



# Research Snapshot



## Reducing inequities in children's mental health

The development of good mental health in childhood begins from birth and is shaped by early environments and experiences. Some children will face challenges achieving good mental health.

Equity means fairness and justice. It often involves allocating more or different resources to children, families and communities who face unfair differences in health, development and wellbeing. Inequities in children's mental health are unfair and unjust differences caused by preventable social, economic or geographic conditions. These inequities are causing a gap - an inequities gap - in children's mental health.

Children experiencing socioeconomic disadvantage (hereafter disadvantage) are more likely to experience poor mental health compared to children not experiencing disadvantage. Reducing this inequity gap in mental health would have substantial and lifelong benefits for children, families and society.

### Key messages

- Mental health in childhood has a lifelong impact on future learning and health.
- Children's mental health is shaped by the environments where they live, grow, and learn.
- Children who experience disadvantage are more likely to have poor mental health compared to children not experiencing disadvantage.
- Promoting parental mental health and preschool attendance are two promising intervention opportunities.
- Improving parental mental health and preschool attendance reduces the impact of disadvantage on children's mental health.

Changing Children's Chances



## Why is this important?

Children experiencing disadvantage have up to three times higher rates of poor mental health than children not experiencing disadvantage.<sup>1</sup> Understanding how early childhood interventions, including those not specifically targeting poor mental health, can be combined to achieve maximum impact will enable better policy decision making.

## What was our aim?

The *Reducing Inequities in Children's Mental Health* study aimed to determine the potential benefits of improving parental mental health and promoting children's attendance at preschool programs on child mental health among children experiencing disadvantage.

## What did we do?

This study used data from the birth cohort of *Growing Up in Australia: The Longitudinal Study of Australian Children* (LSAC). LSAC has been following the development of 5107 infants since May 2004.<sup>2</sup> The data used in this study were collected when children were aged 0-1 year, 2-3 years, 4-5 years, and 10-11 years (Figure 1). Innovative analytic approaches<sup>3</sup> (such as modern epidemiological causal approaches) allowed us to test what happens to children's risk of poor mental health if we provide all children with the same rates of parental mental health and preschool attendance as children not experiencing disadvantage.

When children have **good mental health** they feel safe and loved, can make friends, play and learn, and deal with challenges.

When children have **poor mental health** they may experience lasting sadness or worry, trouble sleeping, and problems at school.

Source: Raising Children Network  
<https://raisingchildren.net.au/school-age/health-daily-care>

