



Early Childhood Australia
A voice for young children

**OUR
VISION:
EVERY
YOUNG
CHILD IS
THRIVING
AND
LEARNING**

Productivity Commission Mental Health Submission

April 5, 2019

Skills acquisition, employment and healthy workplaces

What are the key barriers to children and young people with mental ill-health participating and engaging in education and training, and achieving good education outcomes?

It is important to go beyond the biological basis of mental health in children and young people, and consider their mental health within the contexts they live, and the interrelationships between these settings and situations. e.g. family, early learning service or school, and the broader community. One way to understand mental health in early childhood is through a risk and protective factors framework. Children exposed to multiple risk factors during early development, childhood and adolescence are most likely to show evidence of difficulty later on in life. There are many different risk factors that can affect children's mental health; including family history, genetic, experiential and environmental factors. Any risk factors within and across the contexts of a child or young person's life can create barriers to educational participation and engagement and positive outcomes. Some risk factors within the context of educational settings, family life and the broader community that can create barriers include (but are not limited to):

- Early learning services, schools, systems, educators, parents and communities without adequate knowledge, education or practices that promote non-judgemental attitudes, and related actions, to mental health and ill-health.
- Stigma about mental health and any negative connotations because of perceived difference.
- Limited access to positive relationships (educator and peer) and environments promoting, enhancing or providing protective factors for mental health.
- Lack of inclusive practices catering for the individual needs of children and young people that ensure equitable and safe learning environments and experiences. NB: Inclusive practices relate to supporting needs across all areas where diversity exists: social, political, cultural, economic, geographical, wellbeing, health, learning development and capabilities, and gender and gender identity.
- Mistimed, inappropriate behaviours related to mental-ill health in children or young people perceived as purposefully negative or intentional and therefore need for suitable response is not recognised.
- Presence of one or many risk factors in a child, young person or their family's life making getting to learning space difficult e.g. physical illness, financial stress, death, trauma, family violence .
- Parents and educators being unsure of best ways to support children, or referral pathways available in their local contexts.

Is there adequate support available for children and young people with mental ill-health to re-engage with education and training?

The presence of protective factors decreases the likelihood of mental health difficulties from birth through the middle years of childhood and into adolescence, even when exposed to risk factors, and support engagement and re-engagement with education. Protective factors that support mental health include parental care and affection, secure attachment, experiencing positive relationships,

assistance to experience, express and manage their emotions and the provision of warm and secure environments. Positive peer social interactions can also serve as a protective factor for children and young people as they grow.

For young children it is not only about re-engagement, but also the initial engagement with first educational experiences not directly involving family. The amount of support available to children and young people for the purpose of engaging and re-engaging varies across location and setting type. Accessible support is also reliant upon adults (parents and educators) having capacity (knowledge and resources) to recognise need, understand the best ways to respond and then have access to the knowledge and resources (including referral pathways) to implement a response.

Data from "The Mental Health of Children and Adolescents: Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing by Telethon Kids Institute 2017, suggests that there has been a significant increase in service use by children and adolescents with mental disorders in Australia between 1998 and 2013-14. In 1998 31.2% of 6-17 year olds with mental disorders used services. By contrast, the second survey during 2012-14 found that over a 12-month period, 68.3% of this population used services.

While help seeking behaviours for necessary support has grown, there are still indicators that not all children and young people are accessing adequate support. Results from AEDC data indicate that young children's capacity to initially engage with education requires better provision, with one in five children and two in five Aboriginal and Torres Strait Islander children being developmentally vulnerable in one or more AEDC domains prior to starting school (AEDC 2019). The Centre on the Developing Child [Harvard University] has identified that 'the science of child development shows that the foundation for sound mental health is built early in life, as early experiences—which include children's relationships with parents, caregivers, relatives, teachers, and peers—shape the architecture of the developing brain'. Furthermore, developmental vulnerability and disruptions in developmental processes, can negatively influence a child's capacities for learning, understanding and expressing emotions, and relating to others, with lifelong implications. For society, there would be many benefits and even dramatic reduction in social and health related problems if attention were paid to improving children's environments of relationships and experiences early in life.

