Response to Draft Report

Part 1: Early Intervention/Childhood Mental Health

January 2020

Productivity Commission Inquiry:

The Social and Economic Benefits of Improving Mental Health

Preface

Aftercare is Australia's longest-established mental health charity and has provided specialist mental health services to people with persistent mental illness and complex needs since 1907.

Today Aftercare employs nearly 650 staff providing community outreach, residential and integrated mental health services for over 17,000 Australians. Our two key priorities are (i) services for people with persistent mental illness and complex needs and (ii) an increasing focus on early intervention with children, young people and families.

Our services encompass:

- **Community-based services** for people with persistent mental illness and complex needs – funded primarily through NDIS with additional grant funding support from *Continuity of Support* and *National Psychosocial Measure* programs (formerly PHaMs and PIR programs) in particular. We also provide community services under several smaller State grant programs.
- **Residential services:**
  - Under NDIS "Supported Independent Living" (SIL) funding, for adults
  - For young people – we operate a range of state-funded services including recovery-oriented services focused on social and emotional wellbeing, education and employment outcomes, and some services for complex cases involving the out-of-home-care system
- **Integrated services centres:**
  - For young people: we operate six "headspace" centres – Aftercare is the largest operator of headspace centres in Australia
  - For adults: we operate five integrated mental health services centres – two in NSW (under State funding for "LikeMind") and three in Queensland (two under our own name "Floresco").
  - For children and families: we operate a pilot mental health centre in Ipswich, called "Poppy", and a second smaller centre in North Brisbane.

We welcome this opportunity to contribute our views to the Productivity Commission Inquiry *The Social and Economic Benefits of Improving Mental Health*; specifically, in response to the Draft Report dated October 2019.

Our response to the draft report is in two parts:

Part 1: Early Intervention/Childhood Mental Health (this paper).

Part 2: Keys to System Reform (separate paper).

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Summary of our Views: Start Early to Create Change

In our *Initial Submission* made in response to the PC inquiry Issues Paper, we argued there are four keys to system reform (see our separate submission *Part 2: Keys to System Reform*).

Of these, **our first recommendation was about the need for major investment in early intervention** with at-risk children and families.

The Productivity Commission's *Draft Report* (October 2019) touches on the issue of mental health in children and young people:

> *Mental illness affects people of all ages, but it tends to first emerge in younger Australians — 75% of those who develop mental illness, first experience mental ill-health before the age of 25 years* (Page 4)
>
> *Improving mental health of Australians requires focussing on what can be done to prevent mental illness from developing, and identifying and intervening early* (Page 4)
>
> *Early identification of risks in children offers the greatest potential for improving health, social and economic outcomes* (Page 11).

However, the Draft Report fails to recognise the importance of the early childhood years and the dominant gap in services and responses in our health system and fails to recommend action to address this need.

In our view this is the crucial failure in the Commission's Draft Report.

We strongly recommend that the Productivity Commission include as a key recommendation major investment in infant, child and family mental health services.

Summary of Recommendations

Key Recommendation: Invest in a national strategy for early intervention with at-risk/ disadvantaged infants, children and families.

- Over a 3-5 year period, invest in significant action-research; pilot initiatives with rigorous evaluation to test the long-term benefits of early intervention and identify best models
- Over 5 years develop the business case for a national approach to improving childhood mental health with a particular focus on disadvantaged communities.

We have also made recommendations relating to elements of the Draft Report relating to infant and childhood mental health:

Recommendations relating to Draft Report inclusions (relating to childhood mental health):

- Differentiate between the two different contexts and meanings of the term "early intervention" – **specifically address early intervention in infant and childhood mental health as a separate concept** distinct from early intervention in the stages of progression of mental ill-health.
- As recommended in the Draft Report, **invest in social and emotional wellbeing checks** for 0 to 3-year-olds, **parent information programs** and **skill development in education workforces**. Extend these by:
  - Designing an overall mental health monitoring program from birth to adulthood (with AEDC and other monitoring mechanisms at later life stages).
  - Investing in parenting development programs as an integrated component of early childhood mental health services.
- We **support the inclusion of social and emotional wellbeing efforts in the school environment**. We recommend establishing outreach mental health services in schools (primary and secondary) particularly in disadvantaged communities with high rates of mental health issues.

Our Response to the *Draft Report*

Discussion

While the Productivity Commission's *Draft Report* briefly acknowledges the importance of early years in determining lifelong mental health pathways and outcomes, it fails to recognise the critical importance of the early childhood years nor recommend actions to address the critical gap in services in these early years.