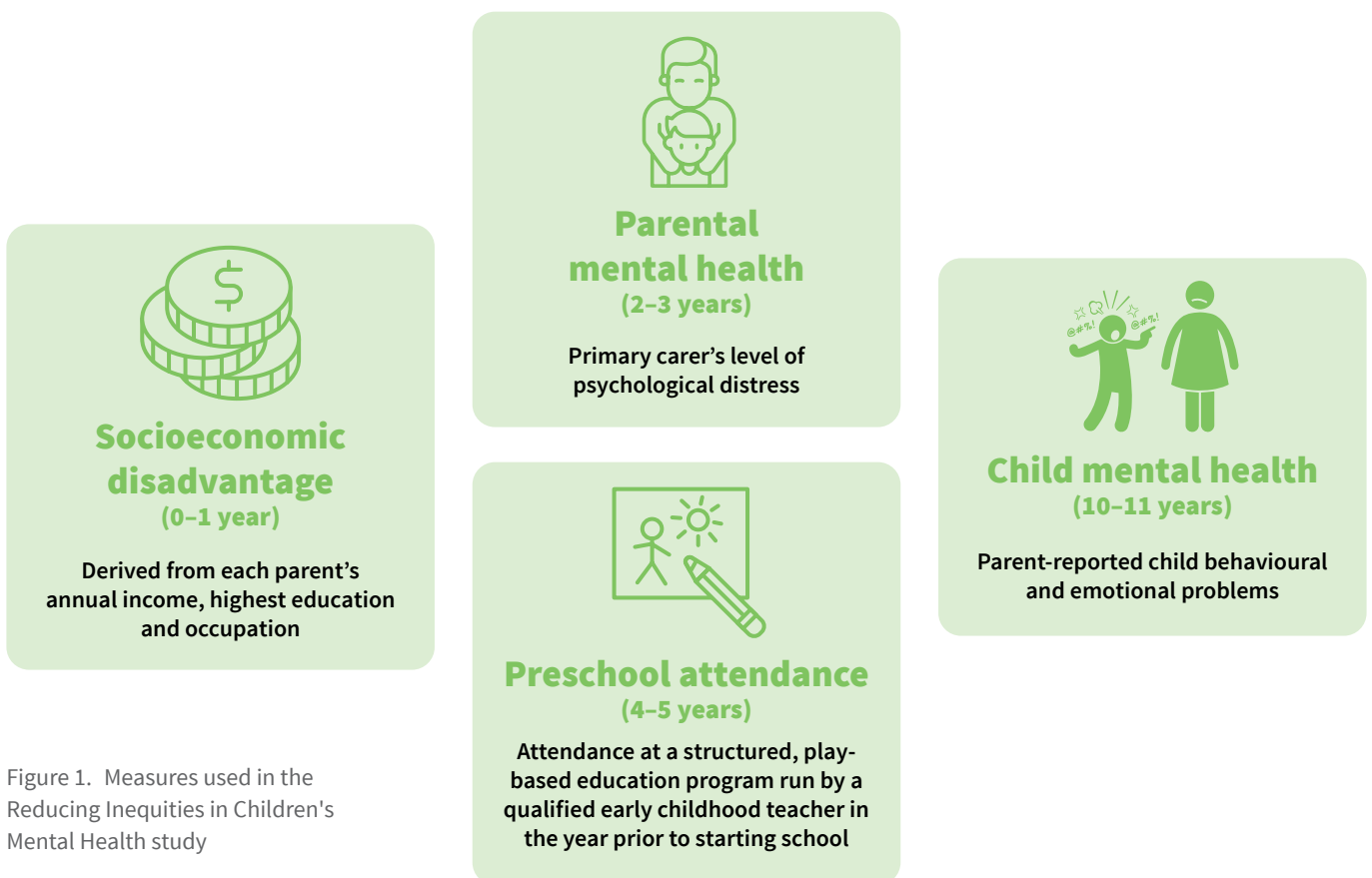


Figure 1. Measures used in the Reducing Inequities in Children's Mental Health study



## What did we find?

Overall, children experiencing disadvantage were almost twice as likely to have poor mental health (Figure 2). They also had lower rates of parents experiencing good mental health and preschool attendance (Figures 3 and 4).

