



20 March 2020

Sarah McFadden  
Committee Secretary  
The Standing Committee on Education, Employment and Youth Affairs  
196 London Circuit  
Canberra ACT 2601

By email to: [LACommitteeEEYA@parliament.act.gov.au](mailto:LACommitteeEEYA@parliament.act.gov.au)

Dear Ms McFadden

**Re: Inquiry into Youth Mental Health in the ACT**

Thank you for the opportunity to provide advice to the ACT Inquiry into Youth Mental Health. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP represents over 6700 members including more than 5000 qualified psychiatrists and 1600 members who are training to qualify as psychiatrists.

The RANZCP has an active Faculty of Child and Adolescent Psychiatry and Section of Youth Mental Health and welcomes the opportunity to work with all Governments to improve the mental health of young people in Australia and New Zealand. The RANZCP recognises significant workforce shortages in child and adolescent mental health and it may be of interest to the Inquiry to read our recently published discussion paper, [Child and adolescent psychiatry: meeting future workforce needs](#).

A significant number of adolescents experience some form of mental illness, with three quarters of all mental health problems first arising in people under 25 years. [1] The development and implementation of early intervention programs and strategies for the prevention of mental illness in adolescents is imperative to addressing any adverse outcomes and preventing or reducing mental disorders in adulthood. [2] [In our submission to the Productivity Commission into Mental Health the RANZCP noted:](#)

*Research clearly indicates that the most cost-effective way to prevent the development of mental health problems and promote mental wellbeing is to target childhood and adolescence including the perinatal period. Subsequent Australian Child and Adolescent Surveys of Mental Health and Wellbeing (2000 and 2015) have shown that the last 15 years of reform are not delivering significant improvements to the mental health of children and adolescents. Notably, in 2016 suicide was the leading cause of death of children between five and 17 years of age. Symptoms, disorders and reduced social and academic function usually emerge before the age of 18 and early intervention may therefore substantially reduce the risk of downstream comorbidity, suicide, deliberate self-harm, disease burden, unemployment and costs of medical care and welfare support.*

*It is important to consider that children develop and thrive within the spectrum of their families and communities, and support and prevention for children entails a family and systemic focus. Effective prevention and intervention require resourcing and training that recognises and ensures collaboration and service integration across health, mental health, including adult mental health, child development and child protection sectors. On this basis, the RANZCP strongly encourages investing and intervening in early life, from prenatal periods to adulthood.*

For further information on the RANZCP position on prevention and early intervention of mental illness in children and adolescents, please see [RANZCP Position Statement 63](#).

Alongside this focus on prevention and early intervention, there must also be measures to ensure coordinated and sufficiently funded mental health services are available for adolescents experiencing mental illness. Federal, State and Territory youth mental health services often overlap, leading to duplication and gaps in availability and access to appropriate care. The RANZCP would encourage the ACT Government to take the ambitious step in the establishment of a group to oversee the sector and provide a more efficient and coordinated system.

We are also concerned by the difficulties associated with fragmented care between CAMHS and alcohol and other drug (AOD) services within the ACT. Young people attending services with psychiatric illness commonly present with AOD issues. A possible solution to this would be the creation of one Child and Adolescent Mental Health and Drug and Alcohol service to provide better coordinated care.

The RANZCP also notes that due to workforce pressures it is sometimes not possible for the CAMHS to prioritise seeing children and adolescents with comorbid behavioural problems. Mental health problems in adolescence are often preceded by behavioural problems in childhood.[3] True prevention of adolescent mental illness must begin by supporting family mental health and wellbeing in pregnancy and infancy and must continue via assertive family-based management of childhood behavioural problems. [4] In a 2015 report, the Department of Health identified one third of adolescents with either anxiety or major depressive disorders also had a conduct (behavioural) disorder or ADHD in the previous 12 months. [3] It is ineffectual for these comorbid disorders to be treated in isolation, leading to poorer outcomes for young people and their families.

An integrated service should offer culturally safe services with the help of psychologists, mental health nurses and nurse practitioners, occupational therapists and social workers supported by appropriately skilled Clinical Support Officers. [5] Such a service would create and maintain an essential need for change in the current model of care for children and adolescents, whilst reducing the unnecessary blocks in delivery of integrated services.

The RANZCP would also advocate strongly for the Early Psychosis Team (SYMO) and Assertive Outreach Team to have dedicated psychiatric funding. Psychiatrists, by virtue of their training and experience, have a key role in the early detection, assessment and treatment of mental disorders and problems in adolescents. For further information on the role of psychiatrists in the prevention and early intervention of mental illness in children and adolescents, please see [RANZCP Position Statement 64](#).

As there is nationally, in the ACT there is also a shortage of child and adolescent psychiatrists and training posts to meet infant, child, adolescent and youth mental health needs. The lack of child and adolescent psychiatry training places has created a bottleneck of trainees and is restricting the overall number of psychiatrists that are trained in the ACT. The ACT Branch continues to advocate strongly for a comprehensive workforce strategy to meet current and future demand.

We hope that the recommendations are considered by the committee and look forward to working collaboratively on issues associated with youth mental health in the future. If you would like to discuss our submission in more detail I can be contact via Amelia Rhodes, Policy Manager, at [amelia.rhodes@ranzcp.org](mailto:amelia.rhodes@ranzcp.org) or on (03) 03 9601 4921.

Yours sincerely



Associate Professor John Allan  
**President**



Associate Professor Jeff Looi  
**ACT Branch Chair**

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