LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH

(Reference: health of school-age children)

Members:

MS K TUCKER (The Chair)
MR B SMYTH
MS K MacDONALD

TRANSCRIPT OF EVIDENCE

CANBERRA

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Secretary to the committee:
Ms S Leyne (Ph: 62050490)

By authority of the Legislative Assembly for the Australian Capital Territory

The committee met at 2.08 pm.

SUZANNE MARY PACKER was called.

THE CHAIR: I declare open this public hearing of the Standing Committee on Health and welcome the first witness, Dr Sue Packer. As a formality I need to inform you, as a witness, of certain matters. You should understand that these hearings are legal proceedings of the Legislative Assembly, protected by parliamentary privilege. That gives you certain protections but also certain responsibilities. It means you are protected from certain legal action such as being sued for defamation for what you say at this public hearing. It also means you have a responsibility to tell the committee the truth. Giving false or misleading evidence will be treated by the Assembly as a serious matter.

Could you please state your name and the capacity in which you appear.

Dr Packer: My name is Suzanne Mary Packer, and I am the Community Paediatrician for the ACT.

THE CHAIR: I thank you again for giving your time to a committee of the Assembly. We appreciate it. Would you like to address the committee?

Dr Packer: It is a pleasure. It is a matter of what issues I will address in a short period of time. Of the major predicted concerns for our civilisation over the next generation or so, the ones you have probably heard a whole heap about already are obesity and depression. They clearly have their roots in childhood and, as with most issues such as these, the early intervention and prevention model is a lot more effective than trying to deal with the problem when it starts.

In recent weeks I heard a very interesting talk by one of the leading specialists in obesity in Sydney, looking particularly at children. It was a fairly depressing discussion, pointing out that both genetic and environmental factors are important and that for a large part of the world this is really the first time we have had continued access to more food than we need.

Genetically, our bodies are geared to recurrent famines, and we are ill-equipped to be constantly prepared for a famine and the famine does not come. This means that, when we are placed in an environment where there is a plentiful supply of good, exciting and varying food, we are unlikely to have the in-built resources to resist this food. This means our bodies have to be working out some way of control that is compatible with living a fairly normal life.

Clearly, diet is one of the things. Diet is an area where people have looked at a lot of things that should, might or could be done. We have enormous access to prepared food and—again, probably genetically—our bodies like food with a high fat component. It is also interesting that some people react more to fat and others more to carbohydrate in terms of gaining weight and food options.

Another way of looking at it that interests me is that, even in the last 50 years, we have gone from being a community where there were no freezers, there was very limited refrigeration and most food had to be freshly prepared on the day it was used. The actual preparation was quite time consuming, and the availability of foods was far more limited. You tended to spend a lot of time preparing a meal, which might have been meat and three veg and gravy and the other things we look at in horror. But there was actually a lot more preparation in it, and the less healthy components were more obvious than they are now.

It is worth bearing in mind that this is the first time in our history that young children have been able to prepare hot food relatively safely. They get it out of the freezer, they put it in the microwave, they zap it and they can eat it. This is something previous generations had not been able to do.

Even if you say we are eating the wrong food and too much of it and it is too readily accessible, there are many factors that are extraordinarily difficult to correct, and there are many factors that people who have invested in this area will be extremely clever and persistent about making sure we do not address effectively.

Whilst saying all that, parents, particularly with small children, are in a position to control, largely by exclusion, some of the worst elements of our modern diet. But they are as susceptible, in their own way, to advertising as the children are. The other side of it is that, with many children I see, it is not just what they eat; the structure of meals has gone. There is far more grazing.

In the modern Western world two countries are singled out as not having the same obesity problems: France and Holland. The two factors that are different is that in France they love their food and eat it in food segments, not between meals; and in Holland they all ride bikes. There is both an exercise component and a component of maintaining an eating and a not-eating time.

One of the biggest problems now is that, as well as this huge variety of more dense foods being available, they are available all the time and many more of us graze all the time, rather than setting aside times for food and eating. Maybe that is enough on obesity.

A lot of emphasis is put on the school canteen. For many families this is not a major option, and what they bring in their school lunchboxes is probably as varied and questionable as what is provided by the canteen. Then you get to high schools, where it is very cleverly engineered as a fund-raising exercise to have a Coke machine. The school gets a significant profit from it, so there is a big incentive to keep it going.

You have got the conscientious families who send the child with an appropriate diet or have children who buy appropriate diet at the canteen. But in a society where there is such ready access to less desirable foods, even policing in a school canteen can be very difficult, and there are all the issues of school canteens at the moment anyway. There are the costs of running them and the increasingly stringent food preparation requirements, which are making them expensive and untenable for many schools.

Moving on from obesity is the dental question. There are undoubtedly very good dental services for children in the ACT, but these are most readily accessed through the school system. I see many children with significant dental caries before they commence school and many other parents who do not access the school dental service, although it is available.

It does require a commitment on the parents' part to get children to the dental service, and there is an expectation that they will pay a fee of $40 or so for joining, although this can be waived. But it is more a matter of encouraging the least able of the parents to get their children to have dental care and to return. No parents like taking their child to have discomfort or pain inflicted on them. There are a whole lot of issues around dentists. But for a country with access to healthy food, dental caries are still a very significant problem.

Depression is, similarly, as enormous and multi-faceted a problem as is obesity. As adults, we are aware of the very rapid change in our society and are far less tuned into wondering about impacts on our children. There is generally a feeling that children should tag along behind and accommodate what the parents are experiencing. I am by no means certain that this is correct.

It means that the experience of children before they start school is today very different from the previous generations'. It is not that it is good or bad; it is very different. Far more children are in various out-of-home, day-care situations, and this gives rise to a lot of different things. There is a very different social structure.

They say now that most children in the first year of life have 20 people looking after them. This is an issue where consistency of messages is concerned, particularly when there is very compelling evidence at present that the way the brain is wired is determined by experiences particularly in the first two to three years of life.

If a baby is in an environment where it has a consistent translator of the world—almost always the mother—who learns its responses and whose responses the baby learns, the integrity of its wiring is optimal. There is no way anybody else caring for the child, no matter how committed, is going to respond in the same way.

Against that you have the genetic predisposition of the child. Some children are far more robust in these situations, and some children are far less robust. This has perhaps not been fully explored, but some of the other prevailing issues—autistic spectrum disorder and attention deficit disorder—which are frequently presented as a straight genetic difficulty, definitely have environmental and genetic components. I think we often underestimate the environmental component.

If you have a child who, through its living circumstances, has had to be more aware of and responsive to its environment, it can then be an issue on coming into a school setting. Despite the fact that modern education has many fine things about it, the fundamental structure is still that of one teacher expecting to have quite a significant degree of control over about 30 children—hopefully, with the younger ones, that number is now getting down a little bit.

There is an enormous expectation of conformity. If the child is not conforming, the child is clearly seen as the problem. How the child feels about itself and the messages it gets about itself from other people are likely to be factors in the long-term mental health of that child. This is then replicated at home. It is not all a matter of self-esteem, but it is certainly a lot about how the child is seen.

The next strand weaving into this is bullying. I have recently been given, by some very useful people in Sydney who vet a lot of the community paediatric stuff, two interesting short papers evaluating the outcomes of anti-bullying programs, and they were fairly depressed about them.

THE CHAIR: About the results?

Dr Packer: Yes—and feeling that we haven't even adequately assessed the problem before looking for solutions.

THE CHAIR: Can we have reference to those papers?

Dr Packer: Yes, and I think they are the tip of several more, and it is also something that interests me. Even at an individual level children say they have been bullied but at the same time disregard the much provoking behaviour on their part before there is retaliation.

There is also the issue of group bullying. It is not necessary big, difficult children; it can be a group of small, very innocent looking children who can be bullies. There is bullying coming to and from school, where the school tends to say it is not their issue. There is the issue of disability—children singled out for bullying continue to be the most vulnerable children, for a whole variety of reasons.

Whilst there are very fine school policies that recognise these vulnerable children, every school recognises that there are many glitches in its policy for the day-to-day managing of it. Being able, non-judgmentally, to identify the children in the playground who are most at risk and monitor them in a way that does not single them out as being difficult demands a huge commitment on the teaching part.

We are demanding more and more of teachers in this concomitant pastoral and teaching role. It is important that they see the child in a holistic way. At the same time, we are heaping more and more requirements on teachers: to provide community interaction, to provide a lot of the pastoral and caring part and to provide an increasingly rigorous educational program. We need to look at the way we do that.

Maybe from there I can drift on to other things in the ACT. One thing I think is very promising and has had a very promising beginning is the schools as communities program. A liaison officer, who liaises between the school and the community, is frequently employed—somebody accessible, so that families can feel they can wander in and be part of the school.

It all then depends on the school culture and whether you include health programs and what other community programs you include. A lot of the theory behind this is excellent, and there has been a lot of documentation. Several of these schools in Sydney must now

have been going for 10 years or more, and they have achieved amazing things. These are the ones where Housing rings and asks, "What are you doing? We are having families wanting to move into these areas. What have you done to change these areas?"

At the moment these programs are targeted at recognising the schools with the highest social need, but there are many vulnerable families in other schools. I am also wondering if the program ought to be looked at as a more general model of making the school a more integral part of the community, as was intended when most of these schools were built and located—rather than an isolated school and its teachers being burdened with this dual pastoral role. I wonder if this type of school ought to be seen as an appropriate community vocation for various community support services, determined by that community, and be more focused on specific supports for the children in the school and their families.

This brings us to the opposite end of it: the issue of having strangers in schools. It is not an insurmountable problem, but it is a problem that needs to be looked at. It is very important to recognise that police checks are of limited usefulness in these situations. In the case of most of the children I see who have been abused, the person who abuses them does not end up with a police record.

It comes down more to a matter of water-tight policies that ensure ongoing vigilance and that things are conducted in such a way as to minimise the opportunity for any adult to be alone with one or two children. That is all muddled up in a section together; it has evolved a little there.

At a broader level, no doubt you are aware of the longitudinal study of Australian children, being conducted at the federal level. There are difficulties with this project in that the lead-in time is very short for a project of this magnitude. I know that the people who are developing the project and are responsible for what research is conducted are feeling more than a little anxious that they are being pushed to a point that they are not certain how relevant the data will be. They are desperately hoping it all works the way it is intended to work, but the time has not been built in to allow more rigorous preliminary testing.

On the ratio: across Australia, only 90 children in the ACT will be part of this survey. The states and territories can buy additional information to be selected for their state, and things have been selected for the ACT—I have not brought that with me. Hopefully, right across Australia, this will be the first time we will have been able to get a broader overview of just how things are for children in Australia.

One big problem is that they are starting with the cohort of babies born next year, but it is a cohort over six months. Comparing newborn to six-month-old babies makes it very difficult in terms of the outcomes. It is a very important thing and it is a step in the right direction, but we are going to have to wait and see if the information is as useful as it could be. Clearly, there are political imperatives for getting it done in a period of time, which is not the period of time the researchers would like.

Another thing which needs to be looked at in school-age children is the very large and increasing divorce and separation rate and the impact of this on children. I am probably more focused on this from the work I do. To have children in many cases going to school

from two different environments on alternate weeks or half weeks is an enormous load for them to have in addition to going to school to learn and enjoy.

The other side could be that school is the most stable and predictable part of their lives, which is quite a plus. I understand that a couple of schools have seen it as sufficient a problem in the school at the time to run groups for children who are clearly suffering in that situation, to give them a feeling that they are one of many rather than a child on their own.

A lot of thought is going to be taken up in individual schools on ways to support these children. A generation or so ago, you stood out as a child with a divorced family; now it is almost part of the norm to be in a divorced or separated family. On a day-to-day level, it puts many of these children into challenging situations—in particular, decision making—which can be very difficult for them developmentally.

If you have the comfortable feeling that whoever is at home is stable and predictable and their response to certain situations is well known, that gives you a footing on which to make your own decisions. If you are sliding between two opposed camps and are not certain of the position of each camp, it is very much harder for you in a day-to-day living situation—let alone in a learning situation.

What is the role of schools in this, and what other things can we put in place? This other one probably wouldn't have been brought up before and is really directly related to my work in the Child at Risk Unit. We are seeing more juvenile sex offenders in the 12-16 age range, but we are increasingly seeing them under 12 as well. And this is not just a matter of curiosity and sexual exploration. Some of these children are very threatening, quite abusive and their experiences traumatic.

To the best of our knowledge there has not been a lot of research looking at the reasons for this. As a person who grew up and is living in this community, I wonder about children from a very young age being exposed now, through the different media, to a very wide range of sexual activity as part of their normal experience visually and, for some children, being exposed to a lot more than that at home with the additional use of videos and so on.

These children, at a developmentally inappropriate age, are having to incorporate this into their understanding of what it is to be a person. We are clearly aware of the impact of violence on television in terms of children's understanding of violence. I wonder if sexual violence is part of this.

This is really conjectural and hypothetical, but the fact behind all this is that we are seeing a significant increase in the number of referrals of children who have definitely been sexually abused by other children. Quite a bit of this abuse happens in the school playground. It is an extraordinarily difficult issue for the school to deal with.

I guess the response needs to be a community response. We need to recognise a problem as early as possible in order to think of things which are helpful. Dealing with that will be the same as dealing with other forms of bullying in the school playground, which clearly reflects on how one child sees another child's inability to perceive the impact of what they are doing to the first child. This is an increasing problem. Is it a reflection of

some of the changes in our modern society and our unawareness of their impact on children?

A lot of these things then feed into the increasing awareness of depression in children. Children are trying to find their place in an increasingly complex world, with problems that weren't problems for their parents generation. What we have available to help them—the Child and Adolescent Mental Health Service, as set up at the moment—is for children with established mental health concerns.

There is also a whole heap of generic parenting advice in various forms and through various avenues. I am wondering if something in between these, more akin to the old child guidance clinics, might be helpful to some families.

Looking at the current role of counsellors in school, should it remain generic or should there be a bigger variety of expertise within the school counselling program? There should certainly be a bigger commitment. The amount of counselling available in the schools at present is woefully inadequate and increases more the frustrations than the solutions.

If one of the smaller schools is entitled to half a day a week, half a day a fortnight or even a day a week, it would have to be selective. The counsellor is then dealing predominantly with the really out-of-control kids, which tends to be the way it goes.

Children with major problems go down two very distinct paths, and there is a lot of understanding of brain development in how this happens. You have got the really acting-out children and the really withdrawn children. The withdrawn children tend to be ignored because they are not a class problem; it is a problem for them individually, in the classroom and in later life. The acting-out children demand attention. There need to be programs, strategies and recognition of both groups of children.

MS MacDONALD: One thing we have heard is that school counsellors often do not get to see things until it has got to crisis point anyway.

