murdoch children's research institute

Centre for Community Child Health

Making a difference to the lives of children – school as the new frontier

IPSHA National Conference Adelaide

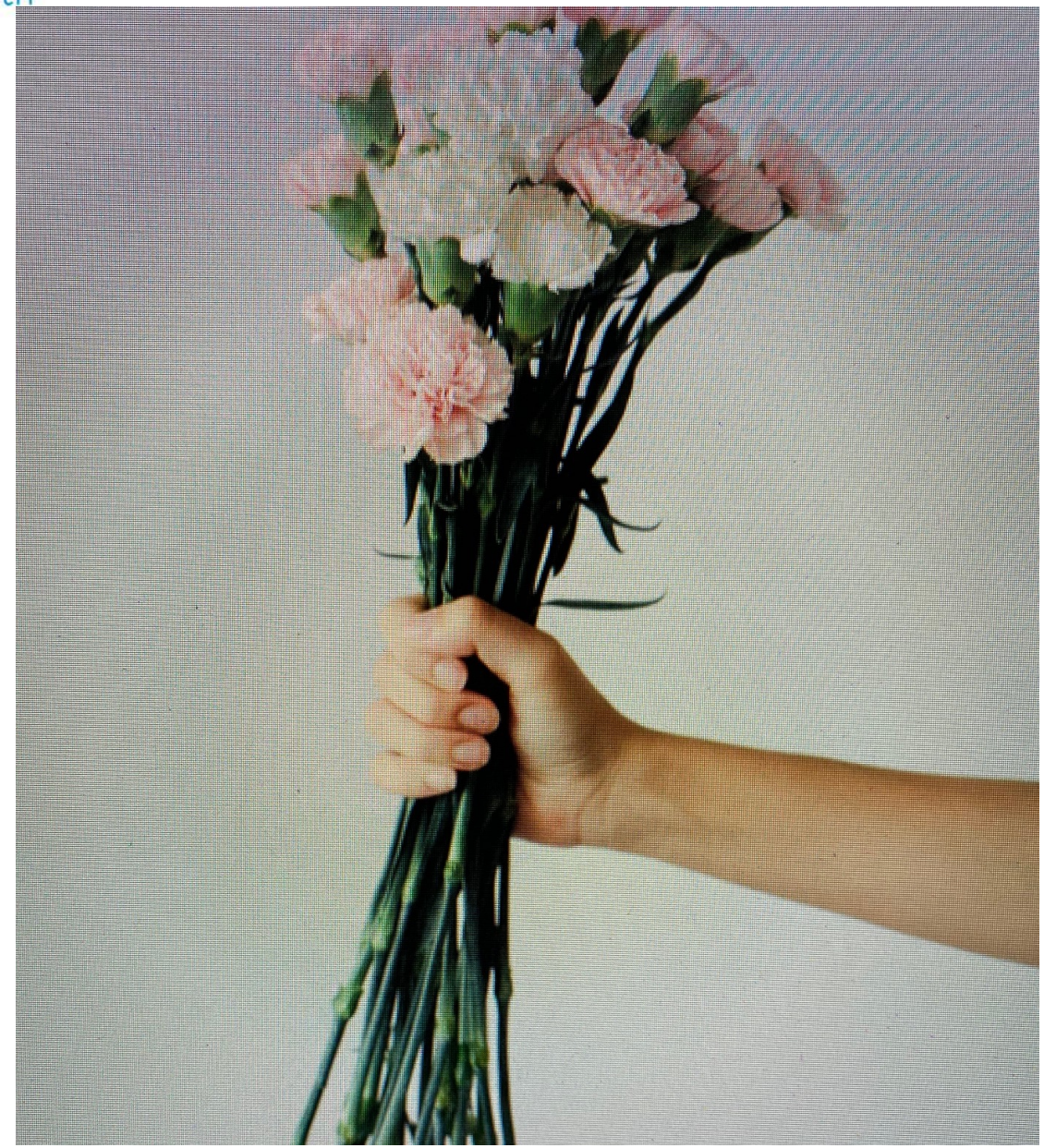
Professor Frank Oberklaid AM

Centre for Community Child Health, Royal Children's Hospital Melbourne.

May 28, 2022

The Royal Children's Hospital Melbourne


CORONA
VIRUS
SUCKS



Child-level factors

- Poorer mental health
- Poorer child health & development
- Poorer academic achievement

Family-level factors that impact children

- Poorer parent mental health
- Reduced family income & job losses
- Increased household stress
- Increased abuse & neglect
- Poorer maternal & newborn health

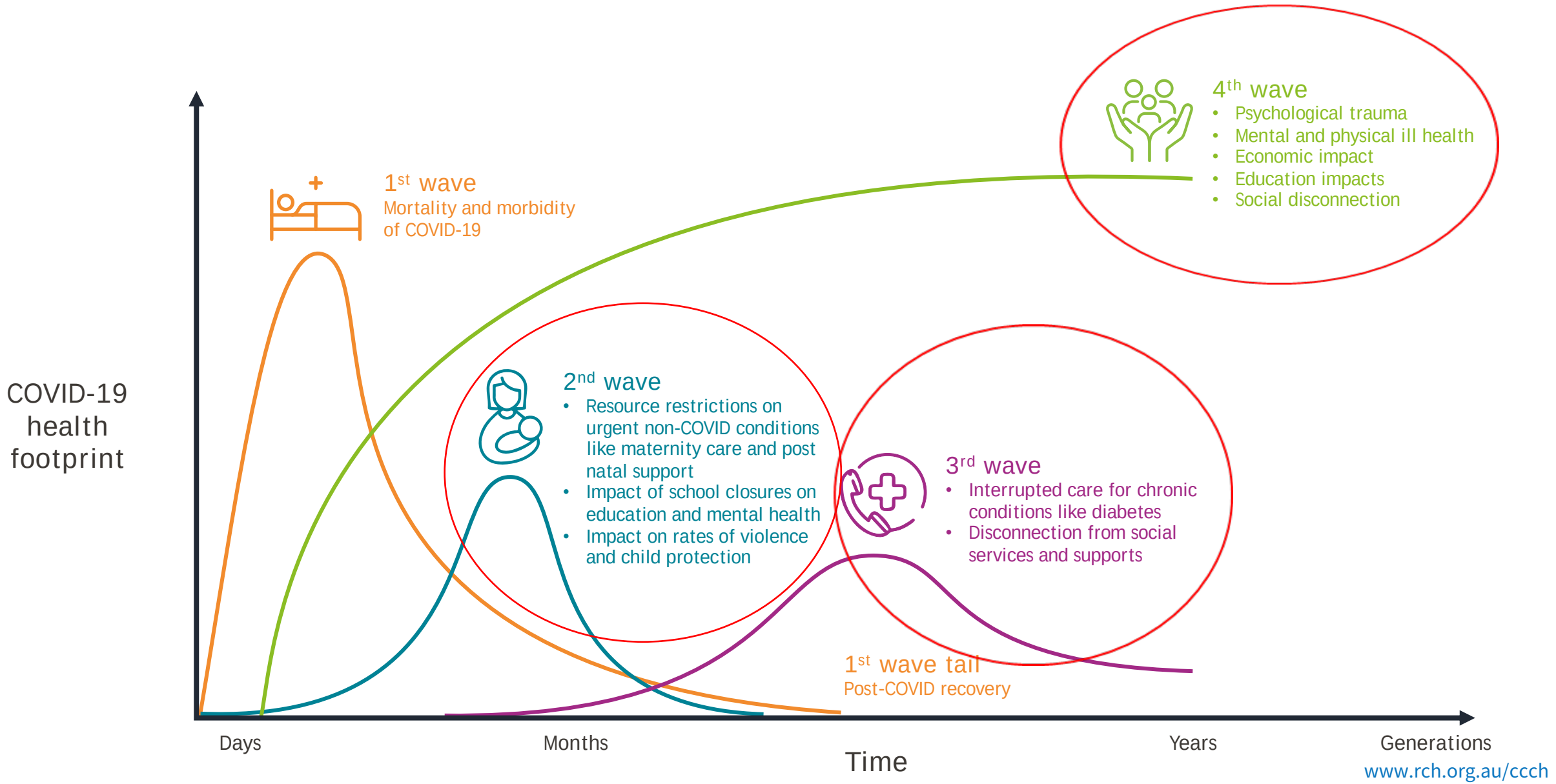
Service-level factors that impact children

- School closures
- Reduced access to healthcare
- Increased use of technology for learning, connection & healthcare

Disproportionate impact on children experiencing adversity

Goldfeld S, O'Connor E, Sung V, Roberts G, Wake M, West S, Hiscock H. A narrative review of the potential indirect impacts of the COVID-19 pandemic on children using a community child health lens. *Medical Journal of Australia*.

COVID-19 waves of impact for **children** and adolescents



www.rch.org.au/ccch

Data collection period: Sep 15-28, 2020.

Impact of remote learning (learning from home) on your child's emotional, behavioural and social wellbeing (their mental health)?

Australia (n= 2351)	Negative impact	No impact	Positive impact
Victoria (n=733)	50.9%	23.2%	25.9%
NSW **(n=716)**	30.7%	37.3%	32.0%
All other states (n=902)	26.7%	47.3%	25.9%

RCH National Child Health Poll: Findings

In **June 2020**, after the first lockdown:

- 1 in 4 families reported job/income loss[1]
- 1 in 3 families reported material deprivation[1]

In **September 2020**, when only Victorians were in lockdown:

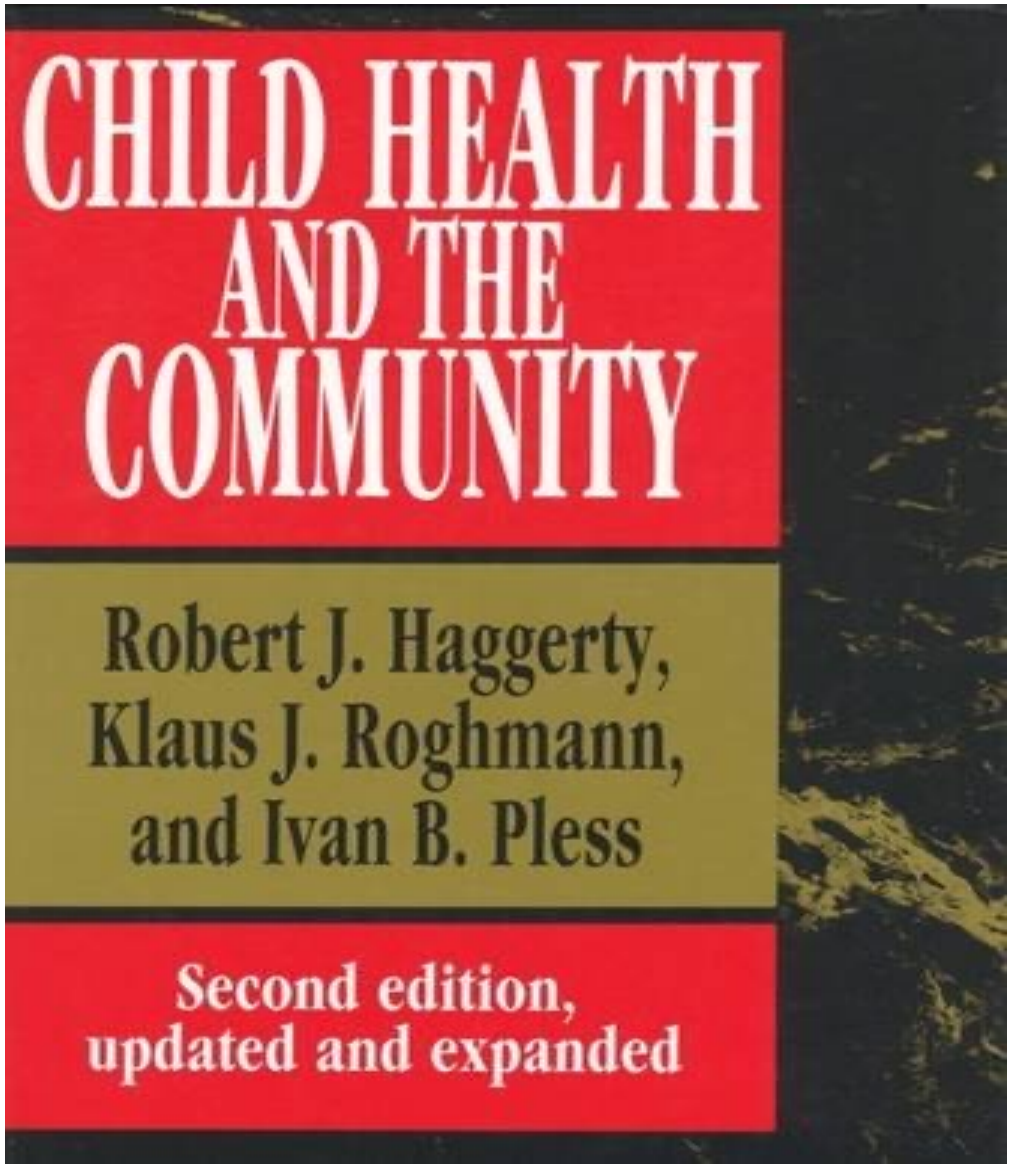
- Negative impacts of the pandemic on mental health increased by:
- 14% for caregivers and 12% for children[1]

