

Scoping child mental health workforce capability – State and Territory Snapshots

Queensland

Regional data

**Emerging
Minds.**

National
Workforce
Centre for Child
Mental Health



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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

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).



Recommendation 1 – Rural and remote equity

Expand and improve the coordination of rural and remote workforce recruitment and retention programs that are inclusive of a workforce to support child mental health, wellbeing and development.

- 1.1 Targeted rural and remote recruitment and retention financial incentives
- 1.2 Alternative models of service delivery to rural and remote communities
- 1.3 Recruit to Train rural scholarships



Recommendation 2 – Expanding primary care support

Expanding child mental health and wellbeing support in primary health/GP settings to facilitate enhanced early and multidisciplinary treatment in the primary care system.

- 2.1 Whole-of-Practice child mental health learning program
- 2.2 GP practice incentives
- 2.3 MBS items supporting multidisciplinary care teams



Recommendation 3 – Building capability for early intervention to meet mental health needs of Australian children

Grow the capacity of the generalist workforce by establishing new mental health and wellbeing early intervention roles within a tiered competency framework, informed by a task-shifting methodology.



Recommendation 4 – Embedding regional System Designer positions with centralised intermediary support

Establish a national network of System Designers to lead creation of multisector, place-based approaches to support children's mental health and wellbeing across the service spectrum, supported by an intermediary organisation and access to grant opportunities.

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.

Queensland



Population need



827,154 children aged 0-12 years



60,792 Aboriginal or Torres Strait Islander children (7%)



137,766 Children 0-12 years estimated to have mental health conditions (17%)



13.2% Children's mental health at risk due to severe developmental vulnerability

Emerging Minds.

National Workforce Centre for Child Mental Health

Workforce capacity



31,744 High opportunity specialists. **High availability** compared to national avg. e.g. *Psychiatrist, GP, Psychologist.*



203,033 High Opportunity Generalist/Med Opportunity Specialist. **High availability** compared to national avg. e.g. *Registered Nurse (Mental Health), AOD Counsellor, School Teacher.*



228,175 Med Opportunity Generalist **High availability** compared to national avg. e.g. *Health Promotion Officer, Emergency Medicine Specialist, Police Officer.*



6.78 hours average hours per child per year of specialist care available. **In line with** the national avg (6.78 hours).

Workforce competency



Moderate generalist-level child mental health competency. Avg score 5.16. **Slightly higher** than the national avg (5.11).



Moderate specialist-level child mental health competency. Avg score 5.09. **In line with** national avg (5.09).



Moderate competency working with Aboriginal and Torres Strait Islander families. Avg score 5.06. **Higher** than the national avg (4.78).



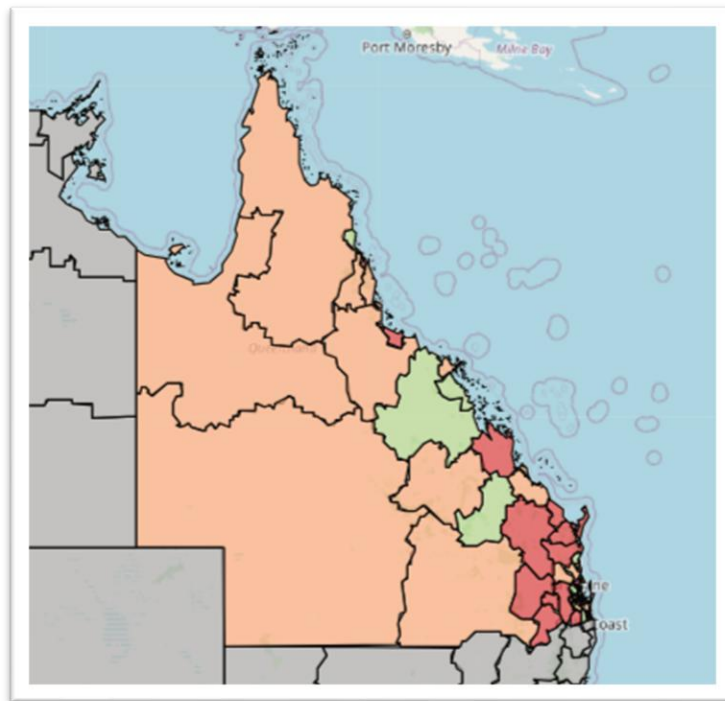
Low child mental health competency in disasters. Avg score 4.65. **Slightly higher** than the national avg (4.57).