Dr Packer: Precisely. When you have such a precious small bit of counsellor resource, how the school decides to then use it is a terrible dilemma. When you get to the point where a child is not containable in the class, that is when you tend to go to the counsellor.

I know different things have been tried with behaviour management support models, and generally the models have become more appropriate. But it does not really make it easier for the teacher in the classroom, day after day, to juggle a few extremely challenging children with a range of ordinary sorts of kids and to pick out and recognise the quiet, out-of-it kids in the corner. That is an enormous amount.

Another strategy which has worked very well is having a special teachers assistant for some of these children. This is largely an unexplored resource, and sometimes part of the blame is almost put on the child—"Sure. They manage well in a one-to-one, but who wouldn't?"

We have this expectation that children will manage in a 30:1 ratio. We know that none of us learn as well in that environment. We all learn better in small groups; it is easier to focus in small group learning. Yet, largely for financial reasons, the model that is chosen is about 30:1, this being the biggest group size that is generally manageable with a reasonable group of children and a quite competent teacher.

But so much about these really out-of-control children is poorly understood at many levels. It is in this group of children that there is an overrepresentation of attention deficit diagnoses. Attention deficit of itself does not cause this behaviour, that depends on the cause of the attention deficit and many other factors.

Attention deficit kids can be easily bored and need help in focusing, but the really aggressive and acting-out behaviour makes you look at another component. With most of the children we see at the Child at Risk Unit, there are often additional factors like varying forms of chaos at home. As comes out so often, one of the most significant things in acting-out behaviour is domestic violence. It is an overwhelming emotional destabiliser of children.

There are children who, because of their environment at home, have become extremely aware and sensitive visually, and many of the talking-down techniques used in the classroom are auditory. You talk to the kid. You talk the kid down. These kids are not hearing anything; they are responding to the visual cues. If your visual cues are agitated or threatening, the behaviour of this child will continue to escalate and none of the stuff that is happening will have any impact at all.

This is neither well understood nor reflected in many situations with children. There is a general feeling of stepping in, confronting and controlling, and the kid responds as a caged wild animal would who is backed into a corner. All they can do is fight and try to escape. Then they get suspended.

THE CHAIR: Or told they need medication.

Dr Packer: And medication does not work for these behaviours. Medication is useful for a child where you have recognised the attentional problems, you have looked at the stability and the organisation of the family and you have looked at what is happening at school. If the child is aware of and distressed by these and unable to concentrate, you try the medication. If it makes it work better, then medication is a fine thing.

For many of these kids the medication might knock them down a few rungs, but that is still not controlling them. You then tip in other medicines and, short of having these children so stunned with medication that they are incapable of responding—which means that they are getting nothing out of school—you are not going to achieve a change with medication. All that medication is is a help for some of these children to get them into a place where you can try other things with them.

Another enormous burden for many schools is coping with the medication, treatment, management and monitoring of these children.

They are most of the things I was intending to cover.

THE CHAIR: Thank you. You quoted at one point the estimation that children of up to one year can have up to 20 people looking after them. Has that come from any particular research?

Dr Packer: Professor Alan Hayes was the person that said it to me. He is professor of early childhood at Macquarie University. I think it was in the OECD review of early education in Australia.

THE CHAIR: You talked about schools as communities and said there are some schools in Sydney that had developed that. What schools were they?

Dr Packer: They were really the trial model. It was at least 10 years ago, and there were four schools.

THE CHAIR: Is that similar to what we are doing here?

Dr Packer: It is similar—but more extended in many ways. They were having mother and baby groups at the school and a lot more families coming into the school to do things. They had child health nurses coming into the school and seeing the babies in the school. It was going back to when we built the schools in the first place, with the child health clinics attached, I guess, but seeing them as places where the families could come in for a whole variety of things related to children and families.

THE CHAIR: Like the guidance clinics you mentioned. They, too, could be situated in that.

Dr Packer: Yes—so that the school is seen as a community focus. Even if your children go to the nearby Catholic school, it is still a place where you are welcome and can get services to help with your children.

THE CHAIR: Would you like to ask any questions, Karin?

MS MacDONALD: On childhood obesity, you were saying that parents are just as susceptible to the advertising as young children are. I think there has been a suggestion that there need to be health warnings in advertising.

Dr Packer: They would be even less effective than they are for cigarettes because we know what we want to eat and we know what happens. I did not mention much the question of exercise. Anything in the compulsory exercise line is something which children, as adults, would tend to try to avoid.

These same lecturers said we have to encourage our children to be fidgety, which is exactly the whole thing with attention deficit, isn't it? We would get all the kids with ADD fidgeting madly all day and losing weight. But they are looking at ways to encourage more spontaneous activity and at what is provided in the playground: stuff that encourages kids to do more running, exploring and jumping, and so on. They are looking at holiday programs in a similar way.

We see exercise as a block. We all put the kids in the car and drive them to gymnastics, ballet and what-not and then drive them home again. There is a double message happening all the time. We should look at it from a broader community perspective. It is walking to and from school and to and from the shops and the extra little bits of walking as a daily part of the living pattern rather than this occasional event that will have more impact. I guess it is the cycling in Holland.

MS MacDONALD: So it is seen as part of a way of life rather than becoming something that you have to do because you are told it is good for you, in the way that people take cod liver oil.

Dr Packer: Yes. Most people don't like things that are good for them.

THE CHAIR: You commented that we are genetically set up for famine. I had a thought that, when people go through eating disorders, they in a way create a famine for themselves and then sometimes eat again. I thought that would be a problem physically because that could cause diabetes and so on because it is too much strain on the pancreas. Is that correct?

Dr Packer: What—the starving?

THE CHAIR: And then the eating.

Dr Packer: Overeating in childhood is a big worry in terms of diabetes. An incidence of type 2 diabetes in childhood is developing, and this is very big worry. There are clearly genetic factors. They had this fascinating experiment where they locked people up in a disused logging camp in Canada or somewhere. Some people are genetically much better at losing and gaining weight than others. There is very definitely a genetic component. It is not a straightforward thing. A particularly depressing thing was that, by changing lifestyle, your sustained loss is only likely to be five kilograms.

THE CHAIR: It will be interesting to know how much of an impact Coke and soft drink machines in schools have on children's general health. I know the schools rely on them for fundraising.

Dr Packer: Yes.

THE CHAIR: I wonder how significant they are.

Dr Packer: It is one of the little factors. One of the things they say is: "We don't have the machine, so they go over the road to buy it and somebody else gets the money." It is true that a lot of the kids will.

MS MacDONALD: While we are talking about Coke machines, is there an issue with children not drinking enough water or enough non-caffeine based fluids?

Dr Packer: I do not know. If you have a choice of drinks available, most children will not choose water. Most adults will not choose water. It is harder to access bubblers than it was in the past. Most public areas now do not have a bubbler, whereas most public

areas in the past did. And there are problems in maintaining them. But we mostly spend a lot of money buying water in bottles, don't we?

THE CHAIR: What is the relationship between that and the comment about significant dental caries before school? They tell us that fluoride is not supposed to allow that to happen, so are children not drinking water?

Dr Packer: A lot of it is the constant eating and drinking. So much frighteningly bad nutritional stuff happens in a country where we have the best options to have healthy stuff. I have babies with Coke and chocolate Moove in bottles and a constant intake of syrupy things, particularly with feeding during the night.

THE CHAIR: And fruit juices, too?

Dr Packer: Fruit juices have a lot of sugar as well. It is not having periods in which the mouth is sugar free. The grazing-type thing is probably more significant than anything.

THE CHAIR: All right. I guess we had better wrap it up. Thanks. I appreciate your time.

MARYANNE CAMPBELL was called.

THE CHAIR: Sorry we are running late, but hopefully we can all just move through the afternoon a bit behind time. Thank you for giving us your time.

As a formality, I need to read you some requirements as a witness to this committee. You should understand that these hearings are legal proceedings of the Legislative Assembly, protected by parliamentary privilege. That gives you certain protections but also certain responsibilities. It means you are protected from certain legal action, such as being sued for defamation for what you say at this public hearing. It also means you have a responsibility to tell the committee the truth. Giving false or misleading evidence will be treated by the Assembly as a serious matter.

Could you state your name and the capacity in which you appear, please.

Ms Campbell: Yes. My name is Maryanne Campbell. I am a counsellor with my own business, Funnybone Counselling. I've worked in drug and alcohol, I've worked in jails, and I've worked in rehabilitation, sometimes dealing quite extensively with children and education around drug and alcohol treatment. In the last eight years I've focused very heavily on things around eating disorders and depression, and what I wanted to tell you today was the stuff that I have come across in my practice.

THE CHAIR: Thank you.

Ms Campbell: All right. Well, I guess maybe this has been said before, as I just heard, but one of the things that are greatly disturbing me is the amount of young women I'm seeing who have eating disorders. You were talking about young women creating famine in their minds. It is very much like a mental holocaust picture that a lot of young women—and young men but mainly young women—are creating within their own headspace.

The problem that I've got too is that often I see young women who are very thin, so there's a real body dysmorphia. They're not plump, but they are so intimidated by the idea of being fat it means that they won't fit at all. The thing that I guess worries me the most is—anorexia worries me, but bulimia really worries me because you can almost cover up bulimia for a very long period of time. You're getting somebody who is ingesting huge amounts of food and then vomiting it up. The food becomes like a magic all by itself.

I guess the thing that is worrying me is that I can't see that this has been slowed down, that there's been any change in the mentality towards food. I think cognitive behavioural counselling is really important, but there's not enough counselling available. If I refer someone to Mental Health because they cannot afford private counselling, Mental Health is barely able to take psychiatric patients who are in crisis, let alone people who actually look quite healthy. They don't have mania or schizophrenia, and poor old Mental Health, that's all that they seem to be coping with at the moment, people in crisis.

So I think intensive support for these young women especially needs to be considered, and we need national support. I wonder if we could get a national action. This is something very urgent for us to deal with in health, because we can't seem to provide, right now in our culture, children with an entirely safe, food-sensible environment. It's a food-stupid environment. And it's not even food—a lot of this stuff is rubbish.

What I'd also suggest is that we could specifically target eating disorders and body image, written into the curriculum. Now somebody smarter than me has to do that, but something where we are actually focusing and empowering kids—and maybe a national video—with a little humour, with something that actually suits the children, something that they create, because very often with advertising we create stuff for adults that looks like it'll work for kids and we miss the boat.

I'm also aware that people are talking about obesity. Nutritionists are very worried, but I would caution over making teens any more aware of body size—or even younger children. I think we have to tackle this very carefully.

I really like the idea of the philosophy teaching that has been in a few schools. I've brought some copies of what has been in the schools within Australia and America, because I think really what we have to see is that, unless children develop their own reference points and their own ability to develop their own thinking processes, we can do a lot of things—we can bring a fitness regime into schools, and I don't know about you, but when I had them at school I stayed away, because they were quite terrifying. I think we have to consider that a fit mind comes before a fit body.

The thing about introducing philosophy into schools is that it's relatively cheap. We've got a captured audience; the kids have got to go to school. But we've got to watch how we do this, and I think we've got enough expertise and enough information, albeit not empirical data, from people, children talking about how they start to resist images; they start to explore, they start to develop their thinking processes, because at an early age it is extremely hard not to think that the information you're given, especially by your peers, is the absolute truth.

Also I want to talk about bullying. I think an understanding of negotiation within the schoolyard—if we could have more male teachers that would be good; a little wish list, and perhaps more male carers. Young men going through adolescence, I think, are still encouraged to act out with power over, not with power with. And young women often do power over through bitchiness and ostracism. I think philosophy would help there too. I think it would be great for young men to develop a way of showing their strength through the strength of the mind.

Also sexuality, I think, is enormous. The way that young male teenagers come into sex is usually through porn. I watch 12 and 13-year-old boys that are the sweetest little things in the world who don't really have a clue about sexism. They might have a little bit of a clue, but when they actually get to school and they get influenced by older males and by the actual culture that's a different thing.

I don't know if you've seen some of the movies that are around at the moment, such as *Not Another Teen Movie*. I understand that this is also part of a growth in kids. But I get very intimidated by the fact that we have no other way, publicly, of young men coming

into sexuality except through porn—which brings in internet porn. When you're young and your hormones have just gone through the roof with testosterone, what do you do? You look at anything that's available and anything that looks like it's readily acceptable.

I think pornography is actually too acceptable. And I'm really sick of people saying that it's actually not harmful, because I think it is harmful. That is not to say that people shouldn't have it but I just think it's like magazines in newsagencies—if there are naked bodies of women, generally speaking, I want them covered up; I want brown paper over them. I don't want somebody to be able to come in and say, "This is okay; this is the norm. We can look at naked bodies". It objectifies women and it gives the wrong message to young men. So many young men that I've spoken to are terribly confused about sexual abuse. They're terribly confused because all the messages out there are that women are waiting for it—well, not all of them but most of them, most of the mainstream.

I think that philosophy would once again help with cultural beliefs around sexuality—and to remember, too, anything that we can get that will stretch that way of thinking that there is the truth and what your friends say is the truth, and this is what you've got to do in order to make it in school. The peer groups in school are quite vicious. It's awful to be ostracised. It's awful to be unpopular. So being able to have a different reference point that you develop in your own mind through information, I think, is a very powerful thing.

Also, I am calling them new families, because I'm heartily sick of the word "step-families", and "blended families" I do not understand because we're not cakes. If you've got a new word for it, please let me know because I've been trying to work it out. There is an increasing number of step-families forming all over Canberra and all over the world. I was reading the other day in something from Relationships Australia—and I apologise for not bringing it—that people were trying very hard in step-families. I don't actually think that's true.

I think that a lot of people are still being incredibly selfish as parents, because they don't actually have the skills to pull kids through into step-families because it's still a whole new world. So perhaps we need some attention to that in the curriculum. I'm willing to kind of be challenged on this because I'm just bringing this up as an issue. We also need to be able to appreciate that there are a lot of step-parents that, when the relationship with a biological parent ends—I think the next thing that will be coming up is that step-parents will be asking for custody rights, because after that relationship breaks up, often most children have an attachment to the step-parent. We haven't even looked at that stuff.

The next thing I want to talk about is stress and depression. I think a lot of children are extremely depressed. I think the eating disorders come with depression. It would be extremely difficult not to be depressed if you're vomiting half your food or food becomes magic and how you get your needs met is to eat, eat, eat, and then vomit it up—and nobody but nobody gets to see what's happening within you.

The thing that worries me also is that young males seem to have almost no way of expressing how they feel—still. Now this is where I think philosophy looks a darn site more attractive than counselling—because older men going to counselling look like

they're just about to go to the dentist and, if you have a look at young men, very often they don't even have the language.

