Wellbeing of young people principle

1. What do **the Act** and relevant guidance say?

The health, wellbeing and autonomy of children and young people receiving mental health and wellbeing services are to be promoted and supported, including by providing treatment and support in age and developmentally appropriate settings and ways. It is recognised that their lived experience makes them valuable leaders and active partners in the mental health and wellbeing service system (s 24).

This principle emphasises the need to provide information to children and young people, to support their autonomy and right to participate in decisions affecting them (Explanatory memorandum to the Mental Health and Wellbeing Bill 2022 (Vic), p 22).

Under the Act, consumers aged 18 and under are considered as young people. This definition applies to treatment and interventions, including compulsory treatment. For youth mental health and wellbeing services, a young person means people aged 12 to 25.

Mental health and wellbeing services providing services to children aged under 18 must also comply with the Child Safe Standards. The Child Safe Standards require organisations that provide services to/or facilities specifically for the use of children, or that employ children, to implement policies to prevent, respond to and report allegations of child abuse and harm (Commission for Children and Young People 2023, p 1).

2. How do **human rights** relate to this principle?

Young people (aged 18 and under) hold the same rights as adults under the Charter. The Charter also recognises that young people have specific needs due to their age and development which must be protected. Age is a protected attribute under the *Equal Opportunity Act 2010* which means that mental health and wellbeing services must provide care, treatment and support without treating young people unfavourably because of their age alone.

These rights are broadly underpinned by international human rights treaties including the *International Covenant on Civil and Political Rights*, the *Convention on the Rights of the Child* and the *Convention on the Rights of Persons with Disabilities*.

Related mental
health and wellbeing
principles include:

ing making principles : include:

Dignity and autonomy

Family and carers principle

Cultural safety

Diversity

Wellbeing of dependents

Gender safety

Supported decision making

Care and transition to less restrictive support

Related decision

Autonomy

Consequences of compulsory assessment and treatment and restrictive interventions



3. How might a **consumer** experience this principle?

When my health, wellbeing and autonomy as a child or young person are supported:

- I feel welcomed, safe, and respected for who I am, including my culture, identity, gender, sexuality, disability, and lived and living experiences.
- I am supported in ways that suit my age, needs, and stage of development, with information and care that make sense to me.
- I am involved in decisions about my care, treatment, and recovery, and what matters to me is taken seriously. I am supported to make the decisions I can make, recognising that I may be able to make more decisions as I get older and more mature.
- I feel that adults in the service treat me as a partner in my recovery, not just as someone to be looked after.
- I am supported to stay connected with my friends, family and other support networks, community, education, and other things that are important in my life.
- I know who to talk to if something doesn't feel right, and I am encouraged to give feedback or make a complaint safely.
- My lived and living experience as a young person is valued, and I have opportunities to help improve services for others through youth advisory groups, interviews, projects, or feedback sessions.

4. How might carers, families and supporters experience this principle?

As a carer, when the health, wellbeing and autonomy of the child or young person I care for is supported and respected:

- I feel respected and included as someone who cares deeply about the young person in my life.
- I am given clear information that helps me support the young person in their health, wellbeing and autonomy in age and developmentally appropriate ways.
- I see the young person I care for being listened to, included, and supported in ways that are right for their age, development and identity.
- I feel confident that the service understands and values the strengths and needs of the young person in my life and of those with diverse backgrounds and experiences.
- I am supported to help my young person stay connected with their friends, school, community, and other parts of life that matter to them.
- If the young person and I see things differently, I trust the service to support respectful two-way communication, and supported decision making that prioritises the young person's needs.





5. How do **treating teams** put this principle into practice?

This section gives an overview of requirements and good practice suggestions for putting the wellbeing of young people principle into practice. As noted earlier in this guidance, the dignity and autonomy and supported decision making principles must always be considered.

Explore the key topics covered in this section:

- · Create a safe, inclusive environment
- Promote and protect rights
- Promote autonomy and supported decision making
- Involve families and supporters
- Prevent and respond to risk
- Provide age and developmentally appropriate support
- Value young people's lived and living experience and include them in service design

Create a safe, inclusive environment

Requirements include:

- Respect and value the diverse and unique identities and experiences of Aboriginal children and young people (Commission for Children and Young People 2023, Child Safe Standard 1) including by:
 - acknowledging and appreciating the strengths of Aboriginal Culture and its role in wellbeing and safety
 - encouraging and supporting Aboriginal consumers to express their Culture and exercise their Cultural rights
 - identifying and taking action on racism (Commission for Children and Young people 2024). See also <u>cultural safety</u> principle.
- Respect and value the needs and identities of all children and young people using your service (Commission for Children and Young People 2023, Child Safe Standard 5) - including needs related to culture, religion, gender, sexuality, disability, neurodivergence, family violence, sexual safety, education, and housing.

