PREVENTION UNITED

Joining forces to prevent mental health conditions

Response to the Early Years Strategy Discussion Paper

April 2023

Foreword

Prevention United is one of Australia's leading mental health promotion organisations. We focus on promoting mental wellbeing and preventing mental health conditions from occurring.

Prevention United welcomes the opportunity to provide feedback and contribute to the development of a new *Early Years Strategy.* We recognise the crucial importance of the "First 2,000 Days" and support the push to have a national conversation about what we want for young children and their families, and where we should direct our efforts to achieve these aspirations.

In providing our feedback, we believe it is vital for governments to make children's mental wellbeing a central pillar of the *Early Years Strategy.*

We know that mental wellbeing is a crucial personal, community and economic asset, and it is therefore vital that we support all Australians – regardless of their age or stage of development – to experience their best possible mental health through community and government action. It is also imperative that we work hard to prevent mental health problems from occurring in the first place.

Achieving this requires us to:

- Equip individuals of all ages with the crucial psychological and social skills that enable them to promote their emotional, social, and psychological wellbeing, and flourish in life.
- Create mentally healthy home, learning, work, social and economic environments that benefit us all through evidence-based wellbeing and prevention programs, and through mentally healthy public policies.
- Provide individuals with easy access to holistic mental healthcare supports and services if they are experiencing challenges to their mental health.

The evidence is overwhelming – early childhood represents a critical period in human emotional, social and psychological development, when the foundations for lifelong mental wellbeing are being laid down.

Australia's *Early Years Strategy* must therefore be – at least in part – an Early Years Mental Wellbeing Strategy.

Attention needs to be given to initiatives that surround each child with the protective factors that support good mental health and prevent their exposure to the risk factors that can have damaging and often enduring negative consequences on children's mental wellbeing and overall development.

High levels of emotional, social, and psychological wellbeing will enable children to progress positively through childhood and adolescence and emerge into adulthood with the best possible chance of experiencing positive relationships, learning, vocational, health, mental health, and other social outcomes over the rest of their life.

By contrast, a failure to protect children from childhood trauma and other types of toxic stress can put them at substantially increased risk of emotional and behavioural disorders in early childhood and poor academic outcomes, early school leaving, alcohol and other substance misuse, juvenile offending, and other serious problems throughout their life.

Supporting children's mental wellbeing is one of the most important responsibilities communities and governments have, and we believe that Australia's *Early Years Strategy* should reflect this importance.

Introduction

Australia's *Early Years Strategy* needs to include a focus on mental health promotion. Mental health promotion is a specialist branch of the broader fields of health promotion and public health. It uses the principles and strategies of these two fields to achieve three key outcomes:

- Promoting high levels of mental wellbeing (i.e., flourishing) across the whole community and reducing languishing.
- Preventing mental health conditions, such as childhood internalising and externalising disorders, from occurring in the first place.
- Building the community's mental health literacy to promote help-giving and help-seeking for mental ill-health.

Each of these outcomes are vital. Research shows that high levels of mental wellbeing contribute to improved learning, creativity and productivity, more pro-social behaviour, better relationships, and improved physical health and life expectancy. High mental wellbeing is also associated with lower rates of mental health conditions. Mental wellbeing is a driver for these outcomes, and not just the result, and promoting people's mental wellbeing throughout the lifespan is therefore crucial.

By contrast, the negative impacts of mental ill-health conditions are enormous. Children and adolescents with a mental health condition feel less engaged and connected at school, have higher rates of absenteeism, perform less well academically, leave school earlier and have a range of issues that affect their future employment opportunities, health, and relationships [1, 2]. They are also more likely to engage in risky behaviours such as smoking, alcohol, and illicit drug use, and more likely to be in contact with law enforcement agencies as adolescents and adults [3]

The societal and economic impacts of mental ill-health are significant. The Productivity Commission recently estimated that the direct economic costs of mental ill health and suicide in Australia was $43–70 billion in 2018–19. In addition, the cost of disability and premature death due to mental health conditions, suicide and self-inflicted injury is equivalent to a further $151 billion [4]. Preventing mental ill-health or intervening early and effectively as soon as possible after illness onset is critical if we wish to minimise the impact of mental health challenges on individuals, and on society.

