SYNERGIA

GROWING UP WELL IN AUSTRALIA:

ADDRESSING CHILDHOOD MENTAL HEALTH & WELLBEING

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PURPOSE:

To drive action, not just discussion

This paper sets out actions and ideas to support Australia's children to grow up well, with a specific focus on mental wellbeing.

This paper was commissioned by Aftercare.

The mental health of children in Australia has not received the attention it needs. Mental health care is hard to access, uncoordinated and not fit for purpose. This has several consequences: children needing assistance too often receive no help; families are desperate; communities face heightened costs and risks; and Australia fails to make the most of its human capital, which puts significant pressure on our health and welfare systems. While our policy and funding mechanisms are evolving, they are, at best, patchy. There is a range of services available, many of which are evidence based. However, these services are often hardest to obtain in the vulnerable communities in which they are most needed.

This paper is a synthesised report which considers this important national issue, the policies, evidence and where intervention is needed. The report concludes by describing a better approach to supporting the mental health of Australia's children and the building blocks of a system-wide integrated model.

Our aim is to promote an informed debate that will lead to action and improvement.

ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

Australia is one of the best places to grow up and giving children the best start seems an obvious policy to pursue. But growing up isn't straightforward. It involves challenges, barriers and opportunities at every turn. Multiple risk factors present themselves along the way. Our response as a community to these pathways is fundamental to all Australians achieving their maximum potential.

The fact is that currently, there are massive and costly gaps in the way Australia responds to child mental health, and it has not received the attention it needs. It is hard to access, uncoordinated and not fit for purpose. This has several consequences.

Children needing assistance with their mental health too often receive no help. Families are desperate. Communities face heightened costs and risks. Australia fails to make the most of its human capital and instead perpetuates dependence.

We know that over half of all serious adult mental health issues present before the age of 14, but mental health is still not afforded the same attention as physical health when it comes to policy or funding. Moreover, young children continuously fail to reap the benefits of the funding that is available – for example through Medicare – because the vast bulk of this funding is directed to people over the age of 12.

While our policy and funding mechanisms are evolving, they are, at best, patchy. There are a range of services available, many of which are evidence based. However, these services are often hardest to obtain in the vulnerable communities in which they are most needed.

Childhood mental health is not an issue which exists in isolation. Rather, it exists in a fuller social context. This means that when a child starts to show signs of mental illness, it is not only the child who suffers; the family and the community do too. Poverty, education, unemployment, family violence and insecurity can impact and be impacted by mental health issues, profoundly affecting the developmental trajectory of children.

For Australia to effectively respond to childhood mental health needs, a system-wide approach that addresses the following five issues is needed:

- addressing the issue holistically
- ensuring adequate investment
- ensuring equity of access
- ensuring quality, integrated care
- supporting implementation and monitoring of impact.

This paper strongly suggests that while policy is welcome and needed, a key failure of past mental health policies in Australia is not their articulation but their implementation. Policy needs to be backed up with sustained investment. Based on the evidence gathered in this paper, this investment should occur in the following key areas:

1. early years
2. school based
3. holistic family focus
4. community needs.

We need to avoid the kind of problems often associated with Medicare mental health services, which are typically available in areas that can afford to pay for them rather than where need is greatest.

A new and better childhood mental health system across these four areas would be supported by infrastructure across five key domains:

1. **governance:** local and network integration
2. **structure:** one-stop-shop to support community needs, information and coordination
3. **funding:** local, community-specific funding
4. **capacity development:** the investment in upskilling and capacity of professionals, families and communities
5. **measurement:** building an evidence base to measure success.

This brief report is a synthesis of a larger piece of work designed to contribute to community understanding about how best to address childhood mental health and wellbeing. The larger work describes this infrastructure in more detail and provides some real examples from which to learn.

Typical rhetoric would have us state that children are our most precious resource. If this is truly the case, now is the right time for Australia to address the critical shortages and gaps which risk the long-term mental health and wellbeing of this resource.

GROWING UP WELL IN AUSTRALIA

Australia is one of the best places to grow up. But growing up isn't straightforward, nor is it equitable for all. Children follow many pathways as they journey through life, from baby to toddler, school age and beyond. Growing up is an idiosyncratic experience and involves challenges, barriers and opportunities at every turn. Our response as a community to these pathways is fundamental to all Australians achieving their maximum potential.

