





Introduction

Mental Health Australia seeks contributions in response to its Issues Paper – Mental Health Response Plan for COVID-19. Stride and KidsXpress support the key messages in MHA's issues paper drawn from Charter 2020, including (and especially):

- Invest in early intervention and prevention
- o Provide integrated, comprehensive support services and programs
- Expand community based mental health care
- o Build an evidence based, accountable and responsive system for the future.

Our focus in this submission relates to "**Long-term recovery:** sustainable responses that provide proactive addressing of risk and protective factors."

The biggest long term mental health issue the world and Australia will face post-COVID is the lifelong mental ill-health of children affected by unaddressed trauma. In Australia, the provision of effective, evidence-based community support for children and families is a yawning gap in our system of mental health support services and policy.

In this submission we briefly summarise the key evidence showing the lifelong impact of trauma on children. The evidence tells us that three-quarters of all adult mental health conditions emerge by age 24 and half by age 14, and that 1 in 7 Australian children are already exposed to toxic levels of stress (before COVID). The greatest opportunity we have to address this crisis is effective early intervention and support for young children and families.

The evidence also tells us that early intervention **can materially improve long-term outcomes** for children with significant adverse childhood experiences like the experience of COVID.

We call for the establishment of a network of community-based multidisciplinary services focused on the mental health and wellbeing of children and families. There is time to act if we start now.

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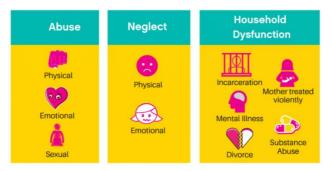




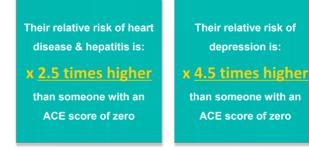
The Issue

Mental ill-health of infants and children is one of the greatest public health challenges of our time with life-long impacts for individuals, families and communities. It results in an enormous economic burden for Australia's health, education and social systems.

- The total cost of mental ill-health in Australia is estimated at \$50bn-\$60bn p.a^{i,ii} including over \$26bn in Australian, State and Territory government expenditure¹. Children with mental health needs are 2.2 times more costly in terms of receipt of public services over their lifetime than those without a mental illness.ⁱⁱⁱ
- 3 in 4 adult mental health conditions emerge by age 24 and half by age 14^{iv}.
- 1 in 7 Australian children are exposed to toxic levels of stress. Triggers of childhood stress such as domestic violence, divorce, bullying and developmental conditions contribute to 54% of Australian children exhibiting psychological distress. 17% of Australian children suffer from abnormally high levels of psychological distress while approximately 14% of children have a mental health disorder.
- Traumatic experiences have a profoundly adverse impact on children and families. Evidence
 clearly demonstrates that people with Adverse Childhood Experiences (ACEs) have demonstrably
 worse health outcomes.^{vi}



 The long-term impact of Adverse Childhood Experiences includes greater risk of mental illness, heart disease, dependency on alcohol and other drugs and suicidality^{vii}. Compared to a person with an ACEs score of zero, for a person with an ACEs score of four or more:





- A recent study in South Western Sydney identified that more than a quarter of children attending community paediatric clinics have a significant burden of ACEs (i.e. score ≥4).
- There is already significant discussion about the real and potential mental health impact of the COVID-19 pandemic on children, whether related to isolation, anxiety, loss, increases in domestic violence, financial hardship or multiple causes.^{ix}
- Access to quality psychological services for infants, children and their families is poor across
 Australia. This is particularly true in low socio-economic areas and for anyone facing mild and moderate
 levels of mental ill-health. Only 20-30% of children who experience a mental health need will access
 publicly funded mental health services and access is heavily dependent on means and knowledge.^x

 $^{^1}$ The 2019 Draft Productivity Commission report estimated costs to the economy at \$43-\$51bn, excluding \$9.7bn in income support payments; the total cost including cost of diminished wellbeing was estimated at \$180bn pa.







The Solution

Early intervention for child mental health concerns has been shown to be highly effective in reducing risks and costs; for example, research shows that **effective early interventions can materially improve long-term outcomes** for children with significant ACEs.xi

We can initiate a generational shift in the health and wellbeing of Australians by **establishing a network of community-based**, **integrated services dedicated to the mental health of children and their families**.

- The Services' focus should improving the **mental**, **social and emotional health of the whole family**. Service elements include working with both children and parents and carers.
- Each Service should have a multidisciplinary team of specialist clinicians including child psychiatrist, mental health nurses, expressive therapists, psychosocial support workers, child-care provider, and therapy dogs.
- While based in a centre or hub, Services should be resourced to provide an extensive outreach model connecting with pre-schools and primary schools and community nursing and other services in geographic regions.
- Each Service should be based in an **engaging**, **safe and welcoming space** providing services to families with children aged 0-12 years. The centres should have **multiple flexible spaces** that enable individual sessions, parenting groups, therapeutic groups and play areas to encourage parent / child interaction and engage in age-appropriate activities.
- A **comprehensive evaluation** should be completed over the course of a 4-5 year funding period to inform the longer-term policy framework and drive future investment.

Attachment: About Stride and KidsXpress

Stride (formerly *Aftercare*) is Australia's longest established mental health charity and has provided specialist mental health services to people with persistent mental illness and complex needs since 1907. Today Stride



employs 650 staff providing community outreach, residential and integrated mental health services for 17,000 Australians.