- For example; the Draft Report acknowledges: *Mental illness affects people of all ages, but it tends to first emerge in younger Australians — 75% of those who develop mental illness, first experience mental ill-health before the age of 25 years* (Page 4).
- While that statistic is not provided with a reference in the Draft Report, it is likely based on a study by Kessler et al[iv]. The same study found that while 3 in 4 adult mental health conditions emerge by age 24, **half of all adult mental health conditions emerge by age 14.**

In our response we firstly address the Draft Report recommendations relating to infant and child mental health, and then we describe the key gap in the Draft Report recommendations – the need for significant investment in infant and childhood mental health services with a focus on disadvantaged communities.

Response to Draft Report Recommendations

The Draft Report included a summary of recommendations relating to "early intervention":

Start now	Start later
Incorporate social & emotional wellbeing checks into existing physical development checks for 0 to 3 year olds	Monitor & report on progress toward universal screening
All schools assign a teacher to be their mental health and wellbeing leader	Expand parent information programs on child social & emotional development
COAG-developed strategic policy on social and emotional learning in the education system, including development of national standards for teacher training	Strengthen skills in workforces of early childhood education and care, and schools to support child social and emotional development
Implement a new national stigma reduction strategy	Use data on wellbeing of school students to build evidence base for future interventions
Reduce stigma amongst health professionals	Evaluate best practices for partnerships between traditional healers and mainstream mental healthcare for Aboriginal & Torres Strait Islander people
Follow-up people after a suicide attempt	Apply lessons from suicide prevention trials
Identify local priorities and responsibilities for suicide prevention	
Indigenous organisations empowered as preferred providers of local suicide prevention activities for Aboriginal & Torres Strait Islander people	

Productivity Commission Draft Report:
Summary of recommendations relating to "early intervention" (Page 11)

The first comment we make is that the Draft Report **refers to early intervention with two different contexts and meanings** – early intervention in life stages (childhood) and early intervention in the stages of progression of mental ill-health. We strongly recommend that the Productivity Commission **separate these two concepts** and focus specifically on the distinct issues and needs relating to each concept.

We support many of the recommendations in the Draft Report relating to childhood, and offer comments and additions as follows:

Things we Support	Things we'd Add/Comments
Improvements in screening: ▪ Incorporate social and emotional wellbeing checks into existing checks for 0 to 3-year-olds ▪ Monitor and report on progress towards universal screening	We agree with the recommendations relating to improvements in screening in early childhood. We suggest these checks could form part of part of an overall monitoring program from birth to adulthood (with AEDC and other monitoring mechanisms at later life stages).
Expand parent information programs	We agree with this recommendation. We add that parenting development programs should be an integrated component of early childhood mental health and health services.
Strengthen skills in workforces of early childhood education and care, and schools to support child social and emotional development	We agree with this recommendation – there is a critical need for development of these skills in early educators. We add that this training is not sufficient but that early childhood education services – particularly in disadvantaged areas – need to be able to access the support of, and refer children to, local specialist childhood mental health services.
All schools to assign a teacher to be their mental health and wellbeing leader	We're not completely sure about the idea of a "mental health and wellbeing leader" in schools or the capability of teachers to be able to perform this role. A strong pilot may be warranted. We *are* sure this model will fail without addressing the availability of support services for children and the integration of these services in the school environment. We support the inclusion of social and emotional wellbeing efforts in the school environment. We recommend establishing outreach mental health services in schools (primary and secondary) particularly in disadvantaged communities with high rates of mental health issues, building on some existing outreach services examples (for example, headspace outreach in high schools).

Recommendations relating to Draft Report inclusions (relating to childhood mental health):

