



National Plan or the Health of Children and Young People Consultation

Introduction

YACSA is the peak body in South Australia representing the interests of young people, youth workers, organisations and networks throughout the non-government youth sector. Policy positions are independent and not aligned with any political party or movement. YACSA supports the fundamental right of all young people to participate in and contribute to all aspects of community life, particularly the decision-making processes that impact them.

YACSA is pleased to have the opportunity to provide comment to the National Action Plan for the Health of Children and Young People: 2020-2030 consultation survey as we maintain that access to affordable and appropriate health care, particularly for young people, assists in promoting health and wellbeing and preventing chronic and serious conditions later in life.

However, as part of our feedback, YACSA has expressed a series of concerns about the draft plan ranging from the omission of the Australian Youth Affairs Coalition from the list of participants that developed the plan, vulnerable groups such as LGBTIQ+ young people being conspicuously absent from the list of priority groups and that the fast turnaround and limited nature of the consultation survey may not gather the required feedback and support from the organisations and individuals impacted by the plan.

SECTION C – PRIORITY AREAS

13. Do you agree with the priority areas identified for the Action Plan?

Priority Area 1 - Enhance services for rural and remote areas

Priority Area 2 - Expand parenting support for families, especially families living with adversity

Priority Area 3 - Increase investment in research, policy and practice translation

Priority Area 4 - Commit to ongoing nationally consistent data collection

While YACSA supports the priority areas in the action plan, we are disappointed that LGBTIQ+ young people have not been considered as one of the priority groups that the plan will focus on. When you consider that LGBTIQ+ young people are twice as likely to be diagnosed with a mental health condition, six times more likely to have suicidal thoughts and five times more likely to attempt suicide

than their heterosexual peers^{1 2}, it is concerning that this group didn't factor as a priority population. Within the context of service access, LGBTIQ+ young people are more likely to hide their sexuality when accessing services³ and the effects of heteronormativity and homophobia can dissuade young LGBTIQ+ people from accessing services in the first place.

YACSA members have reported a dearth of GPs, health services and mental health professionals with specialised knowledge of LGBTIQ+ health issues in both metropolitan and rural and remote areas⁴.

Priority area 1 – Enhance services for rural and remote areas

14. Are the initial actions and activities (Appendix A of [the plan](#)) specified for priority area 1 appropriate?

Young people and the youth sector have told us that levels of health-related services and programs are inadequate or non-existent in many rural and remote areas.

Access to mental health services is particularly dire with young people reporting that they have to travel significant distances to access private and expensive mental health services, while others have described the impacts of long wait times for existing government services. This is compounded by a lack of prevention and early intervention services, limited and scarce outreach services, and a lack of effective detection, assessment and diagnostic services⁵.

YACSA advocates for greater levels of investment by both federal and state governments in the provision of appropriate and easily accessible health and mental health services across both metropolitan and rural and remote locations.

Priority area 2 – Expand support for families, especially families living with adversity

15. Are the initial actions and activities (Appendix A of [the plan](#)) specified for priority area 2 appropriate?

Supporting vulnerable individuals and families, particularly through a range of prevention and early intervention programs, is vital in reducing the risk factors to health and wellbeing such as domestic

¹ Australian Human Rights Commission, Face the Facts: Lesbian, gay, bisexual, trans and intersex people, viewed online, 26 March 2019, https://www.humanrights.gov.au/sites/default/files/7_FTF_2014_LGBTI.pdf, 2014.

² Black Dog Institute, #mindthefacts, viewed online, 25 March 2019, <https://www.blackdoginstitute.org.au/about-us/news-and-media/mindthefacts>, 2018.

³ Macapagal, K., Bhatia, R., & Greene, G. J. Differences in Healthcare Access, Use, and Experiences Within a Community Sample of Racially Diverse Lesbian, Gay, Bisexual, Transgender, and Questioning Emerging Adults. *LGBT Health*, 3(6), 434-442, 2016.

