

Policy Brief

Translating early childhood research evidence to inform policy and practice



Centre for Community Child Health

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Children's mental health

This Policy Brief documents current research findings about children's mental health; it suggests the need for increased awareness of children's mental health concerns and emphasises the importance of early prevention and intervention.

In Australia, recent years have seen significantly increased awareness of mental illness and a major increase in available funding. However, mental health in early childhood — that is from birth to primary school age — remains a poor cousin to adult and youth mental health. The focus for attention and funding is primarily on 12–25 year olds and disadvantaged groups with only a tiny fraction of the available mental health funding in Australia devoted to 0–12 year olds. The next step is to focus on mental illness prevention and mental health promotion from very early childhood — where many of the mental health problems encountered in adolescence and adulthood have their origins.

The definition of mental health problems in early childhood is complex, but for the purposes of this Policy Brief it includes a range of social, emotional and behavioural concerns. Mental health problems in early childhood can be grouped into two categories — behavioural and emotional. Behavioural (externalising) problems include aggression, hyperactivity and oppositional defiance disorder, and affect around 14 per cent of Australian children and up to 20 per cent at sub-clinical levels. Emotional (internalising) problems affect up to 15 per cent of Australian children; these include anxiety, fears and phobias in younger children, and depression and anxiety in school-age children. Sawyer et al. (2001) found that approximately 25 per cent of children with mental health problems had both externalising and internalising problems.

Why is this issue important?

- **There are significant social, emotional and financial costs associated with mental health problems.** The long-term effects of untreated mental health problems can be devastating. For the individual, there is an increased risk of poor physical health, poor learning and early school drop out, and poor employment and social outcomes (Halfon & Hochstein, 2001; National Crime Prevention, 1999; CCCH Policy Brief, 2006). These individual effects make a person less likely to be a fully productive member of Australian society and more likely to need treatment and other services, with additional costs to the community. For younger children, mental health concerns are associated with poorer parent mental health and financial stress on the family (DHS report as cited in Bayer, Hiscock et al., 2009).
- **The number of children with mental health problems is increasing.** Bricker et al. (2004) found a significant increase in the number of children diagnosed with mental health problems over the preceding 30 years. In Australia, the National Youth Mental Health Survey from 2000 reported that one in every seven children aged from 4–17 years was affected by behaviour or emotional problems. However, fewer than half of the Australian children who needed professional help for mental health problems obtained the help they needed (Sawyer et al., 2000). There are a number of reasons for this: families may not know where to go for help; it may be too expensive; they may think that their children will 'bounce back', or that children cannot have mental health problems (Kendall-Taylor & Mikaulak, 2009); and there are not enough service providers available for all the children that need help (Sawyer et al., 2000).

- **Around half of all childhood mental health problems will persist.** While half of all children who have behavioural problems end up growing out of those problems, half of them do not. Campbell (1995), as cited in Bayer et al. (2009), noted that some serious adult problems — including depression, criminal behaviour and family violence — can stem from behavioural and emotional problems in childhood.

Childhood mental health concerns that are not addressed and managed and continue into adulthood can go on to contribute to family breakdown, employment difficulty, and drug and alcohol abuse, all of which create financial and social costs for the individual and the wider community, and can undermine Australia's productivity (Halfon & Hochstein, 2001; National Crime Prevention, 1999; Bayer et al., 2009).

- **The current service system is unable to respond effectively to the needs of children and their families.** As documented in a recent literature review (CCCH, 2011), Australia's service system is not effectively managing the complex needs of children and families; it is unable to provide support for all who need it and has long waiting lists for many services (CCCH, 2011; Moore, 2008; Wear, 2007). An ABC report (Keen, 2011) supported this finding, noting community calls for more funding directed to early intervention programs for mental health problems in young children.

COAG commits to promoting good mental health

In 2006, the Council of Australian Governments (COAG) committed to helping communities to promote good mental health, work to prevent poor mental health and intervene early when the signs of poor mental health were identified. COAG noted that in order to do this, state and territory governments needed to:

- build the resilience and coping skills of children, young people and families
- raise community awareness
- improve capacity for early identification and referral to appropriate services, and
- improve treatment services to better respond to the early onset of mental illness, particularly for children and young people.

