# Promoting equity in child and adolescent mental wellbeing
## An evidence summary

VicHealth

**Suggested citation:**

# Contents

# Introduction

## Background

'Mental wellbeing' is a multifaceted concept that is used interchangeably not only with 'wellbeing' broadly considered, but also with the specific concepts of 'mental health', 'emotional wellbeing' and 'social wellbeing'. The World Health Organization (WHO) defines mental health as 'a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community'. Mental illness (or mental disorder) is, in contrast, usually conceived as a negative state, referring to the spectrum of cognitive, emotional and behavioural disorders that interfere with people's lives and that are associated with a range of adverse health, social and economic outcomes.

Mental wellbeing has been described as a 'global public health good', a fundamental human right and essential ingredient for sustainable and functional society. However, there is a clear social gradient in mental wellbeing outcomes among Australians across multiple indicators of social position. The factors associated with disadvantage begin to stratify individuals before birth and accumulate throughout the life course, with the social gradient in mental wellbeing evident in Australian children as young as three years of age.

Children living in the poorest households with access to the fewest resources, in the poorest neighbourhoods and schools, and in rural and remote areas, as well as Aboriginal and Torres Strait Islander children, and children from many culturally and linguistically diverse (CALD) communities and refugee communities report the poorest mental health outcomes.
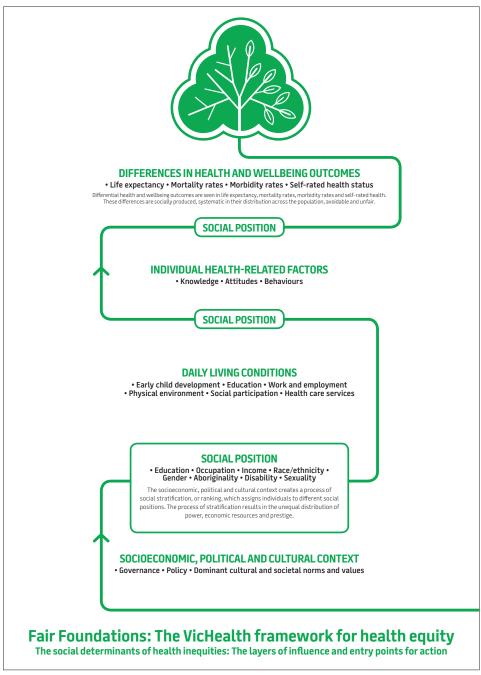
The concept of mental wellbeing draws attention to the quality of people's lives, their capabilities and potential, their contributions and opportunities. These, in turn, draw attention to the social contexts in which people live. Addressing mental wellbeing challenges the assumption that the absence of illness is a sufficient social, health or policy goal.

Mental wellbeing in childhood and adolescence is a strong predictor for adult mental health and is associated with better outcomes across a broad set of indicators later in life, including improved social relationships, higher educational attainment, employment and economic security. Therefore, investment in the early years to promote mental wellbeing and prevent mental illness is crucial to a cost-effective method of reducing inequities and creating societies that are healthier, more inclusive and more productive.

> Health equity is the notion that all people should have a fair opportunity to attain their full health potential, and that no one should be disadvantaged from achieving this potential if it can be avoided.
>
> Health inequities are differences in health status between population groups that are socially produced, systematic in their unequal distribution across the population, avoidable and unfair.
>
> The social determinants of health inequities are the social determinants of health – or the health-influencing social conditions in which people are born, grow, live, work, play and age – and the social processes that distribute these conditions unequally in society.

**DIFFERENCES IN HEALTH AND WELLBEING OUTCOMES**

• Life expectancy • Mortality rates • Morbidity rates • Self-rated health status

Differential health and wellbeing outcomes are seen in life expectancy, mortality rates, morbidity rates and self-rated health. These differences are socially produced, systematic in their distribution across the population, avoidable and unfair.

