The Pre-School Years
Seminar April 2015
“KidsMatter Early Childhood (KMEC) - the challenges of assessing mental health in early childhood”

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KidsMatter Early Childhood (KMEC) Photovoice Story

Well this picture here- this individual child here couldn’t walk and we’d been told that he could not walk. And... when he was growing up I’m not sure of the environment but the environment that I’m getting is he was a very alone child and he had not much contact with any other children and he was sort of more or less shut off from the world. Because when he first came in he couldn’t sit near children and he used to be really scared and he just didn’t like being around a lot of children and kids and stuff like that. So there were sort of two different sides of this child, there was a child where he just didn’t feel safe around a lot of people because of the fact that I feel that he wasn’t around a lot of people and he might have been shut down in a way where he just didn’t get out and see, you know, what the world’s all about really, you know, in his early age. So I’ve just taken a photo of him there showing that, well since I’ve been here, that we’ve helped him along his emotional state to see now that he can interact with other children and he’s sitting quite closely, he doesn’t have a big personal space, there’s no bubble there to say “no don’t come near me” and it’s just showing me that he’s feeling really comfortable and he’s progressing really well. (Staff) Ref. Skrzypiec et al, 2013)
HDA Presentation: “KidsMatter Early Childhood - the challenges of assessing mental health in early childhood”

• Mental health in Australia
• Risks in applying a diagnostic framework
• Importance of early detection & intervention
• KMEC Evaluation – Flinders University
• The findings from the 2 year evaluation involving over 5000 families from across Australia
• The imperative to assess mental health in early childhood
Young Children with Mental Health Problems

- Young children with mental health problems are mis-understood – under-recognized and under-treated!
- The development of evidence-based interventions for such young children & their families is an imperative
- The risk is that the medicalization of existing treatments overlooks the social determinants of necessary broad-based interventions.
“I don’t have any yet. We just opened.”
Risks in Applying a Diagnostic Framework to Pre-School Children

• the rapid developmental changes in the organization of the behaviour and the compliance demands made upon young children as they begin to make their way into social worlds beyond the immediate family may be mistaken for pathology

• Normative misbehaviour will be incorrectly diagnosed as psychopathology

• Diagnosing young children will stigmatise them

(Wakschlag et al, 2007)
Importance of Early Detection & Intervention

BECAUSE-

• there is increasing consensus that disruptive behaviour disorders and syndromes are identifiable in pre-school children
• the fact that children are undergoing rapid developmental change does not necessarily mean that their socio-emotional problems are transient; eg 23%-57% persistence rate for depressive disorders & 40%-56% for externalising disorders
• If undetected child behaviour problems & relationships with care-givers may deteriorate over time & become more resistant to change
Normative Mis-behaviour!

CALVIN AND HOBBES

I THINK I SHOULD STAY HOME FROM SCHOOL. I’VE GOT A SORE THROAT, AN EAR ACHE, A STOMACH ACHE, I’M SEEING SPOTS, AND I’M DIZZY.

I’LL CALL THE DOCTOR.

HOLD ON, I THINK IT’S ALL CLEARING UP! YES, I THINK I’M BETTER NOW.

IT’S PRETTY HARD TO HIT THAT MAGIC NUMBER OF APPROPRIATELY VAGUE, MILDLY SERIOUS, BUT NOT QUITE WORRISOME SYMPTOMS.
Acknowledgement of Co-Authors for Flinders University KMEC Evaluation

Rosalind Murray-Harvey
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Michael Lawson
Susan Krieg
A focus on child development in Australia

- **Infancy**
  - Long Day Care

- **Early Childhood**
  - Pre School
  - Age 5: Early Development Index (AEDI)

- **Middle Childhood**
  - Primary School
  - Years 3, 5, 7 & 9 Numeracy & Literacy performance (NAPLAN)

- **Adolescence**
  - Secondary School
  - Age 11: Middle Childhood Survey (MCS)

- **School Leaving**
Evolution: Whole-school framework

C1: Creating a sense of Community
- Developing children’s social and emotional skills
- Working with parents and carers
- Helping children with mental health difficulties

C2: Positive school community
- Social and emotional learning for students
- Working with parents and carers
- Helping children with mental health difficulties

C3: Positive school community
- Student skills for resilience
- Parents and families

C4: Parents and families
- Supporting students experiencing mental health difficulties

- 300 Centres
- 2700 Primary Schools
- 416 Secondary Schools
KidsMatter and MindMatters are mentioned in Volume 1 of the Mental Health Review!

p. 103 – point 10. Support the roll-out of KidsMatter and MindMatters through primary and secondary schools as part of a broader mental fitness and wellbeing agenda within schools.

p.124 – point 3. Integrate and coordinate existing programmes with school communities to better target school aged children and families on a regional basis, and to get better outcomes from existing programme investments (such as KidsMatter and MindMatters) across communities.

