



# Prevention and early intervention

## Risk Factors and a Public Health Approach

### Background

While clinical, diagnostic and acute individualised services are an important part of the mental health system, drummond street services/queerspace would welcome a significant increase in practice models and programs which focus beyond clinical, diagnostic and acute individualised approaches. Likewise, drummond street/queerspace believe the Royal Commission into Victoria's Mental Health System presents a strong case, and opportunity for mental health services to increase focus on whole families and spread interventions over the life course. We also recommend the use of mental health outcome measurements across a range of government departments. This would enable monitoring of risks to poor mental health and wellbeing of vulnerable populations within a broader range of programs beyond the scope of the clinical mental health system.

### Prevention and early intervention

'Prevention' refers to initiatives that avoid or delay the onset, severity of health, mental health, or social problems <sup>(1)</sup>. drummond street/queerspace believe a comprehensive, integrated service system response to mental health as well as resourcing services across a 'spectrum of interventions' is vital, with the **greatest funding required in prevention and early intervention**.

These interventions can be **Universal**, applying to an entire population (National populations); **Selective**, to target groups and cohorts with elevated risks (such as First Nations peoples, LGBTIQ+ communities and refugee populations); and **Indicated**, targeting support for individuals already showing signs or symptoms of problems.

### The role of a public health approach

Public health approaches focus on preventing health problems in ways that extend better care and safety to entire populations rather than individuals; and aim to provide the maximum benefit for the largest number of people. In addition to their emphasis on prevention, public health approaches are interdisciplinary and science-based; and emphasise cooperative, collective action from diverse sectors <sup>(2)</sup>. An adopted process to achieve this uses the following four steps as identified by Waldon and Wall. This was well summarised in their paper for

the Australian Institute of Family Welfare Studies on a public health approach to addressing violence against women. We have appropriated these four steps here in relation to mental health:

#### 1. Define the problem

Define the problem through the systematic collection of information about the magnitude, scope, characteristics and consequences of the issue (in this case poor mental health/illness).

#### 2. Identify risk and protective factors

Understand why the issues/circumstances occur, examine causes and correlates in addition to factors that increase or decrease the risk of experiencing poor mental health, or factors that might be modified through interventions.

#### 3. Develop and test prevention strategies and programs

Using information gathered during the previous step, programs and intervention strategies can be designed to target risk and protective factors. These interventions are then evaluated regarding their process, learning and effectiveness.

#### 4. Ensuring widespread adoption by disseminating the information

Information on "what works" to address factors which influence poor mental health/mental illness requires a thorough evaluation of strategies and



interventions used to address it. Targeted analysis about what aspects of the interventions worked or didn't is important. Targeted analysis builds the evidence around prevention and enables information to be widely distributed, so successful interventions can be replicated and "scaled up" in a wide range of settings.

The effects of interventions on risk factors and targeted outcomes should be monitored, and their influence and cost-effectiveness should be evaluated over time <sup>(3)</sup>.

The application of a public health approach to Victoria's mental health system, alongside investing in and resourcing both 'upstream' (preventative measures), and 'downstream' (rescue/crisis measures) makes both good public wellbeing and economic policy sense. Prioritising prevention investment - before impacts for individual adults and children, their families and the broader community become entrenched and severe - can reduce significant disease and economic burden.

### **Risk and protective factors**

Almost two decades ago, the Australian Government National Mental Health Strategy (2000), Promotion, Prevention and Early Intervention for Mental Health Monograph (The Monograph) outlined key elements widely accepted by mental health practitioners and researchers, that contribute to the development of mental health problems and illness <sup>(4)</sup>. The Monograph described a common set of risk and protective factors that impact people's health including the likelihood of being impacted by the following: mental illness; alcohol and other drug (AOD) abuse; violence; anti-social behaviour; crime and offending; school disengagement; and youth pregnancy. Similarly, a 2017 report on Prevention and Early Intervention Services for families identified these risks to wellbeing in addition to obesity; developmental injury; chronic illness and social exclusion <sup>(5)</sup>.

Although significant many of these risk factors are modifiable, but only with the right investment and if government, health and social services work together and listen to communities.

### **Prevention and early intervention initiatives should involve whole families**

Common family wellbeing risk and protective factors have been identified as priority areas for

intervention. These are key to the development and resourcing of strategies which not only enhance children's mental health and wellbeing but turn the curve upwards in improving lifetime mental health outcomes.

Early identification of mental illness through strategic service integration that targets whole families is essential. When family life is examined through a developmental lens and across the life course it becomes clear how risk and protective factors are arranged over time and arise during key life transitions; i.e. parenthood, child commencing school, adolescence, family formation, separation etc. These risk and protective factors can also accumulate over time.

Research identifies the critical importance of the caregiving environment (including the health of parents, healthy family relationship dynamics and healthy parenting practices) to the mental health outcomes of children. The strength of the caregiving environment is crucial to health through pregnancy, child and parent resilience during the early years, child brain development and the long-term wellbeing of infants, children and adolescents <sup>(6)</sup>.

