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Children's mental health and wellbeing

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Black Dog Institute

Background

A common misconception is that mental illness emerges for the first time in adolescence. However, we know that mental health struggles often begin in childhood. Around 13.6% of Australian children aged 4-11 are experiencing a mental health disorder (1).

Despite recent investments in youth mental health in Australia, the potential for prevention and early intervention of mental illness in childhood has been largely overlooked. Children who are struggling are at greater risk of continued problems in adolescence and adulthood including long-term mental illness and poorer functional outcomes in education and relationships (2, 3). In contrast, children whose mental health challenges are identified early and addressed effectively see immediate and long-term benefits across their lifespan (4, 5). Not only can preventative approaches significantly improve the lives of children and their families, intervening early in life and early in illness has significant economic benefits. The Productivity Commission Inquiry into Mental Health categorised investment in population mental health during early childhood and in school settings as "very cost effective" (6).

Due to a lack of focus on children's mental health, there is a paucity of evidence for what works in this population (7). Until now, Australia has not had any strategic direction for approaching mental health and wellbeing in children. The National Children's Mental Health and Wellbeing Strategy currently being developed by the National Mental Health Commission is the first Australian strategy to focus on mental health of children from birth to age 12 as well as their families, carers and educators.

The Draft Strategy described the lack of existing mental health care for children under 12, stating that "there is no real 'system' of affordable integrated care, delivered on the basis of need". Currently, the system is difficult to navigate, with unclear service entry points and a lack of coordination and connectivity between services. Along with many other large-scale inquires including the Productivity Commission Inquiry into population mental health and the Victorian Royal Commission Inquiry into mental health, the Children's Draft Strategy highlights the need to improve access to services and address workforce shortages in order to better meet the needs of young people.

The 2021-2022 Federal Budget included a number of new measures related to child mental health in response to these major reviews, most notably:

- $54.2 million for child mental health and wellbeing hubs
- $46.6 million for parenting and education support to carers of children under 12 and to develop guidelines to identify emotional difficulties
- $47.4 million to achieve universal perinatal mental health screening for new parents
- $111.4 million to support the take up of group therapy sessions and participation of family and carers in treatment provided under therapy sessions under the Better Access initiative

As the only medical institute in Australia to consider mental health across the whole lifespan, Black Dog Institute welcomes these investments as the start of improving child mental health and wellbeing in Australia and population wellbeing as a whole, by intervening early in life. We further urge governments to:

1. Invest in ongoing collection of population-level data on children's mental health and research
2. Capitalise on schools as a near-universal touchpoint
3. Develop and evaluate evidence-based prevention and intervention approaches
4. Move towards collaborative care models
5. Fund the National Children's Mental Health and Wellbeing Strategy

Mental illness in childhood is common and prevalence may be increasing.

Approximately 13.6% of Australian children aged 4-11 have a mental illness, with anxiety and ADHD being the two most common illnesses in this age group (1). It is estimated that half of all mental illnesses experienced in adulthood begin before age 14 (8).

Data from the UK suggest that the prevalence of mental illness in primary school aged children is increasing (9). However, Australian data are lacking. To date there have only been 2 Australian population wide surveys assessing children's mental health conducted in 1998-2000 and 2013-2014 (1, 10). We welcome the funding for a new longitudinal child mental health and wellbeing study announced in the 2021-22 Federal Budget. The results will inform the current prevalence of mental illness in children.

Many children and their families are not receiving the support they need.

There is a significant treatment gap for young people. Estimates suggest that only half of children aged 4-11 years old with a mental disorder have received mental health support (1). Near-universal touchpoints like schools, maternal and family health checks, and other social welfare programs, are key areas for all levels of government to consider promotion of mental health and wellbeing, and to offer connections to resources and services for vulnerable children and families.

The Productivity Commission and Royal Commission have highlighted the incoherent policy frameworks for wellbeing in schools, the barriers to accessing the right supports and overwhelming demand on school counsellors and psychologists. Research shows that teachers want to be able to support their students (11, 12) but have concerns about their competence to provide mental health assistance and the limited availability of evidence-based training in Australia (13). Despite many children seeking informal support from their teachers, only one third of children with mental illness receive professional help at school, reflecting system fragmentation and workforce shortages. Only 4% of primary schools have a counsellor on site on a daily basis in NSW (14). Further, although approximately 3,000 of the 27,000 psychologists in the Australian workforce are employed in school settings (15), there are substantial variations in the ratios of psychologists to children across states and territories. Access to clinical psychologists and evidence-based care also faces equity issues between private and public schools. Better access to care is needed in schools around the country, such that students who need clinical support do not face long waits due to an insufficient workforce.

