

# Building mental health and wellbeing in Australia and New Zealand through early support for infants, children and their families\*

## Overview

Most adult mental health problems have their origins in childhood.

Conception to age 5 years is critical for brain development. This is when infants and children are most susceptible to environmental influences that increase risks of mental health problems.

Support during infancy is likely to have the greatest positive effect on children's mental wellbeing in later life.

Most young children with social, emotional and behavioural difficulties do not receive professional help.

The current health system focuses on crisis management rather than prevention and early intervention.

The opportunity for children to establish lifelong patterns of mental health and wellbeing, allowing them to be safe, healthy and ready to thrive, is being missed.



### Australia

An estimated **16%** of Australian children aged **2–3 years** have **social-emotional problems**

and almost **25%** have **behavioural problems**.

By the start of school, an estimated **1 in 5 children**



is considered **developmentally vulnerable**.



### New Zealand

Approximately **11%** of children aged **3–4 years** have **emotional difficulties**,

**14%** have **peer problems**,

**7%** show **hyperactivity**, and

**10%** show **conduct problems**.

## Risk factors for mental disorders in children: Adverse childhood experiences (ACEs)

### Poor parenting/caregiving or maltreatment

Child abuse and neglect accounts for

**8%** of the disease burden for girls and young women aged **15–24 years**



**7%** for women aged **25–44 years**

**5%** for boys and men up to **age 44 years**

### Parental mental illness and substance use problems

**21–23%** Australian children and

**15–20%** of Aotearoa-New Zealanders

have a parent with mental illness.

### Poverty (e.g. inadequate housing) and childhood stress

**8%** of children living in **high-deprivation areas** reported their own health as poor

compared with

**5%** in **medium- and low-deprivation areas**.

### Vulnerable groups

Vulnerable groups include children in care, Aboriginal and Torres Strait Islander children, Tamariki Māori, and refugee children.

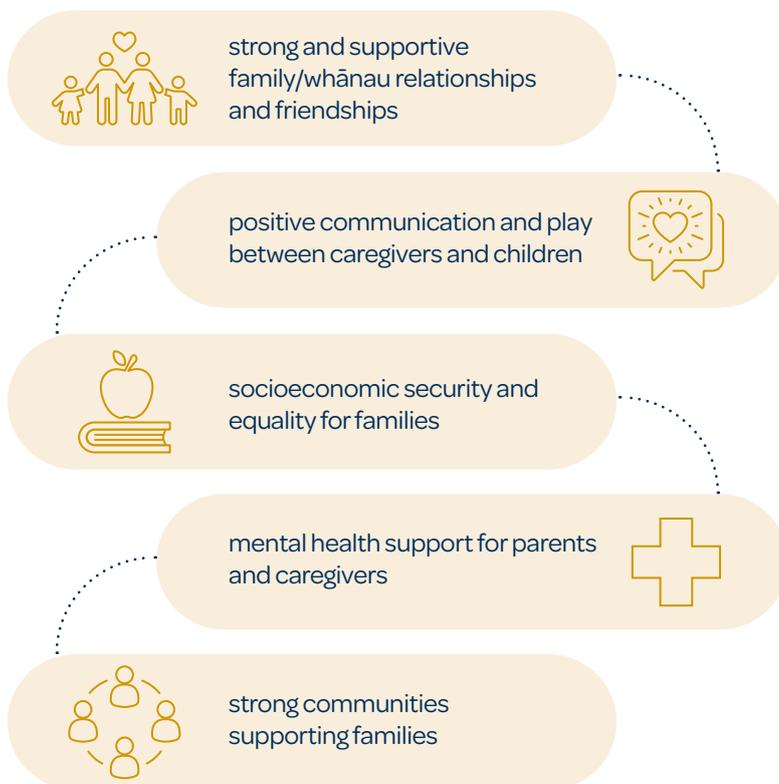
**Aboriginal and Torres Strait Islander children** are approximately **10 times more likely** to be in care than non-Indigenous children.

