



Children's mental health: the policy pragmatism needed to address inequity within a generation

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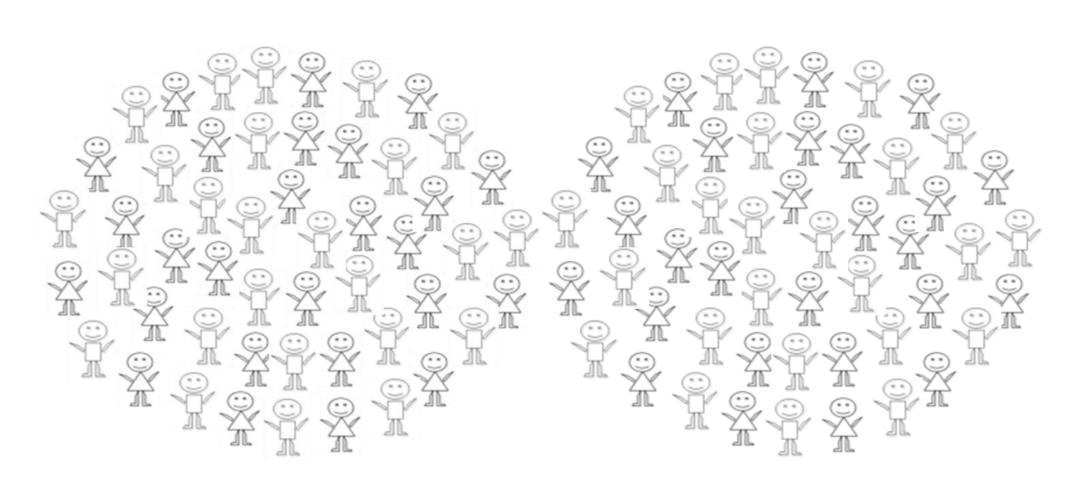






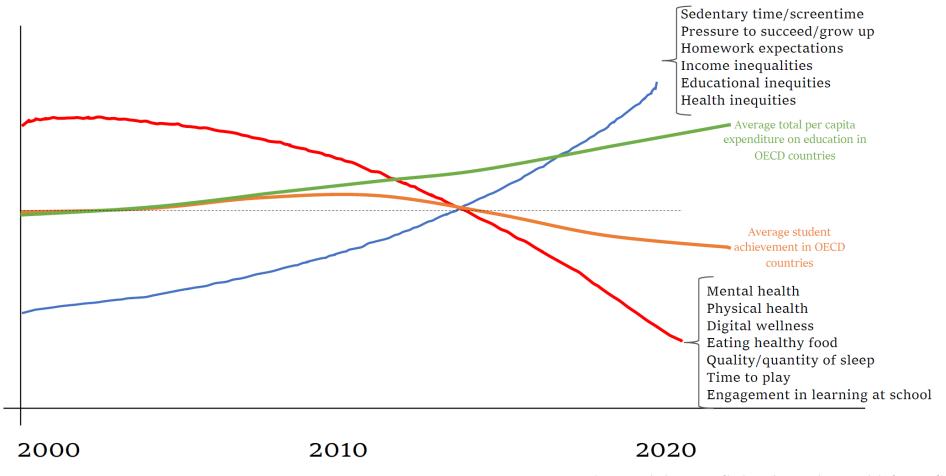


How can we keep populations of children healthy and developing well?





Inconvenient trends



Source: Mission Australia (2022); Growing Up Digital Australia (2021)

Table 2-4: 12-month prevalence of mental disorders among 4-17 year-olds by household income and sex

Household income before tax	Males (%)	Females (%)	Persons (%)
\$130,000 or more per year	12.3	8.8	10.5
\$52,000-\$129,999 per year	13.8	10.8	12.3
Less than \$52,000 per year	24.4	16.1	20.5

The Mental Health of Children and Adolescents

REPORT ON THE SECOND AUSTRALIAN CHILD AND ADOLESCENT SURVEY OF MENTAL HEALTH AND WELLBEING Household income includes the combined income for the 2011-12 financial year of everyone living in the household before tax and other deductions are taken out.

Table 2-7: 12-month prevalence of mental disorders among 4-17 year-olds by area of residence and sex

Area of residence	Males (%)	Females (%)	Persons (%)	
Greater capital cities	14.2	11.0	12.6	
Rest of state	19.6	12.4	16.2	

Based on the ABS classification Greater Capital City Statistical Area (GCCSA).

