SUBMISSION TO THE MENTAL HEALTH STANDING COMMITTEE INQUIRY INTO OPPORTUNITIES TO IMPROVE MENTAL HEALTH OUTCOMES FOR QUEENSLANDERS

INTRODUCTION

Triple P International (TPI) welcomes the opportunity to make a submission to the Mental Health Standing Committee Inquiry into Opportunities to Improve Mental Health Outcomes for Queenslanders.

We commend the Standing Committee for its ongoing work to improve the mental health of Queenslanders. We also acknowledge the thoroughness and broad scope of the Inquiry Terms of Reference.

TPI will address the issue of how investment in early intervention in a familial setting can enhance outcomes for Queensland children and young people requiring mental health treatment and support, and in turn, reduce loads on the healthcare system. These issues are captured by (b) and (c) of the Terms of Reference.

ABOUT TRIPLE P

The Triple P – Positive Parenting Program®, researched and developed at The University of Queensland, has been operating around the world for over 40 years and is delivered in over 30 countries.

Triple P is the most evaluated parenting program in the world. There are now more than 350 evaluation papers on Triple P, with the vast majority of these demonstrating significant outcomes for children and their parents, including across different cultures, socio-economic groups, and family structures.

Triple P is a suite of interventions ranging in intensity from parent education, anticipatory guidance, and targeted brief interventions, through to comprehensive clinical interventions for childhood mental health conditions. It also includes adjunct interventions to address adjustment issues of parents. Programs can be delivered one-on-one, in groups, via large seminars, or as self-help online or workbook-based programs.

This multi-level and multi-format approach ensures Triple P is flexible enough to meet the needs of individuals as well as specific communities when offered as a population health approach. Triple P gives parents as much help as they need without over-servicing and encourages self-sufficiency.

Triple P's 'proportionate universalism' approach, rather than 'one size fits all', means there is a level of support for all, but more for those with greatest need.

TPI is the sole license holder (licensed through UniQuest) responsible for disseminating and implementing the Triple P system in Australia and around the world.

Since mid-2015, the Queensland Government, through the Department of Children, Youth Justice and Multicultural Affairs, has engaged TPI to provide professional development in Triple P interventions for Queensland practitioners as well as deliver online programs direct to parents. Variants of the program are available to support Queensland parents of children aged birth to 16 years, as well as parents of children with a disability aged up to 12 years, and parents of children with anxiety aged 6 to 14 years.

TPI acknowledges and commends the Queensland Government for its significant and ongoing investment in our organisation and Triple P's evidence-based parenting support programs. Wide-scale availability of evidence-based parenting support across the child protection sector is essential for supporting the safety and healthy development of our most vulnerable children. However, as detailed below, much more could be achieved for Queensland children with increased penetration of evidence-based parenting programs like Triple P across the health and education portfolios.

SUMMARY AND RECOMMENDATIONS

With the growing demand for childhood mental health services and finite resources such as mental health specialist practitioners to meet this need, new approaches are needed. TPI believes this needs to involve upskilling and diversifying the mental health workforce.

It is well accepted that half of all mental health conditions start by the age of 14 years. Most can be successfully treated, yet fewer than one quarter of affected children see a mental health professional.

The most influential people in a child's life are their primary caregivers. The way we are raised has a fundamental impact on the rest of our lives. Despite the high cost of mental health to the economy, not enough is done in universal health and education services to prevent early onset of mental ill-health in the family environment.

Proven family interventions such as Triple P fill the unmet need for evidence-based programs to address the mental health and wellbeing of children and young people in the 0-16 age group.

As an early intervention and treatment program, Triple P shows significant benefits in helping parents address social, emotional, and behavioural concerns before they become major issues and can thus relieve the upstream load on the broader mental health care system.

TPI believes this Committee should recommend to the Queensland Government that it:

1. Builds on the success of its existing investment in Triple P and embed capacity for delivery of this proven family support program within the broader range of workforces most in touch with children and youth. This will include practitioners working in community child health and community child and adolescent mental health services, as well as educators and welfare officers/counsellors in early childhood education and care services and schools.

   This action will ensure those workforces are confident and competent in supporting parents to respond effectively to early signs of childhood mental ill health while also optimising children's social, emotional, and behavioural development.

2. Incorporates evidence-based programs such as Triple P as part of a stepped-care approach for health, education, and child protection services, especially in areas where there are not enough services to respond to growing demand, and the threshold for accessing mental health support is high.