Early identification of risk factors, even before conception, and the implementation of appropriate and accessible responses will support the healthy and robust developmental pathway of children, ensuring their chances of good mental health and wellbeing throughout their journey through life.

Childhood mental health and wellbeing is a dynamic and complex issue that can both impact and be impacted by the wider community in which a child grows.

CHILDREN'S MENTAL HEALTH AND WELLBEING REALLY MATTERS TO AUSTRALIA

Ensuring children have the best start in life is critical to the wellbeing of Australia.

Foundations for wellbeing

Mental health is a vital component of our wellbeing. Tightly interwoven with physical and social health, it impacts the trajectory of an individual throughout life. Despite being of equal importance, mental health is still not accorded the same level of attention, and funding, as physical health.

We know that half of all lifelong, serious mental health conditions in adulthood start before the age of 14. Yet, services for Australians aged under 12 years accounted for just 5.6% of the total federal spending on the Better Access Program in 2015-16 (about $63m out of $1.1bn).

"The developmental origins of mental illness underlies the urgency of adequate provision by governments of perinatal, infant and child mental health services to avoid loss of life potential and reduce the pressures on the justice, child protection and welfare systems."

The provision of successful mental health services can, in turn, have a cascading impact on other facets of life.

Holistic family health

Children live in families, and these units, however constructed, largely determine the trajectory of children's health. The critical state of Australia's mental health systems means that even for those families that have the resources, both intellectual and material, to respond to emerging childhood mental health issues, finding the right help in a timely way can be extremely difficult.

But what about in families lacking such resources? The decisions a parent makes can have huge implications on both child and family.

We know the environment in which we raise a child is important to their development. But the impact a child with mental health issues can have on their family is often overlooked. While the disruption and heartache may impact all families, there are other determinants

at play, such as poverty, family violence, and education, that can culminate in a vicious cycle of vulnerability and ill health.

No one family is the same as the next. Family beliefs, cultures and environments are always different. But childhood mental health is intrinsically linked to family and to this broader social context. Tailored solutions need to understand this context.

Access challenge

While in Australia a number of targeted interventions exist to support child mental health, there are significant access challenges for a few reasons. Demand for these services far outstrips supply. The process to access them is complicated to navigate. There are geographical, eligibility and cost barriers to accessing them. And finally, the level of need of the child does not always fit with the service offering, where a child is too acute for one service, but not acute enough for the other.

The programs that are available tend to be accessed by those with the means and the knowledge. Children in communities with high levels of social deprivation, where there is higher exposure to known risk factors, tend not to access these services.

This combination of underinvestment and skewed access has led to a situation in Australia where 1 in 7 children experienced a mental health need in the last 12 months, but only 20-30% of them accessed publicly funded mental health services.

Life-long impact

This situation in turn leads to long-term financial liability for families, publicly funded agencies and communities. Children with mental health needs are 2.2 times more costly in terms of receipt of public services over their lifetime than those without a mental illness.

Underinvestment in child mental health further affects the productivity of Australia through a proportion of these children not reaching their potential in education and employment.

This pattern of unmet need and lifelong economic impact is presented in Figure 1. This shows a systems view in which there are a series of 'stages' through which a child might pass. We know that just over 50% of children are exposed to multiple risk factors, leading to diagnosable mental illnesses. Without effective and accessible intervention, their lifelong trajectory is compromised, leading to increase reliance on multiple public services – not just the health system – and increased social exclusion.

