Scoping child mental health workforce capability – State and Territory Snapshots

Western Australia

Regional data

Emerging Minds. National Workforce Centre for Child Mental Health

Contents

Background

Scoping child mental health workforce capability

Why focus on workforce for children's mental health and wellbeing?

There are around 4 million children aged 0-12 years in Australia, and we estimate at least 500,000 (13%) experience mental health conditions, while a further 1 million are at risk of developing mental health conditions. Demand for mental health support is growing in the context of access barriers and workforce shortages. The need to intervene early to support children's mental health is well recognised in policy. Equipping a broader workforce with the necessary skills to support children and families across the spectrum of mental health experiences, and the spectrum of practices, can play a significant role in prevention and early intervention.

How to create a picture of the current child mental health workforce need and supply?

The *Scoping child mental health workforce capability* project was undertaken to understand more about the existing workforce capability of Australian professionals to support child mental health, particularly in rural and remote areas of Australia. We collated data from a range of readily available sources to create a picture of the current child mental health workforce situation. We first sought to understand the number and distribution of children in Australian regions and estimate the prevalence of established and emerging mental health concerns. We then considered the workforce composition of a broad range of professionals to provide child mental health support from a prevention and early intervention perspective, and their respective distribution across Australia. Next we analysed existing workforce competency drawing on Emerging Minds National Workforce Survey for Child, Parent and Family Mental Health survey data and findings from research into evidence-based core competencies that support improved child mental health outcomes.

Where to next with the findings of the project?

Stakeholder consultations with targeted industry experts complemented the data to inform recommendations for future workforce initiatives that considered the contextual issues across rural and regional Australia. Governments, commissioning bodies and organisations can draw upon the findings of the project and use regional data in these state reports to inform their own workforce capacity building with projects that respond to local context. For implementation support enhancing child mental health systems which respond to local context in your region, contact info@emergingminds.com.au

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This project was funded by the Australian Government Department of Health and Aged Care, see Footnote 1.

Key strands of the project

Population need

Distribution of children aged 0-12 across Australia

Prevalence of mental health difficulties among children across Australia

Existing service use by children for mental health support across Australia

Workforce availability

Workforces available to provide infant and child mental health and wellbeing support

Distribution of these workforces across Australia

Current availability of these workforces to support child mental health

Workforce competency

Current competency and areas for workforce development in child mental health support

Core workforce competencies needed to enhance child and family mental health outcomes

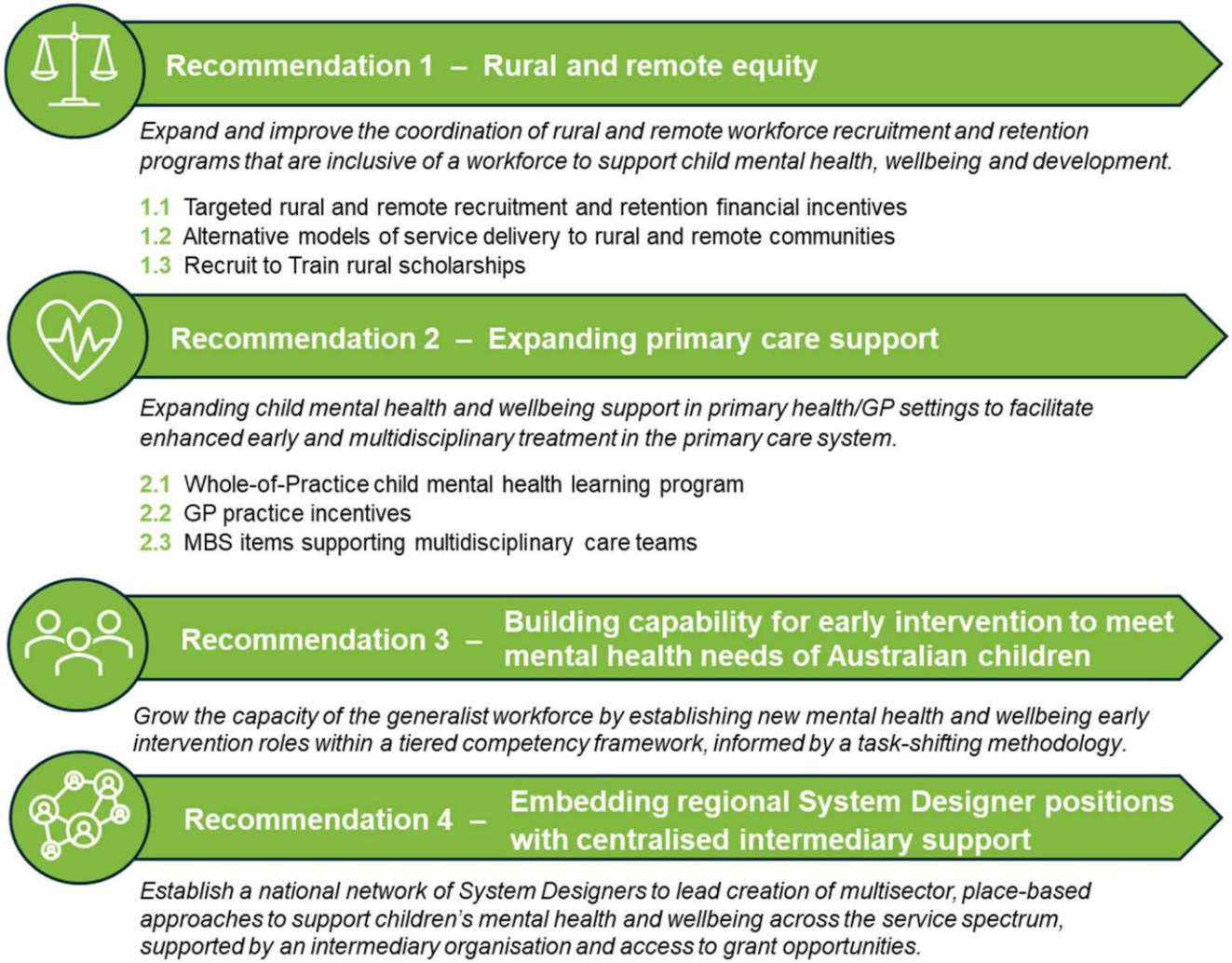
Workforce development strategies to enhance the scope and skill level of the current workforce

Recommendations

The project resulted in a series of recommendations that describe the need for a collective, interlinked response to improving child mental health and wellbeing support, targeting change at the system level, and backed by ongoing implementation support.

The recommendations and proposed actions to improve rural and remote health equity (1), opportunities to increase the scope and flexibility of service delivery models to enhance existing services locally, including the expansion of primary health (2) and building locally grown child mental health generalist role(s), and a broader concept of the potential mental health workforce (3).

All report recommendations need to be implemented with the local service system in mind and can be supported by System Designer roles employed within regions that can help coordinate initiatives and target local areas of need (4).



At a glance

Australia

Population need	Workforce availability	Workforce competency*
4,004,812 children aged 0-12 years	**157,906** High opportunity specialists. *e.g. Psychiatrist, GP, Psychologist.*	**Moderate** generalist-level child mental health competency. Avg score 5.11.
216,450 Aboriginal or Torres Strait Islander children (5%)	**980,672** High Opportunity Generalist/Med Opportunity Specialist. *e.g. Registered Nurse (Mental Health), AOD Counsellor, School Teacher.*	**Moderate** specialist-level child mental health competency. Avg score 5.09.
520,626 Children 0-12 years estimated to have mental health conditions (13%)	**1,085,650** Med Opportunity Generalist. *e.g. Health Promotion Officer, Emergency Medicine Specialist, Police Officer.*	**Low** competency working with Aboriginal and Torres Strait Islander families. Avg score 4.78.
11.4% Children's mental health at risk due to severe developmental vulnerability	**6.78 hours** average hours per child per year of specialist care available.	**Low** child mental health competency in disasters. Avg score 4.57.

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* Survey scores out of 7
Population need, see Footnote 3.
Workforce capacity, see Footnote 4.
Workforce competency, see Footnote 5.

At a glance

Western Australia

Population need	Workforce capacity	Workforce competency
636,335 children aged 0-12 years	**16,758** High opportunity specialists. **Similar rate of availability** to national avg. *e.g. Psychiatrist, GP, Psychologist.*	**Moderate** generalist-level child mental health competency. Avg score 5.00. **In line with** the national avg (5.11).
24,404 Aboriginal or Torres Strait Islander children (3.8%)	**105,257** High Opportunity Generalist/Med Opportunity Specialist. **Similar rate of availability** to national avg. *e.g. Registered Nurse (Mental Health), AOD Counsellor, School Teacher.*	**Slightly low** specialist-level child mental health competency. Avg score 4.90. **Slightly lower** than the national avg (5.09).
51,190 Children 0-12 years estimated to have mental health conditions (8%)	**109,384** Med Opportunity Generalist **Low availability** compared to national avg. *e.g. Health Promotion Officer, Emergency Medicine Specialist, Police Officer.*	**Low** competency working with Aboriginal and Torres Strait Islander families. Avg score 4.77. **In line with** the national avg (4.78).
10.2% Children's mental health at risk due to severe developmental vulnerability	**5.93 hours** average hours per child per year of specialist care available. **Lower than** the national avg (6.78 hours).	**Low** child mental health competency in disasters. Avg score 4.38. **Slightly lower** than the national avg (4.57).

