While it is may not be possible to single out agencies that play a more critical role in children's lives than others, ARACY believes that schools can, and should, play a much more prominent role in supporting the development of emotional and social skills as part of a more holistic approach to children's education.

## *Term of Reference 4:*

> *models and interventions that strengthen the mental health and wellbeing of children and young people in Western Australia, including those that reduce the risk or prevent mental health problems or disorders*

***ARACY Comment:***

Mental health promotion at a global level is a key area of concern for the World Health Organisation. As the WHO's fact sheet on mental health states[16]:

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[16] WHO web reference http://www.who.int/mediacentre/factsheets/fs220/en/

*"WHO has evaluated evidence for promoting mental health and is working with governments to disseminate this information and to integrate the effective strategies into policies and plans.*

*More specifically, WHO's mental health Gap Action Programme (mhGAP) aims at scaling up services for mental, neurological and substance use disorders for countries especially with low- and middle-income."*

In 2005, the World Health Organisation published a substantial report Promoting Mental Health: Concepts; Emerging Evidence; Practice which was co-edited by ARACY Board Member, Professor Rob Moodie. The report includes a summary of the evidence of effective interventions and references to electronic databases on evidence-based (mental) health promotion and prevention programs (p. 183). We commend the report to this inquiry.

## Term of Reference 5:

*opportunities for coordination and collaboration within the government sector and between government, non government and private sectors to assist in the promotion of the mental health and wellbeing of children and young people*

***ARACY Comment:***

The need for greater coordination and collaboration between agencies to enable a more effective response to complex problems affecting the health, development and wellbeing of young Australians was one of the driving forces behind ARACY's establishment in 2002.

ARACY projects are based on collaborative principles and evidence of best practice.

As well as facilitating collaboration between our members and networks, ARACY's Advancing Collaboration Practice aims to support organisational capacity for establishing and managing cooperative working relationships and collaborative efforts.

Fact sheets, case studies and publications available on the project website provide information, advice and evidence relevant to building collaborative capacity.

Bringing people together for collaborative purposes takes time, effort and resources.

In 2005, ARACY's Research Network created a Seed Funding Program for New Collaborations to support collaborative research on priority issues facing children and young people in Australia. The program provides funding of up to $40 000 to support the formation of multidisciplinary, multi-sector collaborations to do the preparatory work needed to develop proposals to secure funding from other sources.

Since 2005 the Research Network has funded 50 new collaborations through four rounds of seed funding.

We suggest that a similar funding program, auspiced by the Western Australian Government, would encourage and support a greater level of collaboration between disciplines, sectors and agencies involved in promoting the mental health and wellbeing of children and young people.

Competitive funding practices in the government and research sectors may also act as a deterrent to inter-agency collaboration.

We recommend that financial incentives be built into program funding to encourage collaboration and support the facilitation of collaborative effort.

## *Term of reference 6:*

*positive approaches and partnerships that are evidence-based and are proving effective in strengthening the mental health and wellbeing of children and young people (in Western Australia or elsewhere and which would be relevant to Western Australia).*

***ARACY Comment:***

A number of positive mental health promotion programs are already operating in the different Australian jurisdictions including:

- The Australian Early Childhood and Primary School Mental Health Initiatives, *KidsMatter*[17], the secondary school equivalent, *MindMatters*[18], and *MindMatters*

[17] http://www.kidsmatter.edu.au/

[18] http://www.mindmatters.edu.au/default.asp

*Plus* (for students with higher level mental health needs).[19] These initiatives provide a framework and resources to support the implementation of mental health programs in early childhood centres and schools.

- The *Respons-Ability initiative* developed by the Hunter Institute of Mental Health which provides resources to increase the sensitivity and skills of tertiary students who are training to work as teachers, journalists and public relations professionals in relation to mental health issues.[20]

- The *Promoting Alternative Thinking Strategies (PATHS)* program, which the evidence shows is effective in reducing problem behaviours in 5-12 year olds, has been operating in a number of Western Australian schools since the early 2000s. (In 2009, the WA Minister for Education announced that the program would be rolled out to a further 100 schools over the next four years – taking to 137 the number of WA school sites in which the program operates).

The relationship between approaches and programs that promote mental health and prosocial behaviour and those that address emotional and behavioural problems (including violent and antisocial behaviour) is well established.

In the US, for example, the *National Centre for Mental Health Promotion and Youth Violence Prevention* provides grants and resources and works "*with school districts and communities as they plan, implement, and sustain initiatives that foster resilience, promote mental health, and prevent youth violence and mental and behavioural disorders*".[21] In South Australia, Flinders University has recently set up "Student Wellbeing and Prevention of Violence SWAPv" Research Centre, the mission of which is to make:

> *" ... a difference to the health and wellbeing of young people's lives focusing on promoting mental health and preventing violence in educational settings."*

Given the relationship between mental health and behaviour, many of the initiatives that aim to prevent youth violence also include a strong mental health promotion component.