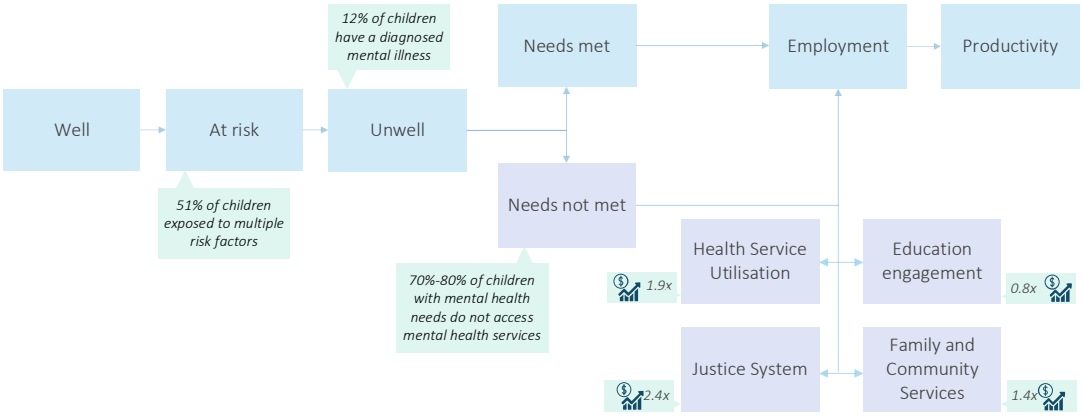


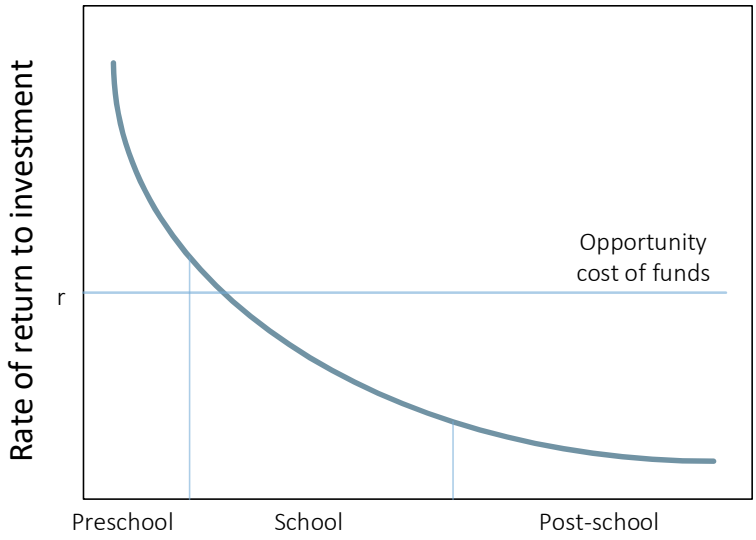
Figure 1: The childhood mental health and wellbeing pathway

Early intervention is cost effective

Evidence for early intervention in relation to childhood mental health and wellbeing shows benefits in academic achievement, reduced crime, and increased labour market

productivity. Cost effectiveness studies show that benefits range from $1.80 to $17.07 for each dollar invested – with the upper end of the range coming from interventions that are comparatively more costly.

Importantly, there is increasing evidence to show that the timing of the investment matters. As presented in Figure 2, US-based research examined the cost-effectiveness of interventions designed to improve emotional and behavioural functioning. This work showed significant return on investment in the early years, with investment in later school years having relatively poorer economic returns.



KEY POINTS:

- r represents the cost of the fund
- Rate of return to investment declines the later the investment occurs.
- Opportunity cost of investment in later school years may be greater than the costs to deliver the service

Figure 2: Rate of return on investment

WHAT WE KNOW ABOUT CHILD MENTAL HEALTH IN AUSTRALIA

The main mental health conditions in children aged 4-11 are anxiety (6.9%), depression (1.1%), attention-deficit/hyperactivity disorder (8.2%) and conduct disorder (2.0%). However, diagnosed mental health illnesses do not present the full picture due to the complexities of diagnosing a child.

Risks to mental health are present at every stage in life. Those that manifest in the early stages can have lifelong impact on the mental health and wellbeing of an individual. Risks include risky behaviour during pregnancy, socio-economic deprivation, single parent and/or low income families, exposure to trauma, unstable family environments, bullying, and personality traits.

While identification of risk factors is key, access to services is paramount to ensure mental health concerns are addressed. However, 40% of people in Australia indicate they do not know where to go for help, often face financial barriers and fall through the cracks between tightly controlled referral pathways.

In 2014-15, for each type of ambulatory mental health service, less than 1% of children aged 0-4 received services, with a slight increase for 5- to 11-year-olds (range 0.3-5.7%). Similar data from the Australian Institute of Health and Welfare shows that for community mental health services in all states and territories, 0- to 4-year-olds received services at a rate of 17.1 per 100,000, and 5- to 11-year-olds at a rate of 130.7 per 100,000. While the

difference between those two age groups is already staggering, they are the lowest. In comparison, 12- to 17-year-olds accessed services at a rate of 577.4 per 100,000.

WHAT ARE WE DOING ABOUT IT?

