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POLICY BRIEF

Translating early childhood research evidence to inform policy and practice

Childhood mental health: promotion, prevention and early intervention

Good mental health is essential for children's learning, social development, self-esteem and resilience to stress throughout the life-course. Over half a million Australian children have significant mental health problems. This Policy Brief outlines ways that services can better support families to prevent mental health problems from developing in the first place.

In this brief we describe childhood mental health problems under the umbrella of *externalising problems,* i.e. aggression, oppositional defiance, attention deficit hyperactivity disorder and *internalising problems,* i.e. anxiety, depression.

Why is this issue important?

Children's mental health problems have high human and financial costs for families and society, in both the short and long term (Barlow & Stewart-Brown, 2000; Bor et al, 2004; Sanders et al, 2000; Stewart-Brown, 1998). Such costs include social problems and school learning difficulties, along with clinical treatment and remedial education services. Childhood mental health problems often continue into adolescence and then adulthood, adding further costs related to areas such as school dropout, substance abuse, poor vocational outcomes, family violence and suicide, along with sick leave, unemployment and crime. Adult mental health problems then affect the next generation of children. For example, children whose parents have depression and anxiety are six times more likely to develop these problems themselves (Beardslee & Wheelock, 1994; Biedel & Turner, 1997). The Council of Australian Government (COAG) (2006) has identified mental health as a priority area.

What does the research tell us?

How common are mental health problems for children?

Difficulties with child behaviour such as tantrums, aggression and frequent night waking are common in the first few years of life. For some children, these behaviours are transient and part of normal development, but for others they persist and lead to significant behavioural problems. The Australian Temperament Study showed that maternal reporting of 'difficult' infant behaviour was the strongest predictor of preschool adjustment problems (Oberklaid et al, 1993). Other studies have reported that up to 50% of preschool behaviour problems evolve into childhood mental health problems (Campbell, 1995; Prior et al, 2001). In The National Survey of Mental Health and Wellbeing, 14% of children (half a million children) aged 4-17 years had significant mental health problems, including 13% with externalising problems and 13% with internalising problems (Sawyer et al, 2000). The incidence of mental health problems is even higher for those from disadvantaged backgrounds, including Aboriginal children (24%) (Zubrick et al, 2005), children residing in 'out of home care' (55-60%) (Tarren-Sweeney & Hazell, 2006) and children with a learning disability, who are up to 4 times more likely to have mental health problems than children with no disability (Witt et al, 2003).

What contributes to children's mental health problems?

The younger the child, the more vulnerable their brain is to environmental influences.

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Experiences in the early years shape the development of young children's brains in ways that have long lasting effects (CCCH, Policy Brief 1, 2006a; NSCDC, 2004, 2005). Mental health problems can develop at any stage of life, including infancy and pre-school age (Lieberman, 2002; Luby et al, 2004).

Children's mental health problems are the result of interactions between genetic-biological vulnerabilities (e.g. temperament in infancy) and environmental stress (Beardslee et al, 1997; Biedel & Turner, 1997). There are a number of family environmental factors that contribute to children developing externalising and internalising problems, which are potentially modifiable. These include:

- parenting practices (e.g. low warmth, harsh discipline, over-protective parenting)
- insecure parent-child attachment relationship
- parents' mental health problems (e.g. depression)
- family stress and trauma.

(Bayer et al, 2006; Carr, 2000; Commonwealth Department of Health and Aging, 2000; Rapee et al, 2005).

Many parents respond to their young children's challenging behaviours in ways that reinforce and entrench the very behaviours that cause them concern in the first place (e.g. harsh physical punishment in response to aggressive child behaviour) (Sanders et al, 2000; Sanson et al, 1991). Cultural context should also be carefully understood, since culture may influence parents' help-seeking strategies, care-giving practices and perceptions of child behaviour as problematic (Rubin, 2006).

"Mental health problems can be treated successfully in childhood when the intervention is evidence-based and delivered to families by qualified health professionals..."

How can children's mental health problems be identified?

Distinguishing between transient behaviours and early mental health problems can be tricky (Campbell, 2006). Behaviours that are frequent and transient in most young children can also indicate more serious problems that may merit mental health intervention. Therefore primary/universal service providers (e.g. general practitioners, community nurses, child care providers, early childhood educators/ teachers) should always explore any concerns that parents raise about their child's behaviour or emotional development. Referral for specialist intervention may be warranted when there is a cluster of persistent symptoms across settings or relationships, when symptom severity is likely to impede the child's ability to achieve developmental tasks, and where it affects day-to-day functioning (Campbell, 2006). There are validated tools that can help professionals to identify children meeting these criteria (Page Glascoe, 2005).