Mental health promotion efforts need to begin early in life, as our mental wellbeing takes shape from the moment of conception, and mental ill-health can occur at any age. Overall, around 50 per cent of mental health conditions occur before age 15, and 75 per cent occur before age 25 [5].

The factors that shape our mental wellbeing are many and varied. Some factors have a positive influence on our mental wellbeing. These are called protective factors. Others have a negative influence on our mental wellbeing. These are called risk factors. Some risk or protective factors are unique to us – our genetic profile, our temperament and personality, and our actions and behaviours. But most risk and protective factors exist in the family, school, work, neighbourhood, social, cultural and economic environments around us, and are largely out of any one individual's control [6].

Children are particularly sensitive to the quality of the home, school, and broader social and economic environments around them. That's why the *Early Years Strategy* must include initiatives that directly target children, but also initiatives that assist their parents/carers and other family members, educators, and broader community members to play their role in raising happy, healthy, and flourishing young children. It takes a village to raise a child, and this Strategy must help to create a positive village in which all children can thrive physically and flourish emotionally, socially, and psychologically.

Our response to the Early Years Strategy discussion paper

The first five years of a child's life (including the antenatal period) are crucial for both childhood and lifelong positive mental wellbeing. The seeds of mental wellbeing (and mental ill-health) are sown early, and the *Early Years Strategy* should therefore include policy priorities that will promote positive mental health from an early age.

Question A. Proposed Structure of the Early Years Strategy

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

Prevention United supports the proposed structure and we note that it provides a scaffold that would enable the promotion of mental wellbeing and prevention of mental health conditions to be included at every level – indicators, policy priorities, outcomes, and vision – as shown in Figure 1 below. This structure also enables policy to be informed by the existing mental health promotion evidence base.

