

Defining a comprehensive primary health care system for child mental health

**Emerging
Minds.**

National
Workforce
Centre for Child
Mental Health





Acknowledgement of Country

We recognise the land on which we meet today and pay respect to Aboriginal and Torres Strait Islander Peoples, their ancestors, the elders past, present and future from the different First Nations across this Country.

We acknowledge the importance of connection to land, culture, spirituality, ancestry, family and community for the wellbeing of all Aboriginal and Torres Strait Islander children and their families.

Speakers

Matthew Burn

Child Mental Health Advisor, Primary Health Portfolio

Ania Mazurkiewicz

Senior Child Mental Health Advisor, Primary Health Portfolio

Amanda Warren

Engagement Officer, Primary Health Portfolio



About Emerging Minds

- Leads the National Workforce Centre for Child Mental Health with key partnerships
- Funded by the Department of Health, Disability and Ageing
- Supports workforces to have knowledge, skills and resources to support children (0-12) and families
- Assists organisations to implement activities that strengthen support for child mental health

PHN Leadership Series

- Assist PHNs to consider actions/ activities to strengthen child mental health outcomes and share examples of best practice

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Forum overview

- Explore features and functions of a comprehensive child mental health system through the public health lens
- Outline some of work we have undertaken thus far
- Use Mentimeter to workshop the following themes as they apply to **child mental health promotion** and **mental health prevention** activities in primary health:
 - Features and functions
 - Existing activities
 - Opportunities
 - Resources and supports



Purpose

- **Inform** our work plan and ways we work with the primary health care sector
- **Share** this information with you to consider in your regional mapping and planning
- **Policy** contribution and **recommendations** to the DOHAC about what additional supports might be needed



“Despite at least two decades of mounting evidence of the human and economic value of investing earlier in prevention and early intervention, and in creating the conditions to support children and their families, we have been unable to shift investment upstream and right now we are continuing to pay more for expensive late reaction policies. Ambulances at the bottom of the cliff.”

ANN HOLLONDS, CHILDREN’S COMMISSIONER

A Comprehensive Infant and Child Mental Health System

A framework for actioning change



Overarching Goal

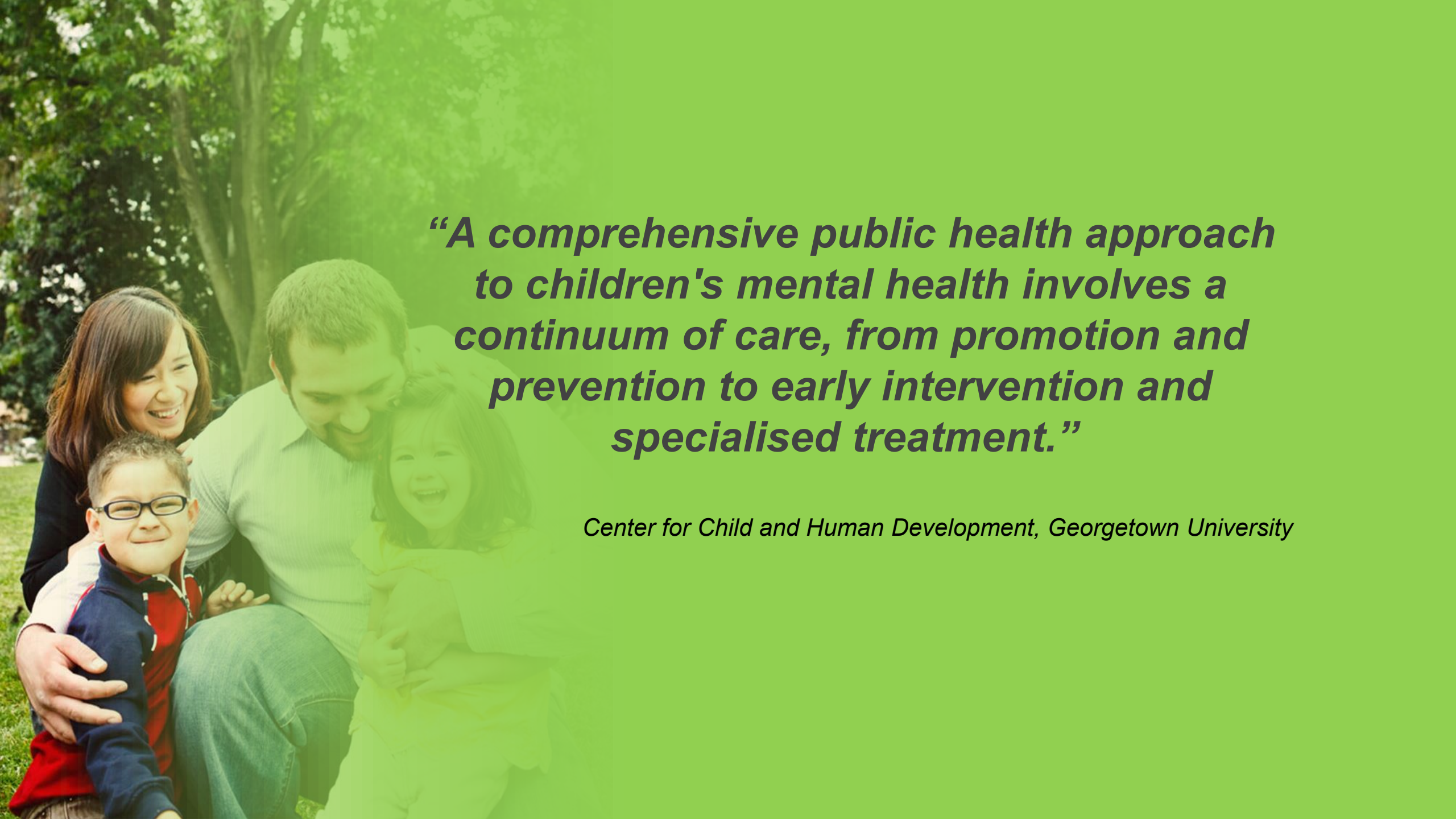
- Create a system of care for infants and children in which families have access to quality information about child mental health and are offered preventative, early intervention and specialist support that meets their needs
- Delivered by practitioners who feel confident, knowledgeable, skilled and empowered to support families across the continuum of mental health using respectful, collaborative and non-stigmatizing approaches
- Working within organisations / system focused on supporting best outcomes for infants and children who provide an authorising environment for such work and an adequate support to its workforce



