Centre for Community Child Health

Policy Brief

murdoch children's research institute

Edition no. 29, May 2018

Child Mental Health: A Time For Innovation

Child mental health has long been marginalised in policy and funding discussions. This Policy Brief identifies an urgent need to change this paradigm and formulate a comprehensive, sustainable and evidence-informed plan to effectively promote and improve the mental health of children and the adults they become.

Child mental health services are relatively neglected from a policy and resource perspective. Successive federal and state governments have prioritised adolescent and adult treatment services, without adequately considering the individual, social and economic benefits to be gained from prevention and early intervention. Addressing child mental health issues is both worthy in its own right and a preventive strategy that can reduce the incidence of mental health problems in later years, and the personal, social and economic burden associated with the long-term negative consequences of mental health problems. There is emerging consensus that a very different approach to formulating a comprehensive, sustainable and evidence-informed strategy is required to effectively promote and improve child mental health.

Key messages

- **Approximately half of adult mental health problems begin before the age of 14.**
- **Failing to address childhood mental health issues contributes to significant long-term personal, economic and social costs for individuals and the community.**
- **An integrated and coordinated approach to child mental health that encompasses promotion, prevention, early intervention and treatment is required.**

Why is this issue important?

Child mental health problems are common and their prevalence is not declining despite an increase in the use of services. A recent national survey found almost 14 per cent of 4 to 17-year-olds have a diagnosable mental health problem; this equates to almost 600,000 Australian children and young people (Hafekost et al., 2016). Paediatricians are seeing increasing numbers of children with mental health issues; a recent national audit found that six of the top 10 diagnoses of children referred to paediatricians were mental health related (Hiscock et al., 2017). Outpatient departments of public hospitals have long waiting lists for children with developmental and behavioural problems. In addition, teachers report concerns about increased numbers of children with internalising disorders such as anxiety and depression, and there has been a steady increase in the number of children with mental health problems presenting to hospital emergency departments (Hiscock et al., 2018).

For many children, mental health problems persist into adolescence and beyond. While many behavioural problems are transient and social-emotional issues resolve, often these problems continue beyond childhood. It is estimated that about half of adult mental problems begin before the age of 14 (Kessler et al., 2007). Childhood mental health problems that are not managed adequately may become entrenched, continue into adulthood, and contribute to family breakdown and substance abuse with significant social costs for the individual and the wider community (National Crime Prevention, 1999).

The service system is currently unable to adequately meet the needs of children with mental health problems. Children's mental health services in the community are oriented towards the treatment of established problems, and access and equity barriers prevent children and their

families from receiving timely care. Mental health services in the community often have long waiting lists, and public hospitals are inundated with parents seeking help for children with acute or long-standing problems. Health and educational professionals in the universal system who identify children with behavioural and emotional problems struggle to receive support and guidance, and referral pathways to secondary and tertiary services are often not well delineated.

The increasing evidence that mental health is influenced by potentially modifiable early life experiences provides an opportunity for public health intervention. The social and environmental conditions under which children are raised directly impacts their development (Moore et al., 2017) and specific childhood exposures, such as harsh parenting, parental drug and alcohol use, and poor housing, are risk factors for the development of mental health problems. Fostering child and family resilience to these adverse events may mitigate their effects. A range of mental health promotion and prevention programs for parents and young children, focusing on resilience, social connectedness, and mental health and wellbeing, are available in school settings and online. However, there is limited information about the effectiveness and cost-effectiveness of such programs, especially in an Australian context, making it difficult for health and education professionals to be confident in recommending programs appropriate for their settings.

What does the research tell us?

Not all parents have an appropriate understanding of their children's behavioural and emotional development. Parental perception of a child's need for help is a critical first step in the prevention and early management of emerging behavioural and emotional problems, and a key determinant of whether parents seek help. Service use is greater when parents have a higher level of mental health literacy (Jorm, 2012). However a recent national survey found that many Australian parents have poor mental health literacy (RCH Child Health Poll, 2017), particularly in regards to preschool and primary school children. A limited understanding of children's development and wellbeing may result in interpreting aspects of children's behaviour as being 'naughty' rather than a sign of emerging problems (Kendall-Taylor & Mikulak, 2009). Even when a mental health disorder is diagnosed, a significant proportion of parents do not seek any help (Johnson et al., 2018).