What do we know about promotion and prevention?

Mrazek and Haggerty (1994) argued that it is vital to have 'promotion and prevention' programs for mental health, in addition to treating existing mental health problems. This means taking action to maximise early mental health and wellbeing in the population (promotion) and implementing interventions before the initial onset of disorder to prevent its development (prevention) (Commonwealth Department of Health and Aged Care, 2000). For physical health problems, integrated health systems that include prevention and treatment have been shown to substantially and cost-effectively reduce health burdens (Geelhoed et al, 2005). Such integrated health care also has potential to reduce the current burden of mental health problems in Australia (Offord et al, 1998; Stewart-Brown, 1998).

Innovative 'targeted' prevention trials delivered to families defined as 'at risk' have shown some positive effects in other countries (Belsky et al, 2006). For example, home visiting by nurses for high-risk mothers (single, low income, adolescent) over the first two years of their child's life has been shown to reduce later rates of antisocial behaviour (Olds et al, 1998). Parenting programs for children aged 3-10 years with behaviour/emotional problems have also been effective (Barlow & Stewart-Brown, 2000; Rapee et al, 2005). With few exceptions the current Australian health system does not systematically deliver evidence-based promotion and prevention programs widely to high-risk families in the community.

Currently, no universal promotion and prevention program is delivered to all families in order to promote young children's social and emotional wellbeing and prevent mental health problems (Stewart-Brown, 1998). Targeting prevention programs for high-risk families only, is likely to miss up to 50% of children in

the population who go on to develop mental health problems. For example, preschool externalising symptoms are the single best predictor of future conduct disorder, yet targeting prevention only to preschoolers with externalising problems will likely miss half the children who later develop this disorder without showing early signs (Bennett et al, 1998).

"Experiences in the early years shape the development of young children's brains in ways that have long lasting effects..."

What do we know about 'early intervention'?

Mental health problems can be treated successfully in childhood when the intervention is evidence-based and delivered to families by qualified health professionals (APS, 2005; Barlow & Stewart-Brown, 2000; Sanders et al, 2000). Children's oppositional defiant disorders can be treated effectively when parents receive behaviour management training and children receive problem-solving skills training. Similarly, children's anxiety disorders can be treated effectively with child therapy and family intervention (Carr, 2000). While these treatments are effective, they are lengthy and intensive (e.g. up to 40 sessions) and the current Australian health system does not have enough qualified health professionals to meet demand. Only 25% of Australian children with established mental health problems receive any help from professionals. The top five barriers to parents accessing services (Sawyer et al, 2000) are:

1. "help is too expensive" (51%)
2. "didn't know where to find help" (48%)
3. "thought they could manage child's problems on their own" (46%)
4. "asked for help but didn't get it" (42%)
5. "had to wait a long time" (38%).

Families requiring public mental health services at secondary and tertiary level are faced with long waiting lists (up to six months or sometimes longer). Paediatricians provide care for a substantial number of children with moderate to severe mental health problems (Hewson et al, 1999), of comparable severity to cases seen by psychiatrists (Roongpraiwan et al, 2006), yet there is little organised capacity for collaboration between paediatric and child psychiatry services to provide care for those with severe mental health disorders.

What are the implications of the research?