⁴ Youth Affairs Council of South Australia, Inquiry into the Accessibility and Quality of Mental Health Services in Rural and Remote Australia Submission, viewed online, 26 March 2019, <https://www.yacsa.com.au/documents/item/612>, 2018.

⁵ Ibid.

and family violence, homelessness, mental illness, substance misuse and the experience of poverty⁶. Prevention and early intervention programs and services provides the best chance of reducing the impact of poor mental and physical health throughout the lifespan⁷.

Young people have told us that they face significant barriers to accessing health services ranging from geographical location and transport issues, to a lack of knowledge of health issues and health literacy to simply not being able to afford health services when weighed against the other basics of life^{8 9 10}.

With the knowledge that early experiences of poor mental and physical health act as a significant precursor to a negative experience of health later in life, it is imperative that governments prioritise service funding for prevention and early intervention programs to contribute to better outcomes for children and young people¹¹.

Priority area 3 – Increase investment in Research, policy and practice translation

16. Are the initial actions and activities (Appendix A of [the plan](#)) specified for priority area 3 appropriate?

YACSA supports increased investment in research and policy translation in government research bodies such as the Australian Institute of Health and Welfare as well as increased or further funding to university health research departments.

This research is vital in providing a knowledge and evidence base for government policy development and program and service development. For decision makers, sound qualitative and quantitative evidence takes belief, intuition and ideology out of the mix and ensures that policies are founded on evidence of need, what has worked in the past, what has worked in other jurisdictions and what is likely to work in the current context.

⁶ Youth Affairs Council of South Australia, Submission to the Social Development Committee Domestic and Family Violence Inquiry, viewed online, 26 March 2019, <https://www.yacsa.com.au/documents/item/538>, 2015.

⁷ Youth Affairs Council of South Australia, Inquiry into the Accessibility and Quality of Mental Health Services in Rural and Remote Australia Submission, viewed online, 26 March 2019, <https://www.yacsa.com.au/documents/item/612>, 2018.

⁸ Youth Affairs Council of South Australia, Submission to the Extent of Income Inequality in Australia Inquiry, viewed online, 26 March 2019, <https://www.yacsa.com.au/documents/item/529>, 2014.

⁹ Youth Affairs Council of South Australia, Select Committee on Poverty in South Australia, viewed online, 26 March 2019, <https://www.yacsa.com.au/documents/item/617>, 2018.

¹⁰ Youth Affairs Council of South Australia, Submission to the Health Inquiry, viewed online, 26 March 2019, <https://www.yacsa.com.au/documents/item/530>, 2014.

¹¹ Youth Affairs Council of South Australia, Inquiry into the Accessibility and Quality of Mental Health Services in Rural and Remote Australia Submission, viewed online, 26 March 2019, <https://www.yacsa.com.au/documents/item/612>, 2018.

Priority area 4 – Commit to nationally consistent data collection

17. Are the initial actions and activities (Appendix A of the report) specified for priority area 4 appropriate?

Broadly, YACSA supports a national approach to the standardisation of data collection as part of the plan and to inform any subsequent progress reviews. However, any standardised data system should take into account current NGO data collection requirements and not increase the burden or reporting.

In addition, YACSA would be keen for the data collected as part of the implementation of the plan to be available in consumable forms to inform programs and services in the non-government sector.

SECTION D – OVERALL COMMENTS

18. Do you have any additional comments?

In addition to our previous concerns, we are disappointed that the Australian Youth Affairs Coalition (AYAC) was not engaged in the development of this plan. AYAC's role in coordinating a response informed by the state-based youth affairs peaks would have provided valuable insights from both service providers and young people across the country.

Compounding this, YACSA is concerned that the consultation's tight time frame to consider the content and potential of the plan (in addition to the limited nature of the survey itself) will negatively impact the ability of organisations and individuals to provide meaningful and informed responses. Ultimately, there is a risk that the plan will not be adequately informed by or supported by the organisations, services and individuals that the plan will impact.