

3. Fund and implement the National Children’s Mental Health and Wellbeing Strategy to support young people and families

COVID-19 has affected young people significantly, with high rates of psychological distress, loneliness, educational disruption, housing stress and domestic violence. The Australian Institute for Health and Welfare (AIHW) published a [review of these impacts in June 2021](#), in which they recognised the need for ongoing comprehensive monitoring of the impact of COVID-19 on young people’s wellbeing including:

- Mental wellbeing
- Access to education
- Impact of COVID-19 on child protection services
- Experience of domestic violence
- Variation in outcomes for different population groups.

In addition to these broad impacts, a range of specific impacts on the mental health of young people have been identified. For example, the use of mental health services has increased across the population, including for children aged 0-18 years. Nationwide, calls to crisis lines such as kids helpline which provides telephone and web-based counselling for 5-25 year olds [reported substantial increases in demand for their services during 2020](#). In NSW [emergency department visits for self-harm and suicidal ideation in children and teenagers were 31% higher in 2021 than in 2020](#).

There has also been a [surge in families seeking guidance for their parenting](#) amid ongoing mental health concerns related to the COVID-19 pandemic. Australian parents are concerned that lockdowns are affecting the mental health of their children and worried about emerging behavioural problems.

These increases occur in the context of [current services having limited capacity in all areas of Australia](#). In particular, [in rural Australia there is a well-recognised shortage of mental health professionals. This can disproportionately disadvantage young people affected by mental health problems](#). Children and young people with mental health problems require coordinated and comprehensive care involving general practitioners, paediatricians, child psychiatrists and other healthcare professionals. New models of care are needed, and those models must be appropriately resourced. Developing new models of care that draw on the strengths of both paediatric and child psychiatry approaches may improve treatment of mental health problems in children and young people.

In recent years, the Commonwealth Government has made significant investments in this area through the Federal Budget. The [National Children's Mental Health and Wellbeing Strategy](#) was developed in response to the service challenges. It proposes strategies for improving the status quo. Some of the initiatives have been funded by the Commonwealth Government in recent Federal Budgets, [such as improving access to parent education and support programs to build parenting strategies to teach parents and carers how to identify and respond to problem behaviours](#).

The Strategy makes a broad range of recommendations and to date funding that has been announced has been for specific, limited programs. Ensuring that the Strategy is fully funded and implemented as a whole will help ensure no groups of children and young people fall between the gaps. It will also ensure the considerable issues exacerbated by COVID-19 are addressed in a comprehensive way and that mental health supports for children, young people and their families and carers are substantially expanded.

Further reading:

RACP Position Statement: [The role of paediatricians in the provision of mental health services to children and young people](#) which recommended Australian governments draw on the knowledge and experience of paediatricians and child and adolescent health professionals improve mental health services for children and young people.

RACP Position Statement: [Early Childhood: The Importance of the Early Years](#) which recommended the Federal and State Governments implement policies, programmes and interventions including:

1. Improved parental, post-natal and infant mental health support.
2. Increased paid parental leave, more paid sick leave for working parents and carers, and affordable childcare.
3. Mandatory regulations to restrict the marketing of unhealthy diets to children and young people, a sugar tax and parental education on health nutrition, physical activity and sleep.
4. Integrated healthcare delivery to improve access to child and allied health and social care services to disrupt the intergenerational cycle of disadvantage.
5. Long-term sustainable funding for early childhood education and care.
6. A social safety net for disadvantaged children.
7. Creating safe environments for children by encouraging non-violent parenting and providing trauma informed mental health services for families exposed to family violence, child abuse and neglect.

RACP Submission: [Draft National Children's Mental Health and Wellbeing Strategy](#).

RACP recommendations included:

- Integrated child and family care
- Increased mental health literacy
- Optimal transition of care
- Better collection and use of data
- Accountability mechanisms
- School funding for student mental health and wellbeing

Australian Institute of Health and Welfare: [Report on COVID-19 and the impact on young people](#). Compared with older age groups, COVID-19 has affected young people significantly - high rates of psychological distress, loneliness, educational disruption, unemployment, housing stress and domestic violence. The AIHW report recognised the need for ongoing comprehensive monitoring of the impact of COVID-19 on young people's wellbeing in areas that align with the RACP's asks including:

- Mental wellbeing
- Access to education
- Consequences of unemployment on long-term employment prospects and finances, their access to secure housing, and their mental health
- Impact of COVID-19 on child protection services
- Experience of domestic violence

- Variation in outcomes for different population groups.

Commonwealth Government: [National Children's Mental Health and Wellbeing Strategy](#).

The National Children's Mental Health and Wellbeing Strategy considers mental health and wellbeing outcomes for children from birth to 12 years of age, as well as their families and communities who nurture them, using four focus areas to outline the requirements for an effective system of care for children:

1. Family and Community
2. Service System
3. Education Settings
4. Evidence and Evaluation