

Mentally healthy people,
mentally healthy communities

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Introduction

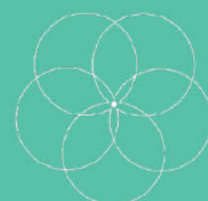
Mental Health Australia welcomes this opportunity to provide a submission to the Australian Government's Early Years Strategy consultation. Mental Health Australia is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector and committed to achieving better mental health for all Australians.

This submission makes the case for a significant focus within the Early Years Strategy on young child and parental mental health and wellbeing. The Productivity Commission Inquiry into Mental Health found that: "Mental health is a cornerstone of healthy childhood development; it underpins children's and young people's social and emotional development and their sense of wellbeing, and it enables them to thrive and grow. Investing in the mental health of children delivers significant returns, for the children themselves, their family, their community — and ultimately, the economy, when children become adults who contribute to productivity, consumption and innovation."¹

With this in mind, Mental Health Australia welcomes the reference in the Early Years Strategy Consultation Discussion Paper to the National Children's Mental Health and Wellbeing Strategy as a Commonwealth Government initiative, which is relevant to the Early Years Strategy. The National Children's Mental Health and Wellbeing Strategy should be the primary vehicle through which government targets policy and investment in children's mental health and wellbeing for the 0-12 age group. However, the Early Years Strategy provides an opportunity for oversight to focus policy and investment (including that made through the National Children's Mental Health and Wellbeing Strategy) across the social determinants of health, which are targeted to the 0-5 age group, including young child and parent mental health and wellbeing.

The early years provide an opportunity to set the foundations for good mental health throughout life. It is important that the Australian Government seizes this opportunity for Australia's youngest children, by ensuring there is a strong focus on young child and parental mental health and wellbeing in the strategy. This submission provides answers to five questions from the Early Years Strategy Discussion Paper, which articulate how the Australian Government can seize this opportunity.

¹ Productivity Commission, *Mental Health* (2020), 195, <https://www.pc.gov.au/inquiries/completed/mental-health#report>.



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

Mental Health Australia welcomes the inclusion of vision, outcomes, policy priorities, indicators, principles and evidence as a part of the proposed structure of the Early Years Strategy. In addition, Mental Health Australia welcomes the proposed structure of the Implementation Action Plans including policy priorities, targeted action plans and an outcomes and evaluation framework.

However, there are further critical success factors, which should be clearly articulated through the Strategy and Implementation Action Plans. **First, it will be necessary for the Strategy and Implementation Action Plans to clearly articulate roles and responsibilities for implementation.** This clear articulation of roles and responsibilities is important to avoid cost shifting between the Commonwealth and States and Territories, or policy and implementation inertia, due to lack of clarity around responsibilities at the interfaces between State and Territory and Commonwealth services.

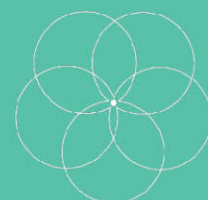
Second, it is necessary that the Strategy and Implementation Action Plans clearly outline allocated government investment against each of the targeted action plans. Without specific funding allocations, the strategy will lack the tangible means to achieve its outcomes.

Third, the Implementation Action Plan should establish robust governance structures, including reporting mechanisms, which ensure accountability for implementation and achieving the Strategy's outcomes. The Government should be publicly accountable on both implementation progress and achievement of the Strategy's Outcomes. These governance structures and reporting mechanisms should include engagement with the relevant sectors, including the mental health sector and including people with lived experience of mental ill-health.

Recommendation 1

The proposed Early Years Strategy and Implementation Action Plans should include:

- clearly delineated roles and responsibilities for implementation
- adequate investment for implementation
- robust governance structures, including reporting mechanisms to ensure accountability for implementation and achieving the Strategy's outcomes.



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

Monitoring and reporting on outcomes is critical to the success of the Early Years Strategy. The Early Years Strategy should include monitoring and reporting on young child and parental mental health and wellbeing outcomes.

Accurate reporting on outcomes is underpinned by sound data collection and interpretation. The Early Years Strategy consultation paper is right to identify key sources of data to include the Australian Institute of Health and Welfare's report *Australia's Children*, the Australian Early Development Census, the Longitudinal Study of Australian Children and the Longitudinal Study of Indigenous Children.

