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Child mental health is everyone's responsibility

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The National Workforce Centre for Child Mental Health

There is increasing evidence about the impact of childhood experiences on health and mental health outcomes across the lifespan. There is also evidence that particular groups and communities are more disadvantaged and vulnerable. Some of these include rural and remote communities. Although the evidence on the impact of early childhood experiences on mental health outcomes later in life can be alarming, there is recognition and support for Early Intervention and Prevention practices across the service system, as a way forward. This has been acknowledged by the Australian Federal Government which established The National Workforce Centre for Child Mental Health (referred to as the 'Centre' throughout this paper) through the National Support for Child and Youth Mental Health Program.

This paper will provide some background to the policy context that contributes to the work of the Centre, as well as an outline about what the Centre is, it's strategies, purpose, aims and work. It introduces the Child Mental Health Workforce Consultants (referred to as the 'Workforce Consultants' throughout this paper) as well as perspectives of child mental health and its approach to Early Intervention and Prevention practices. It concludes with the resources and service that is available for practitioners, teams and organisations working in child and adult services within the Health, Social and Community services system, across Australia and with a focus on rural and remote communities.

Background

The past several years has seen a highly challenging but positively evolving policy environment in Australia, particularly regarding children and mental health. The Australian Government has funded several child and youth mental health programs demonstrating its continued commitment to improving the mental health outcomes for young Australians.

The National Framework for Protecting Australia's Children 2009–2020: Protecting Australian Children's is Everyone Business,[1] extended its focus beyond the family and protective services system and into universal services. It identified that a public health model 'to care and protection will deliver better outcomes for our children and young people and their families'.[1 (p. 7)] A public health model encourages the availability of universal supports for all families, with a strong focus on prevention and early intervention.

The 2015 Australian Child and Adolescent Survey of Mental Health and Wellbeing (Young Minds Matter)[2] provides detailed information on the prevalence of specific mental health difficulties (i.e. depressive disorder, anxiety disorders, attention deficit hyperactivity disorder [ADHD] and conduct

disorder) among children and adolescents aged 4–17 years.[3] This survey found that 13.6% of children (approximately one in seven) aged 4–11 years experienced mental health difficulties of clinical significance in the previous 12 months. Given that mental illness is associated with premature mortality[4], unemployment[5], delinquency[6], poor physical health[7] and suicide[8], among other poor outcomes, there is a clear imperative and logic to intervening as early as possible in the life of a child to ameliorate these pathways. Furthermore, the Australian Child and Adolescent Survey of Mental Health and Wellbeing (Young Minds Matter) found that only one in six children who had a mental health condition in the previous 12 months had received a service for this condition.[2]

The National Mental Health Commission's report Contributing Lives, Thriving Communities: A Review of the Mental Health Programs and Services[9], released in 2014, identified key areas for reform of the mental health system, including the need for better approaches to support children and young people. The Review raised several issues around the current delivery of child and youth mental health programs, including duplication and uncoordinated implementation and the need for better targeting and integration of services. It suggested particular benefit in bundling measures, to provide more comprehensive, targeted and integrated services and supports for vulnerable population groups. A report prepared by the University of Newcastle provided advice and recommendations for the specific challenges experienced by rural and remote Australia[10], was provided to the National Mental Health Commission for consideration. It identified the challenges experienced by rural and remote Australia and provided suggestions to address some of these. Among them was the need to develop workforce capacity more generally to respond to mental health issues in remote and rural Australia along with early intervention and prevention. The need for a joined-up support and early intervention appear to feature strongly in both reports.[9,10] As a result, the Australian government's response[11] has been to link up efforts in education, health, and social support through the National Support for Child and Youth Mental Health Program in which two area of the development were identified:

- The Education initiative lead by Beyond Blue, in partnership with Headspace and Early Childhood Australia: The Beyou Initiative

- The Workforce initiative lead by Emerging Minds and partners (discussed later): The National Workforce Centre for Child Mental Health.

The impact of adversity on children's health trajectory (including mental health) is well reported by the Adverse Childhood Experiences longitudinal study.[12] This study has highlighted how early in life experiences impact on children well into adulthood and across their lifespan. More recent evidence has shown that early intervention can counter the longer term affects often associated with adverse life experiences.[13–16] This is complimented by the evidence on child development early in life and particularly in the first thousand days.[17] Much of the evidence that has been produced in this space seems to highlight the role that early intervention plays, regardless of the type or context of the adversity.