Table 2-6: 12-month prevalence of mental disorders among 4-17 year-olds by parent or carer labour force status and sex

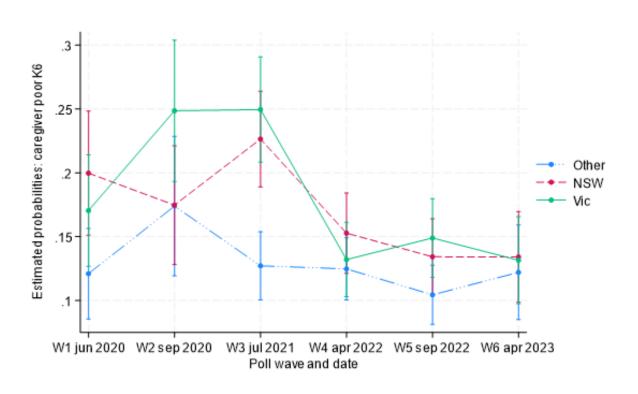
Parent or carer labour force status	Males (%)	Females (%)	Persons (%)
Both parents or carers employed	12.6	9.0	10.8
One parent or carer employed, one parent or carer not in employment	15.5	10.1	12.9
Both parents or carers not in employment	23.4	18.7	21.3
Sole parent or carer employed	16.9	17.1	17.0
Sole parent or carer not in employment	36.0	22.0	29.6

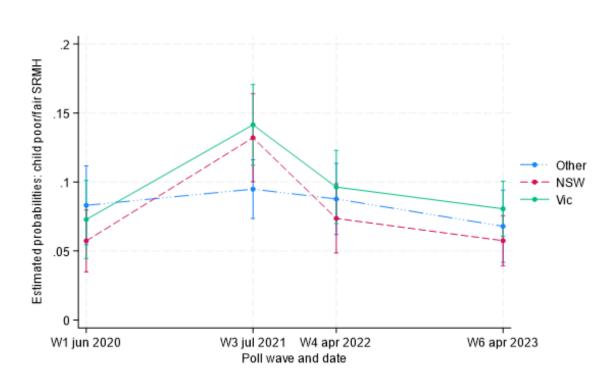


^{&#}x27;Not in employment' combines unemployed and not in the labour force.

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COVID-19 and mental health



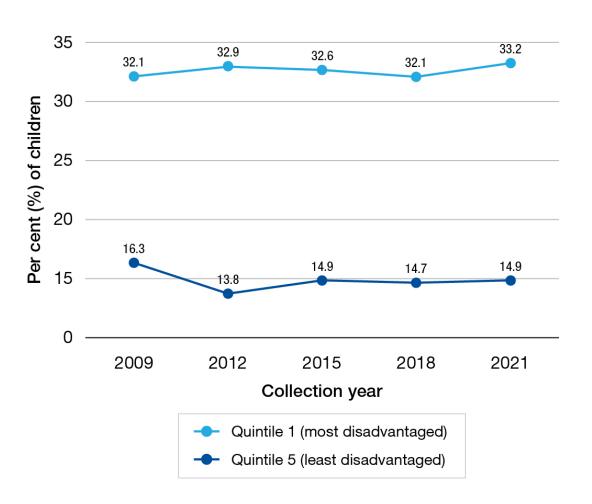


Suboptimal caregiver K6

Child poor/fair/good mental health (v. good/very good)

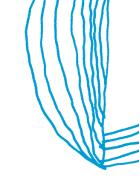
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AEDC and Equity



Gray, S., McDonald, M., Guo, S., Leone, V. & Goldfeld, S. How can we improve equity in early childhood? (AEDC 2021 Data Story). Australian Government Canberra. www.aedc.gov.au

Figure 4: National trends in developmental vulnerability on one or more domains by community socio-economic position 2009-2021



Inequitable Medicare spending

Shares of the Medicare spending by income quintile, birth to 11 years of age

Income quintile	Total spending	GP	Specialist	Imaging & pathology
Lowest	18%	20%	15%	16%
Second	19%	19%	18%	18%
Third	20%	20%	19%	20%
Fourth	21%	21%	22%	22%
Highest	22%	20%	26%	24%



Inequity is the presence of systematic and potentially remediable differences among population groups defined socially, economically, or geographically.

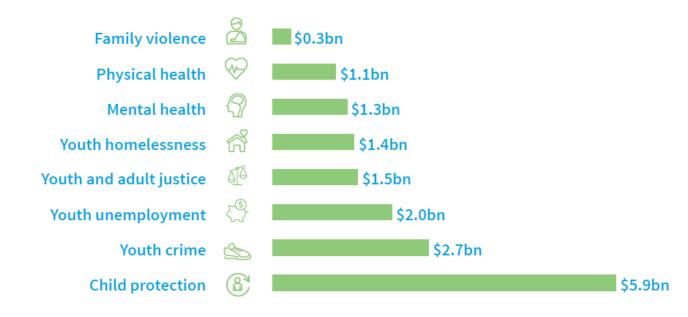
- International Society for Equity in Health [http://www.iseqh.org]
- Venkatapuram S, Bell R, Marmot M: **The right to sutures: social epidemiology, human rights, and social justice.** *Health Hum Rights* 2010, **12:**3-16.



Early intervention is key-the costs of late intervention



Figure 1: Annual cost of late intervention in Australia by issue (2018–19 prices, \$bn)



This chart presents spending on each issue experienced by children and young people. The total figure of \$15.2bn accounts for double counting.



The road to equity needs to be paved with more than good intentions





Build it back different?

