

National Child and Adolescent Mental Health and Wellbeing Study – consultation forum summary (March 2023)

The Department of Health and Aged Care (the Department) has initiated consultation about the next National Child and Adolescent Mental Health and Wellbeing Study.

The Department held two consultation forums in March 2023 with stakeholders and experts in the child and youth mental health sector. Forum participants, including those who provided a written submission, are listed at Attachment A. The discussion paper provided to participants to support the discussion is at Attachment B.

This document provides a summary of the topics raised in the consultation forums.

Consultation will continue until late 2023. Interested stakeholders can share their views or ask questions about the study by contacting **ChildMHSurvey@health.gov.au**.

Three questions formed the basis of our discussions at the forums:

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1. What knowledge gaps about child and adolescent mental health have the most impact on your ability to deliver services, programs, resources and/or research?
 2. Given the rapidly shifting context in which children and adolescents are growing up in Australia, are the original aims of the Young Minds Matter (YMM) study still relevant, or are there other priority aims which should be considered?
 3. What should be the priority considerations for the scope of the study?
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Consultation Forum Feedback

Existing knowledge gaps, study aims and general survey content

Disorder vs wellbeing

Feedback from the forums was clear that Young Minds Matter (YMM) is still being used as the primary source of high-level population prevalence data for mental health of children in Australia. Many forum participants expressed a preference for the upcoming survey to be designed to enable direct comparisons to YMM. The nationally representative nature and **comparability** over time were identified as potential key strengths of this survey because they are not available in other studies.

In general, participants reported that the aims of YMM remain largely relevant. However, discussions also highlighted a key tension regarding whether this survey should be about children's **mental health disorders** or children's **mental health and wellbeing** more broadly. The focus of this tension was regarding whether the survey should aim to measure prevalence of disorders or broader aspects of mental health including subthreshold symptoms, functional impairment, social determinants, protective factors and overall wellbeing. Forum participants highlighted that the National Children's Mental Health and Wellbeing Strategy encourages children's mental health to be considered on a wellbeing continuum, rather than categorised as disordered or not disordered. Conversely other participants expressed concern that moving too far away from a diagnosis model would significantly impact the ability to compare to the previous survey, investigate trends and inform clinical service planning.

While forum participants spoke about not wanting to lose the diagnostic comparisons with earlier surveys, there was support to modernise the survey to understand new paradigms, particularly where this could be achieved without significant impost on participant interviews. Participants suggested it may be possible to look at some of these other factors alongside prevalence, either by including additional items, by analysing some of the detailed information from diagnostic interviews, and/or through connection with other data sources (e.g. administrative data).

Education and schools

The importance of considering the educational context on children and adolescents' mental health was highlighted by forum participants. Specifically, **school connectedness** and measurement and consideration of the **school environment** (home-schooling, distance education) were raised. Similarly, there was a desire for better data on emotionally-based school avoidance, particularly post COVID-19. **Wellbeing in schools** was also discussed, including wellbeing programs in schools, measurement, feedback from families and mental health promotion in schools.

Determinants of mental health

A large range of determinants of mental health were raised as potential topics that could be explored in the survey. Including:

Theme	Specifics
Home environment	<ul style="list-style-type: none">• Family factors• Parental mental health• Financial status of the family• Family violence• Positive childhood experiences• Experience with out of home care
Individual environment	<ul style="list-style-type: none">• Vaping and tobacco use• Substance use/misuse• Child maltreatment• Violence• Trauma
Broader environment	<ul style="list-style-type: none">• Climate change• Natural disasters• COVID-19• Technology
Relationships	<ul style="list-style-type: none">• Social support• Peer-support• Social media
Basic needs	<ul style="list-style-type: none">• Food (access and security)• Sleep• Physical activity

Many participants emphasised the **impact of technology** use (including social media) as a significant gap in knowledge that could be addressed in a national survey of children and adolescents. Forum participants highlighted that further information is needed about the role of technology both as a determinant of poor mental health and distress, as well as understanding the role it plays in treatment and support.

There was broad agreement that **parental mental health** is a significant driver of children's mental health and that collecting information from parents about their own mental health should be considered as part of the study design. This was highlighted as particularly important if children under the age of 4 were to be included in the survey (the ages for inclusion in the study is discussed in further detail below). Similarly, the role of the **social environment** as a primary determinant of mental health and wellbeing was highlighted and forum participants suggested considering including measures of quality of relationships (including family and peer relationships).

Help seeking and service use

The importance of investigating help-seeking and service use was raised by many forum participants.

In terms of **help-seeking behaviours**, identifying predictors of what leads young people to seek help (pre-help) was raised as an area requiring further evidence. As was the role of **informal supports** (peers, family members) and the protective impacts these have.