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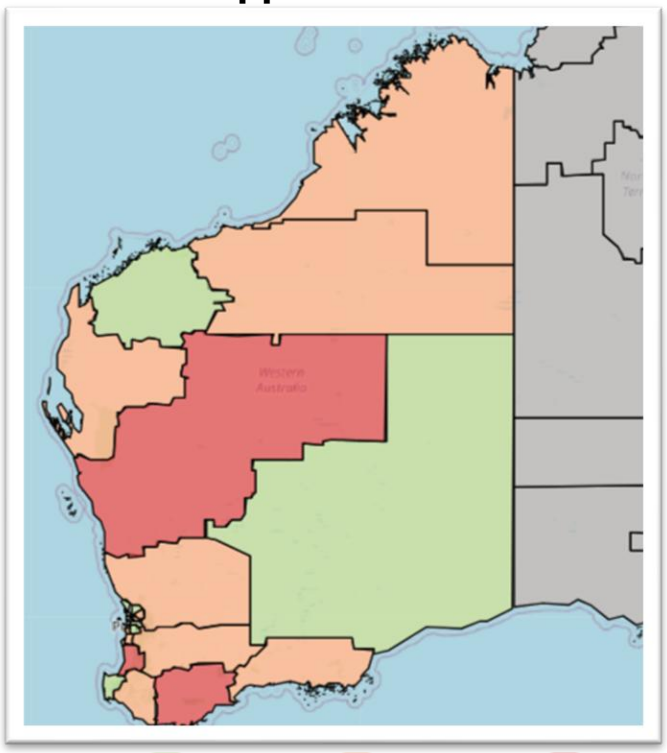
* Survey scores out of 7
Population need, see Footnote 3.
Workforce capacity, see Footnote 4.
Workforce competency, see Footnote 5.

At a glance

Western Australia

All SA3 regions have need for child mental health support, and some regions have greater need compared to the national average. The access to specialist workforce in these regions varies.

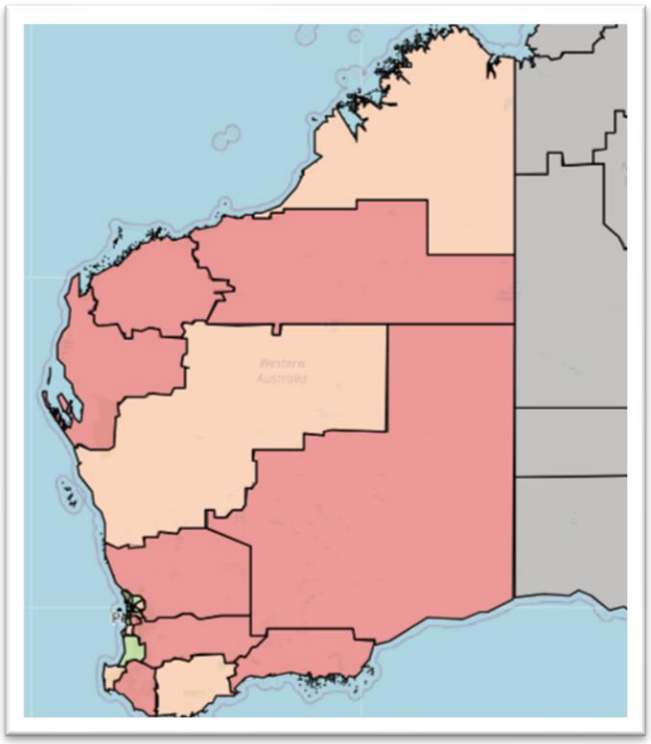
Need for child mental health workforce support: Total need index



Significantly Favourable | Favourable | Unfavourable | Significantly Unfavourable

Compared to the national average

Workforce availability: High opportunity specialists per 1000 children



Low Priority | Moderate Priority | High Prioity | Extreme Priority

Compared to the national average

In summary

- Of the children aged 0-12 years that reside in WA, data suggests there may be a smaller proportion of children estimated to be at risk of or experiencing mental health conditions than the national average.
- In WA, the availability of workforce to support child mental health per 1000 children, is similar at a state-level to the national average although the national average may still not be an optimal benchmark. However, the map indicates regions in rural and remote WA have much lower workforce availability and often higher need than the national average.
- The estimated hours of service available per child is lower than the national average.
- The infant and child mental health workforce in WA show moderate competency in the areas of generalist and specialist infant and child mental health support, but low in particular topic areas such as working with Aboriginal and Torres Strait Islander families and working with families impacted by a disaster. These scores are similar to the national average.
- See the following sections for more detail.

Section 1

Child population

Data in this section

Geographical Classification

Statistical Area Level 3 (SA3)

Statistical Area Level 3 (SA3) is a method of geographically mapping data that fulfills the need to protect the confidentiality of children and families while also providing detailed data for a region. SA3 are Australian Statistical Geography Standard (ASGS) areas, comprising of 359 regions that map the whole of Australia.
In large urban areas, SA3s are designed to closely align to Local Government Areas. SA3s in outer regional and remote areas represent regions that have similar socio-economic characteristics.

Child Population

Child Population (Grouped)

A child's needs are influenced by many factors, including their age. Key to understanding the needs of this population is knowing how many infants, children and adolescents live in Australia and in what regions they live.
Population data have been grouped as follows:

- 0 to 2 years
- 3-5 years
- 6- 8 years
- 9-12 years

Child Population (Total)

Total population data for Australian children (0-12 years) gives essential context for understanding the needs of a population.
All population data have been obtained from the 2021 Census of Population and Housing.

Service Considerations

Aboriginal and Torres Strait Islander Children

Supporting the health and wellbeing of Aboriginal and Torres Strait Islander children requires acknowledging their unique strengths and being aware of the considerations that need to be present in the support services available. Services must take a holistic approach that encompasses physical, mental, cultural and spiritual health when supporting Aboriginal and Torres Strait Islander children and families.

Language other than English spoken at home

Language spoken at home provides an understanding of ethnicity and cultural diversity across Australia. Cultural considerations are key to providing appropriate and effective support to children and families.

Geographical Classification, see Footnote 6.
Child Population, see Footnote 7.
Service Considerations, see Footnote 8.

Perth North – PHN501

	Child population					Service considerations	
SA3 Region	**0-2 years**	**3-5 years**	**6-8 years**	**9-12 years**	**Total children 0-12 years**	**% 0-12s Aboriginal and/or Torres Strait Islander**	**% 0-12s language other than English spoken at home**
Bayswater - Bassendean	3040	2930	2670	3387	12030	3%	26%
Cottesloe - Claremont	1605	2065	2548	3938	10158	1%	17%
Joondalup	5009	5597	5987	8773	25374	2%	12%
Kalamunda	1955	2124	2281	3298	9661	4%	18%
Mundaring	1250	1373	1490	2163	6282	6%	11%
Perth City	3224	3039	2966	3901	13135	1%	25%
Stirling	7624	7349	7201	9052	31219	2%	32%
Swan	6360	6933	6672	8304	28271	5%	27%
Wanneroo	8533	9480	9433	12399	39841	3%	22%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.7%

Perth South – PHN502

	Child population					Service considerations	
SA3 Region	**0-2 years**	**3-5 years**	**6-8 years**	**9-12 years**	**Total children 0-12 years**	**% 0-12s Aboriginal and/or Torres Strait Islander**	**% 0-12s language other than English spoken at home**
Armadale	4381	4775	4712	5594	19464	5%	30%
Belmont - Victoria Park	2763	2455	2319	2732	10270	4%	35%
Canning	3179	3354	3620	4947	15101	2%	46%
Cockburn	4608	4704	4636	5797	19745	3%	21%
Fremantle	1231	1229	1146	1523	5128	3%	16%
Gosnells	4876	5479	5557	7019	22932	4%	42%
Kwinana	2269	2310	2096	2528	9207	5%	24%
Mandurah	3288	3654	3748	5408	16093	6%	11%
Melville	2866	3460	3793	5379	15502	1%	22%
Rockingham	5313	5810	5980	8203	25304	5%	12%
Serpentine - Jarrahdale	1625	1765	1612	2052	7057	5%	14%
South Perth	1192	1254	1162	1655	5259	2%	26%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.7%

Country WA – PHN503

	Child population					Service considerations	
SA3 Region	**0-2 years**	**3-5 years**	**6-8 years**	**9-12 years**	**Total children 0-12 years**	**% 0-12s Aboriginal and/or Torres Strait Islander**	**% 0-12s language other than English spoken at home**
Albany	1894	2117	2255	3166	9431	7%	14%
Augusta - Margaret River - Busselton	1750	2001	2259	3359	9369	3%	13%
Bunbury	3566	3911	4224	5889	17596	6%	12%
East Pilbara	1178	1179	1162	1354	4876	24%	26%
Esperance	550	614	652	835	2650	7%	16%
Gascoyne	365	360	367	460	1559	18%	23%
Goldfields	1629	1680	1645	2033	6984	15%	25%
Kimberley	1557	1689	1731	2237	7212	51%	35%
Manjimup	619	774	789	1152	3330	5%	11%
Mid West	1828	1950	2111	2965	8855	16%	18%
West Pilbara	1430	1670	1650	1848	6603	13%	23%
Wheat Belt - North	1599	1698	2007	2675	7979	9%	14%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.7%

In summary

- Across PHN regions in WA there is variation in the number of children aged 0-12 years. As to be expected, there are large numbers of children concentrated in metropolitan areas in Perth North, as well as Gosnells and Rockingham in the Perth South PHN.

- There is little variation in the proportion of child age groups across Westernn Australia.

- There are SA3 regions within Country WA that have higher much higher proportion of Aboriginal and Torres Strait Islander children, especially the Kimberly as well as around the Pilbara, Gascoyne and Goldfields regions

- These areas, and others such as Canning and Gosnells in Perth South and Stirling in Perth North, often also have higher than average proportion of children in families where a language other than English is spoken at home.

- These results may have implications for the design of appropriate services to meet the needs in each region.

Section 2

Child mental health need

Data in this section

Region Characteristics

Remoteness Areas

Remoteness Areas are a geographical classification consisting of five levels that provide a measure of relative geographic access to services.

- Major Cities of Australia
- Inner Regional Australia
- Outer Regional Australia
- Remote Australia
- Very Remote Australia

SEIFA IRSD Score

The Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-economic Disadvantage (IRSD) considers the social and economic conditions of a population within a specified geographical area. The national average SEIFA IRSD score is 1000, with scores below this indicating relative disadvantage.

