



Fact Sheet

Infant, child and youth mental health and wellbeing services

Victoria needs a new infant, child and youth mental health and wellbeing system

to meet the needs of its future generations, its children and young people.



Data analysed by the Commission indicates that there is a substantial gap between demand and actual hours of community-based specialist mental health services delivered. In 2019–20, there was need for an estimated 539,000 hours of specialist mental health services for infants and children aged 0–11.



Only 45,000 hours (less than 10 per cent of the estimated hours needed)

was delivered by public mental health services in 2019–20. For young people aged 12–25, an estimated need for 1.148 million hours of specialist mental health services was met with **only 343,000 hours (less than 30 per cent of the estimated hours needed)** by public mental health services in 2019–2020.¹

Recent data from headspace's 2018 National Youth Mental Health and Wellbeing Survey examined the levels of psychological distress among more than **4,000 young Australians aged 12–25 years old**. The survey indicated that:

Nearly one in three

32%

(32 per cent) respondents aged 12–25 years old reported high or very high levels of psychological distress—more than three times the rate reported in 2007 (9 per cent).

Rates of psychological distress were significantly

higher among young women

38%

(38 per cent compared with 26 per cent of young men)

18–21-year-olds reported the highest levels of psychological distress

38%

(38 per cent compared with 20 per cent of 12–14-year-olds)

Victorian respondents had the greatest percentage

35%

of high or very high levels of psychological distress—35 per cent compared to 33 per cent in Western Australia and South Australia, 31 per cent in New South Wales and 29 per cent in Queensland.²

A mental health and wellbeing system for infants, children and young people

The right treatment, care and support that is delivered as soon as mental health and wellbeing challenges emerge can be life-changing, promote good mental health and wellbeing for future generations and reduce future demand for mental health and wellbeing services.

Victoria's future system will include two service streams: an infant, child and family mental health and wellbeing service stream for those aged 0–11 years old and a youth mental health and wellbeing service stream for those aged 12–25 years old. Strict age-based eligibility for services will be removed and developmentally appropriate transitions will be applied between age-based systems and service streams.

The new mental health and wellbeing system will have six levels, with most people accessing support in the top three levels. The top three levels include age-specific services as illustrated in the figure below, such as daycare, kindergarten and schools, as well as maternal and child health nurses and paediatricians.

To help schools to support the mental health and wellbeing of children and young people, the Commission has recommended funding for evidence-informed initiatives in schools, including anti-stigma and anti-bullying programs and the development of a digital platform that contains a validated list of these initiatives.

Primary and secondary care and related services have a central role in the future service system and are where most infants, children and young people will be seen and provided with treatment, care and support. To better support these services, Infant, Child and Youth Area Mental Health and Wellbeing Services (described on the next page) will provide primary consultation to infants, children and young people being seen in this level of the system, secondary consultation to primary and secondary care and related services and comprehensive shared care. This will include supporting Aboriginal community-controlled health organisations.

In 2019–20, less than half of consumers (47 per cent) who accessed a child and adolescent or child and youth mental health service experienced a positive change in their mental health after receiving treatment (as measured by the Health of the Nation Outcome Scale).⁴ This concerning outcome suggests that current services are providing too little and sub-optimal types of treatment, care and support to children and young people.

In 2020, COVID-19 pandemic restrictions were associated with increases in the number of young people aged 0–17 years seeking help from emergency departments in connection with intentional self-harm and suicidal thoughts, peaking in late November 2020 at almost 140 presentations per week.³





Ms Nicole Juniper, a witness before the Commission, said:

Young people need to be at the centre of their own care and treatment. They may not always be the ones that have to make a decision but they should be involved. I don't fully understand the decisions that were made around my care growing up, either because I wasn't told or I don't remember. Being part of the decision-making would have helped me to understand my own care so I could care for myself.⁵

The lower three levels of the system are local, area and statewide services, which provide more specialised mental health and wellbeing services to a smaller number of people with higher intensity support needs.

Local Infant, Child and Family Mental Health and Wellbeing Services will consist of initially three Infant, Child and Family Health and Wellbeing Hubs. Youth Local Mental Health and Wellbeing Services will initially be provided by the 37 current and announced headspaces.

There will be 13 Infant, Child and Youth Area Mental Health and Wellbeing Services. These will provide two age-based service streams: Infant, Child and Family Area Mental Health and Wellbeing Services and Youth Area Mental Health and Wellbeing Services.

The 13 Infant, Child and Youth Area Mental Health and Wellbeing Services will be delivered through partnerships. These will be between public health services or public hospitals and non-government organisations that provide wellbeing supports (currently known as 'psychosocial' supports).

