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**RACP Submission to the National
Guidelines for Including Mental Health and
Wellbeing in Early Childhood Health
Checks**

June 2024

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 22,200 physicians and 9,800 trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, and rehabilitation medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients, the medical profession and the community.



We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

Key comments

The RACP supports early intervention as one of the most effective ways to improve children's health and social outcomes. A substantial body of evidence suggests that investment in health, development, and wellbeing in the early years of a child's life has the potential to alter the trajectory of their health over the course of their life. Available evidence also notes this is one of the most cost-effective tools to disrupt cycles of disadvantage, ameliorate long-term health conditions, and improve health inequity.

As outlined in the [RACP Position Statement on Early Childhood: The Importance of the Early Years](#), our RACP members believe that a comprehensive, coordinated and long-term strategic approach is necessary to ensure every child receives the best possible start in life. This includes identifying and intervening not only in response to health concerns, but also to any concerns around the mental wellbeing, disadvantage and/or vulnerability of infants and children.

Including mental health and wellbeing checks in Early Childhood Health Checks (ECHC) is an important initiative to support early detection and intervention. Our RACP members are strongly in favour of broadening ECHCs to incorporate mental health and wellbeing checks, and broadly supportive of the National Mental Health Commission's *Draft National Guidelines for Including Mental Health and Wellbeing in Early Childhood Checks* as written.

Our RACP members applauds the Draft Guidelines for:

- The four key themes depicted in the conceptual model, and the fundamental tenets underpinning these themes.
- The comprehensive advice for how to include mental health and wellbeing checks in ECHCs.
- The understanding that mental health and social and emotional wellbeing includes the cultural determinants of health such as relationships with family, kin and community, and connections to land, sea, culture, spirituality and ancestry.
- The recognition of and desire to embrace the many ways to care for and parent children.
- The commitment to orientate the checks around individual family needs and safe conversations, noting that trusting relationships between caregivers and practitioners is crucial to open, honest and safe conversations about mental health and wellbeing.
- The focus on empowering caregivers and providing them with tools and supports to understand mental health and wellbeing, identify when their child(ren) may need further support, and build on their existing strengths.

Opportunities to strengthen the Draft Guidelines.

Our RACP members note additional issues could be addressed for completeness, for example, the Draft Guidelines could build upon the focus on empowering caregivers by explicitly stating at the start of the document that caregivers are the experts on their child and could further emphasise the importance of establishing rapport with caregivers, as well as the child.

Our RACP members also suggest providing further detail in the body of the Draft Guidelines to address matters relating to national consistency, post ECHC pathways to support services, and access.

National consistency

Our RACP members support a nationally consistent approach to ECHCs. The Draft Guidelines don't appear to address key issues affecting consistency and positive outcomes, such as:

- Who will be conducting the ECHCs, and whether access to these services is adequate and readily accessible.
- How, and by whom, training of those conducting ECHCs will be undertaken to ensure consistency and quality of service.
- What the guidelines are on the questions to ask as part of an ECHC, and what standardised tools are being used (i.e. Ages and Stages).

- What the appropriate referral pathways are where there might be concerns about a child's mental health and wellbeing.
- What the guidelines are on thresholds of concern.
- What general practitioners and other health practitioners should refer on to other specialists.

This detail could be added to the body of the Draft Guidelines. Noting that this may extend the length of the document further, it is suggested that a summary of the key actions for practitioners could be developed to ensure that busy practitioners can easily familiarise themselves with the most salient points of the Draft Guidelines.

Supports

As discussed in the [RACP Position Statement on the Health Care of Children in Care and Protection Services Australia](#), research has highlighted the importance of preventive approach to health care, especially culturally appropriate and meaningful early specialist support. This is particularly important for mothers, as early support is crucial for changing future health outcomes, of both caregivers and children.

It is also important to recognise the children who “fall through the gaps” if they do not meet the requirements for acute mental health services to be engaged but would benefit from mental health input. Early and preventive support can help these children before a point of crisis is reached. This can be helped by comprehensive health assessments in community services, and appropriate supports for behavioural difficulties and other early signs of difficulty which would otherwise fall through the gaps.

Our RACP members suggest that more attention could be given to post-ECHC pathways. In particular, the Draft Guidelines could address concerns about the capacity of services which receive referrals to provide the support that is needed. Our RACP members suggest further detail should be added to Draft Guidelines to outline the options for referral and where families can go for supports and services once issues have been identified. Consideration should be given to the community-based services that are required to support children, their caregivers, and their families.

Our RACP members note the challenges of service delivery in rural and remote areas, where community supports are fewer. It is important to address and prioritise the importance of community supports in regional areas to promote true health equity.

Additionally, greater emphasis could be placed on the transition from ECHCs to foundational supports. Appropriate support beyond the ECHC requires staffing by skilled clinicians. This includes paediatricians and child psychiatrists, with a focus on capacity building in the child, and fostering strong interpersonal relationships with caregivers. This is especially important given available current National Disability Insurance Scheme (NDIS) supports don't always adequately address these requirements and can negatively affect development and behaviour.

Access

Theme 2 of the Draft Guidelines addresses access and contains recommendations for how to create the conditions for access, including going where the children are, and supporting parents to understand ECHCs. Our RACP members suggest that the Draft Guidelines adopt a broader view of what facilitates access to ECHCs. This includes acknowledging the importance of wrap-around models of care that are well-integrated with other services.

Our RACP paediatricians have previously provided feedback that many initiatives or programs aimed at supporting the early years act in silo, and there is a strong need to improve coordination and collaboration in the development of policies. Our RACP members support investment in and capacity building of models of care which integrate health, social care, family support, and education to promote equitable service access and supports. Case coordination could further support access, for example through care navigators and boosting the health literacy of families.

Access can further be improved by promoting a flexible, high-quality, accessible and affordable ECEC system, that suit families and workplaces, and are available across metropolitan and rural Australia.

Our RACP members have previously recommended five pathways forward for early childhood health and development checks as part of the [RACP Submission to the NSW Parliamentary Inquiry into Improving Access to Early Childhood Health and Development Checks](#). These are:

1. Prioritise and invest in Aboriginal and Torres Strait Islander health leadership and genuine community engagement to achieve improved health outcomes for Aboriginal and Torres Strait Islander children.
2. Invest in and expand models of care which support children in rural and remote communities to access local intervention and diagnostic services.
3. Collaborate with health services to support multidisciplinary teams for child assessments, ensuring early detection and coordinated referrals of developmental issues.
4. Invest and scale up models of care which aim to integrate variations of health, social care, family support, and education to promote equitable service access and supports, such as child and family hubs.
5. Invest in initiatives that support access to quality early childhood education programs for all three-year-olds, particularly in rural and remote locations.

Our RACP members believe these pathways are also relevant to the Draft Guidelines, and consideration should be given to their incorporation.

Closing comment

Quality ECEC is a major determinant of children's future wellbeing and success. Participation in quality services affords them with immense developmental, social and educational benefits that form the foundation of long and fulfilling lives.¹ We welcome the National Mental Health Commission's consideration of our recommendations and look forward to working together to improve ECHCs. If you require further information or would like to engage with us, please contact the RACP Policy and Advocacy unit via policy@racp.edu.au.

¹ Royal Australasian College of Physicians, *RACP Submission to the NSW Inquiry into Improving Access to Early Childhood Health and Developmental Checks*, available at [racp-submission-to-the-nsw-inquiry-into-improving-access-to-early-childhood-health-and-development-checks.pdf](#)