Current child mental health prevalence

Child and Infant Mental Health

Children and infants may experience a range of mental health conditions that require both specialist and generalist support.
Child and infant mental health estimates are not readily available by SA3s for children aged 0-12 years. As such, Emerging Minds modelled estimates based on scaled up ABS Census 2021 prevalence.

Mental Health Service and Prescription Use

Use of prescriptions for mental health medications and access to community mental health services among children are indicators of the current prevalence of child mental health in Australia.

Data relating to prescription and service use have been sourced from the AIHW.

Child mental health risk

AEDC Vulnerability Domains

Australian Early Development Census (AEDC) shows the proportion of children who are developmentally vulnerable on two or more of the five domains measured. The five domains are social competence, emotional maturity, language and cognitive skills (school-based), and communication skills and general knowledge in a child's first year of school.

Risk Factors

Identifying and addressing risk factors that may contribute to mental health difficulties is key to providing support to children. The average number of risk factors per child in an SA3 region has been calculated as an indicator of child mental health risk.

Total need Index

Total Need Index

The Total Need Index provides a measure of need for infant and child mental health support in an SA3 area. The Index uses data from seven indicators to generate a score ranging from 7-29. Higher scores indicate that children aged 0-12 years in that region have greater need for support.

Region Characteristics, see Footnote 9.
Current child mental health prevalence, see Footnote 10.
Child mental health risk, see Footnote 11.
Total need index, see Footnote 12.

Child mental health need

Perth North – PHN501

	Region characteristics		Current child mental health prevalence			Child mental health risk		
SA3 Region	**Remoteness Area**	**SEIFA IRSD Score**	**EM Scaled Census estimates of Mental Health Conditions in 0-12s**	**Service Use - % 0-17s children with a MH prescription**	**Service Use - % 0-11s children with a Community MH service contact**	**% AEDC Vulnerability on 2+ domains**	**Average number of risk factors per child in region**	**TOTAL NEED INDEX (low 7-high 29)**
Bayswater - Bassendean	Major Cities	1017	10.63%	5.46%	0.64%	7.40%	1.04	14
Cottesloe - Claremont	Major Cities	1100	9.91%	7.22%	0.53%	5.49%	0.79	11
Joondalup	Major Cities	1072	12.52%	7.10%	0.72%	5.50%	1.00	13
Kalamunda	Major Cities	1034	12.89%	5.72%	0.86%	11.33%	1.03	18
Mundaring	Major Cities	1030	16.15%	7.38%	0.87%	10.76%	1.14	18
Perth City	Major Cities	1064	7.03%	7.01%	0.50%	6.29%	0.79	10
Stirling	Major Cities	1025	9.38%	4.88%	0.69%	8.79%	0.89	14
Swan	Major Cities	997	12.22%	5.37%	0.78%	9.43%	0.94	15
Wanneroo	Major Cities	1005	13.06%	5.94%	0.99%	9.41%	0.96	16

Remote or Very Remote	Outer Regional Australia	Inner Regional Australia	Major Cities of Australia

Sig. less favourable than the national avg.	Less favourable than the national avg.	Equal to or more favourable than the national avg.	Sig. more favourable than the national avg.

Child mental health need

Perth South – PHN502

	Region characteristics		Current child mental health prevalence			Child mental health risk		
SA3 Region	**Remoteness Area**	**SEIFA IRSD Score**	**EM Scaled Census estimates of Mental Health Conditions in 0-12s**	**Service Use - % 0-17s children with a MH prescription**	**Service Use - % 0-11s children with a Community MH service contact**	**% AEDC Vulnerability on 2+ domains**	**Average number of risk factors per child in region**	**TOTAL NEED INDEX (low 7-high 29)**
Armadale	Major Cities	990	12.93%	5.57%	0.84%	11.31%	0.86	17
Belmont - Victoria Park	Major Cities	1010	6.18%	4.57%	0.64%	9.18%	0.85	11
Canning	Major Cities	1020	7.26%	4.53%	0.56%	9.95%	0.82	11
Cockburn	Major Cities	1032	11.11%	5.37%	0.80%	7.92%	0.94	14
Fremantle	Major Cities	1041	10.78%	7.82%	0.76%	6.16%	1.05	16
Gosnells	Major Cities	975	10.36%	4.64%	0.62%	15.16%	0.88	16
Kwinana	Major Cities	971	12.90%	5.42%	0.93%	17.59%	0.95	19
Mandurah	Major Cities	960	15.79%	7.85%	1.11%	9.34%	1.12	21
Melville	Major Cities	1071	9.84%	6.62%	0.53%	5.47%	0.94	12
Rockingham	Major Cities	989	17.37%	7.49%	1.01%	11.23%	1.04	21
Serpentine - Jarrahdale	Major Cities	1028	13.79%	6.49%	0.61%	10.90%	0.83	16
South Perth	Major Cities	1066	10.04%	5.45%	0.60%	4.55%	0.89	12

Remote or Very Remote	Outer Regional Australia	Inner Regional Australia	Major Cities of Australia

Sig. less favourable than the national avg.	Less favourable than the national avg.	Equal to or more favourable than the national avg.	Sig. more favourable than the national avg.

Population

Country WA – PHN503

	Region characteristics		Current child mental health prevalence			Child mental health risk		
SA3 Region	Remoteness Area	SEIFA IRSD Score	EM Scaled Census estimates of Mental Health Conditions in 0-12s	Service Use - % 0-17s children with a MH prescription	Service Use - % 0-11s children with a Community MH service contact	% AEDC Vulnerability on 2+ domains	Average number of risk factors per child in region	TOTAL NEED INDEX (low 7-high 29)
Albany	Outer Regional	981	13.29%	7.78%	1.98%	13.36%	0.99	22
Augusta - Margaret River - Busselton	Inner Regional	1022	13.47%	6.61%	0.74%	7.57%	0.86	15
Bunbury	Inner Regional	976	14.53%	7.61%	0.95%	12.71%	1.07	22
East Pilbara	Remote	993	5.92%	3.88%	1.16%	17.94%	0.55	18
Esperance	Remote	996	9.34%	6.55%	1.75%	8.72%	0.80	19
Gascoyne	Very Remote	967	6.35%	6.28%	1.30%	11.67%	0.65	19
Goldfields	Outer Regional	969	4.84%	4.45%	1.03%	16.14%	0.71	17
Kimberley	Very Remote	861	3.32%	2.88%	2.26%	24.26%	0.66	20
Manjimup	Outer Regional	979	11.64%	6.96%	1.51%	9.85%	0.96	19
Mid West	Outer Regional	962	11.36%	7.75%	1.26%	13.88%	0.93	22
West Pilbara	Remote	1045	7.12%	5.42%	0.96%	10.30%	0.46	15
Wheat Belt - North	Inner Regional	977	12.20%	7.12%	1.64%	13.84%	0.94	19
Wheat Belt - South	Outer Regional	983	9.87%	6.54%	1.41%	12.65%	0.77	19

Remote or Very Remote	Outer Regional Australia	Inner Regional Australia	Major Cities of Australia

Sig. less favourable than the national avg.	Less favourable than the national avg.	Equal to or more favourable than the national avg.	Sig. more favourable than the national avg.

In summary

- The level of child mental health need across regions in WA is mixed. SA3 regions in Perth North show lower than average need for services, similar to some other major city areas in Australia. However, there are several regions in Perth South with higher levels of child mental health need, including Mandurah and Rockingham.

- Region characteristics, child mental health prevalence and child mental health risk all interact to influence the mental health and wellbeing of infants of children of a region. The Total Need Index shows the specific regions of highest child need.

- Low rates of child mental health conditions shown in Country WA are contradicted by high rates of service use and developmental vulnerability suggesting there may be underestimation or unmet child mental health need in the Country PHN area, especially in outer regional and remote areas.

Section 3

Workforce availability

Data in this section

Workforce Classifications

Group 1: High opportunity specialists

Specialists in infant and child mental health or specialists in mental health, who have a high level of opportunity to support or influence infant and child mental health and wellbeing in their role, e.g. Psychiatrist, GP, Psychologist.

Group 2: High Opportunity Generalist/Med Opportunity Specialist

Generalist practicing professionals or generalist trained workers who have a high level of opportunity to support or influence infant and child mental health and wellbeing in their role; OR specialists in mental health, who have a medium level of opportunity to support or influence infant and child mental health and wellbeing in their role, e.g. Registered Nurse (Mental Health), AOD Counsellor, School Teacher.

Group 3: Med Opportunity Generalist

Generalist practicing professionals or generalist trained workers who have a medium level of opportunity to support or influence infant and child mental health and wellbeing in their role, e.g. Health Promotion Officer, Emergency Medicine Specialist, Police Officer.

Measures

Workforce Population (n)

Population data for the specialist and generalist child and infant mental health workforce provides essential context for understanding the support available in Australia.
All population data have been obtained from the 2021 Census of Population and Housing.

Workforce Population (Standardised per 1,000 children)

The workforce population was standardised per 1,000 children to assist in the comparison and analysis of workforce availability across SA3 regions.
Standardising shows how many children (0-12 years) are located in a SA3 region per specialist or generalist professional.

Weekly Workforce Hours Available (Standardised per 1,000 children)

Weekly workforce hours are a key indicator of infant and child mental health workforce availability.
Standardising indicates how many hours specialist and generalist professionals have available each week to distribute across 1,000 children in a SA3 region.

Total Workforce Availability Index

Total Workforce Availability Index

The Total Workforce Availability Index provides a measure of availability of the workforce who can provide mental health and wellbeing support to infants and children in an SA3 region.
The index uses data from six indicators to generate a score ranging from 6-24. Lower scores indicate that the workforce in that region has lower availability to provide support.

