Gold Coast Mental Health Symposium 2024

Thursday 30 May 2024
Southport Sharks Club, Southport

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Gold Coast Health
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HEAD TO HEALTH kids
QUEENSLAND

Finding our Feet

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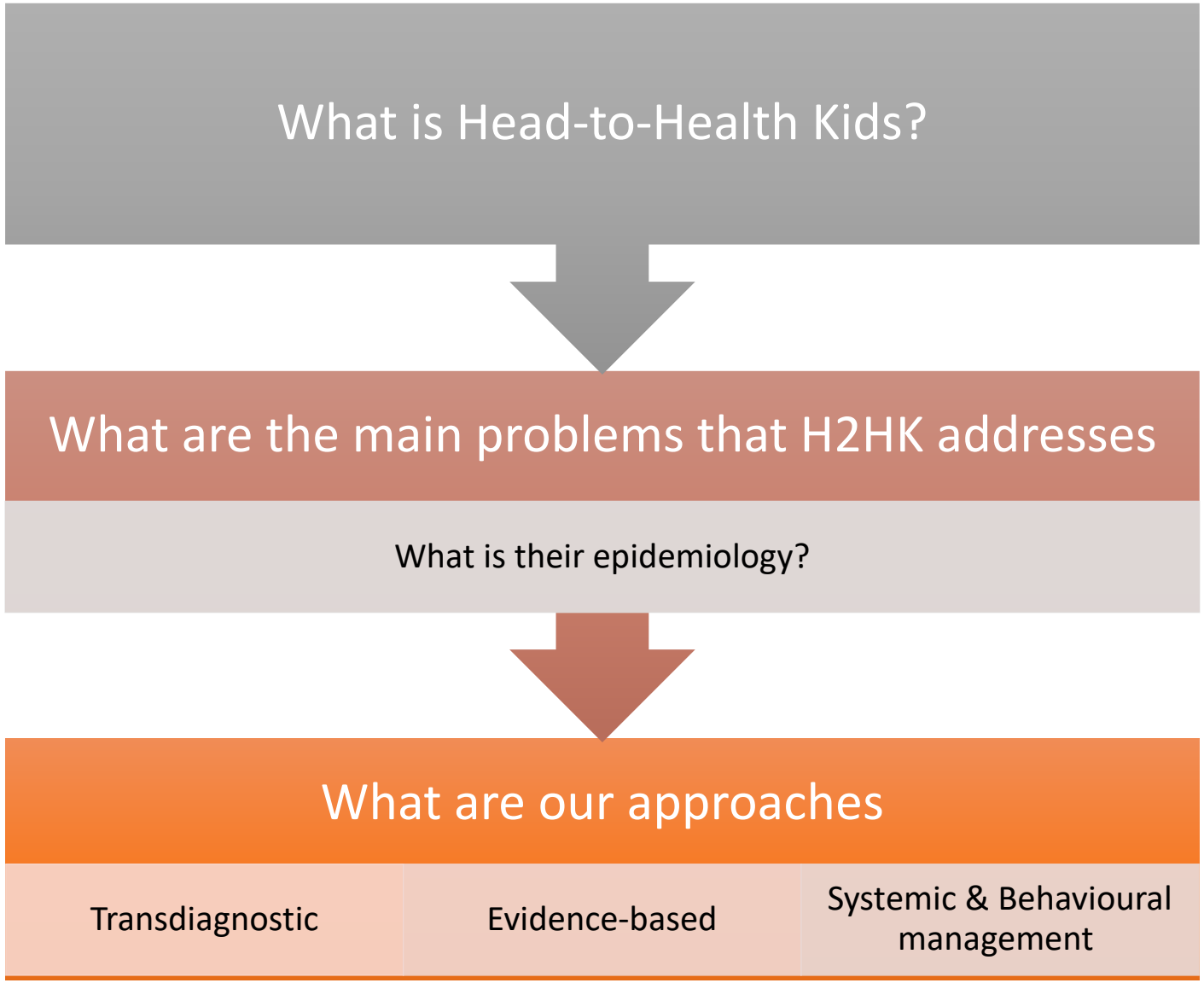
Medical Director of CYMHS

Content


What is Head-to-Health Kids?
What are the main problems that H2HK addresses
What is their epidemiology?
What are our approaches
Transdiagnostic
Evidence-based
Systemic & Behavioural management

What is Head-to-Health Kids

Federally initiated, implemented by Queensland Health, also happening in other states

Providing:

- Mental health care for 0-12 yrs
- Mild to Moderate
- Evidence-based interventions
- Transdiagnostic, non-specialist

Commenced clinical work Dec ’23

- Currently increasing staffing
- Establishing model of care

Disabling effects of mental disorders in children

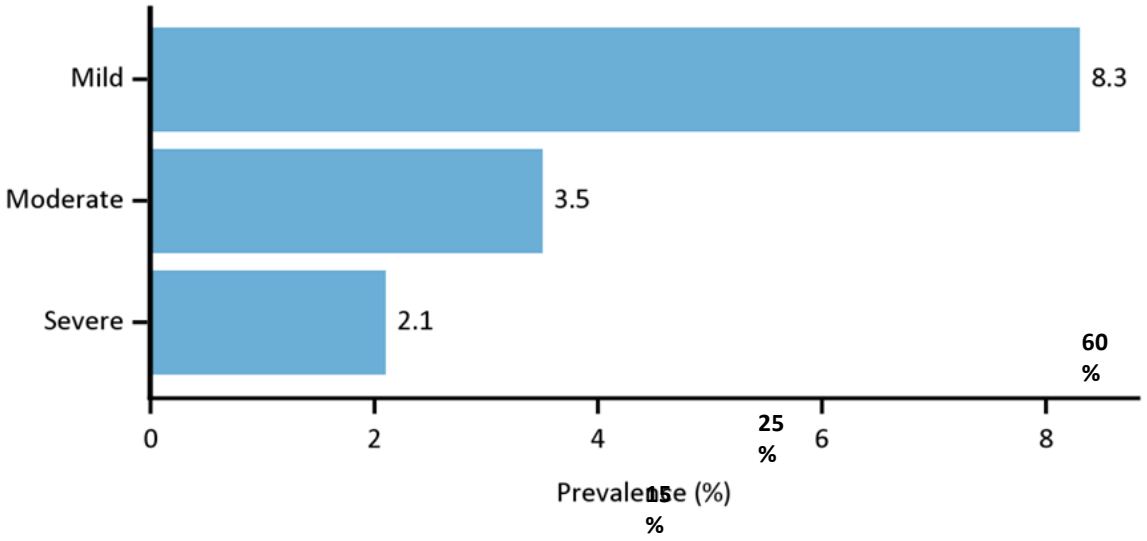
- Serious effects on:
  - Motivation (Avoidance)
  - Activity levels
  - Eating and drinking
  - Cognition, thinking , and decision-making
  - Social judgment and compliance
  - Drug and alcohol use