Implementing these aims in the community and achieving results in reducing the rate of mental illness in Australian communities requires work from the very beginning of children's lives.

What does the research tell us?

Social change is affecting the health and wellbeing of children and families. A recent literature review found that rapid and widespread change over the past 50 years is having a significant impact on the health and wellbeing of young people (CCCH, 2010; Moore, 2009; Moore & Skinner, 2010).

The review reported evidence of worsening or unacceptably high levels of problems in a minority of children across all aspects of development, health and wellbeing, including mental health. The authors argued that these problems are 'disorders of the bioenvironmental interface' (Palfrey et al., 2005), and the developmental pathways that lead to most of these outcomes can be traced back to early childhood (CCCH, 2010).

Part of the picture is the changing circumstances for families who are raising young children. Parenting has become more complex and more challenging than in earlier times — extended families tend to be smaller and more spread out; rates of single-parent families are higher; some parents are parenting without having had the models and benefit of good parenting themselves; and many workplaces continue to lack family-friendly policies that can offer support to parents.

Systems and services set up to support mental health are not coping with the level of demand. Due to the high rates of mental health concerns in childhood, a different approach is needed to reduce the long-term burden on individuals and the community (CCCH, 2011; Bayer et al., 2009). The majority of childhood mental health issues occur in the middle socio-economic brackets, since this is where Australia's population density is concentrated (Bayer et al., 2009). There are higher rates of childhood mental health concerns among Aboriginal and Torres Strait Islander children (Zubrick et al., 2005), children in out-of-home care (Tarren-Sweeney & Hazell, 2006) and among children with a learning disability (Witt et al., 2003). However, focusing only on prevention and treatment for these 'at risk' children and families will miss the majority of children with mental health problems and may also lead to stigmatisation of some families.

There are a number of risk factors that influence mental health and the development of mental illness.

These include:

- parenting practices, such as harsh discipline or over-protective behaviour
- insecure attachment relationships with caregivers
- the child's innate temperament
- parents' mental health problems
- the child's sleep habits
- family stress and trauma.

(Quach et al., 2011; Bayer et al., 2006; Carr, 2000; Commonwealth Department of Health and Ageing, 2000; Kendall-Taylor & Mikulak, 2009; Rapee et al., 2005).

Parenting style has been found to be the most important modifiable influence on young children's behaviour (Fox, 1995; Campbell, 2005). For this reason, most programs that aim to prevent the development of poor childhood mental health emphasise the importance of optimising parenting styles.

There is community resistance to the idea that mental health concerns can be present in childhood. Zeanah et al. (2005) found that most people believe 'early childhood is a happy time' and that this precludes mental health problems for children. Maniadaki et al. (2005) found that parents may be resistant to the thought that their child's behaviour could suggest a mental health concern.

Early intervention is cheaper and more cost-effective than later treatment (Heckman, 2009). Shonkoff (2000) wrote that it is 'biologically and economically more efficient to get it right the first time.' For example, if left untreated, up to 50 per cent of externalising mental health problems in childhood can persist and evolve into mental health diagnoses, including attention deficit disorder, conduct disorder and oppositional defiant disorder. In the long term, subsequent adult mental health problems are closely associated with poorer outcomes in a range of areas, affecting education, parenting and employment prospects (Halfon & Hochstein, 2001; National Crime Prevention, 1999; Bayer, Hiscock & Scalzo, 2009; CCCH, 2006).

There are programs that could be effective in the Australian context. There is a range of preventive programs that could have a positive effect on childhood behavioural and emotional outcomes. A systematic review by Bayer et al. (2009) found that for behavioural problems in infants, the US-based Nurse Home Visitation Program showed the best results. At preschool age, the review identified three programs that were suitable for addressing behavioural problems: the US Family Check Up, the Triple P parenting program and the Incredible Years Group parenting program. An Australian trial of the Family Check Up is currently underway. For school age children, the review identified two programs targeting behavioural problems that indicated good potential in the Australian context: the Good Behavior Game and the Incredible Years parenting program – the same program that showed promise for preschool age children (Bayer et al., 2009).

