

30 May 2024

National Mental Health Commission  
PO Box R1463  
Royal Exchange NSW 1225Submitted via consultation portal: <https://haveyoursay.mentalhealthcommission.gov.au/>

Dear National Mental Health Commission,

**Draft National Guidelines for including mental health and wellbeing in Early Childhood Health Checks**

The Australian Psychological Society (APS) appreciates the opportunity to contribute to the current consultation on the *Draft National Guidelines for including mental health and wellbeing in Early Childhood Health Checks (the Draft National Guidelines)* that aim to assist in early identification of children who are struggling or feeling overwhelmed, and helping their families to access timely support and advice.

The APS has been a strong advocate for increased investment in the early years (e.g.,<sup>1-4</sup>). The significance of the perinatal and early childhood periods cannot be overstated. The evidence is clear that lifelong success begins in these early years, and that investment during these periods benefits the individual, families and kin, communities and national economies (e.g.,<sup>5-7</sup>).

**About the APS**

The APS is the leading professional association for psychologists in Australia. We are dedicated to advancing the scientific discipline and ethical practice of psychology and work to realise the full potential of individuals, organisations and their communities through the application of psychological science and knowledge. Our work is informed by a human rights approach and aligned with the United Nations' Sustainable Development Goals (SDGs)<sup>8</sup>. We advocate for a fair, inclusive and environmentally sustainable society, recognising the evidence that national and global prosperity now and in the future hinges on prioritising the health and wellbeing of people and the planet<sup>9</sup>.

Please find attached our feedback about the *Draft National Guidelines*. If any further information is required from the APS, I would be happy to be contacted through the national office on (03) 8662 3300 or by email at [z.burgess@psychology.org.au](mailto:z.burgess@psychology.org.au)

Yours sincerely

**Dr Zena Burgess, FAPS FAICD**  
Chief Executive Officer

## **APS Response to the Consultation about the Draft National Guidelines for including mental health and wellbeing in Early Childhood Health Checks**

The *Draft National Guidelines for including mental health and wellbeing in Early Childhood Health Checks (the Draft National Guidelines)* offer a commendable vision and broad conceptual framework for health practitioners, service providers and state and territory governments to include mental health and wellbeing in Early Childhood Health Checks (EHCs).

The following four key themes in the *Draft National Guidelines* are appropriate and thoughtfully outlined in the document:

1. Taking a broad and expanded view of children's mental health and wellbeing
2. Creating the conditions for access
3. Ensuring the early childhood health checks are a safe experience
4. Building trust and tailoring conversations

The APS especially welcomes the focus on the social determinants of health and the recognition of the importance of family, kin and community in supporting the mental health and wellbeing of young children. Highlighted throughout the document is the importance of the early years and the benefits of early intervention for thriving infants, young children, families and communities. Similarly, we welcome the focus in the *Draft National Guidelines* on a strengths-based approach and the embedding of trust, safety and a trauma-informed approach. We note too that the *Draft National Guidelines* also recognise the need for practitioners to adapt the delivery of EHCs to their local context and to the needs and priorities of each child and their unique family circumstances.

### **Recommendations**

Despite our support for the ethos and conceptual approach within the document, we note some missed opportunities to ensure *the Draft National Guidelines* achieve the stated aims. Specifically, the APS recommends:

#### **1. Elevating the role of psychologists**

Psychologists are key mental health professionals who work with individuals across the entire lifespan, as well as groups and communities, and should play a key role, alongside other health professions such as nurses, paediatricians and psychiatrists, in developing and implementing *the Draft National Guidelines* for mental health and wellbeing in EHCs.

Psychologists are uniquely placed to deliver evidence-based individual, group and community-level mental health promotion and prevention approaches and receive referrals for mental health and wellbeing assessment, diagnostic services, targeted early intervention and treatment for parents, infants and young children identified via EHCs. Psychologists can also lead, co-ordinate and oversee psychological and psychosocial supports and services for parents, infants and young children in partnership with other health professionals and care teams. This includes supporting families to access teams of early childhood allied health practitioners (psychology, speech pathology, occupational therapy, and social work services) for timely multidisciplinary assessment and early intervention and treatment services when needed. Psychologists can also provide advanced training and support to EHC practitioners about the best, evidence-informed practices for preliminary checks of mental health and wellbeing in infancy and early childhood and appropriate referral pathways for assessment, support and intervention as needed.