Radical pragmatism:

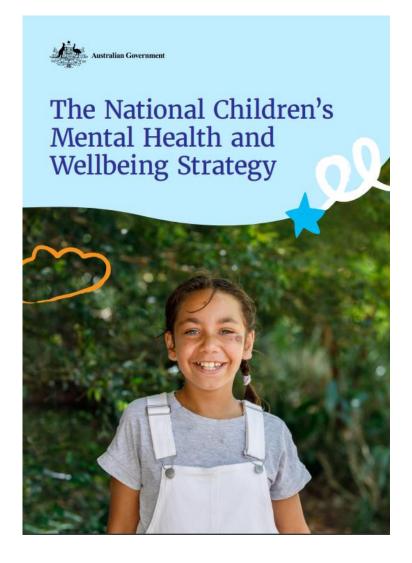
We argue the radical pragmatism of effective crisis response— a willingness to try whatever works, guided by an experimental mindset and commitment to empiricism and measuring results — represents a policymaking model that can and should be applied more widely, not only in times of crisis



What should we do? What could we do?





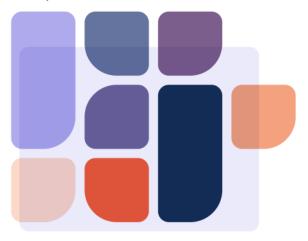






Working together to deliver the NDIS

Independent Review into the National Disability Insurance Scheme Final Report



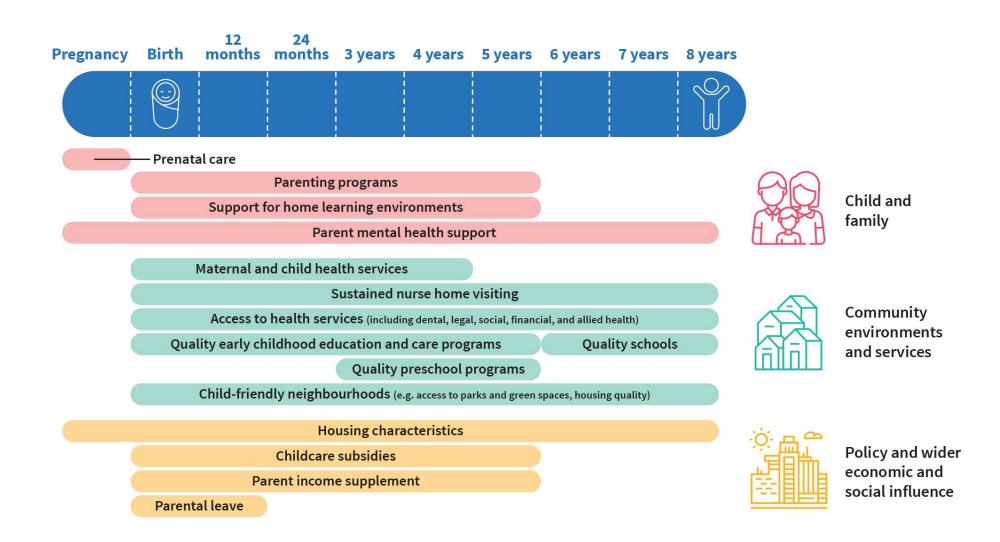
2023

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Stacking interventions



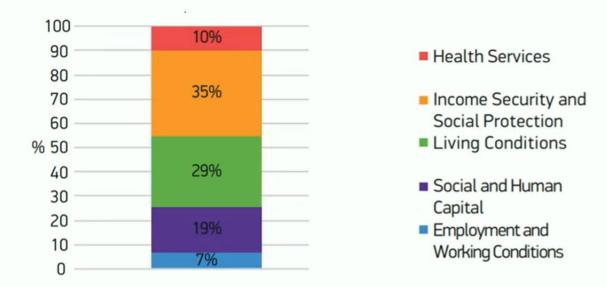
Centre for Community Child Health Russell Hobbs White Rice Brown Rice Risotto





Evidence from the WHO Health Equity Status Report showed only 10% of the inequality in health status is due to health services.

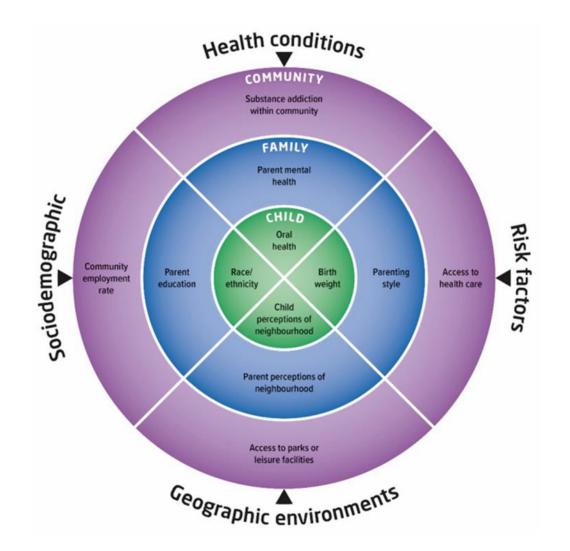
Income, Living Conditions, and Social Capital have a wider impact on the health of citizens across Europe.



