

# Design and testing of a new POPULATION MENTAL HEALTH MONITORING SYSTEM spanning infancy to young adulthood.



## WHY IS THIS NEEDED?

- Mental disorders are rapidly growing; they are now the leading cause of disability in young populations.
- High-quality population data is essential for evidence-based investment, and existing monitoring systems typically focus only on discrete ages and stages across the early life course.
- Every age and stage matters and there is a need to take a developmental perspective from early in life *through* to parenthood to yield intergenerational benefits.

Here we describe the development of a new **Comprehensive Monitoring System (CMS)** and ask:

### IS IT FEASIBLE TO IMPLEMENT A LIFE COURSE APPROACH TO POPULATION MONITORING?

## WHAT ARE WE MEASURING?

Selection of indicators for the CMS mirrored that of one of Australia's longest running studies of social and emotional development, The **Australian Temperament Project Generation 3**.



social and emotional competency (strengths and difficulties)

climates in which young people live and grow:

- FAMILY
- PEER
- DIGITAL
- COMMUNITY
- SCHOOL

## HOW ARE WE DOING IT?

### DEVELOPMENTALLY SEQUENCED DATA COLLECTIONS TO PRODUCE DEVELOPMENTAL PROFILES

Preconception Period				Next Generation Outcomes		
Middle Childhood	Adolescence	Young Adult	Conception-Infancy	Toddlerhood	School entry	
Middle Years Development Census	Adolescent Development Census	Young Adult Development Census	Parent and Perinatal Development Census	Parent and Toddler Development Census	Australian Early Development Census	
Survey 1 Age 10 years	Survey 2 Age 14 years	Survey 3 Age 18 years	Survey 4 Age 24 years	Survey 5 Age 10 months	Survey 6 Age 2 years	Survey 7 Age 6 years
Grade 4 Teacher	Self-report			Maternal-Child Health Nurses	Prep-Teachers	
Department of Education and Training Victoria			Department of Health and Human Services		Dept. of Education and Training Victoria	
Provision of Epidemiologically Robust Maps of Risk/Protective Factors to Inform Government Policy Planning, Resource Allocation, and Targeted Intervention						

The CMS is based on the same whole-of-population approach used by the Australian Early Development Census (AEDC).

To maximise response rates and ensure sustainability, data collection is built into existing, government-funded, universal services:

- Maternal Child Health (MCH)
- Schools
- Local Learning and Employment Networks (LLENs)

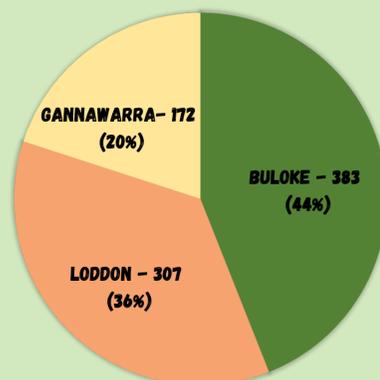
Ethics approval through Royal Children's Hospital Melbourne HREC (#62026) and ratified by the Deakin University HREC (# 2020-281)

## RESULTS

Our goal was to achieve **1,000 surveys** completed across the three participating LGAs of Buloke, Loddon and Gannawarra.

A total of **862 surveys** were completed:

- Although COVID-19 imposed challenges for schools, families and workforce, participation was high.
- Data collection across the proposed universal platforms was feasible in these communities.
- Community partners were essential for the co-design and implementation of a Comprehensive Monitoring system.



## IMPLICATIONS & NEXT STEPS

The CMS can guide government and community investments in mental health from early in life to young adulthood, setting secure foundations for the next generation.

The sustainability of the CMS into the future depends on three factors:

1. Robust data to produce unique developmental profiles for communities.
2. Access to the best available evidence-based interventions for community action.
3. An effective coalition of community, academic and government partners to establish a sustainable system.

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### Authors:

Cleary, J., Moraes, F.C.B., Nolan, C., Guhn, M., Thomson, K., Barker, S., Deane, C., Greenwood, C., Harper, J., Fuller-Tyszkiewicz, M., Letcher, P., Macdonald, J., Hutchinson, D., Spry, E. A., O'Connor, M., Carr, V., Green, M., Peachey, T., Toumbourou, J., Hosking, J., Nelson, J., Williams, J., Zubrick, S. R., Sanson, A., Lycett, K., Olsson, C. A.