- Connect young people with relevant services including:
 - education and employment supports
 - LGBTIQA+ supports (for example, Minus 18)
 - disability and neurodivergence advocacy
 - substance use services
 - housing and homelessness services
 - family violence services
 - sexual assault services or sexual abuse prevention programs.

Good practices may include:

- Use visual cues (posters, signs, lanyards and badges) to show that young people of all cultures, genders and sexualities are welcome and valued. See <u>diversity</u> principle.
- Talk in a way that feels natural and relatable to young people, using the words and style they normally use.
- Show interest in what matters to young people, what they need help with (such as sensory issues), and what they enjoy, and support them based on that.

Promote and protect rights

Requirements include:

- Ell Give children and young people, and their carer, family, supporters or kin a written statement of rights and an accessible explanation, as soon as possible after entry to the service and at regular intervals (Commission for Children and Young People 2023, Child Safe Standard 2). Ensure rights information:
 - is accessible (use plain English, consider video or audio formats)
 - includes information about the right to safety, the right to participate in decision making and how to give feedback or make a complaint
 - explains how children and young people can expect adults at the service to behave, how they can raise concerns for themselves or others, and where they can access support (such as Kids Helpline).
- Ell Give and explain statements of rights at key points as defined by the Act, and support children and young people, or their carer or parent on their behalf, to exercise their rights. See <u>dignity and autonomy</u> principle.



- Ask a young person what appropriate supports would help them to understand information and their rights, and make and communicate decisions. See dignity and autonomy principle.
- Promote the right of young people who are inpatients to communicate. If making a decision about restricting communication, consider and document the impact of the decision on a young person and their connection to supports. See dignity and autonomy principle.

Good practice may include:

• Explain the value of young people being actively involved in their treatment. Work with young people to identify their strengths as well as any supports.

Promote autonomy and supported decision making

See supported decision making principle for more information.

Requirements include:

- · Ask young people what is most important to them in their treatment and recovery and what they need to feel and be safe while at the service.
- 💷 Take all reasonable steps to find out whether a young person has an advance statement of preferences and make all reasonable efforts to follow it.
- 💷 Take all reasonable steps to find out whether a young person has a nominated support person and take all reasonable steps to involve them.
- Ell Remember the presumption of capacity applies to all people including children and young people, and they cannot be assumed to lack capacity to give informed consent to treatment based only on their age (s 87(2)(c)).
- III Give young people accessible information about their options. Give time and arrange supports to help young people make decisions. For example, explain the information in ways that make sense to the young person, give the young person a chance to ask and receive answers to questions or to seek support from a family member, carer or nominated support person. Support young people's choices, to the greatest extent possible.

- 🔳 Involve parents of children under 16, nominated support persons, and carers of children aged 16 to 17, where the decision may affect the care relationship, in decisions about compulsory treatment.
- Encourage the involvement of IMHA advocates, noting their role for consumers aged 15 and under is to promote the consumer's views and preferences, and to work with families, carers and supporters to protect the young person's best interests.
- Encourage and support the child or young person to access legal assistance including from VLA's Mental Health Legal Rights Service Helpline, the Mental Health Legal Centre or the Victorian Aboriginal Legal Service, particularly for any Mental Health Tribunal hearings. Lawyers can take instructions from a child or young person.

Good practices may include:

- Consider how young people's needs and strengths in supported decision making may differ from adults. For example, young people may:
 - Prefer accessing information and support online, rather than face-to-face.
 - Be exploring independence and their views about involving parents, families and carers may be nuanced. This may require frequent and sensitive conversations with young people and parents about balancing autonomy and support, and ensuring parents have the information they need to support their child.
 - Respond best to youth-specific resources, such as posters, easy-to-read fact sheets, videos, graphics or audio explanations.
 - Seek support from peers, who may also need age-appropriate resources and support. It may be necessary to explore additional supporters.



Involve families, carers and supporters

See family and carers principle for more information.