**SOCIAL POSITION**

**INDIVIDUAL HEALTH-RELATED FACTORS**

• Knowledge • Attitudes • Behaviours

**SOCIAL POSITION**

**DAILY LIVING CONDITIONS**

• Early child development • Education • Work and employment
• Physical environment • Social participation • Health care services

**SOCIAL POSITION**

• Education • Occupation • Income • Race/ethnicity •
Gender • Aboriginality • Disability • Sexuality

The socioeconomic, political and cultural context creates a process of social stratification, or ranking, which assigns individuals to different social positions. The process of stratification results in the unequal distribution of power, economic resources and prestige.

**SOCIOECONOMIC, POLITICAL AND CULTURAL CONTEXT**

• Governance • Policy • Dominant cultural and societal norms and values

## Fair Foundations: The VicHealth framework for health equity
### The social determinants of health inequities: The layers of influence and entry points for action

www.vichealth.vic.gov.au/fairfoundations

## Using this document

This evidence summary is intended to provide policy makers and practitioners in Victoria and across Australia with practical, evidence-based guidance on promoting equity in child and adolescent mental wellbeing. It is designed to be used alongside 'Fair Foundations: The VicHealth framework for health equity' www.vichealth.vic.gov.au/fairfoundations – a planning tool developed by VicHealth in 2013 to stimulate and guide action on the social determinants of health inequities.

Common underlying drivers and determinants of health inequities are outlined in the Fair Foundations framework. This evidence summary is one of eight that use the framework to examine a specific health issue and its determinants (mental wellbeing, healthy eating, physical activity, alcohol, and tobacco use), or specific opportunities for action (through social innovation, settings-based approaches, or a focus on early childhood intervention as an upstream solution to health inequities over the life course). In many cases, the key social determinants of health inequities (such as education or employment) are also discussed as settings for action (e.g. schools, workplaces) within each summary.

This summary highlights approaches to promoting child and adolescent mental wellbeing that have successfully impacted on, or that have significant potential to address, health inequities if designed and targeted appropriately. It identifies best practice and priorities for action across all three layers of the Fair Foundations framework – Socioeconomic, political and cultural context; Daily living conditions; and Individual health-related factors – in order to support coordinated, multisectoral approaches.

# What can be done to promote equity in child and adolescent mental wellbeing?

## Socioeconomic, political and cultural context

### Governance

Government commitment to, and investment in, 'leveling the platform' for children's development is critical to addressing inequities in mental health. Australia has had a national mental health strategy in place since 1993. With updates released every 5–6 years, a clear evolution in focus can be traced away from treatment of mental illness towards mental health promotion (including a wellbeing perspective), prevention, early intervention and recognition of the need to address social determinants of mental health. Principles of equity are also beginning to enter the discourse in national mental health policies, although to date this has largely been limited to stigma reduction.

The Council of Australian Governments' agreement to invest in the early years of children's lives (including social and emotional development) through the National Early Childhood Development Strategy (2009) has been encouraging. This strategy provides universal support for all Australian children, but additional support for children with the highest need, reflecting principles of proportionate universalism (universal actions but with a scale and intensity that is proportionate to need). It also reflects growing recognition of the cross-sector services needed to address inequities in child wellbeing.

These investments are complemented by plans for perinatal mental health, the National Breastfeeding Strategy, and the recent introduction of Australia's Paid Parental Leave Scheme. All of these strategies adopt a universal approach, while recognising the specific or added need of particular groups within society (reflecting the principle of proportionate universalism).

The content of these policies is promising. However, the full extent to which these strategies are translated into meaningful action, and their impacts on inequities in mental health, remain difficult to assess without evaluation of their performance across a range of equity indicators. Transparency and accountability could be improved by measuring their performance against a range of metrics (including funding targets, program delivery targets and targets for improvement to wellbeing).

The Australian Early Development Index and the Australian Institute of Health and Welfare reports on children's development serve as sources of information on inequities in child development (including mental health). An Australian wellbeing index, the Australian National Development Index, is also under development.

