

Submission:

The social and economic benefits of improving mental health

The Centre for Excellence in Child and Family Welfare (the Centre) is the peak body for child and family services in Victoria. For over 100 years we have advocated for the rights of children and young people to be heard, to be safe, to access education and to remain connected to family, community and culture. We represent over 150 community service organisations, students and individuals throughout Victoria working across the continuum of child and family services, from prevention and early intervention to the provision of out-of-home care.

Many of our member organisations work with children and families who present with multiple, co-occurring complex needs, including mental ill-health. The Centre welcomes this opportunity to provide a submission on this important topic to the Productivity Commission's *Inquiry into Mental Health*. In our submission, we have focused on key interventions delivered by the social services sector in the early years, child protection system, and education system that have led to positive outcomes for child and/or family mental wellbeing. A greater focus on these areas by government would see significant improvements in population mental health and social and economic participation, particularly for Australians experiencing disadvantage.

The Productivity Commission issues paper, *The Social and Economic Benefits of Improving Mental Health*, articulates the extent and impacts of mental ill-health in Australia and identifies that despite improvements, many people still do not get the support they need. Access to mental health support continues to be the most commonly raised issue by our members in relation to mental health. The development of clear measures to address this issue must be a priority outcome for this inquiry.

Prevention and early intervention in the first thousand days

Studies show the importance of children being able to access mental health support when and as needed.¹

Mental health support in the early years is associated with social and economic participation later in life, as reflected in the *National strategic framework for Aboriginal and Torres Strait Islander peoples' mental health and social and emotional wellbeing*:

Focusing on mental health problems early in life is an important preventative population health measure. Developing resilience early in life is linked to long term occupational and life success and the prevention of substance abuse, violence and suicide. It can be expected to have benefits across the life course: supporting educational attainment, employment

¹ See for example: National Scientific Council on the Developing Child 2012, *Establishing a level foundation for life: mental health begins in early childhood*, Center on the Developing Child at Harvard University, Cambridge, MA.

opportunities and physical health. And further, support those people to better parent the generation that follow.²

The National Scientific Council on the Developing Child (2012) outlines the role of early mental health in supporting developmental outcomes such as the ability to form relationships, cope with adversity and learn. These essential developmental domains form the foundation for future participation in school, work and the community.³

Children’s mental health can best be supported in the context of a safe and stable home environment in which their social and emotional development is prioritised by responsive caregivers.⁴

We know that the emotional wellbeing of children is directly linked to the emotional wellbeing of their caregivers and family.⁵ The best interventions for children with emotional and behavioural needs are therefore holistic, family-centred supports that address the wellbeing of all family members. This is particularly important for families facing disadvantage, hardship and other challenges.⁶ Unfortunately, many families miss out on services that could support them to stay together and the number of children entering the child protection system remains high.⁷

Parental mental health issues are a key driver of children’s entry into out-of-home care, commonly occurring alongside a range of other risk factors.⁸ Parents who have been in care themselves can struggle to parent effectively, and are at high risk of child protection intervention.⁹ Prevention and early intervention for children requires concurrent support for their parents to interrupt this cycle.¹⁰

Below are some key examples of best practice that recognise and respond to the mental health needs of vulnerable infants and families during the early years of a child’s life.

Outcomes for vulnerable families

In Victoria, Early Parenting Centres provide a range of evidence-informed programs that are responsive to individual and family needs.¹¹ These include programs to develop feeding and sleep routines and build parenting confidence in a non-stigmatising, supportive environment that can

² Department of the Prime Minister and Cabinet 2017, *National strategic framework for Aboriginal and Torres Strait Islander peoples’ mental health and social and emotional wellbeing 2017-2023*, Commonwealth of Australia, Canberra, p. 13.

³ National Scientific Council on the Developing Child 2012.

⁴ National Scientific Council on the Developing Child 2012.

⁵ National Scientific Council on the Developing Child 2012.

⁶ National Scientific Council on the Developing Child 2012.

⁷ Australian Institute of Health and Welfare (AIHW) 2019, *Child protection Australia: 2017–18*. Child welfare series no. 70. Cat. no. CWS 65, AIHW, Canberra.