BACKGROUND

The Impact of Mental Illness in Queensland

Mental ill-health costs the Australian economy $43-51 billion per annum.[1] According to the Productivity Commission's Report on Government Services (2018), Australian governments spent $5.2 billion on child protection, out of home care services, and family support services in 2016-17, which was an increase of 8.5 percent from the previous year.[2]

Most Queenslanders experience good mental health and wellbeing most of the time. There is no doubt though that the onset of the COVID-19 pandemic has had a significant impact on the lives of Queenslanders and will have elevated levels of psychological distress.

In a longitudinal study monitoring the impacts of COVID-19, researchers from the Australian National University found a substantial increase in the levels of psychological distress between February 2017 and April 2020, the equivalent of an increase of 8% to 11% of people reporting a serious mental illness.[3]

Throughout the pandemic, young people have been showing elevated rates of distress and older people have been showing less psychological distress than in February 2017.[4]

A snapshot of uptake of Medicare Benefits Scheme (MBS) mental health services is also useful. In the four weeks to 19 September 2021, MBS mental health service use increased in Queensland by 7.9%, compared to New South Wales (9.3%) and Victoria (2.6%). Per capita, Queensland (4,778 services per 100,000) had higher rates of MBS mental health service use compared to the rest of Australia (4,163 services per 100,000 population, excluding Victoria).[5]

Notably, TPI experienced a rapid escalation in parental demand for Triple P online programs in the early days of COVID-19, with a 55% increase in uptake in Queensland from March to April 2020, and a greater proportion of vulnerable families seeking support.[6]

The Importance of Families in Mental Health

The most influential people in a child's life are their primary caregivers. The way we are raised has a fundamental impact on the rest of our lives.

Half of all mental health conditions start by the age of 14 years[7], and mental health disorders among 5- to 14-year-olds in Australia are leading causes of total burden of disease in childhood.[8] Most can be successfully treated, yet fewer than one quarter of affected children have seen a mental health professional in the last 18 months.[9]

As noted extensively in the 2020 Productivity Commission Report into Mental Health[10], preventing multiple adverse childhood experiences is key to generational change in mental health outcomes, and avoiding costs associated with their long-term impacts.

The seminal Adverse Childhood Experiences (ACE) Study[11] highlighted that a person who has experienced four or more ACEs is:

- 12x more likely to attempt suicide
- 10x more likely to use IV drugs
- 7x more likely to experience alcoholism
- 5x more likely to experience depression

Harsh and coercive parenting increases the risk of child maltreatment and the development of serious social, emotional and behavioural problems in childhood and later in life.

Inconsistent parenting increases the risk of children developing conduct problems, depression, and anxiety. It also increases the risk of engaging in juvenile crime and in dangerous behaviours such as drug and alcohol abuse and risky sexual behaviour.

Child and youth mental health and wellbeing initiatives targeted at the individual are of course important, but also crucial is the home/living environment. Practitioners providing mental health services to children and young people need to be able to effectively address protective and risk factors in the home environment. Essentially, this involves being able to work collaboratively with the child's or young person's caregivers to improve their parenting competence and confidence.

Achieving this requires embedding capacity and capability in the workforces most in touch with children and youth (e.g., early childhood educators, community health services, and school counsellors), to ensure those workforces are confident and competent in holding consultations with parents around their children's social, emotional, and behavioural development.

While TPI supports initiatives to embed more mental health practitioners in schools, it is critical that these roles explicitly include consulting and intervening directly with parents. For many practitioners, this will necessitate accessing appropriate professional development in conducting effective consultations with parents and delivering proven parenting support programs.

Notably, Triple P is one of only two programs to be given the "very high" evidence rating in a wide-ranging review of 26 different interventions designed to prevent or reduce the negative effects of Adverse Childhood Experiences (ACEs).[12] The report examined six broad categories of interventions, including community-wide initiatives, parenting programs, home visiting programs, economic and social service interventions, psychological therapies, and school-based programs.

Both the programs rated as having a very high level of supporting evidence were parenting programs, providing further evidence that the quality of parenting a child receives is a critical risk factor for children's development, yet readily modifiable. The report concluded that Triple P is "effective across different settings including schools, community-settings or households" and "there is evidence of cost-effectiveness at reducing child behavioural and emotional problems and promoting effective parenting" (p. 10).[12]

This evidence supports making proven family interventions such as Triple P, more widely available to enhance the mental health and wellbeing of Queensland's children and young people.

Triple P and Queensland

In mid-2015, the Queensland Government embarked on a large-scale rollout of Triple P across the State. This initiative enables TPI to deliver free professional development courses for any interested practitioners that provide free family support programs.