The Young Minds Matter report[2] found that accessibility of regional services was one of the factors that effected the level of service use, among children with mental health difficulties. Specifically, infants, toddlers and primary-school aged children experiencing mental health difficulties have the lowest overall percentage of access to specialist mental health services. This means that there is a large disparity between need and service access. Furthermore, numerous factors affected the level of service use among children with mental health difficulties including the accessibility of regional services, household income, family type (e.g. blended, step, one carer or two) and parental

education and employment status. The report showed that children and adolescents in families facing disadvantage and those with a sole parent were more likely to be identified as having a mental health condition and were more likely to have accessed support services for their mental health.

Similar findings were reflected in the 2017 report prepared by the Centre for Child Mental Health for Royal Far West, on Reporting the Health and Development of Children in Rural and Remote Australia, by Dr. T. Moore and Arefadib.[18] Although it argued that data for rural and remote communities was lacking, especially data relating to children and mental health in rural and remote communities, some of the key findings were consistent with the Young Minds Matter report[2] and include:

- Distribution of developmental vulnerability found that in 2015 children in rural and remote communities were twice and three times likely than their city counterparts to increased developmental vulnerability

- Children from rural and remote communities across Australia share similar vulnerabilities which include higher rates of poverty, more likely to be indigenous and more likely to be exposed to family violence and abuse

- Access and provision of services to rural and remote communities experience major challenges that increased as communities become more remote, especially for mental health services and particularly mental health services for children

- It also found that the provision of telehealth as an option was not always appropriate or available for rural and remote communities.

The key findings of the Senate Report Accessibility and Quality of Mental Health Services in Rural and Remote Australia[19] highlighted the complexities that rural and remote communities have to contend with that are not reflected in the challenges of their city counterparts. Some of these include:

- Despite the prevalence of mental illness being similar across Australia, its impact is far greater in rural and remote communities

- Rural and remote communities face unique challenges regarding access to appropriate levels of health care, isolation, stigma, limited service provision (especially mental health and for indigenous communities) and insecure funding.

- The stepped care approach to health care is not designed with rural and remote communities in mind, due to lack of appropriate and available resources.

- Lack of prevention and early intervention services resulted in people accessing emergency services, as it was their only option.

- The need to build a more sustainable mental health workforce in rural and remote communities.

The National Workforce Centre for Child Mental Health

The National Workforce Centre for Child Mental Health initiative is led by Emerging Minds and delivered in partnership with the Australian Institute of Family Studies, the Australian Nation University, the Parenting Research Centre, and the Royal Australian College of General Practitioners. Each of the partners are respected for the expertise that they have in their particular areas. Emerging Minds comes with knowledge and experience in Children of Parents with a Mental Illness (COPMI). The Australian Institute of Family Studies have a proven track record in producing research that informs key domains of social policy relating to children and families. The Parenting Research Centre is a proven highly qualified and respected supplier of research development, knowledge translation, implementation and evaluation for Federal and State governments. The Australian Child and Adolescent Trauma, Loss and Grief Network (ACATLN) at the Australian National University (ANU) brings a wealth of experience in the development of evidence-based knowledge to facilitate practice change in supporting the wellbeing of children and families that have experienced significant adversities. The Royal Australian College of General Practitioners (RACGP) has significant outreach across Australia with well-established and effective communication networks with general practitioners and their teams, consumers, registrars and relevant stakeholders.

The Centre aims to support a broad spectrum of vulnerable populations known to benefit from prevention and early intervention efforts. By developing such knowledge and skills professionals, service systems and organisations (working with infants, children and/or their families) can identify, assess and support infants and children at risk of mental health difficulties. It supports health, social, and community services and practitioners to respond effectively to children's mental health, whether they work directly with children or not. It can also provide advice to Government on opportunities to improve the mental health and wellbeing of children and their families.

The Centre incorporates three key components:

- an online workforce gateway for members of diverse workforce groups to access resources such as practice guides, training, webinars, tools and apps

- a national network of regionally-based Workforce. Consultants to assist organisations to implement workforce development strategies that strengthen support for infant and child mental health

- a diffusion of evidence into practice via a strategic communications plan and knowledge translation strategy.

