IMPROVING THE HEALTH OF CHILDREN IN NSW: MENTAL HEALTH ISSUES FOR CHILDREN

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This article examines how a public health framework can be applied to the mental health of children and adolescents. It describes the epidemiology of mental health problems in children and adolescents, some of the factors associated with an increased or a decreased risk of mental health problems, and gives examples of prevention interventions that apply a public health approach.

The mental health of children, adolescents and their families is as important as their physical health to their well-being and personal development. While some mental health problems are relatively mild and short-lived, others can cause significant suffering and may even be life-threatening. The consequences of failing to address the mental health needs of children and adolescents are extensive. High social and economic costs occur through school failure, disruptive behaviours and inability to develop the social and problem solving skills that enable young people to become productive and happy members of society.

Applying a public health approach to mental health is relatively recent. This approach includes identifying the prevalence of mental health problems and disorders in children, the risk factors, the protective factors and effective interventions. Effective interventions should span the spectrum of mental health, health promotion, prevention of mental health problems, early intervention in the development of mental health problems, and management of existing mental health problems and disorders.

EPIDEMIOLOGY

International studies have estimated that the prevalence of mental health problems in children and adolescents to be between 18 and 22 per cent (Table 1). The Western Australian Child Health Survey found that nearly one in five children and adolescents aged 4 to16 years (18 per cent) had experienced a mental health problem in the previous six-month period.[1] Of these, 6 to 8 per cent had had more than one type of problem. A national survey of mental health problems and disorders in children and adolescents is currently under way, and results will be available in 1999.

In common with other disorders, untreated child and adolescent mental health problems may become significant health problems in adulthood.[9] Extensive evidence indicates that prevention and early intervention programs may reduce later mental health problems and disability and ease the burden suffered by these children, adolescents and their families, with potential cost saving to communities and governments.

FACTORS INFLUENCING THE DEVELOPMENT OF MENTAL HEALTH PROBLEMS

A number of factors associated with an increased risk for mental health problems in childhood have been identified. Factors are associated with a lower risk of mental health problems have also been identified (Table 2).

TABLE 1

RECENT INTERNATIONAL COMMUNITY-BASED PREVALENCE STUDIES OF MENTAL HEALTH PROBLEMS AMONG CHILDREN AND ADOLESCENTS

	Study					
	Anderson et al.[3] New Zealand longitudinal study	McGee et al.[4]	Bird et al.[5] Puerto Rico	Costello et al.[6] Pennsylvania	Offord[7] Canada	Velez[8] New York
	1988		1988	1988	1987	1989
n	782	943	777	789	2679	776
Age	11	15	4–16	7–11	4–16	11–20
Disorder	%[a]	%	%	%	%	%
Attention deficit disorder	7	2	10	2	6	4
Conduct disorder	3	7	2	3	6	5
Oppositional disorder	6	2	10	7	—[b]	7
Overanxious	3	6	—	5	10	3
Separation anxiety	4	2	5	4	—	5
Phobia	2	5	2	9	—	—
Depression or dysthymia	2	2	6	2	—	2
Any	18	22	18	22	18	18

Notes:

(a) Percentages rounded to nearest whole number. (b) Not measured.

FRAMEWORK FOR MENTAL HEALTH PREVENTION SERVICES FOR CHILDREN

There is a growing scientific basis to support the practice of prevention in the field of mental health for children. The focus must shift from individual case work to a broader understanding of the biopsychosocial, socioeconomic, cultural and spiritual needs of communities. By its nature, prevention of mental disorders among children requires the public health approach of developing partnerships among people and agencies in the community.

Provision of high-quality services and programs demands a spectrum of interventions: mental health promotion, prevention, early intervention and treatment. One of the difficulties for implementing promotion and prevention programs is that their future benefits may seem uncertain or too distant. Clinicians trained in individual case work may therefore be reluctant to change to a public health model.[11]

In a review of the use of evidence-based care for child and adolescent mental health, Kurtz et al. suggested that preventive interventions should be implemented at the earliest possible stages in the development of disorders.[12] Mental health problems in children may impair their social and educational development. This may lead to low self-esteem and poor attainment of positive learning experiences, further compounding their risk of psychological problems. Mental health problems are also associated with an increased risk of youth suicide.