Decomposing the Gap in health status between poorest and richest income quantiles over 36 EU countries

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Changing Children's Chances Disadvantage Framework





The projected benefits of addressing disadvantage early

Socio-emotional problems

Physical functioning problems



Learning problems





Healthy childhood and pregnan

Understanding child disadvantage from a social determinants perspective

59%

Sharon Goldfeld, ^{1,2} Meredith O'Connor, ^{1,2} Dan Cloney, ^{1,3} Sarah Gray, ¹ Gerry Redmond, ⁴ Hannah Badland, ¹ Katrina Williams, ^{2,8} Fiona Mensah, ^{2,8} Sue Woolfenden, ^{1,9,10} Amanda Kvalsvig, ¹ Anita T Kochanoff ¹

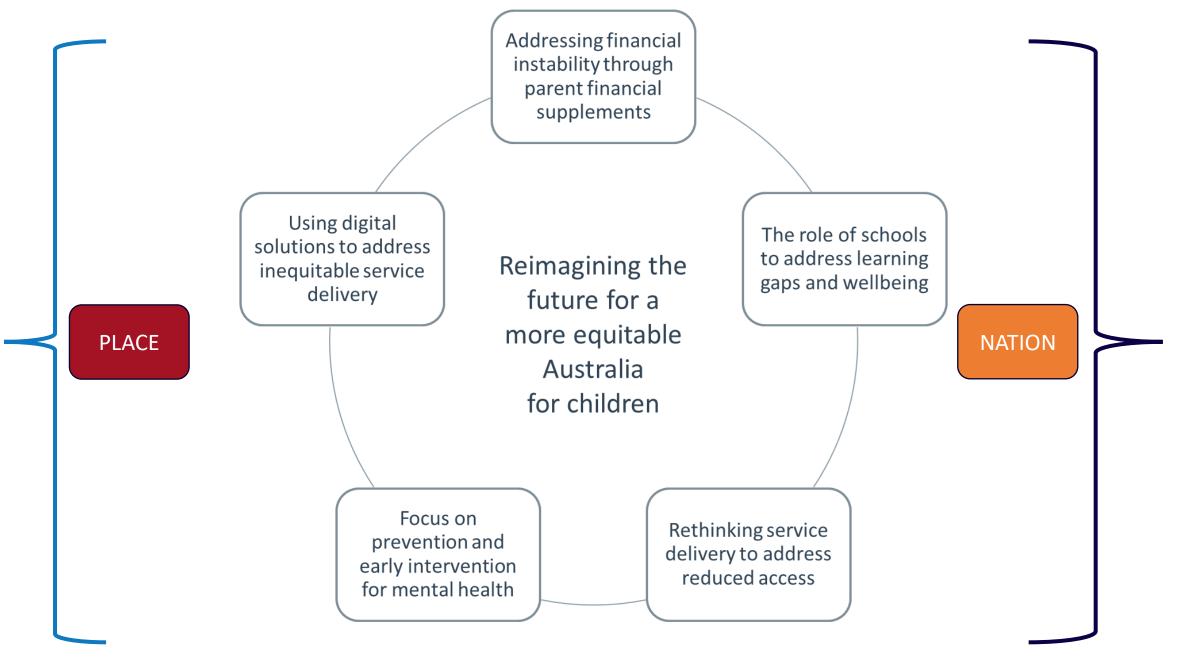
What should we do? What could we do?





Five ideas...





Parent financial supplements



Baby's First Years

The first study in the United States to assess the impact of poverty reduction on family life and infant and toddlers' cognitive, emotional, and brain development

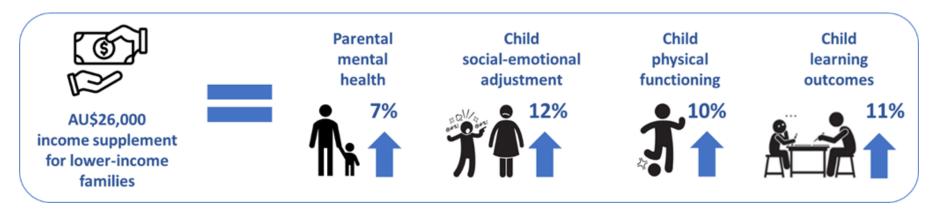
HOME ABOUT NEWS AND MEDIA PEOPLE FUNDING PUBLICATIONS CONTACT

Baby's First Years publishes first findings:

Monthly cash support to families impacts infant brain activity

Our new study shows that an anti-poverty intervention had a direct impact on children's brain development. After one year, infants of mothers in low-income households receiving \$333 in monthly cash support were more likely to show faster brain activity, in a pattern associated with learning and development at later ages. Read more here.