Even when children and their families are able to access mental health services, they are often not receiving a treatment that has been shown to be effective. One UK study estimated that less than 3% of children with anxiety disorders received a treatment that was evidence-based (16). Our own research examining an Australian sample found that approximately 25% of children with clinical anxiety receive evidence-based care (17). Some children who are accessing professional care may also be also receiving minimal sessions that are insufficient for their needs (18).

Recommendations

1. Invest in ongoing collection of population-level data on children's mental health and research

Data from other countries suggests that the prevalence of mental illness in children is increasing, but there is a lack of population-level data in Australia. The recent announcement of funding for a longitudinal child mental health and wellbeing study in the Federal Budget will assist in:

- ascertaining how the prevalence of mental illness in children differs between cohorts
- identifying vulnerable groups
- tracking new trends to determine where prevention efforts are most needed

The Federal Budget also included an announcement of investment to develop national guidelines for the inclusion of social and emotional wellbeing indicators in early childhood checks. However, this should be extended beyond early childhood to schools. We recommend that the government should commit to ongoing and regular collection of population-level data on mental health indicators in all children under 12 at least every 5 years. This could potentially be implemented by leveraging near-universal existing survey infrastructure in schools to include additional mental health and wellbeing measures. For example, mental health data could be collected in much the same way as the current NAPLAN assessments which that track literacy and numeracy at key points of development.

In addition to population-level data, greater investment into research in children's mental health is needed across all areas of prevention and treatment. There is no current framework for research into children's mental health, unlike the research strategy in place for Australian youth (19, 20). Co-design with children and their parents and carers is one promising avenue to improve the usefulness of innovative solutions (21), and is shown to improve the quality of research in adults (22). Co-design should be reflective of diverse communities and cultures and be a guiding principle of all aspects of program design, research trials, and large-scale evaluations of implementation.

2. Capitalise on schools as a near-universal touchpoint

Clear recommendations from the Productivity Commission Inquiry were that student wellbeing should be an outcome for the education system, with measurable targets (Action 5.3) that schools are required to report their progress against (Action 5.6). No new investment in children's wellbeing in school settings was announced, representing a missed opportunity to capitalise on school settings as an opportunity for monitoring of student wellbeing and identification of emerging issues. Many children first have mental health issues identified at school (often anxiety or attention issues) and first access professional help through their school (1). Assessments such as NAPLAN are used to universally assess educational outcomes in school-aged children but no such universal assessments exist for mental health and wellbeing, despite a strong positive correlation between children's social and emotional wellbeing and their school performance (11). Implementing universal screening and monitoring is crucial for identifying students who are struggling and who could benefit from additional kinds of support, before they develop more severe mental illness or become disengaged from the education system.

Black Dog Institute has recently developed and evaluated Smooth Sailing, a novel web-based service that screens students for signs of mental illness and triages them to receive appropriate stepped-care based on the intensity of their symptoms. Support ranges from online resources and activities to referral to school counsellors. Smooth Sailing was designed with input from parents (23), school counsellors (24), and health professionals (25), and had positive results in a pilot study (26). In large

scale randomised controlled trial of 1,847 students from 22 NSW schools (27, 28), participants who received the Smooth Sailing service had greater improvements in help-seeking intentions and anxiety than students who received school-as-usual. Although this program is for year 8 and 9 students and not aimed at children under 12, there is potential to develop a similar universal screening service appropriate for younger children that can be implemented at scale.

To support school screening and referral, the external mental health workforce needs to be bolstered. Wraparound services must be able to meet increased demand, including investment evidence-based care. Structural changes to referral pathways to and increased investment in other free or subsidised digital or clinical services such as psychologists and psychiatrists is needed. Other changes are needed in the information provided to educators, including clarity on which programs are evidence-based and likely to be implementable in different Australian contexts. At the individual school and educational system levels, these changes should be evaluated over time.

3. Develop and evaluate evidence-based prevention and intervention approaches

Much of the evidence and work to reduce mental health and improve wellbeing is currently occurring in secondary schools, and there is comparatively little work in the primary school years, despite greater opportunity for preventative intervention. However, there are established, effective, evidence-based programs available for children which have mostly been developed and tested overseas. Cost and other logistical barriers have hampered their introduction in Australian schools (29), but these programs show great potential to improve wellbeing outcomes. Partnerships with educational authorities will be required to bring these programs to Australia and allow for the implementation at scale.