Requirements include:

- Involve carers, families, supporters and kin in line with the consumer's preferences.
- Recognise that family looks different for everyone, and may include family of origin or choice, extended family, important members of a person's community, and kin.
- Actively support and strengthen important relationships, including when there is disagreement, if safe to do so. Recognise that conflict between a young person's preferences and those of their parent, carer or family can quickly damage trust and negatively impact the care relationship. Services have an important role to support open, respectful dialogue and relationship repair or strengthening.
- For services supporting children under 18, share information with families and the community about your organisation's approach to child safety and wellbeing, for example, a statement of commitment to child safety (Commission for Children and Young People 2023, Child Safe Standard 2).
- If the young person is a compulsory patient, involve and notify parents of children under 16 as required by the Act (see Mental Health and Wellbeing Act 2022 Handbook for details). Clearly explain to the child how their parents will be involved and informed about their care.
- For compulsory patients aged 16 to 17, involve and notify parents about decisions as required by the Act with the young person's consent. Involve and notify carers as required by the Act if a decision affects a care relationship (see Mental Health and Wellbeing Act 2022 Handbook for details). Revisit how the young person and their parent, carer or family view this relationship.

Practices to avoid include:

 Do not share information if there are concerns that sharing information may lead to family violence or serious harm to any person, even if sharing the information is otherwise permitted by the Act or agreed to by the person to whom the information belongs (s 31).

Prevent and mitigate risks

Requirements include:

- Identify where children are at risk of harm outside of your service and report to Child Protection and/ or Victoria Police as necessary. See wellbeing of dependents principle.
- Prevent, identify and mitigate risks of child abuse and harm in both physical and online environments within your service. This includes balancing risks with young people and children's rights to privacy, access to information, social connection and learning (Commission for Children and Young People 2023, Child Safe Standard 9).
- Ensure admission processes screen for child protection orders.

Good practices may include:

- As relevant to your service, work with and learn from specialists to identify and manage risks, for example:
 - FaPMI (Families Where a Parent has a Mental Illness) workers - to identify children at risk, refer appropriately and support follow-up actions.
 - Specialist Family Violence Advisors to support implementation of the <u>MARAM Framework</u> (see gender safety principle).
 - sexual safety leads to identify and manage sexual safety risks. For example, educating young people on healthy boundaries, consent, what constitutes sexual assault and harassment, and the consequences of sexual activity in an inpatient setting. Recognise that young people may be especially vulnerable in an adult setting. Involve them in safety planning and support them to create realistic, individualised safety plans. For more considerations with regard to children, young people and sexual safety, see the Chief Psychiatrist's guideline (2023d, pp 35-36) on Improving sexual safety in mental health and wellbeing services.



Provide age and developmentally appropriate support

Requirements include:

- · When supporting young people to make and participate in decisions about their treatment, encourage them to consider the type and setting of treatment that would best support them. For example, community mental health team, Youth Prevention and Recovery Care (YPARC), inpatient, child and youth services, adult services.
- If a young person (16+) is treated in an adult service, talk to them about their needs and ensure they are met. For example, cultural and gender safety, cultural, religious or spiritual needs, and access to outdoor space and meaningful, age-appropriate activities.

Good practices may include:

- Actively seek young people's ideas about activities and involve them in planning events.
- Support access to technology for connection to education, entertainment, friends, and seeking online support or information about rights and mental health.
- Work with young people on safe and respectful technology use, including education about the risks of grooming and the importance of respecting others' privacy, such as not taking photos without
- Recognise the value of friendships and peer support by developing peer support initiatives and assisting young people in maintaining contact with friends and social networks during inpatient care.
- · Acknowledge the importance of friendships and peer support.
- Connect young people with a Children and Young People (CYP) worker.

Value young people's lived and living experience and include them in service design

Section 5 of Part One of this guidance sets out a range of actions to be taken at a leadership level including around feedback, complaints, and lived and living experience involvement in service governance, design and evaluation. For children and young people, this might include:

- · Work with young people to create age-appropriate materials like posters and flyers to help them know how to share feedback or complaints to the service or the Commission.
- Give young people different options to share their opinions or suggest changes, such as online forms, suggestion boxes, surveys, or group conversations.
- Recognise that young people might experience services differently from adults and ensure their needs and perspectives are understood and valued.

Example: An adolescent unit creates a colourful poster with simple illustrations and clear steps on how young people can share their feedback or complaints. They also set up an online feedback form, a suggestion box in the lounge, and hold regular group chats where young people can openly talk about what they like or want improved. The staff listen carefully and make changes based on what the young people share.





Tips for talking about the wellbeing of young people principle with consumers, carers, families, supporters and kin

Talking with young people

Show curiosity about and genuine interest in what matters most to the young person.

Give space to acknowledge any uncertainty or worry about being in a service, including whether it is a first admission, how it may affect their routines and supports such as school, family and friends.

Questions may include:

- What's important to you or what do you enjoy (for example, friends, school, hobbies)?
- Is there someone who usually supports you (like a parent, carer or relative)? Would it help to involve them?
- How do you feel about the options we've talked about?
- Have you been to a service before? What worked well or didn't?
- How can we help you feel safe and supported?

