The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Australian Government – Department of Social Services (DSS)

The Early Years Strategy Discussion Paper Consultation

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Improve the mental health of communities

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About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand and is responsible for training, educating, and representing psychiatrists on policy issues. The RANZCP represents more than 7900 members, including more than 5600 qualified psychiatrists and is guided on policy matters by a range of expert committees including the Faculty of Child and Adolescent Psychiatry Committee (FCAP) and Section of Perinatal and Infant Psychiatry Committee (SPIP).

Introduction

The RANZCP welcomes the opportunity to provide a submission to the Department of Social Services (DSS) The Early Years Strategy Discussion Paper consultation.

As leaders in infant, child, and adolescent mental health, the RANZCP has developed position statements on topics relevant to the Early Years Strategy (the Strategy). These include the prevention and early intervention of mental illness in infants, children and adolescents and the mental health needs of children in care or at risk of entering care. The RANZCP has also provided expert advice on the National Children's Mental Health and Wellbeing Strategy which was co-chaired by a Child and Adolescent psychiatrist, Prof Christel Middeldorp (along with Paediatric Professor Frank Oberklaid), and has advocated for a National roadmap for integrated delivery of mental health care to children and young people, as indicated in the RANZCP 2023-2024 pre-budget submission.

The RANZCP is committed to lead and collaborate on initiatives that reduce barriers and stigma, and promote equitable access to psychiatric treatment, care, and support for infants, children, adolescent, and their families. Consistent with the RANZCP's 2022-2025 Strategic Plan, it is the RANZCP's position to engage with the Commonwealth, State, and Territory Governments to advocate for the access, affordability, and equity of mental health services for people with lived experience of mental illness. The RANZCP looks forward to providing further expert advice to the DSS in future consultations regarding the Strategy.

Consultation responses

1. Do you have any comments on the proposed structure of the Strategy?

It is the RANZCP's position that the early years for infants and children provide a foundation for mental health and wellbeing in adolescence and adulthood. The RANZCP notes that strategies are needed to promote the mental health of infants and children in Australia.

The draft Strategy that is currently being developed by the DSS does not make clear how health and in particular mental health will interact at all levels of government regarding strategic direction, service provision, and evaluation of outcomes. The most significant issues impacting the first 2000 days of life (0-5 years) with long term consequences include social, emotional, and development issues. This also involves the mental health and wellbeing of parents who support children in this critical period of their life. There is the opportunity to liaise with the peak body for perinatal, infant and child psychiatry, namely the RANZCP, for setting the priorities or indicators for measuring outcomes.

It is also the RANZCP's view that in the development of the Strategy, the DSS should take into consideration the implementation of previous relevant Strategies such as the National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030 and the National Children's Mental Health and Wellbeing Strategy.

To ensure that the Strategy appropriately responds to the needs of infants, children, adolescents, and their families, it is the RANZCP's opinion that the DSS should hold further consultation with the RANZCP's FCAP and SPIP Committees on the development of the Strategy. Given the breadth of expertise of psychiatrists specialising in child, adolescent, and infant psychiatry, the FCAP and SPIP Committees can offer detailed advice on the proposed structure and content of the Strategy.

2. What vision should our nation have for Australia's youngest children?

The RANZCP highlights that children in Australia should have the best start in life so that they are able to thrive. This ensures that children can fully engage in their pursuits, be successful in learning, are safe, healthy and confident, and in the long-term can contribute to society as responsible citizens.

As noted in the RANZCP's Position Statement on the prevention and early intervention of mental illness in infants, children and adolescents, mental health issues during early years can have enduring consequences if left unresolved. The RANZCP recommends that strategies for the prevention and early intervention of mental illness in childhood are developed to improve children and young people's mental health.

3. What mix of outcomes are the most important to include in the Strategy?

The RANZCP notes that the Strategy should ensure that childhood development involves children being emotionally and physically healthy so that they are able to learn, develop, and take advantage of opportunities that assist them in developing a strong sense of culture and identity. This will enable children to be part of a bigger community than just their immediate family.

The RANZCP recommends that the following outcomes are the most important to include in the Strategy:

- A coherent roadmap with an actionable implementation plan to improve health system implementation of services in the first five years of life. This roadmap for supporting children in the first five years of their life should be responsive, integrated, sustainable, and equitable to ensure that children are safe, healthy, and ready to thrive.[1]
- Breaking cycles of poverty, inequality, intergenerational violence, and disadvantage by addressing the social determinants of health. This includes wrapping health care (e.g., child developmental and parental mental health needs) with early childhood education and social care through service coordination and navigation (e.g., integrated continuum of connect and care including hubs).[2]
- A focus on engagement and empowerment of families and communities to promote positive childhood experiences (e.g., Healthy Outcomes from Positive Experiences).
- Using the strength of universal services to de-stigmatise and deliver prevention and early intervention services (e.g., universal access to early developmental checks aligned with vaccination visits).[3]
- Information, resources, and capacity building through awareness and co-design with children, families, and communities. This should also include "community of practice" with all allied and health care professionals interacting with children to enhance coordinated, holistic, and quality care delivery including children's quality of life through nurturing care and play.[2]

The RANZCP urges that in addition to the above-mentioned outcomes, the Federal Government should also address the shortfalls in the mental health workforce. The RANZCP highlights that the

national number of Child and Adolescent Psychiatrists in clinical practice must be increased to address the shortfall within the sector. As leaders in child and adolescent mental health, the RANZCP welcomes further consultation to address the mental health challenges of children and adolescents.