This includes schools with Aboriginal and Torres Strait Islander children.

Q. But where are the very young children?
Conceptual model KMEC

Background

**Service**
- LDC/PSC, size, ratio of ESL, ATSI

**Staff**
- Experience, gender, level of education, age

**Parent**
- Gender, age, main carer

**Child**
- Gender, ESL, ATSI, age, spec. needs, time in care

KidsMatter Implementation

- Component 1: Creating a sense of community
- Component 2: Developing social and emotional skills
- Component 3: Working with parents and carers
- Component 4: Early Intervention

Mediators and Protective Factors

- e.g. Staff Knowledge

Change in staff, parent, and child outcomes

- KMEC Impact on Service ability to address child SE needs
- Child-Staff Relationship (STRS)
- Child temperament (ATP)
- Child Mental Health Outcomes (SDQ)
## Background characteristics of Services in KMEC Evaluation

<table>
<thead>
<tr>
<th>Services</th>
<th>Long Day Care</th>
<th>Preschool</th>
<th>Both</th>
<th>N=111</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metro</td>
<td>33</td>
<td>23</td>
<td>6</td>
<td>56%</td>
</tr>
<tr>
<td>Regional</td>
<td>19</td>
<td>19</td>
<td>5</td>
<td>39%</td>
</tr>
<tr>
<td>Remote</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Profit</td>
<td>17</td>
<td>4</td>
<td>1</td>
<td>20%</td>
</tr>
<tr>
<td>Not-for-Profit</td>
<td>39</td>
<td>39</td>
<td>11</td>
<td>80%</td>
</tr>
</tbody>
</table>

| Total           | 50%           | 39%       | 11%  | 100%  |
A core aim of KMEC was to: “reduce mental health problems amongst children”

In the KMEC evaluation 9% young children had a mental health problem as identified by early child-care staff (Slee, et al, 2012):

- c.f 10% of young children identifies with a serious mental health problem in primary care settings (Gleeson, 2010)
Change over time in KMEC staff and parent ratings about children’s conduct problems
Change over time in KMEC staff and parent ratings about children’s emotional symptoms
Change over time in KMEC staff and parent ratings about children’s hyperactive behaviour
Change over time in KMEC staff and parent ratings about children’s peer problems
“Talking about two little girls: We just look at them today and go “wow, what a difference”. You’re quite concerned about someone who’s very drawn into themselves”. (Staff Member)
## Staff Views About Impact of KMEC Across 2 Years

<table>
<thead>
<tr>
<th>Staff and parents were asked, KidsMatter Early Childhood has helped staff to:</th>
<th>Time 1</th>
<th>Time 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>focus better on my child's developmental needs</td>
<td>53%</td>
<td>73%</td>
</tr>
<tr>
<td>develop better procedures for addressing children's social, emotional or behavioural difficulties</td>
<td>52%</td>
<td>73%</td>
</tr>
<tr>
<td>improve links with professionals who can assist children experiencing social, emotional or behavioural difficulties</td>
<td>46%</td>
<td>66%</td>
</tr>
<tr>
<td><strong>better recognise children experiencing social, emotional or behavioural difficulties</strong></td>
<td><strong>54%</strong></td>
<td><strong>73%</strong></td>
</tr>
<tr>
<td>provide better care for children</td>
<td>56%</td>
<td>72%</td>
</tr>
<tr>
<td>assist children who are experiencing emotional, social or behavioural difficulties</td>
<td>56%</td>
<td>75%</td>
</tr>
<tr>
<td>Average Address child’s SE needs</td>
<td>54%</td>
<td>74%</td>
</tr>
</tbody>
</table>
Early Intervention: what choice do we have?

There is a significant risk that early emotional and behavioural problems significantly alter a child’s mental health trajectory, compromising their ability to build healthy relationships, whilst impeding their cognitive, linguistic and regulatory abilities. (Bricker, Schoen Davis, & Squires (2004))
Summary

• Young children with mental health problems are mis-understood – under-recognized and under-treated! – Why?
• disruptive behaviour disorders and syndromes are identifiable in pre-school children - Why are we not acting on this understanding?
• If undetected child behaviour problems & relationships with care-givers may deteriorate over time & become more resistant to change - why not interventions for the youngest & most vulnerable?
• KMEC is one such nationally evaluated mental health program - why no mention in the 2015 review? AND no roll-out like KMP & MM

Mental Health review 2015 Recommendation 23
“Require evidence-based approaches on mental health & well-being to be included in early childhood worker and teacher training and professional development” - How to act on this?
Any comments or questions?
References