Among state and territory governments in Australia, there appears to be a move towards greater recognition of the social determinants of mental health, and a clearer appreciation of the need to address inequities. VicHealth and the Tasmanian Department of Health and Human Services have both developed evidence-based mental health promotion action plans and early childhood development frameworks that include an equity focus. However, again, no evaluations of their impacts on mental health inequities are available.

International organisations, such as the WHO, the World Federation for Mental Health and UNICEF, play an important role in developing norms and standards, promoting research, collating data and disseminating health information, providing training and capacity building, and developing systems for monitoring and evaluation. The WHO has been particularly active in this area, releasing a number of high-level and influential reports, action plans and evidence reviews on mental health, including the Comprehensive Mental Health Action Plan 2013–2020, which articulates targets for mental health promotion worldwide. Equity is a point of particular importance for these organisations, although often their focus is trained more on the severe inequities that exist between developing and developed countries than on addressing the inequities that exist within countries.

### Policy

Policies directly targeting child and adolescent mental health and wellbeing appear in two distinct arenas: mental health (led by the health sector) and early childhood (driven by the education sector). However, policies formulated in a broad range of government portfolios (including employment, social welfare, transport, and urban design), and administered at all levels of government, are likely to impact on the mental wellbeing of children and adolescents.

Despite a growing recognition of Australia's social, cultural and geographical diversity, only rarely are inequities in mental health and wellbeing, particularly in children, specifically addressed.

The only example of a specific plan to address equity issues relating to mental health policy in Australia is the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing (2004–2009). An updated version of this plan is currently being drafted.

In addition, despite increasing recognition of the importance of accountability in measuring and reporting, it is rare that performance indicators (including those that relate to equity) form part of major policy initiatives affecting child mental health in Australia, and it is not often that these documents are evaluated. Without this information it is difficult to assess the extent to which these policies translate into effective action on inequities in mental wellbeing. Tools available to assist in assessing the extent to which policies might be impacting health and health equity include health impact assessments and equity-focused health impact assessments.

## Cultural and societal norms and values

The media can be a particularly useful avenue for influencing and changing dominant understandings about mental health, and reducing the stigma and discrimination associated with mental illness. The Australian Government's Mindframe program, for example, improved the way that mental illness and suicide were reported in the Australian media.

Non-government organisations (NGOs) also have an important role to play in reducing inequities in child development. NGOs are well placed to provide advocacy and awareness-raising services, and to disseminate information to a broad audience. Examples of NGOs that are active in this space in Australia include headspace (the National Youth Mental Health Foundation), the Young and Well Cooperative Research Centre (focused on the role of digital technologies and new modes of mental health care delivery), beyondblue and the Black Dog Institute.

# Daily living conditions

## Early childhood and education

Infancy and childhood are formative years for the acquisition of mental capital, a concept encompassing cognitive ability and emotional intelligence (including social skills and resilience in the face of stress), as well as ability to experience a high personal quality of life and to participate in and contribute meaningfully to society.

Childhood experiences create neurobiological and behavioural 'chain reactions' establishing life course trajectories of social and emotional prosperity, or social and emotional disadvantage. Early developmental factors, such as early attachment, warm parenting, and supportive family and learning environments influence the way in which a brain develops. Such factors, therefore, affect lifetime patterns of behaviour and trajectories of capabilities. In fact, psychosocial factors relating to family may be more powerful predictors of child mental health than material measures, such as socioeconomic status (SES).

### Childcare and educational settings

Childcare and preschool settings, as well as home learning environments, play a critical role in early development, second only in importance to immediate family factors. Education, in both formal and informal settings, can help children and adolescents acquire: resilience; self-esteem; social, emotional and behavioural skills; and material security.