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

Queensland

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.

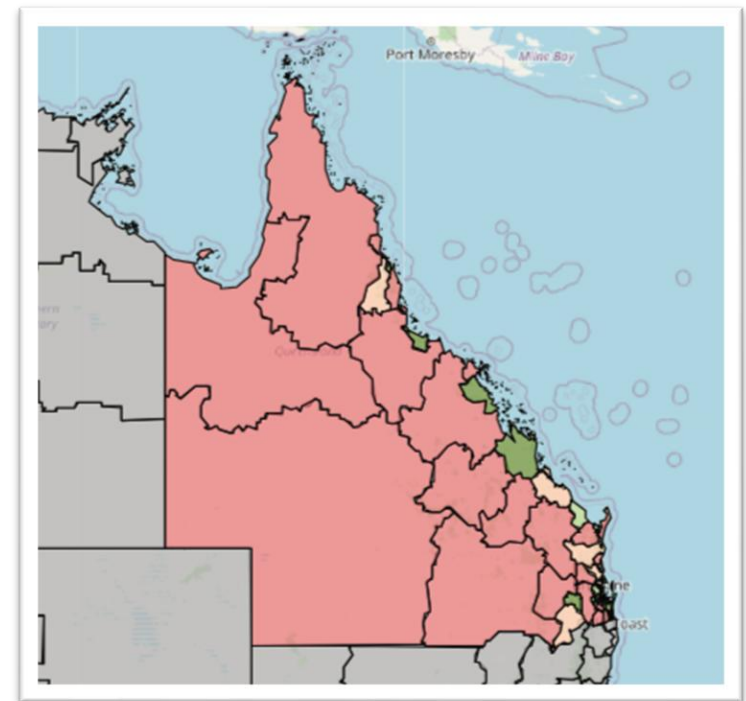
Need for child mental health workforce support: Total need index



Significantly Favourable Favourable Unfavourable Significantly Unfavourable

Compared to the national average

Workforce availability: High opportunity specialists per 1000 children



Low Priority Moderate Priority High Priority Extreme Priority

Compared to the national average

In summary

- Of the children aged 0-12 years that reside in Queensland, there is a **larger proportion of children estimated to be at risk of or experiencing mental health conditions** compared to the national average.
- The number of specialist service hours available to a child in Queensland is similar to the national average.
- The infant and child mental health workforce in Queensland show moderate competency in the areas of generalist and specialist infant and child mental health support. These scores are similar to the national average.
- Despite the Queensland workforce scoring higher than the national average, there is critical need to increase competency in working with Aboriginal and Torres Strait Islander families and working with families impacted by a disaster.
- 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.

Brisbane North – PHN301

	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
Bald Hills - Everton Park	1721	1753	1820	2346	7643	3%	22.2%
Bribie - Beachmere	571	741	835	1316	3468	8%	9.9%
Brisbane Inner	1579	1275	1347	1942	6137	1%	40.1%
Brisbane Inner - North	2670	2685	2686	3609	11650	2%	20.1%
Brisbane Inner - West	1688	1829	2061	2861	8438	1%	13.8%
Caboolture	3207	3336	3607	4740	14896	10%	12.1%
Caboolture Hinterland	412	439	484	735	2074	8%	13.7%
Chermside	2670	2595	2557	3429	11257	4%	17.2%
Kenmore - Brookfield - Moggill	1275	1682	2169	3275	8401	1%	19.3%
Narangba - Burpengary	2485	2637	2817	4281	12218	8%	9.7%
North Lakes	4121	4237	4335	5548	18242	5%	19.9%
Nundah	1587	1411	1362	1777	6136	4%	21.0%
Redcliffe	1596	1792	2020	2888	8292	7%	12.4%
Sandgate	2235	2322	2370	3055	9984	4%	22.6%
Sherwood - Indooroopilly	1303	1615	1916	2624	7454	1%	35.2%
Strathpine	1522	1585	1622	2153	6870	7%	14.9%
The Gap - Enoggera	1931	2057	2270	3242	9503	3%	12.8%
The Hills District	2864	3394	3787	5743	15783	3%	8.7%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.7%