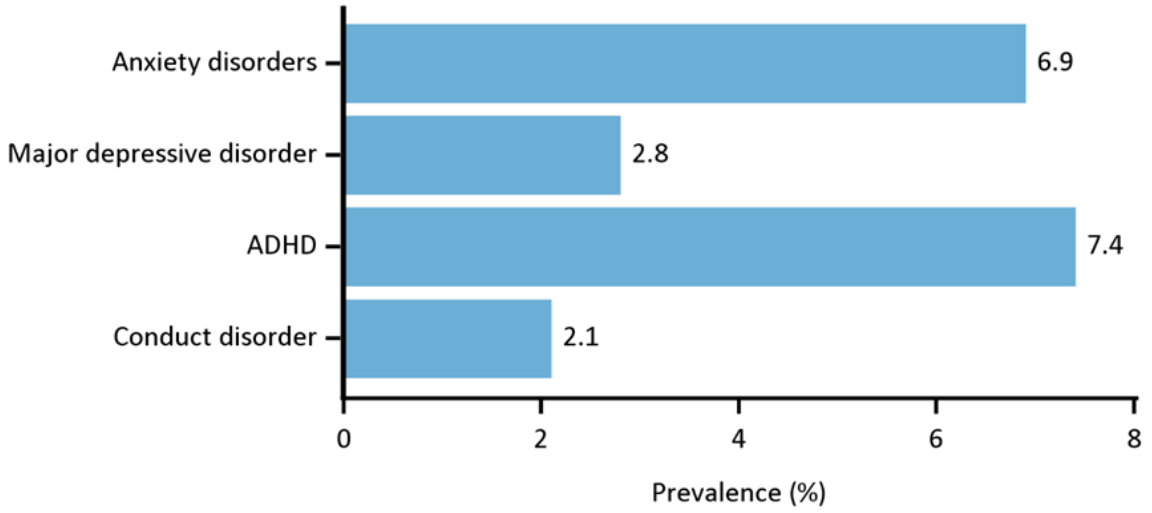
- Suicide is extremely rare <12 yrs.

- Commonly cause:
  - Disrupted family relationships
  - Educational delay
  - School non-attendance,
  - Disrupted friendships, social exclusion
  - Loneliness, social isolation
  - Loss of self-confidence
  - Self-harm
  - Accidents & hospital admission
  - Crime
  - (impact upon parental mental health)

14% of young people in Australia have disorders of mental health

Lawrence et al, Australia, 2015; 13.9% overall in 4-17 yrs

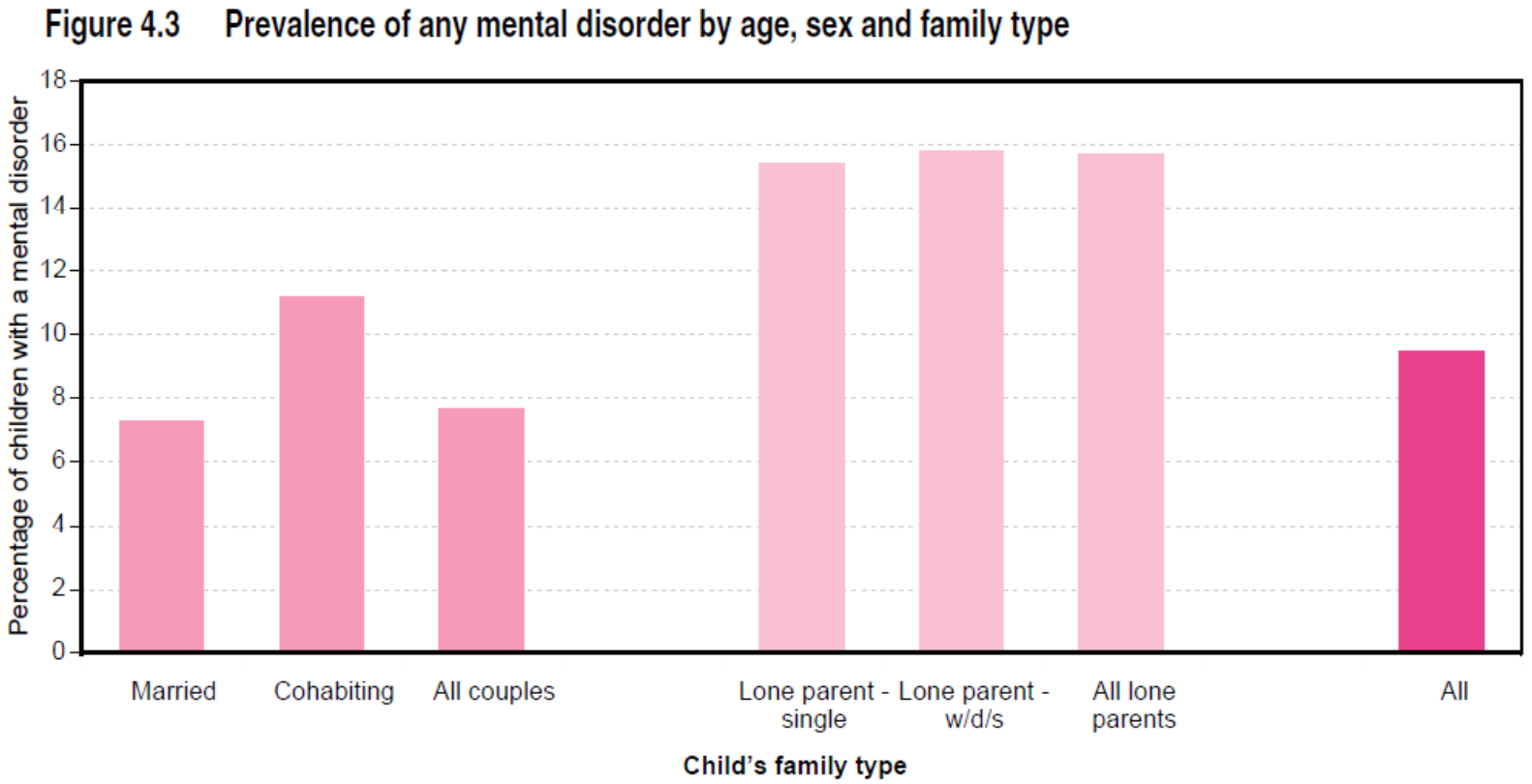




Following slides show risk factors for mental disorders identified from similar study in UK (Meltzer et al, 2003):