Three-quarters of people suffering mental illness first experience symptoms between the ages of 16 and 25 years. Accordingly, schools, colleges, TAFEs and universities are important settings for reducing stigma, promoting help-seeking behaviour and reducing inequities that mental illness may cause throughout the life course.

Interventions to improve mental health and wellbeing in early childhood and school settings can be universal, selective or indicated. Universal interventions are applied to the general student body and do not identify individuals with behavioural or emotional difficulties. Selective interventions target individuals and groups exposed to known risk factors, while indicated interventions identify and work with students who are displaying early signs of behavioural or emotional problems.

There is mixed evidence for the effectiveness of these interventions, particularly in early childhood settings and secondary schools, and limited evidence for their effectiveness in reducing inequities. Some interventions have reported success in improving wellbeing outcomes for children from low SES backgrounds. Differential effects in boys and girls, and in age and ethnicity, have been observed.

The quality of a program's intervention may be more important to its success than the delivery style itself. Factors associated with success include sustained and consistent implementation; the use of multiple modalities; a sustained focus on mental health promotion, self-esteem-building and coping mechanisms rather than on mental health problems; the inclusion of parents, teachers or peers; developmentally appropriate program components; integration of the program content into general classroom curricula; and a whole-of-school approach.

## Employment and the school-to-work transition

Adolescence can be viewed as a developmental period that prepares children for adulthood, straddling a transition from childhood dependency to the assumption of adult roles. This transition is embedded within, and shaped by, multiple contexts, including those encountered in daily life (family, school, peers, media, jobs, neighbourhoods) and those set by wider social structures (social, economic, political). Social-support mechanisms in the school, community and family settings are important to a successful transition, and have been shown to be protective against depression in early adulthood.

Adolescents' ability to successfully complete the transition from school to the workplace is influenced by, and can affect, self-confidence, self-esteem, self-efficacy and resilience. The transition for young people with disabilities or serious mental health conditions can be more problematic than for non-affected young people. Drop-out rates for young people with disabilities or emotional and behavioural difficulties far exceed those for non-disabled students, and when students with disabilities do find employment, their earnings tend to be only slightly above the minimum.

There is strong research interest in the role that employment plays in adolescent attitudes to work, to other outcomes such as school achievement, and eventually to later career choices and performance. Most of this research centres on the assumption that the time demands of paid employment may interfere with other important activities such as study or physical exercise. Few studies focus on the quality of the jobs held, or the adolescent experience of work. Key dimensions to jobs that may shape later, positive work trajectories (and health), include the opportunity to develop autonomy and skills, security and predictability, and positive co-worker or management interactions.

Parents' work attitudes and experiences, and how adolescents view their parents' experience, can also play an important role in shaping children's expectations and future work orientations. Parental income, working conditions and job security are powerful predictors of adult health and family resources, and can shape parental availability, parenting, daily stresses, children's care and, ultimately, child wellbeing. Poor-quality jobs can have crossover effects between partners, affecting the quality of parents' relationships with each other. Parental conflict and marital distress, as well as irritable or hostile parenting, are strong determinants of child mental health.

Interventions targeting adolescents who are at risk of not completing school and/or successfully transitioning to the workforce can be implemented in school and community settings. These interventions may not be able fully to mitigate the negative impact of earlier life experiences on adolescents' self-esteem and self-confidence. However, they have the potential to build the persistence, resilience, social skills, self-confidence and self-esteem of young people who are disengaged and/or at risk, and to improve their employment prospects and outcomes.

Examples of interventions in Australia that have aimed to improve student educational engagement and retention, employment and training opportunities, and enterprising skills include the National Youth Attainment and Transition Partnership and the School to Work program. Examples of targeted interventions include the Indigenous Youth Mobility program and the Black Chicks Talking program, both targeted at Indigenous young people, and transition programs targeted at students with disabilities in New South Wales and South Australia.

For interventions aimed at supporting young people with disabilities in the transition from school to work, student-focused planning and student-development initiatives appear to be effective in improving outcomes, although improvements may vary by age, sex and ethnicity.