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[19] http://mmplus.agca.com.au/

[20] http://www.responseability.org/site/index.cfm

[21] http://www.promoteprevent.org/

The report of the recent House of Representatives Standing Committee inquiry into the impact of violence on young Australians cited a number of evidence-based mental health promotion and violence prevention programs in the different Australian jurisdictions including those that targeted influences at an individual, relationship, family, peer and community level.

Referring to the importance of building individual skills and capacities, the Committee stated:

> *"In view of the volume and strength of evidence to the inquiry, the Committee concludes that social development programs which teach and support effective interpersonal communication, life skills and pro-social behaviours will be an essential component of an early intervention and prevention strategy to reduce violence. With regard to effective implementation, the Committee understands the importance of initiating social development with very young children, and continuing to support social skills capacity building in a developmentally appropriate framework (p. 69)."*

The Committee recommend that:

> *"The Ministerial Council for Education, Early Childhood Development and Youth Affairs include social development education and training as an essential component in phase 3 developments for the national curriculum p. 70)."*[22]

ARACY recently published a report reviewing the evidence on programs aimed at preventing violent and antisocial behaviours among young people in early adolescence. The report, Preventing youth violence: what does and doesn't work and why reviews the evidence on the effectiveness of mental health promotion and violence prevention approaches and programs under the following categories:

- Individual level approaches
- Relationship level approaches (with separate consideration of family level approaches and approaches involving other adults)

[22] House of Representatives Standing Committee on Family, Community, Housing and Youth, (2010) *Avoid the Harm – Stay Calm: Report of the inquiry into the impact of violence on young Australians*, Parliament of Australia, Canberra. ARACY's submission to the inquiry is cited extensively throughout the Committee report.

- Proximal level approaches (separately considering school level and community level approaches)
- Societal macro-level approaches.

The core elements of effective programs under each category of influence are summarised together with examples of evaluated programs and whether or not they have been found to be effective.

While effective programs were identified for each of the levels of influence, the evidence review concluded that multi-level approaches were the most effective.

> *"Multi-level approaches target various levels of influence in a young person's life. The primary aim is to change behaviour, skills and attitudes at the individual level, recognising that effective prevention at the individual level also requires modification of risk and protective factors at all levels within the ecological framework."*[23]

Despite the existence of worthwhile, evidence-based programs, programs are often fragmented and threatened by sustainability issues (including staff turnover and short-term funding). ARACY believes that an over-arching national framework needs to be developed to link disparate efforts. Funding continuity also needs to be assured.

## *Term of Reference 7:*

> *recommendations to inform future directions that will strengthen the mental health and wellbeing of children and young people, including interventions aimed at reducing the risk or preventing mental health problems and disorders and effective treatment.*

***ARACY Comment:***

Specific recommendations that address the issues outlined above are provided on p x of this submission.

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[23] Hemphill, S.,. & Smith R. (2010). *Preventing youth violence: What does and doesn't work and why.* Australian Research Alliance for Children and Youth

# 3. Relevant ARACY projects and reports

Many of the issues to be canvassed by this inquiry are being addressed through current ARACY projects.

A brief summary of each project (including web references and supporting research and reports) is listed below. We believe that the research and reports ARACY has already commissioned provide a strong evidence-base for issues being investigated by this inquiry.

Due to the close link between emotional and behavioural problems, a more detailed account is provided for ARACY's Preventing Youth Violence Project which has a dual focus on violence prevention and mental health promotion in the early adolescent years.

## 3.1 ARACY's "Change for Children" Campaign

In mid November 2010, ARACY will launch a major, multi-dimensional, social change strategy aimed at creating a social environment which is conducive to meeting the holistic developmental needs of all young Australians.

Based on social marketing principles, ARACY's **Change for Children** campaign will include:

- public education (targeted and mainstream) to increase public understanding of the developmental needs of children and young people and how these needs can best be met
- a national network of existing and new organisations to support "joined-up" collaborative effort and reduce the fragmentation of services
- platforms that will enable the sharing of research and practice information to inform evidence-based action

ARACY is seeking funding, in-kind and moral support from across the community, corporate and government sectors that will enable the ambitious vision for the **Change for Children** Campaign to be fully realised.

Further details of the campaign are available on the Change for Children website.

## 3.2 National Action Plan for Young Australians

As part of the **Change for Children** Campaign, ARACY is developing a **National Action Plan** that will address the developmental needs of children and young people from birth to age 24. The National Action Plan will integrate the current National Agenda for Early Childhood with the proposed national youth agenda (as well as developing and integrating a Middle Years Agenda focusing on the needs of children aged 9-14) under an overarching policy framework.

ARACY believes that existing national frameworks and agendas are too narrowly focused. Either they target different age groups in different settings and contexts separately or they do not adequately address the full spectrum of children's developmental needs and issues. The existence of multiple agendas further increases the risk of service fragmentation, gaps in coverage and duplication of effort.

ARACY's proposed **National Action Plan** will champion approaches that promote child and youth wellbeing in a more holistic way as well as encouraging larger and sustained investments that address the "big picture" drivers of problems affecting young Australians.