Newly established specialist trauma practitioners will also support children and young people with trauma histories by becoming, where required, part of their multidisciplinary care team.

Infant, Child and Youth Area Mental Health and Wellbeing Services will provide a broad range of supports. Extended days and times of operation will promote family inclusion and support education and daily routines. Telehealth will be extended, and targeted assertive outreach will be provided. Services will also work to be reflective of and responsive to the diversity of younger Victorians.

Infant, Child and Youth Area Mental Health and Wellbeing Services will collaborate with Local Mental Health and Wellbeing Services to support the estimated 58,000 infants, children and young people (2020-21) who need short-term, ongoing and ongoing intensive treatment, care and support. This will ensure these infants, children and young people are not turned away and will also reduce wait times.

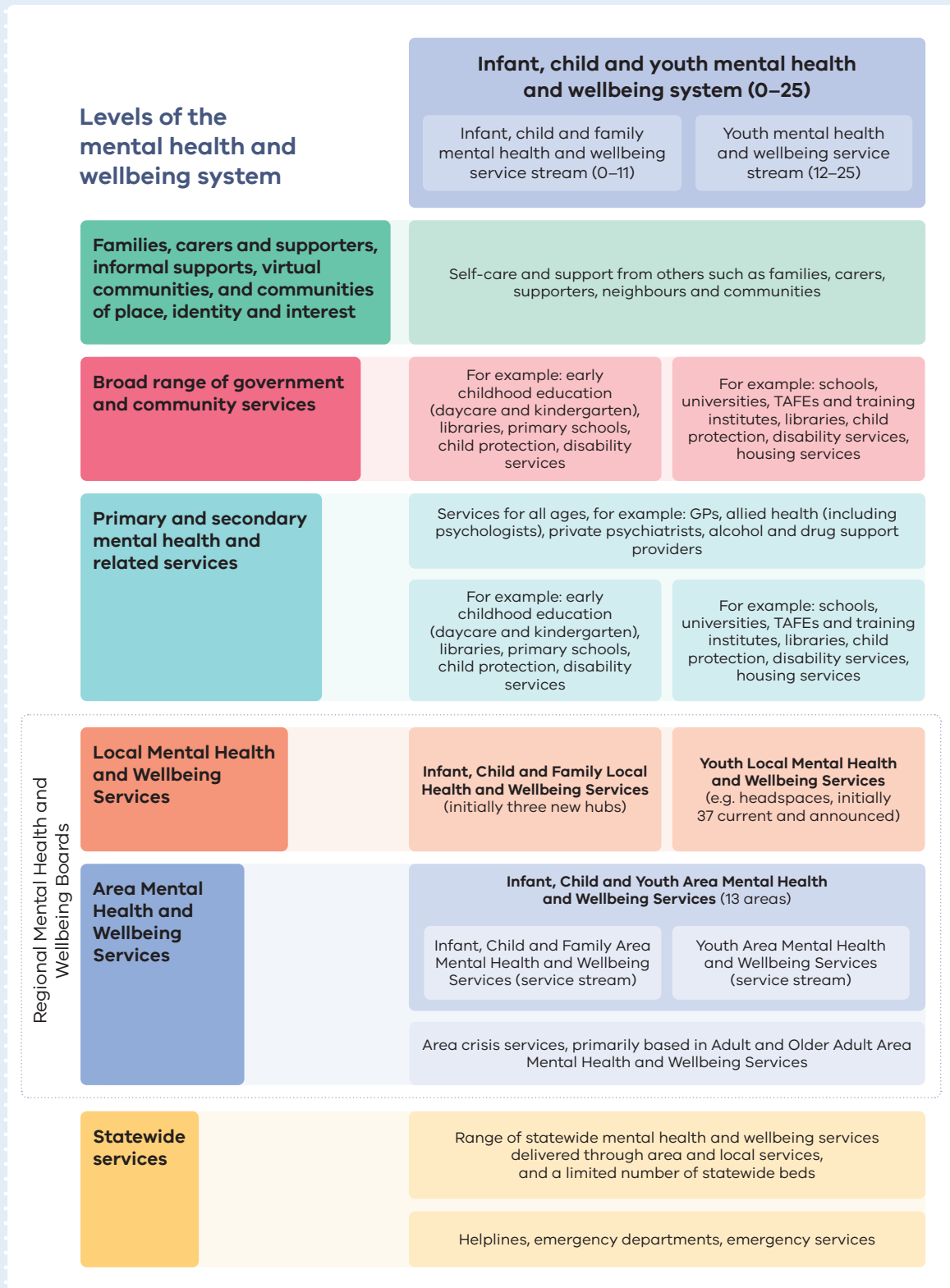
At the most specialised level of support are statewide services, providing support to the smallest number of people with the most complex support needs.