So I've often sat with a young man saying, "Is this how you feel?" and they go, "Mm-mm, mm-mm," and they've waited until the hour's over and they've almost run down the road, and I probably have given them a drinking problem. It's very, very difficult for us to train young men a certain way and then expect them to be vulnerable. The violent suicides—I haven't got the statistics but I think we all know there are some pretty savage suicides in young men.

I think, for me, one of the things that would be very good is if we could have an understanding that philosophy, especially if it was taught properly, would be far less invasive to a young man's psyche. I give young men books written by men—good books; there are about three—and get them to try and point out the bits that make absolute sense to them, because they often don't have the language. But I'll tell you now, sometimes young men switch off so fast. I know that there is scientific evidence to maybe suggest that testosterone affects being able to express yourself, but I'm still not convinced—because some young men can, if they've been taught. Then there are the children who are extraverts and introverts and it gets complicated. But I still think that philosophy would give young men a chance to sprout. They could talk about emotions, in a logical, rational way. I think that would be a great avenue for them.

I also think that if we were looking at abuse in the family, abuse of any kind, very often philosophy can stop that child, that young man often, who's being exposed to abuse much faster than any other intervention, because they're developing their own thinking processes. So whatever stress and depression they're getting from it, they're actually learning to stand back and not see the world as so personal.

If there is one thing I would try to push into children it is that the world is not personal—it's not that personal what happens to you. Very often, if you can develop those thinking processes, get them to look at the greats of understanding philosophy, and that we've all been doing this for hundreds of thousands of years, they get a sense of time, they get a sense of history and they get a sense that advertising hasn't been around forever and wasn't here before the egg, so to speak. I think that in itself also is very powerful for them to be able to combat this massive advertising in our faces.

When you have a look at television you've got I don't know how many images in your face all the time, and children are watching a lot of television. You're getting images in the street. You're getting one trigger which is the visual, the memory. Then you're getting another trigger—fat, sugar and salt, and who hasn't had one of them? Then you get the endorphin rush because you're thinking of tasting it, and then you get the cool image. I think it's just absolutely reprehensible.

I also think there's a space for meditation in schools, okay. Most people don't understand how powerful meditation can be, because a lot of the time we do meditation which is not actually too disciplined. People talk about candles and incense and feeling beautiful. What I'm talking about is people really sitting with the craving, really being able to sit, meditate, and wait until they have a sense of equilibrium. I wonder if something like meditation after a philosophy class would be a very good idea.

I guess one of the things that also worry me is that we're really allowing a lot of non-nutritious food—what the previous lady said—into our schools at a time when kids are growing, their bodies are growing. I do worry about things like the hormones in chicken and how that seems to influence early-onset puberty. I'd like to add my voice to the concern about the serious consequences of children having so much junk in their bodies at such an early age. If we could ban the food advertising, especially in the schools, and ward it off before we become a second America, so to speak—especially ward off places like McDonald's that are incredibly powerful.

I've done a lot of stuff on drugs and alcohol but, to be honest, I haven't got anything to add there, except that I think philosophy would teach kids to take real risks—that they would really stretch their brain; they'd really start understanding. If they want to be rebels, be rebels—but the type of rebellion that leads to a better society, a stronger society. And a lot of the time I think we forget that children are very bright around three, four, five, six years old. Sometimes, sadly, our education system and our advertising knock that brightness out of them, and it takes them a long time to get it back.

We're all very susceptible to advertising. I think all of us are watching that there's some type of food obsession—we can have obsessional thinking now. It's a very powerful thing to be flooded with the same repetitious images of advertising. So, if it does that to adults, you can imagine what it's doing to children. And that's it.

THE CHAIR: I have a couple of questions. I was interested in your comment on being careful about making such a big thing about obesity, and particularly your comment, "If you want fit bodies, develop fit minds". I think that that, in a way, would summarise your submission this afternoon. You would be interested to hear the next witness if you can wait—Dr Villiers.

Also, on your comments on fitness, compulsory sport, fitness testing and whatever, apart from the sort of management issues like not having particular foods in the school, there are still always choices that the children have out of school, so it is about developing that capacity for kids to make good decisions or have a fit mind, as you said.

You've suggested on the whole, as I've understood you, that you think philosophy is a good way of doing that. I know there have been some schools which have done that and in this committee we've taken a bit of an interest in that and followed it up. I don't know what you think about this—it's slightly different. Philosophy is different from values education, I think, or maybe it isn't. I'd like your comment on that. But some people would theorise that, because we no longer have, say, the religious institutions that guide who we are as human beings and we're a secular society if you like, in some ways that is one of the problems. So, when you talk about philosophy being taught, are you suggesting that within that there is a values education or is it—

Ms Campbell: Absolutely. I don't actually see the point of philosophy unless—I think "philosophy" is an interesting word. The first time I did philosophy at the ANU I was amazed that it was actually a logical equation. I thought we were going to talk about life and the universe, and I found the truth in this little equation. I also did women's studies philosophy and gender philosophy, and that's when I kind of started to feel like that was coming into what I thought philosophy was. I think philosophy has got to be about values and ethics, and I think it's how it's taught.

I've done copies of this transcript for you so you can have a look later or whatever. It is an interview from the *Insight* program about the approach of Matthew Lipman, where it's how anything is done that determines whether or not it's powerful. But the conversations—the young women are saying, "I'm learning to think". They're asking extraordinary questions. They're starting to learn how to develop a sense of reference point for not just taking things in.

When it comes to philosophy, what we'd have to do is sit down with the people who are expert educators and say to them, "What do you ask a grade 2 or 3 person? How do you put this in a consumable fashion". But I think we underestimate children all the time. My step-children are much more intelligent than me, but I don't let them know it. I think that what we need to do is get the people who are really quite brilliant at teaching and then work it. But how beautiful! We've got a role model already. I think it's at the Buranda school and the Katherine McAuley at Westmead. There are a couple of schools and there are a couple of people—Lyn Hinton in Queensland—who I think would be more than happy to help. I just think that, if we could get this underbelly, this beginning again of children understanding democracy and our civil rights—this is now leaping—I think we can understand wars; we can understand violence. We can have young men that are big, huge, muscular things that wouldn't dare want to hit someone else because of their civility and the respect for themselves.

Also, especially around abuse, we can have young kids developing their own thought patterns and processes. So, even if they have to walk back into abuse, the pain doesn't feel the same. It's not pleasant, but we're not very good at taking—even when we take children away from their families, I hesitate because I'm really not sure whether we're doing the right thing anyway.

So I'm just thinking, if we get them to develop their own reference points, within the values and ethics—I don't understand philosophy unless it's values and ethics. I think it's psychology, I think it's sociology—but I wouldn't say that around a philosopher.

THE CHAIR: Okay. Do you have a question?

MS MacDONALD: There's a lot of stuff that we could have a conversation about over a glass of wine.

THE CHAIR: No, we want recommendations; we want action here. All right, well, thank you very much.

Ms Campbell: Thank you.

ANN VILLIERS was called.

THE CHAIR: Dr Villiers, you were sitting here when I read out these requirements for witnesses. Do you feel fine with that? I don't need to read it out; you've understood it? Thank you.

Could you state your name and the capacity in which you appear.

Dr Villiers: My name is Ann Villiers and I'm appearing here as a mental nutritionist, which is my professional context.

THE CHAIR: Thank you for your submission. It was very interesting. Would you like to make a statement to the committee?

Dr Villiers: Yes, I would. I'd like to thank the committee for the opportunity to present today. What I'd like to do is to build on my submission, particularly in relation to the terms of reference about fostering a culture of health and wellbeing; that's what I would particularly like to focus on.

I created the concept of mental nutrition to focus attention on how people make sense of what happens to them—how they interpret events, how they decide what things mean for them and then behave as a result of that. So it's linking those mental processes with how we feel about something and then how we behave as a consequence.

I see this as the most neglected aspect of communicating between people. Understanding this internal process of how we think and decide what things mean is also particularly relevant to issues of health and wellbeing.

My background, in terms of where I'm coming from for this, is a combination of an academic background in the area of communication theory and practice as well as a senior management background in the Australian public service. There my experience was that people would complain, "Oh, there's no communication around here", when it seemed to me there was usually an awful lot of it going on, and the conclusion I came to was that it had a lot to do with how we think about what communicating is. What I now do is combine all of that experience in the metaphor of mental nutrition to help people understand this particular perspective.

Mental nutrition is a metaphor that has three ingredients. The first one is about understanding how we make sense of things. The second one is to use that understanding and apply skills to better manage what things mean for us. So what I'm saying is that there is choice here about how we think about things in order to get a different result. The third ingredient is about feeding and exercising the mind to sustain useful thinking patterns. One of the areas where I apply mental nutrition is the area of wellbeing, particularly in the context of balancing the demands of work and other areas of life.

What I'd like to do now is raise a number of points with you about the power of the mind in relation to our beliefs and values that might be pertinent to this term of reference about cultivating health and wellbeing. When it comes to health issues there now seems to me to be a gap that is an experience for people in terms of what they know they should do

and would like to do and what they do do. I think a lot of people know that they should eat better and exercise—all of those things—but they continue to choose not to do it.

I think a key reason lies with people's beliefs and values. Either they believe something like, "It's not worth the effort, it's too difficult, I don't have time", or their health is not of sufficient value and importance to them to drive them to take some action, and so there's a gap between what we know and what we in fact do.

At a practical level, there is also evidence that the way we think does have an impact on whether we do get sick and how well we recover from illness. Our beliefs and attitudes are rather like another immune system. If we have poorly chosen mind-sets, such as perpetual pessimism for example, then the chances are that you're more likely to be sicker or become sick than the person who operates from optimism.

There has been a lot of promotional effort put into telling people what we shouldn't do—don't drink and drive, don't bash your wife, don't abuse your kids, a whole range of don'ts—and I suspect people may have reached saturation point in this particular approach. For example, a teenage girl commented to me that she smoked, she didn't eat as well as she might and she didn't do the exercise that she knew she should. She was quite aware of these choices but she didn't do it because life is for living now—and that was her belief system: "I want to have fun right now."

This is not a unique mind-set. So continuing to tell people that they shouldn't smoke, they shouldn't drink, they should do more exercise and so on is probably not going to make a whole lot of difference until such a person changes the belief structure and values that underlie their behaviour. Interestingly, the AMP has been running television advertisements recently where they have got high-profile Australians responding to the question, "What do you look forward to?", and it ends with optimism as the branding concept.

A further point I would like to make relates to the fact that the power of how we think is certainly used at the AIS. Elite athletes get plenty of access to using sports psychologists to improve their performance by tapping the power of the mind. I would like to see the general population have access to this know-how so that everyone has the chance to create their own wellbeing by tapping into the power of the mind, because there is very much a link between what's going on in the way we think and its impact physically. In the long term, I think this would have a significant effect on reducing the costs to the health system.

So the ideas I'm presenting are broad-based and they're designed for the whole population. I am not addressing specific health issues nor people at risk. My comments probably complement some comments that Richard Eckersley made to this committee earlier on. The ideas I am suggesting are about building for the long term. There is no quick fix, and there's no necessarily clear path forward, but I would urge the committee to consider taking such a path.

So what action, what practical steps, could be taken? I am proposing that any approach to cultivating and fostering wellbeing for children and adults must take into account beliefs and values and thinking processes. I'd like to see the ACT lead the country in deliberately creating wellbeing to be a path maker in this area. This will take a shift in

thinking, with a reduced emphasis on focusing on particular problems, to a health creation approach. What may be needed in the short term is perhaps to bring together some people who have an interest in this area to try to work out a framework or an agenda to start getting some public discussion about how you incorporate into a notion of wellbeing this use of the mind and thinking patterns and to start cultivating the idea that empowering individuals and communities to take responsibility for creating their own health and wellbeing is a useful way to go.

How could we further do this at a practical level? I'd like to see a whole-of-government approach to building wellbeing taken, in the way that when EEO was first introduced, for example, there was a check-point on submissions and new proposals whereby people checked that everyone had been consulted and that the implications of the proposal in terms of EEO practices had been looked at.

I think that having a similar process in relation to wellbeing may be a way of ensuring a coordinated approach, because you create wellbeing through education, through health, through housing, through the environment, recreation, enjoying the arts, a whole range of activity—and through business, perhaps through encouraging innovation in the area of creating the businesses that create wellbeing.

A second practical step is that language is important. I'd encourage some scrutiny of the titles that are given to programs. For example, we have a lot of programs that are against domestic violence. We have a number of programs that are against something. I've read that Mother Teresa was once asked whether she would take part in a march against war, and she said, "No, but if you're ever marching for peace let me know and I'll be there". I think we put a lot of our effort into campaigns that are against something, without identifying for people what in fact we would like to cultivate. So, for example, if we say to the person who only knows how to bash somebody as a way of dealing with a situation, "Well, don't bash a person," what are we offering as an option? I'm suggesting we need to cultivate the respectful behaviours, the behaviours that we'd like to see, in a number of these campaigns.

I think this flows through also to the Commonwealth level where, when health ministers work together, perhaps the Commonwealth could be persuaded to devote some of the funds that go into campaigns that are against things—whether it's against drugs, violence or whatever it is—to supporting campaigns that promote the behaviours that we would like to see that support wellbeing.

Perhaps also some proportion of current grants could be reallocated to encourage programs that support cultivating people using their minds and tapping into the power of their minds. For example, a proportion of HealthPact grants or the community foundation grants could be earmarked to encourage people to start thinking about, "How can I incorporate into my programs activity that helps people to use their minds in a better way?", and tapping into those inner resources. None of this has to be particularly costly. They're based on shifting the emphasis rather than on spending more money at this stage.

Now, in anticipation that you would want to look at specific examples of work, I've prepared a list of literature that relates to the sorts of things I've been talking about and some other examples there of what wellbeing is about.

I will also mention three examples that reflect where people have been working with the power of the mind and helping people to think about how they make sense of things. One is Ken Fraser's work at the National Institute of Esteem and Productivity. While I think he probably works mainly with adults and some young adults rather than children, his work does complement the sorts of things I'm talking about. Randall Clinch, who is based in Queanbeyan, does a lot of work in schools with children—particularly the so-called problem ones—teachers and parents, to help students tap into how they're thinking about things and change the beliefs they have that are affecting their behaviours. I believe he is now doing quite a lot of work through Monash University in Victorian schools.

The other example I'd raise comes from a project that commenced under the community mentoring program, which was an ACT government-funded program. This community project was to develop a protective behaviours program for primary-school-age children, which I understand was a first in this area. While that's looking at a very specific area, it does illustrate how you can help work with kids to help them start thinking about how they're thinking about things.

So what would be the benefits of making such a shift? I would see children growing up with these life skills because, while we're talking about health and wellbeing, they apply across the life spectrum. They would grow up with life skills of being more mindful of their thinking processes, and the impact that their beliefs have, and have a capacity to make different choices. If more people valued wellbeing and took responsibility for their own wellbeing, the long-term benefits would likely include substantial cuts to health costs by reducing demand on services, staying at work, and attending to symptoms earlier—in other words, taking voluntary preventive action.