⁸ Coates, D & Howe, D 2015, ‘Working with families who experience mental health and/or drug and alcohol problems in the context of child protection concerns: recommendations for service improvement’, *Australian and New Zealand Journal of Family Therapy*, vol. 36, pp. 325-341; Senate Community Affairs References Committee 2015, *Out of home care*, Commonwealth of Australia, Canberra.

⁹ Wall-Wieler, E, Brownell, M, Singal, D, Nickel, N & Roos, LL 2018, ‘The cycle of child protection services involvement: a cohort study of adolescent mothers’, *Pediatrics*, vol. 141, no. 6, pp. 1-8.

¹⁰ Coates & Howe 2015.

¹¹ The Queen Elizabeth Centre (QEC) 2018, *Annual report 2017-18*, The Queen Elizabeth Centre, Noble Park.

facilitate access to their more intensive supports as needed.¹² Studies have found that Early Parenting Centres achieve positive outcomes for early attachment, parental mental health, parenting skills and infant behaviour, including critically important mental health support and treatment services for women.¹³ The Victorian government has recently committed to opening an additional seven Early Parenting Centres across the state, to build on the positive outcomes achieved by Victoria's three existing centres.

Outcomes for Aboriginal families

The intergenerational trauma experienced by Aboriginal and Torres Strait Islander communities following years of genocide, the Stolen Generations, displacement, disadvantage and discrimination is reflected in significantly higher rates of unemployment, socio-economic disadvantage, physical ill-health,¹⁴ child protection involvement and child removal,¹⁵ and, crucially, mental illness.¹⁶

The Commission for Children and Young People's report, *Always Was, Always Will Be Koori Children*, found that the early years sector is significantly under-resourced and struggles to support Aboriginal families in a culturally supportive manner.¹⁷ Aboriginal Community Controlled Organisations (ACCOs) are best placed to provide the culturally appropriate and safe services that Aboriginal families need.¹⁸ In Victoria, this has been recognised in *Wungurilwil Gagapduir: Aboriginal children and families agreement*, a recent partnership between the Aboriginal community, child and family services and the Victorian government. The agreement outlines a clear commitment to self-determination supported by a strategic action plan to support the resourcing of Aboriginal organisations to care for their children, families and communities.¹⁹

There are many examples of Aboriginal-led programs that deliver holistic, place-based early years parenting services that have demonstrated positive outcomes for the mental wellbeing of families.

¹² Rowe, HJ & Fisher, JRW 2010, 'The contribution of Australian residential early parenting centres to comprehensive mental health care for mothers of infants: evidence from a prospective study', *International Journal of Mental Health Systems*, vol. 4, no. 6, pp. 1-12.

¹³ Rowe & Fisher 2010; Treyvaud, K, Rogers, S, Matthews, J & Allen, B 2010, 'Maternal factors and experiences associated with observed parenting behavior in mothers attending a residential parenting program', *Infant Mental Health Journal*, vol. 31, no. 1, pp. 58-70.

¹⁴ Australian Bureau of Statistics 2016, [National Aboriginal and Torres Strait Islander social survey, 2014-15](#), Table 1: selected characteristics, by remoteness and Indigenous status — 2002 to 2014-15, 1.3 Proportion.

¹⁵ Australian Institute of Health and Welfare 2018, [Data tables: child protection Australia 2016-17](#), Data tables: child protection Australia 2016-17.

¹⁶ Australian Bureau of Statistics 2016, [National Aboriginal and Torres Strait Islander social survey, 2014-15](#), Table 23: health risk factor indicators, by state, remoteness area and Indigenous status — 2014-15, 23.3 Proportion.

¹⁷ Commission for Children and Young People (CCYP) 2016, [Always was, always will be Koori children: systemic inquiry into services provided to Aboriginal children and young people in out-of-home care in Victoria](#), Commission for Children and Young People, Melbourne.

¹⁸ Department of Health and Human Services 2018a, *Wungurilwil Gagapduir: Aboriginal children and families agreement*, Victorian Government, Melbourne.

¹⁹ Department of Health and Human Services 2018a.