Workforce classifications, see Footnote 13.
Measures, see Footnote 14.
Total workforce availability index, see Footnote 15.

Workforce availability

Perth North – PHN501

	Group 1: High opportunity specialists			Group 2: High Opportunity Generalist/Med Opportunity Specialist			Group 3: Med Opportunity Generalist			
SA3 Region	**n**	**per 1000 children**	**hours per week per 1000 children**	**n**	**per 1000 children**	**hours per week per 1000 children**	**n**	**per 1000 children**	**hours per week per 1000 children**	**TOTAL WORKFORCE AVAILABILITY INDEX (low 6- high 24)**
Bayswater - Bassendean	569	47	185	3428	285	1070	3431	285	1010	18
Cottesloe - Claremont	1614	159	694	2589	255	792	3610	355	1247	19
Joondalup	1032	41	173	8049	317	1427	7113	280	1159	20
Kalamunda	204	21	58	2322	240	972	2066	214	811	10
Mundaring	186	30	88	1802	287	1068	1611	256	770	14
Perth City	1969	150	592	4085	311	999	5474	417	1275	22
Stirling	1763	56	254	8481	272	1168	9441	302	1253	22
Swan	465	16	80	5398	191	1005	6146	217	1110	11
Wanneroo	724	18	93	8195	206	1126	9143	229	1185	13

Sig. below the national avg. (<25%)	Below the national avg.	Equal to or above the national avg.	Sig. above the national avg. (>75%)

Workforce availability

Perth South – PHN502

	Group 1: High opportunity specialists			Group 2: High Opportunity Generalist/Med Opportunity Specialist			Group 3: Med Opportunity Generalist			
SA3 Region	**n**	**per 1000 children**	**hours per week per 1000 children**	**n**	**per 1000 children**	**hours per week per 1000 children**	**n**	**per 1000 children**	**hours per week per 1000 children**	**TOTAL WORKFORCE AVAILABILITY INDEX (low 6- high 24)**
Armadale	341	18	103	3430	176	994	4120	212	1093	10
Belmont - Victoria Park	509	50	180	2611	254	881	3168	308	1019	16
Canning	643	43	192	3607	239	956	4504	298	1133	16
Cockburn	710	36	166	5140	260	1212	5364	272	1147	18
Fremantle	610	119	460	1993	389	1254	1774	346	884	22
Gosnells	431	19	90	4059	177	854	5012	219	991	11
Kwinana	88	10	42	1413	153	764	1955	212	984	7
Mandurah	264	16	60	3733	232	930	3629	226	810	10
Melville	1150	74	320	4880	315	1221	4778	308	1111	22
Rockingham	392	15	70	5316	210	1090	5229	207	986	10
Serpentine - Jarrahdale	79	11	37	1137	161	854	1186	168	795	8
South Perth	573	109	349	1813	345	1054	1976	376	971	21

Sig. below the national avg. (<25%)	Below the national avg.	Equal to or above the national avg.	Sig. above the national avg. (>75%)

Workforce availability

Country WA – PHN503

	Group 1: High opportunity specialists			Group 2: High Opportunity Generalist/Med Opportunity Specialist			Group 3: Med Opportunity Generalist			
SA3 Region	**n**	**per 1000 children**	**hours per week per 1000 children**	**n**	**per 1000 children**	**hours per week per 1000 children**	**n**	**per 1000 children**	**hours per week per 1000 children**	**TOTAL WORKFORCE AVAILABILITY INDEX (low 6- high 24)**
Albany	339	36	147	2502	265	1056	2406	255	949	**16**
Augusta - Margaret River - Busselton	367	39	152	2200	235	986	2032	217	0	**12**
Bunbury	490	28	125	4183	238	1070	4113	234	949	**13**
East Pilbara	68	14	49	930	191	948	639	131	598	**7**
Esperance	61	23	83	563	212	784	447	169	465	**8**
Gascoyne	66	42	169	489	314	791	489	314	655	**15**
Goldfields	136	19	80	1460	209	1033	1041	149	701	**9**
Kimberley	339	47	254	2583	358	1895	1702	236	1034	**20**
Manjimup	65	20	55	790	237	676	776	233	541	**8**
Mid West	262	30	141	2361	267	1117	2060	233	874	**15**
West Pilbara	92	14	59	1310	198	1128	740	112	625	**8**
Wheat Belt - North	119	15	40	1734	217	756	1586	199	661	**6**
Wheat Belt - South	38	12	12	671	217	780	623	202	614	**6**

Sig. below the national avg. (<25%)	Below the national avg.	Equal to or above the national avg.	Sig. above the national avg. (>75%)

In summary

- Some metropolitan areas of Western Australia, including areas in Perth North and parts of Perth South show good availability of **Group 1: High opportunity specialists** compared to the national average, which is similar to other major city regions across Australia. In these areas, the availability of **Group 2 and 3 generalist workforce** tends to be similar.
- In Country WA most regions show extremely low availability of workforce across all groups.
- We use the national average availability of workforce as a comparison to highlight when regions have higher or lower workforce supply, however we learned from stakeholder consultations that the national average is still not optimal.
- We therefore, look to the availability of **Group 2 and 3 generalist workforce** as a valuable resource to provide support to children and families within their scope, when access to specialists is limited. In some regions where specialist availability is low, these generalist groups appear more available while in other areas there is low availability across all workforce groups.
- Some areas, such as in parts of the Country WA, such as Bunbury and Darling Downs and Goldfields show low availability of generalists per 1,000 children, but higher than average hours worked per 1,000 children by these groups which may indicate practitioners working long hours to meet local need. In Perth North the regions of Swan and Wanneroo show a similar pattern of higher work hours than workforce per 1000 children.

Section 4

Workforce competency

Workforce competency

National Workforce Survey Overview

In 2023, Emerging Minds conducted its biennial National Workforce Survey for Child, Parent and Family Mental Health, where the Australian health, social and community services workforce is invited to rate their capabilities across a range of workforce competencies essential for supporting children's mental health. Generalist competencies are those any worker in these sectors can enhance to improve outcomes for children. Specialist-level competencies include more advanced skills for those with opportunity to respond directly to children's mental health concerns.

Key findings overall

- Two thirds of the survey said that supporting child mental health was an expectation of their job, but even those where it wasn't part of their job found themselves regularly supporting child mental health at work (57% said sometimes, often or always).

- Child mental health competency is moderate in some areas and low in others, and there is need for improvement across the workforce **especially in child mental health practice.**

- Most of the workforce has very low confidence in:
  - Working with Aboriginal and Torres Strait Islander families and
  - Infant mental health, and
  - Understanding child mental health in the context of disaster.

- Rural and remote areas need extra support, but show strength in adapting practice to their local context and working with Aboriginal and Torres Strait Islander families.

- Engagement in workforce development makes a significant difference in the level of competency in child mental health. Those who had completed training or used resources reported higher competence in all areas we measured.

2023 National workforce survey sample

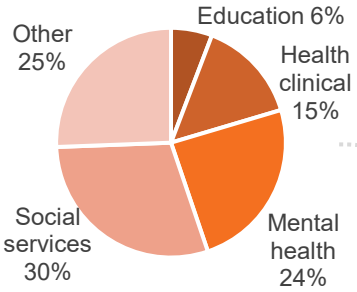
83% WA	87% Total

% Female

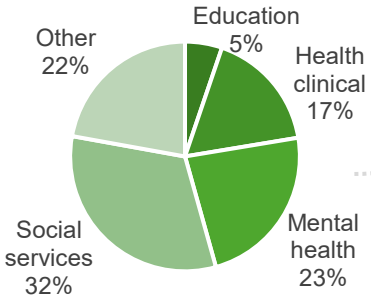
11.8 WA	10.6 Total

Avg. years in occupation

WA



Total

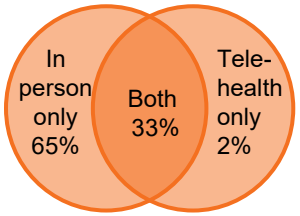


Profession group

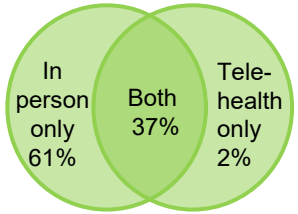
Total responses

398 WA	3,064 Total

WA



Total



Offers telehealth

CMH is an expectation of job

72% WA	73% Total

Regularly supports CMH regardless of whether its part of the job

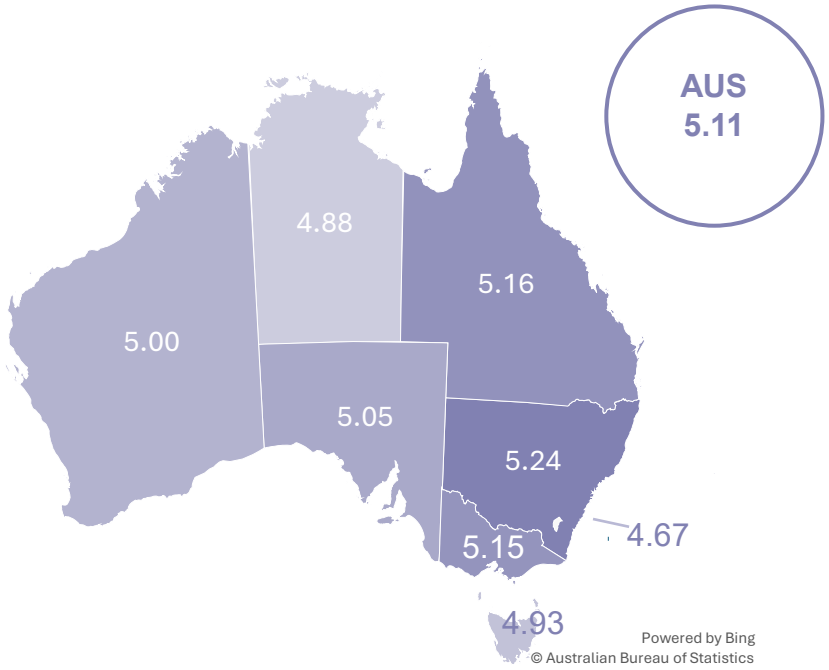
85% WA	85% Total

Workforce competency

National Workforce Survey Overview

In Western Australia

Generalist child mental health competency scores in Western Australia are similar to the national average



Clinical health professionals in Western Australia rated their generalist and specialist child mental health competence lower than other profession groups. Most generalist skills were rated low, although there was moderate competence in referring and facilitating support for child mental health. Specialists in clinical health showed strength adapting specialist practices to local context.