4. What specific areas/policy priorities should be included in the Strategy and why?

The RANZCP recommends that the following priorities should be included in the Strategy:

- Development and implementation of a national road map of integrated mental health (i.e., parental and child) service and policy priorities, with physical health and wellbeing in the 0-5 years.

  This reform is required as currently, obstetric care, child health, and developmental services are operating in silos with minimal co-ordination regarding child and family mental health needs, services, or data (e.g., state, and federal government, non-governmental organisations (NGO), and the private sector). An example includes psychosocial data collected during antenatal visits not being shared or acted upon in co-ordination with perinatal mental health services.

  Screening or case-finding must also be embedded in a framework of well-functioning referral pathways and responsive services that are flexible and adaptive to needs of individuals. This includes hard-to-reach populations with high levels of multiple risk factors for psychosocial adversity and mental health problems (e.g., women with chronic mental illness, and women with history of trauma and/or substance use problems).
- Use of a national roadmap to address the current fragmentation, duplication, and service gaps within health and other NGO/social service systems along with the early childhood education and disability sectors.

  This reform is required as health assessments are often duplicated to enable users to access services within the National Disability Insurance Scheme (NDIS) system and early childhood education sector for educational entry. This duplication of assessments causes significant time, cost, and distress for families and for service providers. While such services can only be accessed through the public system, especially for those with cultural, linguistic, or geographic barriers, lack of co-ordination and poor resourcing results in mental health services being inequitable and difficult to access.
- Increased resources for the perinatal and child mental health specialist workforce and development of capacity via 'community of practice' to be made possible for joint assessments and management. This can be conducted by creating funding mechanisms for such activities to be covered between state, federal, NGO and private sectors and between a variety of services providers (e.g., perinatal and child psychiatry, psychology, paediatrics, and allied health).

  The mental health workforce should be included in the Strategy as Australia is lagging considerably in comparison to other similarly placed countries. In the field of Child and Adolescent Psychiatry, there are not enough child psychiatrists to cover the ever-increasing demand in the child mental health field. Recent estimates indicate that, of the 80,000 Australian children identified to have a severe mental health disorder, only 22,000 were seen by a child mental health specialist. [4] Through using 'community of practice' and a 'tiered care' service delivery model starting with General Practitioners (GPs) in primary care, it would be possible to reach all children as per their level of risk, needs, and preferences. For instance, 'head to heath' hubs could host the initial assessment and tiered care with increased complement of mental

health specialists co-located with physical health and allied health specialists.
Early psychiatric support is crucial for vulnerable infants and children. All services that provide health care to target groups (including pregnant women, infants, and children) require the involvement of psychiatrists, to enable effective mental health care to be integrated into children's care across the spectrum. Well-delineated, effective, and non-stigmatising communication and referral pathways need to be established to allow general psychiatrists, working within all types of services and levels of the health system, to liaise effectively with other health professionals including GPs and paediatricians.

5. What could the Commonwealth do to improve outcomes for children—particularly those who are born or raised in more vulnerable and/or disadvantaged circumstances?

To achieve the outcome of active, nurtured, safe, and healthy children regardless of their cultural, linguistic, socioeconomic or geographic backgrounds, the RANZCP recommends the Commonwealth government develop a responsive, integrated, sustainable, and equitable service system to improve outcomes for children. This is particularly relevant to infants and children who are born in vulnerable and/or disadvantaged circumstances. It is the RANZCP's view that care should be responsive to the needs of children using a proportionate universalism framework whereby there are universal services with targeted supports commensurate with needs (e.g., service navigation support rather than the provision of referrals).

The Commonwealth government could support GPs to provide care using an integrated continuum of care framework starting with initial assessment and referral (IAR). Based on the risk level and needs of the child, GPs could link the child with matching services and provide continuity of care through co-assessments and shared management. These processes could be delivered through innovative funding models by the Commonwealth government that support "community of practice".

Rather than fund new standalone services, the RANZCP proposes that the Commonwealth Government enhance and integrate programs by embedding them in routine service provision and link up all services as part of an interconnected system. It should also be noted that standalone funding for programs such as perinatal mental health screening, suicide prevention, and eating disorders, are currently not integrated to achieve maximum impact or offer sustainability.