By **July 2021**:

- Almost 60% of Australian parents reported a negative impact on their mental health[2]
- Over a third also reported negative mental health impacts for their children[2]
- *Parents who are less well-off reported worse mental health*[2]

But these challenges existed before the COVID pandemic

- Increase in children's health and developmental problems and their impact on school function
- Prevalence of mental health concerns and relationship to learning
- Importance of the early years and impact of environment - trajectory established well before children arrive at school
- Challenges in advocacy for increased focus on children – the elephant in the room
- The future = cause for optimism>


CHILD HEALTH
AND THE
COMMUNITY
Robert J. Haggerty,
Klaus J. Roghmann,
and Ivan B. Pless
Second edition,
updated and expanded

‘Health is affected by environmental and social processes as well as by sociological factors. The community in which a child lives is a major determinant of his health...’

- RJ Haggerty, 1975

‘A group of childhood difficulties that we have termed “the new morbidity” is now gaining attention. Many of these difficulties lie beyond the boundaries of traditional medical care… Handling such problems will be important to the future of pediatric practice, and a major shift in the orientation of training programs is required to prepare pediatricians for these tasks’.

- RJ Haggerty, 1975

The ‘new’ morbidity

- Learning disabilities and school failure
- ADHD
- Behaviour problems
- Autism spectrum disorder
- Irritable infants, sleep problems
- Mental health issues
- Child abuse and neglect, sexual abuse
- Functional health issues – RAP, headaches
- Chronic disease
- Obesity

Contemporary paediatric morbidity in Australia

- >600,000 children and young people with mental health problems
- >200,000 children and young people who are obese or seriously obese
- >350,000 child abuse notifications last year
- >60,000 children started school developmentally vulnerable in one or more areas of development
- Plus increases in autism, ADHD, school problems, violence and aggression…

Contemporary paediatric morbidity in Australia

- May have biological vulnerability but environment stressors play important role
- Often intergenerational
- Strong association with disadvantage
- Described as ‘wicked’ problems – complex causal pathways and no easy fixes
- Need multidisciplinary approaches – beyond the expertise of any single profession or discipline

First national survey provides important data on extent of problems

2000 - Sawyer MG et al. *Mental Health of Young People in Australia*

(Child and Adolescent Component of the National Survey of Mental Health and Well-being - part of the National Mental Health Strategy)

1. How many children and adolescents in Australia have mental health problems?
2. What is the nature of these problems?
3. What is the degree of disability associated with these problems?
4. What are the services used by children and adolescents with mental health problems?

Prevalence of problems

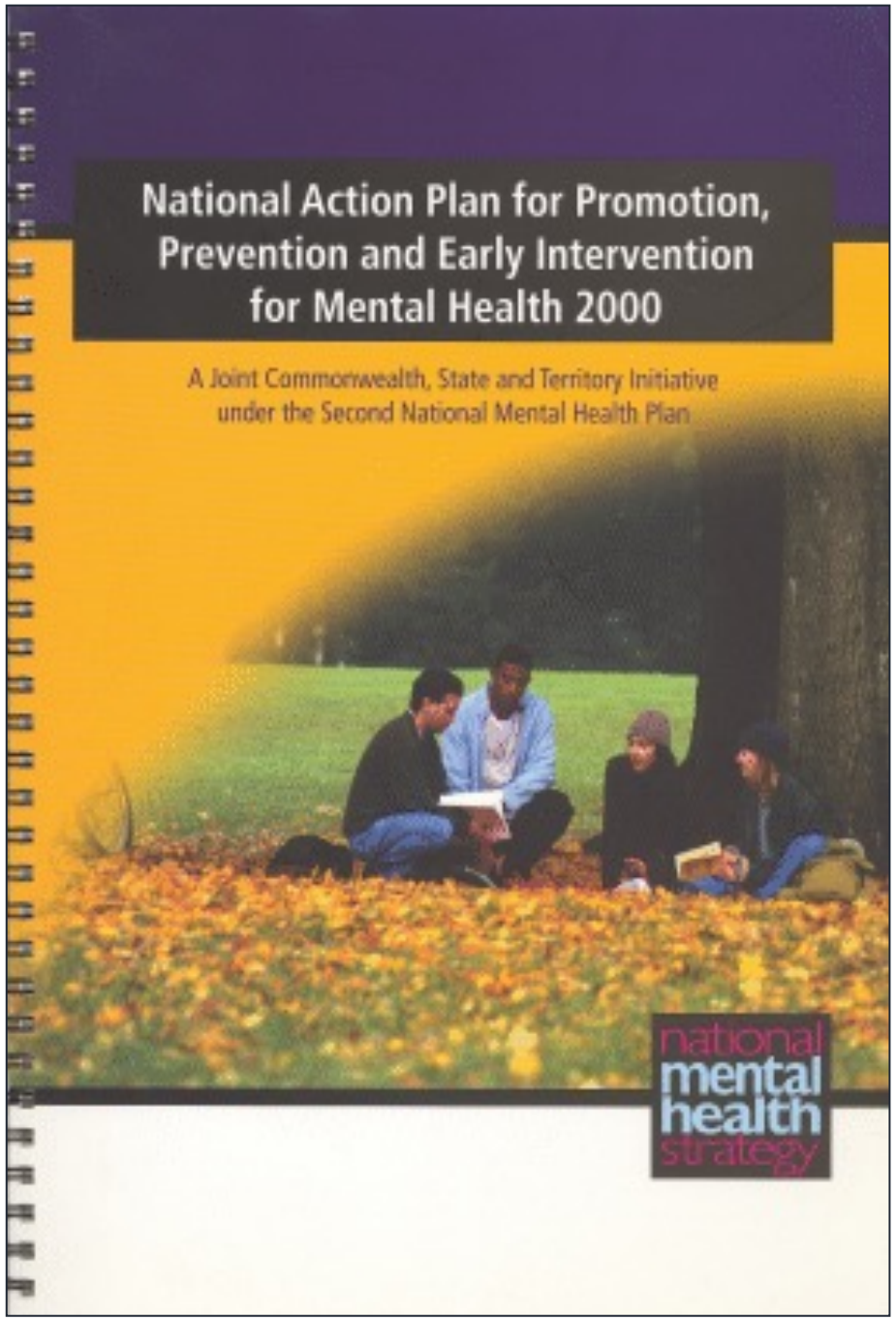
	Total problems (Percentage)	Total problems (Pop.estimate)
All children	14.1%	521,886
Males 4-12	15.0%	181,749
Males 13-17	13.4%	90,678
Females 4-12	14.4%	166,817
Females 13-17	12.8%	82,221

Use of professional services

- Only one in four receives help, usually from family doctors, school-based counsellors, and paediatricians.
- Children aged 4-12 years most frequently attended paediatricians and family doctors
- Adolescents most frequently attended school-based counselling services
- Only 50% of young people with the most severe mental health problems receive professional help

‘The relatively large number of young people with mental health problems stands in contrast to the limited number of trained clinicians available to help them. This disparity makes it unlikely that specialised programs based in secondary and tertiary treatment settings …will ever be able to provide direct care for all those with problems in Australia. As a result, there is a need to …. experiment with alternative models of service delivery that combine direct care, consultation to primary health care or school-based services, and both universal and targeted prevention programs….

- *Sawyer et al, 2000*


National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000
A Joint Commonwealth, State and Territory Initiative under the Second National Mental Health Plan
national mental health strategy

’While much of the impetus may come from within the mental health sector, it needs to be recognised that other sectors also have a major and explicit interest in improving the emotional and social wellbeing of communities and individuals…Partnerships need to extend across all sectors of the community including consumers; local communities and community groups; MCH nurses; education; welfare; GPs; lawyers…..

- National Action Plan 2000

Table 4: Key strategic sectors, settings and people for mental health partnerships

Thirteen sectors: home; child care; education; health; welfare; housing; community; arts, sport and recreation; employment; financial; corrections; media; government.

Why has advocacy for child mental health been so challenging?

‘Children’s mental health problems reflect unique interactions between intraindividual difficulties and environmental conditions. Treatment must therefore address conditions in the *family, school, and neighborhood*, as well as within the child. This *requires a system with a diverse set of interventions* and the capacity to coordinate multiple services’.

-Saxe L, American Psychologist 1988

Children's mental health is a different country

- Children are dependent on others to seek support and treatment
- Developmental stages mean children's emotional and developmental needs- and clinical symptoms - vary with age.
- Foundations for lifelong health and wellbeing are established in the early years
- The universal systems – MCH nurses, child care, preschool, school – provide an infrastructure for promotion, prevention, early identification of emerging issues and early intervention
- But all this creates complexity

Diversity of players in child mental health

	Identifying	Referring	Treating
Parents	+++	+	+
Child care	++	++	+
Preschool	++	++	+
MCH Nurse	++	++	++
School	+++	++	++
GP	++	++	++
Paediatrician	++	++	+++
Psychologist	+	+	+++

It is this complexity of child mental health issues that has contributed to the relative lack of policy attention when compared to adult and adolescent mental health

‘For every complex problem there is an answer that is clear, simple, and wrong’.