One such example is the *Bumps to Babes and Beyond* program, operated in Mildura, Victoria by the Mallee District Aboriginal Service.²⁰ This program focuses on providing flexible, holistic support and parenting education to pregnant Aboriginal women, and continues this support until their child reached 18 months, building important community and service connections throughout. The program addresses the mental health needs of the child by working with parents to strengthen attachment and improve parent-child interactions. It also supports the mental health needs of parents by building parenting confidence and supporting connections with mental health services and community networks.

An evaluation of *Bumps to Babes and Beyond* attributed its success to its long-term nature, flexibility to incorporate home visits and its adaptation from an existing evidence-based program by an ACCO to meet the needs of the local community. The program demonstrated that it could provide practical support to address the needs of mother and child, with benefits for the health and wellbeing of both, and prevent the child from being taken into care.²¹ A key finding was a decrease in parental depression in the months following birth.

These holistic and culturally safe prevention and early intervention supports can help break the cycle of inter-generational trauma and disadvantage, and prevent the development of problems later in life.²²

Child protection – access to therapeutic supports

Trauma and mental health issues are closely linked.²³ We know that ‘toxic stress early in life can damage the architecture of the developing brain and increase the likelihood of significant mental health problems that may emerge either early or years later’.²⁴ Access to therapeutic supports for children who have experienced adverse life circumstances is critical. When such supports are unavailable there can be flow-on effects for mental wellbeing, coping, capacity and other life outcomes that affect participation.²⁵

Services such as *Take Two* assist children to overcome the effects of abuse, neglect and trauma.²⁶ *Take Two* provides an intensive, therapeutic and developmental service through a partnership between child and family services, mental health services, Indigenous services and academics.²⁷ This integrated approach shows strong outcomes for children’s wellbeing across a range of domains. The third evaluation of the program noted that two thirds of children had at least one mental health diagnosis.²⁸ *Take Two* is included as a best practice example in the *Out-of-home care* inquiry report by

²⁰ Burrows, A, Allen, B & Gorton, S 2014, [Evaluation of the Bumps to Babes and Beyond program: a partnership between the Queen Elizabeth Centre and Mallee District Aboriginal Services](#), Queen Elizabeth Centre, Noble Park.

²¹ Burrows, Allen & Gorton 2014.

²² Burrows, Allen & Gorton 2014.

²³ Senate Community Affairs References Committee 2015.

²⁴ National Scientific Council on the Developing Child 2012, p. 2.

²⁵ Sentencing Advisory Council 2016, [Reoffending by children and young people in Victoria](#), Sentencing Advisory Council, Melbourne.

²⁶ Frederico, M & Jackson, A 2010, *More than words – the language of relationships: Take Two – third evaluation report*, Latrobe University, Bundoora.

²⁷ Frederico & Jackson 2010.

²⁸ Frederico & Jackson 2010.

the Senate Community Affairs References Committee of 2015. The inquiry report notes that access to the program is available to less than ten per cent of all children and young people in out-of-home care in Victoria due to funding limitations.²⁹ This issue continues today, with our members reporting that the waiting list for this service is currently sitting at around six months, preventing a timely integrated response for many families.

Child protection – early identification of mental health needs

A high percentage of children in out-of-home care experience mental health challenges and illness.³⁰ The National Standards for out-of-home care were developed in 2011 as a key project under the National Framework for Protecting Australia’s Children 2009-2020. Standard five states that, ‘children and young people have their physical, developmental, psychosocial and mental health needs assessed and attended to in a timely way’.³¹ This standard was developed in recognition of the need for early identification of children’s needs when they enter the care system, to ensure that appropriate supports can be facilitated and those involved in the care of the child have access to relevant information. The first measure for this standard is ‘the number and proportion of children and young people who have an initial health check of their physical, developmental, psychosocial and mental health needs within a specified period of entering out-of-home care’.³²

It was intended that data collection and reporting for at least four jurisdictions would be in place by 2014.³³ Unfortunately, as of June 2018, data relating to this standard is unable to be reported due to ‘limitations in data availability/quality’.³⁴

The *Pathways to Good Health* project was developed in Victoria in 2012 by the state government, however it was only introduced in the northern and western metropolitan areas of Melbourne.³⁵ *Pathways to Good Health* provides an initial health check and referral for a multidisciplinary assessment where needed, which includes mental health assessment, and a comprehensive health plan.³⁶ It was intended that all children entering out-of-home care across the two regions would have access to these assessments, however this has not eventuated.³⁷

According to our members, access to these multidisciplinary health assessments for children entering out-of-home care remains available only in certain geographical areas.