To launch the development of the National Action Plan ARACY will hold a workshop of key stakeholders on 2 December 2010. Australia-wide consultations will take place during 2011 to capture the views and experiences of children, young people, families, service providers, businesses and governments so that that the formulation and implementation of the plan is practical as well as visionary. ARACY's National Action Plan for Young Australians will be launched at a Summit in 2011.

## 3.3 The social and emotional wellbeing of children and young people

Measuring and monitoring the social and emotional development and wellbeing of children and young people is critical to any effective mental health promotion strategy.

A recent ARACY report examines different ways of conceptualising social and emotional wellbeing (SEWB) for children and young people, including how it might

be measured, and the implications for policy and practice that flow from monitoring it.[24]

The report Conceptualisation of social and emotional wellbeing for children and young people, and policy implications notes the challenges currently faced by policymakers and researchers in measuring social and emotional wellbeing, particularly as there is no single indicator or set of indicators that are universally accepted as appropriate.

The report explores the different approaches to wellbeing as reflected in philosophical theory compared to those applied in practice. While philosophical approaches to wellbeing are more likely to highlight the inter-relatedness of different dimensions of wellbeing within a social context, applied approaches tended to focus on the measurement of specific problems facing individual children (such as difficulties in social interaction, depression, anxiety, self-esteem etc).

The authors argue that any indicators of social and emotional wellbeing should:

- focus on measurements that reflect the achievement of 'the good life' implicit in 'whole child' approaches to monitoring children's developmental wellbeing
- aim towards universality indicators that are equally relevant to all children
- be interpreted in the wider context of the child's or young person's physical, social and material environment
- respect the views and contributions of young people in defining what constitutes a 'good life' in general, and for them in particular, and how they would measure it.

## 3.4 Promoting developmental opportunities for socially and economically disadvantaged children

One in seven Australian children, including half of all indigenous children, live in poverty with potentially adverse effects on multiple dimensions of their development.

[24] This report was prepared for ARACY and the AIHW by Myra Hamilton and Gerry Redmond of the Social Policy Research Centre at the University of New South Wales. The report was funded in part by the Fred P Archer Trust and in part by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs.

ARACY's "Child Readiness to Learn" project[25] seeks to ensure that the innate ability to learn of young children is nurtured and protected from the negative impact of social and economic disadvantage.

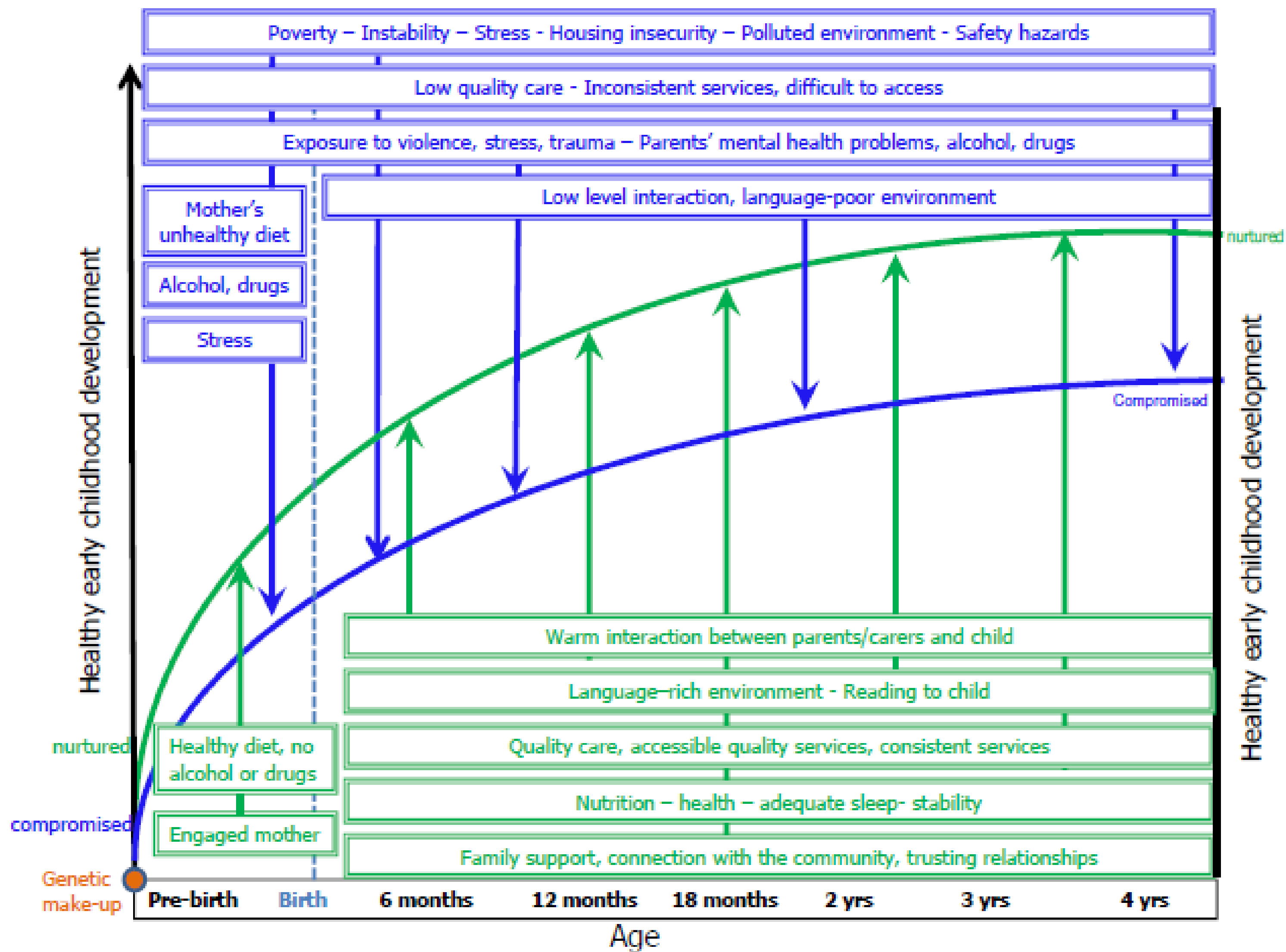
To inform the development of the project, ARACY commissioned a report The implications of poverty on children's readiness to learn which explored the impact of poverty on child development, particularly focusing on how poverty can compromise children's capacity for learning. The report reviewed the effectiveness of programs that sought to enhance the learning capacity of children in disadvantaged circumstances so as to prevent problems before they began to emerge and accumulate.