Talking with families and carers

- What works well for [child/young person], and what should we avoid?
- What's important in their life, and how can we support that?
- · How do you feel about the treatment options? What do you think matters most for them?
- How can we support you in your role?
- [If in an adult service] What do you think would help them feel safe here?

6. How might services reflect on practice?

- How do we involve young people in decisions about their care and service improvement?
- How do we provide age-appropriate support and meet young people where they're at, emotionally and developmentally?
- How do we create a safe, welcoming space that values young people's identities (for example, culture, gender, neurodivergence)?
- How do we learn what young people want from mental health services, and respond to those needs?

7. **Scenario:** supporting age and developmentally appropriate activities²⁰

What happened?

Cooper, an 18-year-old young man, is admitted to an inpatient unit under a compulsory treatment order, with a history of leaving the unit against staff wishes. Cooper plays basketball in a local team every week. Cooper is very fit and usually practices in his local park with his mates during the week. Cooper expressed being indoors all day was not good for his mental health.

Cooper wants to keep fit, keep his basketball drill practice going and have friends and family visit. He wanted to continue these activities to help his mental health. Cooper noticed the front courtyard had more room for practicing basketball drills and asked if he could use that.

²⁰ Note: The scenarios in this guidance are adapted from real examples. These simple scenarios focus on the application of one principle and are intended to show that applying the principles is not always complicated. Scenarios that address the principles in more complex situations and ways are available in implementation resources on the Commission's website.



What actions did the service take?

The staff were initially concerned that Cooper might leave the service without permission again. Staff talked to Cooper about what was important to him. Cooper and the nurse talked about his request. The nurse and Cooper agreed to trial short periods (30 minutes) of unescorted leave to the front courtyard. Taking into account there was a basketball hoop in the interior courtyard, Cooper agreed to use that area only when people were not sleeping. Cooper and the treating team agreed that for layout drills he could use the front courtyard. Cooper's nurse suggested that his friends or family can bring a basketball from home, and Cooper agreed not to use the ball indoors. When Cooper wanted to practice drills in the front courtyard, staff and Cooper agreed that he would set a timer on his phone to come in after 30 minutes.

Cooper used both courtyards regularly, family and friends gave positive feedback to staff about being able to practice when they were visiting Cooper. Over time, some staff joined Cooper in his drills, with his agreement, which also helped to build trusting relationships, starting informal discussions about recovery planning. Cooper used the courtyard for the rest of his admission as agreed, with improved mood and engagement.

Reflections from Commission lived and living experience staff

This scenario shows how services can support the wellbeing of young people by recognising the importance of movement, sport, and outdoor activity as part of recovery. For Cooper, playing basketball and staying active are essential to his sense of identity, connection, and mental health. Staff listened to what was important to Cooper and worked with him to make sure he could continue some of these routines while in hospital. Staff responded with flexibility and respect, rather than focusing only on risk because of Cooper's past experiences of leaving without permission. It shows how young people's recovery is not only about clinical treatment, but also about holding onto meaningful activities, routines, and passions. Supporting these aspects of identity and daily life can make compulsory treatment feel less restrictive and more aligned with a person's goals and wellbeing. Fresh air and access to the outdoors can be therapeutic for so many people.

Having a change of environment, looking at the sky, and feeling the fresh air is particularly important for people who are used to being active and spending time outdoors. Allowing Cooper to continue his basketball drills and have friends or family around him gave him both purpose and connection, which are central to wellbeing.

Which other principles were engaged?

Mental health and wellbeing principles: dignity and autonomy, dignity of risk, supported decision making, least restrictive.

Decision making principles: Autonomy principle, consequences of compulsory assessment and treatment and restrictive interventions principle

How would you approach this situation?

What might you do differently?

8. Where can I find more information?

Commission for Children and Young People (2023) A guide for creating a child safe organisation https:// ccyp.vic.gov.au/assets/resources/New-CSS/A-guide-forcreating-a-Child-Safe-Organisation-27.04.23.pdf

Commission for Children and Young People (2024) Understanding cultural safety for Aboriginal children and young people: a guide for implementing Child Safe Standard 1 https://ccyp.vic.gov.au/assets/resources/New-CSS/Understanding-cultural-safety-CSS1-guide.pdf

Department of Health (2023), Improving sexual safety in mental health and wellbeing services: Chief Psychiatrist's guideline https://www.health.vic.gov.au/chief-psychiatrist/ improving-sexual-safety

Mental Health Coordinating Council (2022) Recovery Oriented Language Guide https://mhcc.org.au/ wp-content/uploads/2022/07/Recovery-Oriented-Language-Guide-Mental-Health-Coordinating-Council-2022.pdf

