



4 December 2020

Jeremy Moule  
Secretary  
Department of Premier and Cabinet

By email to: [youth@dpc.vic.gov.au](mailto:youth@dpc.vic.gov.au)

Dear Secretary

**Re: Victorian Youth Strategy**

The Royal Australian and New Zealand College of Psychiatrists Victorian Branch (RANZCP Victorian Branch) welcomes the opportunity to provide input to the Victorian Youth Strategy.

The Royal Australian and New Zealand College of Psychiatrists is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand and is responsible for training, educating and representing psychiatrists on policy issues. The RANZCP Victorian Branch has almost 1700 members, including around 1200 qualified psychiatrists and more than 300 members who are training to qualify as psychiatrists. The RANZCP partners with people with lived experience, through the Community Collaboration Committee and our community member on the RANZCP Victorian Branch Committee. Carer and consumer representation is woven into the fabric of the RANZCP and helps to ensure the RANZCP considers the needs, values and views of the community throughout its work.

The RANZCP Victorian Branch submission highlights the importance of mental health and wellbeing for young people and provides guidance around the inclusion of mental health within the Victorian Youth Strategy. A significant number of infants, children and adolescents experience some form of mental illness, with three quarters of all mental health problems first arising in people under 25 years. Mental illness in infancy, childhood or adolescence can have enduring consequences if unresolved. Research strongly 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.

There is a clear need for greater focus on mental health for young people. In particular, the Victorian Youth Strategy should acknowledge and endorse a whole-of-sector approach to early intervention and prevention for mental illness in infants, children and adolescents. This is addressed further in the attached submission.

To discuss any of the issues raised in this letter and submission, please contact Lily Edwards, Policy and Advocacy Advisor, via [Lily.Edwards@ranzcp.org](mailto:Lily.Edwards@ranzcp.org) or by phone on (03) 9236 9105.

Yours sincerely



Dr Kerry Rubin  
**Chair, Victorian Branch Committee**



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



Victorian Department of Premier and Cabinet  
**Victorian Youth Strategy**

December 2020

# Improve the mental health of communities

### About the Royal Australian and New Zealand College of Psychiatrists

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 is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP Victorian Branch has almost 1700 members, including around 1200 qualified psychiatrists and more than 400 members who are training to qualify as psychiatrists. The RANZCP partners with people with lived experience, through the Community Collaboration Committee and our community member on the RANZCP Victorian Branch Committee. Carer and consumer representation is woven into the fabric of the RANZCP and helps to ensure the RANZCP considers the needs, values and views of the community throughout its work.

### Key findings

- A significant number of infants, children and adolescents experience some form of mental illness, with three quarters of all mental health problems first arising in people under 25 years. [1] Mental illness in infancy, childhood or adolescence can have enduring consequences if unresolved. [2]
- It is critical that the Victorian Youth Strategy clearly recognise the challenges young people may face regarding their mental health and wellbeing, and address measures to improve access to mental health services.
- A whole-of-sector approach to early intervention and prevention for mental illness in infants, children and adolescents is imperative to addressing adverse outcomes and to prevent or reduce mental and physical illness in adulthood. [2-4]
- Child and adolescent mental health services (CAMHS) should be funded according to demographics and epidemiological need, with an equitable focus on the needs of infants and young children, and those of the adolescent and youth population.

### Introduction

The RANZCP Victorian Branch welcomes the opportunity to provide a submission to the Victorian Youth Strategy. The following submission is structured according to relevant discussion questions outlined in the Discussion Paper.

The RANZCP Victorian Branch acknowledges that a significant number of infants, children and adolescents experience some form of mental illness, with three quarters of all mental health problems first arising in people under 25 years. [1] Mental illness in infancy, childhood or adolescence can have enduring consequences if unresolved. [2] Research strongly 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 [5] 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. 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. [6]

# Royal Australian and New Zealand College of Psychiatrists submission

## Victorian Youth Strategy

Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery. Child and adolescent psychiatrists are specialist doctors who are trained to provide expert, evidence-informed individual and family-focused mental health care to infants, children, adolescents and youth. Child and adolescent psychiatrists are essential in multidisciplinary teams, both in public and private practice, providing care for complex mental health presentations.