That's the guts of my presentation. You did raise with me, Kerrie, a question about competition in schools. My response to that is both yes and no. I had a fairly negative view about competition until I read a book by an American. I think she's a basketballer, and her full name eludes me right now, but I think her last name is Burton or Burdon. But I can provide that to you anyway. She was exploring how we think about what competition is.

She drew a distinction between three types of competition. One is the macho form of competition that blokes stereotypically represent. Then there is the cheerleader style of competition which is captured by the girls competing for popularity and the boys' attention, as a cheerleader, but not necessarily literally. Then there is what she calls the champion form of competition—and she's talking to some extent in a sporting context but not only—where people can compete in a respectful way, where you are doing your best in the context and encouraging others to do their best and basically each excelling in that particular context in a respectful sort of way. So she was putting a case for suggesting that a form of competition, in that context, was an acceptable way—

THE CHAIR: So it's bringing the civility into the competing?

Dr Villiers: Yes, whereas the macho form and the cheerleader form were less desirable ways of going about it. So it comes back again to how we perceive what competition is, what meaning we put around it and then how that affects our behaviour.

THE CHAIR: I was talking to a young man and I put that line and he said, "No, if you don't win you're a loser."

Dr Villiers: Yes, well that's the macho form, yes.

THE CHAIR: Yes, basically, that's it. That's a fairly big cultural shift as well that would be necessary. I'm interested that you've given us a list of examples, and I'm sure the committee would be interested to look at them and perhaps even go and visit some of these programs if they're working anywhere. I think it would be very interesting to pursue it. I guess I just am interested in understanding more of how you actually do this work. But perhaps that will come if we have a look at those programs.

Dr Villiers: Are you talking about me particularly or these people?

THE CHAIR: Well, what you've said sounds really good and important, and you did give an example in your submission, I think, when you mentioned the resilience program at Narrabundah. But I am interested in the nitty-gritty of how you teach this. The previous witness was talking about doing it through the forum of philosophy—value-based philosophy, ethics classes. Is that the sort of thing you're thinking as well?

Dr Villiers: I can describe what I do, which I do with adults. Working with children, even though I have a teaching background, is not where I'm at right now. So you would need to then get the expertise in to see how you would adapt this for different ages. What I do is work with people looking at specific topics. For example, two weekends ago I was doing a workshop for the Spirituality Leadership and Management Network on wellbeing in the workplace. We were particularly looking at how you can express your authenticity in the face of pressures to self-censor, suppress what you're feeling and conform to patterns of behaviour that you may not feel are consistent or compatible with your own values.

What I do is take people through the three ingredients of mental nutrition. The primary one to understand first off is how people make sense of things, and to understand that, when something happens, we will draw on our memories, our expectations, our assumptions, our beliefs, values, fears, a whole range of things, in order to instantaneously process that event. It will affect how we feel and then we will behave based on that.

So, to translate that into a practical situation, one area where I apply this is that of confidence in speaking up in the workplace. People carry around with them a whole bunch of beliefs and expectations and fears about opening their mouths in the presence of a group of other people. They're things like, "I don't like being the centre of attention", "People will think I'm stupid", "I fear I will forget what I'm going to say"—a whole bunch of things. When people are encouraged to analyse "What beliefs do I hold, how valid are they and to what extent are they sabotaging the way I'm behaving?", they start to appreciate that some of the beliefs and fears that they hold are in fact based on not much.

A lot of it has to do with how we think other people are thinking, when we have no control over that. Often people are not thinking what we think they're thinking anyway. But we endeavour to conform to what we assume or expect they might be thinking and what they then might think of us, and the judgments that flow from that and our fear about those judgments.

So it's partly about analysing that but also developing belief structures that support us and that give us the confidence to stand up to those pressures, if you like, not only the self-imposed ones but also the ones that we do know other people try to put on us. It's a matter of building that resilience, if you like, but also being clear about what your values are and being mindful of that inner voice that's constantly telling us, "No, don't do that; that's stupid" or "No, don't do that. What will they think? I'll miss out on someone's approval; I'll get into conflict with somebody and I should avoid that"—all of that stuff that goes on.

In relation to health issues: it gets back to those beliefs at that broad level: "I know I should do all these things"—like exercise and eat well and make different choices—"but I don't." It can be the beliefs and values people hold that have a lot to do with influencing why they don't, and until they change people won't make different choices.

THE CHAIR: Thank you very much; it's really interesting.

IRMGARD REID and

LISA NARELLE OXMAN

were called.

THE CHAIR: Thank you for coming here to address the committee. I need to read to you, as a formality, a statement outlining the responsibilities you have as a witness before an Assembly committee. You should understand that these hearings are legal proceedings of the Legislative Assembly, protected by parliamentary privilege. That gives you certain protections but also certain responsibilities. It means that you are protected from certain legal action, such as being sued for defamation for what you say at this public hearing. It also means that you have a responsibility to tell the committee the truth. Giving false or misleading evidence will be treated by the Assembly as a serious matter.

Please state your name and the capacity in which you appear.

Mrs Reid: My name is Irmgard Reid. I work at VYNE as an educator/project officer.

THE CHAIR: Can you explain what VYNE stands for?

Mrs Reid: Yes, certainly. VYNE stands for Vision for Youth through Knowledge and Education.

Ms Oxman: My name is Lisa Oxman. I have a background in clinical psychology and I also work at VYNE as a project officer and educator.

THE CHAIR: Thank you. We appreciate your giving us your time.

Mrs Reid: Kerrie, thank you for the invitation to report on particular aspects and issues as set out in the terms of reference. VYNE—as I explained, Vision for Youth through Knowledge and Education—is a program based at Calvary health care to provide accessible education and training in the area of suicide prevention. While the initial focus was on young people, we now target across the age span and are guided by the LIFE framework for prevention of suicide and self-harm. Lisa and I will be addressing what we identify as key mental health issues relevant to school-age children in the ACT, with an emphasis on suicide prevention. We will allow for some question time perhaps at the end, but certainly just cut in if you feel it is necessary.

THE CHAIR: No, we will let you do your presentation first.

Mrs Reid: Thank you. I would like to identify the current health status and emerging health issues. It is widely accepted that mental health data is affected by methodological issues and difficulties associated with seeking young people's perceptions of their mental health and their wellbeing.

Much data is collected, but at the acute stage of the mental health spectrum. Prevalence data on mental health problems and disorders can be derived from the child and adolescent component of the national health survey of mental health and wellbeing conducted in 1998 on 4,500 children and adolescents.

The survey estimated that 15 per cent of boys and 14.4 per cent of girls aged four to 12 years have some type of mental health problem. Mental health problems assessed by the child behaviour checklist include somatic complaints, delinquent behaviour, attention problems, aggressive behaviour, social problems, being withdrawn, anxious or depressed, and thought problems.

Preschool children with ADHD have more problem behaviours and fewer social skills than their peers and have deficits in pre-academic skills before entering school. Meeting the diagnostic criteria, ADHD, depressive disorder and conduct disorder are the most common forms of mental illness in young people. All three disorders, according to the 1998 survey, had a higher prevalence among boys than among girls. Many children who have one mental health disorder may also have another.

Sawyer investigated the relationship between demographic characteristics and mental health problems, reporting the following: children and adolescents living in one parent, step-blended or low income families were more likely to have mental health problems. Mental health problems were also more prevalent in families with one or both parents unemployed.

According to the 1998 Australian federal government survey on the mental health of young people, 14.1 per cent of four to 17-year-olds had experienced mental health problems in the previous six months. Young people living in sole parent and low income families, once again, had higher rates of problems. In adolescents, the rates of suicide ideation, suicide attempts, cigarette smoking, alcohol and cannabis use increased steeply, with increasing emotional and behavioural problems.

Twenty-five per cent of children and adolescents with problems had used at least one service, broadly defined, in the previous six months. The three services identified most often were counselling at school or in a special class, GPs and paediatricians. Half the parents reported that help was too expensive and almost half did not know where to seek help. Only six per cent reported that social stigma was a barrier to seeking help. Amongst adolescents, 38 per cent preferred to manage the problems themselves, 18 per cent believed that nothing could help, 17 per cent did not know where to get help, and 14 per cent were worried about social stigma.

According to the Mind Matters document (2000) 20 per cent of all children and adolescents in Australia are affected by mental health problems, with half of these showing impaired schooling and social development. Depression is the most common mental health problem for young people, with up to 24 per cent having had an episode by age 18. Students with mental health problems are five times more likely to have below-age academic competence compared with students who do not. We are looking here at a figure of 42 per cent compared with 13 per cent. Depression makes young people vulnerable to mental health problems later in life and puts them at greater risk of suicide and self-harm.

According to the Victorian health department, as located in the VicHealth website, between 60 and 90 per cent of the young people who attempt suicide are depressed. Suicide attempts are more prevalent among depressed young people than among those suffering from any other psychiatric disorder.

ABS statistics in *Australian Social Trends 2002*, comparing figures since 1990, show that overall suicide rate peaked in 1997 and to the year 2000 are at their lowest, but the same as 1993. Young males 15 to 24 show a drop, but are still part of the upward trend, while female rates, which are comparatively low, show a slight increase. Self-injurious behaviour in females is three to six times higher than in males.

THE CHAIR: Can you tell me what self-injurious means?

Mrs Reid: Self-harm.

Ms Oxman: And attempted suicides as well.

Mrs Reid: Yes. While suicide rates continue to raise concern, suicide rates seem to be actually dropping. ACT rates are lower than any other state, but it is actually too early yet to identify the reason and exactly what is happening. Research indicates, though, that while a significant proportion of young people are affected by mental health problems, the majority of young Australians are healthy and improvements in the health of this population group continue. That is on a very positive note.

We have just looked at some of the statistics and no want to raise some of the issues from it, as we moved into the new century certain problems in child and adolescent health presented a set of challenges similar to those of the social and environmental situation in 1901. Mental health problems such as suicides, risk-taking behaviours, depression and eating disorders in young people seemed to coincide with modern society family life, with its breakdowns and its reforms, and with economic and employment changes. While the cause of death was likely due to infectious diseases in young people during the early part of the last century, alarm is now being raised with the number of suicides in Australian males, with female rates much lower but apparently increasing. Beneath the death rates lie much larger numbers of young people with severe depression and other mental health problems.

What are we looking at here? Significant social changes in families, an increasing level of child and adolescent mental health problems presenting at a younger age, the increased availability and use of addictive drugs and alcohol, and other factors like sexuality issues, violence and discrimination. They appear to contribute to the rising rate of mental health morbidities. While there appears to be no current data, we believe that the trends are actually applicable to the ACT, and that is probably worth further investigation.

Let's take a brief look at the current practices in schools. Screening and surveillance of schoolchildren and the provision of preventative services through schools continue today with the understanding about the close relationship between the environment and health and disease, both physical and mental, and a rapidly growing interest in preventative medicine. However, according to the Western Australian child health survey, in the area

of mental health one in five teenage, school-age children will have a mental health problem and most will not seek or receive treatment.

How do we respond to this? By looking at a whole population preventative approach, which means striving to reach large numbers; looking at detection and surveillance; looking at health education; and looking at in and out-of-school prevention strategies. More specifically, looking at targeting infancy and early childhood, which is a critical time for social and physical development and resiliency and may determine the success as adults with a view that the stage for good or bad health and educational outcomes has been set.

Research on parenting and the impact of this early period highlights the importance for a child's own capacity as a parent. Research suggests that any intervention activity should support parents in their role to be good and loving parents, and to create a nurturing environment for their child. Studies have shown that a positive connection at school is very protective against ill or mental health and suicide, especially when there is little connection with the family.

It is widely accepted that students who feel supported by and connected to the school they attend have better levels of emotional health and lower levels of ill or mental health. Connection with an individual teacher has also been shown to be protective. Schools can greatly influence, either negatively or positively, opportunities for developing connectedness. A young person may have the ability to connect, but limited or few options at school or in class to participate with others, which may be a hindering factor.

There are quality evidence-based programs in our ACT schools that support the promotion of mental health through resilience and capacity building. You are probably quite well aware of them, but I would like to highlight a few of them. The health promoting schools framework is an extremely useful guide for schools seeking a whole school approach. The health promoting schools framework has been described as one that takes action and places priority on creating an environment which would have a positive impact on the health of students, teachers and school community members and which recognises the interaction and the connection between its curriculum, its policies, its practices and its partnerships.

Mind Matters is a national mental health promotion in schools program which takes a comprehensive, whole-school approach and is promoted in all three school sectors in the ACT. RAP, the resourceful adolescent program, is a preventative school-based program happening in several ACT schools that strives to reduce levels of depression in young people. Schools as communities has its focus on improving social and educational outcomes for at-risk children and young people by creating strong and effective working relationships between families, communities and their schools. An integrated school-based health education curriculum can be effective across a variety of health outcomes There is existing evidence that less intensive training may be as effective as intensive training. Intervention needs to span several of the early adolescent years. Ongoing training, professional development of teachers and feedback from evaluation are essential.

I am going to finish my part of the presentation and pass you on to Lisa by ending with some thoughts or some points. We know that mental health disorders impose a heavy burden on children, on families and on communities. Prevention, promotion and early intervention are essential. This means an increased awareness that mental health problems are a major issue in child health and we should strive to prevent them. It means to improve the use of resources and access to services. It means to increase funding for mental health services for young people. It means to increase the number of specialists in mental health and carry out more research into which treatments and service delivery models work and which do not work.

I know that Lisa is going to put stronger emphasis on schools and school settings. I would actually like now to pass you on to Lisa to continue the next part of the presentation. Thank you.

THE CHAIR: Thank you.

Ms Oxman: I am going to look at another angle as we are looking at mental health in a broader context as well. Positive or negative mental health issues arise in the context of emotional, physical and social health. They are interdependent of each other and it is counterproductive I believe, both on a social and an economic level, to behave and/or implement policies that act as if they occur in a vacuum and that ignore this interdependence. I just drew up a little picture to show you.

Mrs Reid: It was meant to go on an overhead.

Ms Oxman: It is important to acknowledge that there is a flexible hierarchy with these factors in which meeting the physical needs, such as eating and sleeping, is crucial in order to be able to maximise social and emotional health. However, an intervention at any point provides a valuable starting point and it must take place in the context of the other two factors. I am sure that all of us here, and probably most of the community, are aware of times where there might have been social or emotional hiccups in our lives in which the physical factors, such as sleeping and eating, became more difficult and intervening at a social or emotional level made these things easier as well.

