

Submission

No 72

## INQUIRY INTO CHILDREN AND YOUNG PEOPLE 9-14 YEARS IN NSW

Organisation: beyondblue: the national depression initiative  
Name: Ms Yvette Pollard  
Position: Research and Policy Officer  
Telephone: 03 9810 6119  
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# **Inquiry into Children and Young People 9-14 Years in NSW**

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*beyondblue*: the national depression initiative  
PO Box 6100  
HAWTHORN WEST VIC 3122

Tel: (03) 9810 6100  
Fax: (03) 9810 6111  
[www.beyondblue.org.au](http://www.beyondblue.org.au)

*beyondblue: opening our eyes to depression throughout Australia*



## **Inquiry into Children and Young People 9-14 years in NSW**

### **About *beyondblue***

*beyondblue: the national depression initiative* is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related substance use disorders in Australia. Of particular relevance to the Inquiry into Children and Young People 9-14 years in NSW is *beyondblue*'s aim to develop and implement depression and anxiety prevention and early intervention programs, and to initiate and support depression and anxiety-related research across the lifespan.

*beyondblue* works in partnership with health services, schools, workplaces, universities, media and community organisations, as well as people living with depression and their carers, to bring together their expertise. Specific population groups that *beyondblue* targets are young people, Indigenous peoples, people from culturally and linguistically diverse backgrounds, people living in rural areas, and the elderly.

### **Youthbeyondblue**

Adolescent depression is one of the most frequently reported mental health problems in Australia. For many young people, the transition to work, travel, employment or unemployment and changes in family and school structures can be difficult. *beyondblue*'s youth agenda concentrates on preventing depression at different ages in a young person's life at school, home or in the community. It is built on strong partnerships and an evidence-based approach.

*beyondblue*'s Youthbeyondblue community awareness campaign aims to educate family and friends about behaviour that places young people at risk of depression and encourages and assists young people to seek help for themselves, their friends and relatives. It is supported by a dedicated website [www.youthbeyondblue.com](http://www.youthbeyondblue.com). Many fact sheets on youth depression and related topics have been produced and are available at this website (see page 6).

## **Background – depression in young people**

Depression has its peak incidence in mid-to-late adolescence,<sup>1</sup> therefore, significant investment is required in the *prevention* of depression, anxiety and emotion problems in the 9-14 year age group.

### **Risk factors for depression, anxiety and mental health problems**

A substantial body of evidence shows that the quality of parenting children receive has a major effect on their development. Family risk factors such as poor parenting, family conflict and marriage breakdown strongly influence children's risk of developing mental health problems. Specifically, a lack of a warm positive relationship with parents; insecure attachment; harsh, inflexible or inconsistent discipline practices; inadequate supervision of and involvement with children; marital conflict and breakdown; and parental psychopathology (particularly maternal depression) increase the risk that children will develop major behavioural and emotional problems, including depression and conduct problems.<sup>2</sup>

Anxiety experienced by young people in their early and middle years is a pathway to depression in later adolescence. The school arena is a key setting for social and emotional development. Anxiety can increase dramatically during the transition from primary school to secondary school, and is a known marker for a large increase in emotional problems. Furthermore, recurrent bullying or victimisation in Year 8 also predicts symptoms of depression and anxiety in Year 9, especially for girls.<sup>3</sup>

Low self-esteem as a predictor of adolescent depression is supported by longitudinal research which shows that children who perceive themselves as academically, socially, or physically incompetent are more vulnerable to depression than are children who perceive themselves as competent.<sup>4</sup> Such beliefs develop during middle childhood and early adolescence and arise from feedback children receive from their parents, teachers and peers.<sup>5</sup>

Life events involving loss are specifically associated with depression.<sup>6</sup> Depressing life events can include exposure to family or community violence, chronic poverty, child physical and sexual abuse, bereavement, or parental divorce or separation.

### **Indigenous children**

It is well understood that the standard of health of Indigenous children is far lower than that of the majority of Australia. This low standard of health in the majority of Aboriginal communities can be largely attributed to their low socioeconomic status, the failure of the health system to give sufficient attention to the special health needs of Indigenous people, and to take proper account of their social and cultural beliefs and practices (House of Representatives Standing Committee on Aboriginal Affairs, 1979, as cited in Carson et al, 2007<sup>7</sup>).