Education departments should refocus on prevention by increasing training for all teachers to recognise and respond to risk, to deliver effective mental health strategies with the classroom, and to provide adequate access to counsellors and psychologists for additional support. Black Dog Institute has examined the efficacy of an evidence-based teacher-delivered program, the Good Behaviour Game, in Australian primary schools. The program significantly reduced emotional and behavioural problems, suggesting that it may be an effective teaching practice for managing students in the classroom and for promoting wellbeing and development (30). We are currently working with the NSW Department of Education to implement this program into primary schools at scale. Further, all wellbeing programs delivered in schools should be subject to an independent accreditation process to ensure that there is high quality and consistent evidence of efficacy.

We know that social factors such as education and housing are protective against mental ill health (31). Prevention approaches should be holistic and also address the social determinants of health that impact on children and families. Prevention of mental illness should go beyond the clinical setting and consider education and material conditions including access to adequate housing, home environments and parental mental health, maternal education, social and community factors and supports, and economic factors like poverty and access to employment and mental health supports for parents.

Programs like the Nurse-Family Partnership program developed in the US which support new parents with nurse home visits have been shown to reduce behavioural problems in children and lessen the incidence of child abuse and neglect (32, 33). This program has also been adapted for Aboriginal and Torres Strait Islander mothers in Australia and has potential to be applied more broadly. We also recommend looking to the Australian First 1,000 Days developed by Kerry Arabeena as a promising model that seeks to address social determinants of health (34). This model is aimed at strengthening families, cultural practices and supports in the first 1,000 days of life in First Nations communities, and recognises that many preventable problems share common risk factors in family and relationships. Service delivery across multiple family life course transitions, including relationship formation, transition

to parenthood, parenting children and teens and family re-formation, are taken into account when providing medical and cultural supports prior to and during the first 1,000 days. This holistic model could be applicability at a mainstream level by applying learnings from First Nations communities.

4. Move towards collaborative care

Currently, there is a lack of coordination within the existing mental health system, with services that offer mental health assessment often disconnected from those that provide treatment. A pivot towards a collaborative model of care that involves structured management of cases by a multidisciplinary team of health care professionals is needed. Collaborative care models have been demonstrated to result in better outcomes for depression and anxiety in adults, compared to routine types of care (35-37).

A major announcement in the federal Budget was funding for 15 new Head to Health Kids mental health and wellbeing centres for children 0-12 to offer multidisciplinary mental health support. While we welcome the establishment of dedicated centres for child mental health and wellbeing, this model of care needs to undergo evaluation for efficacy before it is further scaled. At present, it is unclear how these centres will be linked in with existing services to avoid the risk of system fragmentation. We recommend that design and application of integrated care for Australian children should be based on detailed assessment of different model options in different regional settings based on their relative costs and benefits. Triage and multidisciplinary services might still require further investment in evidence-based clinical care to meet the demand.

Collaborative care models also can capitalise on digital technology at all stages, beyond including telehealth options for mental health care. Digital technology should be explored as a service delivery mechanism to improve outreach and consumer choice, and to reduce other barriers to access. We know that digital mental health services and programs can be effective (38, 39), and COVID-19 has shown that people are willing to engage services through new methods that go beyond traditional face-to-face services. Digital technology can support collaborative care by providing a key entry pathway for triage to services and resources, access to blended care (that reaps benefits from technology and a clinician's expertise), and appropriate referral mechanisms.

Support for parents and carers is also crucial to improve mental health and wellbeing in children. We welcome the recent investment to support the participation of family and carers in treatment under the Better Access Initiative. Evidence-based parenting programs should be routinely offered at key developmental milestones and transitional periods such as the commencement of early education, primary school and high school. Engagement with parenting programs could also be improved through linkage with existing touchpoints such as birthing classes and child vaccinations, as well as early education and schools. Often the parents and children who could benefit most from parenting programs may also be facing additional barriers to accessing and completing these programs, including financial and locational barriers. Incentives could be explored to improve engagement, such as connection to and from other social welfare programs and with family payment programs like the Family Tax benefit.

5. Fund the National Children's Mental Health and Wellbeing Strategy

In its current form, the National Children's Mental Health and Wellbeing strategy identifies key priorities and opportunities for reform. To be effective, the Strategy should be fully funded to ensure that all components can be implemented to improve the healthcare system.

Conclusion

Black Dog Institute is committed to improving child wellbeing in Australia as part of our lifespan approach to population mental health. We believe more investment into population data and research is needed to develop, implement, and scale-up evidence-based prevention and early intervention approaches. Shifting towards early screening and collaborative care approaches will help to ensure that all children and their families in need of support can receive evidence-based care.

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For more information

Government and Stakeholder Relations Advisor | Black Dog Institute
Phone: 0487 770 889
Email: policy@blackdog.org.au

Black Dog Institute