Across government departments such as Health, Education, Families and Social Services there is inconsistent mention of child mental wellness within key policies. There is no one locus in government responsible for the issue of childhood mental health and wellbeing, but there is an emerging recognition that it requires a whole-of-system approach.

The key policies concerning children have three key areas of focus: child development, supporting parents, and workforce development. Across these policies a set of guiding principles is emerging. These should continue to evolve and drive any design process aimed at childhood mental health. Figure 3 below outlines these emerging principles, and maps them against existing policies and frameworks.

	Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health	National Framework for Protecting Australia's Children 2009-20	National Strategic Framework for Aboriginal and Torres Strait Islanders Peoples' Mental, Social and Emotional Wellbeing 2017-23	Student Wellbeing Framework	National Women's Health Strategy	National men's health strategy	National framework for universal child and family health services 2011
Keep children and young people at the centre	✓	✓	✓	✓			✓
Life course approach and transition periods	✓		✓		✓	✓	✓
Using and contributing to the evidence base	✓	✓	✓	✓	✓	✓	✓
Improving cohesion and consistency	✓						✓
Prevention and early intervention	✓	✓	✓	✓	✓	✓	✓
Collective impact and positive environments	✓	✓	✓	✓			✓
Health equity	✓	✓	✓		✓	✓	✓

Figure 3: Themes across federal and state policies and frameworks examining child mental health and wellbing

WHAT WORKS ... TO A POINT

There is a growing evidence base for child mental health. This is both in relation to mitigation of risk factors and in regards to the effectiveness of targeted interventions for children that are displaying early signs of mental distress.

As a part of this project we undertook a rapid review of the evidence base, focusing specifically on child-related outcomes. From a total of 4001 results, 52 articles were included in a qualitative synthesis. An overview of the review is presented below in Figure 4, highlighting the gap in interventions focused on children aged 0-2. While we did not find any interventions aimed at this age group, it may be that evidence-based interventions for infants focus more heavily on parent outcomes. This lends itself to a wider issue in reviewing these papers; there is a general lack of strong evidence in this field due to the reliance on observational and self-reported data.

The results emphasised a rather dichotomised response to childhood mental health, where interventions were directed either at the child, or at the parent. Few to none incorporate the dyad pair or the wider family system.

	CONCEPTION	TODDLER	PRESCHOOL	SCHOOL
CHILDREN			**No of studies:** 2 **Interventions:** ECE centre **Outcomes:** Resilience, social/emotional development, school readiness, family bond	**No of studies:** 17 **Interventions:** CBT, strengths based therapy **Outcomes:** Resilience, coping skills, social/ emotional development, behavioural problems
PARENTS	**No of studies:** 4 **Interventions:** Education, skills development **Outcomes:** Health literacy, parent mental health, attachment	**No of studies:** 13 **Interventions:** Education, respite and CBT **Outcomes:** Parent mental health, coping skills, child behaviour & development	**No of studies:** 12 **Interventions:** Skill development, CBT **Outcomes:** Parent mental health, parenting skills, child behaviour, child emotional regulation	**No of studies:** 4 **Interventions:** Skill development, CBT **Outcomes:** Parent mental health, parenting skills, child behaviour, parent-child interaction

Figure 4: Summary of evidence for interventions

Local examples

Within Australia there is a range of evidence-based initiatives currently in place, including Aftercare's own Poppy Centre. However, they are few and far between. These programs tend to cross the whole age range and draw on a strengths-based approach. Some of these, and the age groups they service, are identified below in Figure 5.

