



Consultation on the Western Australian Commissioner for Children and Young People Discussion Papers: Health and Mental Health, Education, Youth Justice and Child Protection

Healthway submission – April 2024



Healthway is the only State Government agency dedicated to health promotion in Western Australia (WA) and operates under the *Western Australian Health Promotion Foundation Act 2016*. Healthway funds sports, arts, racing and other community organisations to encourage good health, as well as health promotion research to influence policy and practice to positively impact health and wellbeing. As detailed in its *Strategic Plan 2024 – 2029: Creating a healthier Western Australia together*, children and young people are a priority for Healthway.

Healthway welcomes the above consultation and is pleased to provide feedback on the **Discussion Paper on Health and Mental Health** (the Discussion Paper) and responses to the consultation questions, below.

Healthway supports the priorities in the Commissioner for Children and Young People's Policy Statement on Health and Mental Health:

- improving the social and cultural determinants of health;
- health promotion, prevention of injury, illness and disease, and intervention early in life and illness;
- universal access to affordable, effective, evidence-based, developmentally appropriate health and mental health care, with targeted services to ensure equitable outcomes;
- child and family-focused, integrated and culturally safe holistic health services;
- empowering children and young people to make decisions about their health and wellbeing, and to inform the development and provision of healthcare services; and
- peer and lived experience informed services.

In addition to the social and cultural determinants of health on children and young people, the commercial determinants of health warrant inclusion and emphasis. Commercial determinants of Health (CDoH) are defined by the World Health Organization (WHO) as “the conditions, actions and omissions by commercial actors that affect health” (WHO, 2023a). The WHO-UNICEF-Lancet Commission has declared CDoH as a significant threat to children's health and wellbeing (Clark, 2020). CDoH affect all members of society, but children and young people are particularly vulnerable to their negative effects on health and wellbeing (WHO, 2023a). CDoH frequently have a greater impact on priority groups, worsening health inequity (Pitt, 2024).

Pitt and colleagues have described how the CDoH affecting children and young people includes a range of strategies, all of which deserve consideration when protecting children's rights to good health (Pitt, 2024):

- traditional and digital media e.g. promoting vaping through social media influencers;
- contemporary marketing strategies to demonstrate corporate social responsibility e.g. industry funded youth education programs, sport, and other events attractive to young people; and
- production and consumption processes e.g. the production of harmful or addictive products and associated environmental waste.

The Discussion Paper's recommendation for “greater emphasis on prevention strategies rectifying environments that contribute to obesity and overweight” is noted, and Healthway supports and encourages strong and ambitious regulatory action to bring about structural changes, such as restrictions on harmful industry marketing to children and young people, as part of a comprehensive approach.



Questions about supporting children, young people and their families through effective health promotion, disease prevention and early intervention.

1. How can we build children, young people and families' confidence and competence in accessing accurate health information?

Health literacy refers to the “skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and health care and take appropriate action” (Australian Health Ministers, 2021).

In addition to health literacy education during school years, health promotion programs and campaigns are critical for building health literacy through awareness raising and education in the broader community. Successful examples in WA include: campaigns such as LiveLighter®, Make Smoking History®, Think Mental Health, Alcohol.Think.Again; and Healthway's partnership model which extends the reach of these messages through sport, arts and other community settings. Health literacy, as well as prevention and wellbeing, has been prioritised for long term reform under the National Health Reform Agreement between Australian governments (Australian Health Ministers, 2021).

Health promotion programs are important for all stages of the lifecourse and particularly for people planning a family. Best practice recommends that health promotion programs be co-designed through genuine partnerships with target audiences to ensure they are culturally appropriate and accessible. Education on how to assess the credibility of online sources of information should commence as young as appropriately possible.

For their benefits to be realised at a population level, health promotion programs require sufficient investment over a sustained period. In 2019, the WA Sustainable Health Review (SHR) noted that WA was among those jurisdictions investing the least in prevention and public health in Australia (SHR, 2019). The Final Report of the SHR recommended, as a priority, that investment in public health prevention activities be increased to five per cent of the state's total health expenditure by July 2029 (SHR, 2019). There has been limited progress made towards achieving this target.