Parents have difficulty accessing the help that they need. Many parents with concerns about their child's mental health do not receive adequate help (Johnson et al., 2018). Some parents do not know where to go for help, while others are daunted by long waiting lists or services that they cannot afford. Despite some services being subsidised by government (e.g. Medicare or ATAPS), for most services there is still a financial gap for families. Those public services that do exist, such as community health centres or hospital outpatient clinics, are overburdened with increasing demand. There are particular challenges of service provision in rural and remote areas, for indigenous families, and for high-risk groups of children such as those in situations of family dysfunction, subject to child abuse, or with exposure to family violence (Bayer et al., 2011).

Many problems start early and persist. While many challenging behaviours in young children are transient and can be considered an aspect of normal development (Oberklaid, 2006), many persist and become entrenched; this is more likely in children from disadvantaged backgrounds. Social-emotional difficulties are more likely to be seen in children from disadvantaged backgrounds in the preschool period (Nicholson et al., 2012). At school entry almost a quarter of Australian children are rated as being developmentally vulnerable, or at risk, in the domains of social competence and emotional maturity (AEDC, 2015). In both domains, rates are higher in males, indigenous children, and children from families who are disadvantaged or come from a language background other than English.

Opportunities for early intervention are being missed. Professionals working in the universal service system – such as child and family health nurses, early years educators, and school teachers – are well placed to identify children with challenging behaviours or concerns about social-emotional functioning, and respond to concerns raised by parents. Directing parents to sources of reliable information (e.g. Raising Children Network), or providing advice themselves, may be helpful and all that is required. In other instances, the issues may be beyond their level of expertise, and warrant referral for informed assessment and management (Bayer et al., 2009). In a fragmented service system, this can be problematic (CCCH Policy Brief 5, 2006). Some professionals are unaware of resources in the community where children can be referred, and many parents face access and equity barriers. Appropriate early responses to emerging problems are likely to be facilitated by well-informed professionals who have ready access to professional supports, and who can make informed referrals to secondary and tertiary services that provide timely and coordinated responses.

What are the implications of the research?

There needs to be a broadening of responsibility beyond the mental health sector so there is a shared community effort and public health approach to promoting mental health and helping to prevent mental illness.

The precursors of children's mental health problems – early adverse life experiences, persistent challenging behaviour and signs of social-emotional distress – can often be identified early before they become entrenched and offer important opportunities for prevention.

Providing information to parents and offering them timely support about parenting strategies and children's behaviour is an important first step in preventing and managing children's mental health problems. The evidence base for programs aimed at mental health promotion and illness prevention in children needs to be expanded. This will require additional resources and should be a community-wide effort that involves professionals working in universal health and education services, as well as family support and other targeted services.

Given the access and equity barriers faced by families seeking support, additional resources need to be allocated to services to minimise out-of-pocket expenses. Technology also provides opportunities for both increasing the access to, and reducing the cost of delivering mental health services, especially for those living in regional and rural areas.

Child mental health needs to be reoriented away from a predominant focus on treating problems towards promotion, prevention and early intervention, with greater involvement by a range of health and educational professionals who engage with children and their parents (see Figure 1). This access would provide both immediate and lasting benefit to children and their families.