- Differentiate between the two different contexts and meanings of the term "early intervention" – **specifically address early intervention in infant and childhood mental health as a separate concept** distinct from early intervention in the stages of progression of mental ill-health.
- As recommended in the Draft Report, **invest in social and emotional wellbeing checks** for 0 to 3-year-olds, **parent information programs** and **skill development in education workforces**. Extend these by:
  - Designing an overall mental health monitoring program from birth to adulthood (with AEDC and other monitoring mechanisms at later life stages).
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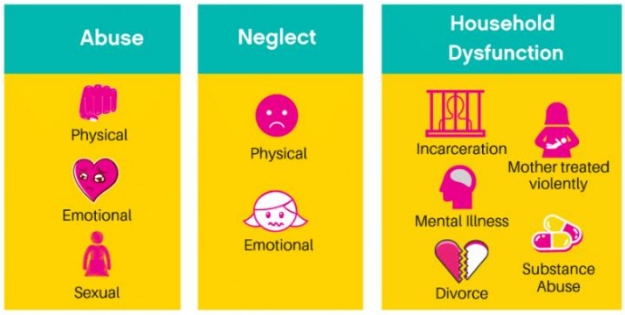
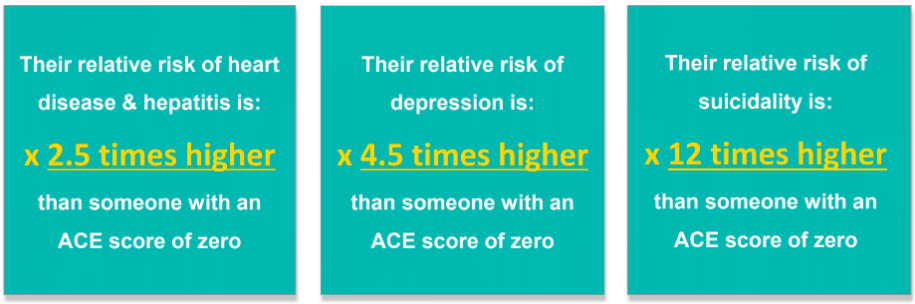
Addressing the Key Gap in Draft Report Recommendations

Mental ill-health of infants and children is one of the greatest public health challenges of our time with life-long impacts for individuals, families and communities. It results in an enormous economic burden for Australia's health, education and social systems.

- As noted in the Draft Report, the **total cost of mental ill-health** in Australia is estimated at **$50bn-$60bn p.a**[i,ii] including over $26bn in Australian, State and Territory government expenditure[1]. **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.[iii]
- Three in four adult mental health conditions emerge by age 24 and **half by age 14[iv].**
- **1 in 7 Australian children are exposed to toxic levels of stress**. Triggers of childhood stress such as domestic violence, divorce, bullying and developmental conditions contribute to 54% of Australian children exhibiting psychological distress. 17% of Australian children suffer from abnormally high levels of psychological distress while approximately 14% of children have a mental health disorder.[v]
- **Traumatic experiences have a profoundly adverse impact on children and families.** Evidence clearly demonstrates that people with **Adverse Childhood Experiences** (ACEs) have demonstrably worse health outcomes.[vi]



- The long-term impact of Adverse Childhood Experiences includes **greater risk of mental illness, heart disease, dependency on alcohol and other drugs and suicidality**[vii]. Compared to a person with an ACEs score of zero, for a person with an ACEs score of four or more:



- A recent study in South Western Sydney identified that **more than a quarter of children** attending community paediatric clinics have a significant burden of ACEs (i.e. score ≥4).[viii]
- The number of **Australian children on antidepressants has doubled** to more than 100,000 in the last six years.[ix]

[1]The 2019 Draft Productivity Commission report estimated costs to the economy at $43-$51bn, excluding $9.7bn in income support payments; the total cost including cost of diminished wellbeing was estimated at $180bn pa.

THE KEY GAP:

- **Access to quality psychological services for infants, children and their families is poor across Australia.**
  - This is particularly true in low socio-economic areas and for anyone facing mild and moderate levels of mental ill-health.
  - Only 20-30% of children who experience a mental health need will access publicly funded mental health services and access is heavily dependent on means and knowledge.[x]
  - The present focus of infant and child services results in a gap in services for families that do not meet public eligibility and do not have the resources to access private services.

The Opportunity

- Research shows that **effective early interventions can materially improve long-term outcomes** for children with significant ACEs.[xi]
- Several key Government policies highlight the importance of mental health in the context of children, young people and families, including the priority areas defined in the **National Action Plan for the Health of Children and Young People 2020 – 2030.**
- Investing in **early intervention** also aligns with the Productivity Commission's brief. Evidence for early intervention in childhood mental health shows benefits in academic achievement, reduced crime and increased labour market productivity. Studies show benefits ranging 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.[xii]

Our Experience: Trying hard, but no systemic support

Aftercare has – with modest grant support and with its own funds – operated a pilot service focused on early childhood and family for about three years. Through ***The Poppy Centre*** we are piloting provision of clinical and related mental health early intervention and support services to hundreds of children aged 0-11 and their families.