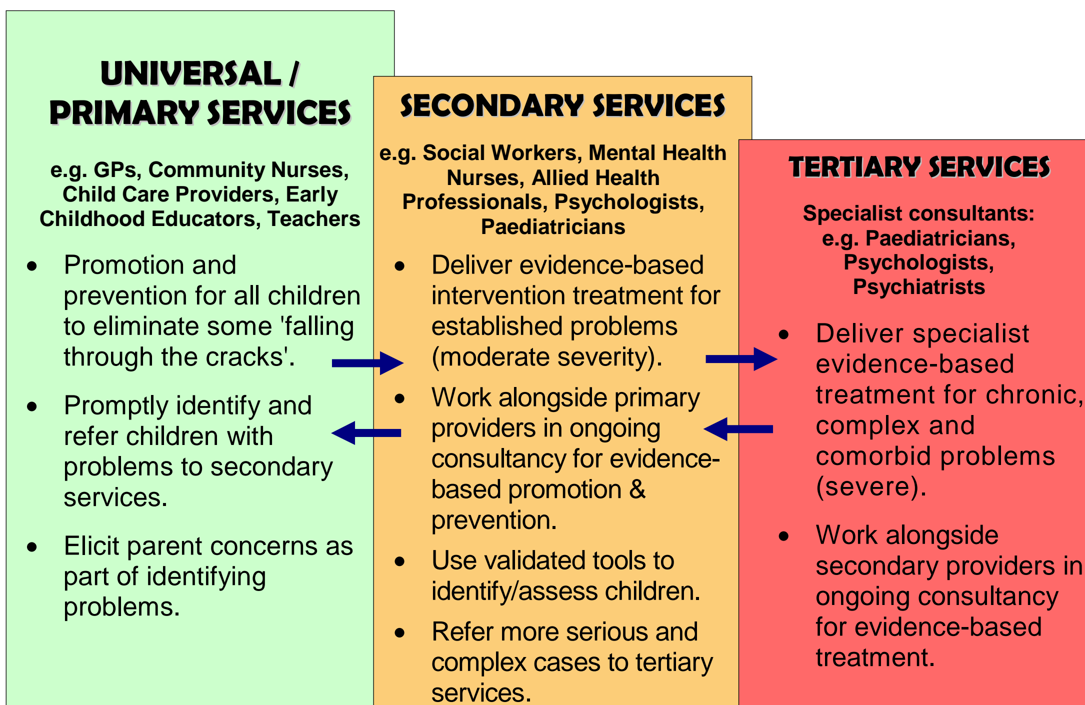
- The pathways to adult mental health problems can begin early in life. A significant number of children whose parents live with untreated mental health problems (e.g. depression), will grow into adults with mental health problems. Consequently, the continuation of such cycles results in high financial costs for clinical treatment services, remedial education services, welfare payments and the criminal justice system.
- The challenge for our health system is to provide adequate child and family treatment services consistent with prevalence rates for mental health problems, while also recognising the need to develop effective early promotion and prevention programs.
- Treating established mental health problems is cost and time intensive and it will always be a challenge for clinical services to meet the needs of all. There will be negative long-term outcomes for Australian families and society if the public health system is not redeveloped to include childhood treatment and promotion/ prevention programs for mental health.
- A broad spectrum approach is required in childhood mental health care - providing treatment services, as well as training primary/universal providers to deliver early promotion/prevention and identify established problems for referral to treatment. Universal early childhood programs need to include promotion of social and emotional wellbeing with the aim of preventing mental health problems developing in the first place.
- There are currently substantial system barriers for families even to access treatment for established childhood mental health problems - professional help is often inaccessible and expensive. Therefore, in the secondary and tertiary systems, capacity building is needed so paediatricians, psychologists and psychiatrists can provide evidence-based treatment that is cost-effective (e.g. group programs) and reduce long waiting lists.

"Universal early childhood programs need to include promotion of social and emotional wellbeing with the aim of preventing mental health problems..."

Considerations for policy and programs

- Develop integrated mental health policy and service delivery across universal, secondary and tertiary providers (refer to diagram below and CCCH, Policy Brief 4, 2006c) to overcome the existing 'bottle neck' system that has resulted in long waiting lists, treatment delay and exacerbation of mental health problems. An integrated approach should include:
  - consistent and regulated inter-disciplinary training and professional development in evidence-based intervention
  - active collaboration, ideally with co-location, for universal/ primary and secondary level providers
  - a coordinated integrated intake system, including the development of contemporary, updated service directories within regions
- Strengthen mental health treatment services for families from conception through childhood, and as expand early childhood promotion and prevention initiatives. Mental health has received a boost in recent Australian budgets; however only a small fraction of this funding will be directed to young children; most has been directed to established youth mental health problems.
- Prioritise funding for innovative research in evidence-based mental health promotion and prevention early in childhood.
- Prioritise research and evaluation of service delivery models.
- Universal/primary service providers should receive training and structural/service support (as per CCCH, Policy Brief 2, 2006b) to deliver evidence-based early childhood 'promotion and prevention' programs. Regular training and ongoing professional development in evidence-based mental health strategies will be necessary at all service levels to increase integrative support across the system.

An integrated approach to mental health service delivery



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A multi-disciplinary team from the Centre for Community Child Health produce these Policy Briefs.

An advisory group of national and international experts in children's policy and service delivery provides advice and peer review.

References

A full list of references and further reading used in the development of this Policy Brief is available from:

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