- *H L Mencken*

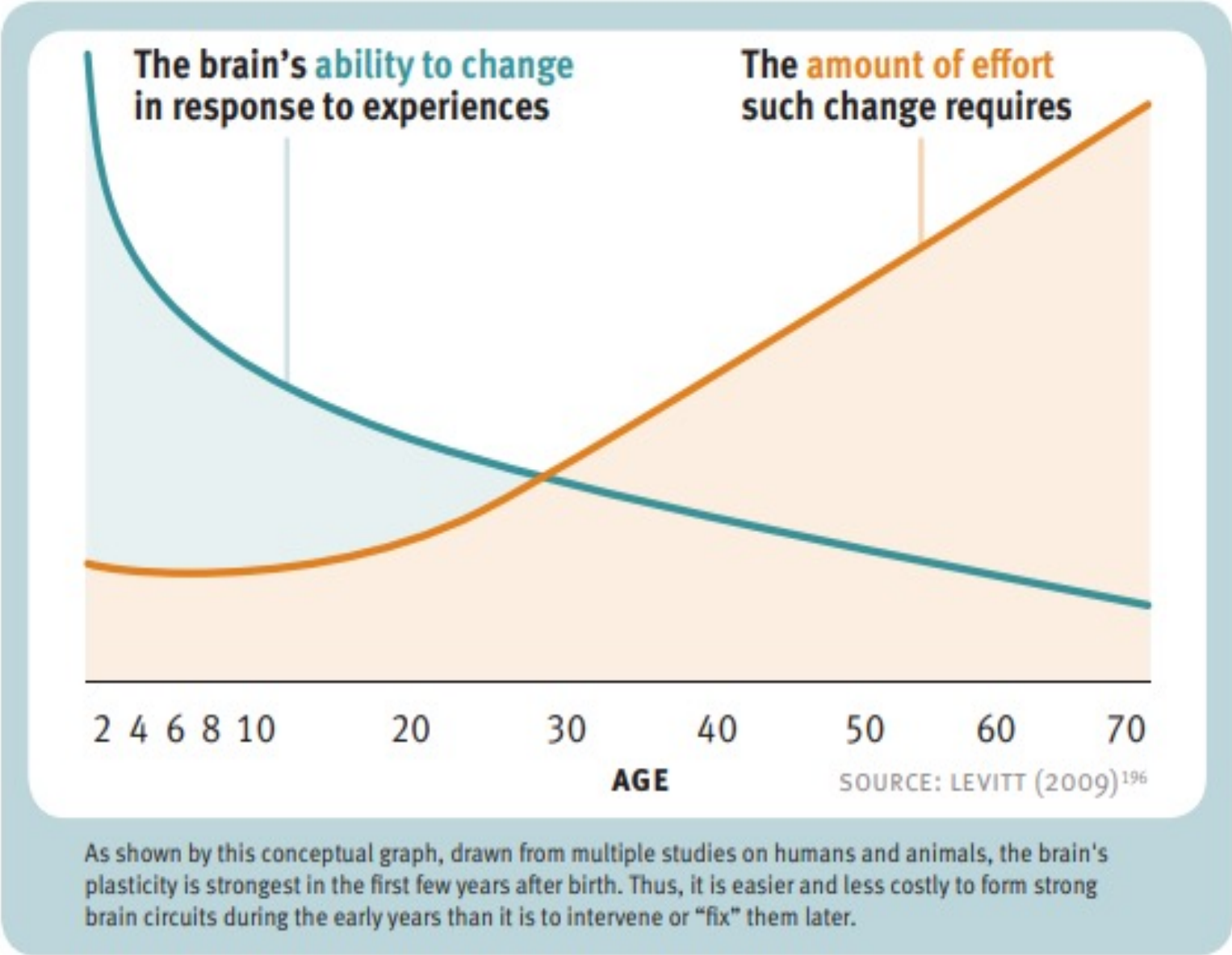
- Governments do not like complexity
- Integrating policy across departments is challenging
- Fragmentation of policy and services - vertical and horizontal
- Plus prevention is a very hard sell!

Related research has further strengthened the case for children to be a major focus of public policy

- Brain development and the importance of the early years in shaping life long health and wellbeing
- The importance of environment and central role of parents and caregivers
- The impact of stress and consequences of poverty and disadvantage
- Adverse childhood events and their negative effect on children's functioning

The neuroscience of brain development

- Brain architecture and skills are built in a hierarchical ‘bottom-up’ sequence
- Foundations important - higher level circuits are built on lower level circuits
- Brain is changed by experiences - the early years of life can have significant impact life course and on long term outcomes
- Research clear about characteristics of environment that impact outcomes
  - parenting, family functioning, communities
- Plasticity of the brain decreases over time and brain circuits stabilise, so it is much harder to alter later
- It is biologically and economically far more efficient to get things right the first time – the scientific case for prevention and early intervention



As shown by this conceptual graph, drawn from multiple studies on humans and animals, the brain's plasticity is strongest in the first few years after birth. Thus, it is easier and less costly to form strong brain circuits during the early years than it is to intervene or "fix" them later.

Relationships influence brain development

- In high income countries the single most important determinant in the child's environment is the quality of the child's relationships with parents and caregivers
- Nurturing and responsive relationships build healthy brain architecture that provides a strong foundation for behaviour, learning, and health
- When protective relationships are not provided, levels of stress hormones increase - this impairs cell growth, interferes with formation of healthy neural circuits, and disrupts brain architecture
- Dysfunctional relationships major risk factor for mental health problems

Adversity affects development

- child abuse – physical, emotional, sexual
- child neglect – physical or emotional
- poverty
- harsh or over-involved parenting
- domestic violence
- serious physical illness
- parent mental illness
- parent substance misuse
- bullying etc.

All more common in low SES groups

The impact of adversity and social inequality

- Psychosocial factors impact on health because of association with high levels of stress
- Major impact in early years - affects developing brain and establishment of neural circuits, including executive functioning and self regulation
- Chronic stress affects the body's physiological systems - including the cardiovascular and immune systems - increasing vulnerability to wide range of diseases and health conditions
- 'Double jeopardy' - have the least access to supports such as consistent health care, quality childcare and preschool, good schools, and family supports

‘Positive’ stress

- Moderate and transient stress responses - results in mild increases in stress hormone levels and short lived increases in heart rate
- Precipitants include the challenges of new people and situations, dealing with frustration, adult limit setting, the pain of a fall or injection
- Important part of healthy development as it occurs in the context of stable and supportive relationships

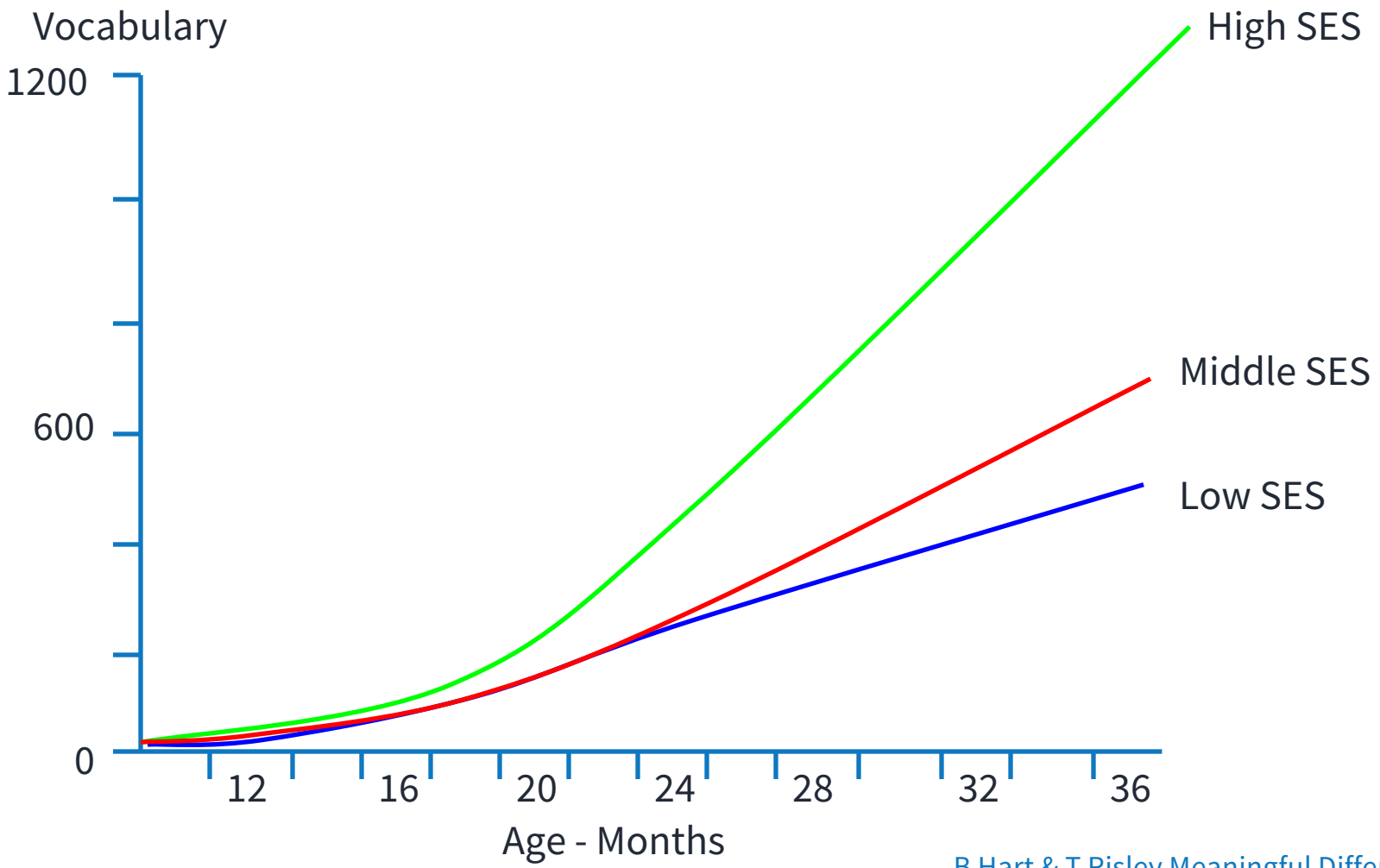
‘Tolerable’ stress

- Stress responses that can disrupt brain architecture, but are buffered by supportive relationships that facilitate adaptive coping
- Precipitants include death or serious illness of a loved one, parent divorce, witnessing a frightening event, major trauma or illness, a natural disaster, homelessness
- Generally time limited, so gives the brain opportunity to recover from potentially damaging effects

Persistent or ‘toxic’ stress

- Strong and prolonged activation of body’s stress response - in absence of buffering protection of adult support
- Precipitants include extreme poverty, physical or emotional abuse, chronic neglect, severe maternal depression, substance abuse, family violence
- Disrupts developing brain architecture
- Leads to lower threshold of activation of stress management systems - can lead to life long problems in learning, behaviour, and both physical and mental health

Vocabulary growth - first 3 years



B Hart & T Risley Meaningful Differences in Everyday Experiences of Young American Children 1995