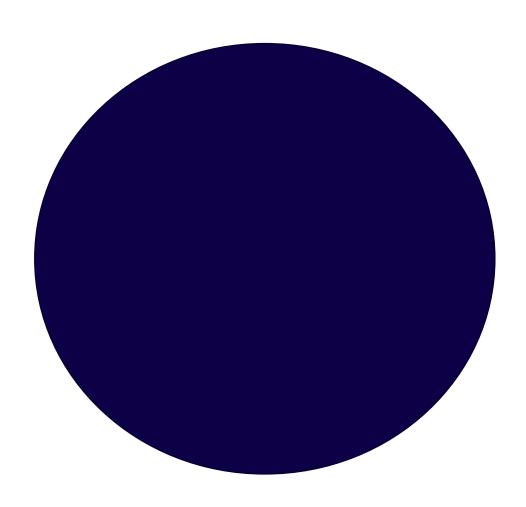
Baby's First Years is a pathbreaking study of the causal impact of monthly, unconditional cash gifts to low-income mothers and their children in the first four years of the child's life. The gifts are funded through charitable foundations. The study will identify whether reducing poverty can affect early childhood development and the family processes that support children's development.





The role of schools







Reinventing Australian Schools

for the better wellbeing, health and learning of every child





A discussion paper for the public on five key principles to improve the wellbeing, health and learning outcomes of every child in every community.

Organising principle 1:

A whole-child and whole-school approach

Principle 2:

Co-designed, evidence-based and flexible learning and wellbeing approaches.

Principle 3:

Health and wellbeing as essential 21st century skills.

Principle 4:

Building an engaging culture of health, wellbeing and learning in school.

Principle 5:

Relationships and partnerships between services, families and schools in every community.

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Findings

84%
observed increased
PRIORITISATION
of student mental
health and wellbeing
(MHWC survey n=76)



90%

agree the MHWC model

INCREASED THE CAPACITY

of the whole school to support student mental health and wellbeing



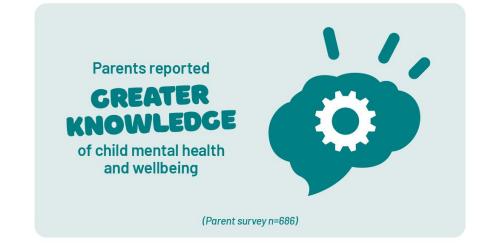
90%

agree the MHWC model

INCREASED THE CONFIDENCE

of teachers to support student mental health and wellbeing

(Staff survey n=1322)



Parents reported improvement in STUDENT MENTAL HEALTH & WELLBEING

(Parent survey n=686)

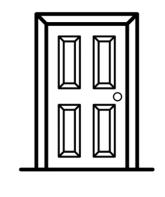




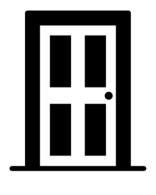


Rethinking service delivery

Child and family Hubs



Early Childhood Services



Primary schools



Community health/NGO

The CRE Child and Family Hub in Wyndham Vale



"One stop" Child and Family Hub to better detect and respond to adversities

Health, legal and social care sectors























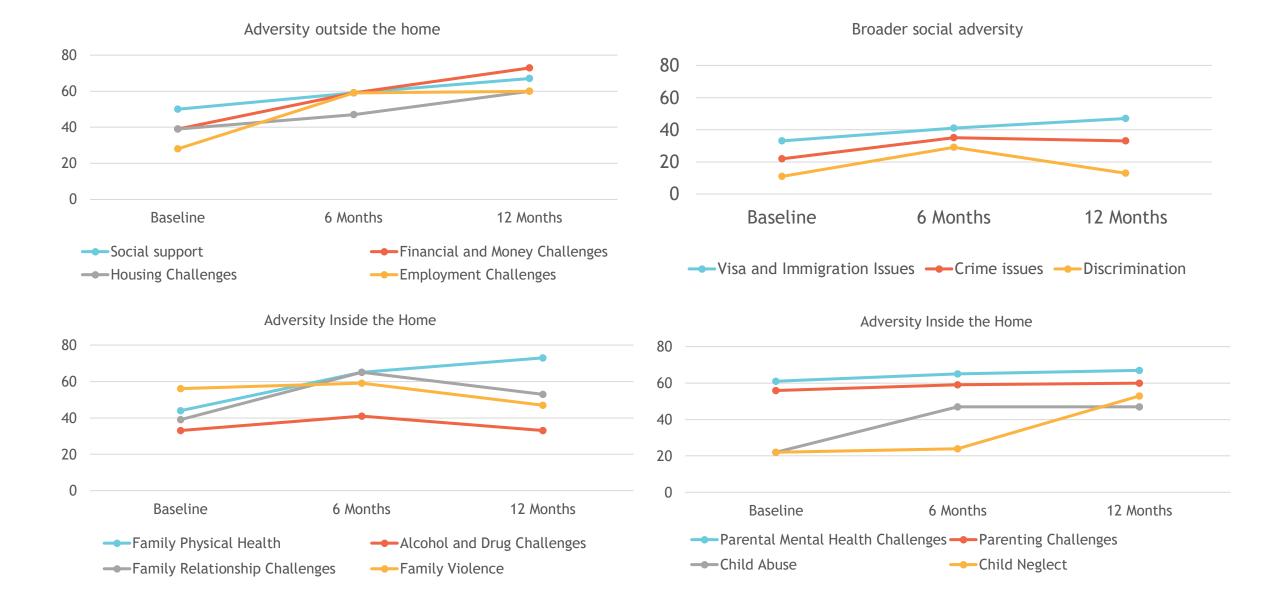








PRACTITIONER DIRECTLY ASKING ABOUT ADVERSITY (%)