To date, more than 1800 training places have been utilised, with representation from practitioners spanning the child protection, education, and health sectors.

In addition, the Queensland Government funds TPI to provide Queensland parents with direct and free access to its proven digital programs. Easily accessible 24/7 via the Triple P parent website (www.triplep-parenting.net), more than 85,000 parents and carers have taken up this opportunity since mid-2015.

The initiative is supported by a state-wide communications campaign promoting the availability of face-to-face and online programs and the benefits of positive parenting for children's development.

Together, these activities have supported the rollout to reach vulnerable sectors of the community at levels close to or exceeding state-wide representation. This includes low-income families, single-parent families, culturally and linguistically diverse families and Aboriginal and Torres Strait Islander families, many of whom have accessed Triple P support through community seminars or online (see Table 1).

Table 1. Demographics of families accessing Triple P support from 1 July 2020 - 31 December 2021

Metric	Total Count (%)
Health Care Card	
Yes (estimated at 20% of Qld population)	979 (42.1%)
No	1,345 (57.9%)
Aboriginal or Torres Strait Islander	
Yes (3.6% of Qld population, ABS 2012)	202 (8.7%)
No	2,121 (91.3%)
Language other than English spoken at home	
Yes (7% of Qld population, ABS, 2012)	521 (22.4%)
No	1,804 (77.6%)
Single parent	
Yes (16.1% of Qld population, ABS 2012)	778 (33.8%)
No	1,521 (66.2%)

The Case for Early Intervention

We know that mental health disorders among 5 to 14-year-olds in Australia are one of the leading causes of total burden of disease in childhood, with anxiety and conduct disorders among the most prevalent.[8]

We also know that a broad range of early childhood factors contribute to a student's risk of suspension from primary school. These include male gender, referral to child protection services, early externalising behaviours, a diagnosed emotional or behavioural problem, socio-economic disadvantage, pregnancy and birth factors, academic underachievement, physical injury, and parental criminal offending and mental illness.[13]

Early intervention before problems become serious makes sense.

A key recommendation (17.2) of the Productivity Commission's 2019 Report1 was to expand early childhood health checks, so that they assess children's social and emotional development before they enter pre-school. Triple P believes this must be accompanied by embedded support to address lagging social and emotional development.

Three international population health studies of Triple P have demonstrated significant reductions in children's mental health problems (37.5%)[14], child maltreatment (16%), out-of-home placements (17%), hospital-treated child maltreatment injuries (22%)[15], and parental stress and depression[16].

Here in Australia, a rollout of Triple P seminar and group programs in NSW showed a 10.5% reduction of children in the clinical range for mental health concerns.[17]

Triple P can be used as a targeted first line treatment and early intervention for families with children already experiencing mental ill-health including children with ADHD, early-onset conduct problems and anxiety.

Health, education, and child protection services can easily and rapidly integrate delivery of Triple P within their usual models of service delivery, to support the health and wellbeing of children and their families with evidence-based interventions, in a stepped-care fashion where more intensive intervention is provided to those most in need.

This approach serves to lessen the burden on those professionals in the tertiary system who provide intensive interventions, by reducing the number of families who get to this stage.

A PROPOSED WAY FORWARD

Supporting and Upskilling a Diverse Workforce

The case is strong for supporting the mental health workforce by upskilling community health service providers, social service providers, school educators and counsellors, and early childhood educators. Each has regular contact with children and families and is ideally placed to help parents to optimise their children's mental health and well-being and respond early to signs of ill-health.

The pandemic has increased pressure on families and led to an increase in clients presenting to mental health providers with complex needs. This, in turn, put pressure on existing workers to coordinate wrap-around social supports.

Ongoing pressure on workers can lead to significant problems such as workforce recruitment and retention. Other challenges experienced by this industry also include costs of training and the need to improve early intervention and appropriate referral processes.

Incorporating Triple P into a stepped care approach that gives greater access to training in preventive and early intervention family support will relieve pressure on critical parts of the Queensland mental health system.

Upskilling a diverse workforce in programs like Triple P will help address prolonged mental health workforce shortages and can fill gaps created by practitioners temporarily exiting the workforce to upskill at TAFE and universities. This is because professional development in Triple P is conducted in the workplace over a matter of days, or less as is the case for a new program specifically designed for educators.

Alongside the Triple P system, sits the more recently developed and evaluated Positive Early Childhood Education (PECE) Program, a professional development program for early childhood educators. The online variant of PECE comprises only 4-hours of online learning with positive outcomes produced for children and educator.