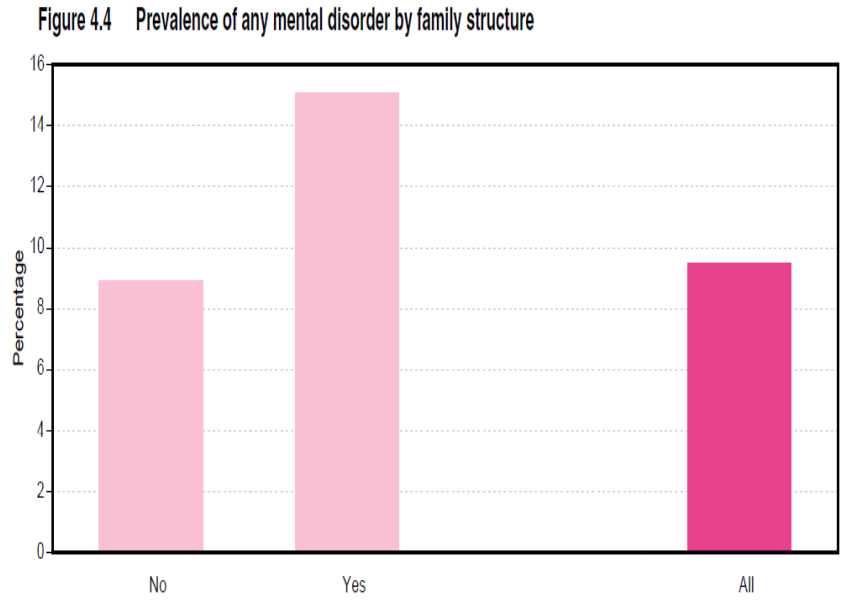
Being in a single parent family is an important risk factor

1 x parent: 2 x parent = 2x risk



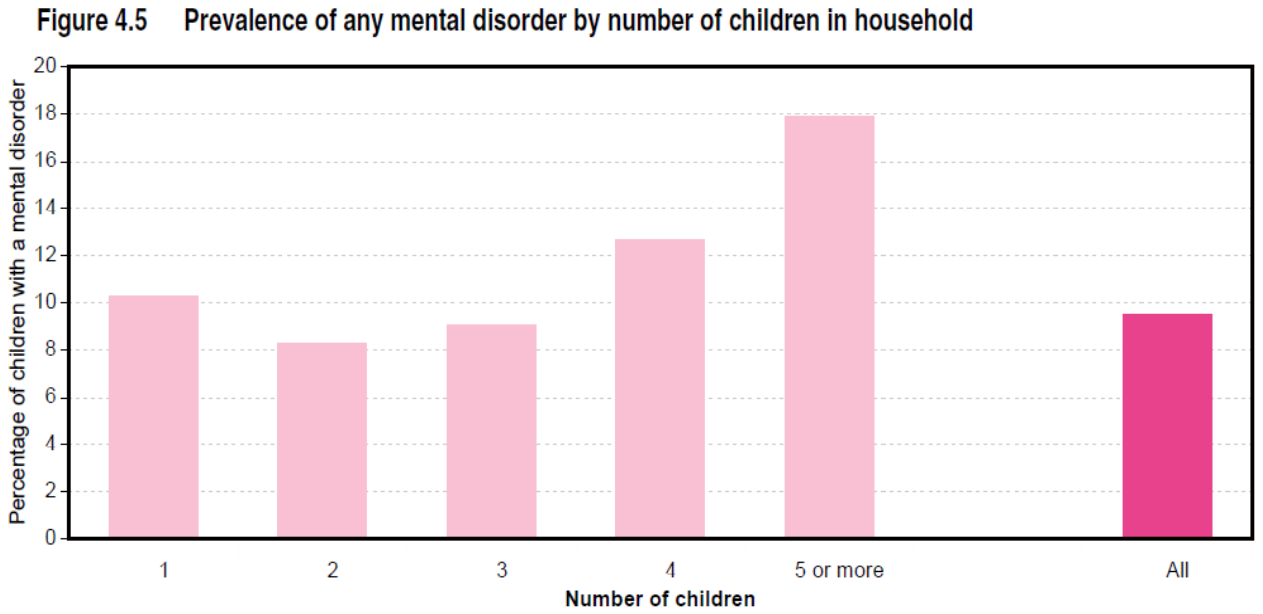
Step parenting or multiple children in the household

Reconstituted family? (1.7x)



% 9 15

How many children in the household? (2.25x)