Despite growing interest in youth mental health models, the current orientation of funding and delivery remains limited to centre-based care, private practice psychological workforces and predominantly individualized, clinical approaches. drummond street/queerspace believe there remains an over-reliance by both the State and Commonwealth on applying adult clinical models to children and young people, without supporting their family environments or parental/caring relationships in a holistic manner.

An analysis of data from the Longitudinal Study of Australian Children (LSAC) found amongst risk factors predisposing children to mental illness in adulthood, those that were family based were highly prevalent <sup>(7)</sup>. For example, between the ages of 2-9 years, hostile/angry or overprotective parenting was experienced by more than one in five children and between 10-13 years, and the two most prevalent risk factors were parenting that was low in warmth, or frequently hostile or angry.

drummond street/queerspace's own service data has shown children in the 5-10yrs age group exhibited a significant correlation (moderate in size) between adult and child mental

health/wellbeing. This demonstrates the importance of providing whole of family service provision for this specific age group. In our analysis of relationships between child Strengths and Difficulties Questionnaire (SDQ) scores and parents' presenting needs, risk factors and risk alerts - parent and carer issues were also significantly correlated with total child SDQ

scores in the 5-10 age group. Currently there are limited Commonwealth and State Government investments responding to this evidence in an integrated manner. This is despite family settings or key life transitions playing a significant role in predicting the mental health outcomes of a child<sup>(8)</sup>, families often remain excluded in the medical, psychiatric care and treatment matrix.

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#### **drummond street services/queerspace believes mental health investments must:**

- Be available from a mix of universal, selective and indicated services
- Target risk and protective factors which exist for families and vulnerable cohorts (e.g. Aboriginal and Torres Strait Islander, LGBTIQ+ communities, refugee populations)
- Support whole families and pay attention to key life transitions
- Focus upstream and be available as early as possible, prior to onset and at first signs of onset of symptoms, and where risks exist or may arise (prevention and early interventions)

**Recommendation for Prevention:** Government fund/resource whole of family prevention and early intervention programs (which adopt broader community understandings and meanings attributed to poor family mental health); with the goal to address difficult behaviours in children by strengthening family relationships.

**Recommendation for Prevention:** Government undertake an independent, critical examination of international and local evidence to identify effective whole of family approaches to mental health; and identify promising outcomes in prevention and early intervention of mental illness among children and youth.

**Recommendation for Prevention and Early Intervention:** Government invest in the development of a Victorian public model of health Prevention and Early Intervention Action Plan for Mental Wellbeing. This should include strategies to improve data collection and address data gaps which compromise the monitoring of health inequalities among populations (e.g. CALD and LGBTIQ communities).

**Recommendation for Identification:** Government implement a Victorian public model of health Prevention and Early Intervention Action Plan for Mental Wellbeing to guide funded agencies (across a range of human services sectors) to measure program objectives, initiatives, process, outputs and outcomes against the public health and wellbeing outcomes framework.

**Recommendation for Prevention and Early Intervention:** Government invest in the development of a Mental Health and Wellbeing Prevention and Early Intervention Workforce Strategy. This could better define sector agreement on the use of the term 'prevention' and 'early intervention' and what this means in terms of skills and expertise, training and peer workforce participation.

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<sup>1</sup> Toubmourou, J., Hartman, D., Field, K., Jeffery, R., Brady, J., Heaton, A., Ghayour-Minaie, M., & Heerde, J. (2017). Strengthening prevention and early intervention services for families into the future. Deakin University and FRSA

<sup>2</sup> Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). World report on violence and health Geneva: World Health Organisation. See Chapter Three Child abuse and neglect by parents and other caregivers' (p. 71).

<sup>3</sup> Waldon, I., and Wall, L., (2014) Australian Institute of Family Studies/Australian Centre for the Study of Sexual Assault Reflecting on primary prevention of violence against women, The public health approach, ACSSA Issues No. 19 – July 2014

<sup>4</sup> Commonwealth Department of Health and Aged Care 2000, Promotion, Prevention and Early Intervention for Mental Health—A Monograph, Mental Health and Special Programs, Branch, Commonwealth Department of Health and Aged Care, Canberra.

<sup>5</sup> Toubmourou, J., Hartman, D., Field, K., Jeffery, R., Brady, J., Heaton, A., Ghayour-Minaie, M., & Heerde, J. (2017). Strengthening prevention and early intervention services for families into the future. Deakin University and FRSA (p. 3).

<sup>6</sup> Marmot, M. (2010). Fair society, healthy lives: The Marmot Review, Strategic Review of Health Inequalities in England post-2010. London: Institute of Health Equity.

<sup>7</sup> Guy, S., Furber, G., Leach, M., & Segal, L. (2016). How many children in Australia are at risk of adult mental illness? Australian and New Zealand Journal of Psychiatry, 50(12), (pps. 1146–1160).

<sup>8</sup> Zubrick SR (2015) The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Department of Health, Canberra.