In addition to the data identified in the consultation paper, other data sources could include the Raine Study, the Mater-University of Queensland Study of Pregnancy, the NSW Child Development Study and the South Australian Wellbeing and Engagement Collection. In addition, the Australian Institute of Health and Welfare has recently included three perinatal mental health screening data items in its National Best Endeavours Data set.² Also as a part of the Be You evaluation, the Department of Health is funding the University of Queensland to develop a plan for future longitudinal research study on national mental health related promotion, prevention, early intervention.³ In addition, through the 2021-22 Budget the Australian Government provided funding to "develop a perinatal mental health minimum data set to support the identification of gaps in screening and to support evidence-based investments in perinatal mental health services."⁴ All of these sources may provide valuable data to assist in the measurement of outcomes under the Early Years Strategy.

In 2022, Mental Health Australia developed an independent annual benchmark survey to address a key gap in mental health data in collaboration with Ipsos. This national survey will provide regular insight into the mental health and wellbeing of Australians (including young children), providing a regular "pulse-check", identifying important issues for further advocacy around mental health and wellbeing. The 2022 report found that "children and young people in Australia generally feel happy and safe, but that younger children (0-8) don't always feel they have someone to ask for help when they feel scared". It also found "Around one-third of children (31%) and close to three-quarters of young people (72%) had obtained formal or informal mental health support in the past three months."⁵ These are important measures that could be considered in the Early Years Strategy outcomes.

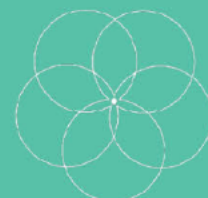
It will be important for the Early Years Strategy to initially draw on existing data sources to measure child and parental mental health and wellbeing outcomes, to ensure that progress can be tracked immediately. Outcomes should be developed in consultation with experts in mental health outcomes measurement and people with lived experience of mental ill-health and carers. They should draw on existing work such as the commitment through the National Mental Health and Suicide Prevention Agreement for

² National Mental Health Commission, *National Children's Mental Health and Wellbeing Strategy* (2021), 87, <https://www.mentalhealthcommission.gov.au/projects/childrens-strategy>.

³ National Mental Health Commission, *National Children's Mental Health and Wellbeing Strategy*, 87.

⁴ Department of Health, *Budget 2021-22: Prioritising Mental Health and Suicide Prevention (Pillar 1) – Prevention and early intervention* (2021), 2, <https://www.health.gov.au/resources/publications/prioritising-mental-health-and-suicide-prevention-pillar-1-prevention-and-early-intervention?language=en>.

⁵ Mental Health Australia, *Report to the Nation* (2022), 9, <https://mhaustralia.org/report/2022-report-nation>.



Australian Governments to “develop and report on a range of indicators, outcomes measures and KPIs which reflect the objectives and goals of [the National Mental Health and Suicide Prevention Agreement]...”⁶ In addition, some Australian Governments have already committed to measuring mental health outcomes. For example, the Mental Health Commission of NSW has included amongst its measurement of outcomes on mental health, a **‘thriving start to life’ outcome**. The Early Years Strategy should draw on work already undertaken either within the Commonwealth or within the jurisdictions to develop outcomes and underlying indicators.

Despite the wealth of data being generated and efforts to improve data collection, **there are also gaps in data collection and outcome measurement which this Strategy has an opportunity to address**. For example, The Productivity Commission Inquiry into Mental Health found in relation to children’s mental health initiatives that “The many interventions funded by governments operate independently of each other, and there is limited monitoring of the outcomes that these initiatives are intended to achieve.”⁷ In addition the Children’s Mental Health and Wellbeing Strategy identified that “there is currently no regular national system monitoring and reporting on the overall mental health and wellbeing of children 0-12 years old”.⁸ There is also limited data available on the prevalence of social and emotional difficulties for children in the 0-4 age group.⁹

There is an opportunity for the governance structure established to ensure accountability and achievement of the Early Years Strategy outcomes (see Recommendation 1) to identify, and influence, relevant organisations to address, gaps in data and reporting on outcomes (and associated indicators) in relation to child and parental mental health and wellbeing.