Stride is Australia's largest provider of integrated mental health service centres, including 4 adult centres and 6 headspace centres.

Our work with children and families is a key current and future focus. Since 2016 we have operated a child-focused service named "Poppy" through which we are piloting provision of clinical and related mental health early intervention and support services to hundreds of children aged 0-12 and their families. In 2019 we opened a similar, smaller program in North Brisbane, funded by the local PHN. Early intervention is one of two major priorities in our future strategy.

Located in Ipswich, Queensland, The Poppy Centre is an early intervention service that provides a range of support to families with children aged 0-11 years experiencing mild to moderate mental health concerns. The services at The Poppy Centre are focused on improving mental health, social and emotional wellbeing and decreasing the risk of development of more serious problems, closely collaborating with local community and government services.

The Poppy Centre has been operating since 2016, with its services aimed at changing the trajectory of a child's emotional development and decrease the risk of developing more serious problems. The service provides a range of time-limited and evidence-based engagement, therapeutic and psycho-educational opportunities for children, families and carers. The individual and group supports include skill development, therapeutic interventions and supported playgroups.







The team includes a Clinical Team Leader, a Care Coordinator, Child Care Educator and an Infant Mental Health Clinician. The Poppy Centre also has the ability to accommodate a range of contractors including Child Psychiatrists, General Practitioners, Clinical Psychologists, General Psychologists, Mental Health Social Workers, Speech Pathologists and Mental Health Occupational Therapists.

"I just wanted to say thank-you. When I started Circle of Security I said I just wanted to be a better dad. Thanks to you I hope I can be. I have been struggling with depression for six months and one of the main causes was how poor a parent I felt I was being because I didn't know a better way. <You> helped ease one of the main causes of my depression." Father/Poppy Client 2018

"It wasn't until I started doing this playgroup that I felt like I'm not failing as a parent . . . We have five little girls under 5 & although I appear to keep it together, that's certainly not the case. The Poppy Centre validates me as a person and a mother. They understand that I'm not okay and they help me . . . be a better parent to my kids."

Mother/Poppy Client 2018

"I know now if he is acting out, then there is a reason, not just because he wants to be naughty. He needs connection, not attention."

Mother/Poppy Client 2018

KidsXpress is a specialist children's mental health organisation, with a primary focus on providing Trauma-Informed Expressive Therapy and Education Services. A registered charity, KidsXpress was established in 2005 to address the lack of services available to support children 4-14years who were living with the effects of childhood trauma.



Through the delivery of their nationally accredited and evidence-based programs, KidsXpress has been recognised as a leading and innovative early-intervention service for children, families and communities. Their programs are delivered at their Macquarie Park centre and directly within partnering schools across Sydney.

Working in partnership with government agencies, child welfare support services and other mental health professionals, their purpose is to strengthen the emotional wellbeing of children, their families and their communities by managing and minimising the impact of Adverse Childhood Experiences (ACEs) before they grow with the children to become entrenched problems in adulthood.

"In the beginning, some of the children were a little sceptical...they'd been let down numerous times by numerous adults. For many students, it was the first time they felt safe and heard. By the end of the term, the difference in their behaviour and outlook was profound. I have incredibly high regard for the work Margo and her team do."

Andrew Fielding, Director, Educational Leadership Chullora Principals Network, NSW Dept. of Education

"The work KidsXpress does matters. It brings about change"

Whalan Public School, Assistant Principal, Child Welfare

"I am certain my child is still in my life today because of the assistance of KidsXpress"

Mother of 13-year old boy referred to KidsXpress

"We can only do so much...It takes a village and we need teams of villagers to support us with the needs that we have in our school. KidsXpress helps us with those needs."

Carley Bugeja, Willmot Public School, Assistant Principal

"It's made me a better person, being peaceful and calm, cause I wasn't very good at that before I came here."

9-yr old boy's response to "what has changed since coming to KidsXpress?"





Mental Health Response for COVID-19

Long-Term: Addressing Childhood Trauma

References

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iiiStronger Communities Investment Unit (2018). Forecasting future outcomes. Sydney. NSW Government.

^{iv}Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR & Walters EE (2005). *Lifetime prevalence and age of onset distributions of DSM-IV Disorders in the National Comorbidity Survey replication.* Archives of General Psychiatry, 62, p 593.

^vDepartment of Health, Canberra, 2015 (David Lawrence, Sarah Johnson, Jennifer Hafekost, Katrina Boterhoven de Haan, Michael Sawyer, John Ainley and Stephen R. Zubrick), *The Mental Health of Children and Adolescents*.

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viiDube et al 2003, The impact of adverse childhood experiences on health problems: evidence from four birth cohorts dating back to 1900.

viiiWickramasinghe YM, Raman S, Garg P, et al, (2019) Burden of adverse childhood experiences in children attending paediatric clinics in South Western Sydney, Australia: a retrospective audit.

^{ix}Jia Jia Liu, Yanping Bao, Xiaolin Huang, Jie Shi, Lin Lu (2020) Mental health considerations for children quarantined because of COVID-19, *The Lancet Child and Adolescent Health*, Volume 4, Issue 5, March 2020.

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^{xi}Fraser JG, Lloyd S, Murphy R, Crowson M, Zolotor AJ, Coker-Schwimmer E, Viswanathan M. A comparative effectiveness review of parenting and trauma-focused interventions for children exposed to maltreatment. *J Dev Behav Pediatr.* 2013 Jun;34(5):353-68.