It is well recognised that the broad term "health" encompasses much more than the absence of an illness. In the context of health promotion, mental health is not viewed simply as the absence of a mental disorder, but instead as, and I quote the Australian health ministers in 1991:

> The capacity of individuals within groups and the environment to interact with one another in ways that promote subjective wellbeing, optimal development and the use of mental abilities, cognitive, affective and emotional, and an achievement of individual and collective goals consistent with justice."
>
> It has also been noted that the use of the phrase "promotion of emotional and social wellbeing" may be preferred to the term "mental health promotion" because of the historical associations between the terms "mental health" and "mental illness". This concept of emotional and social wellbeing is compatible with the holistic concept of mental health held by Aboriginal and Torres Strait Islander communities and some other cultural groups, in which health is defined as not just the physical wellbeing of an individual but the social, emotional and cultural wellbeing of the whole

> community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community. It is a whole of life view and includes the cyclical concept of life, death and life.

It is this view of mental health that we at VYNE endorse, and we use it to implement our work. It is a definition that we strongly urge the standing committee to consider, not only in the collating of information presented on the health of school-age children, but also on any recommendations made to the government as a result of your research. Essentially, mental health is a state of emotional and social wellbeing in which an individual realises his or her own abilities socially, emotionally, intellectually, physically and, for some, spiritually.

In terms of the relationship between the social, emotional and physical health of school-age children, this clearly holds numerous implications. If any needs are not met in the area of social, emotional or physical health, the capacity to develop completely or wholly is compromised. It is at this point that I stress the importance of adopting what is termed a salutogenic approach, rather than a purely deficit model, when addressing the health of school-age children. The salutogenic approach was first introduced into the health sciences and public health care by the American-Israeli medical sociologist Aaron Antonovsky. He criticised an exclusively pathogenic curative approach. He asserted that the question why people stay healthy should have priority over the question of the causes of diseases and their risk factors. I think this builds on what the previous speaker spoke about.

The salutogenic orientation primarily explores the conditions of health and the factors that protect health and contribute to invulnerability. It focuses on factors which maintain health. In part, I begin to speak of "a paradigm shift from a disease-centred model of pathogenesis to a health-centred, resource-orientated model of salutogenesis aimed at prevention". In saying this I mean to convey that at VYNE we believe it is extremely important to acknowledge and address problematic areas of concern and that it is equally important to look for and acknowledge strength and resilience. This is crucial for two main reasons. Firstly, it provides possible avenues for future capacity building strategies and, secondly, it guarantees a more complete picture of the individuals identified at risk, and therefore means that policies are more likely to be imbibed with an underlying respect and dignity towards those that they assert to assist.

To understand the relationship between social, emotional and physical health, we refer the standing committee to the theory postulated by Maslow, namely, his hierarchy of needs. We do this because we believe that it is a useful way of conceptualising the relationship between the various aspects of health, and to more fully understand the health of school-age children. We need to recognise that basic building blocks need to be established if children are to develop to their full capacity. Essentially, Maslow's theory asserts that individuals need a certain level of each need met before they can move up the hierarchy.

I think that we would agree that in the Western world a large percentage of individuals have their basic needs met and that things like physiological needs, such as food and sleep, are met for a large number of children. However, it is critical to remember that not all children come from a level playing field and, for instance, in any classroom it is unfortunate that a percentage of the children do not have their physiological or their

safety needs met. This impacts hugely on their ability to engage in tasks set by the school environment, and also on their ability to socialise and feel connected to the school. I am aware that the standing committee has heard from Tim Bavinton around sexual assault issues as well as a number of other services that address this issue. If kids are dealing with this sort of stuff, it greatly impacts on their ability to engage in the school environment.

For the percentage of children who have most of their physiological and safety needs met, the main area of focus is the meeting of social and esteem needs. Social needs can be understood to be the need for love and belonging, and include both the need to give and receive love. This has huge implications for suicide prevention. We know that one of the factors that can promote resilience and also reduce the likelihood that someone will see suicide as their only option is a sense of belonging and a sense of purpose and meaning.

Esteem needs can also be understood to be the need for self-respect and the esteem of others. The self-actualising needs, the ones at the top, are seen to be a bit more distinct from other needs. They don't seem to stem from the need to meet deficiencies, such as feeling hungry and having to eat or feeling tired and having to sleep. Rather, they stem more from the need to fulfil one's potential. It is at this level that people are motivated by meta-needs, such as truth, justice and beauty.

It is simplistic to imagine that it is a linear process up through the needs. This is clearly not the case and self-actualising tendencies can be found throughout life, such as creativity and curiosity. But we do not become predominantly focused on these needs until most of the other needs have been met. I think that is pretty self-explanatory. As such, for school-age children to reach their maximum potential and to ensure a high level of achievement, we need to ensure that things are put in place to ensure these needs are met.

I believe that to achieve this we need to adopt a mindset that promotes the belief that the most worthwhile competition is with oneself, that to compete with oneself to be the best you can be is the most useful way of teaching school-age children, and this approach does not require that someone else loses or is beaten in order to feel good about one's own achievements. For example, in regard to physical health, programs such as step into life, which is a national group personalised training program located in various locations in the ACT, which promote the setting of one's own goals and working consistently to obtain and surpass them, as well as sharing these improvements in a supportive environment, are excellent as they do not depend on a winner and a loser.

This approach is crucial, I think, at all levels of life, particularly for school-age children, because it is precisely at this stage in life that people make decisions about whether they will continue to engage in activities that maintain their physical health. This decision is often made, either consciously or unconsciously, on whether they were perceived to be a winner or a loser in competition in sport.

There are a number of studies that indicate physical activity promotes positive mental health. So, by taking steps to ensure an ongoing interest in physical activity, we are essentially promoting strategies for good mental health both now and in the future. Clearly, health is not an unequivocally defined construct. In the social sciences and

medicines of today it is increasingly recognised that health must be seen multidimensionally. It includes not only physical wellbeing, such as a positive body feeling or the absence of signs or complaints of disease, as well as a psychological wellbeing—joy, happiness and life satisfaction—but also things like performance, self-realisation and a sense of meaningfulness.

Health depends on:

(a) the existence, the perception and the means of dealing with stress and strain;
(b) the risk and hazards in the social and ecological environment; and
(c) the existence, the perception, the tapping into and the use of resources.

In talking of health from the point of view of resources, I think that it is also worth noting that an area often neglected when considering the factors impacting on the health of school-age children is that of the welfare of teachers.

THE CHAIR: I am sorry to interrupt you but, because Ms MacDonald has left, I need to put on the record that we have lost a quorum and I am declaring this part of the hearing a discussion. Please continue. Your remarks are still being recorded and we will use them as evidence. We will just have to say that later.

Ms Oxman: Talking of health from the point of view of resources, I think it is also worth noting that one area often neglected when considering the factors impacting on the health of school-age children is that of the welfare of teachers. It stands to reason that happy, resourced teachers are in a much better position to make a more productive learning environment. They are also in a much better position to promote an environment of belonging and connectedness, which provides a safe environment for students, not only in regard to learning and achievement, but also in expanding their comfort zones and risking failure, and not having their complete self-worth tied into academic and/or sporting achievement. Essentially, happy, well-resourced teachers are in a better position to promote an environment in which learning in all areas is held in high regard and in which children would want to stick around and actually continue to learn.

I was told recently of a year 11 male high school student at Queanbeyan High who was voted in as next year's school captain, with one of his policies being to ensure that teachers are looked after, because, "If the teachers are happy, we will have a happier school." I think that this indicates that students themselves are recognising the importance of this often neglected component of school-age children's health. I believe that the standing committee would do well to take this into consideration when making recommendations to government.

In closing, I would like to note that an interesting study by Beardslee has shown that resilient adolescent children of parents with a major affective disorder had a higher level of self-understanding, were involved in academic pursuits, were active in sport, persisted in work-orientated pursuits, and took pleasure in outside and home activity. They had a good understanding of their parents' illness, but had struggled to assist the parents to manage and had turned to outside support to gain assistance and understanding. They were described as doers and problem solvers, and they made accurate appraisals of the stress to be dealt with and realistic assessments of their own capacity to act and to

act congruent to their understanding. They did not take responsibility for their parents' illness.

While this study was a small one relying on clinical interviews, I think that it does point to factors that could be included in prevention programs and also to factors which could be included in the school curriculum. It seems to me that the very skills required for effective living and positive mental health, such as communication skills, problem-solving skills, help-seeking behaviours and the development of emotional intelligence, are the very skills which we are required to learn on the run, almost as incidentals to the school curriculum.

I believe that this results in what I very loosely term the walking wounded, people who have left school with a feeling of either success or failure, based on academic or sporting achievement, who still need to develop social and emotional skills for future living and who attempt, to the best of their ability, to engage in the world in various ways. Some of them will later teach children, either professionally or personally. However, I think it is important to recognise that we can only ever teach what we know. If we haven't learnt something, how do we teach it or how do we pass it on to those who follow. As such, the earlier we begin to learn these skills, from infancy onwards, the more likely it is we will be able to use and develop them throughout our lives. It is also important to note that ongoing professional development for teachers in a safe environment to learn new skills and to develop an understanding of values and the attitudes that they hold that are either helpful or unhelpful is important to the ongoing health of school-age children.

I am of the understanding that Richard Eckersley presented to the standing committee that there is an increased need to promote a space for children and adolescents to develop the values they perceive as helpful or unhelpful for living. I believe that if school curriculums were based on three core principles, namely, awareness, responsibility and integrity, and if it was from these concepts that all subjects were based, students would be in a position to develop their own value systems. This approach fosters an internal discipline, one based on the desire for growth, rather than an external discipline, which is more often than not based in fear. It is from this approach that resilience begins to be fostered and a high quality of life is developed, which in turn promotes life. Clearly, this reduces the likelihood that a person will find themselves in the position that suicide is their only option.

Again, I thank you for offering to find the time for me to make a presentation to the standing committee and we are happy to answer any questions.

THE CHAIR: That was very good. You were talking about a group of children who had a parent who was sick.

Ms Oxman: Yes, with an affective disorder—depression.

THE CHAIR: Why were they coping with it so well? Had they gone through some special support program?

Ms Oxman: Not that I am aware of. I can send you the study, if you would like. It seems that some people, for whatever reason, do cope. We often look at what has been wrong with people and we haven't actually addressed what has been working for them. Some

people along the way do pick up the skills, but it is not like this is a global approach that we take for children, that we actually teach this to them. Either you learn it or you don't. If we could implement problem-solving skills, ways to act. People can be taught how to problem solve, people can be taught how to seek help when they need it, people can be taught how to look for people who need help. If we took this more as a global approach, rather than expecting people to learn it on the run, I think we could actually transform our world.

THE CHAIR: Was the point of that study to show that they were ordinary young people who were dealing with a difficult situation and they were managing it very well? Was that the point of the study?

Ms Oxman: Yes, and to take the approach of what is working for you, what are you doing that is working, how is it that you do manage those things. I find interesting that one of those points is that they actually reached out for help. Somewhere along the line they got the message that it is okay to ask for help. But, similar to the speaker before us, there was some mention of the internal dialogue that goes on inside people all the time: "Is what I am doing okay? Am I allowed to ask for help? Will I be punished if I do?" So much of help-seeking behaviour is loosely concreted in early years with responses to particular questions or particular approaches for children where they ask for help. If they received it positively, they will keep doing it; if they didn't, they would stop asking.

Mrs Reid: I guess one of the most significant things for us at VYNE, though, is constantly asking the question: what is happening for those who have got the resilience and the coping skills, even when life is really tough—the "yes, you can be taught how to" versus "yes, you have been taught, but why don't you"? I think there is a lot of research that still needs to go on in that whole area.

THE CHAIR: A person in America in the 1970s wrote an interesting book called *Passages*, which looked at how every seven years we can have crises and predict crises in life. She wrote another book called *Pathfinders*, I think. She did an analysis of why it was that people who had come from a horrendous situation had managed to find a path. She had a few common indicators at the end of the book. I am not sure that I remember all of them, but the ones I remember were that they were risk takers and they had a belief in something bigger than themselves. They are the two that I remember. They had a spiritual belief, a faith. They had a public good commitment or whatever. There were probably others. But that is an example of this work being done and I thought it was quite interesting.

Ms Oxman: There is one other that I have heard of as well. Studies are looking at why people have made it when everything you would predict about them is that, because of their situation, they wouldn't. More often than not they identified that there was one key person who believed in them and more often than not that person was a teacher. So they can identify or remember that in fourth grade, fifth grade, through high school, that teacher believed in them above and beyond anything.

THE CHAIR: It just needed one person to have that faith.

Ms Oxman: Yes, the power of one.

THE CHAIR: Yes. It is interesting that the witnesses this afternoon have all had a similar approach. Basically, it is a picture of oppression versus a picture of collaboration and respect. I think most schools would say that they try not to work with an oppression model, but they are forced to do so to a degree because, as one person said today, managing 30 students is horrendous and you have to use power to survive. It sounds to me that there are arguments for smaller classes, smaller schools even.

Ms Oxman: A lot of the research indicates that class size makes such a big difference.

Mrs Reid: Kerrie, in preparing for this today, we were having a great discussion about how this might go. There is a lot to be said, especially if you are trying to address all the terms of reference, and we realised that we couldn't do it justice in this time. Going back to the whole focus around schools: my background is in education. My husband is a teacher. Lisa's partner is a teacher. I have worked extensively in schools, not just in mainstream ones, but focusing on alcohol and drug education. Very committed, hardworking teachers are striving to take on board some very wonderful policies, but there are a lot of challenges in doing it appropriately and effectively. Yes, class numbers is one of them, but there is a whole lot of other issues as well, as in a crowded curriculum, expectations very high and feeling undervalued.

Ms Oxman: I am really humbled by the teachers that I have met and the amount of work they put in. I certainly know through my partner working from 6.00 am until 11.00 pm. It is unbelievable in a sense.

THE CHAIR: Yes, that is right. You have talked about all the different programs in existence now to support schools, such as schools as communities and other examples that you listed, where they are trying to bring in support. You said that Mind Matters was across all levels in the ACT. Is it in all schools?

Mrs Reid: No, it isn't. It is certainly actively promoted as the health promoting schools framework, but I would need to get some further figures as to how many schools have been actively involved.

THE CHAIR: We can follow that up with the minister.

Ms Oxman: The feedback I have heard is that it is very much dependent on the principal in some ways. I know a number of teachers who have taken up components of it and will be using them in their classroom. They say that it is excellent, but it is a lot of work if you don't have the support of the whole school as well. They can still see the absolute value in it and hence will continue to implement it.

Mrs Reid: It has certainly been offered widely to all sectors in the ACT. There has been some very thorough—two-day—PD development on how to use the kits. Lisa and I presented the educating for life component of it. But what we are both aware of is that individuals often are very motivated, but they go back to their school setting and it is back to business as usual. But I would like to think that there is a very strong move towards implementing Mind Matters effectively because it fits in very comfortably and very solidly with the health promoting schools framework, because of what is happening with the drug education project, some very strong, solid things.