The Centre's workforce development framework[20] describes the strategy for partnering with families, communities, practitioners and sectors to advance the social and emotional wellbeing of infants and children up to 12 years of age. The importance of having a focus on the mental health of infants and children has been reinforced by contemporary research and there has been a gradual recognition that services need to better address mental health in the early years. Within this framework, the Centre conceptualises infant and child mental health using the following 10 Guiding Principles of Infant and Child Mental Health:

- The child and their local ecology

- Relationships matter

- Prevention and early intervention

- Strengths and vulnerabilities

- Resilience

- Trauma informed

- Developmental perspective

- Children's rights

- Cultural and spiritual identity

- Child, family and practitioner voice

The work of the Centre is guided by Knowledge Translation, Communications, Implementation and Evaluation strategies. The Knowledge Translation Strategy supports the translation and dissemination of research evidence and knowledge about children's mental health into practice. Knowledge translation activities are designed to support stronger connections between research, practice and policy. The Communication Strategy describes the approach to communications and marketing activities for promoting the program nationally across clinical and non-clinical program for children, adults and families that access health, social and community services. The Implementation Strategy is informed by implementation science[21] and details the process in accessing, planning and tracking capacity building efforts. The Evaluation Strategy involves a hybrid design methodology[21], which simultaneously measures the impact of the resources and activities of the Centre and the effectiveness of implementation. Both aspects of the hybrid design inform the other: the findings from the evaluation of the impact of workforce development resources feeds into a refinement of the knowledge translation and implementation strategies, while the findings from the implementation evaluation component shapes the development and delivery of future resources.

The national to local workforce consultants

To support the implementation process, the Centre includes a team of workforce consultants who work at state and regional levels to support the uptake and implementation of evidence-based practice approaches for identification, assessment and support in the promotion of children's mental health. These consultants are responsible for the development of high-level relationships with key stakeholders from clinical and non-clinical sectors and organisations engaged in the delivery of services to children and/or their parents.

Child mental health workforce consultants can:

- Engage with key state/regional based stakeholders and/or organisations delivering clinical and non-clinical services to infants, children aged 0 to 12 years and/or their parents/ guardians.

- Provide advice to major state/regional based stakeholders regarding quality workforce development in the field of promotion, prevention and early intervention as it relates to the mental health of infants and children including how parents/guardians can effectively care for their children.

- Provide scaffolded learning and development though face to face training and support using video case examples.

- Identify and implement opportunities for integrated workforce development planning and delivery including organisational, systems change and continuous quality improvement.

- Support the development of a sound implementation strategy that can promote organisations to keep the mental health of infants and children in mind, where early intervention and prevention strategies are strengthened using evidence-based interventions.

Promoting child mental health

People can be surprised to hear the term 'mental health' used in relation to infants and children. Mental health is something that everyone has, and it exists on a continuum ranging from good mental health, to times when a person is feeling less well, to a variety of mental health difficulties. Most infants and children experience good mental health if they are living in an environment that is responsive to their needs and stimulating to their development. They can cope effectively with the challenges of life, express and regulate a range of emotions, form close and secure relationships, and confidently explore their environment to an extent appropriate to their developmental stage. They will still feel sad, worried, frustrated and angry at times, but such emotions will not lead to ongoing impairments in their ability to cope with day-to-day life but rather contribute to developing resilience. At the other end of the spectrum, some infants and children experience more frequent or intense difficulties with their emotions, thoughts and behaviours that contribute to significant disruptions to their relationships, development, learning, and participation.

Children's mental health is shaped by social, biological, economic and environmental factors. Social determinants such as education, social inclusion, housing and income are unequally distributed, meaning that infants and children who experience disadvantage are more likely to be exposed to adverse childhood experiences and to have the poorest mental health outcomes. In addition to adversity, children and parents whose identity places them in a minority can also be more vulnerable to mental health difficulties.

There is widespread acknowledgement of the need for systemic change which emphasises the early identification and prevention of risk factors for infants and children.[9,10,18,19,23–26] When we approach infant and child mental health from a perspective of 'social and emotional wellbeing' we acknowledge the importance of the environmental and developmental factors which predicate healthy development for infants and children.[27] This then provides us with opportunities to engage with early intervention and preventative work.

There is a lack of empirical evidence regarding the prevalence of mental health difficulties in infants, but there is growing acknowledgement of the need to identify the extent of vulnerability in this group, particularly where co-existing trauma, disadvantage or insecure and/or disrupted attachment exists. In the US, Egger and Emde that 8% of pre-schoolers met the criteria for more than one mental health difficulty.[28] International epidemiological studies indicate that 16–18% of children suffer from a mental health difficulty at some time during their first five years.[29] An Australian study investigating a wide range of risk factors for adult mental health difficulties found that 16.1% of infants (0–1 years of age) had four or more risk factors, and that by the time children were 12–13 years old, 28.7% were exposed to four or more risk factors.[30] Adverse childhood experiences are strongly associated with poor physical and mental health outcomes in both the short and long term.[31]

Early intervention and prevention

Prevention and early intervention activities can occur early in life, early in the progression of a mental health difficulty and/or early in the contact with the service system. An early-in-life focus on mental health not only benefits children and families but also creates a solid foundation for outcomes later in life.