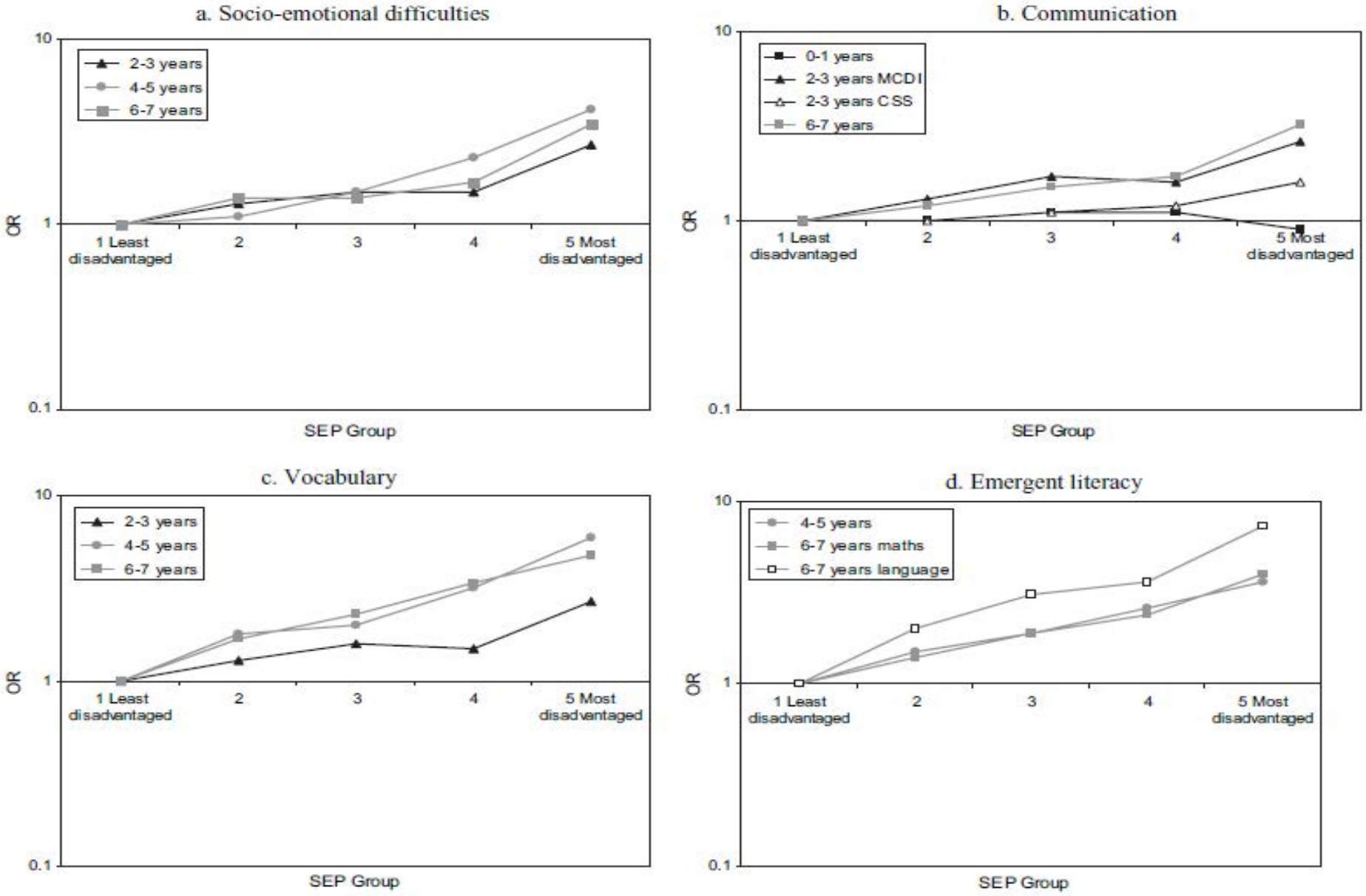


Figure 1 ORs (presented on a log scale) by socioeconomic position quintile for socio-emotional difficulties, and poor communication, vocabulary and emergent literacy skills.

- *Nicholson et al, 2009*

Australian Early Development Census (AEDC)

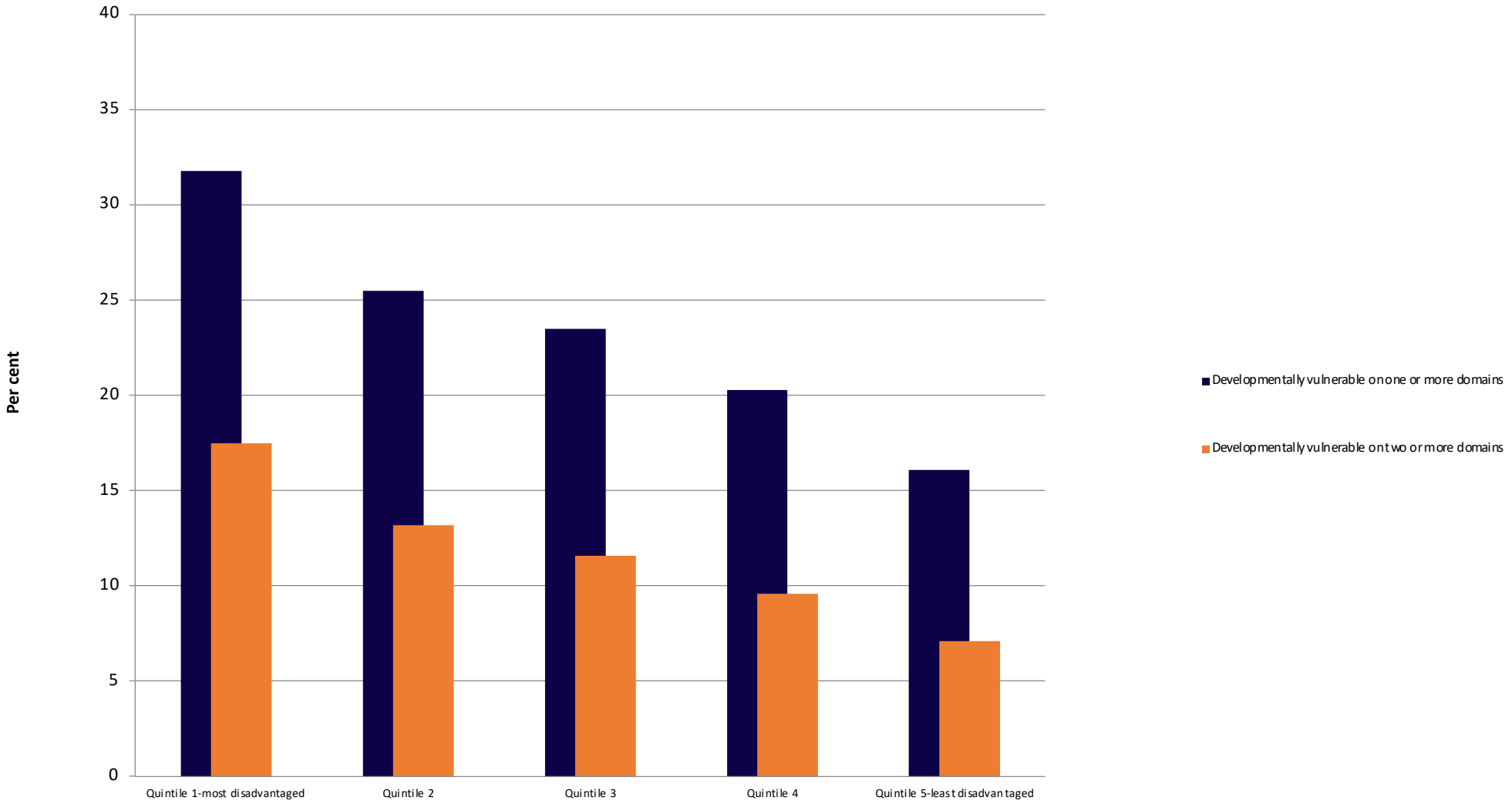
- A population based measure which provides information about children's health and wellbeing
- 100+ questions covering 5 development domains – social competence; emotional maturity; language and cognitive development; physical health and wellbeing.
- Teachers complete the AEDC online for each child in their first year of full-time schooling
- Results are provided at the postcode, suburb or school level and not interpreted for individual analysis

Key findings - 2018

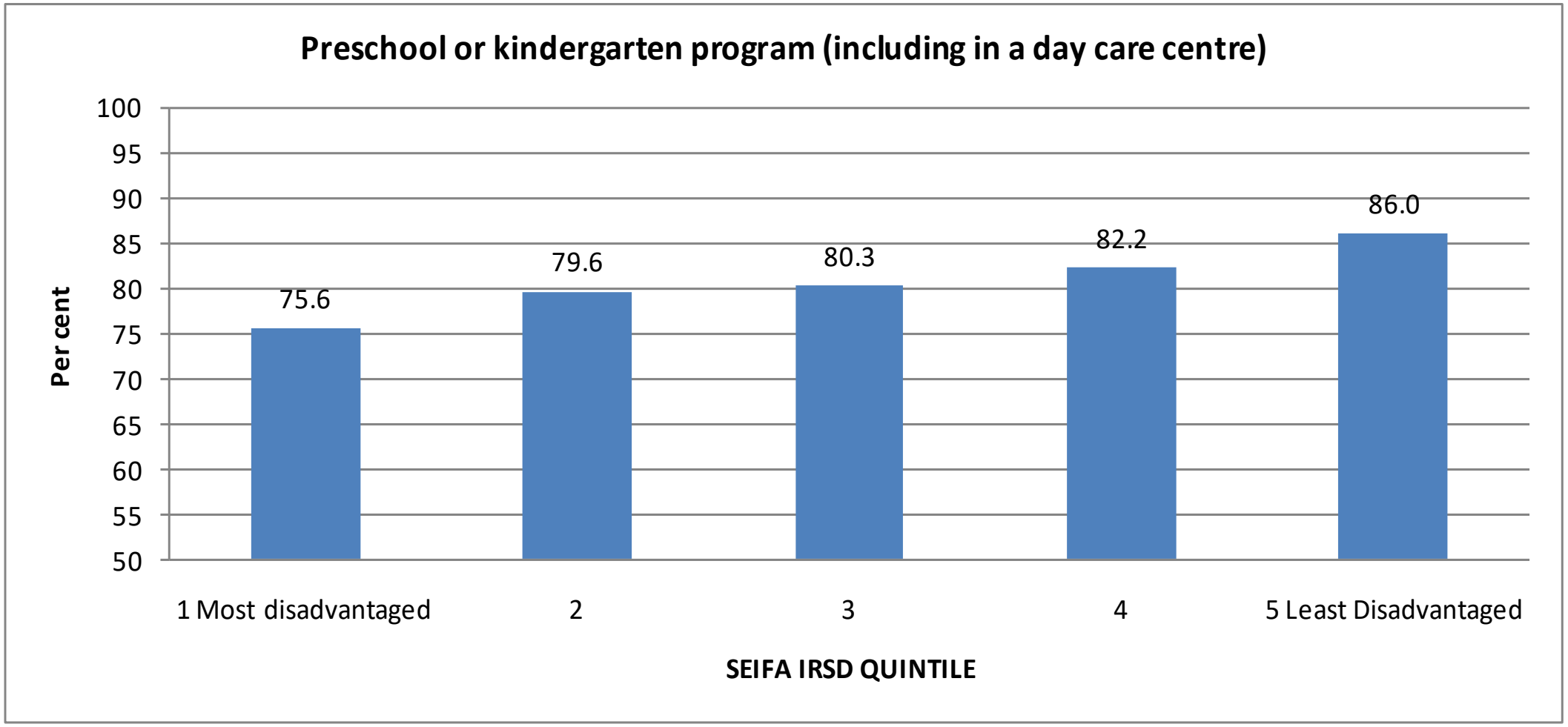
Percentage of children developmentally vulnerable (DV) across Australia by jurisdiction

	DV ≥ 1 domains (%)	DV ≥ 2 domains (%)
New South Wales	21.2	10.2
Victoria	20.1	9.9
Queensland	29.2	15.6
Western Australia	24.3	12.0
South Australia	22.5	11.4
Tasmania	21.7	10.8
Northern Territory	36.3	22.1
Australian Capital Territory	21.9	10.8