One of the evidence-based early intervention programs identified as having proved to be particularly successful in supporting positive outcomes for disadvantaged children was the Nurse-Family Partnership. This program was originally developed in the United States and is currently operating in the United Kingdom, the Netherlands and in seven indigenous communities in Australia. The World Health Organisation has also cited this program as an effective mental health promotion program.

ARACY is currently exploring the possibility of developing a best practice nurse-led home visiting model to be trialled in disadvantaged communities in Australia.

[25] ARACY's Child Readiness to Learn Project

Figure 1: **Healthy early childhood development: risk factors and protective factors**




Adapted from F.Stanley (2003), *The challenges for Government*, Presentation

## 3.5 Protecting children from abuse and neglect [26]

ARACY is working with the Department of Families, Housing, Community Services and Indigenous Affairs to enhance the capacity of government and community organisations to prevent child abuse and neglect. This project has a focus on primary prevention (targeting all families and carers responsible for the care and wellbeing of children) and secondary prevention (aimed at identifying and providing support to vulnerable families to enable them to better meet their children's needs).

The ARACY report Inverting the pyramid: Enhancing systems for protecting children identifies national and international best practice in organisational change strategies and processes that are most effective in moving toward the *prevention* of child abuse and neglect, rather than after-the-event responses from tertiary child protection services.

The report presents evidence of how to move large systems to a prevention focus, which includes building capacity for identifying vulnerable families and children and providing assistance *before harm occurs*.

The report identifies four key elements required to move the system to a more preventive focus:

- articulation of a shared vision
- building a supportive culture
- integrated governance arrangements
- legislative support.

## 3.6 Common Approach to Assessment, Referral and Support (CAARS)

The Common Approach aims to progress shared responsibility for the safety and wellbeing of children, young people and families across universal services (including the health and teaching professions, counselling services, children and family services and other services provided across the community).

This project was funded under the National Framework for Protecting Australia's Children 2009-2020 which was endorsed by the Council of Australian Governments

[26] ARACY's Protecting Children Project

in April 2009. A high-level CAARS Taskforce, co-convened by ARACY and the Minister for Families, Housing, Community Services and Indigenous Affairs, has been working on the development of a common approach that will enable the early identification of and response to children and families who may be experiencing difficulties that may place them at risk of abuse or neglect.

The final report for the CAARS project was completed and submitted to Minister Macklin in mid 2010.

## 3.7 Preventing Youth Violence[27]

Official crime statistics indicate that violence disproportionately affects young people, both as victims and as perpetrators of violence,[28] and that the prevalence of community violence is increasing among younger people[29]. The level of violence decreases as young people move into their mid to late 20s[30].

ARACY's Preventing Youth Violence project seeks to mobilise collaborative action across sectors and disciplines in developing strategies that are grounded in the best available evidence on what works to reduce youth violence and antisocial behaviour.

Unlike many other strategies that attempt to control violent and antisocial behaviour in the later adolescent years, "Preventing Youth Violence" is directed at young people aged 10-14, when major changes in brain development provide a potent opportunity for effective early intervention. The experiences and developmental challenges faced by young people as they move into adolescence have a major impact on their long-term wellbeing and prospects in life.

The project is premised on the assumption that youth violence is symptomatic of a breakdown in the socialisation process that supports children and young people to develop the emotional and social skills they need to:

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[27] ARACY's Preventing Youth Violence Project

[28] The assumption that young people are perpetrators of violence refers primarily to community violence but does not take into account violence perpetrated in the family home which is most often committed by adults

[29] According to the Australian Institute of Criminology (2008) from 1997 to 2007, the number of young people charged with assault rose by 48%.