²⁹ Senate Community Affairs References Committee 2015.

³⁰ Senate Community Affairs References Committee 2015.

³¹ Department of Families, Housing, Community Services and Indigenous Affairs & National Framework Implementation Working Group 2011, [An outline of National Standards for out-of-home care: a priority project under the National Framework for Protecting Australia’s Children 2009-2020](#), Commonwealth of Australia, Canberra, p. 10.

³² Department of Families, Housing, Community Services and Indigenous Affairs & National Framework Implementation Working Group 2011, p. 10.

³³ Department of Families, Housing, Community Services and Indigenous Affairs & National Framework Implementation Working Group 2011.

³⁴ Australian Institute of Health and Welfare 2018, National framework for protecting Australia’s children indicators, viewed 28 March 2019, <<https://www.aihw.gov.au/reports/child-protection/nfpac/contents/national-standards-indicators-data-visualisations>>.

³⁵ Department of Health and Human Services 2018b, Vulnerable children, viewed 28 March 2019, <<https://www2.health.vic.gov.au/about/populations/vulnerable-children>>; Senate Community Affairs References Committee 2015.

³⁶ Department of Health and Human Services 2018b.

³⁷ Senate Community Affairs References Committee 2015.

It is disappointing that these positive initiatives at the state and national levels have not progressed as intended and that outcomes data is not available to inform future service development. It is critical that all children in out-of-home care have opportunities for early identification of mental health and developmental needs to prevent disengagement from school and interrupt a potential trajectory into the justice system.

Children and young people with experiences in out-of-home care are overrepresented in the youth justice system.³⁸ Dean (2018) states that:

Young people involved in both the child protection system and under youth justice supervision are generally recognised as having a range of complex needs, including developmental trauma, problem behaviours and mental health difficulties among others.³⁹

We know that this system struggles to meet the mental health needs of young offenders, an issue which can contribute to a cycle of reoffending.⁴⁰ In their 2017-18 annual report, the Youth Parole Board emphasised the importance of readily accessible mental health support services without wait times for young people involved in the justice system. They also note that the lack of supports in the community impacts on the ability of young people to maintain the conditions of their parole.⁴¹

We have seen that responses to the mental health needs of children in out-of-home care are region-specific and piecemeal. Access is a particular issue in rural areas, where wait lists for a paediatrician can be as long as six months. The Centre supports an approach requiring mental health assessments for all children in care, complemented by adequate referral pathways and regular follow up to ensure that measurable outcomes for children can be achieved. This form of early intervention is of critical importance, as unidentified and unaddressed needs puts children at greater risk of involvement in the justice system, a punitive environment unable to adequately support them, with significant implications for their future social and economic participation.

Education

Educational attainment is a strong indicator of future social and economic participation. *Navigator* is a successful program that provides support for disengaged students to re-engage with education. It currently operates in several regions of Victoria, with a state-wide rollout underway. A key finding of the impact evaluation of the pilot program was that 83 per cent of young people engaged in the program had a diagnosed or suspected mental health issue.⁴² Through the provision of intensive, trauma-informed case management, including assertive outreach, *Navigator* supported young people to address and overcome barriers to school engagement and learning. As a result, the program was able to achieve school re-engagement with 70 per cent of young people.⁴³

³⁸ Dean, A 2018, *The intersection between the child protection and youth justice systems*, CFCA Resource Sheet, Australian Institute of Family Studies, Melbourne.

³⁹ Dean 2018.

⁴⁰ Department of Justice and Regulation 2018, [Youth Parole Board annual report 2017-18](#), Victorian Government, Melbourne.

⁴¹ Department of Justice and Regulation 2018.