Regarding **service use**, understanding **barriers to access** was highlighted as an important issue, investigating the **types of services** being used and their frequency of use, **and broadening the traditional view of services** (e.g. online, non-mental health specialised services, traditional healing services, community controlled organisations) to get a good view of the range of services that are being used. Perceptions of **need for services** was also highlighted as important to measure, particularly to compare to actual service use and establish **unmet need**.

Efficacy of interventions and support services for young people was also discussed.

Mental health specific content

Forum participants provided feedback on the specific mental health disorders they would like to see covered in the study, as well as more broad aspects of mental health of interest including age of onset, and functional impairment.

Several participants expressed interest in having **eating disorders** included in the current study, which were not included in YMM. Interested forum participants noted that two (2) questions were included in the NSMHW, however more data is required on eating disorders at the National level. Autism Spectrum Disorder and attachment disorders were also discussed as disorders of interest which weren't covered in the last study.

Self-harm, suicidal ideation and suicide attempts were identified by forum participants as priority areas needing up-to-date national data.

Comorbidity of mental health concerns and physical health, disability, and neurodiversity were also discussed, as was how trauma and complex, low prevalence disorders could be included, although there was acknowledgement that the breadth of these issues, and the way such data would be collected, might require a separate study.

Investigation of **age of onset** of mental disorder was highlighted as important in affecting opportunities for early intervention and understanding the early course of illness. There was also discussion about the importance of considering age of onset of impairment, rather than just diagnosis.

Some forum participants proposed that the survey have a **strengths based**, positive focus, rather than just measures of illness and distress. Several participants also emphasised the importance of including children/adolescents/youth and **lived experience** in discussions about the survey aims and during survey development. Designing the survey in the **voice of children** was also highlighted as being important.

Psychological distress received a significant amount of attention as an important determinant of mental health. There was discussion about evidence which suggests that distress might be appearing earlier in life, the impact of 'masking' distress, as well as measurement and the need to better understand key drivers of distress in young people.

Feedback on the scope of the study

Age

The **age** range to be included in the study was discussed at length in both forums. In general, there was support that the 4-17 year age group should be included in the study, but there were more mixed opinions regarding the inclusion of younger children and young adults at each end of the broad age cohort of children and youth (0-25 years).

Overall, there was broad acknowledgement at the forums that data is significantly lacking for the 0-12 year age group. While there was participant support that this lack of data is reason to prioritise the younger age range for this study, some participants expressed concerns about the challenges of collecting mental health-related data for the lower range of the age group, 0-4 year olds.

Conversely, there was acknowledgement that while there is more data available for the 18-25 year group, this remains a group of interest which could benefit from further data. Some forum participants acknowledged that additional funding and/or separate projects may be required to address one or both of these age cohorts.

The following table represents a summary of the views raised at the consultation forums for each of the age groups (note. YMM included 4-17 year olds).

Reasons for...	0-4 years	4-17 years	18-25 years
inclusion in study	<ul style="list-style-type: none"> -data is lacking and required in these early years -valid measures are available -this was a gap in YMM -can identify pre-diagnosis (emerging problems) 	<ul style="list-style-type: none"> -consistent with previous surveys (YMM) -data urgently required on 12 years and under -benefit of keeping a smaller range means a larger sample for each age and more flexibility with data -smaller focus may allow the study to be easier to executed well because it wouldn't have to be tailored to be appropriate for a large range of ages -able to segment data in finer developmental age bands if focus is on smaller age range 	<ul style="list-style-type: none"> -need data on young adults -critical transitions at 18 years. - overlap of data/surveys would be valuable, further investigation of high-risk groups identified in NSMHW - greater consistency with international concept of adolescence and young adulthood
exclusion from study	<ul style="list-style-type: none"> -different methodology/tools may need to be developed -more information would be needed about parental mental health (potentially requiring an increase in sample and cost) -specialist view of early childhood behaviours, developmental milestones, and disorder would be required -disorders are often not diagnosed until age 3 	N/A. Key cohort of interest	<ul style="list-style-type: none"> -already included in National Study of Mental Health and Wellbeing (16-85 yrs), so prevalence has already been measured for this group - different interview methods (developmental, legal age requirements) - including this age range would require an increase/spread in sample and the trade-off would be reduced sample for each year group

Priority Groups

Interest in the study focusing on **priority populations** was frequently raised. The following groups of children were raised as requiring consideration:

- First Nations
- LGBTIQ+ (and whether to use the ABS standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation variable)
- Culturally and Linguistically Diverse (CALD)
- Those in out of home care
- Those experiencing homelessness
- Those living in rural, regional and remote locations

Possible options for how these groups could be included to provide meaningful data were discussed, as well as sampling considerations. For some of these priority groups the study would need to be designed to oversample the subgroup to have enough numbers to estimate prevalence.