[30] According to the Australian Bureau of Statistics (2008) 29% of young males aged 18-19 years report having recently been physically assaulted by another male, compared to 15% of males aged 20-24, and only 4% of older males.

- regulate their emotions
- respect themselves and others
- engage constructively with society.

The developmental pathways approach shows that the same emotional and social skills necessary for attaining mental health are also required to prevent violence. On this basis, strategies to promote healthy social and emotional development among young people are also likely to be effective in preventing violence and antisocial behaviour among young people.

To inform the development of this project, ARACY has commissioned three reports:

- Preventing youth disengagement and promoting engagement (Burns et al, 2008). This report includes input from young people about their views on what promotes or prevents young people engaging constructively with Australian society. Participants in a face-to-face and online youth discussion forum were recruited through service agencies supporting young people at risk of mental health problems or social disengagement. Seventeen young people took part. Participants were roughly equally divided between those aged 17-20 and those aged 21-25. Seven came from a CaLD background. The authors examined the evidence on youth dis/engagement across five case studies to conclude:

  > *"A number of interconnected structural and individual factors such as poverty, exposure to violence, social isolation and lack of positive relationships with adults link disengagement with offending behaviour, gang membership, alcohol and drug use, mental illness and suicide. Conversely, social networks and structures that support diversity can provide support, influence and opportunities for engagement, thus facilitating links to others that promote a sense of belonging and meaningful connections, fostering social inclusion and reducing disengagement"* (Burns et al, 2008, p. 4).

- Violent and antisocial behaviours among young adolescents in Australian communities: an analysis of risk and protective factors (Williams et al, 2009). Based on survey data of 10-14 year old students in Victoria, Queensland and Western Australia, this analysis confirms that programs to prevent youth violence are more likely to be effective if they start in primary school and are sustained as children moved through their adolescence. A range of risk factors operating at both an individual level and in the child's social environment significantly increase the likelihood that the child will have also recently

consumed alcohol as well as engaging in violent and antisocial behaviour. Children with a high number of protective factors operating in their lives are much less likely to engage in these problem behaviours. The study findings reinforce the opportunity available to implement strategies that reduce risk factors and strengthen protective factors in the early adolescent years. The analysis was based on survey data from 8000 students collected as part of the Healthy Neighbourhoods Project.

- Preventing youth violence: what does and doesn't work and why? (Hemphill & Smith, 2010). This report provides an overview of the evidence on the effectiveness of violence prevention programs operating in different domains and settings. While the evidence shows that a number of youth violence programs are either effective or promising, due to the complex array of factors known to influence young people's behaviour, the most effective approaches target factors operating in multiple dimensions of young people's lives. These multi-level approaches simultaneously address individual and family factors, as well as factors operating in schools, the community and in the broader society. Of particular interest is the evidence on programs that are ineffective and or harmful to young people's mental health (including programs for which there appears to be strong political and public support in Australia).

The diagram below, which was cited in our Preventing youth violence report, shows the inter-relationship between mental health issues and problem behaviours. It is apparent that many emotional and behavioural problems occurring later in the developmental pathway have common antecedents highlighting the need for early intervention to prevent the accumulation of an increasing array of psycho-social problems as the child moves into adolescence and beyond.