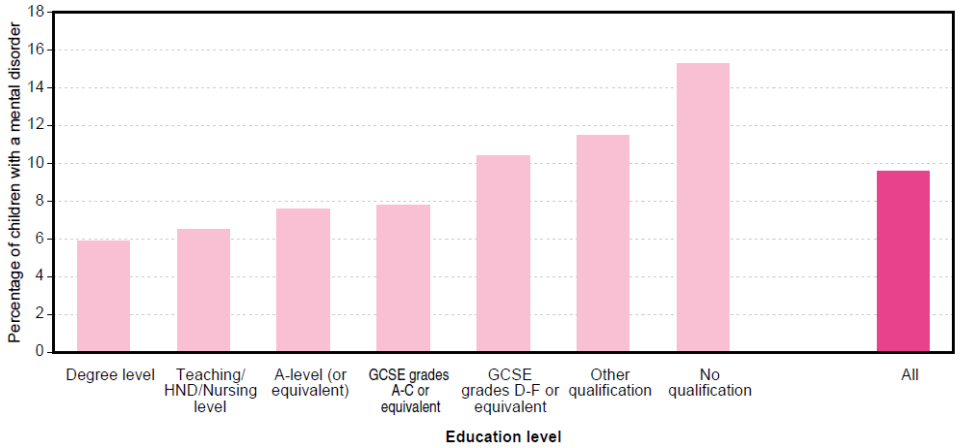


8 9 13 18

Level of education and employment

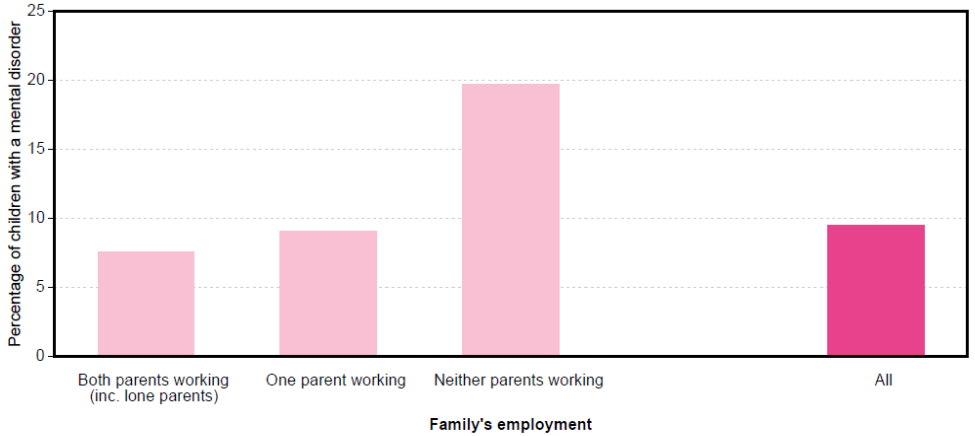
Degree Level = 6%
No qualification = 15%
(2.5x)

Figure 4.6 Prevalence of any mental disorder by education qualifications of parent



Both parents working = 7%
Neither working = 20%
(2.9x)

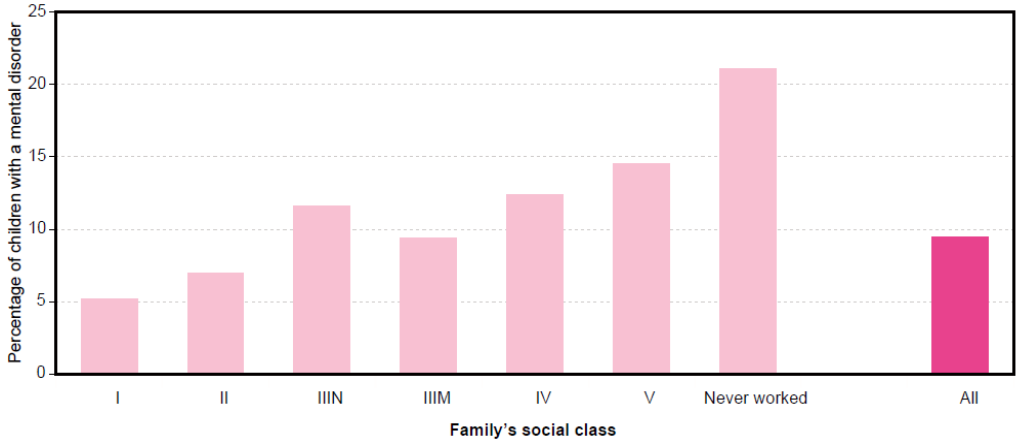
Figure 4.7 Prevalence of any mental disorder by family's employment



Income and social class

5 -> 15, 21%

Figure 4.10 Prevalence of any mental disorder by social class

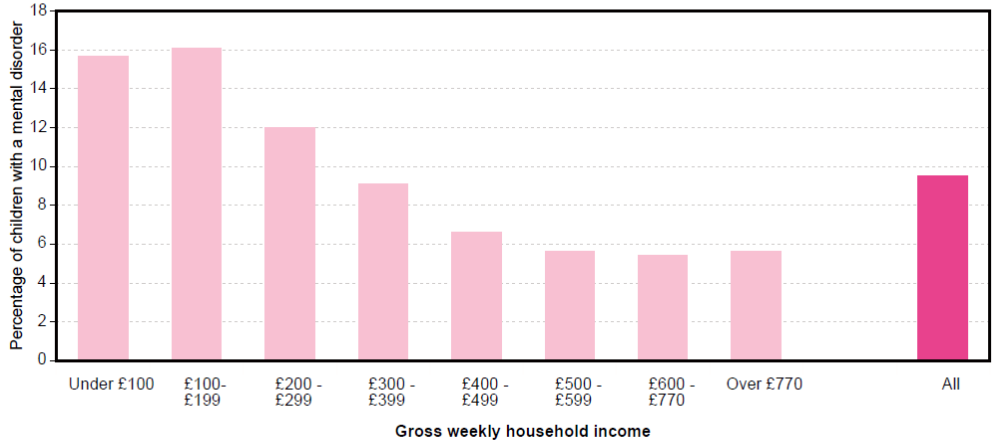


3-4.2X

Income

16 -> 6%

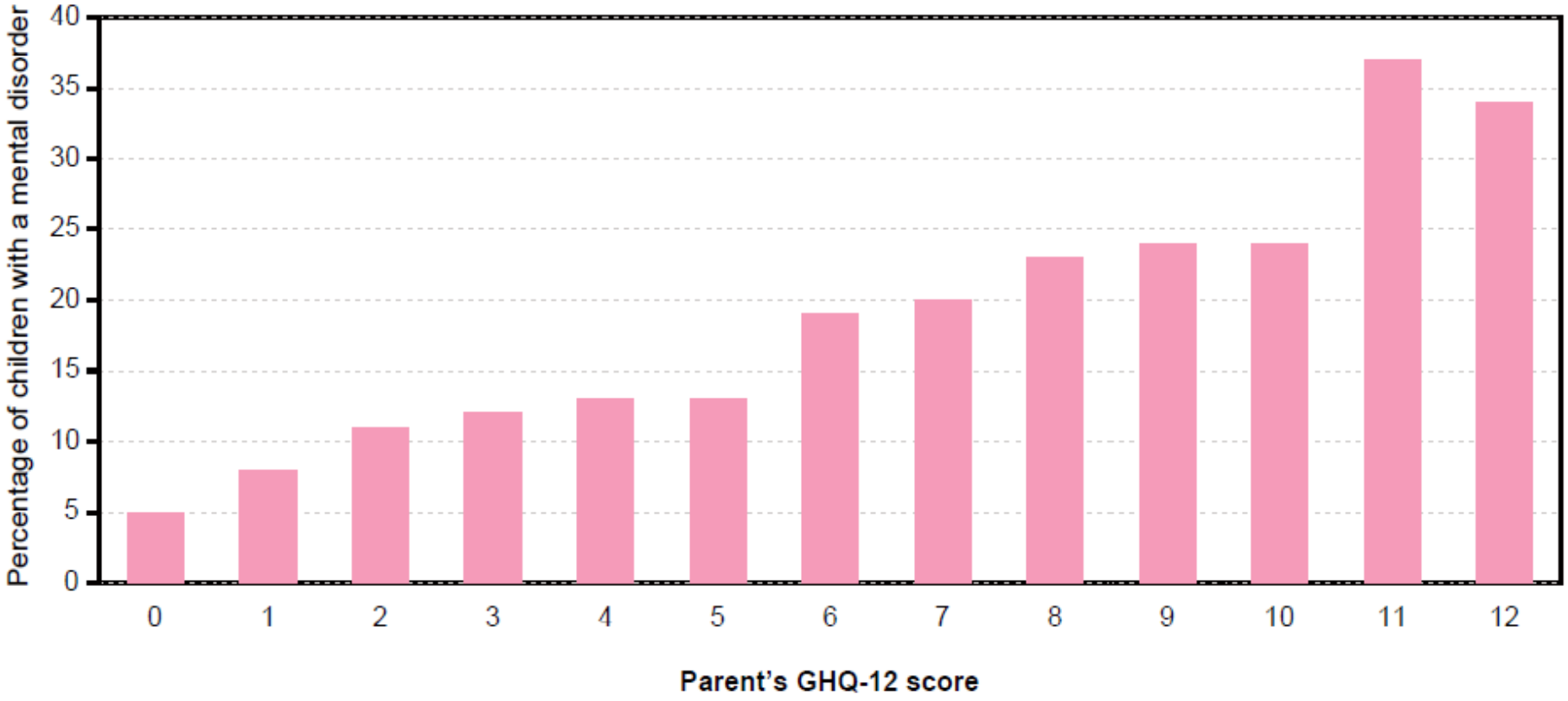
Figure 4.8 Prevalence of any mental disorder by gross weekly household income