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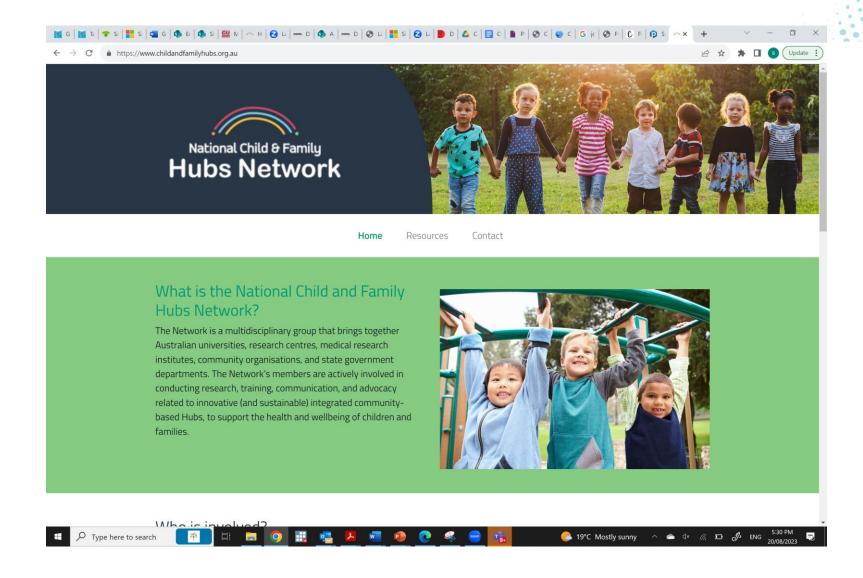






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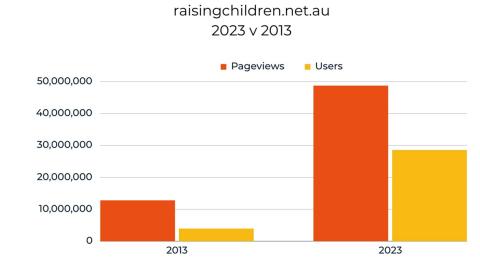




Focus on prevention and early intervention for mental health



Reach and Impact







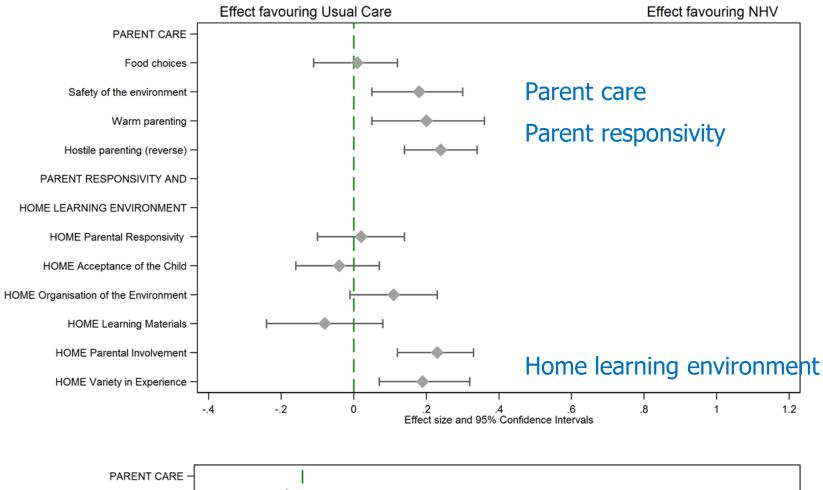
An anticipatory, aspirational, preventive, sustained and (flexibly) structured model of embedded service delivery

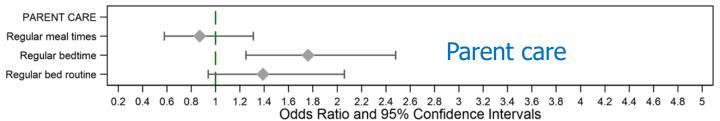
- Core program Maternal Early Childhood Sustained Home-visiting (MECSH)
- Additional modules focusing on: sleep, safety, nutrition, regulation, bonding/relationship
- 25-35 visits from pregnancy until 2yrs
- Structured flexibility
- Grounded in a partnership approach
- Focus on building capacity
- Embedded in existing service systems
- Program and process training and implementation support by TReSI