**Figure 2: Pathways to mental and behaviour problems**

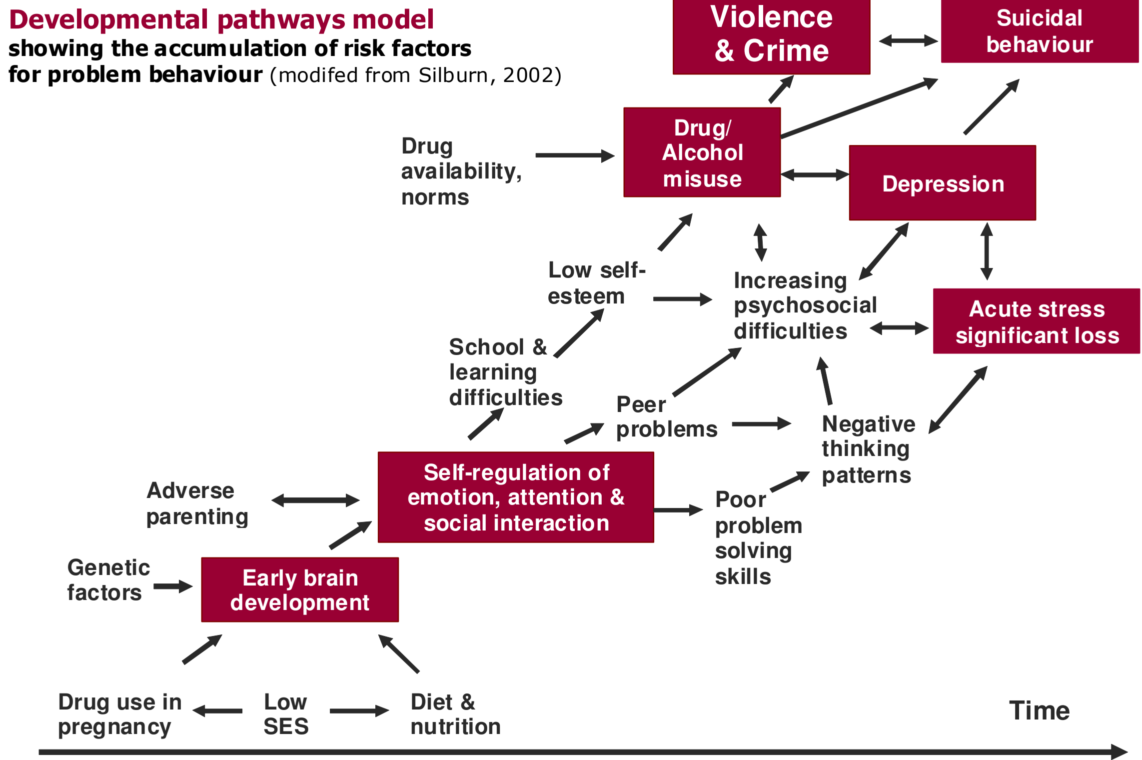
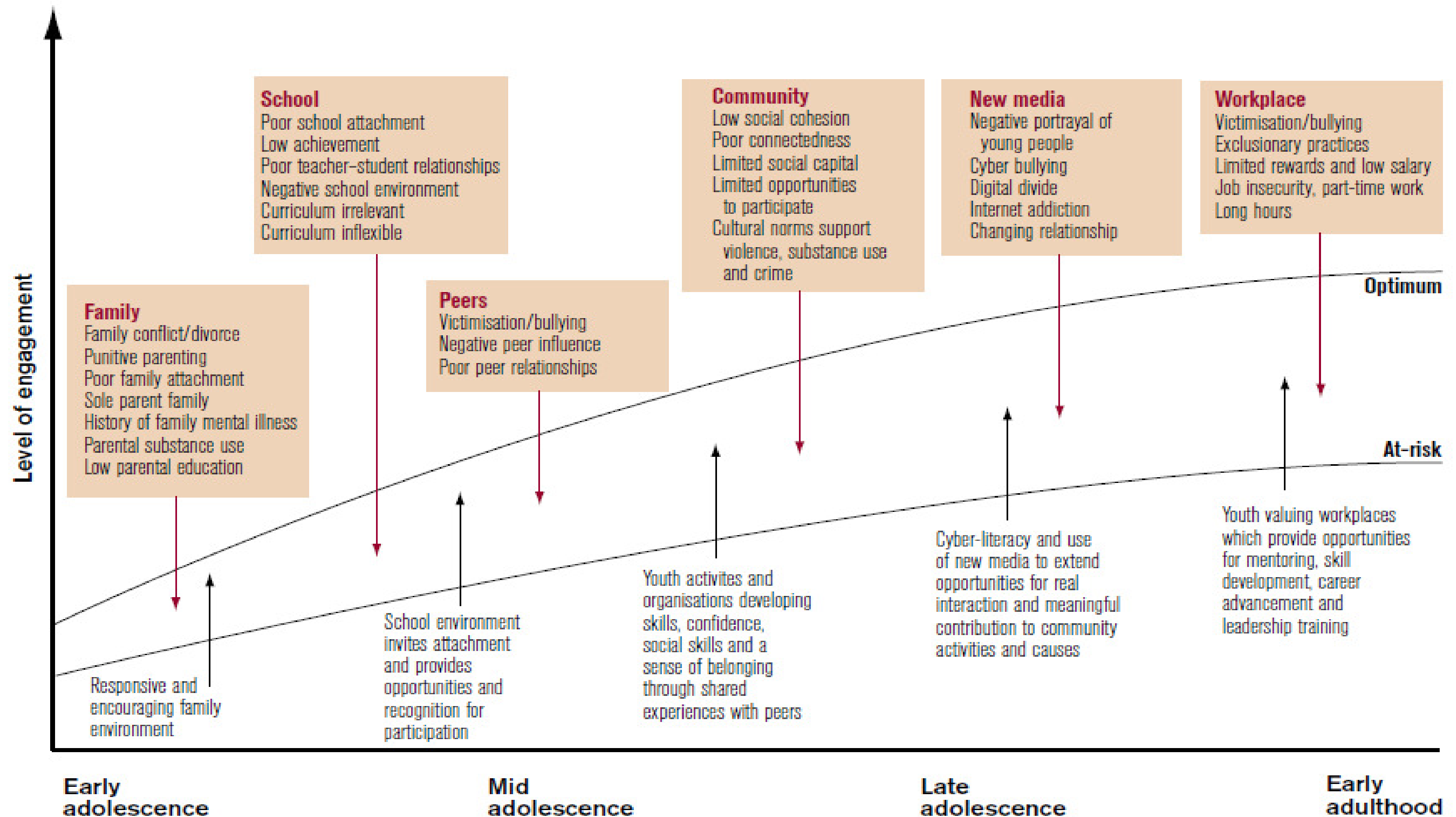


**Figure 3: Developmental Risk and Protective Factors from Early Adolescence**




Source: Silburn (2008)

# 4. ARACY Recommends

To enhance the healthy social and emotional development of children and young people, and to prevent developmental problems that compromise mental health, ARACY submits the following recommendations

**Recommendation 1:**
A national child and youth policy agenda be developed and implemented providing a cohesive policy response to the developmental needs of young Australians from birth to adulthood.