In New Zealand, **69%** of children in Oranga Tamariki care identified as **Māori**.

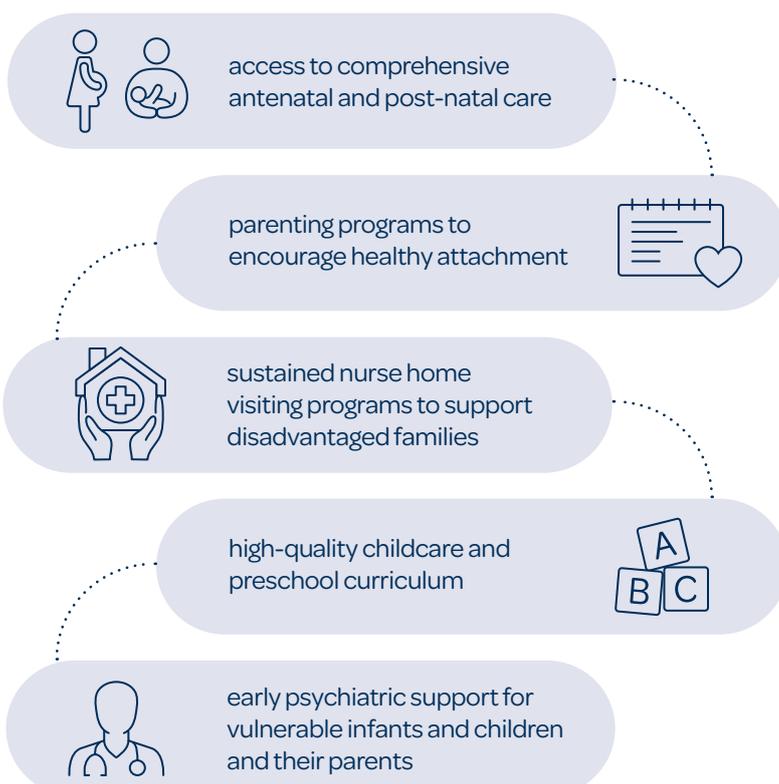
Preventing or reducing exposure to ACEs could reduce the rate of common mental disorders in the population by an estimated 30%.

## Protective factors for preventing mental disorders: Positive Childhood Experiences (PCEs)

Exposure to risk factors may be reduced or offset by PCEs that foster resilience, such as:



Effective approaches target risk and enhance protective factors and are family-focused, coordinated, and incorporate prevention:



## Priorities to build mental health and wellbeing in infants and children

### Strategies and service provision

**01** Develop responsive, integrated, sustainable and equitable (RISE) national strategies with actionable implementation plans for supporting children in the first five years of life.

**02** Engage the voice of children and families to enhance coordinated, holistic and quality care delivery with clearly defined outcome measures.

**03** Implement rigorously evaluated prevention and early intervention programs with a focus on empowerment to build family connections and community resilience e.g. Healthy Outcomes from Positive Experiences (HOPE).

**04** Break cycles of poverty, inequality and intergenerational violence and disadvantage by addressing social determinants, reducing stigma, and removing barriers to access services:

- Embed screening or case-finding within a framework of well-functioning services, responsive to needs of people with multiple risk factors for mental health problems.
- Wrap mental health care (child developmental and parental) with early childhood education and social care e.g. child and family integrated hubs.
- Co-locate mental health services within other services that families routinely visit e.g. early developmental checks with vaccination visits.

### Research

**05** Undertake well-designed cohort studies into effectiveness of prevention and early intervention programs, particularly to track impact of ACEs and efforts to reduce their impact.

**06** Research effectiveness of new initiatives such as child and family integrated hubs, head to health hubs, free access to parenting programs (including digital).

### Workforce and capacity

**07** Increase capacity and competence of a broad collaborative workforce with a focus on prevention and early intervention.

**08** Increase the psychiatry workforce to allow psychiatrists to adopt roles aimed at preventing mental illness in infants and children.