⁴² Department of Education and Training n. d., *Navigator pilot – evaluation snapshot*, Victorian Government, Melbourne.

⁴³ Department of Education and Training n. d.

Navigator addresses mental health concerns which can act as a barrier to school engagement, and serves as a preventative measure as ‘strong educational attachment promotes young people’s mental health, supports their emotional and social development and sense of belonging’.⁴⁴ *Navigator* currently provides support to high school age students, however, as noted in the issues paper, mental health and school engagement issues often begin much earlier. Effective programs such as *Navigator* would have a far greater impact if extended to primary school students, when early signs of mental health issues and disengagement from school may be evident.

The impact of poverty and welfare conditionality

The issues paper states that ‘this inquiry will essentially be asking how people can be enabled to reach their potential in life, have purpose and meaning, and contribute to the lives of others’.⁴⁵ Government can achieve significant population level outcomes across a range of wellbeing indicators, including mental wellbeing, by providing an adequate standard of living for all Australians.⁴⁶ This is consistent with research on the social determinants of health, which recognises that factors such as income are a key driver of health related outcomes.⁴⁷ For example, the *Australia’s Health 2016* report states that ‘people reporting the worst mental and physical health (those in the bottom 20%) in 2006 were twice as likely to live in a poor-quality or overcrowded dwelling’.⁴⁸

A significant proportion of the Australian population is living in poverty, as income support payments often fall below the poverty line.⁴⁹ Poverty can increase the likelihood of stressful experiences or threats that can affect a child’s developing brain architecture, increasing the risk of mental health problems in later life.⁵⁰

According to the Australian Institute of Health and Welfare:

Besides improving socioeconomic position, a higher income allows for greater access to goods and services that provide health benefits, such as better food and housing, additional health care options, and greater choice in healthy pursuits.⁵¹

Ensuring that income support and minimum wages are sufficient in our country would have many benefits including reducing psychological distress associated with poverty, improving people’s capacity to address challenges they are facing, such as their mental health and other factors that impact upon their mental health, and facilitating social and economic participation and contribution.⁵²

⁴⁴ Victorian Council of Social Service (VCOSS) 2019, *Delivering fairness: Victorian budget submission 2019-20*, VCOSS, Melbourne, p. 52.

⁴⁵ Productivity Commission 2019, *The social and economic benefits of improving mental health: Productivity Commission issues paper*, Productivity Commission, Canberra, p. 1.

⁴⁶ Allen, J, Balfour, R, Bell, R & Marmot, M 2014, ‘Social determinants of mental health’, *International Review of Psychiatry*, vol. 26, no. 4, pp. 392-407.

⁴⁷ Allen, Balfour, Bell & Marmot 2014; Australian Institute of Health and Welfare (AIHW) 2016, *Australia’s health 2016*, AIHW, Canberra.

⁴⁸ Australian Institute of Health and Welfare 2016, p. 130.

⁴⁹ Davidson, P, Saunders, P, Bradbury, B & Wong, M 2018, *Poverty in Australia 2018*, ACOSS/UNSW Poverty and Inequality Partnership Report No. 2, ACOSS, Sydney.

⁵⁰ National Scientific Council on the Developing Child 2012.

⁵¹ Australian Institute of Health and Welfare 2016, p. 131.

⁵² Allen, Balfour, Bell & Marmot 2014; Department of Health and Human Services 2017, *Balit Murrup: Aboriginal social and emotional wellbeing framework 2017–2027*, Victorian Government, Melbourne.

Conclusion

In our submission, we have emphasised that building the foundation for a child's mental health involves early identification of issues, supporting responsive caregiver relationships, and the prevention of and/or response to adverse childhood experiences and toxic stress. We have highlighted the significant contribution of the social services sector to the mental wellbeing of Australians through the provision of a range of holistic, flexible services that are able to address complex interactions across multiple needs. Access to support and an adequate standard of living are the primary barriers to significant improvements in social and economic participation in Australia. All too often, effective programs with a strong evidence base struggle to continue or expand due to funding limitations. Many more families could benefit from such programs, particularly if the service system had greater long-term funding certainty and the flexibility to scale supports up and down as needed.