Educators in Western Australia showed moderate strengths in some generalist child mental health competencies but overall were low in generalist and specialist skills. As with health workers, Western Australian educators had low confidence in working with Aboriginal and Torres Strait Islander children and families, and disasters. They showed strength in family resilience but need support engaging parents.

The social services and mental health profession group showed the highest level of confidence. Although average scores for both mental health and social services professionals indicate overall moderate-level competency and low confidence in child focused practice. Mental health specialists showed high confidence using specialist interventions. Social services workers need support with disasters and specialist strategies.

Competencies in child mental health

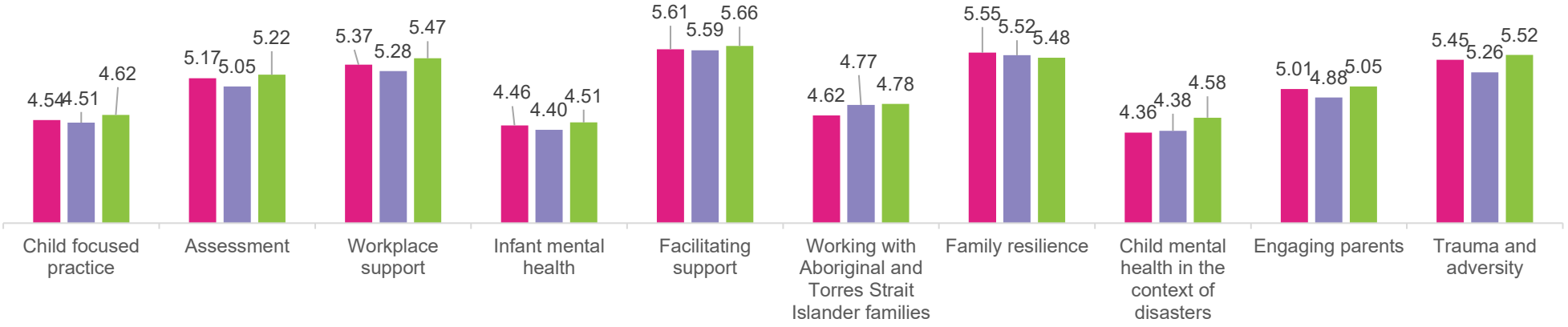
Generalist competencies for all practitioners Survey questions offered to all respondents	
Child-focused practice	Working in ways where child mental health is front of mind and is reflected in practices.
Assessment	Knowledge and confidence to identify children at risk of developing or who are displaying signs of emerging mental health concerns.
Workplace support	The work environment positively influences the chances of providing child mental health-promoting and family-focused practice.
Infant mental health	Understanding theory, infant mental health, the parent-child relationship, and providing support in the perinatal period.
Facilitating support	Knowing when and how to connect children and families with mental health support outside the immediate scope of practice, including external providers.
Working with Aboriginal and Torres Strait Islander families	Knowledge, confidence, skills and structures to adapt practice to better support Aboriginal and Torres Strait Islander families in ways that are culturally safe, centres culture and promotes healing.
Family resilience	Practices that reflect key components of the Family Resilience Model, including engaging family members to identify and draw upon strengths and collaboration.
Child mental health in the context of disasters	Understanding how disasters can impact on children's mental health and confidence to provide early intervention support to children and families affected by disaster.
Engaging parents	Skills focused on talking to parents about children's mental health, helping equip parents and examining the relationships between parents and children.
Trauma and adversity	Understanding theory of trauma responses and the impact of adversity on child development and mental health, working in trauma informed ways with children and families.
Specialist-level competencies for child mental health workforce Survey questions offered to respondents who said child mental health was part of their job or that they find themselves regularly supporting child mental health.	
Child mental health practice capability	High level knowledge and confidence to adapt mental health practice for children across a range of ages, stages and developmental needs.
Advanced child mental health practice	Skills to use professional discretion to employ components of evidence-based interventions and strategies for effective responses to children's mental health.
Specialist practice in disaster	Advanced practices that directly respond to mental health impacts of disasters in children.
Contextually driven practice	Skills and confidence to adapt practice to the environment and context in which the child's mental health develops, including the rural families and families with various cultural backgrounds.

Workforce competency

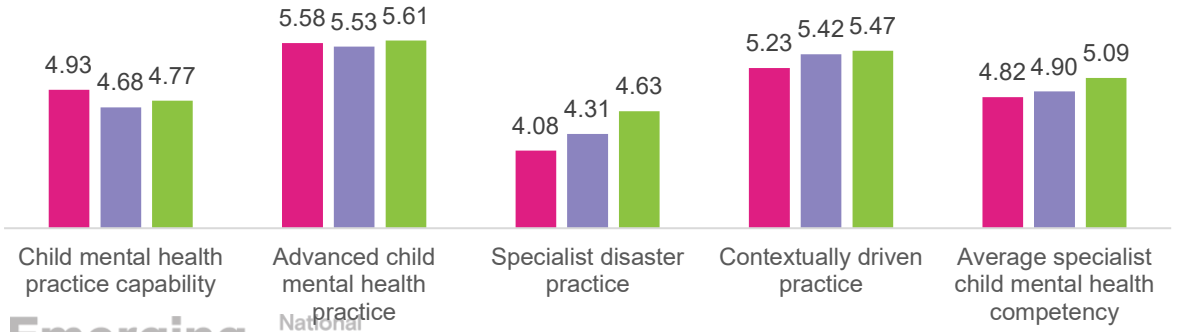
Perth North – PHN501

149 total responses

Generalist competencies for all practitioners



Specialist-level child mental health competency average scores



Respondents rated their agreement with a range of competency statements using a 7-point scale from 'strongly disagree'–'strongly agree'.
Scores are interpreted as follows:

1-4: lack of agreement indicating low competence

5-6: Moderate competence

6-7: High level of competence

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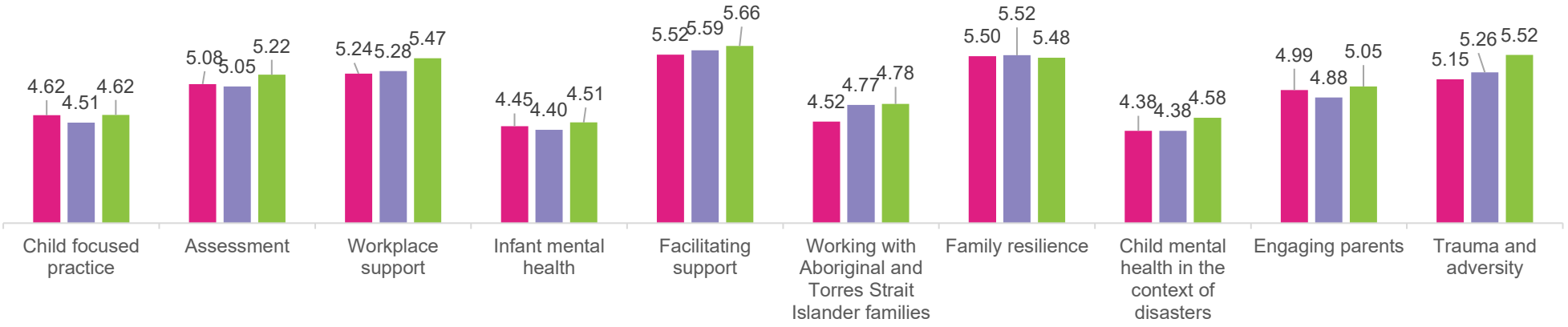
Workforce competency

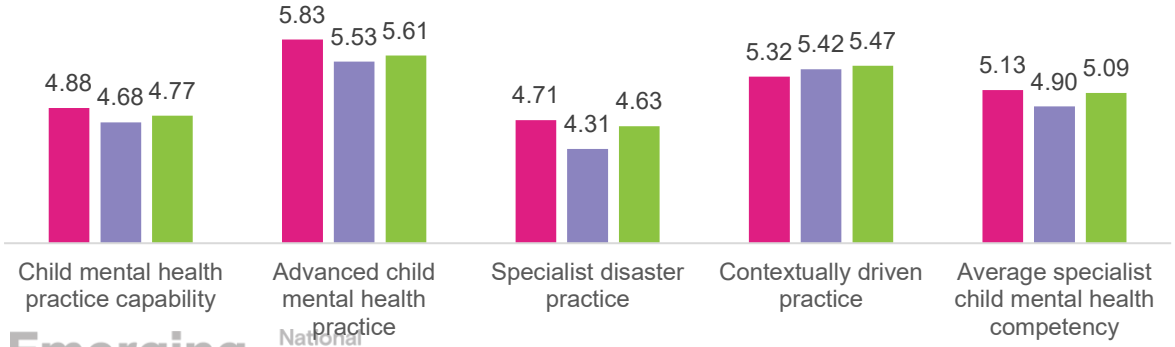
Perth South – PHN502

129 total responses

Generalist competencies for all practitioners



Specialist-level child mental health competency average scores



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Scores are interpreted as follows:

1-4: lack of agreement indicating low competence

5-6: Moderate competence

6-7: High level of competence

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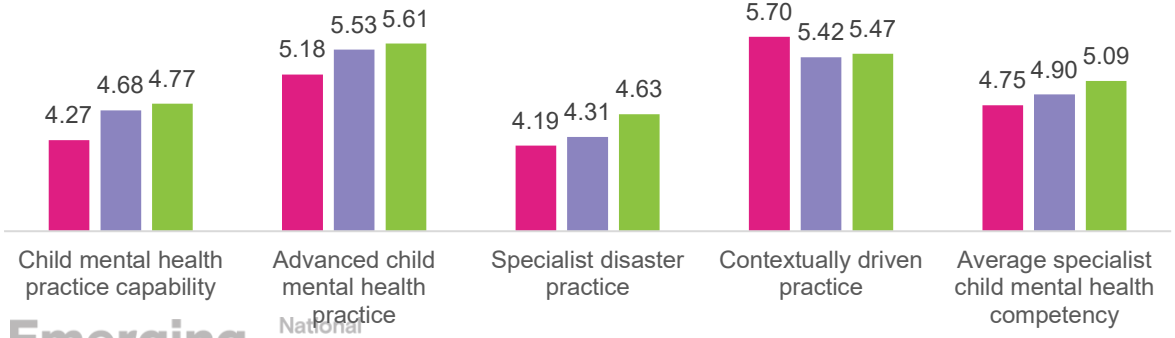
Workforce competency

Country WA– PHN503

120 total responses

Generalist competencies for all practitioners

Specialist-level child mental health competency average scores



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Scores are interpreted as follows:

1-4: lack of agreement indicating low competence

5-6: Moderate competence

6-7: High level of competence

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Generalist child mental health competencies

For all practitioners

Average competency scores out of 7, by Western Australian PHN

		Child focused practice	Assessment	Workplace support	Infant mental health	Facilitating support	Working with Aboriginal and Torres Strait Islander families	Family resilience	Child mental health in the context of disasters	Engaging parents	Trauma and adversity
Perth North – PHN501	N	94	110	99	97	114	91	56	84	110	105
	Mean	4.54	5.17	5.37	4.46	5.61	4.62	5.55	4.36	5.01	5.45
	Std. Dev.	1.56	1.25	1.34	1.74	1.20	1.43	1.20	1.63	1.42	1.41
Perth South – PHN502	N	94	107	96	93	109	92	66	86	107	98
	Mean	4.62	5.08	5.24	4.45	5.52	4.52	5.50	4.38	4.99	5.15
	Std. Dev.	1.71	1.46	1.57	1.74	1.17	1.46	1.45	1.57	1.48	1.58
Country WA – PHN503	N	105	108	97	96	110	86	66	83	108	96
	Mean	4.37	4.89	5.22	4.28	5.65	5.20	5.50	4.41	4.64	5.16
	Std. Dev.	1.63	1.41	1.56	1.78	1.27	1.53	1.41	1.78	1.58	1.65
Total Sample	N	2333	2525	2224	2183	2562	2004	1479	1888	2531	2292
	Mean	4.62	5.22	5.47	4.51	5.66	4.78	5.48	4.58	5.05	5.52
	Std. Dev.	1.74	1.33	1.41	1.67	1.27	1.43	1.35	1.57	1.44	1.41

Low competence	Moderate competence	High competence
1–4	5–6	6–7

Specialist child mental health competencies

for child mental health workforce

Average competency scores out of 7, by Western Australian PHN

		Child mental health practice capability	Advanced child mental health practice	Specialist disaster practice	Contextually driven practice
Perth North – PHN501	N	54	59	62	57
	Mean	4.93	5.58	4.08	5.23
	Std. Dev.	1.16	0.91	1.79	1.21
Perth South – PHN502	N	58	60	52	60
	Mean	4.88	5.83	4.71	5.32
	Std. Dev.	1.39	0.83	1.49	1.17
Country WA – PHN503	N	60	61	57	61
	Mean	4.27	5.18	4.19	5.70
	Std. Dev.	1.84	1.36	1.77	1.19
Total Sample	N	1365	1404	1325	1410
	Mean	4.77	5.61	4.63	5.47
	Std. Dev.	1.50	1.18	1.61	1.19

Low competence	Moderate competence	High competence
1–4	5–6	6–7

Competencies by profession groups

Average competency scores out of 7, by 398 Western Australian respondents

		Generalist competencies (For all practitioners)										Specialist competencies (For child mental health workforce)			
WA respondents by profession group		**Child focused practice**	**Assess-ment**	**Work-place support**	**Infant mental health**	**Facilitat-ing support**	**Working with Aboriginal and Torres Strait Islander families**	**Family resilience**	**Child mental health in the context of disasters**	**Engaging parents**	**Trauma and adversity**	**Child mental health practice capability**	**Advanced child mental health practice**	**Specialist disaster practice**	**Context-ually driven practice**
Education (*n*=23) 11 educators, 8 child care, 2 teacher's aids, 2 school counsellors	N	20	20	19	19	20	17	11	16	20	19	15	15	11	15
	Mean	4.55	5.10	5.16	4.26	5.20	3.82	5.36	4.44	4.64	4.72	4.40	5.27	4.00	4.87
	Std. Dev.	1.15	0.91	1.07	1.05	1.06	1.33	1.29	1.36	0.84	1.36	1.24	0.80	1.90	1.30
Health – clinical (*n*=58) 33 nurses, 13 allied health, 8 GPs, 3 other Drs, 1 ATSI health worker	N	48	50	43	46	50	42	34	38	50	45	30	32	29	32
	Mean	4.38	4.96	4.72	4.83	5.28	4.60	5.44	3.87	4.82	4.94	4.60	4.97	3.48	5.44
	Std. Dev.	1.57	1.43	1.75	1.85	1.33	1.68	1.05	1.53	1.46	1.43	1.40	1.23	1.82	1.19
Mental health (*n*=97) 31 psychologists, 30 MH nurses, 22 counsellors/therapists, 7 MH social workers, 6 psychiatrists, 1 ATSI SEWB	N	80	87	75	80	87	77	67	73	87	81	53	54	54	55
	Mean	4.83	5.37	5.28	4.64	5.89	5.01	5.63	4.75	5.36	5.86	5.08	6.02	4.78	5.38
	Std. Dev.	1.74	1.44	1.43	1.71	1.07	1.31	1.24	1.69	1.27	1.15	1.27	0.88	1.54	1.13
Social services (*n*=118) 38 community/support workers, 25 social workers, 15 youth workers, 12 child & family practitioners, 9 peer workers, 7 child protection, 4 ATSI consultants, 8 others	N	88	99	88	85	101	76	54	71	100	88	49	50	45	49
	Mean	4.60	5.00	5.56	4.26	5.64	4.93	5.70	4.55	4.92	5.53	4.55	5.54	4.51	5.67
	Std. Dev.	1.65	1.34	1.32	1.74	1.20	1.50	1.28	1.56	1.61	1.53	1.57	1.03	1.42	1.20
Other (*n*=102) 34 program mgr/admin, 22 execs, 15 health promotion/community dev., 33 others	N	57	69	67	56	75	57	22	55	68	66	25	29	32	27
	Mean	4.00	4.77	5.30	3.96	5.49	4.63	4.91	4.02	4.33	4.54	4.36	5.34	4.09	5.33
	Std. Dev.	1.56	1.37	1.62	1.86	1.27	1.53	2.09	1.79	1.61	1.74	2.08	1.17	1.92	1.27

Low competence	Moderate competence	High competence
1–4	5–6	6–7

Emerging Minds. National Workforce Centre for Child Mental Health

Sample groups with less than 20 respondents should be interpreted with caution.

Workforce competency

Impact of workforce development

Survey findings indicate a relationship between engagement with Emerging Minds and improved child mental health workforce competency.
Among the survey sample, 50% had actively engaged with Emerging Minds resources (called the *Exposed* group), a further 9% were just aware of Emerging Minds or had only used passive resources of the website and e-news (*Aware* group), the remaining 41% had not heard of Emerging Minds prior to taking the survey (*Control* group). Respondents who were *Aware* or *Exposed* to EM were statistically significantly more competent than those in the *Control* group across all the competency subscales we measured. Those in the *Exposed* group also showed higher levels of competency scores overall.

% Change in generalist competency with engagement with Emerging Minds

21% WA **15% Total**

% Change in specialist competency with engagement with Emerging Minds

20% WA **10% Total**

Impact of workforce development

	% Had actively used Emerging Minds before	% Found Emerging Minds resources highly relevant to their work	% Learned something new from the Emerging Minds resources	% Contact with Emerging Minds improved confidence discussing child mental health with families	% Have been able to apply learning from Emerging Minds in their work
Perth North – PHN501	55 (59.1%)	79.1%	88.8%	70.5%	71.0%
Perth South – PHN502	47 (51.1%)	92.5%	94.3%	73.6%	81.4%
Country WA – PHN503	37 (44.0%)	88.4%	88.4%	69.0%	70.7%
Western Australia	**139 (51.7%)**	**86.0%**	**90.5%**	**71.2%**	**74.6%**
Total sample	**1003 (50%)**	**88.4%**	**92.2%**	**76.4%**	**79.8%**

See footnote 2

* Insufficient responses from Western Queensland to provide impact data.

Summary for Western Australia

- A large sample of 398 workers from WA responded to the 2023 National Workforce Survey. The WA sample was very similar in demographics to the overall national sample, including in that three quarters of workers describe supporting child mental health as part of the role and that they do it often at work. As with the general sample, a proportion of workers find themselves regularly supporting child mental health even when it is not part of their job. The samples within each PHN catchment also had similar demographic characteristics to each other, though a higher proportion of workers offer telehealth services in Country WA.

- WA respondents rated their generalist child mental health competencies lower than the national average but demonstrated similar strengths and the same areas requiring support. Workforce development in areas such as **Working with Aboriginal and Torres Strait Islander families**, **Infant mental health** and **Child focused practice** would be beneficial but is especially needed around **responding to children in disasters** where all WA PHNs report well below average competence. Perth North and Perth South showed competency levels similar to the national average, however Country WA reported lower competence than the national average in some domains.