As the peak body for psychiatrists, the responses in this submission are focussed on young people<sup>1</sup>, mental health and psychiatry.

### Response to discussion questions

1. Does the following statement capture your vision and aspirations for young Victorians? Why or why not?

*We are committed to creating a Victoria where all young people are healthy and safe, and empowered to contribute to the issues that affect them. We want every single young person to have equitable access to opportunities and support to participate fully in the social, economic and civic life of our state.*

Mental health and wellbeing should be a key priority for the Victorian Youth Strategy and should be incorporated into the statement above. With this amendment, the RANZCP Victorian Branch supports the statement.

2. Do you think the discussion paper captures the key challenges facing young Victorians and the priorities and issues of most importance to them? Is there anything missing or that needs to be changed?

The RANZCP Victorian Branch strongly supports the 'Outcome' that 'Victorian young people are healthy and well, mentally and physically', as outlined in the Discussion Paper. All young people should have access to appropriate, evidence-based mental health services delivered by a well-supported health workforce across Victoria. There is a clear need for place-based responses, along with integrated and coordinated mental health services that adopt culturally safe practices and peer and family support models.

The Victorian Youth Strategy must clearly recognise the challenges young people may face regarding their mental health and wellbeing. The Discussion Paper does note many of the current challenges facing young Victorians, including the impact of the 2019-20 bushfires and COVID-19 pandemic on mental health and wellbeing. The Discussion Paper also notes that Aboriginal young people, LGBTIQ+ young people, young people with a disability or in rural and regional areas and newly arrived migrants are disproportionately impacted by mental health and face unique challenges to accessing mental health services.

It is important that the mental health impacts of bushfires on young people are acknowledged and addressed within the final Victorian Youth Strategy. [7] In addition, the RANZCP Victorian Branch would like to emphasise the impact the COVID-19 has had on youth mental health and the delivery of mental health services. While evidence is still emerging in this area, members tell us that the Australian population, particularly young people, may require increased mental health and social support in the recovery period, and for many years to come. [8] Department of Health and Human Services data

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<sup>1</sup> 'Young people' or 'young person' is defined as pre-school children (0-4 years), children (5-11 years), adolescents (12-17 years), youth transitioning to adult health services (18-24 years). It is recognised that meeting the needs of young people includes working with their families.

indicates young people have been presenting to mental health services and emergency departments in high numbers during COVID-19, with higher levels of acuity than previously observed. Further, concerns remain around the potentially disproportionate ongoing economic impacts of COVID-19 on young people, including through flow-on effects on employment, income and mental health.

The COVID-19 pandemic has also had significant impacts on the delivery of mental health services, demonstrating the utility of telepsychiatry approaches delivered alongside face-to-face support. However, anecdotal evidence suggests that telepsychiatry may not be suitable for all young people, with reports of many young people expressing preference for face-to-face services. It is suggested that new methods of service delivery should be explored to enhance reach to certain populations where appropriate, while also ensuring access to face-to-face services for those who prefer it.

3. What needs to change for all young people to be empowered in every aspects of Victorian life – civic, political, social and economic? Consider the many identities and experiences that shape how young people live in the world.

Mental health problems during early years can have enduring consequences if left unresolved [9] not only by placing individuals at increased risk of difficulties in adult life, both physically and mentally, but also by placing increased pressure on limited community service resources. [10] Suffering and negative outcomes can also cause intergenerational cycles which become larger problems to address [11]. There is robust evidence that the onset of many adult psychological problems have their origins in infancy, childhood and adolescence. [12] On this basis, a key element of ensuring young people are empowered to reach their full potential is access to high-quality, evidence-based mental health services.

The Victorian Youth Strategy should acknowledge and endorse a whole-of-sector approach to early intervention and prevention for mental illness in infants, children and adolescents. [2-4] This approach should involve tertiary mental health services and specialist mental health professionals. Further, child and adolescent mental health services should be funded according to demographics and epidemiological need, with an equitable focus on the needs of infants and young children, and those of the adolescent and youth population.