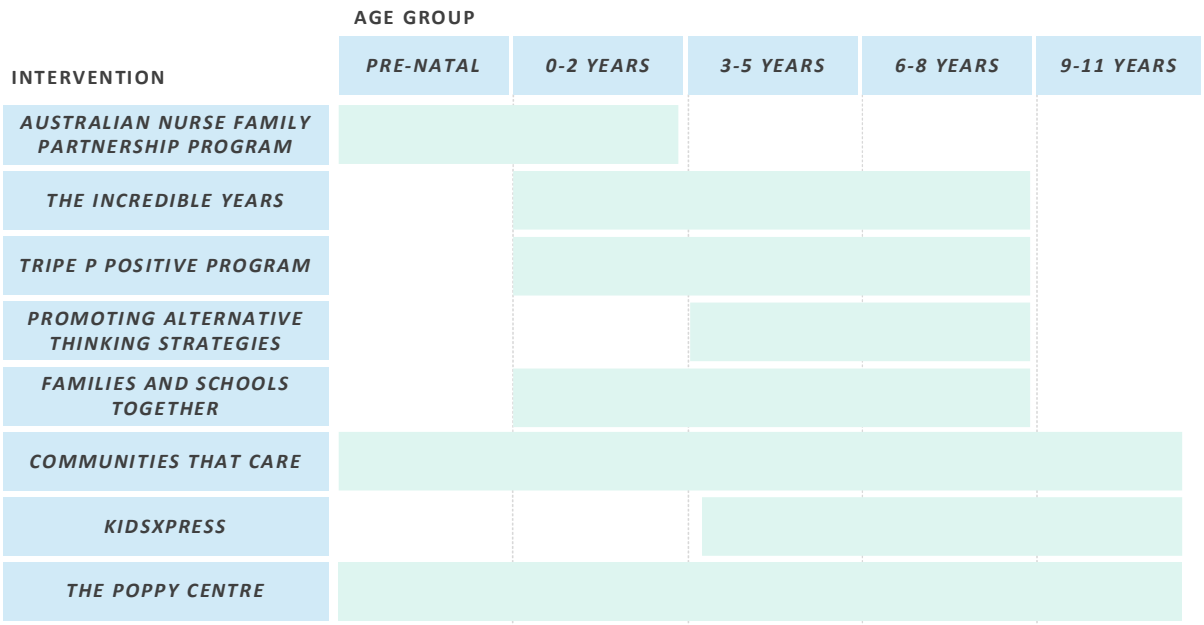


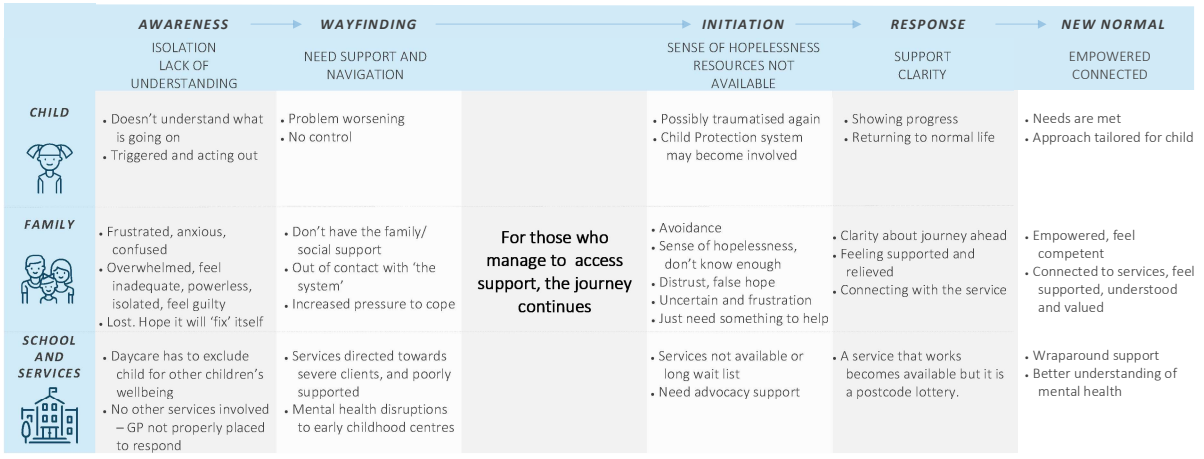
Figure 5: Evidence-based programs across Australia

All of the interventions shown above are supported by evidence. There is no doubt that these kinds of evidence-based targeted interventions can be effective in reducing mental health issues in children and creating stronger parent-child bonds. However, while these interventions must continue to form part of the wider response to mental illness, their overall

effectiveness is often inconsistent or manifests only in a context specific, siloed way. In order to change the landscape of mental health and wellbeing for children in Australia, we need to change the way we respond and react.

STEPPING BACK SLIGHTLY: A BROADER APPROACH FOR THE FAMILY AS A WHOLE

The evidence outlined assumes programs are readily accessible. They are not. This is partly because the referral pathway is tightly controlled which creates an automatic barrier to access, particularly for vulnerable communities. Secondly, the identified interventions do little to support integration across health and social services. Integration and ease of navigation is critical for families to access the range of services required to support their needs, particularly when these needs are related to risk factors such as employment, housing, and education. Finally, many of the interventions have a narrow focus and offer a limited range of therapy. The lack of a multi-modal, multidisciplinary approach means the interventions are not flexible or malleable in order to respond to different needs for those that access them.



