



Australian Divisions of **General Practice**



NATIONAL DIVISIONS YOUTH ALLIANCE

GP's working with young people

**RESPONSE TO THE CONSULTATION PAPER
TOWARDS A NATIONAL AGENDA FOR EARLY CHILDHOOD**

by the Australian Divisions of General Practice's National Primary Mental
Health Program and the National Divisions Youth Alliance

May 2003

“We know that the development of the brain in the early years of life, particularly the first three years, sets the base of competence and coping skills for the later stages of life. Improving the prospects for the next generationwill respect to school performance, health and quality of life will improve the future for all of us”

Margaret Norrie McCain and J. Fraser Mustard, Reversing the Real Brain Drain: Early Years Study, Final Report, April 1999, Ontario, Canada

Overview

The Australian Divisions of General Practice’s (ADGP) National Primary Mental Health Program and the National Divisions Youth Alliance (NDYA) welcome the opportunity to comment on the Consultation Paper, *Towards the Development of a National Agenda for Early Childhood*. The nomination of child and maternal health as one of the three priority planks of the proposed Agenda is particularly supported.

In Australia, general practice is supported by 121 Divisions of General Practice which provide local primary health care infrastructure to support capacity and quality in general practice.

The term ‘general practice’ is often associated exclusively with individual general practitioners or doctors. However, contemporary general practice has a broader definition which encompasses the role of practice nurses, allied health services and reception staff, in addition to general practitioners, who form general practice teams. General practice is therefore a key setting health promotion and prevention to identify early childhood risk factors and for early intervention.

The ADGP is the national peak body of the Divisions of General Practice Network. Well over 90% of GPs are members of the Network making this the largest GP organisation in Australia. Australia’s network of Divisions of General Practice is a key part of local public health infrastructure and is well placed to participate in community-based strategies that promote mental health and prevent mental health problems. Their work is grounded in primary health care and public health principles such as inter-sectoral collaboration, integration of health services and consumer and community participation. In many communities, it is the local Division of General Practice that forms a vital bridge between local health and community services, including schools and child health clinics.

Equally, GPs, through the primary care setting, are well placed to participate in initiatives focusing on mobilising resilience and/or attending to risk factors. They see a high proportion of the population and are often well linked to the

families of children and young people and services supporting children and young people because the family GP is often the first port of call for parents experiencing problems with the children's health and wellbeing.

ADGP is committed to improving health outcomes for young Australians by addressing key issues such as: barriers to health care, provision and co-ordination of allied health services, national immunisation programs, advocacy and increasing the number of general practitioners (GPs) skilled in the delivery of primary health care to children, young people and families.

Three programs central to these aims are ADGP's National Primary Mental Health Care Initiative (NPMHCI), the National Divisions Youth Alliance (NDYA), auspiced at ADGP, and the National General Practice Immunisation Program. All are Commonwealth Government funded.

This submission provides:

- a general briefing on the role primary care, and general practice in particular, plays in prevention, early intervention and care for families and children;
- a brief overview of the evidence supporting why action in the primary care setting should be integral to a *National Agenda for Early Childhood*; and
- specific comments on the Consultation Paper.

THE ROLE OF PRIMARY CARE IN PREVENTION, EARLY INTERVENTION AND CARE FOR FAMILIES AND CHILDREN

Measures of the developmental health and wellbeing of Australian children and young people demonstrate a significant deterioration in a number of key indicators. The cost burden of these adverse outcomes is enormous and increases with time. Reversal of these trends is essential for the continued cohesion in our social fabric and the wealth of a nation. As many others advocate, one of the most effective ways to do this is prevention.

Contemporary general practice has a key role in prevention to give children and young people a healthy start in life and to support their emotional and social wellbeing. General practice also has a key role in providing advice and referral pathways to parents experiencing difficulty with their children, be it behavioural problems in young children or risk-taking behaviours in the teenage years such as drug and alcohol problems.

ADGP recognised the importance of early childhood investment in its Federal Budget submission 2003-04 in its call for development of a primary care early childhood agenda. General practice is often the first point of call parents make when faced with difficulties with their children. If we are serious about building healthier children, families and communities, we must support general practice to assist with promotion and prevention targeting the health and wellbeing of children and young people. We must also support general practice with the knowledge and skills for early detection and management of child and adolescent health problems, including mental health problems which represent over half the disease burden in young people.