2.7x

Parental Mental Health

Figure 9.1 Children with a mental disorder by parent's GHQ-12 score



5%

35%

7x

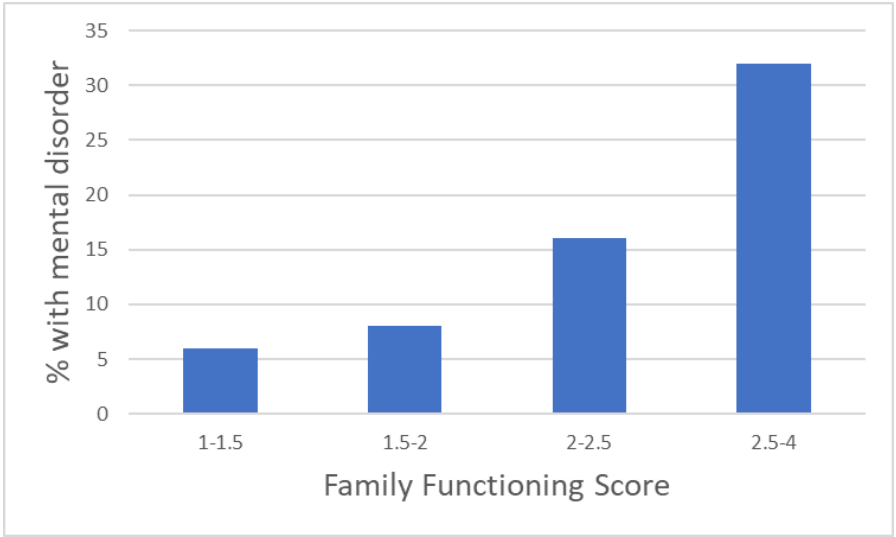
Table 9.7 Prevalence of mental disorders by family functioning score

All children

	Healthy family functioning			Unhealthy family functioning			
	1.00-1.50	1.51-2.00	All healthy	2.01-2.50	2.51-4.00	All unhealthy	All
	Percentage of children with each disorder						
Emotional disorders	3	4	4	7	15	8	4
Conduct disorders	2	4	3	10	25	12	6
Hyperkinetic disorders	1	1	1	2	4	3	1
Less common disorders	1	1	1	1	2	1	1
Any mental disorder	**6**	**8**	**7**	**16**	**32**	**18**	**10**
Base	*3621*	*4665*	*8286*	*1671*	*255*	*1926*	*10212*

5% **32%**

6.4X



Family Functioning

1. Planning family activities is difficult because we misunderstand each other.
2. In times of crisis we can turn to each other for support.
3. We can not talk to each other about the sadness we feel.
4. Individuals are accepted for what they are.
5. We avoid discussing our fears and concerns.
6. We can express feelings to each other.
7. There is lots of bad feeling in the family.
8. We feel accepted for what we are.
9. Making decisions is a problem for our family.
10. We are able to make decisions on how to solve problems.
11. We don't get along well together.
12. We confide in each other.