KEY POINTS:
- The experience(s) and pathway(s) for the child and the family is one of fear, blame, and disconnection
- To manage to access services the family needs a good level of health system literacy, and good advocacy for their needs
- Commonly families give up due to not being able to navigate the system

Figure 6 maps out the implications of these challenges against an archetype of a journey through the current child mental health system in Australia. It captures the typical experiences, emotions, and responses for the child, family, and school/services as the journey progresses. It should be noted that while a full journey is represented, many do not get to the point of a 'new normal' – often due to poor experiences at the awareness and wayfinding stages.

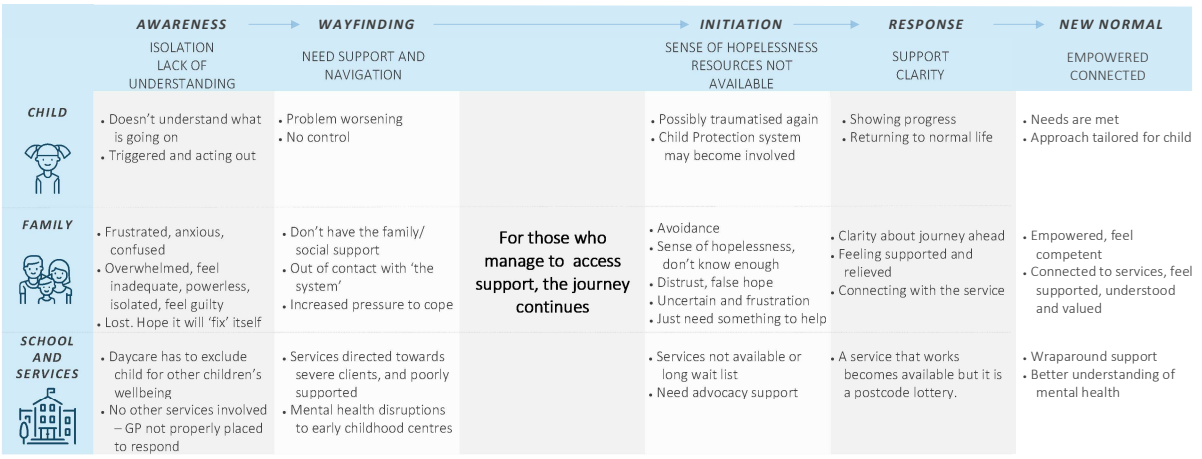


Figure 6 Navigating the current childhood mental health system in Australia

We can do better

Internationally, a response to these well-known challenges is emerging. These initiatives start with a broader systemic frame. They put the community at the centre of the design, governance, and delivery of the programs. These approaches are informed by evidence which shows better outcomes are achieved when planning is led by local families, in partnership with agencies such as education, police, health, and third sector agencies.

These initiatives move away from the well-known pre-defined intervention design. Instead, they are underpinned by principles, guided by specific community needs, and are built on the idea of a 'system of care'. The focus is more on how services should be delivered for this particular community, which is dependent on collaboration between and involvement of all key stakeholders.

AUSTRALIA NEEDS A SYSTEM-WIDE INTEGRATED MODEL

As stated earlier in this report, there are major problems with access to care for mental health in Australia. This applies to children particularly where, as shown, resources devoted to services for this cohort are meagre. However, the problem is very significant for those children with issues too complex for primary care but not yet severe enough to qualify for acute admission.

Like those with moderate to severe mental illness, the contributing causes and supports for children with milder mental illness are psychosocial in nature. This includes factors such as employment, housing, alcohol and drugs, education and social isolation. Typically, the supports for these areas are siloed – both in structure and funding. The lack of integration is a fundamental issue that a system-wide approach for children's mental health must address directly.

The other critical factor to consider is that the needs faced by a family are often defined by the community they live in. As such, any successful response to integration needs to be local, and framed by the nuances and needs of that local community. The services necessary to meet the needs of this missing middle are almost entirely missing nationally.

The landscape of the support system

Beginning to build a system wide integrated model requires us to determine areas for investment. Drawing together the threads in this paper on policy, need and evidence, four clear priority areas emerge.