It is the RANZCP's view that services and resources should be located and re-distributed based on the population needs and unique demographics factors to ensure equitable, affordable, and accessible service for children and their families. Currently, there is an inverse care law with maximum services and professionals being available in most affluent suburbs. While population growth and young family residences are taking place in newer suburbs, staff establishment is often based on old demographics not accounting for population change. Mental health has seen the single biggest increase in Emergency Department (ED) presentations (up to 25% increase post Covid over an 8% year on year increase). [5] This increase in ED presentations includes perinatal and infant/preschool age groups, despite a lack of increased support and funding for the public health sector that cater for the most disadvantaged families.

6. What areas do you think the Commonwealth could focus on to improve coordination and collaboration in developing policies for children and families?

The RANZCP highlights that mental health services for children and their families are currently not fit for purpose, as families find them difficult to navigate. While developing services and policies, the RANZCP proposes that the following considerations are reflected in developing and evaluating a road map for a service that is truly integrated:

1. How do unmet social, early learning, and health care needs (e.g., transport, poverty, food insecurity, affordability of health care, housing) impact on the lives of families of young children?
2. Which are the social, early learning, and health needs that are the biggest issues for families? Who supports families in getting these addressed?
3. What is the impact of social, early learning, and health needs on children and their families?
4. What are the barriers and why are we not picking up children in need early?
5. Are the platforms for mental health services good and responsive?
6. Why are disadvantaged families not using these platforms? (i.e., are these platforms providing the benefits to children and families most in need?)
7. What is the impact of social and early learning?
8. What are the core components in terms of risk identification and linkage?
9. Are current models for infant, child, and adolescent mental health services equitable? How would we increase accessibility of these models to all families?

To ensure reform is administered effectively, the RANZCP recommends establishing clinical registries for child and adolescent mental health and suicide prevention. Australian Government decision-making should be backed by robust and well-sourced data to understand the need before action is taken. Communication and collaboration among these stakeholders ensure effective policy implementation and delivery on money spent.

7. What principles should be included in the Strategy?

The RANZCP emphasises that key stakeholders including children, families, and communities should be involved in developing the priorities within the Strategy. These stakeholders can contribute to refining outcome indicators that are key to early years, including for mental health and wellbeing in the perinatal and preschool years.

Through co-design with children and families, the Commonwealth Government should ascertain what outcome variables at local, state, and national level are critical along with how to measure them over time. The lived experience voices of children and families, including those from priority groups (e.g., culturally and linguistically diverse, Aboriginal, rural/remote communities) are paramount in identifying areas that require adaptation and contextualisation. These stakeholders can also assist in identifying the gaps in the data and the evidence required to develop a robust Strategy for the early years.

8. Are there gaps in existing frameworks or other research or evidence that need to be considered for the development of the Strategy?

It is the RANZCP’s position that there are opportunities for the Commonwealth Government to strengthen the development of the draft Strategy. Examples of areas that the Commonwealth could address include developing a national integrated mental health (i.e., perinatal and child) service delivery road map for 0-5 years. Additionally, the Commonwealth could fund further research and evidence on implementation at scale of an integrated service system for physical health and development, mental health, early learning, and social care.

The Commonwealth government should identify needs at a population level in order to match services through tiered care. The Commonwealth Government can also leverage new initiatives such as child and family integrated hubs, head to health hubs, free access to parenting programs including blended service delivery and digital platforms, along with supporting the mental health workforce (i.e., child psychiatry workforce). Additional considerations include funding to trial at scale 'community of practice' models as a way to integrate service delivery between disciplines and

settings (primary to specialist services), and leveraging the IAR framework as a resource for children and their families.

9. Additional feedback for consideration

It is the RANZCP's view that early family-based interventions are the best available treatments for addressing the major causes of lifetime mental health and wellbeing related morbidity and mortality. Given that half of all lifetime non-communicable diseases (e.g. neurodevelopmental, mental health, and obesity) emerge in childhood [6] and that the return on investment is greatest for interventions in early preschool years when 90% of the brain development occurs, resources should be committed to the First 2000 days (from conception to start of school). [1] While Australia has invested significantly in services for adolescents and youth, available data indicates this has had no identifiable benefit in decreasing psychological distress, due to other factors in operation. [7] Now as Australia looks towards a pandemic/post-pandemic healthcare landscape with telehealth, blended care, and online assessment and intervention services [8], it is imperative that alternative integrated models of care are identified and implemented that include capacity building at all levels.

To address the issues raised in the draft Strategy, the RANZCP suggests that the Commonwealth Government focus on inequality and social disadvantage experienced by infants, children, and young families. As highlighted in the RANZCP's submission to the Senate Inquiry into the extent and nature of poverty in Australia, it is recommended that the Commonwealth improve access to health services, work to eliminate homelessness, provide further support to disadvantaged communities, and improve income support payments. Consistent with Marmot's publication on social determinants of health inequalities,[9] it is imperative that the Commonwealth focus and investment on reducing inequality, poverty, and social disadvantage to support the health and wellbeing of infants, children, and young families in the early years.

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