Brisbane South – PHN302

	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
Beauresert	445	464	531	796	2242	13%	9.1%
Beenleigh	1880	1943	1941	2503	8267	9%	19.8%
Brisbane Inner - East	1508	1501	1587	2173	6771	2%	14.9%
Browns Plains	4406	4464	4621	5973	19464	6%	30.1%
Capalaba	2333	2613	2629	4067	11644	5%	11.9%
Carindale	1994	1975	2149	2716	8828	2%	19.4%
Centenary	975	1169	1382	1875	5395	2%	21.4%
Cleveland - Stradbroke	2600	2984	3210	4808	13600	5%	9.7%
Forest Lake - Oxley	3238	3361	3269	4206	14076	5%	43.9%
Gold Coast Hinterland	544	651	692	1052	2942	4%	11.1%
Holland Park - Yeronga	2479	2292	2197	2960	9931	2%	22.2%
Ipswich Hinterland	2004	2230	2550	3671	10453	9%	8.1%
Jimboomba	2803	3001	3032	4359	13201	7%	11.8%
Loganlea - Carbrook	2512	2610	2686	3699	11506	6%	21.0%
Mt Gravatt	2551	2869	3245	4122	12792	2%	43.4%
Nathan	1424	1509	1565	1941	6438	3%	25.3%
Rocklea - Acacia Ridge	2895	3094	3354	4016	13363	3%	50.7%
Springwood - Kingston	3173	3340	3529	4662	14696	6%	34.1%
Sunnybank	1727	1874	2070	2485	8157	2%	59.3%
Wynnum - Manly	2653	2883	3018	4054	12613	4%	14.3%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.7%

Gold Coast – PHN303

	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
Broadbeach - Burleigh	1830	1875	1937	2640	8279	2%	16.8%
Coolangatta	1773	1846	1907	2588	8105	4%	11.8%
Gold Coast - North	1669	1736	1885	2564	7852	4%	23.8%
Mudgeeraba - Tallebudgera	1146	1485	1701	2409	6743	3%	11.1%
Nerang	2357	2539	2813	3862	11566	4%	14.6%
Ormeau - Oxenford	6749	7220	7477	9972	31415	5%	15.8%
Robina	1571	1694	1929	2731	7920	2%	23.2%
Southport	1637	1661	1767	2466	7518	4%	27.0%
Surfers Paradise	881	896	978	1490	4240	2%	33.6%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.7%

Darling Downs and West Moreton – PHN304

	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
Darling Downs - East	1490	1577	1677	2568	7313	13%	10.0%
Darling Downs (West) - Maranoa	1782	1788	1889	2588	8052	15%	12.5%
Granite Belt	1149	1272	1448	2187	6052	12%	9.8%
Ipswich Inner	4547	4714	5046	6745	21053	10%	11.6%
Springfield - Redbank	5426	5774	5894	7349	24437	6%	26.2%
Toowoomba	5679	5961	6357	9001	27001	9%	16.1%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.7%

Western Queensland – PHN305

	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
Outback – North	1420	1489	1462	1690	6067	36%	14.7%
Outback - South	609	633	683	916	2841	20%	13.3%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.7%

Central Queensland, Wide Bay, Sunshine Coast – PHN306

	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
Biloela	571	591	643	880	2679	8%	14.7%
Buderim	1626	1974	2226	3358	9179	3%	11.4%
Bundaberg	2586	2685	3183	4565	13020	10%	10.4%
Burnett	1387	1492	1703	2475	7065	17%	12.3%
Caloundra	2718	3025	3393	4882	14018	5%	11.4%
Central Highlands (Qld)	1270	1372	1451	1925	6014	13%	12.6%
Gladstone	2343	2621	2825	3872	11656	10%	10.9%
Gympie - Cooloola	1418	1611	1733	2643	7403	9%	9.5%
Hervey Bay	1419	1734	1986	3020	8161	11%	10.4%
Maroochy	1602	1643	1782	2376	7403	4%	13.8%
Maryborough	1076	1214	1445	2052	5791	11%	9.3%
Nambour	1651	1840	1961	2816	8267	5%	8.1%
Noosa	1068	1367	1647	2353	6438	3%	14.2%
Noosa Hinterland	513	646	825	1314	3304	3%	10.6%
Rockhampton	4124	4406	4909	6755	20196	13%	11.1%
Sunshine Coast Hinterland	1751	1938	2076	3172	8937	5%	10.4%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.7%