Table 9.10 Prevalence of mental disorders

by type of non-physical, parental punishment

Reward strategies

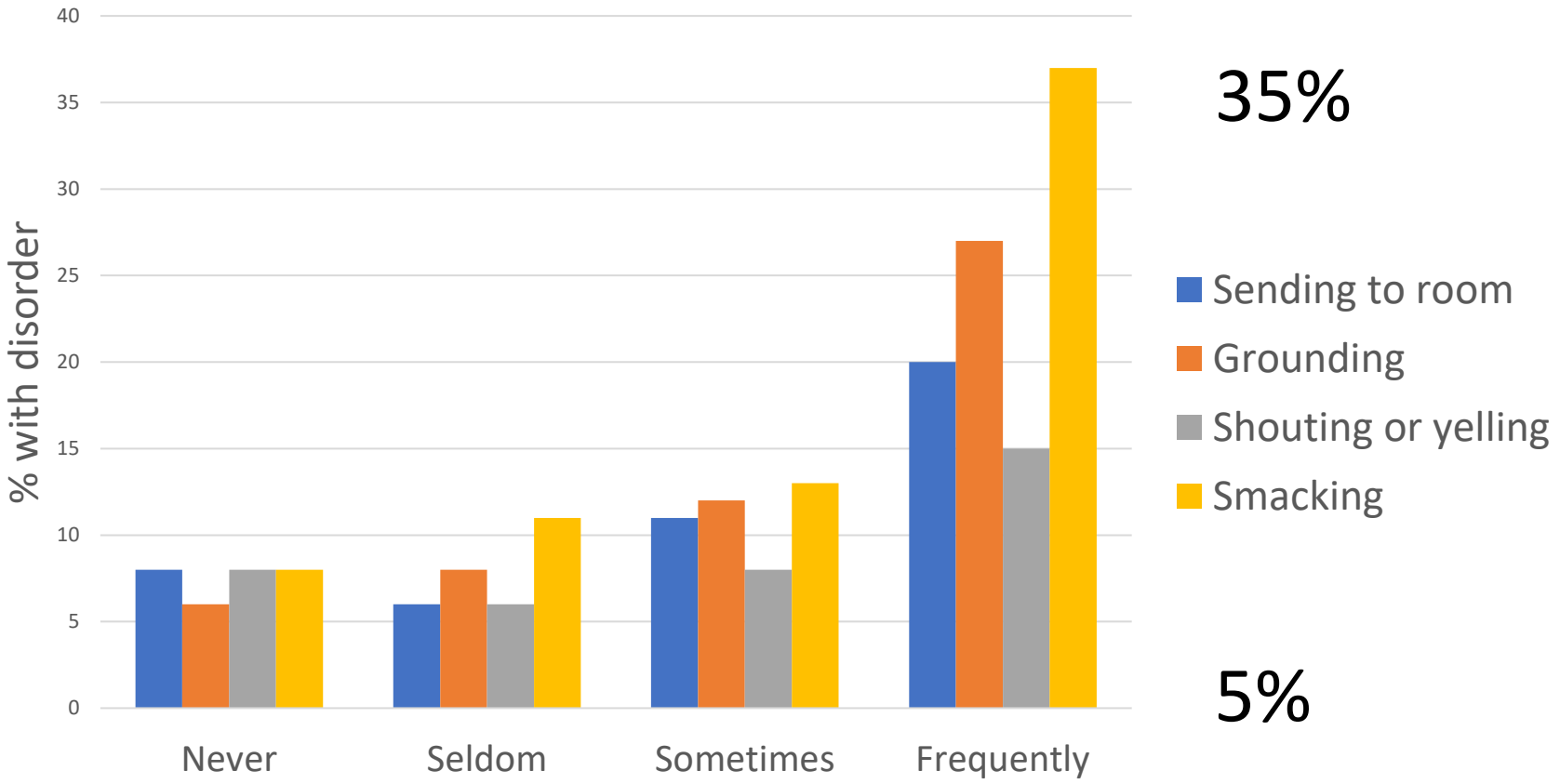
1. Giving encouragement or praise.
2. Giving treats such as extra pocket money, staying up late or a special outing.
3. Giving child favourite things.

Punishment regimes

1. Sending child to his/her room.
2. Grounding or keeping him/her in.
3. Shouting or yelling at him/her.
4. Smacking him/her with your hand.
5. Hitting him/her with a strap or something else.
6. Shaking him/her.

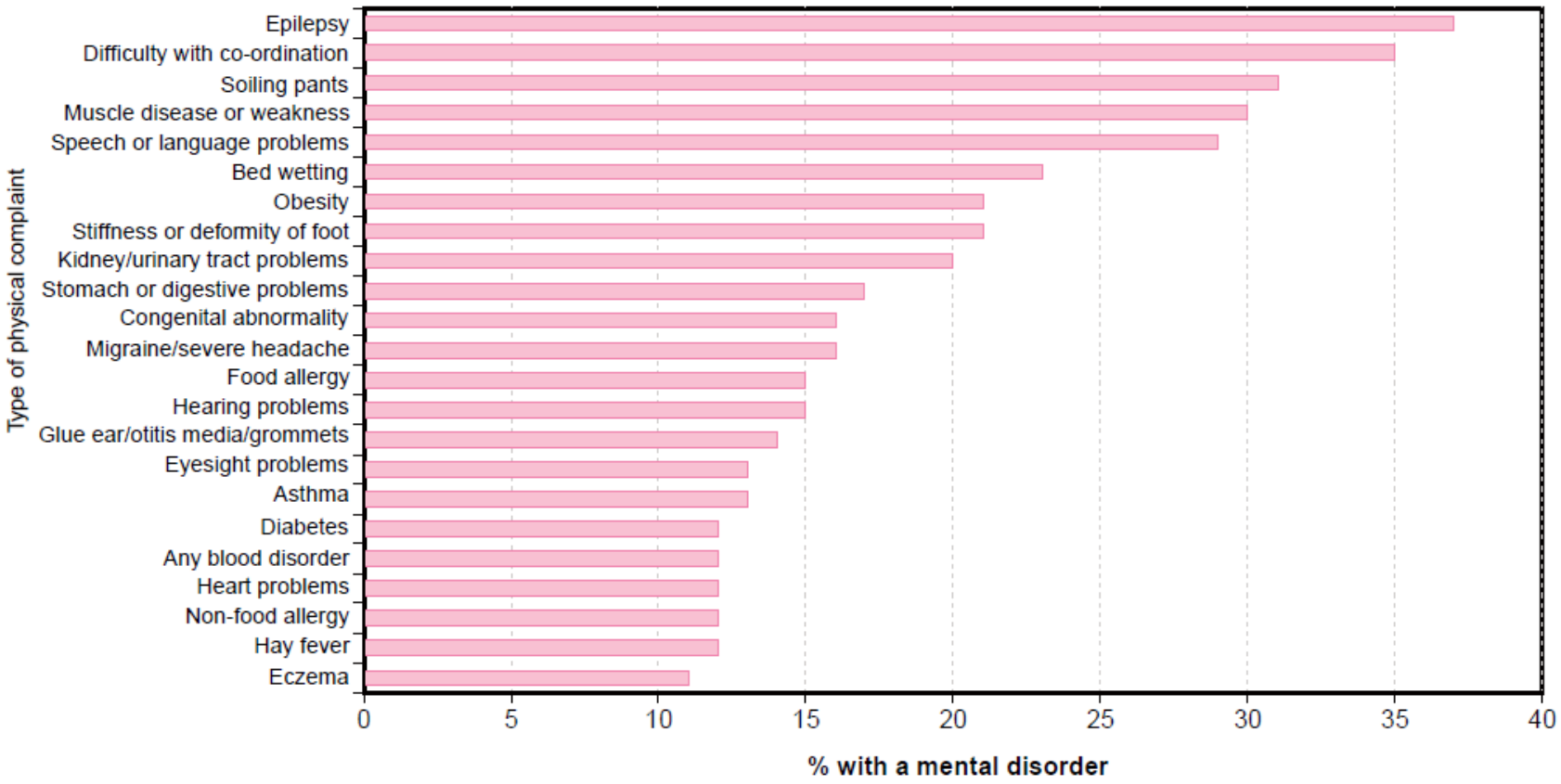
5x

N.B. Causation is 2-way



Physical complaints and mental disorder

Figure 6.1 Percentage of children with a mental disorder by type of physical complaint