*ARACY is currently working on the development of a National Action Plan (NAP) which will include a Middle Years agenda to be integrated into the current National Agenda for Early Childhood with the proposed youth agenda under an overarching policy framework.*

**Recommendation 2:**
A long term, large scale, national social marketing strategy be developed and implemented that promotes a social and cultural environment in which the optimum development of children and young people is most likely to be realised.

*ARACY's proposed Change for Children[31] strategy includes the promotion of community attitudes and behaviours that are conducive to meeting the developmental needs of children and young people, as well as countering attitudes and behaviours that threaten their healthy development.*

**Recommendation 3:**
Governments, in collaboration with other funders, community organisations and other sectors in the community, measure the mental health levels of children and young people and work jointly to establish targets of mental health which will help focus efforts and services, promote greater shared responsibility across the community and ensure accountability with regards to improvement in the mental health and wellbeing of children and young people.

*ARACY is currently planning a project to establish health and wellbeing targets for children and young people in Western Australia, working in close collaboration with*

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*Western Australian member and other community, government, business and academic organisations across disciplines.*

**Recommendation 4:**
An integrated, whole-of-government approach be adopted in the promotion of mental health across all sectors of the population (recognising that the capacity of adults to adequately meet the developmental needs of children and young people is also a function of the mental health of parents, carers, teachers and others who are involved in children's lives).

**Recommendation 5:**

Greater investment be made to protect and enhance the mental health and wellbeing of parents and carers, by providing evidence-based universal support (including supportive work place conditions) to parents — in particular to mothers during pregnancy and immediately after birth, carers and families during the early years – to safeguard good mental health and increase opportunities for early identification and intervention when mental health problems occur.

**Recommendation 6:**
Programs and strategies aimed at promoting mental health (and preventing mental health problems) be tailored to the different issues and challenges facing children and young people at different developmental stages.

**Recommendation 7:**
Mental health promotion programs and strategies take account of and address the multi-level factors operating at an individual, interpersonal, social and environmental level known to impact on the healthy social and emotional development of children and young people.

*Individual level factors*

- the interaction between individual characteristics and factors in the social, economic and physical environment (especially the individual characteristics that may place some young people at greater risk of developing emotional and behavioural problems eg temperament, genetic predisposition, intellectual capacity etc).

- the emotional and behavioural implications of neurological changes at different developmental stages (ie including major changes that occur in the brain from early adolescence onwards).
- the impact of diet and nutrition on the emotions, behaviour and brain development of children and young people (and the implications for children who are not having their nutritional needs met within the family home).
- the emotional, behavioural and neurological impact of the consumption of drugs and alcohol by children and young (particularly with respect to the risk of long term damage to the developing brain).

*Interpersonal/relationship factors*

- the impact of children's relationships with parents, teachers and significant others.

*Factors in the social environment*

- the impact of media and new technologies on children's relationships with others and their exposure to uncontrolled risks
- the impact of social inequalities, disadvantage, discrimination and social exclusion.

*Factors in the physical environment*

- the impact of environmental toxins on the emotions, behaviour and brain development (particularly for children and young people living close to mining and other geographic locations with high pollution levels)
- the impact of factors in the built environment that enhance or detract from the developmental opportunities available to children and young people.

**Recommendation 8:**

Governments and other program funders provide incentives and support to encourage greater collaboration across sectors, disciplines and jurisdictions that will enable a long-term, holistic approach to addressing issues that impact on the healthy emotional and social development and wellbeing of children and young people including:

- financial incentives for research, policy and practice organisations to work more collaboratively;

- financial and practical support to build the capacity of organisations to adopt and apply collaborative practices to more effectively address the multilevel factors that enhance or compromise mental health.

**Recommendation 9:**

A national, age-appropriate, curriculum for emotional literacy be developed, implemented and tested as a core subject area for all Year levels in all schools.

**Recommendation 10:**

Teacher training programs incorporate a strong emphasis on social emotional learning, and that social and emotional competencies of teachers be a key consideration in teacher recruitment and promotion.

**Recommendation 11:**

Evidence-based drug and alcohol abuse prevention programs be implemented addressing the specific issues facing different population groups (including programs that are community-wide, family focused, pre-natal and age-appropriate).

**Recommendation 12:**

Comprehensive strategies be introduced to address and prevent bullying in different social settings (including bullying committed by adults against children, and by adults against adults, as well as programs that target bullying committed by children against children in a school setting).