## Physical environment

Inequities in mental health can be exacerbated by the physical environment. Factors likely to produce inequitable outcomes in mental health include inequities in the quality of, and access to, housing, the built environment, transport and services in the neighbourhoods and communities in which children and adolescents live. Neighbourhood problems of material poverty, poor living conditions and social stressors such as violence and victimisation are risk factors for a number of common mental health disorders, including anxiety, depression, and conduct or behavioural problems, in children and adolescents.

Interventions in the physical environment can improve the quality of neighbourhood facilities (such as sports facilities), improve the amenity in disadvantaged neighbourhoods (as undertaken by the Neighbourhood Renewal program in Victoria) or assist families to move to less disadvantaged areas by subsidising the cost of housing. Interventions in the physical environment show significant promise, although they have the potential to be costly.

## Social participation

Adults and children living in communities with high levels of social capital have better mental health compared to those who live in socially disorganised, isolated, disadvantaged or high-crime neighbourhoods. Social connections improve levels of social support, decrease levels of stress and increase the amount of collective resources available to people.

Community-based interventions aim to build social capital through the development of relationships and partnerships. Such interventions focus on amelioration of the social environment as a key to the improvement of mental wellbeing – specifically, to the reduction of emotional and behavioural difficulties and to the enhancement of confidence and self-esteem. Potential intervention settings for reaching children and adolescents include sports clubs, and arts and other community facilities.

Neighbourhood problems of material poverty, poor living conditions and social stressors such as violence and victimisation are risk factors for a number of common mental health disorders.

### Sports clubs

Sports clubs offer promising settings for raising mental health awareness and community capabilities, as well as for promoting inclusive environments. Examples of successful interventions in these settings in Australia include the Good Sports, Read the Play and AllPlay programs.

From an equity perspective, a potential weakness of interventions targeting sports clubs is that they may not reach all groups. Children born in non-English-speaking countries and children with a disability are less likely to participate in organised sports than children born in Australia or migrating from English-speaking countries, and children without a disability.

Arts interventions have shown their ability to enhance self-confidence and self-esteem, especially among those who are socially marginalised or otherwise at risk for poor mental health. Such interventions have also been shown to provide social support, build social capital and encourage urban renewal. Engagement with artistic and creative activities and wellbeing is often framed within larger constructs of child health and safety, educational achievement and cognitive growth, and social and emotional development.

### Other community settings

Interventions such as Communities that Care and the Community Middle School Consortium, which promote community partnerships, planning and activities, have been shown to improve community social environments and mental health awareness and to reduce delinquent behaviour and alcohol and drug use among young people. Interdisciplinary relationships, the proximity of services and trust between staff and young people over the long term have been identified as important attributes of community-based programs.

There are some promising Indigenous programs for children and young people operating in Australia, including the Let's Start program, which aims to help children transition to school by supporting parents through networks of local community organisations. Important characteristics of programs for young people in Indigenous communities include the ability to address the upstream determinants of social and emotional wellbeing and to maintain an insightful sensitivity to current community issues; to recognise and build on the strengths of Indigenous culture; to involve older family members and the community as a whole; to employ skilled youth workers; to be guided and led by local Indigenous people; and to include sport or recreational activities.

## Health care services

Physical access to health, social and community services helps individuals maintain good health. Research has shown that people in low socioeconomic areas receive shorter general-practice consultations. Furthermore, refugees, recent immigrants, people with disabilities and other marginalised groups can face access issues to health services and procedures. Fear of stigma, discrimination and social exclusion can act as barriers to mental health service utilisation. The capacity of health care personnel to understand and address the social determinants of child and adolescent mental health in different social groups is critical.

Several interventions in Australian health care settings have aimed to increase access to mental health care services in order to reduce inequities and improve wellbeing. By offering no-cost services and accessible treatment locations, these programs have addressed access barriers among those most in need. Despite these interventions, barriers still remain to the equitable accessing of health services. These barriers include inadequate coverage of public transportation and insufficient knowledge of the services themselves.