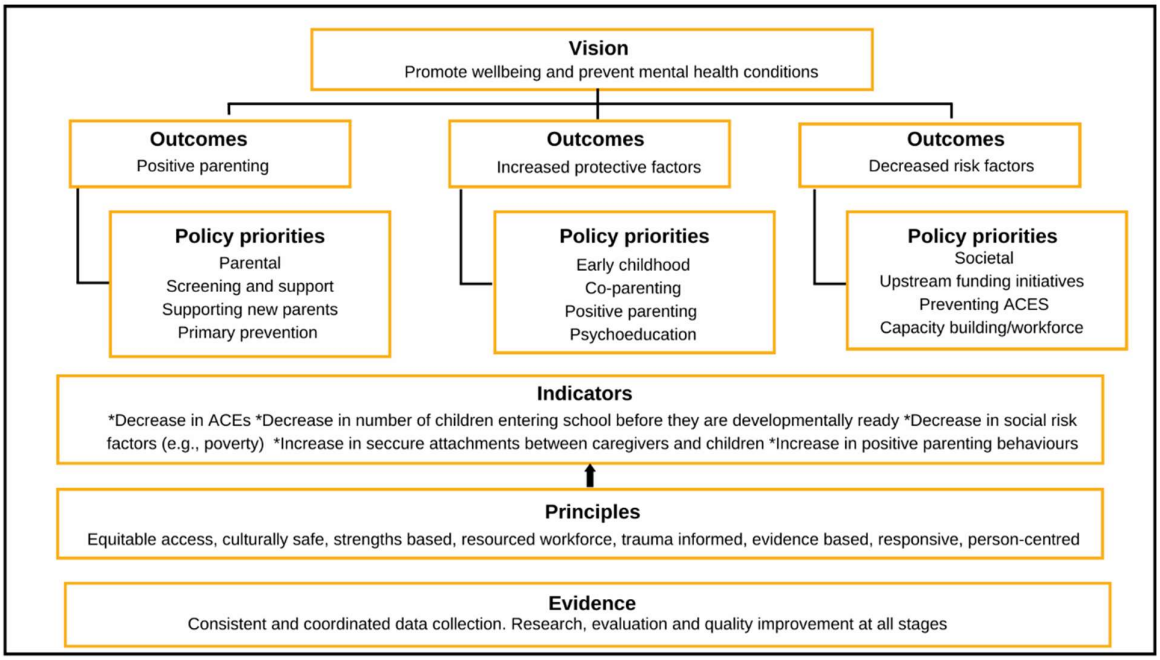

Figure 1: Diagram showing how a wellbeing and prevention lens can be applied to the structure of the *Early Years Strategy.*

Question B. Vision

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

Mental wellbeing MUST feature as part of our vision for Australia's youngest children. For example, the Vision could be that "Every child grows up feeling loved and valued, is kept safe from neglect, abuse and violence and has equitable access to the material resources and educational, health, mental health and social programs and services that enable them to experience high levels of emotional, social, psychological and physical wellbeing, and achieve their potential."

This wording highlights some of the critical protective factors that are fundamental to achieving multiple positive outcomes, the key harms that we must prevent, the breadth of supports we need to provide children and their parents/carers, and the ultimate outcomes that we are trying to achieve.

Question C. Outcomes

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

High child social, emotional and psychological wellbeing must be a core outcome of the Strategy. From a mental health promotion perspective, there are fundamentally two ways we can achieve this:

- Increase children's exposure to the factors that boost their mental wellbeing and protect against mental health conditions.
- Reduce children's exposure to the risk factors that diminish mental wellbeing and increase the likelihood of experiencing mental health conditions.

The *Early Years Strategy* must therefore aim to positively influence the underlying risk and protective factors that shape children's emotional, social, cognitive, psychological, and physical development. It is important to note, that there are a broad range of risk and protective factors that influence children's mental wellbeing, and the Strategy needs to address as many of these as possible in a cohesive, systematic way. However, while it is vital that we influence as many risk and protective factors as possible, there are three factors that stand out as being particularly important to address.

- **Reduce the proportion of children who experience Adverse Childhood Experiences (ACEs)**. The research shows that ACEs are the single biggest cause of mental ill-health in the Australian community. Children are far less likely to thrive physically, flourish emotionally, socially, and psychologically, and learn effectively if they are exposed to ACEs, and the prevention of ACEs must be a pivotal outcome of the Strategy.
- **Improve access to high quality early childhood education and care (ECEC)**. ECEC services have many positive benefits for children and their parents and carers. Improving the quality, availability, and uptake of ECEC services, should also be a core focus of the Strategy.
- **Eradicate child poverty**. Social disadvantage, which includes food insecurity, income inadequacy, and housing instability or homelessness, must be addressed. It is extremely difficult for parents to provide the best possible start to their child's life if they are experiencing economic disadvantage or poverty.

These outcomes are summarised in Figure 2.

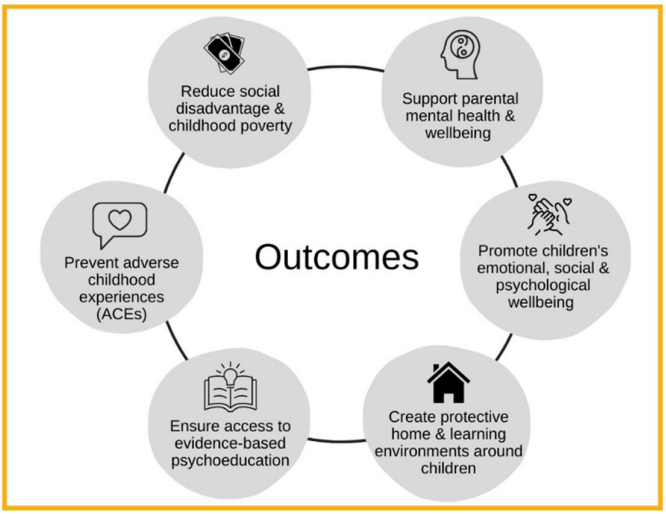

Figure 2: We can make a difference in the first 2,000 days. The outcomes listed above aim to reduce the risk factors and increase the protective factors associated with developing a mental health condition.