ADGP recognises that child care services and schools, in particular, are a key setting for health promotion and early intervention. GPs and the Divisions' network are uniquely placed at the local level to provide a conduit between early childhood and school-based interventions, community general practice, child and youth health services and other relevant community support services. These pathways can enable the provision of co-ordinated and integrated responses to addressing the complexity of health problems faced by children and young people, in crisis and at risk, both in the school setting and the wider community.

THE EVIDENCE FOR A PRIMARY CARE PLATFORM IN EARLY CHILDHOOD

Children's mental health forms an essential part of their overall health and wellbeing. 11-15% of Australian children aged 13 and younger and 13-17% of young people 14 to 18 years experience significant mental health problems, conduct problems, depression and anxiety (Sawyer et al 2000).

The National Action Plan for the Promotion, Prevention and Early Intervention for Mental Health argues for the importance of evidence-based early intervention programs to prevent serious childhood behaviour problems and cites the considerable evidence that the quality of nourishment and nurturing in the early years can have far-reaching effects, not only in terms of better health outcome, but better social, familial and educational outcomes as well (DHAC, 2000).

Many clinicians agree that to improve the mental health of children, the quality of parenting that children receive as well as the quality of family relationships must be addressed. There is substantial evidence linking parenting and family risk factors with the development of serious conduct problems in children. These include the lack of a warm, positive relationship with parents, insecure attachment, inflexible or rigid discipline practices, and marital conflict or breakdown (Sanders, 2000). Conduct problems, in turn, can predispose that child to later health and social risks and problems such as drug use.

Primary care is a key setting for prevention and early intervention in child health, social and behavioural problems. The past decade has seen an increasing emphasis on treating mental health problems at the primary care level.

In many cases, the family doctor has been identified as the most common first point of professional contact for parents experiencing behavioural and emotional difficulties with their children. It has also been identified that many parents prefer to seek advice and guidance regarding child behaviour management problems and developmental issues from primary care practitioners.

A recent parenting survey showed that family doctors are the professionals most frequently consulted by caregivers of children with an emotional or

behavioural problem. Similarly, the Western Australian Child Health Survey showed that 65% of parents of children with behavioural and emotional problems consulted a doctor during a six month period, yet only 2% saw a mental health specialist.

In a US national survey of more than 2000 parents with children under three, most parents (79%) reported a desire for more information from their paediatric clinician in at least one of six areas of childrearing (newborn care, sleep patterns, crying, toilet training, discipline, encouraging early learning). This suggests that personalised service, in the context of an ongoing supportive relationship, is the need being expressed by parents (Young et al 1998). As primary care services have regular contact with families, they are well placed, with appropriate support and resourcing, undertake several important tasks to promote children's mental health and wellbeing. Access to early intervention in this way can, in many cases, prevent later, more serious problems (opcit, 2000).

General practice is often called upon to provide support to high need families including Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse families, blended families and families with teenage parents.

Although primary care professionals are well positioned to provide parenting support, they are commonly under-resourced and under-trained for detecting child behavioural problems and providing effective mental health programs for children and families (opcit, 2000). An investment in up skilling and supporting general practice in this area is an important priority for the proposed Agenda.

SPECIFIC COMMENTS ON THE CONSULTATION PAPER

The *National Agenda for Early Childhood* is being developed in the context of rapidly changing and emerging health and social care challenges. The 'whole of government' approach contemplated in the Consultation Paper is welcomed. It recognises that no single policy domain acting alone can make a difference to the overall welfare and developmental pathways of children. The Paper address important areas and settings for action such as childcare, preschool and child and maternal health services.. However, in light of the above evidence, it would be strengthened by committing a much greater emphasis to primary care, and general practice in particular, as a key setting for child and maternal health intervention.

Aims

The aim should clearly and succinctly state that the Agenda is concerned with optimising social and health outcomes for *all* children. It should be visionary, and acknowledge the importance of striving for and building supportive family environments and communities.