> *"I just wanted to say thank-you. When I started Circle of Security I said I just wanted to be a better dad. Thanks to you I hope I can be. I have been struggling with depression for six months and one of the main causes was how poor a parent I felt I was being because I didn't know a better way. <You> helped ease one of the main causes of my depression." Father/Poppy Client 2018*

> *"It wasn't until I started doing this playgroup that I felt like I'm not failing as a parent . . . We have 5 little girls under 5 & although I appear to keep it together, that's certainly not the case. The Poppy Centre validates me as a person and a mother. They understand that I'm not okay and they help me . . . be a better parent to my kids." Mother/Poppy Client 2018*

> *"I know now if he is acting out, then there is a reason, not just because he wants to be naughty. He needs connection, not attention." Mother/Poppy Client 2018*

We are also aware of at least one other small service with similar goals. **KidsXpress** is a specialist children's mental health organisation with primary focus on providing Expressive Therapy Programs and Trauma-Informed Training & Education Services. A registered charity, KidsXpress was established in 2005 to address the lack of services available to support children 4-14years who were living with the effects of childhood trauma.

Through the delivery of nationally accredited and evidence-based therapy, KidsXpress has been recognised as a leading & innovative early-intervention service for children, families and communities. Their therapy programs are delivered centre based and via outreach programs within schools across Sydney. They also provide Trauma-Informed Training and Education Services to metropolitan, regional and remote communities across Australia.

KidsXpress has been in operation for fourteen years and has relied heavily on philanthropic support to establish and maintain its programs.

As we finalise this submission The Poppy Centre's future is in significant doubt; the majority of the cost of this service is unfunded. KidsXpress has tried for the best part of 14 years to find avenues to scale its programs and impact but remains heavily dependent on philanthropy. This is despite the fact there is a strong evidence base for both services.

These are just the kind of programs that can make a substantial difference to Australia's long-term mental health burden, but there is no national or state funding program to incentivise early intervention mental health initiatives. Our recent report mapping child and family services globally identified a similar need and lack of structured and informed approaches to early intervention[xiii]

Key Recommendation

Invest in a national strategy for early intervention with at-risk/ disadvantaged infants, children and families.

- Over a 3-5 year period, invest in significant action-research; pilot initiatives with rigorous evaluation to test the long-term benefits of early intervention and identify best models
- Over 5 years develop the business case for a national approach to improving childhood mental health with a particular focus on disadvantaged communities.

References

For a comprehensive overview of the systemic issues in childhood mental health in Australia, see the research report Growing Up Well in Australia: Addressing Childhood Mental Health and Wellbeing (Synergia 2019) – available from Aftercare.

[i]Productivity Commission 2019, *Mental Health*, Draft Report, Canberra.

[ii]MHC (Mental Health Commission of Australia) 2016 - Economics of Mental Health in Australia media release.

[iii]Stronger Communities Investment Unit (2018). Forecasting future outcomes. Sydney. NSW Government.

[iv]Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR & Walters EE (2005). *Lifetime prevalence and age of onset distributions of DSM-IV Disorders in the National Comorbidity Survey replication.* Archives of General Psychiatry, 62, p 593.

[v]Department of Health, Canberra, 2015 (David Lawrence, Sarah Johnson, Jennifer Hafekost, Katrina Boterhoven de Haan, Michael Sawyer, John Ainley and Stephen R. Zubrick), *The Mental Health of Children and Adolescents.*

[vi]Felitti, Vincent J et al. (1998), Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults *American Journal of Preventive Medicine*, Volume 14, Issue 4, 245 – 258.

[vii]Dube et al 2003, The impact of adverse childhood experiences on health problems: evidence from four birth cohorts dating back to 1900.

[viii]Wickramasinghe YM, Raman S, Garg P, et al, (2019) Burden of adverse childhood experiences in children attending paediatric clinics in South Western Sydney, Australia: a retrospective audit.

[ix]*100,000 children on pills for depression,* John Ferguson, The Australian Feb 23, 2019.

[x]Mulraney et al. (2019), Mental Health Difficulties across Childhood and Mental Health Service Use: Findings from a Longitudinal Population-based Study.

[xi]Fraser JG, Lloyd S, Murphy R, Crowson M, Zolotor AJ, Coker-Schwimmer E, Viswanathan M. A comparative effectiveness review of parenting and trauma-focused interventions for children exposed to maltreatment. J Dev Behav Pediatr. 2013 Jun;34(5):353-68.

[xii]Karoly, Lynn, M. Kilburn, and Jill Cannon, 2005 *Early Childhood Interventions: Proven Results, Future Promise*.

[xiii]Synergia Consulting 2019. *Growing Up Well in Australia: Addressing Childhood Mental Health and Wellbeing.*