The framework for implementing these interventions is the three-tier typology of universal, selected and indicated preventive measures and therefore is compatible with a public health model.[13]

EFFECTIVE PREVENTION PROGRAMS

Postnatal depression

The most important issue for promoting the mental health of infants is identifying the family situations that predict later problems.[14] A major risk for infants is postnatal depression in their mothers. Approximately 10 per cent of women after delivery experience a depressive disorder that is severe enough to interfere with their daily functioning.[15] Studies have shown that the care received by infants of such mothers is less responsive, more rejecting and more coercive than that received by controls.[16] This care may

TABLE 2

CHILDREN'S RISK FACTORS AND PROTECTIVE FACTORS FOR DEVELOPMENT OF MENTAL HEALTH PROBLEMS

Type of factor	Risk factors	Protective factors
Environmental	Poverty	Positive peer relationships
	Housing conditions	Social support (elders and peers)
	Unemployment	Family structure and cohesion
	Family size	Positive parent–child relations
	Parent marital status	
	Marital conflict	
	Poor parenting skills	
	Parental psychopathology	
	Exposure to negative life events (for example, bereavement, family separation, trauma, family illness)	
	Life transitions (for example, change of school)	
Child characteristics	Genetic influences	Repertoire of coping skills
	Biological influences (prenatal, perinatal and postnatal)	Social skills
	Difficult early temperament	Strong intellectual skills
	Cognitive style	Cognitive style
	Low IQ	Academic competence
	Academic failure	
Social and economic	Marginalisation	Family or carer employment
	Racism	Family or carer income
		Social status
		School environment

Source: Modified from Table 1. Spence[10]

affect infant growth and development, and infants may develop a depressed mood style as early as three months of age.[17]

Appropriate and effective treatment of postnatal depression at the earliest stages may prevent psychological withdrawal and developmental impairments in the infant.[18] In the South Western Sydney Area a screening program is being implemented for women at risk of postnatal depression. This program has included adapting the Edinburgh Postnatal Depression Scale for use with women from non-English-speaking backgrounds.[19–22] To promote recognition and management of postnatal depression, training for general practitioners, hospital and community health workers has been recommended.

A multidisciplinary day program has been established at a family care centre in the South Western Sydney Area. Families are provided with support and therapy early in the episode of depression to prevent mother-infant attachment disorders from developing.

Behavioural disorders

Behavioural disorders or problems affect a significant number of children. They include a range of challenging behaviours, such as oppositional defiant disorder, and aggressive behaviours. Behavioural problems in childhood may escalate over time and may develop into delinquent and antisocial disorders in adolescents. As these disorders progress they become more difficult to treat and may persist into adulthood.

Programs that promote appropriate parenting for vulnerable families or families at risk can reduce the risks of disruptive behavioural problems in preschool-aged children that may lead to conduct disorders. Improving a parent's sense of competence in parenting and promoting marital communication may lead to improved mental health outcomes for both parents and children.

The Positive Parenting Program originating from the University of Queensland is being implemented in several Health Areas in NSW. The program is derived from 15 years of experimental clinical research in behavioural family interventions and extensive field evaluation. It is described as a multilevel family intervention program.[23] Following the intervention, participating families have reported less use of coercive and overactive discipline strategies and lower levels of parental depression than the control group.[23]

Western Sydney Health Area adapted this program for select communities with high rates of child abuse notifications. However, the program was offered as a universal program for all families in these areas to promote acceptance of the program and avoid stigmatising participating families. Initial implementation of the program is currently being evaluated.

Primary-school-aged children

Depression has been predicted as one of the major public health problems of the 21st century. Depression currently accounts for almost 11 per cent of the disease burden worldwide; this is expected to rise to 15 per cent by 2020.[24]

Prevention of depression in children and adolescents is possible, and opportunities first present themselves in childhood. Programs that improve self-esteem, encourage positive thinking and increase social and problem-solving skills can protect children against depression. Such programs can be provided through a general curriculum format, with the school education system supplying an efficient and systematic environment for their delivery.[1]

The Aussie Optimism Program is an Australian adaptation of the Penn Prevention Program.[25] The Penn program focuses on 10-year-old children showing early signs of depression. The intervention aims to modify children's cognitive style to promote optimistic rather than pessimistic thinking. The children are also provided with social skills training. A six-month follow-up indicated that participants showed a significant improvement in depression measurement compared with a control group that did not receive the intervention.

CONCLUSION

A public health framework (as applied to physical health) can also be applied to mental health. The increasing evidence about the prevalence of mental health disorders in children can be combined with advancement in knowledge of effective interventions to promote the mental health of children. Prevention and early intervention programs are crucial to improving mental health outcomes for children. If significant advancements are to be made, then interventions need to target the early stages of mental health problems and disorders as well as the early years of life. Effective interventions work best when delivered in partnership with the many services and organisations involved with children and their families.

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