# Individual health-related factors

Knowledge, attitudes and awareness of mental health issues can affect health-seeking behaviours and social relationships, as well as the ability of those experiencing poor mental health to thrive and live their lives to the fullest without stigma or discrimination. Factors that can have a significant impact on children and adolescents affected by mental health issues include the extent to which such issues are understood and addressed by individuals, families and communities, along with the experience of stigma, prejudice or bullying. Also of importance in this regard is the presence of actual or perceived barriers to support.

In addition to provision of targeted support and education, public awareness campaigns can be used to improve attitudes towards, and knowledge of, mental health issues. Online resources, and physical activity and sports interventions, also offer promising strategies for reaching young people.

## Parent and family support

Interventions to improve mental wellbeing in the family environment can be categorised into four groups:

1. training or education programs for parents of children with a conduct disorder, behavioural problem or mental health issue;

2. child- and family-targeted interventions for families where a parent has a mental illness;

3. targeted parent and family support for other families who are at risk; and

4. universal parenting programs.

There is mixed evidence for the efficacy of these interventions, with further research particularly needed on their effectiveness at addressing inequities. It appears that group-based parenting programs can be effective in improving emotional and behavioural adjustment, early-onset conduct problems and anxiety disorders in children, regardless of SES. Interventions that generate time burdens on families who are at risk for poor mental health are much less likely to succeed than those that can offset time burdens (e.g. by providing childcare and meals at parent training in behavioural interventions).

## Public awareness campaigns

Public awareness campaigns can be used to change individual attitudes, reduce stigma towards individuals with mental illness and raise awareness of mental health issues, potentially improving the health and social environments of those who have experienced prejudices and barriers to treatment. Public awareness campaigns use structured and systematic messages through various communication media (such as traditional mass media, online and social media, outdoor advertising and community promotional events) and can be targeted to specific, potentially high-risk groups, or applied universally at a whole-population level.

To reduce inequities in awareness, the Australian Government emphasises that public awareness campaigns should include a targeted approach to high-risk groups. These groups in particular include young people; people in remote areas; men; Indigenous populations; lesbian, gay, bisexual, transgender and intersex people; and CALD communities.

Public awareness campaigns to reduce stigma and raise awareness relating to mental health in Australia include Say No to Stigma, Be Kind to your Mind, the Compass Strategy and campaigns run by beyondblue and headspace. Those that have been evaluated have reported improvements in knowledge and awareness of mental health issues and of self-identified depression, an increased awareness of suicide risk and a reduction in perceived barriers to help-seeking behaviour. However, the effects of these campaigns in different population subgroups have not been reported in any evaluation.

To reduce inequities in awareness, the Australian Government emphasises that public awareness campaigns should include a targeted approach to high-risk groups.

## Online settings

With 91% of Australian 12–17 year olds indicating that the internet is a very important part of their life, online resources aimed at young people can provide easily accessible information on mental health promotion and resources. Examples of web- and app-based mental health services aimed at engaging young Australians, enhancing knowledge and awareness about mental health issues, and increasing help-seeking behaviour include ReachOut.com and Smiling Mind.

Further research is needed on mental health promotion resources available online for adolescents. In particular, subgroup analysis of users is needed to determine which groups are using and benefiting from online resources.

Females and young people aged 18–25 are reported to be more likely to use the internet to seek information for mental health problems than their younger and male counterparts. In addition, inability to afford a computer or mobile phone, limited resources at school, or a lack of mobile telephone reception or internet connection can prevent young people from accessing online services.