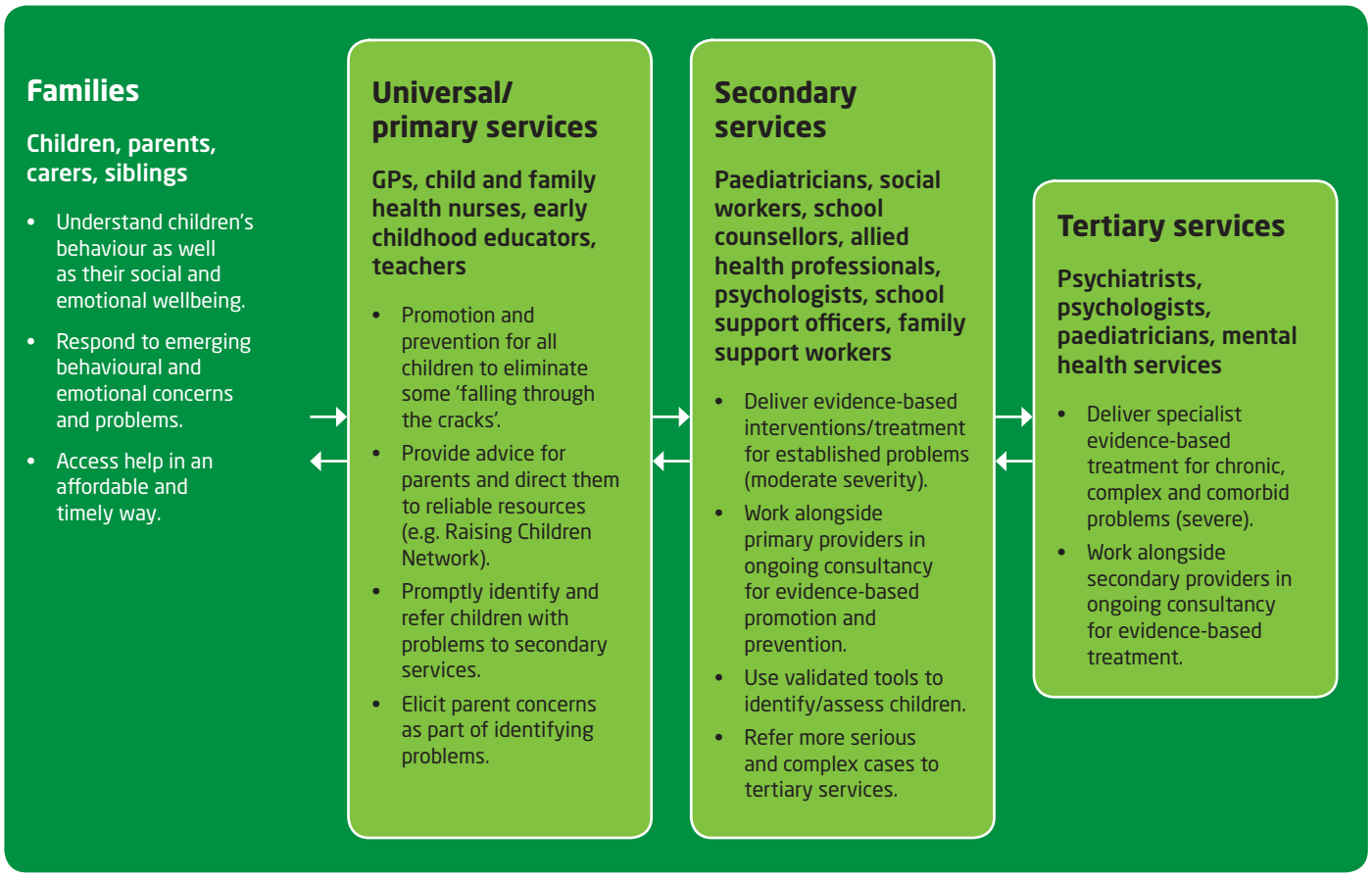

Figure 1. An integrated approach to mental health services (adapted from CCCH Policy Brief 5, 2006).

Considerations for policy and programs

Improving children's social and emotional wellbeing requires greater focus on:

- an integrated approach to prevention, early intervention and treatment
- enhancing parents' mental health literacy
- addressing workforce gaps and raising professional confidence and capability – particularly in regard to high-risk populations
- identifying evidence-based programs that address children's mental health issues.

State and federal governments should work closely together in a carefully planned, long-term strategy to provide adequate resources for child mental health services that recognise the full spectrum of child mental health from promotion through to prevention, early intervention and treatment of emerging and established conditions (see Table 1).

Table 1: Children's mental health – levels of responsibility.