Eczema = 11%
Epilepsy = 37%
3.4x

Neurological

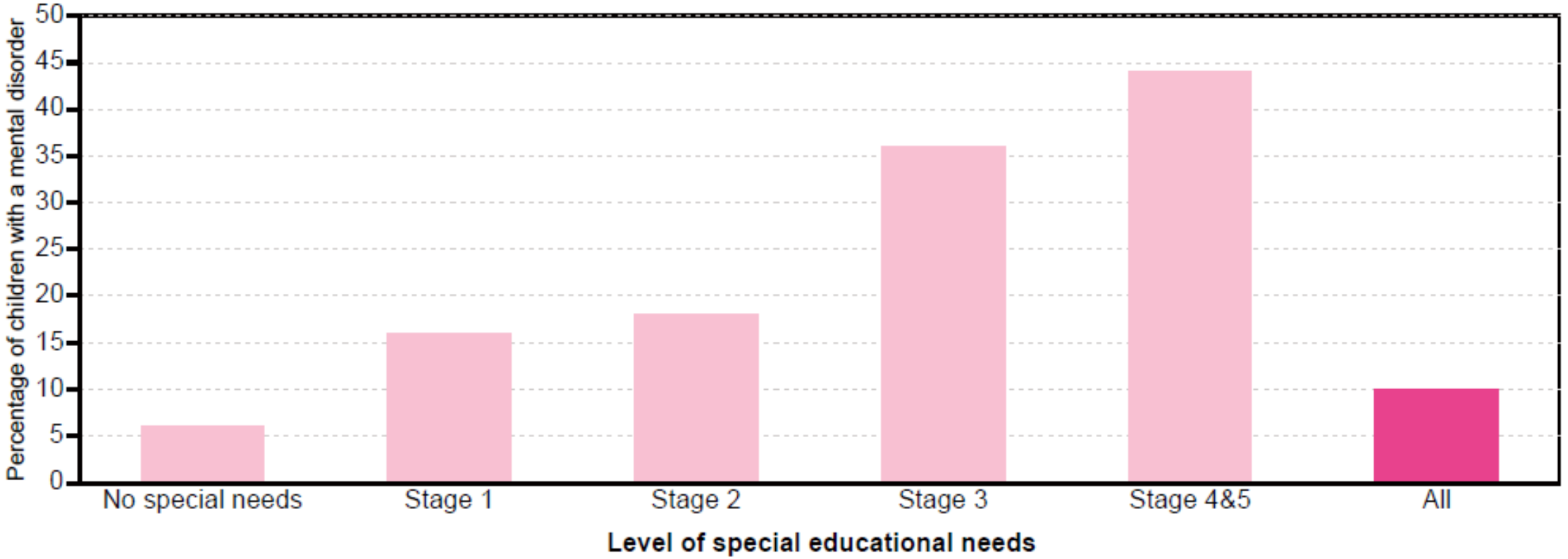
Body-image

Sensory impairment + psychosomatic

Physiological

Special Educational Needs

Figure 8.2 Prevalence of mental disorders by level of SEN



%	6	16	17	36	44	**(7.3X)**

Factors associated with development of poor mental health

- **Stress and adversity including**:
  - punitive family environment
  - mental ill health in the family
  - physical ill health and neurological impairment
  - neurodevelopmental problems
- **Resources required for resilience in face of adversity:**
  - material resources e.g. money
  - human resources – more than one carer
  - cognitive resources
  - emotional resources including own and carers' ability to manage emotional stresses

Systemic approaches are critical

- Appreciating the psychosocial contributions to mental health
  - Family
  - School
  - Peers
- The role of family mental health
- Parents may or may not be the cause, but they are nearly always key to the solution
- (not excluding individual temperamental differences as contributing factor)
- Broader health and social care system can make things worse and not better

Risks of diagnosis

- Normal differences are seen as “disorder”
- Diagnoses become an end in their own right.
- May not be reliable
- Creates an expectation of a quick fix by shifting responsibility for improvement onto others
- Fosters belief that disability is life-long.
- Can foster self-fulfilling beliefs e.g. of social incompetence
- Reduces expectations of a child and can support avoidance
- We may also misdiagnose a primarily psychosocial problem (e.g. conduct disorders) as a medical one (ADHD or Autism)

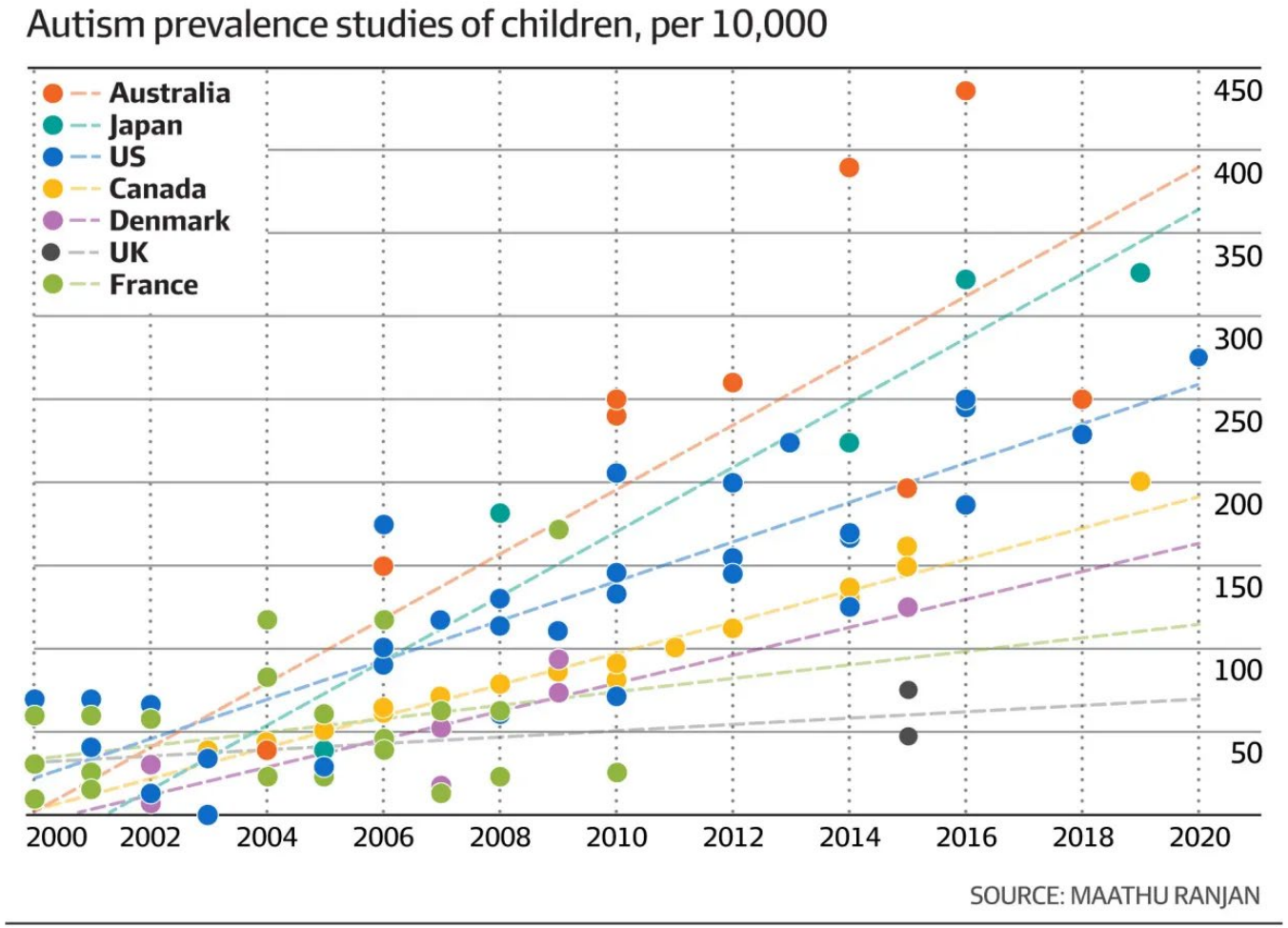
Is Autism over-diagnosed in Australia?