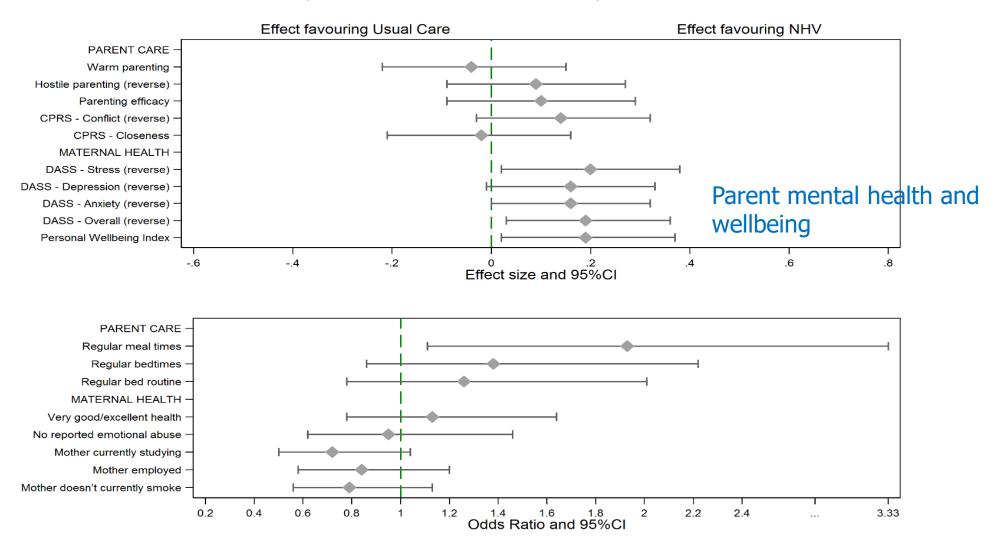
Primary outcomes at 2 years of age





3 Year Outcomes - Mother

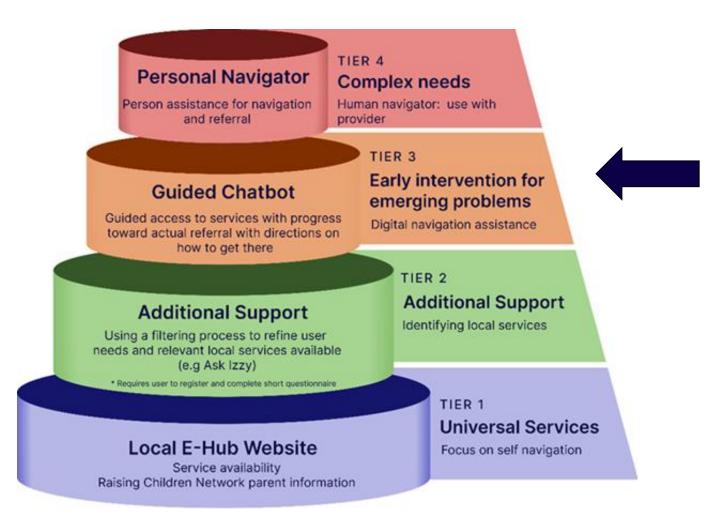
Adjusted* Effect Sizes/Odds Ratios with 95%CI for maternal outcomes at 3 years (MULTIPLE IMPUTATION - ITT)

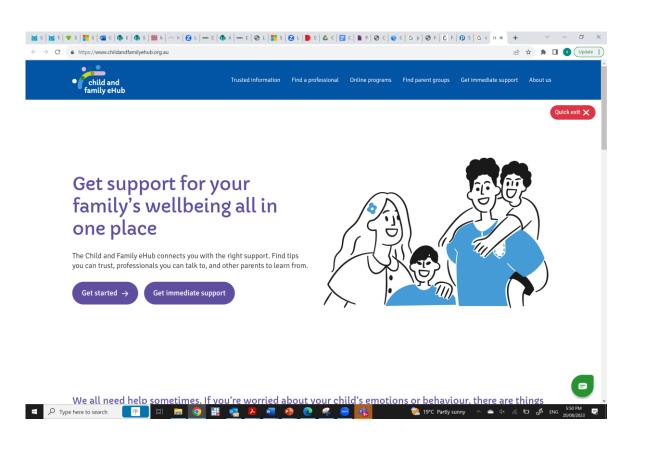


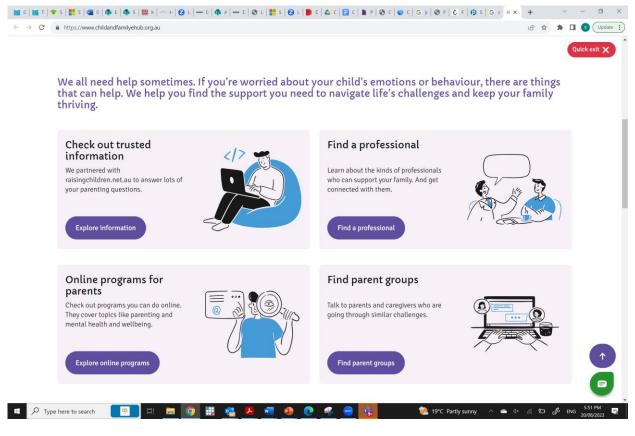
^{*:} Baby gender; Mother's age at Baseline; SEIFA Disadvantage score at Baseline; Maternal education at Baseline; Parity; Antenatal risk; Mental health; Self efficacy; Child age at 3 Year Ax.