# 5. Attachments

## 5.1 Fact Sheet on Mental Health (World Health Organisation)

### Mental health: strengthening our response

- More than 450 million people suffer from mental disorders. Many more have mental problems.
- Mental health is an integral part of health; indeed, there is no health without mental health.
- Mental health is more than the absence of mental disorders.
- Mental health is determined by socio-economic, biological and environmental factors.
- Cost-effective intersectoral strategies and interventions exist to promote mental health.

Mental health is an integral and essential component of health. The WHO constitution states: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." An important consequence of this definition is that mental health is described as more than the absence of mental disorders or disabilities.

Mental health is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community.

**Determinants of mental health**

Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. For example, persistent socio-economic pressures are recognised risks to mental health for individuals and communities. The clearest evidence is associated with indicators of poverty, including low levels of education.

Poor mental health is also associated with rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, risks of violence and physical ill-health and human rights violations.

There are also specific psychological and personality factors that make people vulnerable to mental disorders. Lastly, there are some biological causes of mental disorders including genetic factors and imbalances in chemicals in the brain.

**Strategies and interventions**

Mental health promotion involves actions to create living conditions and environments that support mental health and allow people to adopt and maintain healthy lifestyles. These include a range of actions to increase the chances of more people experiencing better mental health.

A climate that respects and protects basic civil, political, socio-economic and cultural rights is fundamental to mental health promotion. Without the security and freedom provided by these rights, it is very difficult to maintain a high level of mental health.

National mental health policies should not be solely concerned with mental disorders, but should also recognize and address the broader issues which promote mental health. This includes mainstreaming mental health promotion into policies and programs in government and business sectors including education, labour, justice, transport, environment, housing, and welfare, as well as the health sector.

Promoting mental health depends largely on intersectoral strategies. Specific ways to promote mental health include:

- early childhood interventions (eg home visits for pregnant women, pre-school psycho-social activities, combined nutritional and psycho-social help for disadvantaged populations);
- support to children (eg skills building programs, child and youth development programs);
- socio-economic empowerment of women (eg improving access to education and microcredit schemes);
- social support for elderly populations (eg befriending initiatives, community and day centres for the aged);
- programs targeted at vulnerable groups, including minorities, indigenous people, migrants and people affected by conflicts and disasters (eg psycho-social interventions after disasters);
- mental health promotional activities in schools (eg programs supporting ecological changes in schools and child-friendly schools);
- mental health interventions at work (eg stress prevention programmes);

- housing policies (eg housing improvement);
- violence prevention programs (eg community policing initiatives); and
- community development programs (eg 'Communities that Care' initiatives, integrated rural development).

**WHO response**

WHO supports governments in the goal of strengthening and promoting mental health. WHO has evaluated evidence for promoting mental health and is working with governments to disseminate this information and to integrate the effective strategies into policies and plans.

More specifically, WHO's mental health Gap Action Programme (mhGAP) aims at scaling up services for mental, neurological and substance use disorders for countries especially with low- and middle-income. When adopted and implemented, tens of millions can be treated for depression, schizophrenia, and epilepsy, prevented from suicide and begin to lead normal lives – even where resources are scarce.

http://www.who.int/mediacentre/factsheets/fs220/en/

## 5.2 A draft framework

ARACY is developing a framework to capture the multiple influences that impact on the social and emotional development of children and young people. The diagram below is a working draft only.

| Social and Emotional Development | Developmental Influences | Individual qualities | Genetic endowment | |
|---|---|---|---|---|
| | | | Intelligence | |
| | | | Temperament | |
| | | Individual Inputs | Rest/Sleep | |
| | | | Exercise | |
| | | | Diet & Nutrition | |
| | | | Alcohol and Drugs | |
| | | The social environment | Interpersonal relationships | Family |
| | | | | Peers |
| | | | | Teachers |
| | | | | Employers |
| | | | | Significant others |
| | | | Community | School |
| | | | | Services |
| | | | | Activities |
| | | | | Identity |
| | | | | Cohesion |
| | | | Social | Poverty |
| | | | | Disadvantage |
| | | | | Marginalisation |
| | | | | Discrimination |
| | | | Cultural | Social Values |
| | | | | Old Media |
| | | | | New Media |

| | | | | |
|---|---|---|---|---|
| | | **The physical environment** | The built environment | Transport |
| | | | | Meeting Places |
| | | | | Recreation |
| | | | | Building design |
| | | | | Urban design |
| | | | The natural environment | Open space |
| | | | | Toxins |
| | **Skills and Opportunities** | **Skills** | Self awareness | |
| | | | Emotional regulation | |
| | | | Impulse control | |
| | | | Communication | |
| | | | Problem solving | |
| | | | Stress management | |
| | | | Interpersonal skills | |
| | | | Social skills | |
| | | **Opportunities** | Skills development | |
| | | | Practice | |
| | | | Social participation | |
| | | | Team work | |
| | | | Recreation | |

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