Definitions



- **Promotion:** Promoting environments that support mental health and resilience in children, with a focus on *healthy outcomes* and protective factors. Starts **before** vulnerability or exposure to risk factors and is available to **all** families across the continuum.
- **Prevention:** Identifying and mitigating *vulnerabilities* before mental health challenges develop. Starts **before** specific mental health problems (for the child) are identified.
- **Early support:** Providing timely and effective services to children who exhibit early or mild to moderate signs of mental health challenges.
- **Specialist support:** Providing timely and effective services to children (and their) families who experience severe distress and/ or complex challenges



“A comprehensive public health approach to children's mental health involves a continuum of care, from promotion and prevention to early intervention and specialised treatment.”

Center for Child and Human Development, Georgetown University

Definitions



Promotion:

- Primary healthcare practitioners ask about and provide child mental health literacy information during routine contact with children (e.g. GP or nurse during vaccinations or child and family nurse during health/development checks)

Prevention:

- Primary healthcare practitioners routinely asking about child mental health and wellbeing when a parent presents with an adult vulnerability.
- Adult services offering parent-focused components or referral support to child and family services
- Supported playgroups

Early support:

- family focused psychological support for mild to moderate signs of (child) mental health challenges
- Behavioural/emotional support (e.g. Karitane Toddler Clinic, Tresillian)
- FPS

Specialist support: CAMHS

Continuum of supports: examples

Promotion- examples:

- Primary health practitioners ask about child wellbeing and provide child mental health literacy information during routine appointments (e.g. during health/development checks)

Prevention- examples:

- Primary healthcare practitioners routinely ask about child mental health and wellbeing when a parent presents with an adult vulnerability and offer guidance and support.
- Adult services offering specific supports to adult clients who are parents
- Supported playgroups for identified “at risk” groups or regions

Early support:

- Family focused psychological support for mild to moderate signs of (child) mental health challenges
- School-based group programs for children experiencing mild symptoms of emotional challenges
- GPs delivering Focused Psychological Strategies to children and families

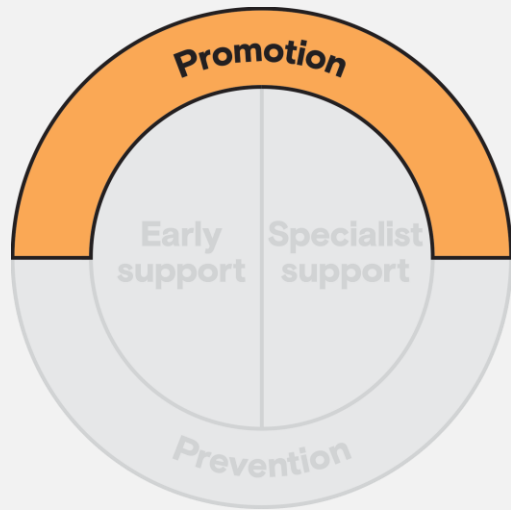
Specialist support:

- CAMHS, child psychiatry and/or multi-d teams providing support to children who experience severe distress

“A comprehensive primary health care system aims to provide a wide range of health services that are accessible, equitable, and culturally respectful, focusing on prevention, health promotion, and the management of both acute and chronic conditions. It goes beyond just treating illness and aims to empower individuals and communities to improve their health and well-being.”