Question D. Policy Priorities

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

As noted, the Strategy needs to positively modify as many of the risk and protective factors that influence children's social, emotional and behavioural development as possible. These factors are summarised in Tables 1 and 2.

Table 1: The protective factors that we want all children to have and experience. Protective factors reduce the risk of a child developing a mental health condition.

PERSONAL FACTORS	ENVIRONMENTAL FACTORS
Psychological • Good emotional regulation – the ability to modulate or manage negative emotions. • Good social skills • Sense of autonomy and self-efficacy • Persistence and determination • Good problem-solving skills • Optimism • Resilience	*Parenting and family environment* • Secure attachment to one's parents or caregivers. • Equal and supportive couple relationships • Authoritative parenting style • Parental warmth, encouragement, and guidance • Positive parenting practices and good family functioning • Positive parent health and mental health.
Behavioural • Play • High quality diet • Regular physical activity/adequate sleep	*Other relationships* • Positive social relationships with other children and adults • Social support for parents/carers
Biological • Immunisations • High quality healthcare	*Socioeconomic/societal* • Socioeconomic circumstances – adequate access to food, high quality care and education, financial resources, housing and health and human services.

Table 2: The key risk factors we want to prevent children from being exposed to. These risk factors increase the likelihood of developing a mental health condition.

PERSONAL FACTORS	ENVIRONMENTAL FACTORS
Traumatic or stressful life experience • Neglect and sexual/physical/emotional abuse • Experience of or exposure to domestic violence • Experience of other violence/assault • Poor parental mental health	*Parenting and family environment* • Insecure or disorganised attachment • Low maternal partner support • Unequal distribution of household tasks • Couple relationships marked by stress and conflict • Harsh parenting styles • Poor family functioning
Behavioural • Inadequate or low-quality diet • Sedentary lifestyle • Poor sleep • Smoking, excess alcohol use and illicit drug use in the home	*Other relationships* • Social isolation, low social support • Conflictual relationship breakdown • Experiences of racism and discrimination
Biological • Exposure to infections in utero • Exposure to alcohol, illicit substances, cigarettes in utero • Poor antenatal care and low birthweight	*Socioeconomic/societal* • Living in poverty, financial stress • Being homeless, housing stress • Unemployment of parents • Major economic downturns • Climate change

Addressing these risk and protective factors in a planned, systematic and integrated way requires a developmentally informed, social ecosystems-based framework to guide action.

The "Nest" was developed by The Australian Research Alliance for Children and Youth (ARACY) and is Australia's first evidence-based framework for national child and youth wellbeing (0-24 years). The Nest incorporates six wellbeing domains that are important for all children. These are:

- Valued, Loved and Safe
- Material Basics
- Healthy
- Learning
- Participating
- Positive Sense of Identity and Culture

The wellbeing domains outlined by ARACY could be used to inform the *Early Years Strategy*. For further information, please see www.aracy.org.au.

However, while focusing on all these factors is important, the Strategy needs to prioritise three critical outcomes: the prevention of and early intervention for ACEs, the provision of high-quality ECEC services, and addressing social disadvantage. These are discussed in more detail below.

Tackle Adverse Childhood Experiences (ACEs)

There is a very strong link between ACEs such as child abuse and neglect, exposure to family violence, caregiver substance abuse, severe mental illness or incarceration, and a range of health and mental health conditions across the lifespan. The more ACEs a child experiences, the greater the odds that they will experience a mental health condition or suicidal ideation at some point in their life.

Child abuse and neglect is particularly harmful. It is the single biggest contributor to the burden of mental health conditions globally and the 10th highest contributor to the burden of all injury and disease in Australia. Preventing child maltreatment could lead to a 20-25% reduction in new cases of depression and anxiety conditions. Preventing ACE exposure is therefore the single most critical element for successful mental health promotion and needs to be a central pillar of the *Early Years Strategy*.