## Physical activity

Physical activity and sports can have beneficial effects on anxiety, depression, self-esteem, cognitive functioning and academic achievements in children and adolescents. Participation in team sports in particular, rather than individual physical activity, appears to be associated with better mental health outcomes. However, further research is needed on the associations between physical activity and mental health in different subgroups to evaluate the effectiveness of physical activity in diverse populations. There is some evidence, for example, that physical activity interventions can produce differential gender effects.

# Priority actions

## Priorities for all actions seeking to address health inequities:

- Coordinate a blend of measures across all three layers of the Fair Foundations framework, with particular emphasis on, and investment in, the lower two layers to rebalance the current emphasis on individual-level health factors.

- Seek to address both inequities in health outcomes and the wider social determinants of these inequities.

- Incorporate explicit equity objectives into program and policy activity.

- Apply principles of proportionate universalism: Interventions should be universal, but the level of support should be proportionate to need.

- Ensure that targeted supports do not stigmatise particular groups.

- Promote active and meaningful engagement of a wide range of stakeholders, and increase the diversity of representation at all stages of development and implementation.

- Conduct a thorough assessment of the needs, assets, preferences, and priorities of target communities.

- Allocate adequate, dedicated capacity and resources to ensure sufficient intensity and sustainability.

- Monitor and evaluate differential impacts across a range of social indicators, to ensure that they achieve their objectives without doing any harm, as well as to strengthen the evidence base for future interventions.

- Invest in equity-focused training and capacity building in both health and non-health sectors, from front-line staff to policy and program decision-makers.

- Make strategies flexible and adaptable at the local level.

## Priorities for action within each layer of the Fair Foundations Framework:

### Socioeconomic, political and cultural context

- Advocate for a coherent, cross-government approach to supporting mental wellbeing in children and adolescents, recognising the importance of employment, social, health and education policy in particular.

- Expand definitions of mental health to be more inclusive of mental wellbeing as an essential feature of childhood development.

- Develop performance measures relating to mental wellbeing inequities in all relevant strategic frameworks and action plans. Consistently and regularly evaluate performance against these indicators.

- Recognise that there will be social, economic and cultural differences in the rate of uptake of services and programs. Use health impact assessments and equity-focused health impact assessments to evaluate programs and policies.

- Continue to use the media, in culturally appropriate ways, to reduce stigma and discrimination against people, and consider using mass media more for mental wellbeing promotion, targeting children and their parents.

### Daily living conditions

- Invest in interventions in educational settings, including parents in the interventions as often as possible and integrating mental health promotion into classroom curricula to change school culture.

- Acknowledge the importance of the school-to-work transition and provide support to adolescents making this change through interventions that address the quality of work, especially insecurity, pay and work hours/schedules.

- Address systemic barriers to successful school-to-work transitions for disadvantaged young people, including Indigenous students, students that come from a non-English-speaking background and students with disabilities.

- Use tailored strategies within a social determinants framework to improve the accessibility and effectiveness of health care services for marginalised groups.

### Individual health-related factors

- Conduct group-based family and parent education in accessible locations and provide greater support for children at higher risk of poor mental health, including families affected by mental illness.

- Ensure that interventions are designed to offset or reduce both time and financial costs in order to improve uptake and retention rates.

- Invest in interventions that promote physical activity among children and young people.

- Use online settings as a medium through which to reach and provide information and support to young people.

# Priority evidence gaps

- Data on the prevalence and social patterning of mental wellbeing indicators (as opposed to mental illness) in Australian children and young people, particularly in middle to late childhood and adolescence.

- Extent to which mental health promotion works to reduce inequities in child mental wellbeing and what methods are most effective.

- Evidence from sustained, long-term interventions aimed at reducing inequities in child and adolescent mental wellbeing at all layers of the Fair Foundations framework.

- Theoretical research on the role of psychosocial factors, including relationships and family, in frameworks to address the social determinants of mental health inequities.

- Effective strategies to offset or reduce time costs as well as financial costs to parents and families to improve uptake and equity.

- Effective approaches to using online settings as a medium through which to improve child and adolescent mental wellbeing.

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