Northern Queensland – PHN307

	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
Bowen Basin - North	1376	1436	1565	1975	6350	11%	13.3%
Cairns - North	1744	2009	2379	3329	9458	7%	17.6%
Cairns - South	3529	3768	4011	5728	17036	15%	26.5%
Charters Towers - Ayr - Ingham	1170	1284	1474	2153	6093	18%	16.1%
Far North	1505	1537	1628	2077	6747	43%	53.3%
Innisfail - Cassowary Coast	1103	1242	1318	1858	5516	24%	27.0%
Mackay	4430	4700	4901	6982	21015	9%	12.4%
Port Douglas - Daintree	311	351	378	538	1577	14%	19.4%
Tablelands (East) - Kuranda	1099	1287	1499	2318	6202	16%	16.3%
Townsville	6597	7139	7536	10407	31683	12%	14.4%
Whitsunday	703	721	811	1129	3364	6%	12.8%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.7%

In summary

- Across PHN regions in Queensland there is variation in the number of children aged 0-12 years. As to be expected, regions around Brisbane and Gold Coast have a high population of infants and children compared to regional and remote areas.
- There are SA3 regions within several PHN catchments that higher much higher proportion of Aboriginal and Torres Strait Islander children, and children in families speaking a language other than English 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.

Brisbane North – PHN301

	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 (7-29)
Bald Hills - Everton Park	Major Cities of Australia	1072	12.95%	6.16%	0.47%	10.00%	1.02	13
Bribie - Beachmere	Inner Regional Australia	958	32.58%	10.05%	0.87%	8.10%	1.63	24
Brisbane Inner	Major Cities of Australia	1039	6.45%	6.59%	0.36%	9.57%	0.93	13
Brisbane Inner - North	Major Cities of Australia	1077	8.35%	6.16%	0.50%	9.70%	0.87	10
Brisbane Inner - West	Major Cities of Australia	1098	8.90%	7.14%	0.30%	5.19%	0.84	10
Caboolture	Major Cities of Australia	921	32.28%	8.73%	2.23%	17.89%	1.31	25
Caboolture Hinterland	Inner Regional Australia	974	22.27%	8.03%	0.37%	7.04%	1.02	18
Chermside	Major Cities of Australia	1046	13.56%	5.93%	0.77%	9.95%	1.05	15
Kenmore - Brookfield - Moggill	Major Cities of Australia	1105	12.27%	7.32%	0.24%	6.56%	0.87	10
Narangba - Burpengary	Major Cities of Australia	980	25.72%	9.82%	0.64%	15.37%	1.3	23
North Lakes	Major Cities of Australia	1011	20.35%	7.51%	0.62%	14.28%	1.05	21
Nundah	Major Cities of Australia	1043	8.20%	5.98%	0.58%	16.88%	1.01	14
Redcliffe	Major Cities of Australia	965	25.27%	9.70%	1.58%	13.41%	1.46	23
Sandgate	Major Cities of Australia	1006	14.21%	6.35%	0.42%	15.95%	1.11	18
Sherwood - Indooroopilly	Major Cities of Australia	1069	10.07%	5.73%	0.23%	3.72%	0.82	9
Strathpine	Major Cities of Australia	976	21.97%	8.86%	1.17%	17.76%	1.34	24
The Gap - Enoggera	Major Cities of Australia	1066	17.36%	7.90%	0.55%	7.75%	1.08	17
The Hills District	Major Cities of Australia	1086	17.40%	7.84%	0.45%	9.67%	1.08	16
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