It is important to note 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 for mental illness in young people requires 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. [13] As such, the RANZCP strongly encourages investing and intervening in early life, from prenatal periods to adulthood.

The RANZCP Victorian Branch notes the importance of early intervention for young people is addressed in detail in the [Productivity Commission Draft Report on Mental Health](#).

### *Young people with dual disability*

It is critical that young people living with dual disability have access to appropriate, high-quality evidence-based early intervention. This includes appropriate pharmacological and non-pharmacological interventions. Members tell us frontline services are facing a crisis of highly dysregulated children frequently presenting to emergency rooms and intake clinics, leading to high rates of restrictive interventions and pharmacological restraint.

It is important that measures are introduced to ensure skills and knowledge are present within the child and youth mental health workforce for identifying developmental disabilities and understanding their service needs. [14, 15] The RANZCP recommends the development of appropriate specialist disability services, with mental health in-reach support. This may include consideration of the mental health and intellectual disability initiative (MHIDI) at Alfred Health, as well as the Royal Children's Hospital Dual Disability Service. [1]

# Royal Australian and New Zealand College of Psychiatrists submission

## Victorian Youth Strategy

4. Government, community organisations, businesses, education and service providers all have an important role to play in working with and for young people. How can we work together to better meet the needs of young people?

As highlighted earlier in this submission, child and adolescent mental health services must be funded according to demographics and epidemiological need, with an equitable focus on the needs of infants and young children, and those of the adolescent and youth population. Evidence from our members indicates that primary services are often seeking help or assistance to support young people with moderate to severe mental health problems who are unable to access tertiary-level care.

Currently, specialist mental health services and practitioners manage only a minority of those with severe, complex, and enduring mental health problems that may require tertiary-level care. This reflects the limited capacity and resourcing in tertiary-level services – currently demand far outweighs supply. This leaves primary and secondary services managing young people with moderate to severe mental health problems who would benefit from access to tertiary-level services. There is a clear need for the Victorian government to commit to greater resourcing in child and adolescent mental health centres, including investing the child and adolescent psychiatry workforce.

The RANZCP Victorian Branch would also strongly support greater integration of health, mental health, child and family services (including child protection), education and Adult Mental Health Services (where there is parental mental illness). This is particularly important for young people who are involved with multiple agencies and where recovery is only possible through collaborative work across organisations. More focus must also be placed on the role of schools in ensuring good mental health, as well as a family-based approach. This is addressed further in the [Productivity Commission Final Report on Mental Health](#).

5. If you could change one program, initiative or policy in Victoria, what would you change?

The RANZCP Victorian Branch does not have any feedback on this question.

6. What is working well that the Victorian Government could build on to improve outcomes for young people? Consider initiatives in other states, territories or internationally.

Anecdotally, members tell us the below programs may be of note to the Victorian government in developing the Victorian Youth Strategy:

- The CAMHS and Schools Early Action (CASEA) program is a valuable example of an intervention program that aims to prevent the development of severe behavioural disturbance. Commitment to early intervention and prevention services for the mental health of young people should include consideration of this program.
- There is considerable evidence related to the benefits of working with parents within child and adolescent mental health services. One example is a Victorian model 'Tuning into Kids' based at Mindful. [16] Another Australian model is the 'Triple P Program'. [17]

### 7. What role can you or your organisation play to improve the lives of young Victorians?

The RANZCP is responsible for the delivery of specialist medical education and training, and professional development programs. The RANZCP is committed to maintaining high standards of training and practice, and providing support for all psychiatrists, including those who specialise in child and adolescent psychiatry.

The RANZCP Faculty of Child and Adolescent Psychiatry specifically provides ongoing educational activities and support for members practicing in child and adolescent psychiatry, for more information please see the RANZCP website. The RANZCP notes mental health services are also responsible for providing opportunities for providers to practice in the field of child and adolescent psychiatry.

Further information on the role of the child and adolescent psychiatrists is available in the [RANZCP Professional Practice Guideline on child and adolescent psychiatry](#).

### 8. Do you have anything else you would like to add to inform the youth strategy?

The RANZCP Victorian Branch has no further comments.

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