Prevention of mental health problems refers to interventions that occur before the initial onset of a condition to prevent its development.[32] Prevention interventions aim to identify and modify factors and environments that are associated with mental health difficulties. These factors include perinatal influences; family and other interpersonal relationships; schools and workplaces; sports, social and cultural activities; media influences; and the physical and mental health of individuals and communities.
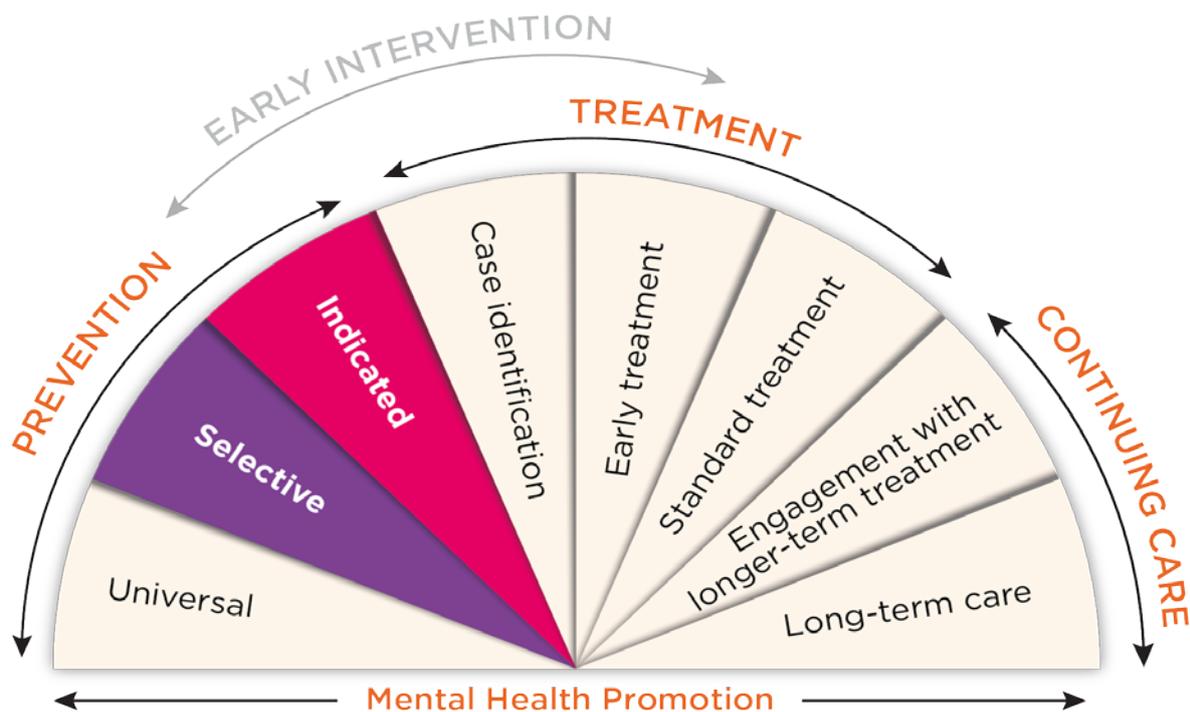
Early intervention programs aim to prevent progression from the early signs and symptoms of a mental health condition to a diagnosable condition. These programs include interventions that are appropriate for people developing or experiencing the first episode of a mental health difficulty. Early intervention aims to reduce the impact in terms of duration and damage and foster hope for future wellbeing.

The importance of the involvement of services beyond those focused on mental health is critical for prevention and early intervention. These services include not only health, family and community services, but also sectors such as sports, arts, business, education, labour, justice, transport, environment and housing.[33] Also important are inter-sectoral strategies, such as those aimed at the socio-economic empowerment of women, violence prevention and poverty reduction, as well as coordinated responses between infant, child, adolescent, adult and aged service providers and systems.[33]

There is increasing cross-sector recognition that mental health issues should be identified early in all children. This acknowledges the need for coordinated and consistent universal health systems for infants and children that cater for the social, emotional and developmental wellbeing of every child, as set out in the National Framework for Protecting Australia's Children 2009–2020.[1]

This becomes more critical for rural and remote communities as a way forward highlighted by the Royal Far West report,[18] advocating for a focus on prevention, adopting a multi-level co-ordinated approach, a better integrated and co-ordinated service system and adapting to a model of progressive universalism. This recognition that prevention and early intervention from universal to specialist services across the service system is the way forward is consistent with the approach that the Centre has taken in implementing the Workforce Initiative. The Centre aims to improve capacity to integrate prevention and early intervention into the roles and responsibilities of the target audiences, as well as improving decision making about appropriate pathways to information, resources and support for children and their parents or caregivers.