Ms Alison Smith, Divisional Manager for Child and Youth Mental Health at Austin Health emphasised the Commission's opportunity for change:

If we invest early, we change people's trajectories. We end up with a healthier system and a healthier group of families down the track. And that investment is repaid over and over and over. So I'd be very, very keen to be brave in Victoria and do something different.⁶

Figure 1: An overview of the future mental health and wellbeing system



Note: Developmentally appropriate transitions will be applied between age-based systems and service streams.

Mental health and wellbeing service stream for infants, children and families

The future infant, child and family mental health and wellbeing service stream, for people aged 0–11 years old will offer a responsive and integrated system of treatment, care and support that is compassionate, recovery-oriented, proportionate to need and tailored to the experiences of infants and children.

To ensure treatment, care and support are developmentally appropriate and there is a degree of specialisation, services will tailor their models of care to the age cohorts of 0–4-year-olds (encompassing infants, toddlers and pre-schoolers) and 5–11-year-olds (encompassing the breadth of the primary school years).

This service stream will be designed around the following four concepts:

- a balanced approach to emotional wellbeing, behavioural and developmental challenges and mental health
- developmentally and relationally informed treatment, care and support
- a focus on early intervention
- recognising the many systems that support infant and child mental health and wellbeing.

The time around the birth of a child is one of life's most important stages, but at the same time, is also a high-risk period for mental health and wellbeing challenges. Accordingly, community perinatal mental health teams will be based in all Adult and Older Adult Area Mental Health and Wellbeing Services. They will provide evidence-based treatment, care and support to help prospective and new parents to stay at home and focus on building strong relationships with their infant.

There will be an increased focus on supporting parents, carers and families to build positive relationships with their children, with the intensity of supports matched to need. This will include establishing two statewide subacute residential family admission centres located in the community (one in metropolitan Melbourne, one in regional Victoria). These centres will provide five-day admissions in an intensive therapeutic environment for families with a child aged 0–11 years who is experiencing major behavioural, emotional and

Professor Frank Oberklaid, OAM, a paediatrician at the Royal Children's Hospital and Co-Group Leader of Child Health Policy, Equity and Translation at the Murdoch Children's Research Institute stated:

A fundamental rethink of our approach to child mental health is required as there are macro, structural and systemic issues which need to be addressed for any reform of Victoria's mental health system to be successful.⁷

relationship difficulties. In addition, an equivalent third service is recommended exclusively for Aboriginal families.

Three new Infant, Child and Family Mental Health and Wellbeing Hubs will be established to provide Local Mental Health and Wellbeing Services. These will not require a referral or a diagnosis before access. They will take a 'one-stop shop' and 'whole-of-family' approach to supporting infants and children with emotional and mental health, developmental and physical health challenges. These hubs will provide assessments for a range of conditions, including autism, and will enable those who need it to access publicly funded paediatricians, psychologists and psychiatrists.

For infants and children who need higher intensity multidisciplinary treatment, care and support, the expanded service stream of Infant, Child and Family Area Mental Health and Wellbeing Services will provide a developmentally appropriate model of care. These services will offer a more holistic range of evidence-based therapies, wellbeing supports, care planning and coordination and education, peer-support and self-help.

Pathways to access Infant, Child and Family Area Mental Health and Wellbeing Services will be established. Unless people are experiencing a crisis requiring an urgent response, they will need a referral from a medical practitioner (such as a GP, psychiatrist or paediatrician) or an Infant, Child and Family Mental Health and Wellbeing Hub.

Mental health and wellbeing service stream for young people

The future youth mental health and wellbeing service stream, for people aged 12–25 years old will offer a responsive and integrated system of treatment, care and support underpinned by three fundamental features:

- developmentally appropriate transitions
- early intervention for young people
- involvement of families, carers and supporters.

The system will be highly integrated and connected. This will begin with the development of formal partnerships, step-up and step-down referral pathways, shared staff and infrastructure and co-location between headspace centres and Infant, Child and Youth Area Mental Health and Wellbeing Services. In addition, Infant, Child and Youth Area Mental Health and Wellbeing Services should become the preferred providers of headspace centres where they exist or are established in Victoria.

Within Infant, Child and Youth Area Mental Health and Wellbeing Services will be a new service stream—Youth Area Mental Health and Wellbeing Services—for people aged 12–25 years old.

The reformed and expanded service stream of Youth Area Mental Health and Wellbeing Services will provide developmentally appropriate,

multidisciplinary models of care for young people. This includes working directly with young people to increase the accessibility of services and embedding a welcoming, youth-friendly culture that embraces diversity.