THE CHAIR: It would be interesting for the committee to have a briefing on Mind Matters thing and how it works.

Ms Oxman: I was telling someone I was coming here, a teacher, and they said that at primary school it is encouraged that you teach the person and at high school it is encouraged that you teach the subject.

THE CHAIR: Dr Packer said that there was a book called *I Learnt Everything I Needed in Kindergarten*.

Ms Oxman: I have got a copy of it.

THE CHAIR: Everyone knows about it. I had never heard of it. I will have to get it.

Mrs Reid: But that is right, Lisa; primary school teachers teach children and high school teachers teach subjects. But that is all being challenged, because the reality is there are so many issues that high school teachers need to deal with, instead of trying to think a little bit harder about how to teach more holistically.

THE CHAIR: But you have just said that there is a crowded curriculum, so that is a dilemma.

Mrs Reid: Yes, it is a dilemma, because we are all saying that it is easy as the kit is there for them and they have got the PD, but by the time they go back into school it is back to business as usual.

Ms Oxman: I think, too, that it is the appropriate training that can happen. It can begin to occur at a tertiary level for newer teachers coming through, but also for teachers that are within the system that it is possible to teach these concepts throughout the curriculum. Things like awareness, responsibility, integrity, you can teach them through every subject.

THE CHAIR: Integrating it.

Ms Oxman: Yes, and all of those subjects stem from those concepts so that kids begin to learn, "How does this work for me in my living? If I choose to take on this value, how does it work and how would it affect how I interact with science, how would it affect my drama interactions, English, whatever?" I want to be very clear about not blaming teachers. I don't want to have a go at teachers; I think they work incredibly hard in increasingly difficult situations.

THE CHAIR: They need to be supported.

Ms Oxman: Absolutely, and I think that there are ways of integrating these concepts without necessarily crowding the curriculum. It may even cut bits out of it, cut it down, stop overlaps or whatever.

Mrs Reid: I think the significant thing about all this discussion is that schools are actually now being actively challenged to think a little bit outside the square. I am talking of schools as from the top down. Principals need to address some significant

issues—for example, when suicide becomes an issue in the school and no-one quite knows how to respond. It is a case of: "Okay, what are we going to do about it?"

THE CHAIR: We had a discussion with students—high school and college representatives—and we asked them what were the issues. Suicide and depression were the major ones. A lot of the students there, the ones who wanted to talk, talked about their own personal experience of a friend saying to them that they were considering suicide, had felt it themselves or had felt depressed and how that had been dealt with and how they felt when someone said that and they didn't know how to deal with it. Obviously, it is a reality.

Ms Oxman: It seems to me that, to a degree, we are in a transition phase, where we can look back at how schooling was done 10, 15 or 20 years ago and there were a lot clearer boundaries about what it was acceptable to talk about. Suicide wasn't spoken about. It still occurred at roughly the same rate, but it just wasn't spoken about. We are now moving into a stage where we can talk about it, but we are learning. What is the most effective way to do that and how do we support people when they are going through these experiences?

Mrs Reid: And that is a very real challenge for teachers. Kerrie, I think you and I had this conversation over the telephone. All the advice is: don't talk suicide to mainstream groups. We are saying yes to sex education and we are saying yes to drug education, but proceed with caution with the suicide prevention and education discussion because of the contagion effect, because there is not enough research and evidence to support the best way to go at this point. The dilemma is that we are saying to teachers through, for example, the Mind Matters and educating for life component that it is important to be able to discuss suicide, but don't talk it to mainstream. Teachers are saying to me, "If it comes up for discussion, what do we do?" There is still a lot of confusion as to the best way to go, the most effective way to go.

THE CHAIR: What do you say when they ask you that?

Mrs Reid: It is a case initially with students of addressing it as a real concern which needs to be further discussed, but recognising that we need to bring on board perhaps those who are experienced and skilled, as in school counsellors and the outside organisations that may be able to provide support.

THE CHAIR: To talk about it with that group.

Mrs Reid: Yes, to bring it back to whole school, whole staff discussion. "This has come up as discussion within a particular class. How do we, as a school, approach it?" But it is certainly a question of what do you do. What do you do with it if a child puts it into a piece of writing that is going to be published or was meant to be discussed? It is certainly something which you can't dismiss and you can't put under the table.

THE CHAIR: They are not getting help dealing with it; that was the clear message we got from those kids.

Ms Oxman: The thing is, too, that you just don't know what response it triggers in the teachers as well. We don't know what their life experiences are. If they are feeling overburdened and underresourced, these things are much harder to deal with. It seems much more taxing on one emotionally, mentally, whatever, so it is harder to respond to children, I think.

THE CHAIR: It came up in another committee—I can't remember which one it was, but this is just more generally—that there would be a case for first aid training to include how to respond to someone who has suicide concerns.

Mrs Reid: There is certainly a program, an intervention line support, called the ASIST course. Kerrie, have you heard of it? It is a two-day suicide intervention course and, like the St Johns Ambulance course, it is designed to give the knowledge, the information, the skills and the practice on how to intervene if you are the first point of call, until immediate help comes.

THE CHAIR: But not many people would do that, whereas lots of people get first aid certificates, so it would be quite good to link it.

Mrs Reid: Yes. The other dilemma, though, is that the ASIST course was designed for adults.

THE CHAIR: The first aid course is for both, isn't it?

Mrs Reid: Yes, it is. But, as I say, it is still early days of the transition, the understanding that we have a lot of work to do and a lot more has to happen.

Ms Oxman: I know that when teachers go through their training, one of the options that they have for a component is to get their first aid certificate. If the ASIST course were offered at a tertiary level and it was expected that you would do it while you were at uni, I think that would be excellent, and offering time for teachers to attend as part of their PD.

Mrs Reid: But you were actually referring to students at college level as well, weren't you?

THE CHAIR: Just generally, yes. It was an issue for the students.

Ms Oxman: The thing is that they talk about it, they read about it and they hear music about it.

THE CHAIR: They experience it. I was surprised by how many of them had first-hand personal experience of it. Some of them didn't speak at all, so I don't know what they were thinking. But enough of them were able to say what had happened to them that I could see it was of concern. There was a small group of about 20, but it was still surprising to me and of concern.

Ms Oxman: Richard might have talked about the fact that it is increasingly a minority of people that are looking to certain institutions to obtain their morals, values or whatnot, which means, I think, that today's adolescents are being left in a position where not only

are these subjects being spoken about more openly, but also there is not an underlying way that tells them how they should think about these things.

THE CHAIR: Exactly.

Ms Oxman: I don't think we will ever go back to that—I can't see that happening—but we are certainly putting in process a way of working out "what are my values for me" and engaging in a philosophical inquiry, essentially, which has just been eradicated.

THE CHAIR: But "what are my values for me" is still a very disconnected condition. In some ways, I think that the notion that we have shared values as a community brings something quite different to an individual in terms of their place within a community. It is a bit like the Margaret Thatcher line that there is no such thing as a society; there is just a lot of individuals. That, in a way, has become the feeling. We can work out our values individually, but there would still be all these disassociated individuals.

Ms Oxman: I think that happens now because—maybe I am speaking too generally—it doesn't seem to me that it is provided anywhere in school that we work this stuff out together, so that what people realise is that—

THE CHAIR: That we are a community and we have a broader responsibility?

Ms Oxman: Yes, and what is helpful and not helpful. Is it really helpful for me to act like I am an individual with no impact on anyone? I think the honest answer to that at the logical point is that it doesn't help me to do that.

THE CHAIR: That is where the philosophy classes would be useful for just working that through.

Ms Oxman: Absolutely.

Mrs Reid: Which, perhaps, raises the issue of a lot of the private schools, the Catholic schools, which are very much about values and focus. I think they would argue with the point that you are making.

THE CHAIR: I am sure they would. They would argue that they have that moral framework, but we don't see that as translating necessarily into different behaviour.

Ms Oxman: Unfortunately, and again this is just my belief, that tends to be an external discipline. If you are around, I behave myself. If you are not, I am left to do what I want to do and, if I get caught out, I just apologise and I will do it again when you are not around. So it is not like it is owned.

THE CHAIR: It is doing to rather than with.

Ms Oxman: Yes.

THE CHAIR: Someone else raised that as an example of a different approach.

Mrs Reid: The other thing I would like to draw reference back to is the health promoting schools model.

THE CHAIR: And that is across the whole system.

Mrs Reid: Yes, it is.

THE CHAIR: Yes, I am aware of that.

Mrs Reid: I think probably it is significantly the most important step in the right direction. While a lot of the schools perhaps still don't understand fully how to go about incorporating the framework into their school system, I think there are lots of very solid things happening, particularly through the department of education and in support with the Catholic schools and the independent schools about embedding it into a whole way-of-school approach. I think it is significantly the most positive thing that has happened in ACT education in the last five years.

THE CHAIR: That is interesting. I think I had better bring this to a conclusion. It has been very interesting and I appreciate your time.

Mrs Reid: Thank you for the opportunity

THE CHAIR: This will all be regarded as evidence. The committee just has to allow that to happen.

Mrs Reid: If there is anything further that you would like from us, please let us know.

THE CHAIR: Thank you. I will read the transcript of what you have said today. You will get a copy of that, by the way, and you will be asked to correct anything that you are not comfortable with.

LISA BROWN,

ALANA LUCAS and

DAVID ROBERT MacLELLAN

were called.

THE CHAIR: Hello, I am Kerrie Tucker. I am chair of the committee of three but obviously two of the members are missing. Karin MacDonald will be joining us but she is detained in another committee. We can start and when she comes in the proceedings will be broadcast. But we will be able to use as evidence what you tell us now. The committee just needs to go through a formality to ensure that that is okay.

Another formality is to let you know about your responsibilities as witnesses to an Assembly committee. You should understand that these hearings are legal proceedings of the Legislative Assembly protected by parliamentary privilege. That gives you certain protections but also certain responsibilities. It means that you are protected from certain legal action, such as being sued for defamation for what you say at this public hearing. It also means that you have a responsibility to tell the committee the truth. Giving false or misleading evidence will be treated by the Assembly as a serious matter. Do you understand that?

Miss Brown: Yes.

THE CHAIR: The first thing I would like each of you to do is state your name and the capacity in which you are appearing here today.

Miss Brown: I am Lisa Brown and I am the managing director for FYASCO.

THE CHAIR: Can you say what FYASCO is?

Miss Brown: FYASCO is a Young Achievement Australia organisation. Young people from our region form their own business and we are writing a book that is based on youth issues. That is why we are here.

Ms Lucas: I am Alana Lucas. I am the director of human resources at FYASCO.

Mr MacLellan: I am Dave MacLellan. I am sponsorship manager from FYASCO.

THE CHAIR: Thank you, and thank you for giving us your time. Would you like to address the committee of one?

Mr MacLellan: Thank you for inviting us to appear before the committee and for the opportunity to make an opening statement. We appreciate the Assembly's interests in young people's views on these important issues. We are a group of 11 ACT high school and college students brought together under the Young Achievement Australia organisation. Each group usually devises a product, sets up a company to produce and

sell their product and then liquidates, all within a 26-week period. The program is designed to provide experience for college students in small business skills.

We decided to publish a book written by young people and addressing the social issues that are important to young people today. In doing so, we have turned our YAA company FYASCO into a non-profit organisation. We believe this is the first ever in YAA history.

FYASCO successfully approached HealthPact to provide funding to produce and print an initial run of the books. On completion we will sign over the copyright for the book to HealthPact, who will then be able to reproduce the book and distribute it more broadly if they wish. In return for the book, we are asking people to make a donation of $2 towards the charities Beyondblue and the Yellow Ribbon Foundation helping to reduce youth suicide.

Miss Brown: Of particular interest to the committee, we initially surveyed approximately 500 young people from a variety of ACT colleges and backgrounds about the issues that worry or are important to them. This determined the focus of our book and provided valuable insights into what other young people think about these issues.

The broad majority of the sections rely on the facts that we understand and our own experiences. We generally wrote about the topics that we felt comfortable with and knew we would made an impact with. We also relied on our friends, acquaintances and even complete strangers for a variety of drawings, poems, anecdotes and hard-hitting stories from a variety of different perspectives.

Ms Lucas: The book is being produced with the following sections, each chosen because of the importance of these issues to young people today: drugs and alcohol, relationships and sex, parties and going out, depression, suicide and self-harm, health and eating disorders, crime, rape, friends and school.

The draft book is currently being reviewed by a variety of groups, including HealthPact, the Department of Health and Community Care, the Australian Federal Police, the drug and alcohol commissions and the Mental Health Foundation.

We appreciate that our message needs to be consistent with the broader objectives being sought by our government. However, we also think that it is vital that these issues are written down using the language and the approach that young people can really relate to and utilise. Our advisors have often said that it is interesting how often what young people think and talk about is quite different fom what older people think we do or believe our views are.

THE CHAIR: Thank you. Can I just interrupt for one minute. We are now out of discussion mode and into a formal hearing. Ms MacDonald has joined us.

MS MacDONALD: My apologies for my lateness.

THE CHAIR: That is okay. Please continue.

Miss Brown: The following are a couple of examples of the more important issues or concerns that have been raised by the majority of our surveyed youth. We will also comment on some of the things that we think would help this situation.

Depression is a major problem with people today. But why? We think that the media and society itself need to take some of the responsibility and blame for this epidemic. They tell or show us myths, try to pass them as the truth and then try to dictate our role within society. But many of these images are artificial stereotypes and not real life. I refer to images such as "it is wrong to be curvy or plump". Don't get us wrong: this image is slightly better than it used to be. However, there is still a long way to go.

There are few average girl images within the media. The images of girls are generally negative and any imperfections are airbrushed out of the pictures, and thus an artificial image is portrayed to youth. People talk about changing this, yet these stereotypes are still in our faces 24 hours a day, seven days a week. This shows youth that we do in fact live in a superficial world and thus many are not happy with the results. This leads to pressure, violence, self-hatred or drugs. For example, lots of young people exercise not to be healthy but to be thin or muscular. This can often lead to eating disorders such as anorexia nervosa or bulimia. This excessive worry about body image is not gender-biased. We see it as relatively consistent between both males and females. The outward effects are different.

Ms Lucas: Another problem within our society is the lack of direction for youth. People keep telling us what we should be like, yet there is a lack of information telling us or supporting us in how to live with the world that we find ourselves in, and most importantly how to do this safely. For example, more needs to be done in providing the information or the skills for young people to be able to handle situations such as peer pressure, emotions and self-hatred. We are often told not to put up with problems and we know that they are out there, but many of us lack the knowledge of what we can do about them, and thus are often forced to live with them literally on our own.