- WA respondents who answered the specialist items (those who already do or should be providing child mental health support in their role) showed strengths in using components of evidence-based interventions (**Advanced child mental health practice**) and adapting specialist-level practices to rural and cultural contexts (***Contextually driven practice***), especially those in Country WA. WA child mental health workforce should be supported to increase confidence in selecting and adapting strategies with children (**Child mental health practice capability**).

- WA respondents actively engaged with Emerging Minds showed increased competency compared those who hadn't heard of Emerging Minds, and across all PHNs those who used the resources reported they were highly relevant, improved confidence talking with families and all were able to apply learnings to their work.

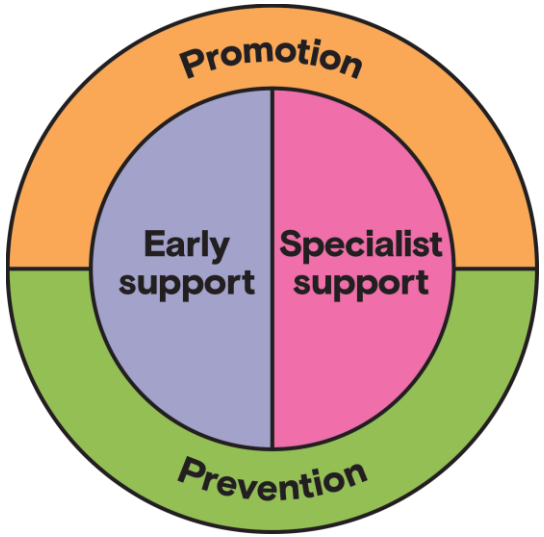
Section 5

Conclusion

Conclusion

How to create an integrated 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.



For 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

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

.

For 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 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.

Conclusion

Summary for Western Australia

Current situation for child mental health workforce support

WA has a large number of children aged 0-12 years and highly diverse needs across a large number of regions presented in this report. Culturally responsive services are needed in all regions, but are especially relevant in some parts of outer regional and remote WA. All WA PHN catchments have regions with mismatch between the level of child mental health need and the workforce available to provide support to meet it. Specialist practitioners in a position to provide child mental health services are maldistributed and overrepresented in regions around major cities. Outer regional and remote parts of Country WA are also lacking generalist workforce which can help fill the gaps in early intervention and prevention for children and families.

Child mental health workforce competence in WA is variable across PHNs, there is a need to broadly strengthen child mental health competency as well as focused development in ***Infant mental health*** and ***Child mental health in the context of disasters*** in all regions. Perth North and Perth South should be supported to improve skills ***Working with Aboriginal and Torres Strait Islander families*** and Country WA workers should be supported to **improve specialist-level child mental health competencies in the available workforce**.

Potential priority regions

Capacity of workforce to meet child mental health need in some areas of Country WA, including around the **Pilbara** and **Wheat Belt** regions is especially dire. Key areas where workforce availability is out of line with child mental health need in Perth South include **Kwinana, Mandurah, Rockingham and Serpentine-Jarrahdale.** While Perth North regions with the greatest workforce gaps are **Kalamunda, Mundaring and Armadale.**

Key opportunities for development

Workforce development strategies should draw upon the existing skills showing workforce is responsive to local need and build on existing innovations in regional areas. Clinical health professionals especially are in need of development in generalist child mental health competencies, while social services professionals could focus on building confidence in selecting and adapting specialist-level practice strategies to respond to child mental health concerns (*Child mental health practice capability*). Strategies might include exploring opportunities to utilise the workforce more highly concentrated in some regions around Perth to extend support in other regions. Emerging Minds organisational support can inform strategies that improve child mental health systems. WA workers should be supported to increase uptake of resources, especially in Country WA areas where reach has been lower than average.

Perth North – PHN501

Current situation for child mental health workforce support

There were **175, 964 children** aged 0-12 years resident in Perth North in the 2021 Census. Our analysis estimates availability of *High opportunity specialists* (workforce classification group 1) available per 1000 children in several regions is in line with or more favorable than the national average, especially Perth City and Cottesloe - Claremont, which is consistent with other regions around capital and highly populated cities in Australia. However, low availability in **Swan, Wanneroo, Mundaring** and **Kalamunda** for specialist and generalist workforces (workforce classification group 1 and group 2) presents **significant barriers to children accessing early and specialist support**.

Key opportunities for development

Over half of the SA3 regions in Perth North PHN had workforce availability that was estimated to be higher than the child need. However, in several regions the workforce availability could not meet child need. Among the most notable were the SA3 regions of **Kalamunda, Mundaring and Armadale,** which had **extreme levels of disparity of workforce availability and child need**. When standardised to the local need, Bayswater-Bassendeen, Cottesloe-Claremont, Joondalup, Stirling had workforce availability that was estimated to be at similar levels to child need while Perth City seemed to have abundant workforce when compared to need.

National workforce survey respondents from Perth North (*n*=149) rated their child mental health competence similarly and often slightly higher than the national average. Respondents showed **strengths in Facilitating support and Trauma and adversity. They also reported moderate Workplace support, as well as specialist *Advanced child mental health practice.*** The Perth North workforce **requires support to build confidence in both generalist and specialist disaster practices.** They would benefit form workforce development activities targeted at areas of **low competence such as *Working with Aboriginal and Torres Strait Islander families* and *Infant mental health***. Emerging Minds' learning and practice resources were highly effective, relevant and applicable to the work of Perth North users.

Comments made in this report are based on available data and represent estimates of child mental health need as compared to estimates of workforce availability that have been adjusted to the child population in that region. These data come with limitations and cannot describe the nuanced context of every region. It is important to also understand the competence of the local workforce to support children and families, and their capacity to do so within the systems they work in. This indicative data can form part of a broader workforce and systems development strategies which recognise local context and needs.

Get involved

Emerging Minds is working with sectors and organisations around Australia to improve the capacity of systems to support children and families. We can advise on workforce development strategies, support regional planning and offer learning and practice resources to help build capacity in your region. We would love to talk with you about improving child mental health services and support in your region. **Email us info@emergingminds.com.au and sign up to e-news for the latest updates. Download the *Scoping child mental health workforce capability report*.**

Perth South – PHN502

Current situation for child mental health workforce support

There were **172,098 children** aged 0-12 years resident in Perth South in the 2021 Census, and there is diversity in socioeconomic indicators and developmental vulnerability in the catchment. Our analysis estimates availability of *High opportunity specialists* available per 1000 children as well as availability of High opportunity generalist/medium opportunity specialists and medium opportunity generalist workforce groups varies across SA3 regions in Perth South. Some regions, especially **Kwinana and Serpentine-Jarrahdale show very low workforce availability**. Additionally, in the **Rockingham** and **Serpentine-Jarrahdale** regions the service hours for generalist practitioners are available at a higher rate than the headcount of practitioners suggesting a **workforce who may be overworked to compensate for the shortage**.

Key opportunities for development

When the workforce availability is standardised to child mental health need, half of the regions in Perth South PHN, had workforce availability what was estimated to be at higher levels than child need. However, in the other regions workforce availability was estimated to be lower than the child need – this was most pronounced in Kwinana, Mandurah, Rockingham and Serpentine-Jarrahdale. National workforce survey respondents from Perth South (*n*=129) rated their child mental health competence mostly in line with the WA sample and slightly lower than the broader national average. Therefore, the Perth South workforce showed similar areas for development to the broader workforce including ***Working with Aboriginal and Torres Strait Islander families*, responding to *Child mental health in disasters* and *Infant mental health,*** but may also benefit from increasing skills in ***Trauma and adversity.*** Respondents showed **strengths in *Facilitating support* and specialist practices including *Advanced child mental health practice.*** Survey respondents who had actively engaged with Emerging minds resources reported they were highly effective, relevant and applicable to the work of Perth South users.

Comments made in this report are based on available data and represent estimates of child mental health need as compared to estimates of workforce availability that have been adjusted to the child population in that region. These data come with limitations and cannot describe the nuanced context of every region. It is important to also understand the competence of the local workforce to support children and families, and their capacity to do so within the systems they work in. This indicative data can form part of a broader workforce and systems development strategies which recognise local context and needs.

Get involved

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Country WA – PHN503

Current situation for child mental health workforce support

There were **88,852 children** aged 0-12 years resident in Country WA in the 2021 Census. Our analysis estimates availability of *High opportunity specialists* (workforce classification group 1) available per 1000 children, as well as Group 2 and Group 3 generalist workforces is very low in several SA3 regions. The Total Workforce Availability Index was extremely low in Wheat Belt – North, Wheat Belt – South, East Pilbara, West Pilbara, Manjimup, Esperance and Goldfields. This low availability of workforce presents **significant barriers to children accessing early and specialist support in outer regional and remote WA**. In Goldfields, Kimberly and Gascoyne the generalists' work hours are available to children at a higher rate than the workforce per 1000 children, suggesting overburdened workforce may be working additional hours to meet local need.

Key opportunities for development

When standardised to the level of child mental health need in regions, in almost all Country WA regions the workforce availability was lower than the child need. The exception was the SA3 region Kimberley, that had high levels of child need but also had high levels of workforce availability. Outer regional and remote WA requires workforce development support for local workforces currently providing services to children, as well as strategies which increase the workforce available to support children. National workforce survey respondents from Country WA (*n*=120) rated their child mental health competence lower than the WA broader state sample and national average. Country WA workers would benefit from workforce development in areas such as ***Child focused practice, Infant mental health***, generalist and specialist **responses to children in disasters**, and ***Engaging with parents***. but also **strengthening generalist child mental health competency more broadly**. Country WA workers showed strengths in ***Working with Aboriginal and Torres Strait Islander families*** and in adapting specialist practices to rural and cultural contexts of children (***Contextually driven practice).*** Country WA users found Emerging Minds' learning and practice resources were highly effective but use resources at a lower rate than other catchments, and should be supported to increase access.

