

# Kids receiving 'good enough' mental health treatment do not improve

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The majority of children and adolescents with mental health problems in

Australia are not receiving the basic standard of treatment and those that are do not actually improve, according to a new study.

The research, led by the Murdoch Children's Research Institute (MCRI) and the University of Melbourne and published in the *Journal of Affective Disorders*, found no evidence of better quality of life or mental health symptoms for [children](#) who received 'minimally adequate' treatment.

Professor Harriet Hiscock, MCRI's Group Leader of Health Services and Honorary Professor at the University of Melbourne, said the lack of evidence between minimally adequate treatment and outcomes in children had implications for how we evaluate and fund mental health systems.

"Clinical trials have shown how mental health treatments such as psychological and pharmacological therapies can be successful, but this study reveals children who received routine but minimally adequate treatment didn't experience better outcomes compared to those who had lower levels of treatment," she said.

The research found 40 percent of children with mental health symptoms received some form of Medicare-rebated treatment and 12 percent received treatment classified as minimally adequate treatment.

Minimally adequate treatment (MAT) is based on clinical practice guidelines regarding the minimum level of treatment considered sufficient to treat common mental health problems. For children it involves either eight or more mental health visits, or four to seven visits plus relevant medication over a 12 month period. It's also used to identify those missing out on adequate care.

MCRI research associate and University of Melbourne's Dr. Jemimah

Ride said it was not known until this study whether minimally adequate treatment was associated with improved outcomes for children with mental health problems.

The study followed 596 children from ages 8–15 years with mental health problems from the Longitudinal Study of Australian Children and linked them to Medicare-rebated mental health treatments.

MCRI Team Leader of Health Services and University of Melbourne's Associate Professor Kim Dalziel said the findings reinforced the need for routine monitoring of outcomes in mental health care and a better understanding of the impact of children's mental health treatment.

"The lack of information on quality or content of consultations, or on outcomes, in routinely collected health service data restricts our ability to evaluate treatment adequacy and to understand whether mental health services provide quality care or value for money," she said.

Despite increased investment in youth mental health diagnosis and treatment in the past three decades, mental health disorders affect 13 percent of children worldwide. Half to three-quarters of children and adolescents with mental health disorders go untreated.

Professor Hiscock said these findings were important messages for the Royal Commission into Victoria's Mental Health System which will hand down its [final report](#) next year.

"What we are doing now is not working and we can't afford to be providing inadequate treatment to young children struggling with [mental health problems](#)," she said.

"It's clear the way we measure mental healthcare outcomes in Australia is not sufficient and a shake up to the system is needed."

The Royal Children's Hospital, University of Adelaide and Deakin University also contributed to the study.

**More information:** Jemimah Ride et al. Is 'minimally adequate treatment' really adequate? investigating the effect of mental health treatment on quality of life for children with mental health problems., *Journal of Affective Disorders* (2020). DOI: [10.1016/j.jad.2020.07.086](https://doi.org/10.1016/j.jad.2020.07.086)

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