Brisbane South – PHN302

SA3 Region	Region characteristics		Current child mental health prevalence			Child mental health risk		TOTAL NEED INDEX (7-29)
	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	
Beauresert	Inner Regional Australia	915	30.17%	10.20%	0.89%	19.87%	1.33	26
Beenleigh	Major Cities of Australia	929	21.25%	9.99%	0.91%	15.31%	1.24	25
Brisbane Inner - East	Major Cities of Australia	1082	10.72%	6.39%	0.47%	8.43%	0.87	12
Browns Plains	Major Cities of Australia	930	16.02%	6.09%	0.87%	17.88%	1.02	21
Capalaba	Major Cities of Australia	1029	18.56%	7.53%	0.70%	11.77%	1.22	21
Carindale	Major Cities of Australia	1076	9.62%	5.64%	0.54%	9.60%	0.96	13
Centenary	Major Cities of Australia	1082	12.69%	7.36%	0.55%	10.57%	1.01	15
Cleveland - Stradbroke	Major Cities of Australia	1024	20.74%	7.85%	0.58%	10.61%	1.21	20
Forest Lake - Oxley	Major Cities of Australia	920	12.19%	4.90%	1.26%	17.57%	1.01	19
Gold Coast Hinterland	Inner Regional Australia	1042	14.30%	8.59%	0.23%	4.04%	1.04	16
Holland Park - Yeronga	Major Cities of Australia	1058	10.63%	6.69%	0.64%	7.39%	0.94	13
Ipswich Hinterland	Inner Regional Australia	956	24.07%	9.57%	0.75%	15.28%	1.3	25
Jimboomba	Major Cities of Australia	1010	20.93%	6.64%	0.72%	12.91%	0.99	18
Loganlea - Carbrook	Major Cities of Australia	968	18.64%	6.83%	0.77%	12.40%	1.12	20
Mt Gravatt	Major Cities of Australia	1032	10.32%	5.05%	0.56%	10.74%	0.89	13
Nathan	Major Cities of Australia	1041	9.22%	6.03%	0.65%	7.43%	0.94	13
Rocklea - Acacia Ridge	Major Cities of Australia	1012	9.07%	3.75%	0.47%	12.67%	0.79	12
Springwood - Kingston	Major Cities of Australia	897	14.54%	6.52%	0.81%	16.97%	1.1	21
Sunnybank	Major Cities of Australia	988	8.49%	3.21%	0.41%	10.90%	0.82	12
Wynnum - Manly	Major Cities of Australia	1042	14.98%	6.63%	0.36%	10.64%	1.07	15
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

Gold Coast – PHN303

	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 (7-29)
Broadbeach - Burleigh	Major Cities of Australia	1044	9.46%	6.42%	0.41%	6.57%	0.98	12
Coolangatta	Major Cities of Australia	1030	12.72%	5.82%	0.34%	7.99%	1.03	15
Gold Coast - North	Major Cities of Australia	987	17.96%	7.47%	0.82%	11.40%	1.33	23
Mudgeeraba - Tallebudgera	Major Cities of Australia	1055	17.00%	6.27%	0.38%	8.25%	0.92	13
Nerang	Major Cities of Australia	1018	19.75%	8.04%	0.40%	13.50%	1.12	19
Ormeau - Oxenford	Major Cities of Australia	1023	21.06%	8.03%	0.43%	11.81%	0.98	18
Robina	Major Cities of Australia	1028	16.77%	6.45%	0.35%	8.08%	1.09	16
Southport	Major Cities of Australia	981	17.44%	6.98%	0.70%	10.84%	1.26	21
Surfers Paradise	Major Cities of Australia	1012	9.92%	7.61%	0.31%	13.19%	1.01	15
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

Darling Downs and West Moreton – PHN304

	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 (7-29)
Darling Downs - East	Inner Regional Australia	953	19.63%	7.68%	0.74%	12.08%	1.04	23
Darling Downs (West) - Maranoa	Outer Regional Australia	960	9.42%	6.34%	0.95%	13.68%	0.81	19
Granite Belt	Inner Regional Australia	944	21.26%	6.53%	1.25%	17.60%	1.14	24
Ipswich Inner	Major Cities of Australia	955	24.57%	10.23%	0.87%	16.36%	1.32	25
Springfield - Redbank	Major Cities of Australia	967	17.86%	6.02%	0.64%	14.00%	0.93	19
Toowoomba	Inner Regional Australia	981	20.44%	7.26%	1.68%	15.74%	1.09	23
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

Western Queensland – PHN305

	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 (7-29)
Outback - North	Remote Australia	932	4.89%	3.81%	0.92%	19.47%	0.72	19
Outback - South	Very Remote Australia	967	6.97%	6.00%	1.51%	17.13%	0.77	20
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