Recommendation 2

The Early Years Strategy should measure outcomes in relation to young child and parental mental health and wellbeing. These outcomes should be developed in consultation with experts in mental health outcomes measurement and people with lived experience of mental ill-health and carers.

Recommendation 3

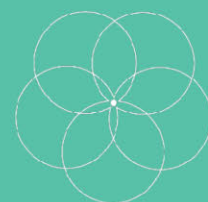
The Early Years Strategy governance structure (outlined in Recommendation 1) should identify, and influence relevant organisations to address, data gaps in relation to young child and parental mental health and wellbeing.

⁶ Australian Governments, *National Mental Health and Suicide Prevention Agreement (2022)*, 22, <https://federalfinancialrelations.gov.au/agreements/mental-health-suicide-prevention-agreement>.

⁷Productivity Commission, *Mental Health*, 195.

⁸ National Mental Health Commission, *National Children’s Mental Health and Wellbeing Strategy*, 18.

⁹ National Mental Health Commission, *National Children’s Mental Health and Wellbeing Strategy*, 20.



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

The Early Years Strategy should include young child and parental mental health and wellbeing as a specific policy priority.

There are a range of factors which contribute to mental ill-health including both genetic factors and factors across the social and cultural determinants of mental health.¹⁰ For example, **adverse childhood events can be the precursor to poorer mental health outcomes.**¹¹ The recent Australian Child Maltreatment Study found that child maltreatment in Australia is widespread with 62.2% of the Australian population having experienced at least one type of child maltreatment.¹² The Study found that “Almost half (48%) of Australians who experienced maltreatment in childhood met criteria for a mental disorder compared with 21.6% of those who did not experience maltreatment.”¹³ To address child maltreatment in Australia, the Study makes 8 recommendations which range from prevention to treatment and across all levels of government and across the social determinants of health.¹⁴

The Productivity Commission Inquiry into Mental Health states: “From a policy point of view, there is a clear case for investment in child mental health and wellbeing. Such investment would not only improve the wellbeing of children and their families, both immediately and in the future; it would also save significant future government expenditure by lowering the risk of children disengaging from their education and could reduce the need for more intensive medical care and other supports.”¹⁵ This tells us that **investing in children’s mental health early will create savings across the education and health systems.** In addition, we know there are strong links between mental ill-health and needing income and employment support, housing and homelessness support and interactions with the justice system.¹⁶ It follows that improving mental health early has the potential to make savings across all these areas.

In addition, the Productivity Commission Inquiry into Mental Health made the case for **supporting parents to impact on infant wellbeing.** It states “The mental health of parents has a strong influence on the wellbeing of infants and young children. This suggests a strong case for supporting parents, particularly at times of major life transitions, such as the perinatal period (pregnancy and the weeks following birth).”¹⁷ Furthermore, the National

¹⁰ Rudolf Uher and Alyson Zwicker, “Etiology in psychiatry: embracing the reality of poly-gene-environmental causation of mental illness”, *World Psychiatry, Volume 16, Issue 2* (2017), 121-129.

¹¹ D. Haslam, B. Mathews, R. Pacella, J.G. Scott, D. Finkelhor, D.J. Higgins, F. Meinck, H.E. Erskine, H. J. Thomas, D. Lawrence, E Malacova. *The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report* (2023), <https://www.acms.au/>.

¹² D. Haslam, B. Mathews, R. Pacella, J.G. Scott, D. Finkelhor, D.J. Higgins, F. Meinck, H.E. Erskine, H. J. Thomas, D. Lawrence, E Malacova. *The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report*, 14.

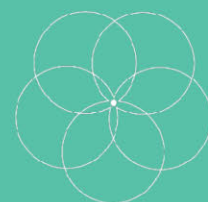
¹³ D. Haslam, B. Mathews, R. Pacella, J.G. Scott, D. Finkelhor, D.J. Higgins, F. Meinck, H.E. Erskine, H. J. Thomas, D. Lawrence, E Malacova. *The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report*, 25.