Australian Institute of Health and Welfare

Improve mental health promotion



Core Objectives:

- For **all families** to have **access to resources and information** on what promotes positive child mental health
- Improved **child mental health literacy**
- Conversations about I&CMH to be **normalised, destigmatised** and a part of a **routine practice**
- Organisations, practitioners and families to have a **shared CMH language**

Available resources and recommended strategies

- Child mental health and wellbeing literacy [resources](#) (e.g. available in general practices and embedded into practice software/ Health pathways)
- [Practitioner resources](#) (build into onboarding, CPD etc)
- Organisational resources and quality improvement tools, e.g. [FOCUS tool](#) (used for organisational quality improvement, service design and planning)

Health promotion activities do not require specialist services, but should be offered as a part of core routine practice by services and services providers who have a regular contact with children and families.

What we heard from PHNs in the meeting:

Which services in your PHN are providing families with information about CMH & wellbeing?

- *Child Head to Health clinics, Headspace Centres (e.g. flyers in waiting rooms about child and family wellbeing)*
- *GPs: during immunisation and other routine visits*
- *Child development teams, local health clinics, Child and Family Centres*
- *Dept Ed-fAFT (Families as First Teachers)*
- *NGOs (e.g. through parenting programs)*
- *Child and Youth mental health service; Child & Youth CPSP*
- *DDWMPHN: a place-based model in one of the areas with high levels of disadvantage that focuses on a holistic approach to health (Thriving Lockyer Kids)*
- *Central Access and Navigation service (Murrumbidgee PHN)*
- *FMHSS Services*

What we heard from PHNs in the meeting:

How could your PHN use EM and other resources to strengthen CMH promotion activities?

- *Build them into HealthPathways*
- *Work with commissioned services (incl. adult focused services), schools and peaks to share resources*
- *Capacity building for commissioned services*
- *Embed resources into mental health service directories*
- *Internal education and awareness raising*
- *Support providers who can provide additional supports*
- *Share with local interagencies, Local Health District and through GP and AHP newsletters*
- *Working with PHN GP practice support teams*

What we heard from PHNs in the meeting:

How could your PHN use EM and other resources to strengthen CMH promotion activities?

- *Communities of Practice (clinical or strategic)*
- *Interagencies with community sector; leverage existing networks /partnerships, strengthen networks with CMH specific services outside of PHN commissioned services.*
- *Create a network for FMHSS, headspace & CYMHS to connect and share resources*
- *Creating PHN commissioned service provider community of practice.*

Identified barriers:

- *Funding restrictions limits ability to progress on identified activities*
- *Lack of capacity for promotion, no specific CMH programs/services that can weave promotion into their service model*

What we heard from PHNs in the meeting:

What support do practitioners and organisations within your PHN need to engage in CMH promotion activities?

- *Health promotion and prevention activities for CMH to be reinforced by national policies*
- *Service mapping outside of traditional services who can provide wrap around supports such as playgroups etc*
- *Specific funding for child mental health services/promotion or flexibility in funding*
- *Sector partnerships as a way of gap filling and value adding*

What support might your PHN need?

- *Support exploring commissioning opportunities*
- *Advocate for government funded focus on child mental health*
- *Reaching families in very rural/remote locations*

Increase preventative practice



Core Objectives:

- Parents feel **resourced** to support their child's mental health despite family vulnerabilities and have access to selective prevention
- Practitioners feel **equipped** to talk to families about adversities in a way that's **non-stigmatizing & strength based**
- Services incorporate activities that can help to **mitigate the impact** of family adversity on child mental health and wellbeing (incl information)
- Services share **data** that allows for families experiencing vulnerabilities to be considered in **service planning and delivery**

Available resources and recommended strategies:

- Family resources, e.g. [getting through tough times](#), [natural disaster](#) : designed to be shared with families experiencing adversities
- Resources for [practitioners](#) incl. conversation guides, e-learning, org checklists etc (for skill development)
- Organisational and QI resources: org checklist, [Leaders Toolkit](#), [FOCUS](#)
- Stocktake data (use to inform planning)

What we heard from PHNs in the meeting:

Which services in your PHN region are providing preventative support to children and families? Are there any groups that are missing out?