Global meta-analysis finds 0.75% using direct surveillance methodology

Studies using insurance-based methodology find higher prevalences

Australia, based on NDIS, finds 4%

If there are 5X more diagnosed in Australia, 80% would not be diagnosed elsewhere



Some principles of therapeutic work with children and families:

It's not complicated….

- Understand the systemic drivers Understand systemic drivers and act on them (e.g parental acrimony, parental mental illness)
- Psychoeducation – explaining the problem in terms that make sense to everyone.
- Goal-setting – choosing reasonable objectives that can be achieved.
- Step-wise progression
- Motivating: getting buy-in so the goals can be achieved.
- Externalising: taking blame, guilt and anger out of the equation
- Systemic – working to get everyone being a supportive team, and not a stressful burden

Solution focussed vs Problem saturated approaches

Solution focussed

- Encourages a focus on strengths and resilience
- Encourages a focus on goals and steps to make change
- A problem is seen as an opportunity for growth
- The way you talk about a problem is important
- Therapist takes a non-expert and curious stance.
- Empowers consumer

Problem saturated

- Likely presentation for depressed parents.
- Perpetuates a sense of helplessness and lost hope.
- Encourages reliance on others for help, and fosters dependence.
- Tends to be reinforced by healthcare experts.
- Often results in multiple diagnoses.

Long-term effects of no behavioural treatment

- Challenge
- Avoidance
- Low self-confidence
- Vulner-ability

Long term effects of successful behavioural treatment

Narrative approaches

Referral pathways

Primary

NGO

Private

Single practitioner

GO, Education

Call Head to Health on 1800 595 212

Secondary

H2HK

Persistent

Disabling

Complex

Multi-disciplinary

Tertiary

CYMHS/ CDS

- Urgent
- Severe
- Risk
- Specialist
- Diagnostic

https://www.familychildconnect.org.au/resources

https://www.actforkids.com.au/

https://www.actforkids.com.au/locations/varsity-lakes/

Summary

- Child mental disorder is common
- Aetiology is multi-factorial and dependent upon bio-psycho-social interaction
- Overmedicalisation of normal variation has become a problem, especially with NDIS
- Psychosocial interventions are always primary
- Very dependent upon a multidimensional approach and good interagency co-operation
- These approaches are driving the model of care adopted by H2HK

Questions? Join at menti.com - use code **4622 2961**

HEAD TO HEALTH kids
QUEENSLAND

Head to Health Kids Queensland (H2HK-Q) Gold Coast provides a range of allied health, medical and peer support services for children and their families experiencing developmental, mental health, behavioural and emotional challenges.

Head to Health Kids – Queensland is jointly funded by the Australian Government and Queensland Government. This initiative is proudly delivered in the Gold Coast Region by Gold Coast Health.

Australian Government

Queensland Government

What is Head to Health Kids Queensland Gold Coast?

- Targeting mild to moderate mental health presentations
- Children who are under 12-years old
- Working systemically with children and their families
- Children presenting with social, emotional and developmental needs that cannot be met by the primary sector.
- Do not meet threshold/criteria for tertiary intervention

- All children and families referred to H2HK will meet with a team member to discuss their needs, so a plan for support can be identified.
- This ensures that the child and family receive the most appropriate and effective support for their specific needs.
- Referrals to alternative community services will be provided, when necessary, to maximise the chances of positive outcomes for the child & family

Referrals

- Under 12 years old
  - Presentations are persistent > than 2-months
  - Impacting function across multiple domains (Schooling, ADLs, Relationships, activities)
- Intervention at primary level has **not** had the desired outcome.
- Presenting difficulties are not responsive to current supports (School psych or SW, guidance officers, Community Nurses)
- The child and family face barriers to accessing primary care services
- Presenting difficulties require support from multiple disciplines

- Phased rolled to accommodate for team and service development
- Currently referrals are being received from limited services to align with our phase 2 roll out.
- From **July 1st, 2024,** community-based referrals for Head to Health Kids will be accepted via the Head to Health phone line.
- Referrals from within the Gold Coast Hospital and Health Service will be via the **internal referral service.**

What have we learned so far?

Interventions are only as successful as the family motivation to engage

- Information identified from our referrals to date have identified that approximately 39% of parents/carers have their own mental health diagnosis or concerns.
- Parent support has been a primary factor in our interventions.

Consideration of parent/carer support in the development of H2HK- Q Gold Coast

- Through the work being carried out with the current children and families engaged with H2HK-Q Gold Coast we have identified the need to consider support for both the child and family members.
- The purpose of this would be to link with the key adults in a child's life and assist them to navigate supports for themselves.

Next steps

- Continue with satellite clinics and service development
- Recruit additional Carer Peer Workers, Allied Health, Aboriginal and Torres Strait Islander Health Worker, and Administration roles
- Progress with fixed community-based site for staff and clinics

HEAD TO HEALTH kids
QUEENSLAND

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07 5635 7114

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