It is worth noting that while health promotion programs are a foundation of public health, they typically focus on individual behaviour change, which requires degrees of self-efficacy or capacity. Health promotion programs are unlikely to be effective at addressing health inequity without accompanying system and structural changes that enable and support all members of society to make positive health behaviour changes (Backholer, 2014).



2. How are we hearing the views of children and young people and supporting them to overcome barriers to active lifestyles and healthy eating?

Pitt and colleagues present a useful discussion on engaging with young people through genuine collaboration. They note that young people are concerned and support regulatory action to counter corporate practices that affect their health and wellbeing, including environmental damage and corporate 'youth washing' (Pitt, 2024). An Australian example of positive youth engagement is VicHealth's current work with young people to help address vaping (VicHealth, 2024).

Healthway prioritises investment in programs and research that supports healthy eating and active living, particularly for children and young people. In order to hear representative voices of children and young people, Healthway would support opportunities to consider how research within schools can be supported and enabled.

3. How can we balance the need to prevent childhood overweight and obesity with the need to prevent weight stigma and harm?

As the Discussion Paper notes, children and young people should be supported to have and maintain a healthy body weight to improve their current and future health. Healthway supports age-appropriate health literacy education for children and young people on the multitude of benefits that healthy eating and physical activity provides for health and wellbeing, without focusing on body weight, size, or shape. Children lack the cognitive maturity to rationalise complex health messages and may be vulnerable to messages regarding body weight, size, or shape, as these can generate worry over body image and body dissatisfaction, leading to disordered eating and other unhealthy behaviours, as well as mental health conditions such as depression and anxiety (National Eating Disorders Strategy 2023-2033).

Healthway supports common sense approaches to classroom teaching of the Australian Dietary Guidelines (ADG), including which food and drinks should be consumed the most and which should be avoided in the diet. For older children with the developmental capacity to rationalise more complex health messages, the role of a healthy body weight as a protective factor for optimum health and wellbeing, like other risk factors (and as one of the ADG), should be taught in a supportive classroom environment.

In WA, obesity (including overweight) now exceeds tobacco use as the top risk factor for poor health and premature mortality (Department of Health, 2023) and the majority of adults living with overweight or obesity underestimate their weight status (Department of Health, 2022). All members of society should be given access to accurate health literacy information to empower them to take control of their health. Ignoring health issues like overweight and obesity can perpetuate stigma and lead to poorer health outcomes.

"Let's Talk About Obesity" has been the theme of World Obesity Day for the past two years and the voices of young people may assist in addressing the issue of balancing the need to prevent overweight and obesity against the harms of stigma. On World Obesity Day 2024, the UNICEF, WHO and World Obesity Federation hosted a global youth led webinar to "unlock conversations about how this topic affects the lives of young people" (WHO, 2024).

Appropriate training for health care providers and educators is essential to support stigma- and shame-free conversations to prevent, recognise, treat, and manage obesity and its complications. The WHO Academy is developing training programs for this purpose (WHO, 2023b). Stigmatising

views that shape health care systems and services and prevent people living with obesity or overweight from accessing appropriate health care, must be addressed (Rubino, 2020).

The WHO has produced a *Primary Health Care Approach to Obesity Prevention and Management in Children and Adolescents: Policy Brief* prioritising the primary health care setting for preventing obesity in children and young people and for providing health services to treat and manage those already living with obesity (WHO, 2023b). It includes guidance on how to build capacity in the health system to deliver prevention and management of obesity across the life course. This would be expected to go some way toward prioritising person-centred care for people living with obesity or overweight and reducing stigma.

On the issue of public health campaigns, well designed campaigns (informed by robust formative research and testing) aimed at adults in the wider community are a critical part of a comprehensive approach to reducing the personal and community impact of overweight and obesity in populations. Evidence that these campaigns cause eating disorders or disordered eating is lacking. However, public health campaigns that promote a healthy weight require careful nuancing to be both effective and to avoid generating harmful levels of stigma.

4. What legislative and policy options are available to reduce children and young people's exposure to, and the availability of, unhealthy food and drink?

