**Feedback on Productivity Commission’s Mental Health Draft Report**

**Submission by Children and Young People with Disability Australia, January 2020**

Introduction

Children and Young People with Disability Australia (CYDA) is the national representative organisation for children and young people with disability aged 0-25 years. CYDA has an extensive national membership of over 5,000 young people with disability, families and caregivers of children with disability, with the majority of our members being families.

CYDA’s purpose is to advocate systemically at the national level for the rights and interests of all children and young people with disability living in Australia. To do this, we focus on the following:

* Listening and responding to the voices and experiences of children and young people with disability
* Advocating for children and young people with disability for equal opportunities, participation and inclusion in the Australian community
* Educating national public policy-makers and the broader community about the experiences of children and young people with disability
* Informing children and young people with disability, their families and care givers about their citizenship rights and entitlements
* Celebrating the successes and achievements of children and young people with disability.

CYDA appreciates the opportunity to provide feedback to the Productivity Commission on its mental health draft report released in October 2019. We acknowledge the prevalence and impact of mental ill‑health in children and young people and appreciate the draft report’s recognition of this. In our submission we note the unique impacts and experiences of mental ill-health for children and young people with disability.

Background

Mental illness and ill-health can be both a cause of disability, and experienced by people with other forms of disability. Beyond Blue notes that the social isolation, lack of employment opportunities, financial challenges, and discrimination that many people with disability face can contribute to high rates of poor mental health and mental illness.[[1]](#footnote-1)

For children and young people with disability, experiences of discrimination, segregation, and bullying at school can have a significant impact on mental health, with high rates of poor mental health. Children and young people with disability experience bullying at considerably higher rates than other children and young people, and there is “clear evidence that being a victim of bullying in adolescence is associated with poor mental health.”[[2]](#footnote-2) Almost half of the respondents to CYDA’s National Education Survey in 2019 reported that they were bullied at school (47.9 per cent),[[3]](#footnote-3) and the Queensland Government cites research indicating 62 per cent of autistic students are bullied once a week or more.[[4]](#footnote-4)

The experiences of mental ill-health are also different for people with different types of disability. Children and adolescents with intellectual disability are four times more likely to have diagnosable mental health problems than other children and adolescents,[[5]](#footnote-5) and evidence shows between 50 and 70 per cent of autistic people experience mental illness.[[6]](#footnote-6)

Additionally, rates of higher education and employment are lower for people with disability than for non-disabled people, with recent Australian data showing 48 per cent of people with disability aged between 15 and 64 years are employed, compared to 79 per cent of people without disability.[[7]](#footnote-7) Around 20 per cent of adults with disability[[8]](#footnote-8) left school before the age of 16.[[9]](#footnote-9) This has a significant impact on people’s economic and social participation, and financial security. Forty-three per cent of respondents to a recent CYDA survey into post-school transitions reported being employed, but fewer than half of them were working in the open labour market, with many working for segregated Australian Disability Enterprises and for less than award wages.

The systemic and structural barriers faced by people with disability from childhood through to adulthood – in accessing opportunities, being included in mainstream activities, and being able to access necessary services and programs – have a significant impact on people’s lives and mental and emotional wellbeing.

CYDA notes the Commission’s discussion and recognition of the impact of mental ill-health on children and young people, and the recommendations to support positive mental wellbeing during school and early life. We would welcome a stronger focus on the unique experiences of children and young people with disability, exploring the contributing factors to high rates of mental ill-health and investigating ways to improve inclusion and support wellbeing.

Recommendations

Support inclusive education as a path to mental wellbeing

The right to inclusive education is recognised by the United Nations, and extensive evidence shows that inclusive education “has positive benefits for everyone”[[10]](#footnote-10) – students with and without disabilities, as well as teachers and the broader school community – but a range of barriers prevent it from being implemented, and in many places the rate of segregated schooling is actually increasing.[[11]](#footnote-11)

The draft report notes the importance of the education environment on the mental wellbeing of children and young people, and recognises the need for appropriate resourcing and training to be available. The report proposes providing support for appropriate adjustments to students with social and emotional disability, in line with the support provided for students with physical disabilities. CYDA supports the recommendation for increased resourcing for adjustments, and we note that the provision of adequate and appropriate support to children with physical disabilities is not yet well established across the country.

We also support the Commission’s recommendation to introduce dedicated mental health and wellbeing positions into schools. This should include training around working with and supporting students with disability. The positions should also have scope to work collaboratively with other teachers and school staff to address other barriers and factors affecting the mental wellbeing of students with disability, including access to opportunities and school activities. Roughly 40 per cent of respondents to CYDA’s 2019 National Education Survey report that students with disability were excluded from events or social activities in the school, such as camps, carnivals, excursions or sports.[[12]](#footnote-12)

Family and caregivers play an important role in promoting good mental health of their children but often they don’t get the support they need. Extensive research has found that the development and wellbeing of children and young people is facilitated through supportive home environments and wellbeing of family members. A report by the Australian Institute of Family Studies found that parents of children with a disability have higher rates of depression than the general population and siblings also had a significantly increased risk of depression, regardless of any caring role[[13]](#footnote-13). CYDA recommends that the wellbeing teacher model proposed in the draft report is able to provide support for the student as well as their family.

Support effective post-school transitions

Improving post-school outcomes for young people with disability, and supporting wellbeing throughout their lives, begins with positive and inclusive experiences in schools.

As well as the usual challenges senior students often face in their school lives and transitions out of school, students with disability face a range of additional barriers. During the transition out of school, people often hold lower expectations for young people with disability, and they receive little tailored information or assistance. This discrimination and inequality continues throughout people’s lives, with significantly poorer outcomes for people with disability in areas including higher education, employment, health, and social participation.

CYDA conducted a national survey between November and December 2019 to collect information about the experience of senior students with disability and their families with career planning and post-school options. The findings from our survey support existing evidence – career planning and other post-school transition planning opportunities and support for students with disability are fragmented and generally poorer than for other students. This, along with low expectations around students’ capabilities and desires contributes to poorer long-term outcomes and opportunities for young people with disability in further education, employment, and social inclusion.[[14]](#footnote-14)

Addressing low expectations about capability, providing post-school transition support earlier, and improving the quality of the information and support offered to young people with disability, and their families will help to set young people up for life after school, improving access to higher education and employment opportunities, and providing opportunities for social connection.

Promote social inclusion

Consistent with the Commission’s recognition of the importance of prevention, CYDA recommends more efforts towards social inclusion as a prevention mechanism are needed. The draft report recognises that social inclusion is often neglected as part of a recovery plan and notes the gap of psychosocial supports between assessed needs and services provided.

Social exclusion contributes to isolation and loneliness, and systemic barriers facing people with disability mean that social isolation is common. People with dual or multiple disabilities are at greater risk of social isolation.[[15]](#footnote-15) Social isolation is also a common issue for families of children with disability, as they may have extra household and care responsibilities and a lack of in-home support, and in some cases parents and family members decrease or cease working in order to care for their child.[[16]](#footnote-16) Family isolation have an impact on the social exclusion of children and young people with disability.

Additional work and investment must be focused on increasing social inclusion for all members of our communities, including people with disability. A lifecycle approach must be taken, acknowledging and addressing the barriers to inclusion in services, mainstream settings and public spaces for people of all ages. Changing community attitudes and reducing stigma around disability and mental illness will be an essential component of this.

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