Currently, Australia lacks a well-funded, coordinated, and comprehensive approach to the prevention of, and early intervention response to ACEs. Instead, we have a piecemeal approach that treats each 'trauma' as separate despite ample evidence that these issues co-occur. As a result, tens of thousands of children are experiencing these traumas and not getting the help they need where and when they need it, to mitigate the impacts of ACE exposure. This is simply unacceptable.

It is important to note, that abuse can happen outside of the home and the prevention of ACEs requires a broader approach that includes community-based initiatives and education.

Addressing ACEs requires a multi-modal approach, which should include the following priority actions.

Support parent's mental health.

Parents need to experience their best possible mental health to enable them to create an environment for their children to flourish. The perinatal period is a particularly sensitive period, and we need to do more to assist mothers and fathers, and other non-birthing parents to remain mentally healthy and well by increasing their access to evidence-based interventions to promote and protect their mental

wellbeing. This includes programs focused on exercise, psychoeducation, and psychological skills-building, strengthening the couple relationship, and increasing social support.

We also need to enhance screening efforts to recognise and support mothers, fathers, and other non-birthing parents who may be experiencing perinatal depression and anxiety, or other mental health conditions. We must then ensure that parents who are experiencing mental health challenges receive priority access to affordable high quality mental healthcare services, and to wellbeing supports provided by local government and non-government organisations.

Improve the couple relationship and address family violence.

Parental stress, rigid role stereotypes, perceived lack of partner support and partner conflict are risk factors for perinatal mental health conditions, childhood emotional and behaviour disorders and family violence [7]. We therefore need to support families through the transition to parenthood and help them successfully negotiate the demands of pregnancy, childbirth and caring for a newborn child, the changes in parent's relationships with each other and their connections to others and their work, and the mental and physical load associated with child rearing and housework.

We also need to support initiatives that encourage coparenting, an equal distribution of household tasks, and better communication between parents. This means engaging fathers as equal and important parenting partners. High levels of a father's involvement in child rearing are associated with lower levels of postpartum depression among their female partners [8]. Additionally, higher levels of fathers' direct engagement with their children and sharing of parenting chores are related to lower levels of maternal parenting stress [9].

We also need to do much more as a community to tackle intimate partner violence and family violence. Family violence is causally linked to a range of mental health conditions among women [10]. Much of this depends on challenging outmoded attitudes and sexist stereotypes that diminish women's autonomy and status; overcoming gender inequality at home, at work and in the community; and overcoming gendered power imbalances. We also need to support women (and men) escaping controlling, abusive, and violent relationships and help them re-establish their life safely and minimise the financial repercussions they experience when leaving a relationship. There is a strong association between financial stress such as rising inflation and family, and there was a 13% increase in family and domestic related sexual assault in 2020 [11].

Help parents develop secure attachments and develop positive parenting strategies.

The relationship between a child and their parents/primary caregivers has a profound and enduring influence on a person's mental wellbeing. Secure attachment is crucial for healthy child development and helps to create strong foundations for positive interpersonal relationships and health and mental health outcomes throughout life.

Positive parenting strategies are also important. All parents should have access to information resources and specific programs to help them create a loving and harmonious family environment, and raise happy, healthy, and resilient children. Examples of parenting programs that are specifically designed for parents of younger children in Australia and that have a strong evidence base include:

- Baby Makes 3
- Right@home Program
- What Were We Thinking!
- 1-2-3 Magic and Emotion Coaching
- Bringing Up Great Kids
- Circle of Security

- Cool Little Kids
- Signposts for Building Better Behaviour
- Triple P Positive Parenting Program

Promote the availability and affordability of ECEC and improve its quality.

Access to affordable high quality early childhood education and care should be regarded as a right of all Australian children, and their parents/carers. Access to ECEC benefits a child both directly, and indirectly through improving the health and mental health of their parent(s).