¹⁴ D. Haslam, B. Mathews, R. Pacella, J.G. Scott, D. Finkelhor, D.J. Higgins, F. Meinck, H.E. Erskine, H. J. Thomas, D. Lawrence, E Malacova. *The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report*, 35.

¹⁵ Productivity Commission, *Mental Health*, 195.

¹⁶ Productivity Commission, *Mental Health*.

¹⁷ Productivity Commission, *Mental Health*, 198.



Children’s Mental Health and Wellbeing Strategy states: “The family environment is the single most important influence on a child’s development, with family relationships and interactions critical to positive mental health and wellbeing. The first years of a child’s life provide a foundation for their future, with quality parenting, high levels of family functioning and access to social and family supports contributing strongly to optimal development.”¹⁸

Given the opportunity provided in the early years to set the foundation of better mental health and wellbeing throughout life; and the intrinsic link between parental and child mental health and wellbeing, it will be important for the Early Years Strategy to include young child and parental mental health and wellbeing as a specific policy priority.

Recommendation 4

The Early Years Strategy should include a policy priority of child and parental mental health and wellbeing.

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

Mental Health Australia welcomes the intention for the Early Years Strategy to focus on breaking down silos. The Strategy should include a focus on improving coordination and collaboration across various systems, including but not limited to:

- **within the child mental health system**, for example between hospital and community-based supports
- **between the child mental health system and other systems**, for example the physical health system, housing, education, child protection, drug and alcohol and the justice system
- **between the Commonwealth Government and State and Territory Governments.**

The mental health system as a whole has oft been referred to as fragmented¹⁹ and the child mental health system itself has been referred to as broken.²⁰ The Productivity Commission Inquiry into Mental Health found that there is no “overarching national framework that articulates the roles of the education and health systems in helping children thrive.”²¹ In a practical sense, this results in a service system which is inefficient and difficult to navigate.

The National Children’s Mental Health and Wellbeing Strategy proposed a model of integrated child and family wellbeing services.²² In response, the Australian Government

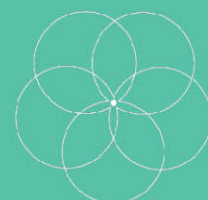
¹⁸ National Mental Health Commission, *National Children’s Mental Health and Wellbeing Strategy*, 33, <https://www.mentalhealthcommission.gov.au/projects/childrens-strategy>.

¹⁹ Productivity Commission, *Mental Health*.

²⁰ National Mental Health Commission, *National Children’s Mental Health and Wellbeing Strategy*, 18, <https://www.mentalhealthcommission.gov.au/projects/childrens-strategy>.

²¹ Productivity Commission, *Mental Health*, 195.

²² National Mental Health Commission, *National Children’s Mental Health and Wellbeing Strategy*.



funded a new network of up to 15 new Head to Health Kids Mental Health and Wellbeing Centres for children aged 0-12 years.²³ The implementation of some of these centres has been agreed through Bilateral Agreements, which sit under the National Mental Health and Suicide Prevention Agreement.²⁴ Mental Health Australia understands that work continues between the Commonwealth and States and Territories on this initiative. **There is an opportunity for Head to Health Kids Mental Health and Wellbeing Centres to deliver multidisciplinary, team-base care, which is well integrated with services across the social determinants of mental health.**

The purview of the Early Years Strategy means it is uniquely placed to establish governance mechanisms, which could influence policy and implementation of initiatives designed to benefit young children and/or parents to ensure there is adequate focus on the 0–5-year age group and that there is appropriate collaboration across the social determinants of mental health. The Head to Health Kids Mental Health and Wellbeing Centres are just one example of such an initiative where this type of oversight could have a positive influence on policy development and implementation.

Recommendation 5

The Early Years Strategy governance structure (outlined under Recommendation 1), should drive policy and implementation designed to benefit young children and ensure appropriate collaboration across the social determinants of health.

Question 7: What principles should be included in the strategy?

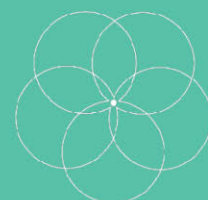
A critical success factor for development and implementation of an effective strategy is the **engagement of people with relevant lived experience**. The Early Years Strategy should include engagement with young children and parents as a principle both in the Strategy's development and implementation.