A classic example of this issue is homosexuality. We live in a day and age where there should be no problem with someone being gay. Being gay is okay and young people should feel free to make their own choices and express themselves how they wish. However, there is a real thing about homosexuality, male or female, in high schools and colleges and, in particular, single sex schools. We need to find ways to make everyone feel equal and accepted within our schooling system. The same goes for those of us who experience some sort of mental illness. People are often scared of things that they don't understand.

Mr MacLellan: Also, young people need to be able to express themselves safely and to have the appropriate channels to express their ideas, values and/or concerns, knowing that someone is going to listen to them and appreciate their input. Who better to ask about these youth issues than the youth themselves.

Miss Brown: Teenagers need to feel like they are understood, valued and supported, no matter who they are or what they do. Often teenagers will only talk to their friends, as these are the people who know what they are going through and how they are feeling. However, too often these supporting teenagers lack the ability or knowledge to do anything about a situation or provide the person with the help that they need.

Mr MacLellan: Above all, self-esteem is of the greatest concern for us, as it is at the core of the majority of issues brought up within our book. Our self-esteem has been tarnished as a result of the approach of many in the media, the system, and by the action of others.

Ms Lucas: What then can we do about this? How can we improve the wellbeing of our community and develop your next generation so that we can fully prosper and improve the world we live in? We could give the youth correct, open and balanced information about all of the issues that we have brought up within our book, and allow the youth to assist in the ways in which these issues are dealt with. Believe it or not, young people are a valuable resource.

This also allows each young person to feel needed and to be a valued member of society. To be supportive, positive education is a must, thus the reason why we wrote this book. Our schooling system needs to have a greater impact on the young people within it and needs to address all of these issues in a just and succinct way so that all youth have the knowledge and the ability to handle all of these concerns safely and comfortably.

Educate not only the youth but the parents of the youth as well. Often, parents are in denial and refuse to accept that their children are suffering. This does not help the youth at all. As we said earlier, young people often learn from talking with their friends that they trust and by experimenting with life. Poor communication with parents pushes youths away from the vital family bonds of support and care.

Get rid of the idea of bad things—indeed, bad drugs, bad sex, bad smoking et cetera. Many of us feel that doing something risqué is much more exciting than doing something acceptable, and thus more youths are likely to experiment with the bad things. We are not saying that we should legalise drugs and alcohol. We are just saying that by telling youths that "drugs are bad" and "do not drink" is not as effective as saying, "Make your own choices but know all the risks." This "bad things" attitude also puts parents in the wrong frame of mind and reduces their ability to remain open-minded and their ability to communicate and support their children and, thus, to help them through to the best answer and response.

Crime often starts with boredom. This then leads to thrill-seeking which, in turn, adds to peer pressure and a negative reaction to authority. To break this cycle, we feel that you need to get to the youths while they are still quite young—perhaps years 6 and 7 are a good place to start. Bad behaviour often becomes a matter of easy money, freedom, a rush and image boosting.

Miss Brown: In conclusion, society needs to make young people aware of the consequences that their actions take. But in doing so, the information must be within the youths' frame of mind and from their world. Clear, truthful, unbiased and easily accessible information needs to be available to everyone and must be for the youth by the youth, so that the information is taken seriously by them and not disregarded.

Outlook Teenage FYASCO is our attempt to help give young people informed choice in an environment in which they feel comfortable. If you would like to ask us any questions, feel free. Thank you.

THE CHAIR: What is the book called?

Miss Brown: *The Teenage Fyasco*.

THE CHAIR: Thank you very much. That was an extremely impressive submission, I have to say. I hope you will be glad to hear that it has been supported not only by other young people whom we have talked to but also by, I would say, the majority of people who are academics or who are interested in these issues. They are saying exactly what you are saying—that young people need to be respected, that they are competent.

It was interesting to hear what you had to say about the "bad things" stuff. In a way, it is a pity you weren't able to be here earlier because one of the people who spoke to us made that point—the negative and using the word "don't". She gave the example of Mother Theresa being asked would she walk in a march against war. And she said, "No. But ask me to walk for peace and I will." It was the idea of putting things into the positive and not keep saying "don't, don't, don't". For example, I really liked your response to the words "Don't drink", which was "Make your own choices but be informed." I really appreciate a lot of the insights that you have given to the committee today.

MS MacDONALD: Following on from that point, I would be interested to know from all three viewpoints whether or not you believe that those people who drink alcohol and take other drugs, illicit drugs, are informed about what those things will actually do to them.

Miss Brown: I will go first. I have a really good relationship with my parents. I tell them what I do and things like that and they trust me because of that. If my teachers came up to me and said, "Don't smoke, don't drink, don't do this," I would be thinking, "Yes, you're a teacher. I'm not going to listen to you." So it is a matter of getting information and knowing the consequences from the experience of other young people who have already gone through that. But it is also a case of knowing that, "Hey, yes, drinking isn't a bad thing. It can be fun but just don't do it in an unsafe environment and things like that."

Ms Lucas: I think that a majority of youths don't know the hard-hitting facts about addictiveness or whatever. I think more needs to be done with youths telling other youths the risk, rather than sitting in a health class and listening to your teacher saying, "Well, if you stay on dope for a while it could cause schizophrenia." What a good idea it would be to get an ex-marijuana user to come in and talk to kids. They have been through it. They are youths themselves and they have had the experience.

Miss Brown: And they can hear about what other people have done in that situation.

Ms Lucas: Yes, first-hand.

Mr MacLellan: A lot of people don't know the risks that they are taking by taking marijuana, illicit drugs and alcohol, and those who do are certainly still taking it as a rebellious action towards parents, teachers and social workers and the like. So education would help with the problem of illicit drugs and alcohol and marijuana.

THE CHAIR: I think several of you have stressed the importance of correct, balanced information. You are giving me the impression that you don't feel that is what is happening now. Is that right?

Ms Lucas: Yes.

THE CHAIR: You are making these comments from your survey of 500 people. What was the sense you were getting from young people in terms of drug use—I would be interested in your comments on that in terms of what sort of information was coming through; sexuality issues; normalisation of same-sex relationships and so on, if that was happening anywhere and whether that was working; and sexually transmitted diseases? What is the feeling you get about what is actually going on in the schools?

Miss Brown: With homosexuality issues, a lot of people think it is just about sex. I have been told by girls at Merici that they know someone who is a lesbian. It is not a matter of wanting that person to leave the change rooms. I don't think that they would be staring at them or anything like that. It's not all sexual. I don't think many people understand that there is actually a deeper connection than that.

THE CHAIR: So at Merici there is no support for students, no normalising of same-sex relationships or homosexuality or gay and lesbian? It is all girls, isn't it?

Miss Brown: Yes.

Ms Lucas: It came across in a lot of the private schools run by churches that homosexuality wasn't acceptable at all in the school. I won't go into which schools.

Miss Brown: Merici was only an example.

THE CHAIR: They won't sue you; I am sure they wouldn't sue you.

Ms Lucas: It came across quite a few times that—

THE CHAIR: They can't sue you. Your evidence is privileged. But I am sure they would be interested in your feedback. We did talk to the Catholic Education Office about this and we did ask this question.

MS MacDONALD: And we have had at least one other student who is a lesbian talking about the issues of homosexuality within the school system. So what you are telling us is not something we haven't heard before.

THE CHAIR: No, it's not.

Miss Brown: I go to a public school and I know there are a few gay people at my school. But I had no idea that it was still a big problem until we did these surveys and most of the comments such as "No-one at my school has a problem with it" came from the private schools. But I am not sure if it is just the private schools; I don't know.

THE CHAIR: Where do you go to school?

Miss Brown: I am at Telopea.

Mr MacLellan: I have talked to people from Grammar, St Edmund's and Marist and they have all said that if there was a gay person, the gay person would be victimised and highly discriminated against at their schools.

THE CHAIR: So they wouldn't disclose.

Mr MacLellan: So no-one discloses. They keep it secret until they leave school.

THE CHAIR: And the school doesn't counter that in any way that you can see?

Mr MacLellan: There is nothing the school can do. They can't force people.

THE CHAIR: But do they talk about homophobia? Do they talk about harassment based on sexuality? Is that coming out by the school to raise the issues in the school population?

Mr MacLellan: I can only talk about my school, but we have never been taught about homosexuality.

MS MacDONALD: Are you at a private or public school?

Mr MacLellan: I am at Grammar. There has never been a class or anything on homosexuality. It is ignored.

THE CHAIR: So it is not about not having balanced information; it is about having none, basically.

Mr MacLellan: For that topic it is.

MS MacDONALD: Is there any discussion about the issues of sexuality at all?

Ms Lucas: Yes. I am at Radford and in our year 10 classes we did a lot of sexuality-based learning. We were basically just told the facts about how many people are homosexual in our country and that we should accept, and along those lines. But we bypassed a lot of it. It was kind of like it was a joke; it was like they had taught us that because they needed to. But it was not as if they were trying to get any point across; it was just a matter of "Well, we've done it. You can't say we haven't done it now."

MS MacDONALD: "It's in the curriculum, so we can tick that bit off now."

THE CHAIR: So what about education on sexually transmitted diseases and so on? Obviously, from what you have just said, they are not going to be discussing that for same sex couples, but is that coming across through the school curriculum at all? Just general sexual health issues?

Ms Lucas: Yes, in the younger years. For my school, years 9 and 10 particularly, that's the main focus of all our health classes. But for years 11 and 12 we don't get any.

THE CHAIR: It drops off.

Ms Lucas: What came through from the part I did in the survey was that a lot of people were still ashamed of going to buy condoms or going into a family planning centre, or whatever.

THE CHAIR: It was embarrassing?

Ms Lucas: Yes.

THE CHAIR: There are no condom machines in those schools?

Ms Lucas: The churches won't allow it in our schools.

THE CHAIR: Church schools won't have it. Would students use them?

Ms Lucas: Yes. Our year has actually tried to get them and we're not allowed them. We tried to put free condoms in our book and we were told—

Miss Brown: Yes, I was just going to say we weren't allowed to.

THE CHAIR: Is that right?

Ms Lucas: We were told by HealthPact that it was too risky.

THE CHAIR: Is that right? How interesting.

Miss Brown: Yes.

Ms Lucas: We thought getting the safe sex message out would be a good thing, but obviously not.

THE CHAIR: I would have thought so.

MS MacDONALD: In terms of the discussions about drugs, et cetera, you have talked a bit about alcohol and illicit drugs, cannabis in particular. It is interesting to note that there has been a drop but now there is concern that there is an increase again in the take-up of smoking—just smoking tobacco. First of all, what do you think about that and why do you think it might be happening?

Mr MacLellan: There is a lot of peer pressure towards smoking. If you look at bus interchanges or places like Woden and Manuka after school, there are a lot of people smoking in school uniform. In most cases it is a lot easier just to accept a cigarette from a friend, or something, than it is to say no. And that is a problem. I don't know what you can do about it because it is changing people's psyche towards smoking. But lots more people are taking up smoking now than I have seen before.

THE CHAIR: Do you think in a way it could also be as much about changing the approach to smoking; it is about changing how you think about your own ability to challenge what is around you? That was something else that came up this afternoon in evidence. One person was saying that what we all need—and this isn't just young people—is help in working on our thinking processes so that we actually can understand why in a certain situation you would decide "Okay it's going to be easier to take the cigarette" but if you actually had help as a group at school to think about that sort of role model, think it through, go through the different options and listen to—

Miss Brown: Why you are taking the cigarette rather than just doing it?

THE CHAIR: Yes. In a way, it is thinking about why you do things. For example, you might give yourself little messages. I am sometimes in a situation where I am getting a briefing or maybe talking to somebody like you guys. I might think, "Well, I might not ask that question because it might seem dumb to do so, or whatever." So there is a little voice saying, "No, don't ask that question." But then I will think if I don't ask that question I won't understand, and what would really happen if I did ask that question? So that is an example I could give you.

The person who was talking to the committee this afternoon suggested that if that kind of work was done in schools it would help young people know that they have actually got more choices than they might think they have to deal with different social situations. Do you think that sort of thing would be useful, that kids would like that? It is almost like philosophy in a way, too—helping people think through ethical questions and dilemmas that we all have. Do you think young people would like that?

Ms Lucas: As long as it was related to the youth issues, I think people would be all right with it, but if it was asking full on philosophical questions then—

THE CHAIR: So make it relevant to the experience?

Ms Lucas: Yes. It has to be about these youth issues. People want to know about these issues.

MS MacDONALD: Philosophy doesn't have to be just about why do we exist, why are we placed on this earth. It doesn't have to be about that.

THE CHAIR: So you are saying then that basically peer pressure is really strong and that is one of the reasons for the smoking, and maybe that would be one way of countering it?

Miss Brown: Well, I actually don't think it is peer pressure; I think it is more a case of being accepted. It is not a matter of "Come on, have a cigarette". You will just have one because everyone else is having one.

THE CHAIR: Yes, more subtle.

Miss Brown: It is more to be accepted rather than actually being pressured.

THE CHAIR: Yes, to be one of the group.

Ms Lucas: I am going to take the other position and say that smoking in my year at school is not a problem because if you smoke tobacco you're uncool. So for my year that's fine. I don't know hardly anyone who smokes in my year.

MS MacDONALD: It's true: smoking tobacco is uncool.

Ms Lucas: Yes.

Miss Brown: I don't know. In TV shows and movies, actors light up a smoke and they are cool. Maybe if a nerd smoked or something, it would give it a bad image. Rather than it being bad for you, it's uncool; don't do it.

THE CHAIR: Yes, sure.

Mr MacLellan: They have stopped tobacco altogether on TV now, haven't they?

MS MacDONALD: I think the trends are away from having people smoking and things like that in shows, but you'll still see people smoking in shows although less so than you would have in the past. I digress a bit but during the golden years of Hollywood a lot of movie stars ended up taking up cigarette smoking because they were expected to smoke on screen in movies and things like that.

Ms Lucas: I think for our generation the people who are going to smoke will smoke, and the people who won't, won't. I think we need to start younger and work on that generation first.

MS MacDONALD: How young?

Ms Lucas: As young as you want to go. I would start with years 3, 4.

MS MacDONALD: You reckon?

Ms Lucas: Yes. There is no point in keeping kids in the dark.

Miss Brown: It would be easier to convince people not to start smoking rather than to stop.

MS MacDONALD: Yes, that's right.

Mr MacLellan: With smoking, it's again a sort of rebellion. I can talk about my school where people smoke on the grounds, not because they need to—they don't have an addiction or anything; it is sort of just to prove that we can do what we want, or those people can do it.

THE CHAIR: It is a rebellion, is it?

Mr MacLellan: A lot of things are rebellion because in Canberra there is a very easy supply of anything that you want. Marijuana, alcohol and cigarettes are very easy to get, and it is basically the person's choice about whether they use them, not whether they can get them.