Consistent with the approach of the *Draft National Guidelines*, psychologists bring a holistic biopsychosocial perspective to mental health and wellbeing which considers all social determinants of health. The APS has long advocated for all families and communities, and especially those who are vulnerable and disadvantaged, to be able to access Government and other systems of care (e.g., NDIS, Centrelink, community and social services)<sup>12</sup>.

Given the important roles that psychologists already play in the promotion of early childhood mental health and wellbeing, we were disappointed to see no clear psychology representation in the Project Advisory Group for *Draft National Guidelines*<sup>10</sup>. We advocate, therefore, for psychologists to be included in the advisory group and all levels of decision making and the eventual implementation of the National Guidelines. The APS would welcome the opportunity to collaborate closely with the Project Advisory Group and the Department of Health and Aged Care in the next phases of development and implementation of the *Draft National Guidelines*.

## **2. Addressing downstream issues impacting the benefits of early identification of mental health and wellbeing concerns**

Psychologists play an important role in the promotion of early childhood mental health and wellbeing, and are ideally placed to receive referrals from EHC practitioners and other health and allied health professionals to provide more in-depth assessment and psychological support for infants, young children and parents identified as experiencing or at risk of experiencing poor mental health and/or wellbeing. As such, they are an important component of the broader downstream service ecosystem.

Unfortunately though, the current psychology workforce only meets 35% of the national demand for psychologists<sup>11</sup>. This shortage of psychologists is particularly apparent when considering the smaller pool who focus on working with infants and young children. Sustainable growth and development of much needed psychology services can be achieved by increasing investment in the workforce through more university training places, placements and professional supervision. Details about these initiatives, including return on investment, are available in previous APS advocacy e.g.<sup>2</sup>. Without sufficient attention paid to these psychology workforce matters, timely and accessible referral pathways are at risk which has the potential to undermine, the benefits of early identification of mental health and wellbeing concerns as part of EHCs.

## **3. Securing funding commitments to ensure national consistency and sustainability of implementation of the Draft National Guidelines**

As discussed on p. 30 of *the Draft National Guidelines*, the APS strongly endorses the need for equity of access to EHCs and the opportunity for early identification for mental health and wellbeing concerns. Access to services such as this in Australia should be universal for families and kin and not dependent on socioeconomic standing, geographic location, or other potential barriers.

We do acknowledge, however, that services which aspire to be universal need dedicated and ongoing funding to be accessible to all and sustainable in the long term. Our impression and feedback from APS members indicate that currently there are marked differences in the availability, breadth, and depth of EHCs across different jurisdictions in Australia. If the *Draft National Guidelines* are to achieve national consistency in access and quality, it cannot be left to the discretion of the states and territories as appears to be the *status quo*.

The National Mental Health and Suicide Prevention Agreement<sup>13</sup> is an ideal mechanism to articulate expectations and dedicate funding to ensure that centres providing EHCs are appropriately resourced to undertake universal, high quality and safe preliminary checks of mental health and wellbeing of infants and young children. Funding must also sufficiently resource:

- practitioner implementation supports such as providing EHC practitioners with -
  - detailed clinical guidelines that identify appropriate screening tools
  - family information resources that increase understanding of what a healthy care environment looks like
  - detailed referral and care pathways for identified children and families/kin to access mental health, neurodevelopmental and/or behavioural supports, and access to family

supports and initiatives to tackle poverty, domestic and family violence, substance misuse, parental mental health, and so forth,

- practitioner access to regular training and case collaboration with other health and allied professionals, including psychologists, and
- benchmarking and ongoing evaluation activities at a national level to measure EHCs service consistency, quality, portability across jurisdictions and outcomes/impact.