Principles

- *Dot point one* should include promotion and treatment, in addition to prevention and early intervention. This makes it clear that the spectrum of activity under the proposed Agenda is comprehensive and focuses just as much on preventing risks, treating problems, as it does promoting wellness and resilience.
- *Dot point two* should acknowledge that the points in the life course where there is greatest scope or need for intervention, is invariably at those critical transition points such as home to school, school to high school, high school to financial independence etc.
- An additional dot-point should be a child-centred approach and investment in supporting opportunities for social connectedness and participation.

Goals

The goals suggested in the consultation paper have merit. However, they have a problem/risk orientation. Extending *goal one* to include success in school, parenting, citizenship and life goals would ensure that the definition of success is not simply centred on good grades at school.

An additional goal concerned with building and promoting safe and supportive communities within families, localities, across sectors and across government, would balance the risk orientation of the suggested goals, by including some attention to activities that are concerned with nurturing children and looking after their best interests.

Anticipated Outcomes

Systems outcomes

- *Dot point two* should include recognition of the role of local government.
- In addition to *dot point three*, an outcome should be to identify and embrace opportunities for innovation in early childhood policy, services and support programs. In addition to improving community capacity, it is imperative that the Agenda improve the capacity and quality in relevant service systems eg. primary care.
- *Dot point seven* should include a commitment by governments to action

Children's outcomes

- This section should acknowledge that these are outcomes for young people later in life, as a measure of the success of intervention in early childhood.

- *Dot points 3-5* are focused on explicit indicators of poor health or social outcome. It is not necessary to single these out when there is a higher order outcome concerned with improving health status and inequality. Reductions in levels of substance misuse, entry into the criminal justice system and prevalence of mental health problems in adolescence are sub-indicators and would be included in a range of measures used to determine the degree of success in intervention in early childhood.
- Additional outcomes of the Agenda should centre on:
 - promoting the positive socialisation of children and young people. This is currently a gap in the suggested outcomes
 - health literacy and appropriate self-care and help-seeking behaviours.

Key Action Areas

Early child and maternal health

- ADGP supports all objectives and possible areas for action. Parenthood is a significant lifestyle transition often compounded by social isolation, additional financial pressure and a period where the health and wellbeing of parents is often neglected. The need for additional support in primary health care for parents in order to both care for the new infant, look after their own health needs and the health of their relationship throughout this lifestyle transition, is an important investment.
- Given what the evidence shows about patterns of help-seeking among parents, an additional area for action would be behavioural family and child interventions in general practice, including support general practice with up-to-date skills and tools.

Early learning and care

- The objectives are broadly supported by ADGP.
- There are around 30 Divisions of General Practice who have active GP in schools programs. These are concerned with strengthening the relationships between children, young people and general practice and schools and promoting 'best starts' for children and young such as adequate nutrition, physical and mental health promotion.
- Improving the system coherence and relationship between the three vital sectors of community services (including childcare), education (pre-schools, primary and secondary schools) and *health* (community health and primary care) is important. Supporting Divisions of General Practice to link with and 'bridge' these service systems at the local level is an important consideration and one that has much potential.

Supporting child-friendly communities

ADGP broadly supports these objectives and has no specific comments. The Paper requires clarity around the definition of child-friendly communities. The Paper should also clarify where the responsibility for promoting child-friendly communities rests, making it clear that it should be cross sectional, including private and public sectors as well as parents and the broad community and driven by governments.

CONCLUSION

The proposed Agenda is concerned with taking a sustainable approach to building and improving child health and wellbeing. There is a strong link between health and wellbeing and positive social and educational outcomes later in life. Health, and the primary care setting specifically, should therefore be a key plank in the Agenda.

General practice routinely intervenes at critical transition points where children and young people can be at particular risk such as pre-school to school transitions either through Divisional-supported population health programs, direct service delivery, or referral.

Working to support families, to promote the emotional wellbeing, resilience and development of children in addition to early intervention and crisis responses through the gateway of general practice is central to a truly effective, whole-of-government Agenda for children and young people.

ADGP supports any action and investment in early childhood designed to improve the health and wellbeing of children now and later in life. However, the evidence gathered by the National Crime Prevention Initiative illustrates that there are many other life transition points where mental and other health risk is exacerbated. In order to prevent intergenerational transfer of poverty and ill-health and as an investment in Australia's future, ADGP, through the National Divisions Youth Alliance, also supports equal investment in the development of a National Youth Agenda to promote the wellbeing of young people (NDYA, 2002).

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