The diagram below provides a visual representation of the early intervention and prevention role that the health, social and community sector workforce can play thus contributing to promoting child mental health and social and emotional wellbeing. There is an opportunity for professionals to intervene early, regardless of where they sit on the continuum.

EARLY INTERVENTION

TREATMENT

PREVENTION

CONTINUING CARE

Case identification

Early treatment

Standard treatment

Engagement with longer-term treatment

Long-term care

Indicated

Selective

Universal

Mental Health Promotion

Source: adapted from Mrazek and Haggerty (1994)

The Centre's key audience of clinical and non-clinical professionals represents a wide remit of stakeholder groups, each with a different knowledge base and understanding about infant and children's mental health. Whilst the various stakeholders within the project's audience sit along a continuum in terms of their approach to infant and children's mental health, it has historically been viewed as a highly specialist area of work, and the responsibility of specialist workforce groups. The consequence has been a culture of referral to specialist services, rather than integrating preventative and early intervention strategies within practitioner's roles. Professional reluctance to identify mental health difficulties in infants and children early, can risk issues continuing into adolescence and adulthood. The Centre works across health, social and community service sectors to support a holistic and cohesive understanding of infant and children mental health. **This approach helps to create opportunities for child mental health to be everyone's responsibility.**

The emerging minds hub and resources

The Centre's initiative has been fully funded by the Federal Government's National Support for Child and Youth Mental Health Program and is available to the Health, Social and Community services workforce. It aims to facilitate knowledge and skills development through an online gateway to education and training for clinical and non-clinical professionals and services who work with children at risk of, or experiencing, mental health difficulties, and their parents and families. The **online workforce gateway** enables members of diverse workforce groups to access resources such as practice guides, training, webinars, tools/apps and real-time support that guides identification, assessment and early intervention practices. It also offers access to tools for engaging children. parents/guardians to facilitate choice and partnership in the design and delivery of services. Furthermore, the Workforce Consultants can provide support to build workforce capacity and contribute to systems change, information exchange and collaboration across the child and adult service sectors.

Where to from here?

Individual practitioners in the Health, Social and Community workforce that are interested in developing their knowledge and skills in early intervention and prevention practices with infants, children and their families can access the Centre's resources by registering online at **www://emergingminds.com.au**. Additionally, this can be undertaken as an organisational or team venture and may require support from the Workforce Consultants to develop learning pathways to support capacity building and/or reflective practice for the team. In this instance, organisations and teams will be required to register to access the online material and resources. There is no one way to engage with the resources. This is determined by the needs of the individual practitioner, their work team and their organisation. Once registered, members have access to the wealth of resources and online courses that are available and continue to be developed. Additionally, organisations or managers can contact the Centre to explore how they can keep child mental health in mind, beyond building their workforce's capacity, and look at systemic change at the organisational level, as appropriate and relevant. The Workforce Consultants are available to work collaboratively in this space with interested stakeholders and can be contacted through the Centre.

Conclusion

Communities in rural and remote Australia continue to experience significant disadvantage compared to their urban counterparts. Despite the challenges these communities face, the idea that prevention and early intervention is better than cure is not new and therefore not surprising to find it emphasised in the infant and child mental health space and especially for rural and remote communities. The National Workforce Centre for Child Mental Health can help and support the workforce, regardless of where they are located. By promoting children's mental health as everyone's responsibility, we can all contribute to making the future better for our children.

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Presenters

Courtney Schuurman is a senior child mental health workforce consultant in Victoria and Tasmania. She is a qualified social worker with over 10 years of experience working in a range of settings from the acute hospital system, migrant and refugee services and integrated family services. As a result, she has significant experience with high risk, vulnerable infants and their families as a practitioner, mentor and manager in programs with urban, outer urban and rural reach. Since graduating with her Bachelor of Social Work, Courtney has completed postgraduate studies in child and family practice, neurosequential model of clinical problem solving (trauma-informed practice) and infant mental health.

Angela Scuderi is an accredited mental health social worker with over 18 years of experience working with vulnerable children and families in a range of community settings from mental health, family services, trauma, grief and bereavement. She has worked in the outer urban catchments of north-eastern Melbourne as well as rural communities affected by the 2009 Victorian Bushfires. Her approach is trauma informed, strengths based and person centred. She is also a certified bereavement counsellor, child centred play therapist and trained in eye movement desensitisation and reprocessing (EMDR). She also has over 10 years' experience as an educator and trainer in the TAFE and private systems. She is currently completing a Master of Counselling and Psychotherapy.