The depression, anxiety, and substance use problems encountered in remote communities and cities represent a significant challenge for all governments and service providers. Complex and endemic social problems (eg. unemployment, poverty, lack of education) coupled with limited service delivery approaches warrants urgent work into the mental health needs of Indigenous children.

## ***beyondblue's youth focus, research and programs***

*beyondblue* supports a public health approach to depression in young people with a focus on the need to shift common and modifiable risk and protective factors in favourable directions in order to prevent mental health problems. This approach may target individual factors, but usually aims to influence broader social determinants, specifically the settings in which young people spend their time. *beyondblue* supports strong school based, parenting, family and community connections throughout its prevention and early intervention projects. For example, the KidsMatter initiative provides a capacity for schools to engage in preventative strategies to support the specific mental health and wellbeing needs of their student population (see KidsMatter section below)

Conducting quality research to address gaps in knowledge about depression and substance use disorders is a high priority for *beyondblue*, particularly in relation to the evidence base for community education and prevention. *beyondblue's* future research agenda will include the early (0-7) and middle (8-14) years. *beyondblue* will build upon previous and current research and other evidence based research by commissioning quality, strategic and targeted research in these key priority areas and promoting the results.

Evidence-driven, developmentally appropriate *beyondblue* programs (described below) have been designed to promote positive environments and teach life skills that can potentially decrease prevalence, reduce severity, and delay the onset of depression.

## **KidsMatter**

KidsMatter is the first national primary school mental health promotion, prevention and early intervention initiative developed in collaboration with the Australian Government Department of Health and Ageing, *beyondblue*, the Australian Psychological Society and the Australian Principals Associations Professional Development Council. The KidsMatter initiative aims to improve the mental health and well-being of primary school students, reduce mental health problems among students (eg. anxiety, depression and behavioural problems) and achieve greater support and assistance for students at risk or experiencing mental health problems.

The initiative involves the people who have a significant influence on children's lives – parents, families, care-givers, teachers and community groups – in making a positive difference for children's mental health during this important developmental period.

The KidsMatter initiative aims to:

- a) improve the mental health and wellbeing of primary school students
- b) reduce mental health problems amongst students, and
- c) achieve greater support for students experiencing mental health problems.

KidsMatter promotes collaborative involvement across the health and education sectors and provides a framework for mental health promotion, prevention and early intervention that is specifically oriented to primary schools.

A copy of the *Overview of the initiative: Framework, components and implementation details* is provided with this submission.

## **Children of Parents with a Mental Illness (COPMI)**

*beyondblue*, the Victorian Department of Human Services (Mental Health Branch) and the Victorian Health Promotion Foundation formed a partnership designed to support mental health promotion activity with young people and children of parents with a mental illness. The program, called 'Children of Parents with a Mental Illness' (CoPMI), aims to:

- Make a significant contribution to further understanding the models of good practice in mental health promotion with the two population groups;
- Increase the evidence-base about effective interventions for children and young people of parents with a mental illness;
- Contribute to policy development in this area within Australia at a regional, state and national level; and,
- Disseminate the outcomes of the program's findings.

More than 1000 workers increased their knowledge and skills in mental health and in working with children, young people and families where a parent has a mental illness. Partnerships and collaborations have strengthened between services and community organisations and significant changes have occurred in increasing community awareness of the stigma and discrimination associated with mental illness.

## Every Family

Every Family represents the largest population health trial of a parenting intervention focusing on the prevention of serious behavioural and emotional problems in children in Australia. The intervention focused on providing intensive parenting support services based on the Triple P-Positive Parenting Program through the media, community child health services, general practices, schools and preschools, Parentline telephone counselling, and the Every Family website. The evaluation of the Every Family project was supported by a substantial grant from *beyondblue*.

The evaluation found strong evidence to support the efficacy of the Triple P system as a public health intervention. Specifically, in Triple P communities compared to comparison communities:

- there was a reduction in childhood emotional and behavioural problems,
- family risk factors that contribute to childhood depression and other mental health problems were reduced,
- emotional distress in parents, including depression and stress, was reduced, and
- parenting practices were improved by reducing the use of coercive parenting methods.

The Every Family Initiative showed that a large scale, population level parenting intervention was feasible and, moreover, Triple P can effect change in a range of important family risk and protective factors related to the development of children's mental health problems, including depression. These changes are directly relevant to a NSW prevention focus relating to the health and wellbeing of children and young people in all NSW communities.