THE CHAIR: How do kids buy cigarettes? Are they already over the age, or do they pretend they are over the age?

Ms Lucas: It is really easy. Outer suburban supermarkets don't ID you or anything.

Miss Brown: You can just wait outside the shop and eventually some cool looking person will come along and you'll ask them, and they'll be like, yes.

THE CHAIR: Okay. Both of you or one of you used the word "self-hatred" a couple of times. That was related to depression and those sorts of issues. If I understood you correctly, you said that you thought parents needed to be helped as much as young people in terms of being able to work with their children rather than, out of their fear, isolate the children. Do you have a sense of how that would work, how you could do that?

Ms Lucas: How we could educate parents?

THE CHAIR: Yes. Do you think it would be with a group of young people, students, and a group of parents or do you think it would be more personal little groupings? Have you thought that bit through? I thought it was an interesting suggestion, but I just wondered how you think that would work. In some ways, it would have to be less confronting, I guess, for both parties.

Mr MacLellan: Parents read a lot of pamphlets that have been printed up by governments, like one on alcohol I have seen around my house for the past few months, and I know my mother does read them.

MS MacDONALD: Is she leaving it there for your benefit?

Mr MacLellan: It is advice for the parents on what to do when they discover their kids have started drinking alcohol.

THE CHAIR: And what is the advice? Have you read it?

Mr MacLellan: It says don't take a frontal approach, like saying "never drink", but say "Do it responsibly, in moderation" et cetera, et cetera.

THE CHAIR: So that is sensible advice, do you think?

Mr MacLellan: Yes, because parents can read that when they want, if they want.

THE CHAIR: So you think that is quite a good way of educating parents—just having information like that, as long as it is sensible advice?

Mr MacLellan: Yes.

Ms Lucas: Yes, or through the schools or in their bulletins. I know my school holds a perfect parenting seminar occasionally through the library people.

THE CHAIR: That is putting a lot of pressure on the parents.

Ms Lucas: I don't know what it is actually called but—

MS MacDONALD: I think it is putting a lot of pressure on the people giving the course here, because you would end up as a perfect parent in the end.

Miss Brown: We had a really good thing that was held at night and it was with Robyn Drysdale. I think she is from Family Planning.

Mr MacLellan: Sexual health planning.

THE CHAIR: Yes, from Family Planning.

Miss Brown: It was really good. The parents went with their kid, teenager. They would go into different sessions and have a big discussion about it.

THE CHAIR: Was that with groups?

Miss Brown: Yes. It was really good. People would basically be open. The teenager would say, "Well, yes, this is like how it's happening now" and the parents would say, "What?"

THE CHAIR: Because it was non-judgemental as well, I am assuming, from Robyn.

Miss Brown: Yes, it was really good. I think every school should do it. It was last year but it was really good.

MS MacDONALD: David, you said your mother reads the pamphlets. Does your father?

Mr MacLellan: I have no idea. But I know my mother has read them.

MS MacDONALD: Okay. I suppose the thing is that you get parents who will read pamphlets and then you will get parents who will turn up to sessions like you have talked about, Lisa. Earlier on this afternoon we had somebody who was talking about the school age dental health program; and that even though the cost is a reasonable amount—it is $40 to sign up for it and that fee can be waived if you can't afford it—a lot of parents aren't actually taking it up. You have got something that is clearly a benefit for your child and you are not actually accessing that. There is quite clearly a subset of parents out there who aren't getting the information, who won't read the pamphlets, who won't go to information sessions. How do we access them? Do you have any ideas? I am not saying that you have to come up with solutions, because that is a very difficult one.

Ms Lucas: You have got to start small and maybe get out the warning signs to look for; for instance, the warning signs to look for in your child with respect to depression. I know a couple of my friends who have just recently been diagnosed with a serious form of depression, and we never knew about it because it was happening at home. Their parents never picked up on it because they didn't know what to look for. They just thought that was an average teenage phase they were going through. So I think we have got to start small. There used to be drinking ads on TV—ads like "Do you know where your child is? How much has your child drunk tonight," or whatever. You could maybe have questions such as "Is your child giving away possessions? Is your child doing this?" If these sorts of questions are flowing through the parents' minds, maybe that will push them into finding out more.

Miss Brown: I think it would be of benefit if parents said something like, "Hey, are you drinking tonight?" The kids would be comfortable with giving them an honest answer. But I really don't know how we would do that. I think parents are usually more comfortable if they know where their kids are and what they are doing. The kid doesn't have to sneak around and so on. I think honesty is the best way to go about it.

THE CHAIR: Can I ask you about something that we have not addressed yet and which is certainly of concern in the community generally at the moment. I am talking about people—it is not just young people, by the way—who are not physically active enough any more, who are unfit and who sometimes are unhealthily overweight. You might have even seen this in ads. It has been a big issue in news items. One person said to us today that she thinks it is a little bit dangerous focussing too much on body issues for young people, because we already know that there are problems of body image and the things that you touched on about a perfect body image being promoted.

However, I don't think it can be denied that our lifestyles have changed and that all of us do a lot less exercise. Some people have suggested to this committee that to solve that problem we would need to basically have compulsory fitness testing in schools to work out how fit you are or aren't, and that there needs to be more sport. Some of the young people have said they are very concerned about that. Other people said they thought it might be okay. And I guess I would be interested in comments from all of you, if you have a view, on what you think might be a reasonable response to perhaps inadequate fitness, physical activity of people, but particularly school kids.

Mr MacLellan: I think obesity starts in the primary school. If a person is obese by the time they have got to high school then the problem is pretty much out of control. I believe that the way to combat it would be to get primary school children involved in sport.

THE CHAIR: And is it junk food, too?

Mr MacLellan: Diets.

Miss Brown: I read in the newspapers that they are trying to take junk food out of school canteens and adopt healthy alternatives.

THE CHAIR: So how would you get them to do exercise or physical activity in primary school? You already have sport in primary schools which, from memory, is compulsory. So is it about what sort of sport is available? Is it that some kids may not want to do competitive sport or is it just that there is too much focusing on—this is one point that was made to us—excellence, and if you are not good at it then you are sort of out and you just want to avoid the whole scene? Have you got a comment on that?

Ms Lucas: Yes. Going back to primary school, I think maybe people were split up with the competitive people playing one sport and the not so competitive or not so willing participants doing something that had less impact or whatever.

Miss Brown: I would disagree with both of my colleagues. In primary school I was really active and it was heaps of fun. But now, if I go for a jog or something, it is such a chore and it is just not fun. I don't dislike playing a game of basketball or stuff like that. I know at lunchtimes, if they are organised at school and they actually get people involved, that would be good.

THE CHAIR: What about dancing or something?

Miss Brown: Yes. The Rock Eisteddfod is really good, but not enough people can be involved in it. Only a certain number of people can and usually it is the good dancers who do it.

THE CHAIR: Yes, once again it is a bit elitist.

Ms Lucas: I don't know. At my school anyone can go in the dance. They have lunchtime basketball competitions, they have lunchtime soccer competitions, they have lunchtime badminton competitions and it is the same people who do it.

MS MacDONALD: Really active.

Ms Lucas: It is the people who win.

THE CHAIR: It is the people who win. So is it important that we look at providing other opportunities that aren't competitive.

Ms Lucas: I didn't think there was a lack of opportunities. I never thought there was a lack of—

THE CHAIR: You don't think there is a lack of non-competitive—

Ms Lucas: No, I didn't think there was a lack of opportunities for young people to get involved.

THE CHAIR: You didn't think there was.

Ms Lucas: No. It is a choice thing—if you want to get involved, you do.

MS MacDONALD: But maybe the types of activities aren't the ones that would encourage those people who aren't competitive to get involved. Say if you had something like a self-defence class or Tai Chi or—

Miss Brown: Or maybe even focusing on something rather than doing that physical activity. They would be still incorporating into it. I am talking about something like a walk I took around the lake with my friends for the diabetes juvenile walk thing. It was fun because it wasn't a chore.

THE CHAIR: It was a social thing.

Miss Brown: We were doing it both for exercise and for something else.

MS MacDONALD: And you were with your friend and you were having a chat and enjoying the time.

Miss Brown: It would be different if someone had said, "Hey look, let's go for a walk around the lake." But there is another reason behind doing so if they say, "Let's go for a walk for diabetes."

THE CHAIR: What about boys? Do you think there is an issue about competition and that there should be non-competitive options, or do you think there are already?

Mr MacLellan: There are a lot of chances to go in social competitions. If you don't like what the school is doing, there is pretty much a club for every sport in Canberra. You can do any sport that has ever been invented. And there are social grades for everything. So I think the problem isn't one of being competitive: it is getting the people to get motivated. The best sports I do—I do sport all the time—are always with my friends and they are always great fun because it is with friends and we are talking the whole time and stuff like that. I think a lot of people lose interest when it gets competitive.

THE CHAIR: What do you think about the fitness testing idea?

Ms Lucas: We did that in year 8, I think—in years 7 and 8 we had to do that.

Miss Brown: Is that the beep test?

THE CHAIR: Yes.

Ms Lucas: Yes, we did all of that.

Mr MacLellan: That's a shocker.

THE CHAIR: It is shocking?

Mr MacLellan: Yes.

THE CHAIR: What do you say?

Ms Lucas: I loved it. I loved the beep test. I think it's fun.

Miss Brown: Maybe if you did them once a week or something, I'd get moving. If I had to do it every week, that would be good. But I don't think anyone is going to make me do that.

Ms Lucas: I don't know. I have never seen a problem with lack of opportunity or lack of motivation.

Miss Brown: I think I have got lack of motivation.

THE CHAIR: And why do you think the fitness testing is shocking?

Mr MacLellan: It was not something that we looked forward to. The beep test is straight out running for half an hour, pretty much, unless you go out in the first round.

THE CHAIR: And weighing?

Mr MacLellan: Yes.

THE CHAIR: Did you have to weigh?

Mr MacLellan: At grammar we do heights and weights.

MS MacDONALD: No. Did you have to have your weight taken?

Ms Lucas: Did you stand on a scale while they recorded—

Miss Brown: When we did that at my school all the girls were kind of trying to put their foot over the thing because they didn't want everyone else to see.

MS MacDONALD: It would be the opposite for a lot of boys because they would actually be trying to stuff things in their pockets.

Ms Lucas: I think the worst thing you could do is make a girl get up in front of everyone. I think that would make her not come to school.

Miss Brown: Yes, the weight. I think that is focusing on "you should be this weight". It is about everyone having a healthy balance—to do physical things sometimes and still eat chocolate cake occasionally. You know, life is about eating chocolate cake and being with friends and all fun things. It shouldn't be about hard work and "don't do this".

MS MacDONALD: It is not all about celery sticks and carrots.

Ms Lucas: But then there are those people who just can never be thin. I will never be thin again yet I go to the gym every day and I do sport four times a week.

THE CHAIR: But you are healthy.

Ms Lucas: Yes. But then there are people who will look at me and say—

Miss Brown: That's very true. I know people who are stick thin and they just stuff their face full of chocolate cake, chips, whatever. They sit around and watch TV all day and they are model thin.

THE CHAIR: So it is too simplistic a picture?

Miss Brown: Yes. I don't think weight has anything to do with it. It's a lifestyle kind of thing.

THE CHAIR: Just one last thing, and I know it is getting very late but this is so interesting. You might want to make a comment on this. You have talked about the questions of body image and self-esteem and you have talked about the impact of media and so on as causes for it. I just wonder if you have any suggestions or thoughts on how people's self-esteem can be enhanced. What would you say if you were us and you were recommending to the government of the day that certain things needed to happen for young people? You said we need to listen to you, and I can accept that as your answer to this—that it is a big question and we just need to keep consulting with young people, and that's fine as well. But I would just like to give you the opportunity to make a comment.

Mr MacLellan: Loss of self-esteem and depression. From what I have heard and from the surveys, I think almost every high school student goes through depression at some time. A lot of it isn't documented because to get the label of being a depressed person you have to go to a counsellor. Some people think counsellors are too old and the issue that they are going through may be petty. For instance, if they are having a fight with a friend over a girl or something it might be embarrassing to go to a counsellor and say, "I'm depressed because of what's happening."

THE CHAIR: If you had youth workers coming into the school from outside, are youth workers more accessible and non-judgmental?

Miss Brown: A lot of people that I have met that work at the youth centres are really nice.

THE CHAIR: Do you think something like that would help—a different option?

Mr MacLellan: If you get a different option and try it out it might do well. A lot of this youth stuff, a lot of these issues, has been around for a long time.

THE CHAIR: They have.

Mr MacLellan: The government has had policies which have been kept pretty much the same for the whole time, so any new approach I think should be tried.

THE CHAIR: So we should be trialling things.

Mr MacLellan: Just try everything and see what works.

Ms Lucas: I don't agree with one thing you said. I think one of the problems with schooling is if someone is unhappy you automatically think they are depressed. If you say every person is depressed at some point in their lives, I think that the people who

really are suffering from depression are being overlooked as just being one of the crowd, and they are not getting—

THE CHAIR: So you want to make sure that there is an appropriate response there for the particular level of depression?

Ms Lucas: Yes.

THE CHAIR: That's an important point.

Ms Lucas: Yes. You see a child and you think, "Oh yeah, they're just like everybody else their age."

THE CHAIR: Yes, I understand that concern.

Miss Brown: I think you should focus on getting people to be the best person that they can be and recognise their good qualities, rather than focussing on the bad things. For instance, they may not be beautiful on the outside but they could be really good at art or something. It is just focussing on the good bits rather than the bad.

THE CHAIR: So, acknowledging their value. Yes. That's good.

MS MACDONALD: Are we able to get a copy of your book?

Miss Brown: Yes, once it's printed.

THE CHAIR: Invite us to the launch.

Ms Lucas: Yes, the launch is in two weeks—16 October.

THE CHAIR: Seriously, we would like to come, if we can fit it in. We will have to check the diaries but the spirit is willing. Can I thank you very, very much for your work. I am really interested in having the opportunity to read your book. I think you have made an important contribution to the committee and I appreciate that very much.

Miss Brown: It was good to come in and have a say. So thanks for having us.

THE CHAIR: It's a pleasure. This committee has other inquiries and, as you have an ongoing involvement as a voice of young people, we might invite you to make comments on other things that come before us, if you would be prepared to do that.

MS MACDONALD: You are all in year 10. Is that right?

Miss Brown: No. I'm in year 10; they're in year 11.

MS MacDONALD: My other committee, which I am chair of, is the Education Standing Committee and we are inquiring into vocational education and training. If you are interested in coming and speaking to us about that, we would love to hear from you.

Miss Brown: Vocational education?

MS MACDONALD: And training—office studies, mechanics, auto mechanics—

Miss Brown: I know. I am signed up to do hospitality next year.

THE CHAIR: Thank you very much.

The committee adjourned at 5.25 pm