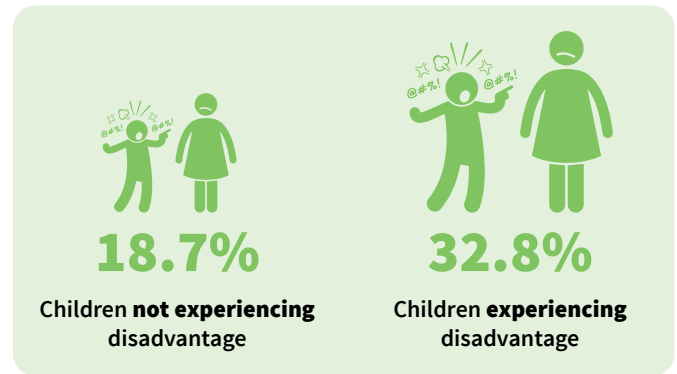


Figure 2. The inequities gap in children's poor mental health

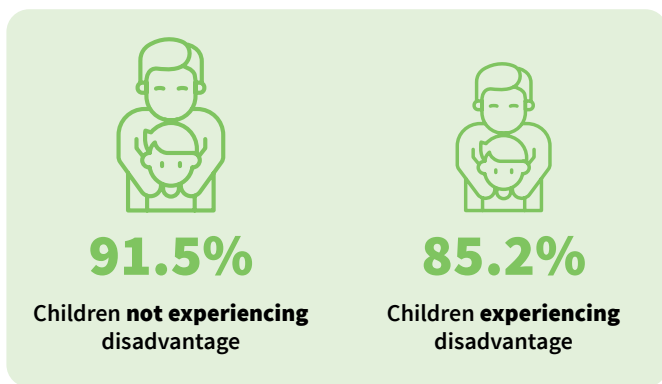


Figure 3. Percentage of parents experiencing good mental health

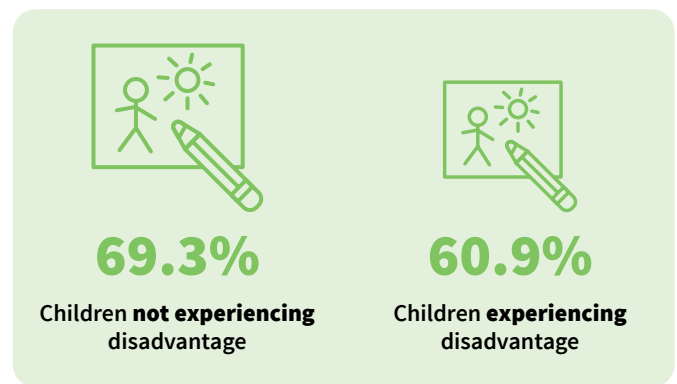


Figure 4. Percentage of children attending preschool





Improving mental health and preschool attendance to the same level as children not experiencing disadvantage could reduce the risk of poor child mental health for children experiencing disadvantage (Figure 5). We found:

- children experiencing disadvantage at 0-1 year had an 11.6% inequities gap in poor mental health at 10-11 years
- supporting improvements in parental mental health for children experiencing disadvantage could potentially reduce the difference in poor child mental health by 0.8%: equivalent to an overall 6.5% reduction in inequity
- intervening to support greater preschool attendance for children experiencing disadvantage could potentially reduce the difference of poor mental health by 0.04%: equivalent to a further 0.3% reduction in inequity
- despite combining improved parental mental health and greater preschool attendance together, a 10.8% inequities gap would remain for children experiencing disadvantage.

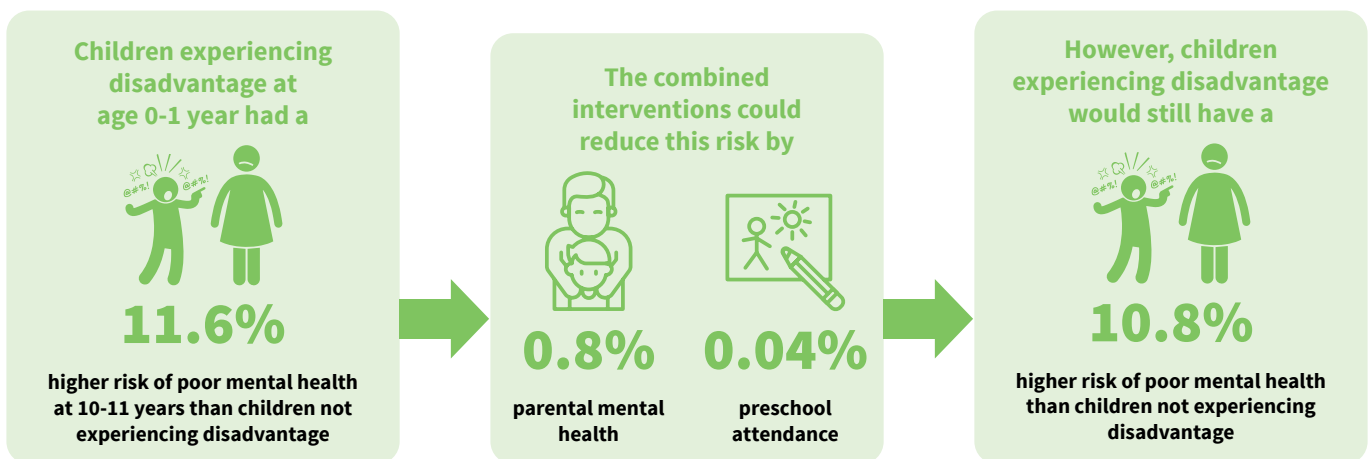


Figure 5. The impact of improving parental mental health and preschool attendance

## What does this mean?

Promoting parental mental health and preschool attendance for children experiencing disadvantage is beneficial, but these interventions alone are insufficient in closing the gap in children's mental health inequities.