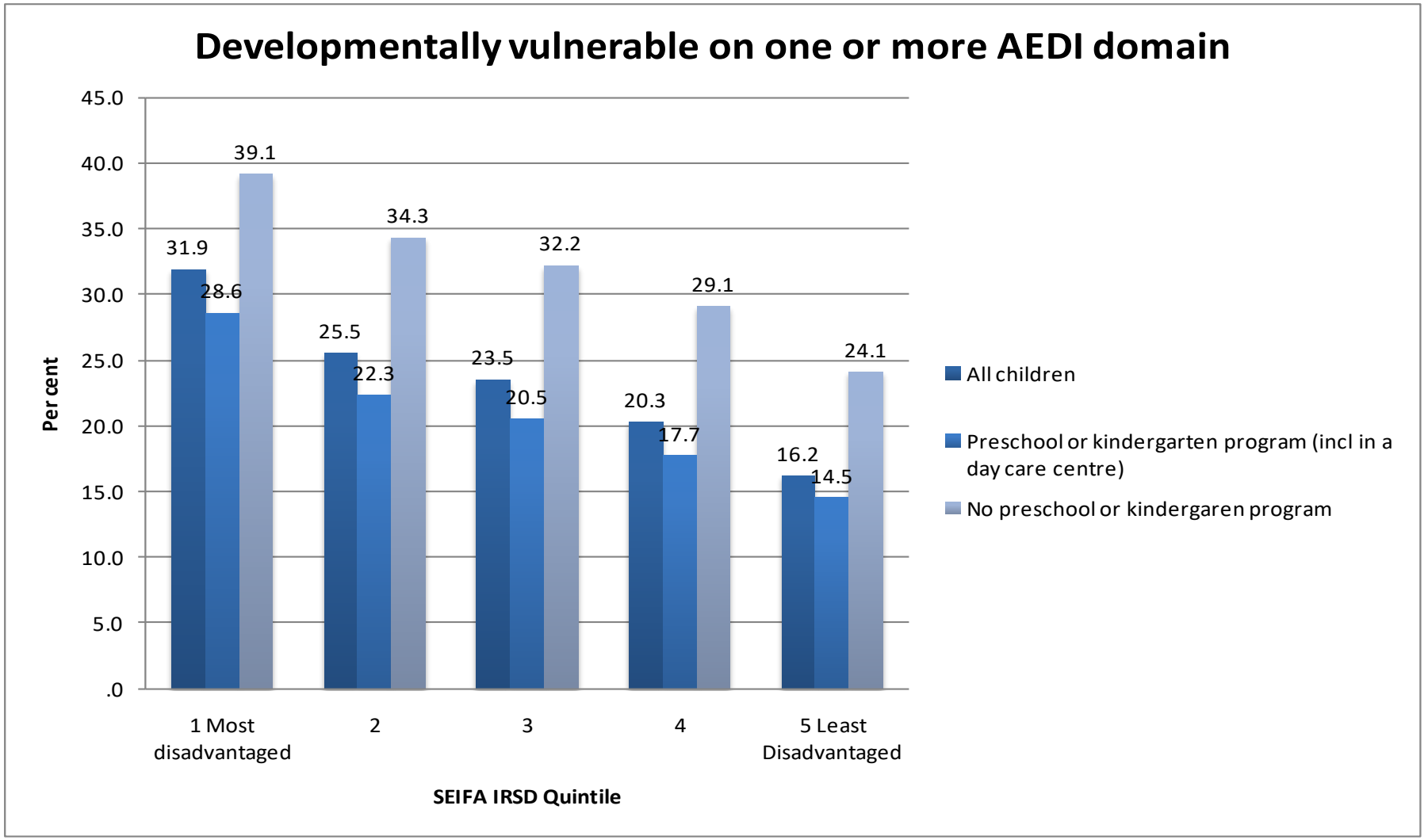
Results by SES status



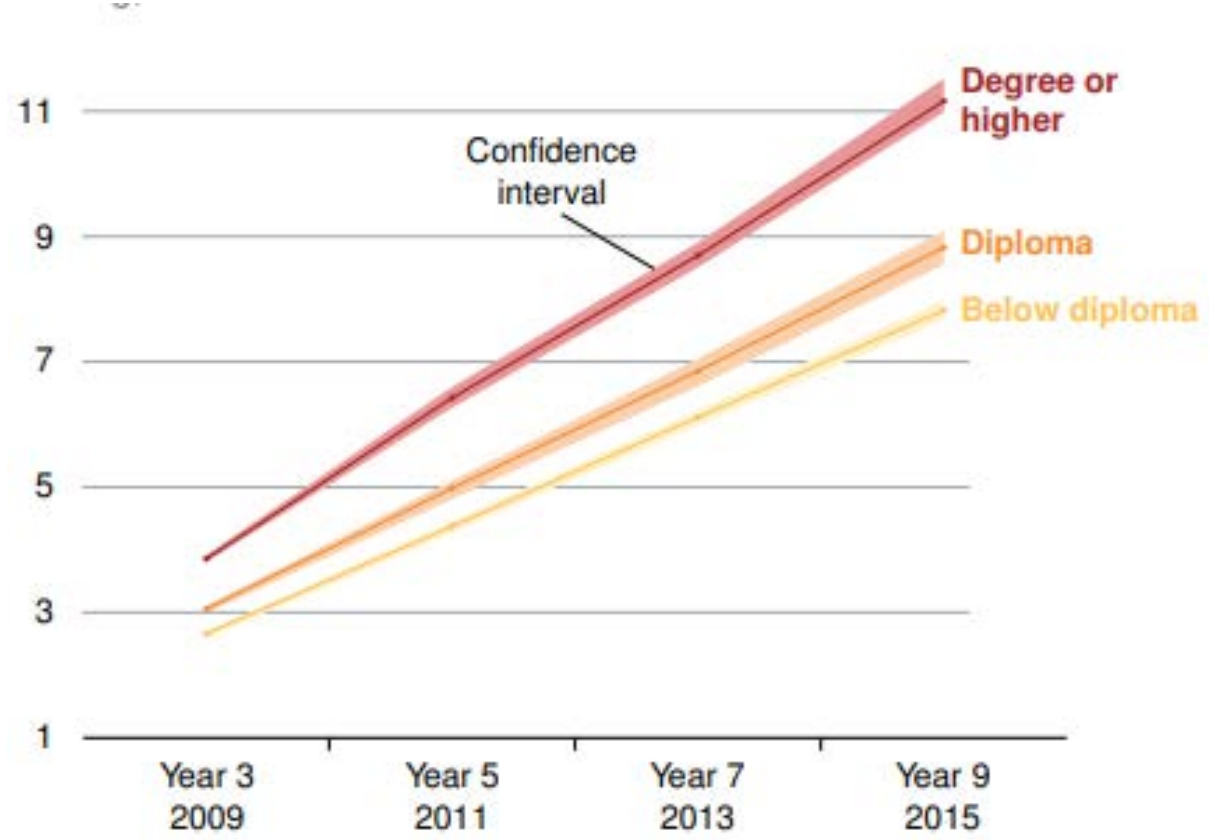
Disadvantage and preschool participation



AEDC results and preschool participation



Estimated equivalent year level by highest level of parental education - Reading, Victorian 2009–15 cohort



Notes: Chart shows 99 per cent confidence interval
Source: Grattan analysis of VCAA (2015) and ACARA (2014).

2015

The Mental Health of Children and Adolescents

REPORT ON THE SECOND AUSTRALIAN CHILD AND ADOLESCENT SURVEY OF MENTAL HEALTH AND WELLBEING

Table 2-4: 12-month prevalence of mental disorders among 4-17 year-olds by household income and sex

Household income before tax	Males (%)	Females (%)	Persons (%)
$130,000 or more per year	12.3	8.8	10.5
$52,000-$129,999 per year	13.8	10.8	12.3
Less than $52,000 per year	24.4	16.1	20.5

Household income includes the combined income for the 2011-12 financial year of everyone living in the household before tax and other deductions are taken out.

Table 2-7: 12-month prevalence of mental disorders among 4-17 year-olds by area of residence and sex

Area of residence	Males (%)	Females (%)	Persons (%)
Greater capital cities	14.2	11.0	12.6
Rest of state	19.6	12.4	16.2

Based on the ABS classification Greater Capital City Statistical Area (GCCSA).

Table 2-6: 12-month prevalence of mental disorders among 4-17 year-olds by parent or carer labour force status and sex

Parent or carer labour force status	Males (%)	Females (%)	Persons (%)
Both parents or carers employed	12.6	9.0	10.8
One parent or carer employed, one parent or carer not in employment	15.5	10.1	12.9
Both parents or carers not in employment	23.4	18.7	21.3
Sole parent or carer employed	16.9	17.1	17.0
Sole parent or carer not in employment	36.0	22.0	29.6

'Not in employment' combines unemployed and not in the labour force.

Australian Government

www.rch.org.au/ccch

Why are we seeing an epidemic of child mental health issues?

- Is it actual increase or better awareness?
- High expectations – parents, schools
- Increasingly competitive society
- Media exposure
- Internet
- Social media
- Social climate change

‘Social climate change’ and its impact

- Rapid social change - conditions under which families are raising children have changed (more complex)
- Divorce, single parents, blended families, shared custody arrangements
- Working longer hours, part time/shift work, more casual work, Job insecurity
- Increase in poverty/ health inequalities, and increased social gradient
- Poorly resourced families can be overwhelmed with challenges of daily life and parenting

- After Moore, CCCH

Modernity's paradox

'We are witness to dramatic expansion of market based economies whose capacity for wealth generation is awesome…At the same time, there is a growing perception of substantial threats to the health and wellbeing of today's children and youth in the very societies that benefit most from this abundance.'

- Keating & Hertzman (1999) Developmental Health and the Wealth of Nations

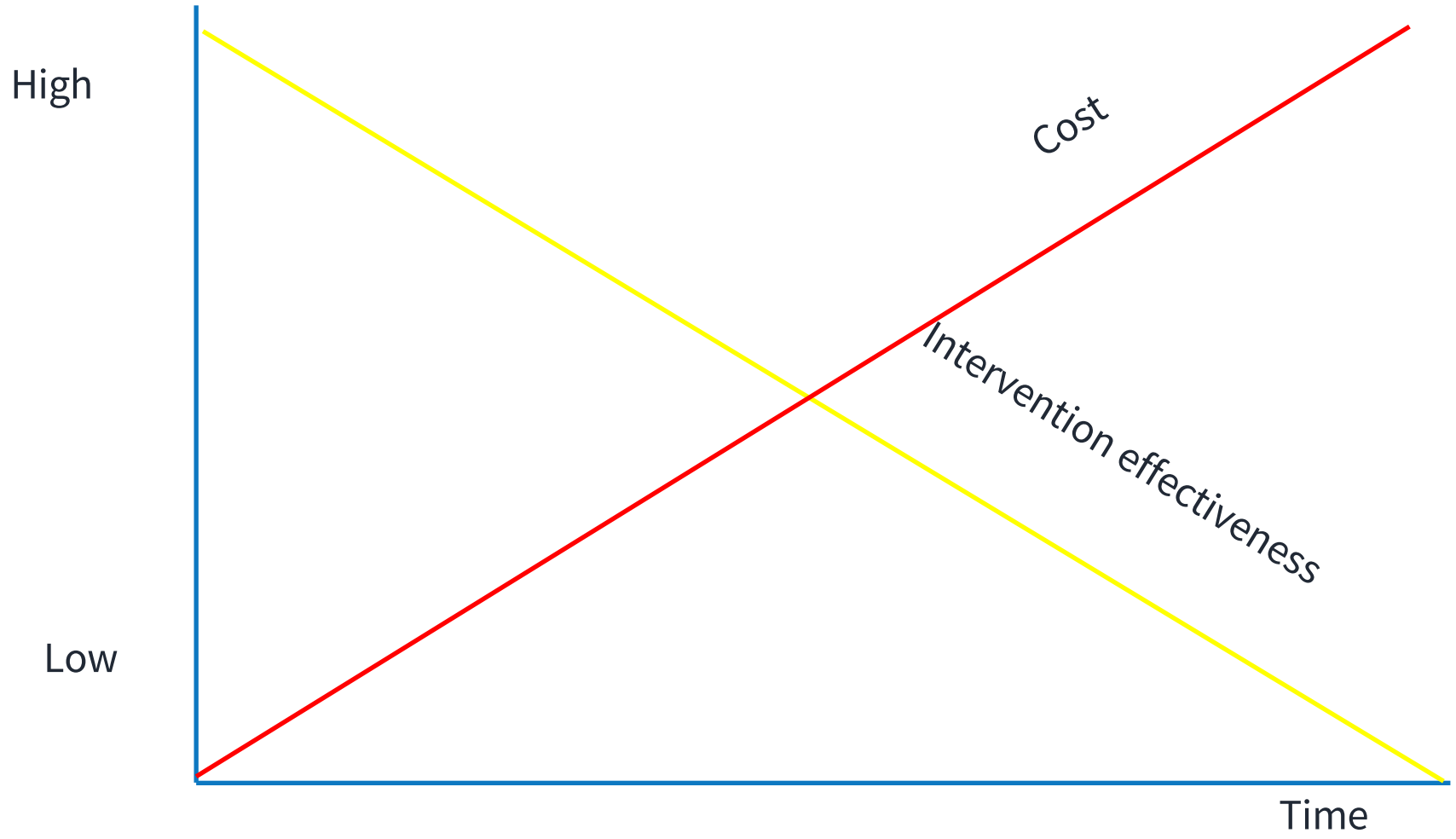
‘It is not as if we have lost the knowledge of what has constituted a good childhood, but it seems more difficult to realise it in the context of rapid change. And we have limited ways of protecting, understanding, monitoring and controlling the impact of progress on children. Shared cultural, political and moral commitments to children are becoming confused, contested and weakened in the face of the unstoppable changes, disruptions and uncertainty.’