The Australian Government recently conducted public consultation on the feasibility of a range of policy options to reduce children's exposure to unhealthy food and drink advertising. Healthway's position on these policy options is detailed here: <https://www.healthway.wa.gov.au/wp-content/uploads/Healthway-Consultation-on-the-Feasibility-of-Options-to-Limit-Unhealthy-Marketing-to-Children-March-2024.pdf>, and includes restricting:

- Unhealthy food advertising on all broadcast media between 5:30am and 11:00pm.
- All marketing for unhealthy foods through online media.
- Unhealthy food advertising on all outdoor media.
- On-pack marketing that is considered to be 'directed' to children.
- Food sponsorship, including master brands, in sports and arts, and in cultural events.
- Placement-based and price-based promotion of unhealthy foods within food retail outlets.
- Other unhealthy food marketing 'directed' to children (in addition to the above policy options).

Experts have called for one comprehensive national law that can protect children from food marketing across all advertising platforms (ASEAN, 2024). Citing the multitude of commercial threats to child rights and their health, others have called for national governments to explicitly prioritise the broader rights of the child through stand alone legislation or overarching policies (Clark, 2020).

The WHO Global Action Plan for the Prevention and Control of Non Communicable Disease (WHO, 2013) provides policy options and 'best buys' to reduce children's exposure to and availability of unhealthy food, as does the *WHO Commission on Ending Childhood Obesity* (WHO, 2016).

Some successful examples in WA include:

- the WA Department of Education Healthy Food and Drink in Schools Procedure and the WA Department of Health's supporting FreshSNAP program.
- Healthway funded partnerships with sport, arts and other community organisations that require healthy food and drink to be provided at their events and restrict unhealthy food and drink availability and promotions, with support provided to organisations through a community nutrition service (FueltoGo&Play®)

5. What can we do better to ensure children experiencing poverty and disadvantage have food security and are able to participate in physical activity?

Food relief programs and programs such as those funded by Healthway to increase access to healthy eating and physical activity in regional areas are important for reducing the impact of poverty and disadvantage on children and young people. However, alongside this there must be strong advocacy to bring about system level changes to help address the causes of poverty and disadvantage, and to deliver a fairer society. This requires effort and collaboration across governments and the private sector, not limited to sectors responsible for trade, economics, education, employment, welfare, housing, agriculture, transport, and health.

6. How could schools and health services work together to improve experiences of children and young people to better support their health and mental health?

No comment.

Questions regarding accessible, developmentally appropriate addictions services for children and young people

1. Are we doing enough to prevent harmful substances being marketed, supplied and sold to children and young people?

The marketing of unhealthy or harmful products to children and young people undermines their rights to be free from economic exploitation and to have their health protected.

The marketing of harmful substances to young people through digital media is especially pervasive and is largely unregulated. All forms of harmful marketing to children and young people require regulation by governments, as self-regulation is ineffective (Clark, 2020). A major barrier to regulatory action is influence and interference by commercial interests. Some argue that "Australia's current policies prioritise the protection and profits of industry over the health and wellbeing of our communities" (Obesity Collective, 2024).

2. *What legislative and regulatory options are available to reduce children and young people's exposure to, and the availability of harmful addictive sub-stances and activities?*

The Mental Health Commission's *Western Australian Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan* details options to reduce children and young people's exposure to and the availability of harmful addictive substances and activities (Mental Health Commission, 2018).

The *WHO Global Action Plan for the Prevention and Control of Non Communicable Disease* also recommends actions to protect children from the adverse effects of marketing in relation to smoking and alcohol (WHO, 2013). The UNICEF-WHO-Lancet Commission details potential legal frameworks to reduce children's exposure to and availability of harmful addictive substances (Clark, 2020).

3. *How are children and young people being involved in designing services that meet their needs?*

Please refer to our response to *How are we hearing the views of children and young people and supporting them to overcome barriers to active lifestyles and healthy eating*.

Questions 4,5,6 – no comment as outside Healthway's scope of work

Questions regarding supporting child development through intervening early in life and in illness

No comments as outside Healthway's scope of work.

Questions regarding accessible, affordable, eating disorders services

No comments as outside Healthway's scope of work.

Questions regarding child and family focused, integrated and culturally safe health services

No comments as outside Healthway's scope of work.

Questions regarding children and young people's experience of health and health services

No comments as outside Healthway's scope of work.

Please note, feedback on other priority Discussion Papers currently out for consultation (Youth Justice; Education; Child Protection) is not provided as these topics are outside Healthway's scope of work.



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