## Good Sports

Increasing numbers of Australians, especially young people, are presenting with the co-morbidity issues around depression and/or anxiety with alcohol misuse. Research evidence suggests that young people who experience anxiety and depression problems are highly likely to misuse alcohol. Conversely, those who use substances are more likely to experience mental health problems.

Sports clubs are important Australian community institutions; most Australian families participate in their local sporting club at some point in their life-cycle. Moreover, it is widely believed that participating in sport acts as a protective factor to young people's mental health and harmful drug use behaviour.

The Good Sports program is a national sport development initiative of the Australian Drug Foundation. It aims to enhance the critical role sporting clubs play in their communities by making clubs a more attractive and healthy leisure activity for individuals and families.

"Good Sports promoting good mental health" is a pilot mental health promotion program supported by *beyondblue*. The program began in March 2007 and was conducted in two locations in Victoria: a rural location (Kerang) and a metropolitan location (Geelong).

The pilot project's objectives are to:

1. Improve social, physical and economic environments which determine mental health
2. Enhance protective factors such as connectedness
3. Target the whole population using varying interventions for sub groups
4. Use a full range of health promotion methods

5. Apply evidence based approaches
6. Work collaboratively with the communities engaged.

The pilot project is now complete and the Evaluation will examine the potential for national applicability.

## **Rock Eisteddfod**

Youthbeyondblue proudly collaborated with the Rock Eisteddfod Challenge in 2007 to raise awareness about depression and anxiety in young people. The Rock Eisteddfod Challenge is a performing arts event incorporating dance, drama and design which provides Australian secondary school students with an opportunity to express their creativity through music and dance by producing an eight minute performance. The focus of the Rock Eisteddfod Challenge is on young people being the best they can be without the use of tobacco, alcohol or other drugs.

The Rock Eisteddfod Challenge staged around 45 live events, travelling 50,000 kms across Australia. Youthbeyondblue materials were distributed to all participating schools including those in NSW. Youthbeyondblue Crew members also ran information stalls at the Grand Final Show in Sydney and other capital cities.

## **Indigenous Programs**

### **Indigenous Hip Hop Projects**

*beyondblue* has funded Indigenous Hip Hop Projects to engage young people and increase their mental health literacy and access to health services using Hip Hop dance workshops and performance.

'Deadly Styles' was a week-long youth participation project held in the New South Wales town of Kempsey in December 2007. Funded by *beyondblue* and Kempsey Shire Council in association with Durri Aboriginal Corporation Medical Service, this pilot program conducted workshops featuring a team of hip hop artists to deliver positive mental health messages to young people and highlighted messages around depression, anxiety and alcohol, and increased understanding of local health services.

Throughout the week, a team from Indigenous Hip Hop Projects held workshops in break-dancing, hip hop and rap at schools and local community centres. The workshops provided an environment where young people can express themselves, promoting confidence, leadership, teamwork, self-respect and respect for their culture, friends and elders. The workshops also delivered *beyondblue*'s key messages about depression (*Look, Listen, Talk and Seek Help Together*) and aimed at building relationships between young people and local health services.

*beyondblue* is supporting Indigenous Hip Hop Projects throughout 2008 to deliver dance workshops to over 30 Indigenous communities in rural and remote areas.



## **Ngaripirliga'ajirri – An early intervention program on the Tiwi Islands**

Ngaripirliga'ajirri (pronounced Naripirlywa-tirri) is the Tiwi name given to an early intervention program for Tiwi children of primary school age, based on the Exploring Together program. The Exploring Together Program was originally selected for adaptation by the Tiwi Health Board and implemented as Ngaripirliga'ajirri from 2000-2004 in three Tiwi primary schools.

Exploring Together is a targeted 10 week multi-group program based on developmental principles. Children are referred by teachers and other practitioners and attend the program in groups of 6-8 children with one parent each, over a school term. It includes concurrent groups for children and parents, focusing on child social skills training and parenting management training. The program draws on cognitive behavioural theory.

The work with children focuses on social skills, while the work with parents focuses on the formulation of behaviour management strategies for them to implement at home. In addition to the parents' and children's groups, there is a combined group which focuses on parent-child interaction, encouraging working together and providing opportunities for adults and children to join in role plays, tasks and games relevant to key issues.

