
Reducing the prevalence of mental illness and substance use disorders in children and youth

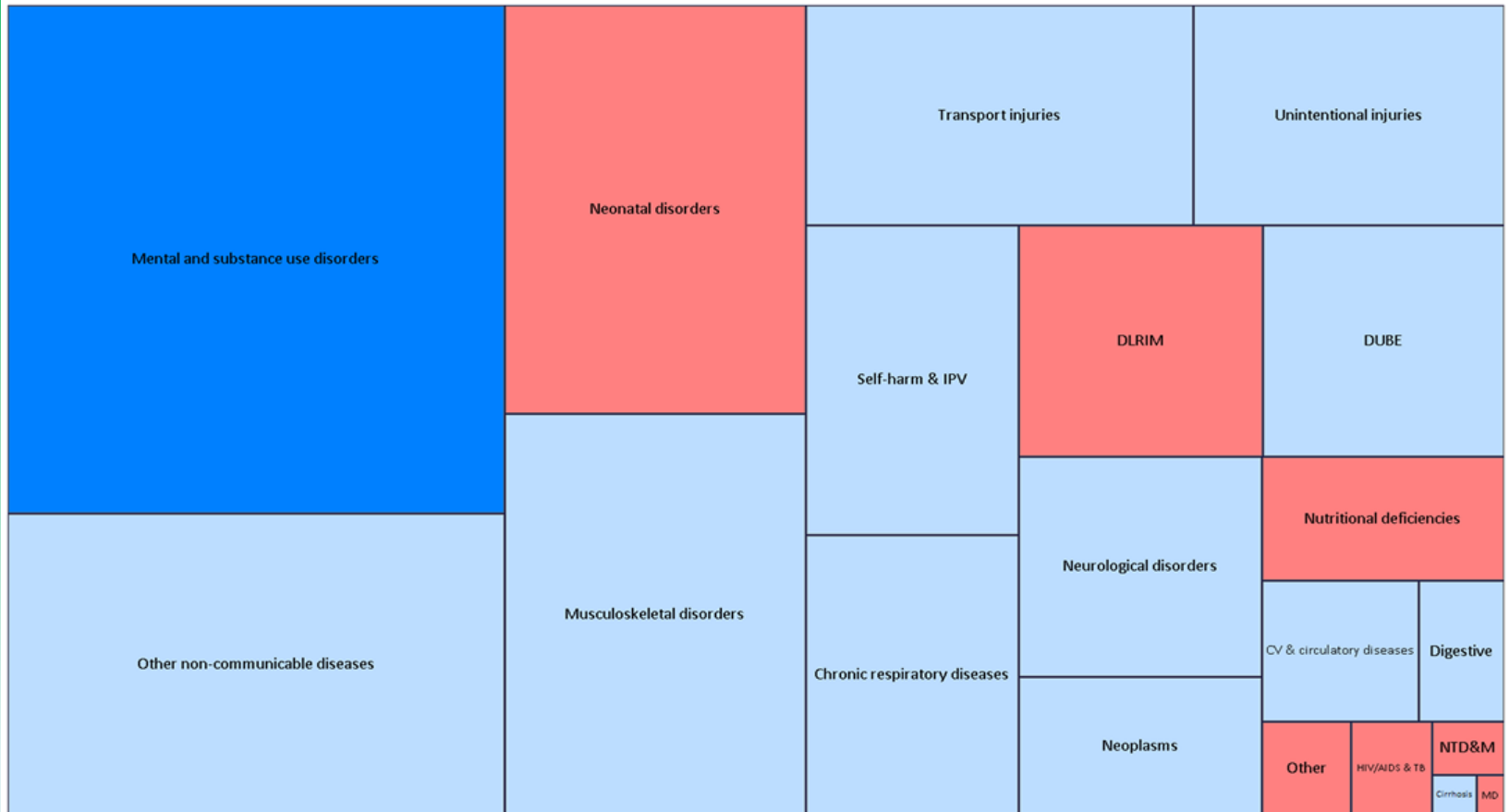
Queensland Mental Health and Drug Advisory Council