Access to ECEC enhances children cognitive, physical, social and emotional development. It provides enrichment and contact with other children and adult role models. It is particularly important for children who are growing up in disadvantaged circumstances or who are developmentally vulnerable (or both). Almost 20% of children from Australia's lowest socioeconomic quintile begin school vulnerable in two or more domains (this is almost three times the rate for children in the top socioeconomic quintile [12].

ECEC is also good for parents, particularly mothers. Female workforce participation is good for women, good for their children and good for society. The Parenthood Report [13] *'Making Australia the Best Place in the World to be a Parent'* lays out a blueprint for a coordinated framework of policies and practices to best support parents and children. The report has a specific focus on protecting and enhancing the mental health of parents and noted that there was a significant association between women being in paid work and having better health-related quality of life (including mental health).

The report recommends investment in:

- Universal health and wellbeing support for parents and children throughout pregnancy and the early years of childhood.
- A paid parental leave (PPL) scheme that enables a year of paid leave to be equally shared between both parents.
- Flexibility of workplaces and provision of universal access to paid carers leave for sick children.
- Free ECEC for all families.

We also need to help ECEC workers to create mentally healthy learning environments. This means building on the work of initiatives such as Beyond Blue's Be You program and working to ensure every ECEC has a wholistic plan to support mental wellbeing and recognise and facilitate referral of children experiencing challenges such as anxiety conditions and externalising behaviours.

We also need to pay our ECEC workers and kindergarten teachers more and raise the status of their profession. Following the pandemic, the ECEC sector is critically short of qualified early education staff. It is believed that approximately 180 workers leave the sector each week due to low wages and poor working conditions (data from United Voice, the union representing ECEC workers).

The National Children's Education and Care Workforce Strategy has been developed to support the recruitment, retention, quality and sustainability to the early childcare workforce (National Workforce Strategy | ACECQA). The strategy has a ten-year timeline in recognition of the complexity and challenges faced by the sector.

Tackle social disadvantage.

The neurodevelopmental roots of common mental health problems are present in early childhood. A large number of factors for mental ill-health have been identified in the research literature. Some risk

factors being more toxic and influential than others [6]. There is a particularly strong association between poverty and mental health conditions [14].

Australia is a wealthy nation by international standards and yet one in six Australian children lives in poverty [15]. Approximately 3.24 million Australians (13.6%), including 774,000 under the age of 15 (17.7%) are living below the poverty line [16]. This is unacceptable, and the *Early Years Strategy* needs to focus on reducing and eradicating childhood poverty as a critical outcome. This requires several different initiatives and specific strategies including:

- Providing a living wage or levels of income support above the poverty line, and additional financial assistance to parents with children. Much of this is outlined in Australian Council of Social Services "raise the rate" ACOSS (raisetherate.org.au) initiative.
- Increasing access to maternal and paternal paid parental leave, family leave and more family-friendly working conditions that enable parents to participate in the workforce.

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?

Children from vulnerable and/or disadvantaged backgrounds are at high risk of experiencing low mental wellbeing and developing mental health conditions, as well as a host of other negative health and social outcomes. The reasons are complex but have very little to do with any intrinsic factor within the child or their family, and a lot to do with their differential access to the critical social determinants of mental wellbeing compared to more advantaged children.

Put simply there are certain factors that enable children to thrive physically and flourish emotionally. Children born or raised in more vulnerable and/or disadvantaged circumstances have less access to these protective assets while at the same time they are far more likely to be exposed to the risk factors that cause problems to emerge. Moreover, we know that risk compounds risk, and children born or raised in more vulnerable and/or disadvantaged circumstances are more likely experience multiple risk factors, rather than just one or two.

One way to address this problem and improve outcomes for these children, is to implement a systematic approach to 'screening' for risk factors (and the absence of protective factors) as this would enable a more proactive approach to intervention. Screening for ACE exposure should be a particular priority. It is important, that any such child 'health' checks are based on an evidence-based screening tool or assessment protocol; professionals who are undertaking the checks are trained in their use; referral pathways for individuals who screen positive are in place; and there is a service system that can effectively manage these referrals. At present, not all these elements are in place and significant time and resources need to be invested to improve the situation.