There was considerable support for work to be done to address the gap in national data about the social and emotional wellbeing and mental health of **First Nations children and adolescents**. Forum participants highlighted the importance of this work being led by First Nations peoples, with consideration of the unique cultural perspectives of the meaning of social and emotional wellbeing and mental health for First Nations peoples and adherence to Indigenous data sovereignty principles.

Study design and methodology

Forum participants emphasised the importance of recognising the strengths and limitations of a cross-sectional design compared to a longitudinal design. If a mix of both is being considered (e.g. cross sectional with a potential follow up, or a cross-sectional study with the potential of establishing a cohort for future longitudinal work), significant planning and design would be required at the outset to be successful.

Participants also discussed potential **tools and instruments** to be considered for use within the survey, and logistics about survey completion including survey design, length and survey type (including parental involvement). It was recognised that these issues will be further explored during the study design phase of the project.

Discussions highlighted the importance of **data linkages** with available administrative data (national/state, health, education) to capture social determinants and risk/protective factors that are not included in the survey. Data linkage will need to be well planned and investigated early in the study design process, with consideration given to necessary aspects such as consent, privacy, approvals and access.

Next Steps

This stakeholder engagement and advice is informing planning for the study.

The Department of Health and Aged Care will commission an external provider to undertake the study. Once the provider has been engaged, further consultation with stakeholders will occur in subsequent phases of the project, including study design, implementation and data translation. Thank you to all stakeholders for their contribution to this consultation.

Attachment A – Stakeholder forum participants

Chair for Consultation meetings

Ruth Vine – Deputy Chief Medical Officer for Mental Health, Department of Health and Aged Care

Department of Health and Aged Care Project Team

- Sarah Hinde, Assistant Secretary, Mental Health Data, Evidence and Regional Commissioning Branch
- Helen Benassi, Director (Project Manager), Mental Health Surveys
- Cate Chesney, Assistant Director, Mental Health Surveys
- Jess Runko, Project Officer, Mental Health Surveys

Other Department of Health and Aged Care attendees

Name	Branch
Matthew Short	Assistant Secretary, Mental Health Services Branch
Jodi Obst	Director, Youth Mental Health Section, Mental Health Services Branch
Kirrily Cornwell	Assistant Director, Youth Mental Health Section, Mental Health Services Branch
Yuyila Pullen	Assistant Director, Youth Mental Health Section, Mental Health Services Branch
Melissa Caldow	Director, Perinatal and Child Mental Health Section, Mental Health Services Branch
Sophia Haydardedeoglu	Departmental Officer, Perinatal and Child Mental Health Section, Mental Health Services Branch

Consultation Forum Participants (inc. written submissions)

Name	Organisation
Linda Fardell	Australian Bureau of Statistics
Chris Schilling	Australian Institute of Family Studies
Amy Young	Australian Institute of Health and Welfare
Alison Callear	Australian National University
Katrina Streatfeild	Australian Psychological Society
Stephanie Trainor	Batyr
Jordan Qian	
Sarah Tayton	Beyond Blue
Emma Elder	Black Dog Institute
Jennie Hudson	

David Lawrence	Curtin University
Pamela Banerjee	Department of Education
Sharon Stuart	Department of Social Services
Louis Hamlyn-Harris	Early Childhood Australia
Claire Marsh	Emerging Minds
Tania Brown	Gayaa Dhuwi
Debra Rickwood	headspace National
Sarah Maguire	InsideOut Institute
Tonia De Bruin	Kids Helpline (Yourtown)
Nicky Bath	LGBTIQ+ Health Australia
Ingrid Hatfield	Mental Health Australia
Susan Sawyer	Murdoch Children's Research Institute
Lance Reilly	National Aboriginal Community Controlled Health Organisation
Alex Hains	National Mental Health Commission
Paige Neave	
Lachlan Viali	
James Burchmore	National Suicide Prevention Office
Clare Sullivan	
Jo Robinson	Orygen
Sharon McGowan	Royal Australian and New Zealand College of Psychiatrists
Bianca Kahl	ReachOut
Bronwen Edwards	Roses in the Ocean
Nichola Parry	
Sharon Goldfeld	Royal Children's Hospital Melbourne
Craig Olsson	SEED (Centre for Social and Early Emotional Development)
Steve Zubrick	
Tim Slade	
Adele Cox	SNAICC – National Voice for our Children
Anna McCracken	
Tamasin Tunny	
Chris Stone	Suicide Prevention Australia
Ashleigh Lin	Telethon Kids Institute

Steve Zubrick	Telethon Kids Institute
Pat McGorry	University of Melbourne
James Scott	University of Queensland
Simon Smith	
Mark Dadds	University of Sydney
Ian Hickie	
Tim Slade	
Maree Toombs	
Roz Walker	University of Western Australia