Do students in all levels of education and training have access to adequate mental health-related support and education? If not, what are the gaps?

Integrating mental-health related support and education across the curriculum, programming and practice is effective in ensuring young children have adequate access. Theoretically early childhood education can achieve this because of the pedagogical approaches, philosophies and National and State-based standards and frameworks they work with. However, it is integral that:

- There is adequate time for early childhood educators to participate in quality, accessible evidence-based professional development and reflective practice
- Quality early learning education opportunities for young children are available, accessible and affordable for families.
- Uncertainty fuelled by the annual funding cycle of extended preschool funding is addressed.

These factors significantly influence individual educators', early learning services' and the early

learning sector's capacity to ensure adequate access. By definition, high-quality early learning services cater to the needs of every child in their care, including children experiencing mental disorders or mental ill-health. When children do not have access to affordable, high-quality early learning, they may miss out on both educational opportunity and protective factors that can decrease the impact of mental ill-health.

Early Childhood Australia (ECA) has previously presented the government with a detailed list of priorities for investment in early childhood education and care (ECEC) that would work towards addressing these gaps, by improving all children's access to ECEC services and ensuring the high quality of these services. These included extending preschool funding for all three-year-olds, and special measures to improve access to early learning for Aboriginal and Torres Strait Islander children, as well as all children experiencing disadvantage. They also include ongoing professional training for early childhood educators.

Across all spending measures, the Federal Government growing its investment in ECEC to 1 per cent of the GDP by 2025 would help bring Australia closer to other developed nations, in terms of spending on their youngest citizens. Presently, Australia spends less than half that amount (in Federal funding) on early learning.

How effective are mental health-related supports and programs in Australian education and training settings in providing support to students? How effective are programs in educating staff, students and families, on mental health and wellbeing? What interventions are most effective? What evidence exists to support your assessment? Do teachers and other staff in schools and education facilities receive sufficient training on student mental health? Do they receive sufficient support and advice, including on the quality and suitability of different approaches, to adequately support students with mental ill-health?

The Be You initiative is in early stages of implementation however is informed by previously successful initiatives KidsMatter Early Childhood, KidsMatter Primary, MindMatters, Response-ability and Headspace suicide post-vention support.

Be You aims to transform Australia's approach to supporting children's and young people's mental health in early learning services and schools, from early years to 18. Be You offers an evidence-based framework, learning and guidance for educators to support and promote the mental health and wellbeing of their learning community. Consultants work with whole learning communities in ways that combine Be You with existing curriculum and wellbeing frameworks to inform practice and meet National Quality Standard requirements.

Be You encourages and supports individual educators and their entire workplaces to work within a framework of whole-early learning service or school continuous learning and improvement to provide a universal approach to mental health promotion, prevention, early intervention and post-vention support. Through applying a universal population health approach, many protective factors for mental health can be implemented at the early learning service and school community level and through educator relationships with children, families and colleagues. Consequently, these protective factors support the capacity of educators, early learning services and schools to respond during critical incidents or when mental health needs are identified.

To date there has been less investment in the early years than in primary and secondary particularly prior to the integration of KidsMatter and the development of Be You. Given this age group, birth to 8 year, forms the foundation for the development and learning of social and emotional skills it is important that this imbalance be addressed.

A Be You Early Childhood success story <https://beyou.edu.au/resources/news/a-be-you-success-story>

Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing.
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[http://www.health.gov.au/internet/main/publishing.nsf/Content/9DA8CA21306FE6EDCA257E2700016945/\\$File/high.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/9DA8CA21306FE6EDCA257E2700016945/$File/high.pdf))

Schools provided services to 40.2% of the children and adolescents with mental disorders who attended them: - 28.4% received individual counselling; - 9.2% attended a group counselling or support program; - 13.1% used a special class or school; - 5.6% had seen a school nurse; and - 17.1% received other school services.

Further Information

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