- Green DM, 2013 (Discussion paper for the Berry Street Childhood Institute)

Reducing risk factors for children's problems

- Need major shift in public policy, focusing not just on treatment but also on promotion, prevention and early intervention (fence on top of cliff rather than more ambulances at the bottom)
- Treating established problems is difficult, expensive, and not sustainable at a population level
- Need to focus on family and community factors which have major impact on the development of young children - adversity, disadvantage, social equity
- The earlier we intervene the better - more leverage in younger years

Intervention effects and costs of social-emotional and mental health problems over time (after Bricker)



‘Organized abandonment’

Drucker calls for organized abandonment of products, services, markets or processes ‘which were designed in the past and which were highly successful even to the present, but which would not be designed in the same way if we were starting afresh today, knowing the terrain ahead.’

- Peter Drucker. Leadership Challenges for the 21st Century Oxford, Butterworth/Heineman, 1990

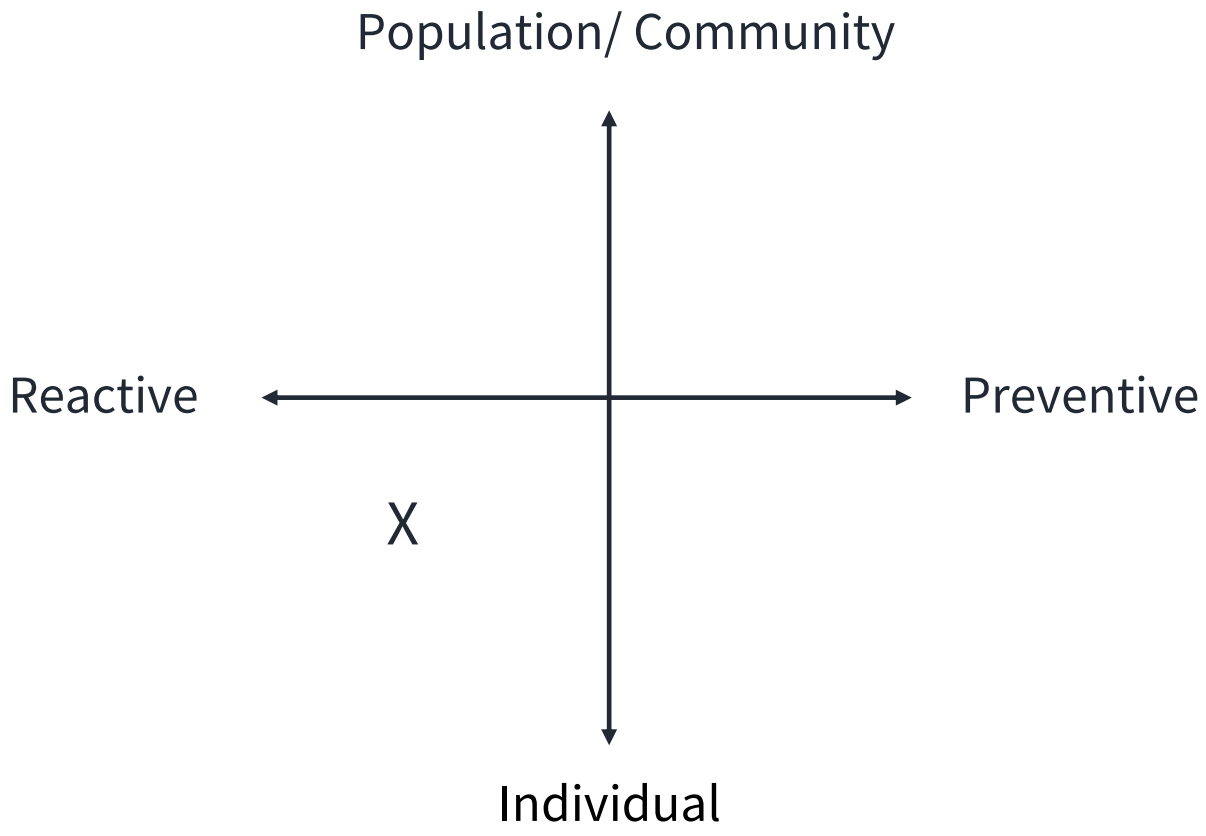
Old approach

- The needs of the individual child are addressed in isolation
- Resources allocated only when problems become severe enough to warrant attention
- Policies are focused on fixing individual deficits
- Policy criteria - dollar amounts allocated
- Services delivered in narrow departmental silos

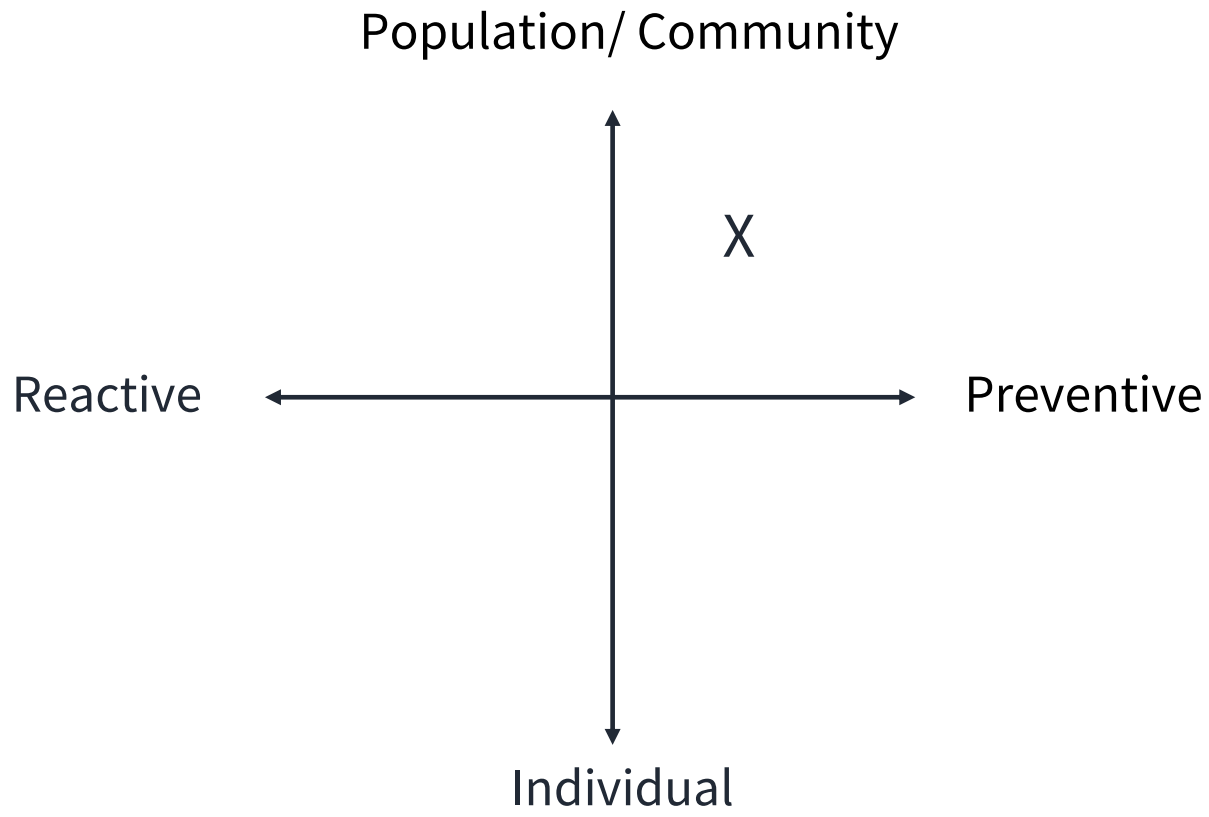
New approach

- Focus on populations - improve outcomes for all children
- Build on universal platforms
- Engage parents and all stakeholders
- Prevention and early intervention focus
- Whole of government approach - move away from departmental silos towards broadbanding of services
- Flexibility of services with accountability and responsibility at local level
- Community focus on improved coordination of services
- Innovative funding and accountability arrangements

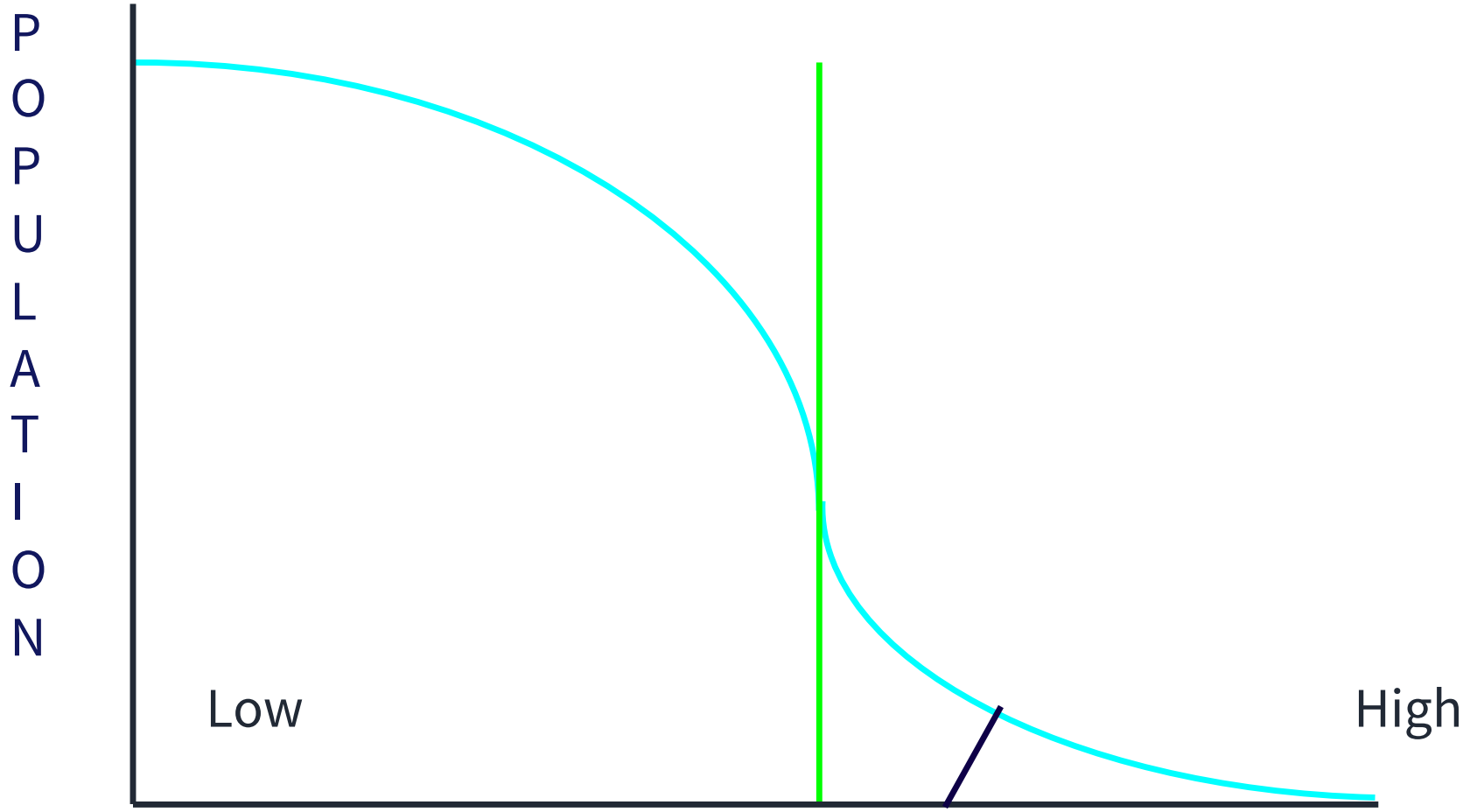
Where are our investments today?