In addition, we need to adopt the principle of proportionate universalism, so that children with additional or complex needs have greater access to the programs, services or public policy interventions that will benefit them. Co-designed approaches are also critical, as these are more likely to be acceptable, relevant, and culturally safe.

Groups in need of tailored and specific support include:

- Aboriginal and Torres Strait Islander children and their families.
- Children living in regional and socioeconomically disadvantaged areas of Australia [17].
- Refugee families, children with a disability/health condition, children in out-of-home care, and children growing up homeless [18, 19].

- Children growing up with a parent who has a menta health condition [20]. Over a third of Australian 4–17-year-olds have a parent or carer with a lifetime diagnosis of a mental health disorder [21].
- Children born during the pandemic. The increase in mental health issues following the pandemic has been termed a "shadow pandemic" [22]. Becoming a mother during the COVID-19 pandemic was an isolating and difficult experience for many Australian women [23]. It is estimated that between 2020-2022, 550,000 babies were born in Australia (ABS, 2022) and there are likely to be several indirect effects of the pandemic on children. Further research is needed to suggest the best ways to support the mental health of a future generation of children.

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

Achieving positive mental wellbeing outcomes requires a whole-of-government, whole-of-community approach. This means politicians and government departments need to stop working in isolation from each other, and take a more collaborative, joined-up approach to achieving agreed outcomes. There are various ways to facilitate this, but a new and potentially effective approach revolves around the creation of a Wellbeing Budget.

A Wellbeing Budget has four key characteristics. First, it puts an emphasis on key social outcomes like child mental wellbeing, job quality and work life balance, gender equity, social inclusion and civic participation, First Nations rights, and the environment – the things that citizens value and want their society to be like.

Second, a Wellbeing Budget aligns government policies and investments with these key outcomes. It takes a whole-of-government approach that requires every minister, government department and statutory authority to contribute to the agreed wellbeing outcomes. It seeks to overcome silos, maximise integration and coordination, and encourage systems thinking to tackle complex problems.

Third, a Wellbeing Budget includes a framework for tracking progress in achieving these outcomes, alongside traditional economic indicators such as economic growth, inflation, employment, wages, and Budget surpluses/deficits. This may include measures of happiness, loneliness, and quality of life; whether children are growing up free from poverty and childhood trauma; whether schools are teaching kids key social emotional skills and tackling bullying; whether we have trusting, connected and cohesive communities; whether we have access to green and blue spaces; and whether we have a clean and sustainable natural environment.

Last, a Wellbeing Budget takes a long-term view that is good for the community rather than a 3–4-year election cycle that is relevant to politicians. It recognises that some problems require sustained action, and we need to invest for the here and now, but also with an eye to the future.

Within the early years, we need to see better alignment between child protection, health, mental health, early childhood education and care policies and they need to intersect with gender equity, employment, housing, and social security initiatives so that the latter drive and support good outcomes in the former areas.

Question E. Principles

7. What principles should be included in the Strategy?

A core focus on the *Early Years Strategy* needs to be the promotion of emotional, social and psychological wellbeing and the prevention of emotional and behavioural disorders among children, and future mental health conditions in adolescence, youth and adulthood.

This requires a mental health promotion based, public-health informed approach that addresses the underlying drivers of poor mental health and maximises children's exposure to protective factors. The *Early Years Strategy* should incorporate the following principles:

- A focus on promotion, prevention, and early intervention.
- A strengths-based approach that includes increasing protective factors not just decreasing risk factors.
- A proportionate universalism approach so that every child and their family have access to the social determinants of mental wellbeing, and those children and families who need more have additional supports.
- All programs and services should be responsive, inclusive, compassionate, and person-centred.
- All programs and services should be culturally safe.
- Prevention and promotion activities require a well-resourced workforce with strong leadership.
- All systems/services/practices/programs should have a strong evidence-base.
- All services should be 'trauma-informed". Services should "do no harm" and not re-traumatise or blame victims.
- Data collection should be coordinated and consistent*.
- Research, evaluation, and quality improvement should occur at all stages.