Comments made in this report are based on available data and represent estimates of child mental health need as compared to estimates of workforce availability that have been adjusted to the child population in that region. These data come with limitations and cannot describe the nuanced context of every region. It is important to also understand the competence of the local workforce to support children and families, and their capacity to do so within the systems they work in. This indicative data can form part of a broader workforce and systems development strategies which recognise local context and needs.

Get involved

Emerging Minds is working with sectors and organisations around Australia to improve the capacity of systems to support children and families. We can advise on workforce development strategies, support regional planning and offer learning and practice resources to help build capacity in your region. We would love to talk with you about improving child mental health services and support in your region. **Email us info@emergingminds.com.au and sign up to e-news for the latest updates. Download the *Scoping child mental health workforce capability report*.**

Appendix

Methodology

Data collection and analysis

Data sources that could answer the research questions were identified and accessed where possible. Data available at a regional level was required to be able to inform policy responses that enhance workforce competency in supporting children's mental health, with a particular focus on addressing the needs of rural and remote communities. SA3 regions were selected as the base boundary for reporting to support consideration of local context, while maintaining confidentiality of children and families.

Population level data sources including Australian Census of Population and Housing and Australian Early Development Census were key sources for the population need and workforce availability streams due to their coverage of the population and recency of completion (2021). Emerging Minds' National Workforce Survey was the primary data source for workforce competency (see box). Due to lack of benchmarks, the national average was used to allow for comparison among regions.

Prevalence of child mental health conditions in regions was modelled by Emerging Minds by scaling up underestimation prevalence data from the 2021 ABS Census to align with a national child mental health conditions prevalence of 13% found in research literature.

Total Need Index and **Total Workforce Availability Index** were calculated for each region by assigning a score of 1-4 for each included indicator, based on that indicator's quartile relative to all other regions. The scores for the included indicators were then summed for that region to create an overall Index score.

Evidence review

Desktop research of grey and peer reviewed publications (including citations and secondary sources) using broad search strategy, identified risk and protective factors as well as international workforce models for relevance to Australian context and the project research questions.
Review of evidence-based frameworks informed development of a competency framework for child mental health competencies that acknowledges the continuum of mental health, transdiagnostic lens and a child's development.

Stakeholder consultation

National and state-level stakeholders were identified who could provide systems-level insights into child mental health workforce. Over 60 individuals from government, non-government and industry sectors participated in interviews and focus groups discussing barriers and enablers of good child mental health practice and opportunities for innovation. Lived experience insights were gathered from Emerging Minds' Family Forum.

Recommendations and engagement

Broad system-level recommendations were developed from analysis of findings and implications from data; literature review; review of government policies and workforce development strategies; and stakeholder consultation. Findings and recommendations were reported to the Department of Health and Aged Care.
Data and findings are being disseminated to sector stakeholders to help inform local and regional level responses.

Ethics

Human research ethics approval has been received for this project from the Monash University Human Research Ethics Committee as an amendment to the National Workforce Centre for Child Mental Health evaluation (Project ID 30181).

National workforce survey for child, parent and family mental health

The second National Workforce Survey for Child, Parent and Family Mental Health (the Survey) was released on 15 August 2023 and closed on 17 November 2023.

A total of 3,064 responses were received from client-facing and non-client facing workers in over 50 professions from health, social and community service sectors in Australia.

The Survey comprises several sections in which respondents are questioned about their work role, modes of delivering services and work locations, engagement with Emerging Minds, and demographics. Several sections of competency statements asked respondents to self-rate their competence by indicating their agreement with the statement on a scale of 1–7 (where 1 = strongly disagree and 7 = strongly agree).High levels of agreement with statements, i.e. scores of 6 or 7 were interpreted as high workforce competency.

Questions on generalist competencies were available for any respondent to answer, while questions on specialist competency were only visible to those who indicated that supporting child mental health was a regular or intended part of their work.

Dissemination of the survey was supported by promotion through Emerging Minds e-news, social media, website and in presentations, as well as through engagement with key organisations and stakeholders. Around 100 stakeholders helped disseminate the survey to their networks.

Participation in the Survey was incentivised by the opportunity to win one of five iPads over two draws. Survey responses were anonymous.

Survey questions were informed by workforce competency research and were co-designed with internal and external subject matter experts including Emerging Minds' National Aboriginal and Torres Strait Islander Consultancy Group

Quantitative data was analysed with IBM SPSS Stats. 27. Exploratory factor analysis identified competency subscales presented in this report.

For more information on the methods contact us

Appendix

Footnotes

1. The National Workforce Centre for Child Mental Health (NWC) is funded by the Australian Government Department of Health and Aged Care under the National Support for Child and Youth Mental Health Program.The NWC was additionally contracted by the Department of Health and Aged Care to undertake the Scoping the child mental health workforce project.
2. National workforce survey respondents were considered actively engaged with Emerging Minds if they had accessed one or more of online course, short article or research paper, webinar, podcast or toolkit. Percent of respondents refers to respondents who answered 5, 6, or 7 out of 7 for the impact questions included in this report.
3. Population need sources.
    i. Australian Bureau of Statistics (ABS). (2021). *Population: Census*. ABS.
    ii. Australian Early Development Census. (2021). *Australian Early Development Census national report 2021*. Australian Government Department of Education.
    iii. Emerging Minds modelled child mental health estimates based on scaled up ABS Census 2021 prevalence.
4. Workforce availability sources.
    i. Australian Bureau of Statistics (ABS). (2021). *Hours worked (HRSP)*. ABS.
    ii. Australian Bureau of Statistics (ABS). (2021). *Occupation (OCCP)*. ABS.
    iii. Emerging Minds developed the Workforce Classification Framework to conceptualise the child mental health and wellbeing workforce for the Workforce Stocktake project.
5. Workforce competency sources.
    i. National Workforce Survey 2023.
6. Geographical classification sources.
    i. Australian Bureau of Statistics (ABS). (2021). *Statistical Area Level 3*. ABS.
7. Child population sources.
    i. Australian Bureau of Statistics (ABS). (2021). *Population: Census*. ABS.
8. Data consideration.
    i. A notable limitation to using place-based data is that those who selected 'No Usual Address' in their census response are not captured in PHN data. Place of enumeration and place of usual residence census datasets have been used to ensure as many people as possible are represented in this report. We acknowledge that workforce may provide services outside their SA3 of residence. We also acknowledge that housing insecurity has a significant impact on child and family mental health and wellbeing. We can all play a role in supporting families who are navigating housing insecurity. Data within this report should be interpreted with caution.
9. Service considerations sources.
    i. Australian Bureau of Statistics (ABS) (2022). *Cultural diversity of Australia*. ABS.
    ii. Australian Bureau of Statistics (ABS). (2021). *Language used at home (LANP)*. ABS.
    iii. Australian Bureau of Statistics (ABS). (2021). *Population: Census*. ABS.
    iv. Commonwealth of Australia. (2017). *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023.* Canberra: Department of the Prime Minister and Cabinet. Retrieved from https://www.niaa.gov.au/sites/default/files/publications/mhsewb-framework_0.pdf
    v. Emerging Minds. (2020). *Working with Aboriginal and Torres Strait Islander families and children toolkit*. Emerging Minds. Retrieved from https://emergingminds.com.au/resources/toolkits/working-with-aboriginal-and-torres-strait-islander-families-and-children/
10. Region characteristics sources.
    i. Australian Bureau of Statistics (ABS). (2023) *Remoteness Areas*. ABS.
    ii. Australian Bureau of Statistics (ABS). (2023) *Socio-Economic Indexes for Areas (SEIFA), Australia*. ABS.
11. Current child mental health prevalence sources.
    i. Emerging Minds modelled child mental health estimates based on scaled up ABS Census 2021 prevalence.
    ii. Australian Institute of Health and Welfare (AIHW). (2023). *Medicare-subsidised mental health specific services 2021-22, Data tables, Table MBS1.1*. AIHW.
    iii. Australian Institute of Health and Welfare (AIHW). (2023). *Mental health-related prescriptions data tables*. AIHW.
12. Child mental health risk sources.
    i. Australian Early Development Census. (2021). *Australian Early Development Census national report 2021.* Australian Government Department of Education.
    ii. To calculate the average rate of risks per child the sum of instances of each risk factor is divided by the number of children aged 0-12 years in the region.
13. Total need index.
    i. Calculated by Emerging Minds to summarise the extent to which each included indicator deviates from the national average.
14. Workforce classifications.
    i. Emerging Minds developed the Workforce Classification Framework to conceptualise the child mental health and wellbeing workforce for the Workforce Stocktake project.
15. Measures.
    i. Australian Bureau of Statistics (ABS). (2021). *Occupation (OCCP)*. ABS.
    ii. Australian Bureau of Statistics (ABS). (2021). *Hours worked (HRSP)*. ABS.
    iii. Australian Bureau of Statistics (ABS). (2021) *Population: Census*. ABS.
16. Total workforce availability index.
    i. Calculated by Emerging Minds to summarise the extent to which each included indicator deviates from the national average.

Suggested citation: Goodyear, M., Taylor, E., Marsh, C., Scharling-Gamba, K., Mclean, S., Burn, M., & Morgan, B. (2025). *Scoping child mental health workforce capability: Western Australia regional data snapshot*. Emerging Minds.

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National Workforce Centre for Child Mental Health

Get started

Support change in your practice, organisation or region with key resources

The National Workforce Centre for Child Mental Health (NWC) is funded by the Australian Government Department of Health and Aged Care under the National Support for Child and Youth Mental Health Program.

For further information contact info@emergingminds.com.au or visit emergingminds.com.au