Exploring Together was redeveloped for the circumstances of Tiwi culture and its complex family structures. Findings from the evaluation (qualitative reports from teachers and parents) revealed:

1. Approximately 80% of children showed some decline in problem behaviours at school during and after attendance in the program
2. Of these, around 60% showed marked declines in problem behaviours
3. For around 40% of children these gains were reportedly sustained at six months
4. Parents of 60-80% of children reported improved communication with their child
5. Parents of 50% of children reported some improvement in child behaviour at home and reported that school attendance improves for children upon referral to the program, although this is not sustained for all children (note: recorded attendance at school could not be measured).

## **Fact sheets**

*beyondblue* produces a range of fact sheets on a wide range of depression-related topics, often jointly developed with other health and welfare organisations. *beyondblue* has developed a set of youth factsheets with information on a variety of topics including depression, bullying, dealing with stress, and caring for others. The following *beyondblue* factsheets are available to download from the Youthbeyondblue website ([www.youthbeyondblue.com](http://www.youthbeyondblue.com)), or printed versions can be ordered online or through *beyondblue*.

- Factsheet 1 - Depression: isn't it just a tough time?
- Factsheet 2 - The stats and facts about depression
- Factsheet 3 - The stats and facts about anxiety
- Factsheet 4 - The help is out there
- Factsheet 5 - How can I help?
- Factsheet 6 - Caring for others
- Factsheet 7 - Getting things sorted
- Factsheet 8 - What's the deal with antidepressants?
- Factsheet 9 - The alternatives
- Factsheet 10 - Setting the record straight

- Factsheet 11 - Dealing with stress
- Factsheet 12 - Getting the sleep you need
- Factsheet 13 - Getting active to beat depression
- Factsheet 14 - Getting by
- Factsheet 15 - Studying and depression
- Factsheet 16 - Drinking, drugs and depression
- Factsheet 17 - Being bullied?
- Factsheet 18 - Growing up and going on
- Factsheet 19 - Suicide
- *beyondblue* Factsheet for Young People: Antidepressants for the treatment of depression in young people

## Conclusion

*beyondblue* is committed to strategies that prevent or minimise the impact of depression, anxiety and related disorders in young people and has initiated and supported work to address these issues. The impact of depression and anxiety (including the impact upon families) continues to be a high priority for *beyondblue*. *beyondblue* will continue to build upon and expand its work in the areas of early intervention, prevention and research.

*beyondblue* welcomes the opportunity to work with the NSW Government and key stakeholders to advance the responses provided to young people at risk of depression and anxiety.

## RECOMMENDATIONS

***beyondblue* strongly recommends the following:**

- Provide a range of promotion, prevention and early intervention programs in a variety of settings particularly family and school settings, for example:
  - Provide transition programs and support for “high needs” students transferring from primary to secondary school.
  - Provide support for families and parents, with a focus on effective parenting and child development.
- Ensure that programs for Indigenous children and families are designed and conducted in collaboration with Indigenous people.
- Offer a range of programs that target a broad range of risk-taking behaviours and poor health outcomes, including drug and alcohol use, early sexual activity, conduct disorders, depression and suicide.
- Reduce barriers for parents to seek help and support.

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<sup>1</sup> Sawyer MG, Koski RJ, Graetz BW, et al. National survey of mental health and well-being: the child and adolescent component. *Aust N Z J Psychiatry* 2000; 34:214-220.

<sup>2</sup> Sanders. et al. (2007) Every Family: A public health approach to promoting children's wellbeing – Final Report. The University of Queensland: Brisbane, Australia

Accessed [www.pfsc.uq.edu.au/everyfamily/reports.php](http://www.pfsc.uq.edu.au/everyfamily/reports.php)

<sup>3</sup> Bond L, Carlin JB, Thomas L, et al. Does bullying cause emotional problems? A prospective study of young teenagers. *BMJ* 2001; 323:480-484.

<sup>4</sup> Cole DA, Jacquez FM, Maschman TL. Social origins of depressive cognitions: a longitudinal study of self-perceived competence in children. *Cognit Ther Res* 2001; 25:377-395.

<sup>5</sup> Cole DA, Martin JM, Powers B. A competency-based model of child depression: a longitudinal study of peer, parent, teacher, and self-evaluations. *J Child Psychol Psychiatry* 1997; 38:505-514.

<sup>6</sup> Burns JM, Andrews G, AND Szabo M. Depression in young people: what causes it and can we prevent it? *MJA* 2002; 177:S93-S96.

<sup>7</sup> Carson B, Dunbar T, Chenhall R, and Bailie R. (2007). *Social Determinants of Indigenous Health*. Allen and Unwin, New South Wales.