Youth Area Mental Health and Wellbeing Services will deliver the core functions of community mental health and wellbeing services. These include:

- a range of treatments and therapies, such as psychological and pharmacological therapies, trauma-informed therapies, speech therapy, occupational therapy, arts and creative therapies. This will include providing integrated care for young people living with mental illness and substance use or addiction.
- wellbeing supports (currently known as ‘psychosocial’ supports), focused on study, employment, housing and life skills to foster independence. This will include expansion of the Individual Placement and Support program if Commonwealth Government co-funding can be secured.
- education, peer support and self-help, including the creation of a youth recovery college (or ‘youth discovery college’) in each Youth Area Mental Health and Wellbeing Service.
- care planning and coordination.



Natasha (Tash) Swingler, who is 21, told the Commission that:

It’s disheartening when you are surrounded by adults who are critically unwell—you question whether that’s what your future will hold. Will I always be so unwell? Will I ever amount to anything?⁸

Clear pathways into Youth Area Mental Health and Wellbeing Services will be established. Unless young people are experiencing a crisis requiring an urgent response, they will need a referral from a medical practitioner (such as a GP, psychiatrist or paediatrician) or a Youth Local Mental Health and Wellbeing Service (for example, headspace).

For the small number of young people with the most intensive support needs, reforms will strengthen bed-based services for young people through:

- ensuring every region has a Youth Prevention and Recovery Care Unit (Y-PARC). Y-PARCs offer voluntary, subacute, intervention and recovery-focused clinical and non-clinical treatment services in residential settings for up to 28 days for young people aged 16–25 years⁹
- establishing a new youth acute inpatient stream, including Hospital in the Home as an alternative to inpatient admissions—this will ensure young people aged 18–25 years old are no longer admitted to adult acute inpatient beds
- reviewing youth residential rehabilitation facilities.

In addition, young people will be supported by:

- a further 500 new medium-term (up to two years) supported housing places for young people aged 18–25 years old who are living with mental illness or psychological distress and experiencing unstable housing or homelessness
- four new safe space facilities, a mix of drop-in spaces and crisis respite services, for young people across the state who are experiencing mental health crises or psychological distress
- a new statewide model for the delivery of youth forensic mental health treatment, care and support for young people who are engaged with, or at risk of engagement with the youth justice system
- as recommended in the Commission's interim report, the creation, delivery and evaluation of the first phase of a new assertive outreach and follow-up care service for children and young people who have self-harmed or who are at risk of suicide.



Elvis Martin told the Commission that:

What we have right now is much better than any other country, I would say. But [it's] still not working completely. So we still need to acknowledge that. Yes, we are doing good ... but there is a way to go.¹⁰

- ¹ A calculation by the Commission based on Department of Health (Commonwealth), National Mental Health Service Planning Framework; Australian Bureau of Statistics, Australian Demographic Statistics, June 2020, cat. no. 3101.0, Canberra; Department of Health and Human Services, Client Management Interface/Operational Data Store 2010–11 to 2019–20. Note: Some of the gap may be met through services delivered in the private mental health system. Consumer-related service hours are defined in the National Mental Health Service Planning Framework as time spent working with or for a client. This includes direct activity, for example, assessment, monitoring and ongoing management, care coordination and liaison, respite services, therapies, peer work, review, intervention, prescriptions, pharmacotherapy reviews, carer peer work and support services and community treatment teams. It does not include administration, training, travel, clinical supervision and other activities that do not generate reportable activity on a consumer's record.
- ² headspace, New Headspace Research Reveals Alarming Levels of Psychological Distress in Young Australians, <headspace.org.au/blog/new-headspace-research-reveals-alarming-levels-of-psychological-distress-in-youngaustralians/>, [accessed 21 September 2020]
- ³ Department of Health and Human Services, Victorian Emergency Minimum Dataset 2016–17 to 2020–21.
- ⁴ Department of Health and Human Services, Client Management Interface/Operational Data Store 2010–11 to 2019–20.
- ⁵ *Witness Statement of Nicole Juniper*, 28 June 2019, para. 44.
- ⁶ RCMHS, *Infant and Child Mental Health Roundtable: Record of Proceedings*.
- ⁷ *Witness Statement of Professor Frank Oberklaid AM OAM*, 9 June 2020, para. 7
- ⁸ RCMHS, *Interview with Natasha Swingler*, August 2020; Natasha Swingler, *Correspondence to the RCMHS, 2020*; *Personal Story of Natasha Swingler*, Collected by Victoria Legal Aid
- ⁹ Victorian Auditor-General's Office, *Child and Youth Mental Health*, 2019, p. 35.
- ¹⁰ RCMHS, *Interview with Elvis Martin*, November 2020



To read the final report go to rcvmhs.vic.gov.au.