

Youth Mental Health Models of Care

PeakCare's submission to Orygen on the system of mental health services for young people aged 12 to 25 years.

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INTRODUCTION

PeakCare welcomes the opportunity to contribute our insights on behalf of Queensland's child and family sector to Orygen, to support the consortium to deliver sector-led advice to the Australian Government on the existing system and potential new and/or refined models of care for mental health services for young people aged 12 to 25 years.

ABOUT PEAKCARE

PeakCare is a not-for-profit peak body for child and family services in Queensland, providing an independent voice representing and promoting matters of interest to the non-government sector. Across Queensland, PeakCare has more than 100 members including small, medium, and large local, state-wide and national non-government organisations which provide prevention and early intervention, generic, targeted, and intensive family support to children, young people, families, and communities. Member organisations also provide child protection services, foster care, kinship care and residential care for children and young people who are at risk of entry to, or who are in the statutory child protection system and youth justice systems.

A large network of associate members and supporters also subscribe to PeakCare. This includes individuals with an interest in child protection, youth justice and related services, and who are supportive of PeakCare's policy platform around the rights and entitlements of children, young people and their families to safety, wellbeing, and equitable access to life opportunities.

PEAKCARE'S SUBMISSION

Youth mental health and the child and family service sector

In 2024, PeakCare travelled across Queensland to speak with our member organisations and partners about emerging and pressing issues related to their work with children, young people and families. Our Sector Voices Report captures their views.¹, including in relation to the youth mental health system:

- The further from the major city centres we travelled, the more we heard about challenges accessing mental health supports for young people, due to the services not existing or other barriers such as distance and a lack of public transportation. Strong collaborations at the local level between the non-government sector and Queensland Health were identified as key to supporting young people to access services
- There is a need for workers in the residential care system to have specific and ongoing training in working with young people with mental health issues, and to know how to support young people to connect with mental health supports in the community
- Member organisations raised systemic issues, such as the intersection of domestic and family violence, poverty, alcohol and substance misuse, mental health, housing shortages, limited allied health access, and regional economic disparities, as significant contributors to the number of children entering the child protection system
- The child and family sector has clearly identified the importance of working more collaboratively with other allied services such as health, education and housing. These

¹ PeakCare Sector Voices Report (2024), https://peakcare.org.au/wp-content/uploads/2025/02/PeakCare-Sector-Voices-Report_Final.pdf

agencies provide the early foundation interventions that can help prevent families and children coming into the child safety system.

In late 2024, PeakCare participated in a focus group with Griffith University's School of Health Sciences Social Work and our member organisations, researching the cohort of young people aged 15-17 years who enter out-of-home care for the first time. We heard many stories about young people who entered foster care for the first time as a teenager, with a critical issue being the young person's challenges with their mental health.

Young people in out of home care

Mental health concerns among young people are escalating. Queensland Health reported a three-fold increase in hospitalisations for self-harm among girls under 14, increasing at an alarming amount from 19.1 per 100,000 in 2008-09 to 70.5 per 100,000 in 2020-21.²

The 2023 Australian Child Maltreatment Study (ACMS) revealed alarming insights about the safety and wellbeing of children and young people nationally. The study found that 6 in every 10 children in Australia experience at least one form of maltreatment and 4 in every 10 children experience two or more types of maltreatment.³ Children in out of home care experience more types more types of maltreatment and adverse experiences than other children. They are also more likely to meet diagnostic threshold for post-traumatic stress disorder, generalised anxiety disorder and major depressive disorder than other children.⁴ These findings can be used to guide mental health practitioners to target interventions more effectively within the out of home care cohort.

We know that many children and young people who have experienced maltreatment are not having their mental health needs met by the current service system due to many substantial systemic barriers. Children and young people in out of home care face even more barriers than their peers in accessing critical mental health care, some inherently related to their out of home care status.

"I was not "high-risk" enough to access mental health services. My only choice was to utilise the private system. Unfortunately, as a young person who was a care leaver, this was not sustainable as the cost of private mental health services was expensive and I often had to choose between whether I could go to my appointments or pay for food. In my opinion I believe our systems are not built for people with complex trauma and the accessibility to utilise any mental health services is hard for young people without a support network around them."

Young person with lived experience of out of home care.

The current generalist youth mental health system is not properly equipped to adequately provide for children who have experienced maltreatment and children/young people in out of home care, in particular. Few mental health treatments have ever been tested with children and young people who are in out of home care or who have experienced maltreatment that affects the relationship they have with their primary attachment figure/s.

² The health of Queenslanders. Report of the Chief Health Officer Queensland, Mental Health <https://www.choreport.health.qld.gov.au/our-health/mental-health>

³ 2023 Australian Child Maltreatment Study (2023) <https://www.acms.au/resources/the-prevalence-and-impact-of-child-maltreatment-in-australia-findings-from-the-australian-child-maltreatment-study-2023-brief-report/>

⁴ Harris et al. (2025) The Prevalence and Patterns of Maltreatment, Childhood Adversity, and Mental Health Disorders in an Australian Out-Of-Home Care Sample <https://www.acms.au/wp-content/uploads/2024/04/Harris-et-al-2024-Maltreatment-childhood-adversity-and-mental-health-disorders.pdf>

To progress the research in this area, PeakCare has formed a collaborative partnership with the Queensland Family and Child Commission and Australian Catholic University on a Post-doctoral research fellowship grant for Lottie Harris: Mental Health Strategy for Maltreatment Healing. This research will address the disparity between mental health care needs and service provision for children and young people who have experienced childhood maltreatment using a whole of system approach. A comprehensive research project with this aim could undertake several complimentary studies aimed at identifying practice solutions and building research evidence.

Models to support young people in out of home care

Young people with lived experience of both the out of home care and mental health systems provided the following suggestions for improvements to the system.

Shared youth health passport

“Things I believe that are not going well is the handovers between services, when I was handed over to a private psychologist, I had to re-tell my story from scratch. There was no shared digital file, so the early weeks felt repetitive and made me question if it was worth it because of the costs and the impacts of paying for them. One idea that I personally think would improve the mental health system is a ‘shared youth-health passport.’ It is a single digital record that I control and can grant access to each new provider would mean I don’t have to keep recounting my history – and clinicians can see my progress notes and safety plans immediately.”

After hours support

“There is limited after-hour support. I have had a sibling who I cared for reach a crisis point after hours and there were little to no supports available. I tried to get support for her on the 24-hour helpline, but it had a very long wait time. I ended up needing to call an ambulance for her, and we spent the night on ramp at a busy emergency department which wasn’t the most therapeutic environment. Then she was referred on to community support services which had long wait times to access them. My idea is extended after-hours care – which would be a funded small team of on-call youth mental health clinicians who can provide phone or video support at nights and weekends to prevent young people from defaulting to emergency departments.”

PeakCare is pleased to note submissions are being sought from the sector as well as young people and their parents, carers and supporters. We believe strongly in being guided by those who are most impacted by the systems we support, and we hope the above suggestions align with others’ views and experiences.

CONCLUSION

PeakCare commends the Australian Government in seeking the advice of the mental health sector and associated sectors who work with young people facing mental health challenges. We look forward to the outcomes of the consortium’s work and supporting the child and family sector to understand and implement best practice responses.

Yours sincerely,



Tom Allsop
Chief Executive Officer