- *Child and Family Learning Centres - where they have visiting specialists and clinics*
- *Some basic support around child/family wellbeing is provided indirectly, through family focussed services (i.e. DFV) or parenting specific services.*
- *Missing out increases as the socio economic gradient decreases*

Identified barriers

- *Broad national programs often miss out on vulnerable populations: access is limited by language and technology barriers*
- *Services often very reactive to risk rather than early intervention*

What we heard from PHNs in the meeting:

How could your PHN use those resources to strengthen preventative practice?

- *PHNs could develop a child and family policy to counter the current focus on adults and to reach families in very rural and remote locations*
- *Develop tools to measure the impact of the change initiatives implemented through their individual work*
- *Developing resource libraries to share with community and inform workforce via newsletters, social media and web page*

What we heard from PHNs in the meeting:

What other opportunities do you see within your PHN to strengthen child mental health prevention

- *Collaboration with schools and communities*
- *Working closer with EM for further guidance on how to best address this issue.*
- *Alternative methods to connect with more people*

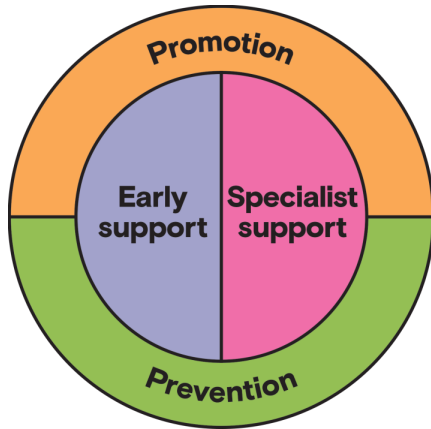
Identified barriers

- *Need a dedicated funding stream for child and family mental health*

Conclusion

Creating a comprehensive child mental health system

Workforce development and training is part of the broader solution for creating a system of care which promotes and responds to children's mental health. There are opportunities to enhance the system by embedding promotion and prevention across all levels influencing changes in practice specific to workforce groups. Sector consultations highlighted the need for supportive funding models and dedicated focus on early intervention and prevention. As with other findings in this report there is a call among stakeholders for system level responses, beyond a focus on practitioner change, that allow for adaptation in local contexts.



Service providers delivering universal and targeted guidance and support on health, child development and parenting.

- Increase access for families to information about children's mental health development
- Normalise conversations about children's mental health and wellbeing
- Create shared language about child mental health
- Increase partnerships with children and families using [Emerging Minds Families](#)



Service providers providing support to adults, families and children who are experiencing health, relationship, social and financial stressors.

- Address known child mental health risk factors
- Consider and provide support around the impact of parent and family adversity on child mental health and wellbeing
- Build family agency using [PERCS](#) and [Getting through tough times](#) resources.



Professionals delivering early intervention support for emerging mental health difficulties.

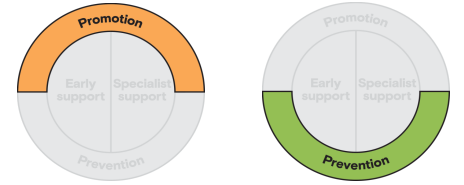
- Deliver multidisciplinary care to address emerging mental health difficulties
- Improve identification and low intensity support using [Emerging Minds Learning](#)
- Provide anticipatory guidance
- Provide support before/while referring



Professionals delivering specialised mental health support for infants and children experiencing severe and/or persistent mental health difficulties.

- Enhance infant and child mental health practice using [Practice strategies courses](#) and [Practice strategies suite for infants and toddlers](#).
- Support family agency
- Improve competency in disaster practice using [Supporting infants and children in disasters: A practice guide](#).
- Increase access to specialist secondary consultation
- Embed health promotion and prevention activities in practice.

How can you use this information?



- **Map out services providing promotion and prevention in your region.**
Consider which providers could incorporate some of the identified activities into their day-to-day work – what might they need from your PHN (e.g. training, supervision, incentives, changes to contractual agreements)?
- **Share health child mental health promotion and prevention resources** with services in the region and provide implementation support
- **Create simple regional communication strategies** about the importance of child mental health promotion and prevention
- **Consider how new and existing data sources** (e.g. data on parental adversity) might inform prevention and promotion activities
- Remember that **child mental health promotion and prevention** can be, and should be, **incorporated into universal services** and ideally offered **before a challenge arises**

How can we support your work?

We collaborate with PHNs to develop region-specific strategies for improving child mental health outcomes. This can include support with:

- Mapping, planning and commissioning of services
- Collection and analysis of population and workforce data
- Workforce capacity building
- Child mental health campaigns

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Thank you

Ania Mazurkiewicz

Senior Child Mental Health Advisor, Primary Health Portfolio

mazurkiewicza@emergingminds.com.au

Matthew Burn

Child Mental Health Advisor, Primary Health Portfolio

burnm@emergingminds.com.au

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