### Implications for policy and practice

There is the potential to reduce some of the impacts of disadvantage on children's poor mental health, through non-mental health interventions targeting parental mental health and children's preschool attendance. Efforts should be targeted at better understanding how to assist families experiencing disadvantage to overcome barriers to participating in such interventions.

While the equity reduction is relatively small, it is likely to have broader benefits for children at a population level, as well as families and society. Single intervention approaches are insufficient for reducing inequities. Stacking a combination of complementary interventions in the early years is required for substantive reductions in children's mental health inequities.<sup>4</sup>



## Implications for research

Using innovative methods to test hypothetical intervention scenarios using existing data can help researchers to quickly and cost-effectively create new evidence to inform policy decision making. These should be supplemented with findings from ‘real-world’ interventions.

Further research is needed to identify which intervention combinations are most effective for reducing inequities in children’s mental health. This should consider strategies that reduce disadvantage itself (e.g. providing families with income support).<sup>4</sup>

## Where can I find out more?

### Research paper

Goldfeld, S., Moreno-Betancur, M., Gray, S., Guo, S., Downes, M., O’Connor, E., Azpitarte, F., Badland, H., Redmond, G., Williams, K., Woolfenden, S., Mensah, F. & O’Connor, M. (2023). Addressing child mental health inequities through parental mental health and preschool attendance. *Pediatrics*, 151(5): e2022057101. <https://doi.org/10.1542/peds.2022-057101>

### Suggested citation

Goldfeld, S., O’Connor, E., Guo, S., Pham, C., Gray, S., on behalf of the Changing Children’s Chances investigator team. (2023). *Reducing inequities in child mental health*. Research snapshot #4. Centre for Community Child Health. Melbourne, Australia. <https://doi.org/10.25374/MCRI.22345162>

### References

- 1 Australian Bureau of Statistics. National Study of Mental Health and Wellbeing [Internet]. Canberra: ABS; 2020-21. <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/2020-21>
- 2 Soloff C, Lawrence D, Johnstone R. *LSAC Technical paper No. 1. Sample design*. Melbourne, Australia: Australian Institute of Family Studies; 2005.
- 3 Moreno-Betancur M, Moran P, Becker D, Patton G, Carlin J. Mediation effects that emulate a target randomised trial: Simulation-based evaluation of ill-defined interventions on multiple mediators. *Statistical Methods in Medical Research*. 2021;30(6):1395-1412. <https://doi.org/10.1177/0962280221998409>
- 4 Goldfeld S, Gray S, Pham C, et al. Leveraging research to drive more equitable reading outcomes: An update. *Academic Pediatrics*. 2022;22(7):1115-1117. <https://doi.org/10.1016/j.acap.2022.04.001>

## Changing Children’s Chances

The Changing Children’s Chances project unites leading national and international child equity researchers and child health clinicians from the University of Melbourne, Murdoch Children’s Research Institute, Monash University, the University of New South Wales, Royal Melbourne Institute of Technology, the Australian National University, Loughborough University (UK), Beyond Blue and the Brotherhood of St. Laurence.

Changing Children’s Chances is funded by the Australian Research Council Linkage Program (LP190100921). The University of Melbourne and Murdoch Children’s Research Institute are partnering with Beyond Blue, The Victorian Health Promotion Foundation, The Australian Government Department of Health and Aged Care, The Australian Government Department of Social Services and Brotherhood of St. Laurence.

### For further information

**Contact:** Project Manager Dr Sarah Gray  
**Visit:** Changing Children’s Chances

### Centre for Community Child Health

The Royal Children’s Hospital Melbourne  
50 Flemington Road, Parkville  
Victoria 3052 Australia  
**Email:** [enquiries.cch@rch.org.au](mailto:enquiries.cch@rch.org.au)  
[www.rch.org.au/ccch](http://www.rch.org.au/ccch)

*The Centre for Community Child Health acknowledges the Traditional Owners of the land on which we work and pay our respect to Elders past, present and emerging.*