A/Prof James Scott

James.scott@health.qld.gov.au



Burden of mental illness in children and young people in high income countries



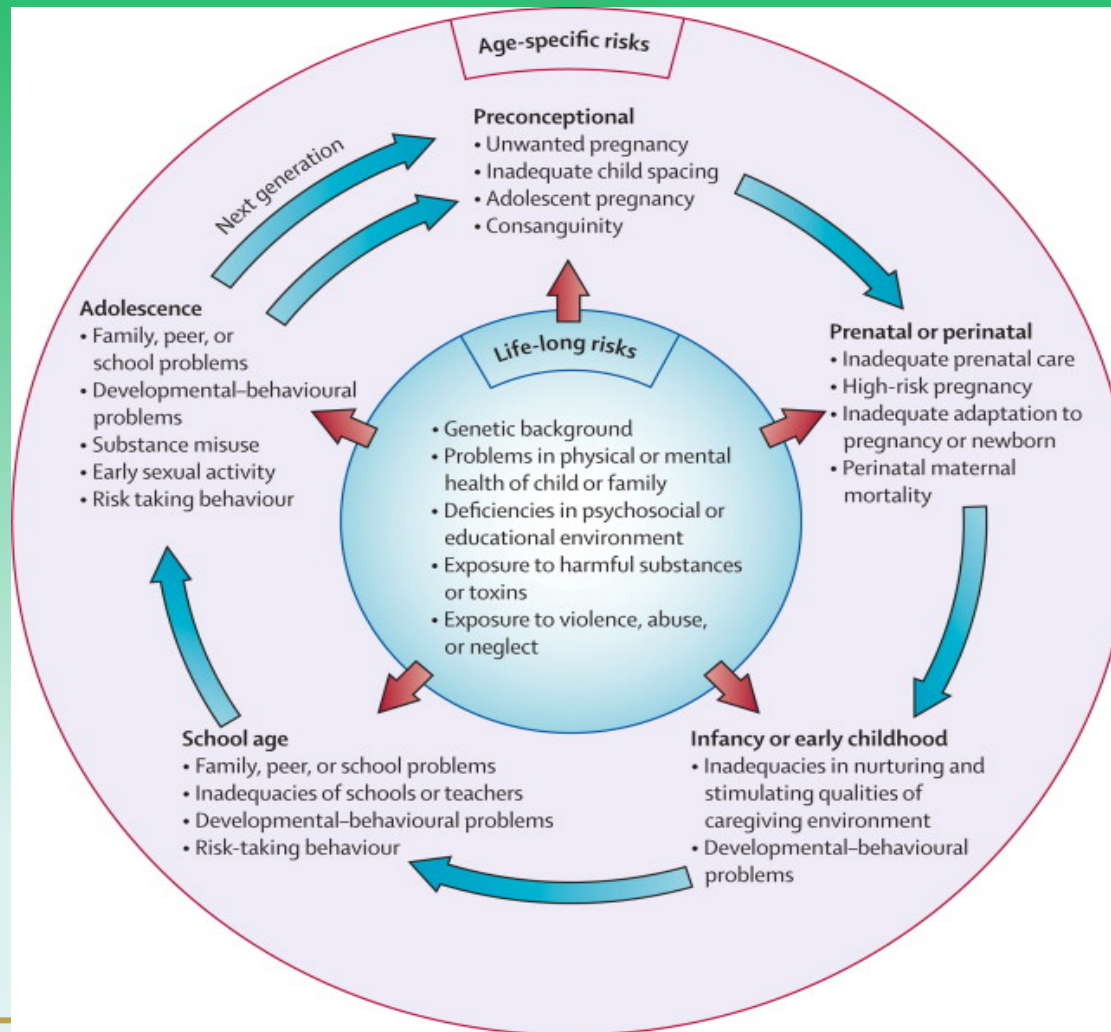
HIV/AIDS & TB: HIV/AIDS and tuberculosis. DLRIM: Diarrheal, lower respiratory infections, meningitis, and other common infectious diseases. NTD&M: Neglected tropical diseases and malaria. MD: Maternal disorders. Other: Other communicable, maternal, neonatal, and nutritional disorders. CV & circulatory diseases: Cardiovascular and circulatory diseases. Cirrhosis: Cirrhosis of the liver. Digestive: Digestive diseases. DUBE: Diabetes, urogenital, blood, and endocrine diseases. Unintentional injuries: Unintentional injuries other than transport injuries. Self-harm & IPV: Self-harm and interpersonal violence. Forces: Forces of nature, war, and legal intervention.

Main Issues

- In HICs, mental and substance use disorders are the leading cause of disease burden in children and youth.
- In Australia, there has been no change in the prevalence of mental and substance use disorders in children and youth



Risk factors for mental disorders across the life cycle



Kieling et al., 2011

Reducing the prevalence of mental disorders in Australian children and youth

- Treating parental mental illness
- Improving parenting skills
- Improving parental relationships
- Reducing bullying in schools

How can these be done?

- Platforms of interventions
 - Parental mental health, relationship support and parenting skills training can be delivered together
- Overcome barriers to participation
 - Child care, transport stigma, lack of awareness
- Incentivise participation for low income families
- Bullying prevalence (or percentage of students feeling safe) needs to be measured in schools

QUESTIONS- THANK YOU