Where our investments should be



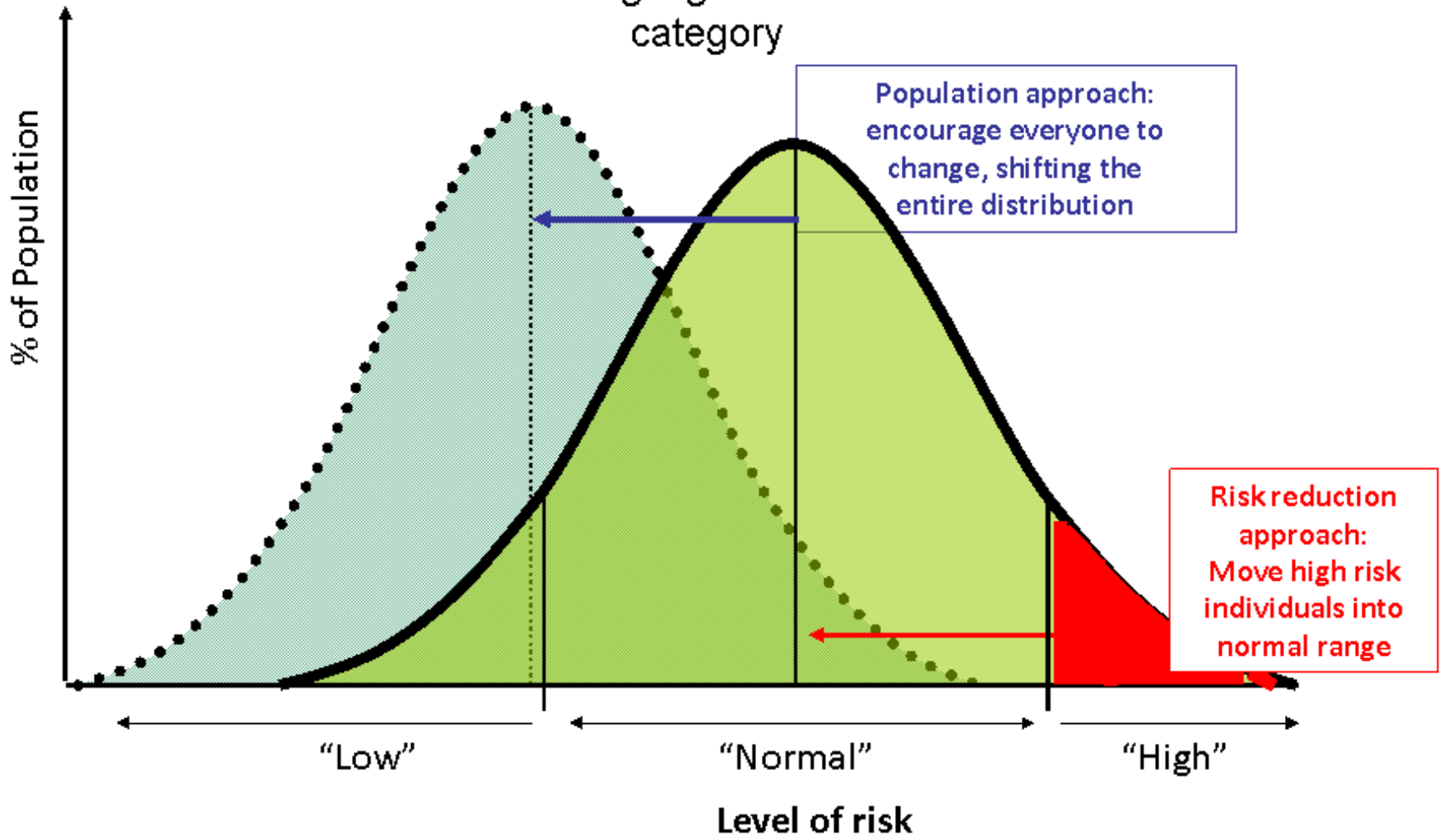
Mental health risk



Effort is devoted to identifying and managing the high risk group

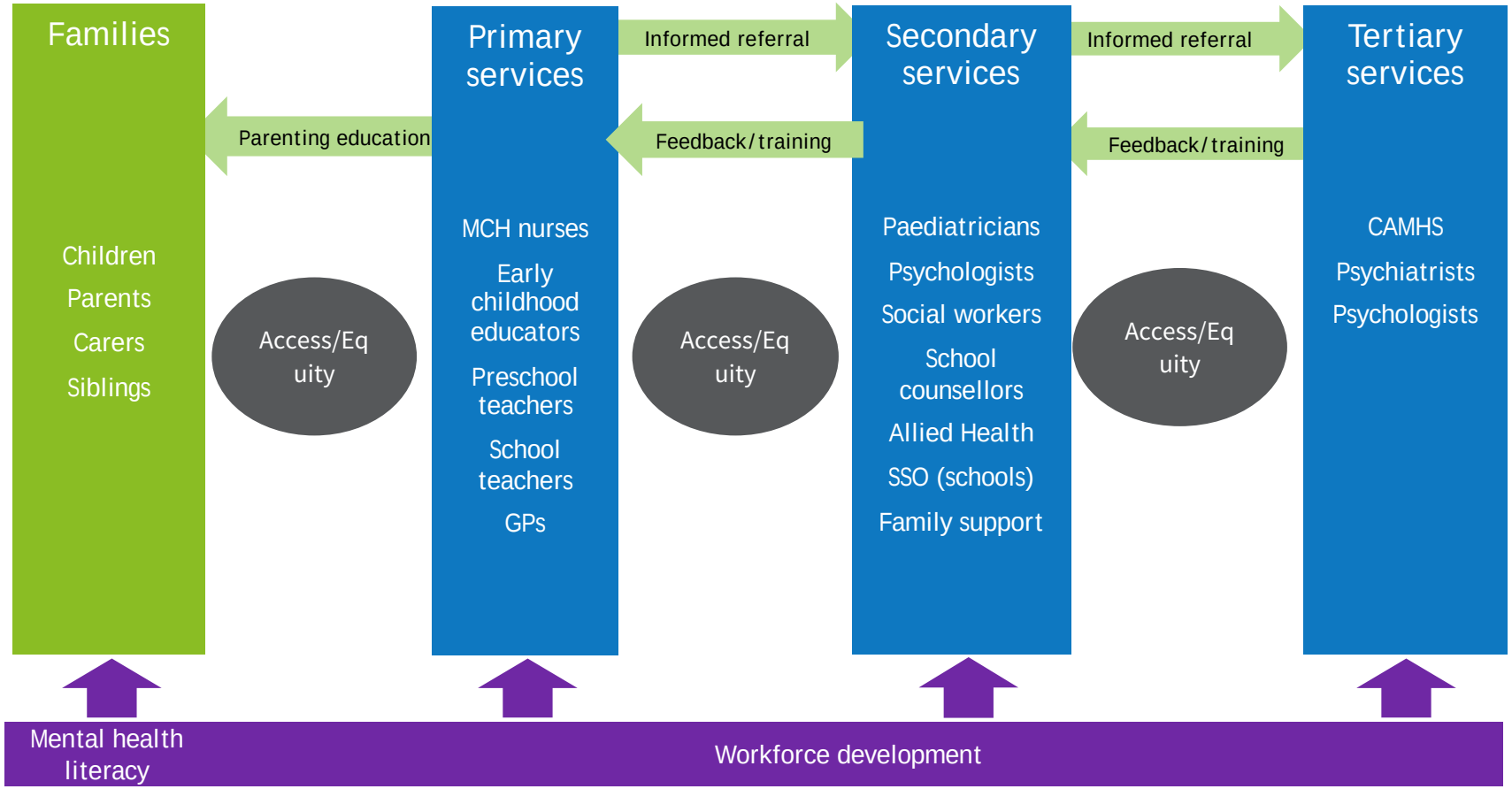
The Bell-Curve Shift in Populations

Shifting the whole population into a lower risk category benefits more individuals than shifting high risk individuals into a lower risk category



Source: Rose G. Sick Individuals and sick populations. *Int J Epidemiol.* 1985; 12:32-38.

Integrated system of care for children's mental health

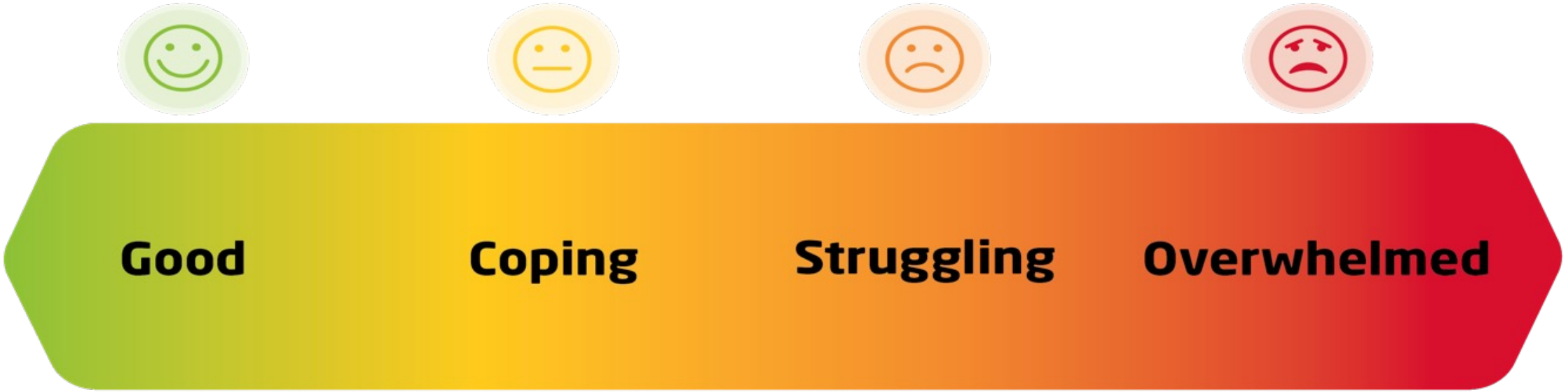


F. Oberklaid
12/2017

New approaches – some examples

- Changing the language of child mental health
- Child and family centres
- Mental health in primary schools (MHiPS)

The Children's Wellbeing Continuum



Child and family centres (hubs) – a new model of care

- A multidisciplinary core team
- Clear coordinated pathways from primary to secondary to tertiary
- Integrated with existing community service system – built on local services
- Focus on equity and timely access
- Parent education and support
- Build capacity and capability in workforce
- Strong links with child and family support services – child protection, housing, drug and alcohol, family violence, etc

Mental Health in Primary Schools (MHiPS)

A partnership between

- Murdoch Children's Research Institute – *Centre for Community Child Health*
- University of Melbourne – *Melbourne Graduate School of Education*

funded by the Victorian Government – *Department of Education*

Why schools?