	IDENTIFYING	REFERRING	TREATING
Parents	+++	+	+
Early childhood education and care	++	++	+
Preschool	++	++	+
School	+++	++	++
Child and family health nurse	++	++	++
GP	++	++	++
Paediatrician	++	++	+++
Psychologist/psychiatrist	+	+	+++

There needs to be ongoing efforts to improve parent mental health literacy. A better understanding of mental health would allow parents to implement strategies that promote mental wellness in their children and enhance their ability to identify and respond to early signs of problems and seek help. Parents and families should be involved in co-designing programs wherever possible.

Current gaps in the workforce need to be addressed – availability, capability, workloads, waiting lists and work practices – to inform the development of a long-term strategy to redress gaps in service provision.

Programs designed to raise the knowledge, expertise and confidence of the professional workforce in identifying and appropriately managing children's mental health issues (such as the current federally-funded Mental Health in Education Program) should be expanded and carefully evaluated to ensure they are meeting their goals; this is especially relevant for professionals working in the universal system – educators, child and family health nurses, and general practitioners.

There needs to be greater awareness of the increased likelihood of mental health issues in high-risk populations of children – those subject to abuse and neglect, in out-of-home care, living in dysfunctional families and exposed to family violence. The needs of these children are often inadequately addressed because of a lack of awareness, or inadequate resources or expertise.

Detailed community service mapping of secondary and tertiary professionals and resources is an important foundational step that would: facilitate the development of informed and appropriate support networks and referral pathways; assist in improving service coordination; and enable a more systematic community approach to child mental health by providing opportunities to foster links and communication between universal, secondary and tertiary clinicians.

Current problems of accessing services – for advice, assessment and/or treatment – should be addressed by the development and implementation of a regional and local workforce strategy and the exploration of alternate methods of delivery such as utilising digital health technology for greater efficiency and improved access wherever feasible; this is especially pertinent for rural and remote communities.

There is an urgent need to address the equity gap. Many families face financial barriers that prevent them from accessing services in a timely way. Consideration should be given to innovative funding models – for example engaging salaried community-based professionals rather than a fee-for-service model.

Research is needed to determine the effectiveness and cost-effectiveness of programs, including those focused on prevention and treatment, as well as documenting the uptake and outcomes of parenting programs. Programs should only be funded where there is evidence of their efficacy (CCCH Policy Brief 27, 2017), and promising programs should be subject to rigorous evaluation.

There needs to be some consensus around the terminology used when describing children with mental health issues, and especially when advocating for and introducing programs of promotion and early detection.

There is considerable disquiet in the community about programs designed to detect emerging mental health issues at an early stage (Kendall-Taylor & Mikulak, 2009). Overcoming this concern may improve the reach and uptake of effective programs.

Linking mental health services more closely with children's services enables professionals working in the secondary system (paediatricians, psychologists, social workers, allied health professionals) to work alongside universal or primary services, and those in the tertiary system (psychiatrists, psychologists, paediatricians) to work alongside secondary providers (CCCH Policy Brief 5, 2006). This integration would provide enhanced support, training and consulting services to support the health and wellbeing of children and their families.

Author

Frank Oberklaid.

References

For a full list of references please visit:
www.rch.org.au/ccch/policybrief

Suggested citation: Centre for Community Child Health (2018). Child Mental Health: A Time for Innovation, Policy Brief Number 29. Murdoch Children's Research Institute/The Royal Children's Hospital, Parkville, Victoria. https://doi.org/10.25374/MCRI.6263990

About the Centre for Community Child Health

The Centre for Community Child Health is a department of The Royal Children's Hospital and research group of Murdoch Children's Research Institute. For over two decades the Centre has been at the forefront of early childhood research and policy.

The Centre contributes to improving the health and wellbeing of children by identifying synthesising and translating the best evidence to inform policy, service delivery, practice and parenting.

Our Policy Brief series aims to stimulate informed debate about issues that affect children's health development and wellbeing. Each issue draws on current research and evidence-informed practice.

rch.org.au/ccch/policybrief

Melbourne Children's
A world leader in child and adolescent helath
The Royal Children's Hospital Melbourne
murdoch children's research institute
THE UNIVERSITY OF MELBOURNE