



Submission to the Productivity Commission Inquiry

Into

The Social and Economic Benefits of Improving Mental Health.

OUR CAMPUS

Melbourne Children's is a leading paediatric health science precinct in Parkville, Melbourne comprising:

- Murdoch Children's Research Institute (MCRI),
- The Royal Children's Hospital
- The University of Melbourne's Department of Paediatrics, all supported by
- The Royal Children's Hospital Foundation

The vision of the Melbourne Children's is to be a world leader in child and adolescent health through the integration of prevention and early intervention, clinical care, research, education and training and academic leadership.

Through the Melbourne Children's Campus Council governance, the RCH has been designated the custodian of clinical care, MCRI the custodian of research, UMDP custodian of education and academic leadership and RCHF custodian of philanthropy.

The RCH is a national leader in paediatric healthcare, and is internationally recognised. The MCRI is the national leader in child and adolescent health research with a global reputation and the University of Melbourne is Australia's Number1 university and Number13 in the world in clinical, pre-clinical and health.

Co-located in a purpose built state of the art facility, sharing a common vision and purpose, embracing cross appointments across the partners, respecting the custodian roles of each entity and careful use of philanthropic support, the Melbourne Children's is recognised as one of the world's leaders in child and adolescent health.

The Melbourne Children's Campus Council is chaired by Professor James Angus AO. In addition to Prof Angus, Campus Council comprises the following:

- Ms Suzi Carp, Chairman, Murdoch Children's Research Institute
- Ms Sue Hunt, CEO, The Royal Children's Hospital Foundation
- Professor Shitij Kapur, Dean of the Faculty of Medicine, Dentistry & Health Sciences, The University of Melbourne
- Professor Kathryn North AC, Director Murdoch Children's Research Institute
- Hon Rob Knowles AO, Chairman, The Royal Children's Hospital,
- Mr Peter Yates AM, Chairman, The Royal Children's Hospital Foundation,
- Professor Sarath Ranganathan, Head of the Department of Paediatrics, The University of Melbourne
- Mr John Stanway, CEO, The Royal Children's Hospital,

This submission is lodged on behalf of Melbourne Children's Campus Council.

Child mental health services have been relatively neglected from a policy and resource perspective. Successive federal and state governments have prioritised adult treatment services, without adequately considering the individual, social and economic benefits to be gained from prevention and early intervention.

Although recent investments in adolescent mental health have enabled progress to be made for those aged over 12 years, there is increasing evidence that a comprehensive and sustainable approach to prevention and early intervention needs to start in the perinatal period and to focus on infants and children aged under 12 years as well. There is also emerging consensus that, compared with the adult system, a very different approach is required to effectively promote and improve the mental health of Victorian children.

Child mental health problems are common and their prevalence is not declining despite an increase in the use of services. The 2013 National Child and Adolescent Survey of Mental Health and Wellbeing (the Young Minds Matter Survey), found that 14% of children aged 4 to 17 years had a diagnosable mental health problem; this equates to almost 600,000 Australian children and young people.

For many children, mental health problems persist into adolescence and beyond. Indeed, it is estimated that about half of adult mental health problems begin before the age of 14; highlighting childhood as an important opportunity for prevention and early intervention.

The mental health service system is currently unable to adequately meet the needs of children with mental health problems in an equitable and timely manner. It has been estimated that up to half of all children and adolescents meeting criteria for mental health disorders receive suboptimal levels of treatment (or no treatment at all) despite the availability of effective interventions. Yet presentations to health services continue to rise.

A recent national audit found that six of the top 10 diagnoses of children referred to paediatricians were mental health related, outpatient departments of public hospitals have long waiting lists for children with developmental and behavioural problems, and there has been a steady increase in the number of children with mental health problems presenting to hospital emergency departments.

Further, health and educational professionals in the universal system who identify children with behavioural and emotional problems struggle to receive support and guidance, and referral pathways to secondary and tertiary services are often not well delineated.

Multiple barriers to optimal care for children with mental health problems exist at family, clinician and system levels. Parental perception of a child's need for help is a critical first step in the prevention and early management of emerging behavioural and emotional problems, and a key determinant of whether parents seek help. However, not all parents have an appropriate understanding of their children's behavioural and emotional development, with a recent national survey finding that the majority of Australian parents have poor mental health literacy, particularly in regards to infants, preschool and primary school children.

Even when parents have concerns about their child's mental health, a significant proportion have difficulty accessing the help they need. Some parents do not know where to go for help or are deterred by stigma, while others are daunted by long waiting lists or services that they cannot afford.

Despite some services being subsidised by government (e.g. Medicare or ATAPS), for most services there is still a financial gap. Further, schemes based on an adult support model are not always applicable for children who may need more than the available number of sessions, more multi-disciplinary support, and interventions targeted at parents, caregivers or siblings in addition to the children themselves. The lack (or in many areas absence) of publicly funded services for children aged under 12 years is of particular concern.

Service availability and accessibility are particularly challenging in rural and remote areas, for Aboriginal and Torres Strait Islander families, for families from CALD backgrounds, and for children whose families are experiencing family violence, substance use issues, or other forms of disadvantage. This puts these children at particular risk of mental health issues that persist into adulthood and become entrenched, with social, economic and even intergenerational costs and consequences.

Children with complex mental health conditions are at particular risk of inadequate treatment as optimal care requires ongoing coordination from the health, education, and social service sectors. Although parents, clinicians and educators report wanting to work together to build a team around the child, the required system of professional supports, seamless referral pathways, and timely and coordinated responses does not currently exist. The fact that demand outstrips supply also means that the current mental health system is rigid, with strict criteria for intake, age requirements, and limitations in length of treatment.

The mental health system for children needs to be supported by a population health approach. The increasing evidence that mental health is influenced by potentially modifiable early life experiences, and that persistent challenging behaviour and signs of social-emotional distress in children can be precursors to mental health problems, provides multiple opportunities for public health intervention.

However, there remains considerable disquiet in the community about programs designed to detect emerging mental health issues at an early age. Overcoming these concerns by implementing stigma reduction strategies, improving parental and community mental health literacy, and undertaking rigorous research on the effectiveness and outcomes of such programs may improve their reach and uptake.

Linking mental health services for children more closely with education and other children's services is a key component of providing a holistic approach to the health and wellbeing of children and their families, while also supporting the diverse workforce that has a role to play in the prevention, early identification and management of child mental health issues.

The evidence around increased risk of mental health problems at key life transitions such as the perinatal period, starting school, moving from primary to secondary school, and the transition from child to adult services also highlight specific opportunities for intervention and mean that the mental health system as it pertains to children and adolescents will need to look and operate differently to that targeted at adults.

This submission highlights the complexity of designing and delivering a high quality and accessible mental health system for children and adolescents.

The Melbourne Children's Campus partners have significant clinical and research experience in this area and would be happy to meet with or provide further information to the Productivity Commission.

Prof James Angus AO

Chairman

Melbourne Children's Campus Council

Corporate Offices

The Royal Children's Hospital

50 Flemington Road

PARKVILLE VIC 3052