*Note: Significant improvements are required in the way that we collect and report data on children's social and emotional wellbeing and the ways we use this data to guide decision making. While we support the focus on measuring social and emotional wellbeing outcomes, we also believe that it is essential to monitor the prevalence of key risk and protective factors that influence mental wellbeing, so that we can better track the impact of promotion and prevention interventions. This data needs to be collected at a settings level so that we can determine whether settings-based interventions are working and at a population level so that we can track the aggregate effect of our efforts to promote resilience, reduce risk and improve mental wellbeing.

Governments should expand the collection of data on child social and emotional wellbeing *and key risk and protective factors*. It is important to ensure that data is collected, analysed, and reported in a way that will also allow services supporting children and families to monitor the impacts of their efforts to promote child mental wellbeing, as well as to track the aggregated impacts of mental health programs among children at a population level.

Question F. Evidence-based approach

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

While there is a lack of evidence to drive change on some issues there is also a failure to apply the evidence we already have.

- Exposure to ACEs is associated with the later development of mental health problems [24, 25]. One study found that people who had experienced any type of child maltreatment were twice as likely to experience depression, and almost three times as likely to experience an anxiety condition as people who had not been maltreated as children [26]. A review of Australian data found that a considerable proportion of adult self-harm, anxiety and depression was attributable to child abuse [27]. We still lack research evidence on what can be done to prevent ACES occurring in the first place and the best form of response to ACEs when they are detected. It is therefore not surprising that the prevalence of ACES has not decreased. Research into the prevention and response to ACE must be a priority.
- We know that child and adolescent mental health conditions are common in Australia, however, the most recent data comes from the National Survey of Child and Adolescent Mental Health and Wellbeing in 2014/15 and is already well out of date [28]. Moreover, there is a lack of robust data about mental health challenges experienced by those in the five years and younger age group, and we do not have clear statistics on the number of young children with neurodevelopmental disorders such as ADHD and autism. Given the impact of mental health difficulties on child development and future adolescent, youth, and adult mental ill-health we need much more robust and timely data to guide action and investment in child mental wellbeing.
- A recent Australian study found that parents/caregivers first identified developmental concerns when their child was three years of age. However, the average age of a child receiving a developmental assessment was 6.6 years of age. Children from "at risk" homes were less likely to have received an assessment. The data clearly indicate that from an early age we are failing children who are at risk of developing later mental health issues (there is a strong relationship between neurodevelopmental disorders such as autism and ADHD and later mental health issues) [29].
- Much research has focused on women and mothers. We have big gaps in our knowledge of how we can best support fathers in the first 2,000 days. We do know that men also experience perinatal and postnatal mental health conditions with approximately one in ten expectant and new fathers experiencing depression, anxiety, or other forms of emotional distress in the perinatal period [30-32]. We therefore need more research into the mental health and wellbeing of fathers, and more research into how we can promote and protect the mental health of birthing and non-birthing parents.
- The *Early Years Strategy* should incorporate the work being done by the Early Years Catalyst – a national collaboration working to improve early childhood development outcomes for children experiencing disadvantage and vulnerability. Their vision is that by 2030, significantly more children in Australia will be thriving in their first 2,000 days and beyond (pregnancy to five). They have completed a major system mapping process. The project was informed by over 300 people across Australia from a range of backgrounds. The work provides extremely in-depth and well-articulated findings about how things 'are' (the current state) and how they 'could be' (the future state). The findings outline the barriers to reform and many of the deeply help societal beliefs about children, families, and parenting, e.g. *"We are a society prepared to live with poverty"; "Parenting comes naturally"; "The service sectors sees itself as a solution to problems but is not funded to prevent problems".*

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