There are fewer preventive programs available that target children's emotional problems. However, the same review identified programs that could be suitable for early intervention at the two earlier age ranges. For infants, the Early Start home visitation program was found to offer the most promise. For preschool children the Parent

Education Program and a brief psycho-educational group-based program were found to be the most promising (Bayer et al., 2009). A trial of the Cool Kids program is also currently underway. This program aims to prevent early emotional problems in preschoolers. In Australia, the federal government is supporting two prevention and early intervention programs: KidsMatter and KidsMatter Early Childhood.

What are the implications of the research?

- Pathways to poor mental health often start early in life — well before the age of 12 years.
- Many parents need support and assistance to give their children the best possible start in life.
- Community acceptance and understanding of the existence of mental health concerns in childhood is poor.
- Preventive programs that support parents to parent well may be the most effective option to facilitate good mental health in children.
- There are significant barriers to children accessing either preventive programs or treatment — these need to be addressed.
- It is more cost effective to intervene early when mental health concerns are first identified.

Considerations for policy and programs

Research

- More research is needed to determine the effectiveness and cost-effectiveness of preventive programs, including international programs in the Australian context.
- The uptake and outcomes of different types of parenting programs need to be evaluated; for example, do programs offered to all families (universal) result in better uptake and outcomes than programs offered only to 'at risk' families (targeted)?

Service systems

- Integrated mental health policy and service delivery is needed to tackle mental health problems, with a particular focus on reviewing and improving links and communication between primary, secondary and tertiary clinicians.
- There needs to be increased opportunity for service providers who work with children and families (e.g. child carers, kindergarten teachers, family and child health nurses etc.) to increase their skills in regards to mental health promotion and mental illness prevention.

- There needs to be increased awareness of the greater risk of mental health concerns in children who have been diagnosed with a chronic illness.
- Given the long waiting lists to access services and uncertainty about where to access them, service providers need to establish and document clear referral pathways to help parents and families access the services they need. By mapping available resources and publicising that information, better referral pathways — which allow both the primary and secondary sector to recognise, manage, refer and follow up mental health concerns — can be achieved.
- Consideration needs to be given to the potential of implementing a general three-year-old health check in order to monitor all aspects of children's development, including mental health.

Community and education

- Resources are needed to promote mental health and prevent mental illness from a very young age. Only a tiny fraction of the money committed to mental health spending will be directed at children under 12 years. Available funding needs to better reflect where the morbidity load lies.
- Community education about mental health and mental illness, including its occurrence in early childhood, is needed in order to increase the knowledge and capacity of both parents and professionals. This can be supported by continuing to provide and enhance opportunities to understand child development.
- There is a need to enhance the existing contact that GPs and family and child health nurses have with children and families in order to better detect early signs of behavioural or emotional problems.
- There needs to be a broadening of responsibility beyond the mental health sector to make it everybody's business to promote mental health and to help prevent mental illness.

Centre for Community Child Health

The Royal Children's Hospital Melbourne
50 Flemington Road Parkville Victoria 3052 Australia
TELEPHONE +61 9345 6150 FACSIMILE +61 9345 5900
EMAIL enquiries.ccch@rch.org.au www.rch.org.au/ccch

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About the Centre for Community Child Health

The Centre for Community Child Health (CCCH) has been at the forefront of Australian research into early childhood development and behaviour for over two decades. The CCCH conducts research into the many conditions and common problems faced by children that are either preventable or can be improved if recognised and managed early.

Policy Briefs

Policy Briefs aim to stimulate informed debate about issues that affect children's health and wellbeing. Each issue draws on current research and international best practice. Policy Briefs are produced by the CCCH, with peer review and advice from an editorial board of national experts, and an advisory group of experts in children's policy and service delivery.

References

A full list of references and further reading used in the development of this Policy Brief is available from: www.rch.org.au/ccch/policybriefs.cfm

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