#### **4. Focus on positive wellbeing and mitigate the risk of overpathologising young children's mental health and wellbeing**

As noted above, the APS commends the intent of the *Draft National Guidelines* to assist in the early identification of children who are struggling or feeling overwhelmed and helping their families and kin access timely support and advice. We also agree that there is a need to take a broad biopsychosocial and expanded strengths-based view of children's mental health and wellbeing as reflected in Theme 1 of the *Draft National Guidelines*.

However, the effectiveness of early identification efforts depends on accurately identifying vulnerable infants while balancing the risks of under-identification and overpathologising. Our comments here focus on overpathologising, where typical developmental variations, behaviours, and emotional responses in young children are unhelpfully labelled as mental health or neurodevelopmental disorders. Overpathologising can lead to:

- increased anxiety for families and kin about their child's wellbeing, which can negatively impact their parenting and the child's self-perception and development,
- children undergoing unneeded assessments, treatments, and possibly medication, which can have physical, emotional, and developmental side effects,
- children being unfairly labelled and stigmatised, affecting their self-esteem and interactions with peers and adults as they develop, and
- the misallocation of healthcare resources, diverting attention and support away from children who genuinely need it.

The following APS member experience illustrates that the risk of overpathologising is already evident in the early years community:

*[I am] already very concerned about the widespread pathologising of normal development differences and challenges in children in Australian communities. For instance, as a practice seeing [large numbers of] children each week, we have a steady stream of parents/caregivers and children who arrive at our clinic unnecessarily fearful about their child's mental health which then impacts negatively on their parenting capacity and the child's well-being. These parents have often had childcare, social support, education professionals or social media influencers suggesting that their child may have a mental health or neurodevelopmental condition (e.g., anxiety, ADHD, ODD, PDA, Autism). They also have been encouraged to believe their children's symptoms are a sign of a permanent, biologically driven disorder that cannot be altered or influenced through environmental changes and that their child needs assessment, labelling, and, frequently, medication).*

Thus, it is pleasing to see the emphasis in the *Draft National Guidelines* on the concept of children's mental health and wellbeing challenges being seen through a 'non-diagnostic' lens. However, we strongly recommend that the *Draft National Guidelines* more explicitly mitigate the risk of overpathologising by actively promoting the need to address the following with families and kin at the time of the checks:

- the typical range of childhood psychosocial development, including providing balanced information and data (in addition to using the *Children's Wellbeing Continuum*<sup>14</sup>) that demonstrates the normality of parents 'not coping' at times and needing support (e.g.,<sup>15</sup>),

but that this does not mean children have a disorder, that it will be a permanent state or that their child will fail to thrive,

- that information and advice from media sources and social media can spread misconceptions and foster anxiety about normal behaviours being indicative of serious mental health issues (e.g.,<sup>16</sup>),
- the risks of increased medicalisation and overdiagnosis as described above and where there is a tendency to seek medical explanations and solutions for everyday challenges and developmental variations (see for example<sup>17</sup> re: overdiagnosis of ADHD, intellectual disability, and depression in paediatric populations), and
- that mental health assessments and diagnosis require well-trained and qualified professionals such as psychologists, including educational and developmental psychologists, clinical psychologists and counselling psychologists, who are well-placed to accurately differentiate between normal developmental variations and genuine mental health and wellbeing concerns.

## **5. In summary**

In summary, the APS commends the *Draft National Guidelines* and the vision and broad conceptual framework they provide for health practitioners to include mental health and wellbeing in EHCs. This is also while emphasising the importance of the early years and the benefits of timely intervention to ensure thriving infants, young children, families and communities.

However, we have noted missed opportunities to ensure that the overarching goals of the *Draft National Guidelines* are achieved, e.g., the significant role psychologists have to play in the promotion of early childhood mental health and wellbeing, along with the need to identify appropriate referral pathways for more in-depth assessment and psychological support for infants and young children experiencing poor mental health.

*The APS would like to acknowledge and sincerely thank the members who so kindly contributed their time, knowledge, experience and evidence to the development of this submission.*

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