1. **Early years**: It is critical to build protective factors for the mother during her pregnancy and into the first 12 months of the child's life. This includes educating and providing home-based services that build parents skill development and emotional coping skills.
2. **School based**: Schools provide an ideal context to provide broad coverage to children. It is a place that can provide ready access to support children at an important transition in their development to build skills for mental health and wellbeing. The most cost-effective way to do this is by investing in teachers and helping them identify signs of poor mental health and teach resilience.
3. **Holistic family focus**: Families are complex and unique, and the health of the entire family unit is equally important. The impact of mental illness is also holistic and so it calls for a holistic response. Taking a holistic family-focus approach gives multiple opportunities to access a range of different evidence-based approaches within the same service. There is also opportunity for children and parents to be supported separately and together. Finally, such an approach establishes multiple pathways that families can follow to access services.
4. **Whole of community**: A systems response to addressing childhood wellness responds to the underlying dynamics of limited local access to services, poorly integrated support systems, and services that are not person-centred. This is particularly the case in vulnerable communities. The community needs to be at the centre of the design, development and leadership of the system of care. A critical part would be a model of funding and contracting that supports effective interagency coordination.

Addressing these areas in an integrated framework will mitigate the risk factors, increase access to appropriate services for families, and help focus on communities where some of Australia's most vulnerable children live.

Foundation building blocks of the system

The four areas above need to be embedded in a system that supports local implementation. This system has five key components: governance, structure, funding, capacity development, and measurement.

Governance: Effective governance should be local and networked. Local governance allows the local community nuances to be identified and addressed. State or PHN level is too large because of the diverse communities these levels of governance attempt to cover. Wrapping local governance within a network structure will support the required system-wide view to address both the protective and risk factors relevant for children's mental health.

Structure: Underneath the governance framework needs to be an operational component that is effectively an integrator. This entity is the community face for services and is essentially a 'one stop shop' that families, health professionals, schools, and social agencies can approach for accessing advise and support for children's mental health. The type of agency that is best able to do this is an NGO, because they emphasise the psychosocial nature of mental health needs.

Funding: Funding models need to be rationalised if Australia is to effectively support the mental health needs of children and their families. At the heart of the issue is the division in

state and federally funded services and responsibilities. There either needs to be a clear rationalisation between State and Federal Governments about responsibilities, or a local regional network governance approach should be adopted.

Somewhat helpfully, Australia already has a structure for a local regional approach to governance. This is the many local governments. Funding through these structures could be seen as a safe approach for both Federal and State levels of government. There is already precedent for distributing tax dollars through local councils for service delivery. Further, a local government structure covers a small enough geographic area to have a good understanding of how to respond to the local needs.

Capacity development: A move to a more local and networked approach to service design and delivery would require investment in capacity and skill development. This would be the investment in local leaders, so they have the capacity to:

- 'see the whole' and appreciate how different parts of the system affect each other
- lead groups using a wide variety of tools to build understanding of the factors that drive system performance and the roles that people play in that performance
- build empathetic relationships with other leaders and help them see the importance of pursuing a system-wide strategy for change
- effectively implement initiatives in close collaboration with partners and stakeholders from across the continuum of care.

Measurement: The Quadruple Aim framework is commonly used in Australia. It provides a helpful way to track the effectiveness of a systemic approach outlined here. The framework has four dimensions: improving quality for children and their families, enriching the workforce, a focus on prevention and early intervention, and value for money.

These dimensions could be used to develop, over time, a dashboard of Key Performance Indicators (KPIs). These KPIs would aid learning about what is effective, why, and for whom. Applying this across the range of local networks and initiatives would be critical towards supporting and guiding an effective integrated system of care.

These foundations of systemic reform in turn sit within a political context. Nearly three decades of mental health reform have clearly illustrated that local and regional change is predicated on strong state and federal political support. Perhaps most recently, in 2006 and under the leadership of Prime Minister John Howard and NSW Premier Morris Iemma, mental health came onto the agenda of the Council of Australian Governments (CoAG).

CoAG's National Action Plan on Mental Health is an example of the kind of organised and sustained cooperation at the highest levels of political decision-making necessary if solutions and enduring change are to emerge. This kind of cooperation is not simple. It requires leadership. But as this paper has demonstrated, the national benefits to be derived from better childhood mental health more than justify this effort.