- Universal system – ideal non-stigmatizing platform
  - 99% of Australian children attend formal schooling
  - ~ 1000 hours per year in class
  - ~ 9 hours per year with a health professional
- Potential Intervention vehicle
  - Low intensity, universal
  - Screening and targeted intervention

Aims of the MHiPS model

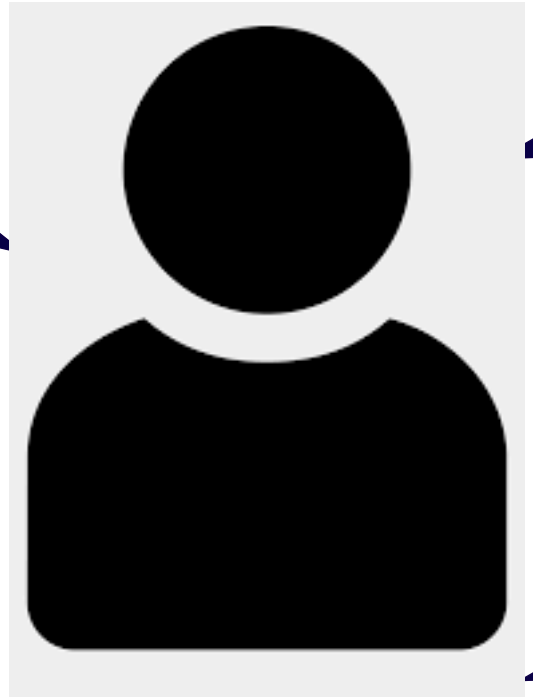
The model aims to achieve three outcomes:

1. Train Mental Health and Wellbeing Coordinators to build capacity within schools to better detect and address mental health issues in the classroom.
2. Delineate a clear referral pathway for children identified as requiring further assessment and intervention, both within the school and to external agencies.
3. Use these referral pathways to build bridges between the education and healthcare sectors (mapping template)

The Mental Health and Wellbeing Coordinator role

Create clear referral pathways (within school and externally) and forge relationships between school and community services.

Work with regional staff, school wellbeing team, and other health professionals to engage appropriate mental health support.



Embed evidence-based training and resources across the school to build the capability of staff.

Implement whole school approaches to mental health and wellbeing

Knowledge, skills, attitudes

Knowledge	Skills	Attitudes
Child wellbeing and mental health issues and understanding the mental health continuum	Effective engagement with parents and carers	Valuing student voice and agency in their wellbeing and mental health needs
Referral pathways for primary students with wellbeing and mental health needs	Effective engagement with students who require support for their wellbeing and mental health	Reduce stigma associated with mental health issues through education and capacity building of staff, students and families
Risk and protective factors for primary school children in regard to wellbeing and mental health	Identifying students with needs across the mental health continuum	Valuing teacher and other school staff perspectives on children with wellbeing and mental health needs
Privacy and confidentiality issues when working with primary aged children	Effective liaison and relationship management between child and referral pathways	

Increased policy attention to child mental health

- Productivity Commission inquiry on the social and economic benefits of investing in mental health
- Royal Commission into Victorian Mental Health System
- The National Children's Mental Health and Wellbeing Strategy

Plus awareness of child mental health issues amplified by the COVID-19 pandemic

Productivity Commission (2020)

Focus on prevention and early help: early in life and early in illness

- The mental health of children and families should be a priority, starting from help for new parents and continuing through a child's life
- Schools should have a clearly defined role in supporting the social and emotional wellbeing of students, with effective pathways to care
- Provide seamless care, regardless of the level of government providing the funding or service

Priority reforms

Prevention and early help for people

- Support the mental health of new parents
- Make the social and emotional development of school children a national priority
- National stigma reduction strategy
- Develop implementation plans for national strategies that integrate healthcare and other services
- Strengthen evaluation culture

Australian Government

The National Children's Mental Health and Wellbeing Strategy

Process for development of the Strategy

- Under auspices of Mental Health Commission – accountable to Board
- Co-Chairs – Frank Oberklaid and Christel Middeldorp
- Multidisciplinary Expert Advisory Group
- Two Working Groups (0-5; 5-12), and Aboriginal and Torres Strait Islander Reference Group
- National Steering Committee – including state governments
- Extensive stakeholder consultation with professionals – colleges, organisations, peak bodies.
- Consultation with vulnerable and at risk groups – carers and those with lived experience

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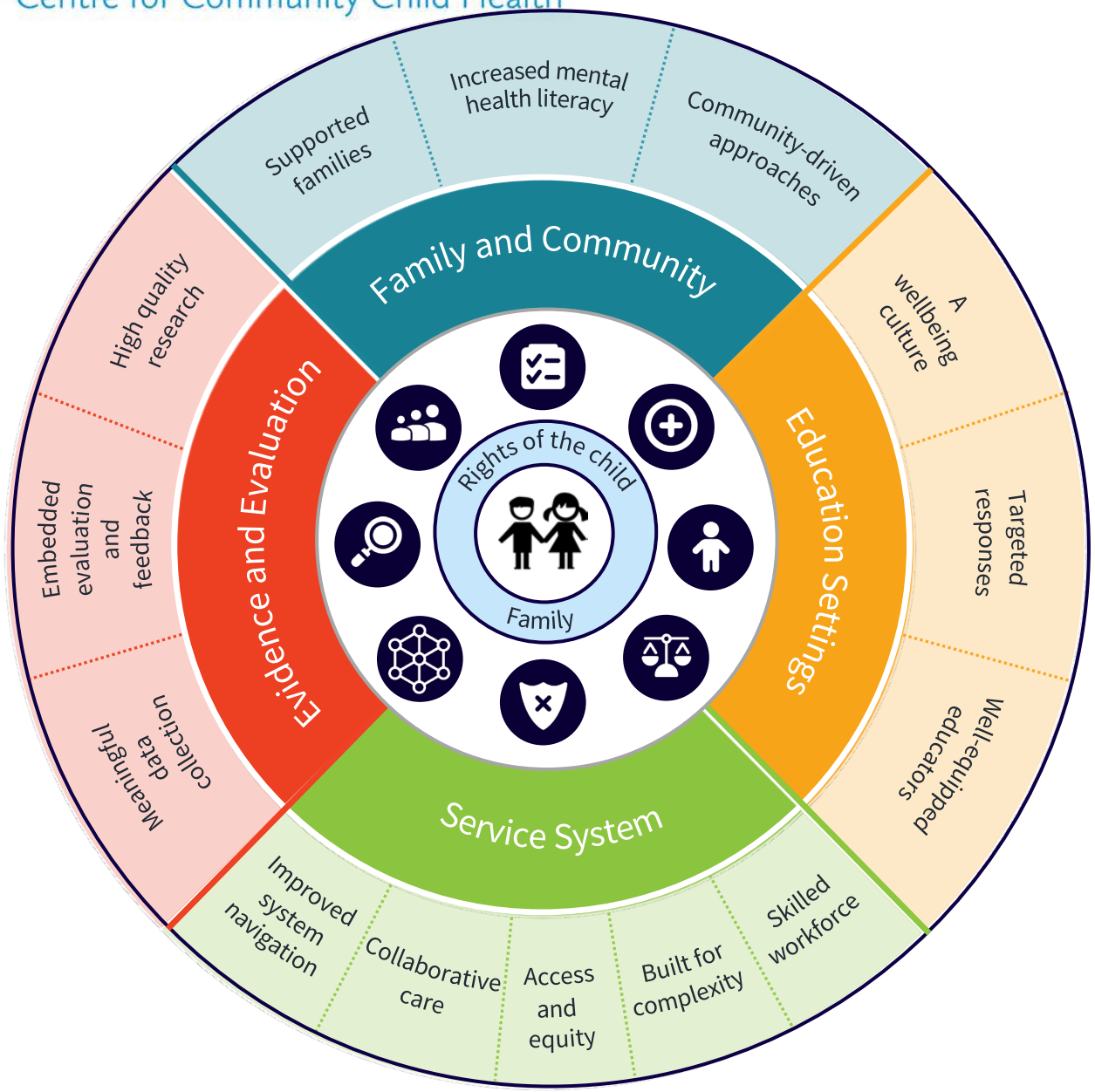

- Child-centred
- Strengths-based
- Universal system
- Evidence-informed best practice and continuous quality evaluation
- Prevention-focused
- Equity and access
- Early intervention
- Needs based, not diagnosis driven

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Eight principles to guide the strategy

1. Child centred
2. Strength based
3. Prevention focused
4. Equity and access
5. Universal system
6. Evidence informed
7. Early intervention
8. Needs based (not diagnosis driven)

Four focus areas

1. Family and community
2. The service system
3. Education settings
4. Evidence and evaluation

For each focus area

- Key objectives
- Actions
- Indicators of change

Education settings

- **Actions**
  - All early childhood and school settings to have student wellbeing plan
  - Employ wellbeing coordinator in each primary schools - establish and maintain relationships outside education setting
  - Designated staff members to plan and coordinate wellbeing activities
  - Provide funding for evidence-based and targeting identifies student needs
  - Training for educators to identify and respond to students and families who are struggling
  - Guidelines for educators to discuss mental health issues with parents
  - Support educators to obtain additional training on mental health
  - Educators should have accessible avenues to support their own mental health

Education settings

- **Indicators of change**
  - Extent to which children enjoy a sense of belonging, and prevalence of bullying and discrimination.
  - Level of children's engagement with their education, and strength of relationships between educators and the children's parents and carers.
  - Implementation progress of planned program of activities to improve student wellbeing, and rates of children's participation
  - Strength of relationships between schools/early childhood learning services and locally available mental health service providers.
  - Rates of children's participation in evidence-based mental health and wellbeing programs through schools and early childhood learning services.
  - Educator knowledge and confidence

'…this Strategy proposes a number of actions that collectively represent a fundamental, cultural shift in the way we think about mental health and wellbeing for children'

- a change in language that refers to a wellbeing continuum that supports early intervention
- a change in status to give child mental health parity with physical health
- a change to ensure access and equity in all systems with priority access given to children 0- 12 years of age
- a change towards needs-based access to services
- a change in the collective understanding of the roles of families, communities, services and educators.

‘Nothing hard is ever easy’

- Don Berwick, 1998

Challenges in implementation of Strategy – some risks

- Success will be measured by the amount of new funding
- Focus on short term rather than a 10 year evolving plan
- Fragmentation – of funding, of policy, of implementation
- Federal/state differences on priorities
- Reform fatigue – challenge of ongoing system change
- Solutions too complex – will revert to funding new programs
- Child mental health seen through an adult mental health lens – diagnose and treat – rather than a child development and family perspective
- ‘Set and forget’ – no evaluation
- Crowded out by adult and adolescent mental health

'The wind' as a metaphor

- The pessimist complains about the wind
- The optimist expects it to change
- The realist adjust the sails

- anonymous

Building infrastructure - human capital

‘The implications of this rapidly evolving science for human capital formation are striking. The workplace of the 21st century will favor individuals with intellectual flexibility, strong problem solving skills, emotional resilience, and the capacity to work well with others in a continuously changing and highly competitive economic environment. In this context, the personal and societal burdens of diminished capacity will be formidable, and the need to maximize human potential will be greater than ever before.’

- Knudsen EI, Heckman JJ, Cameron JL, Shonkoff JP (2006)

Proceedings of National Academy of Sciences

Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different.
It is a portal, a gateway between one world and the next. We can choose to walk through it, dragging the carcasses of our prejudice and hatred, our avarice, our data banks and dead ideas, our dead rivers and smoky skies behind us.
Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it.

- Suzanna Arundhati Roy

‘It is the burden on good leadership to make the currently unthinkable thinkable, to question the obvious, to make the present systems unavailable as options for the future. The boundaries in our minds create fear about the consequences of crossing over to the undiscovered country. But the possibilities we really need do not lie on this side of our mental fences. Once crossed, these fences will look as foolish in retrospect as the beliefs of other times now often look to us.’

- Don Berwick - 1998

The Centre For Community Child Health
The Royal Children's Hospital Melbourne
50 Flemington Road
Parkville 3052 VIC

www.rch.org.au/ccch

The Centre for Community Child Health is a department of The Royal Children's Hospital and a research group of the Murdoch Children's Research Institute.

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