Using digital slutions to address inequitable service delivery









































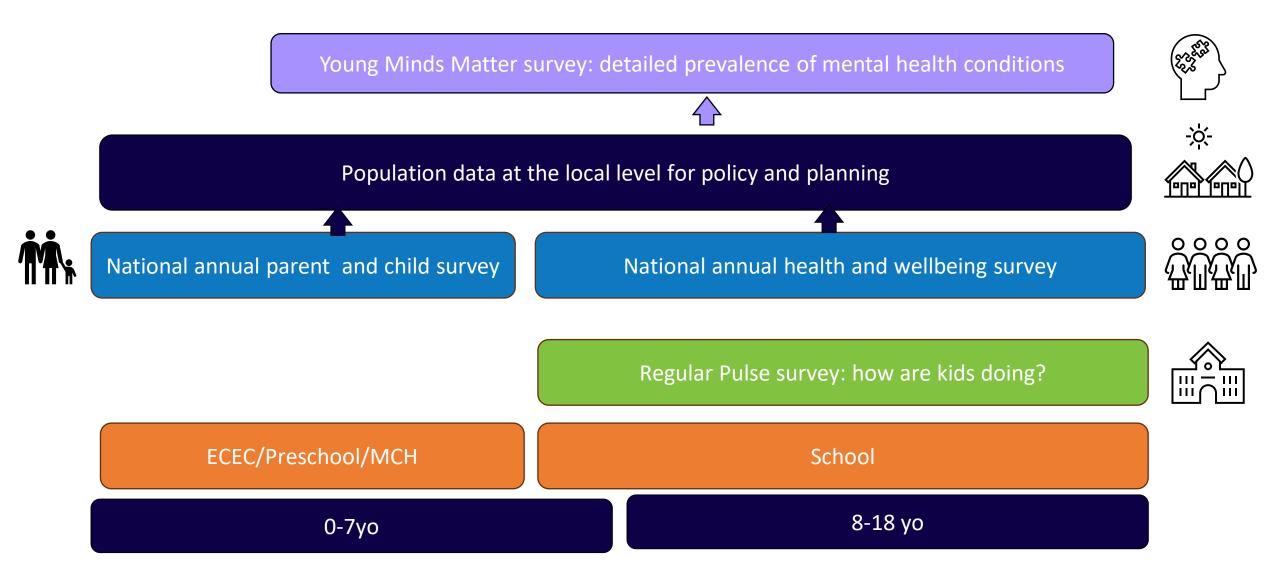






Underpinned by data and indicators to drive and evaluate system change

National mental health and wellbeing data ecosystem





By 2035, GenV's vision is to have solved complex issues facing our children and the adults they become

To create the world's most exciting children's health, development and wellbeing project to answer today's pressing policy and practice questions.

Through GenV, we can reveal how genes, biology, adversity, social systems and services together shape a child's life path.

No other initiative has achieved this at scale.

Australia's largest and most inclusive child and parent longitudinal cohort





more than

115,000 participants

participantsincluding45,000 babies70,000 parents



more than

94,000

saliva samples

stored securely at the Melbourne Children's Campus



with over

25,000participants
from Regional Victoria



from families speaking

71 languages including

7,500 families

whose primary spoken language at home is not English



more than

700 parents

who identify as First Nations



more than

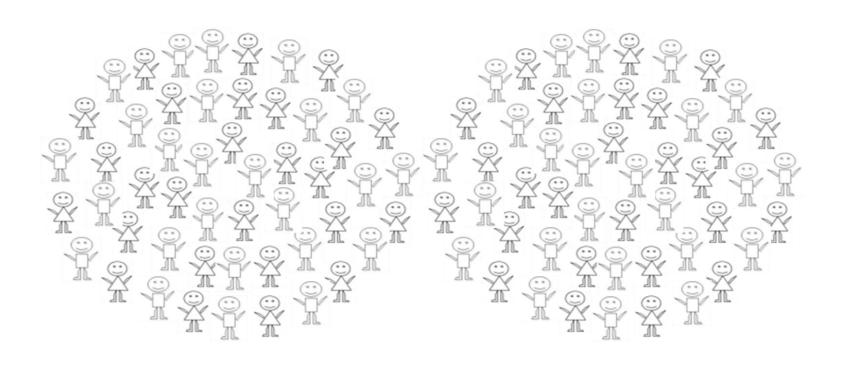
25,000 participants

who are the most or 2nd most disadvantaged (SEIFA)









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'It is the burden on good leadership to make the currently unthinkable thinkable, to question the obvious, to make the present systems unavailable as options for the future.

The boundaries in our minds create fear about the consequences of crossing over to the undiscovered country. But the possibilities we really need do not lie on this side of our mental fences.

Once crossed, these fences will look as foolish in retrospect as the beliefs of other times now often look to us.'

Don Berwick - 1998

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www.rch.org.au/ccch

The Centre for Community Child Health is a department of The Royal Children's Hospital and a research group of the Murdoch Children's Research Institute.



Melbourne Children's A world leader in child and adolescent