In relation to mental health specifically, people (including young children and parents) with lived and living experience of mental ill-health and/or caring for someone experiencing mental ill-health, have unique expertise and should have the opportunity to co-design policies and programs that affect their lives. Genuine engagement with people with such experience results in greater empowerment and ownership of programs and delivers outcomes that target the issues that matter most to people accessing services.²⁵ It will be important for the Early Years Strategy to carefully consider how best to engage with young children and parents in the strategy's development.

²³ Department of Health, *Prioritising Mental Health and Suicide Prevention (Pillar 3) – Treatment* (2021).

²⁴ Australian Governments, *The National Mental Health and Suicide Prevention Agreement (2022)*, <https://federalfinancialrelations.gov.au/agreements/mental-health-suicide-prevention-agreement>.

²⁵ Julia Slay and Lucie Stephens. *Co-production in mental health: A literature review* (2013) https://neweconomics.org/uploads/files/ca0975b7cd88125c3e_ywm6bp311.pdf



The National Mental Health Consumer and Carer Forum²⁶ has developed two pieces of advice on **Consumer and Carer Engagement** and **Co-Design and Co-Production** which the Department of Social Services should take into account as it engages with people with lived or living experience of mental ill-health and caring.

Recommendation 6

Engage young children and parents with lived and living experience of mental ill-health and/or caring for someone with mental ill-health in the development and implementation of the Early Years Strategy. The Department of Social Services should draw on the National Mental Health Consumer and Carer Forum's advice on Consumer and Carer Engagement and Co-Design and Co-Production in undertaking consultation with people with lived or living experience of mental ill-health and carers.

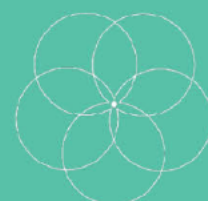
Conclusion

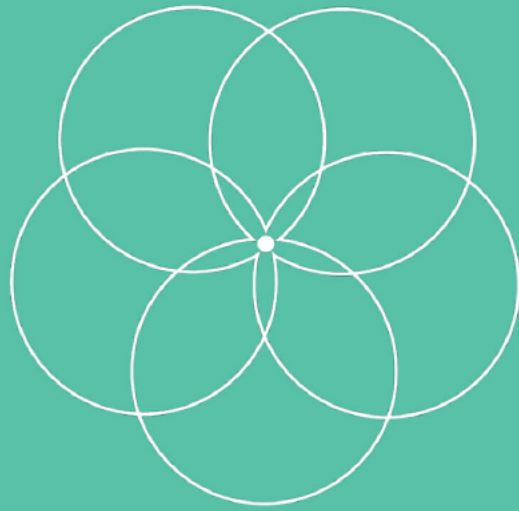
It is clear that the early years set the foundation for good mental health later in life and that good mental health and wellbeing is a cornerstone of optimal early childhood development. The contribution of the Early Years Strategy to improving the mental health and wellbeing of Australia's children has the potential to be profound. Young child and parental mental health and wellbeing should be included as a significant policy priority for the Early Years Strategy.

To ensure the Early Years Strategy seizes this opportunity to make a profound difference in the lives of Australia's young children, **it is imperative that there are strong accountability mechanisms in place, to ensure that the Strategy achieves its intended outcomes.** This means the Strategy must clearly articulate roles and responsibilities for implementation, there is adequate investment for implementation, and the reporting mechanisms enable regular and transparent tracking of progress and achievement of outcomes.

Mental Health Australia looks forward to continuing to contribute to the Early Years Strategy throughout its development.

²⁶ The National Mental Health Consumer and Carer Forum (NMHCCF) describes itself as "a combined national voice for mental health consumers and carers." "NMHCCF members represent mental health consumers and carers on a large number of national bodies, including government committees and advisory groups, professional bodies and other consultative forums and events." "Members use their lived experience, understanding of the mental health system and communication skills to advocate and promote the issues and concerns of consumers and carers." See: <https://nmhccf.org.au/about>.





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Mental Health Australia is the peak independent national representative body of the mental health sector in Australia.

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