A randomised controlled trial of the effectiveness of the PECE Program[18] found:

- Many early childhood educators identified lack of skills or supports to address challenging child behaviour as the main influence reducing workplace satisfaction.
- Educators completing the program reported significantly improved child behaviour towards adults, increased work satisfaction and less stress. They communicated better with each other and supported each other more. They reported feeling more prepared to meet complex child needs and challenging behaviour.
- Centre directors reported increases in personal problem-solving rather than a reliance on education leaders or external supports.

When educators could undertake the PECE Online training course during the workday, there was a 100 percent program completion rate.

Cost Effectiveness

Preventing multiple adverse childhood experiences is key to generational change in mental health outcomes, and avoiding costs associated with their long-term impacts.

This submission is accompanied by economic modelling in the Australian context (see Appendix 1) showing Triple P can avert significant health-related costs. One study has shown that for every $1 invested in the Triple P system, there is a $13 return on that investment.[19]

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Triple P International Pty Ltd acknowledges the Traditional Owners of Country throughout Australia. We pay our respects to Elders past and present.

4 February 2022

APPENDIX 1: COST EFFECTIVENESS EVALUATIONS AND RETURN ON INVESTMENT OF TRIPLE P

STUDY	FEATURES	COST/BENEFIT	STUDY TYPE
Positive Family Functioning – Deloitte Access Economics (2010) report for Department of Families, Housing, Community Services and Indigenous Affairs. (Pages 56-74 outline the Triple P cost-benefit analysis)[19]	Study analysed various Triple P studies, mostly Australian, for the calculation. This included but was not limited to: • a large scale (n = 3,000) controlled evaluation of all five stages of Triple P for 4- to 7-year-olds • a meta-analysis of a Level 4 Triple P intervention[20] • a community-based Level 4 Triple intervention in Western Australia (n = >800), where the intervention was targeted towards at-risk families[21]	Benefit cost ratio calculated to be 13.83, suggesting a 1,283% return on investment from Triple P.	Economic modelling
Population cost-effectiveness of the Triple P parenting programme for the treatment of conduct disorder: An economic modelling study (2018)[22]	A population-based multiple cohort decision analytic model was created to estimate the cost per disability-adjusted life year (DALY) averted of Triple P compared to no intervention, using a health sector perspective.	*Group Triple P* – Very cost effective – threshold of $50,000AUD per DALY averted compared to no intervention [incremental cost effectiveness ratio (ICER) = $1,013 per DALY averted] *Standard Triple P* – Also cost effective – threshold of $50,000AUD per DALY averted compared to no intervention (ICER = $20,498 per DALY averted)	Economic modelling
Washington State Institute for Public Policy (2018)[23]	'Children's Mental Health' under the category 'Disruptive Behaviour', Triple P (Individual and Group) was measured for cost effectiveness.	Benefits minus costs: Triple P – Level 4 – Individual - $4,873[24] Triple P – Level 4 – Group - $3,646[25] Triple P System - $2,070[26]	Economic modelling

STUDY	FEATURES	COST/BENEFIT	STUDY TYPE
Institute of Health Economics Return on Investment for Mental Health Promotion: Parenting Programs and Early Childhood Development (2012)[27]	Study evaluated the economic evidence relating to early childhood interventions. Using Public Health data, and data supplied by Triple P, an economic model was developed to establish the return on investment if Alberta introduced Triple P to a birth cohort of 52,000 children.	Results indicated that if the Triple P program reduced conduct disorder by 6.5%, then there would be a positive return on investment. Current evidence indicates that the actual return on investment is far greater than 6.5%, with a study reporting Triple P has the potential to avert at least 26% of conduct disorder cases in children[28].	Economic modelling
NEXUS economic evaluation of the implementation of Triple P in NSW (2008-2010)[17]	From 2008-2010 (evaluation period) the NSW government intended to make Triple P Levels 2 and 4 to all NSW families with children aged 3-8 by funding training of 1,180 practitioners (and accompanying resources) and supporting them to deliver two Seminars and two Groups per year on an ongoing basis.	Level 2 (Seminars): • 9.7% reduction of children in the clinical range on the strengths and difficulties questionnaire (SDQ) Level 4 (Group Triple P, Self-Directed Triple P, Indigenous Triple P): • 10.5% reduction of children in clinical range on SDQ (35.3% to 24.8%) Direct investment of approximately $5 million was found to leverage $8 million value through implementing Triple P.	Economic evaluation

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