Central Queensland, Wide Bay, Sunshine Coast – PHN306

	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 (7-29)
Biloela	Outer Regional Australia	992	8.31%	6.52%	0.28%	8.59%	0.69	14
Buderim	Major Cities of Australia	1039	16.71%	6.72%	0.59%	5.35%	1.03	16
Bundaberg	Inner Regional Australia	929	21.73%	9.88%	0.56%	16.67%	1.33	25
Burnett	Inner Regional Australia	890	23.00%	7.98%	1.05%	20.34%	1.21	26
Caloundra	Major Cities of Australia	1019	17.53%	7.20%	0.69%	9.70%	1.09	18
Central Highlands (Qld)	Outer Regional Australia	978	10.56%	7.49%	0.67%	12.70%	0.7	19
Gladstone	Inner Regional Australia	954	15.92%	8.61%	0.81%	13.86%	0.95	21
Gympie - Cooloolo	Inner Regional Australia	931	31.31%	9.15%	0.96%	13.02%	1.3	25
Hervey Bay	Inner Regional Australia	936	25.47%	8.59%	0.60%	18.46%	1.42	25
Maroochy	Major Cities of Australia	1020	12.14%	7.18%	0.51%	8.11%	1.11	15
Maryborough	Inner Regional Australia	887	27.21%	10.32%	0.63%	15.23%	1.55	25
Nambour	Major Cities of Australia	1002	20.35%	6.83%	0.66%	10.17%	1.13	18
Noosa	Major Cities of Australia	1038	10.76%	5.00%	0.57%	7.13%	0.99	13
Noosa Hinterland	Inner Regional Australia	1028	15.23%	5.63%	0.54%	9.96%	1.07	17
Rockhampton	Inner Regional Australia	967	18.46%	8.16%	0.74%	19.02%	1.12	23
Sunshine Coast Hinterland	Inner Regional Australia	1020	20.03%	7.84%	0.58%	10.82%	1.13	20
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

Northern Queensland – PHN307

	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 (7-29)
Bowen Basin - North	Outer Regional Australia	977	10.39%	6.29%	0.27%	8.45%	0.71	14
Cairns - North	Outer Regional Australia	1035	13.69%	5.80%	0.91%	9.02%	0.91	18
Cairns - South	Outer Regional Australia	952	12.88%	6.47%	1.03%	17.45%	0.96	23
Charters Towers - Ayr - Ingham	Outer Regional Australia	933	8.66%	4.86%	2.11%	13.96%	0.95	21
Far North	Very Remote Australia	816	3.67%	2.25%	6.14%	24.18%	0.66	20
Innisfail - Cassowary Coast	Outer Regional Australia	903	10.62%	4.24%	1.39%	19.36%	0.94	20
Mackay	Inner Regional Australia	999	12.36%	6.07%	0.67%	14.94%	0.9	17
Port Douglas - Daintree	Outer Regional Australia	980	5.23%	3.41%	0.90%	14.75%	0.82	17
Tablelands (East) - Kuranda	Outer Regional Australia	948	10.77%	5.61%	0.73%	22.00%	0.99	20
Townsville	Outer Regional Australia	990	17.00%	7.14%	1.48%	17.24%	1.1	23
Whitsunday	Outer Regional Australia	997	15.20%	7.59%	0.45%	14.98%	0.82	20
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

In summary

- Queensland has many SA3 regions of high child mental health needs or presentation of vulnerability that requires an immediate workforce response.
- The Total Need Index shows the specific regions of highest child need. In Queensland, there are regions in all PHN catchments that score highly or very highly on this index.
- 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 and need to be considered in service system design.
- Low rates of child mental health conditions shown in Northern Queensland and Western Queensland are contradicted by high rates of developmental vulnerability suggesting there may be underestimation or unmet child mental health need in the PHN area.

Section 3

Workforce availability

Data in this section

Workforce Classifications	Measures	Total Workforce Availability Index
 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.	 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.	 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.
 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.	 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.	
 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.	 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.	

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

Brisbane North – PHN301

	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 (6-24)
Bald Hills - Everton Park	444	58	307	2079	272	1134	2606	341	1289	22
Bribie - Beachmere	72	21	41	920	265	564	1190	343	641	12
Brisbane Inner	1230	200	448	2813	458	760	3926	640	1084	20
Brisbane Inner - North	1498	129	479	3742	321	941	5444	467	1410	22
Brisbane Inner - West	973	115	476	2681	318	1068	3072	364	1107	22
Caboolture	167	11	38	2547	171	798	3319	223	1012	9
Caboolture Hinterland	18	9	27	428	206	465	446	215	539	6
Chermside	686	61	248	3158	281	1130	3913	348	1274	22
Kenmore - Brookfield - Moggill	554	66	326	2261	269	1103	2061	245	877	18
Narangba - Burpengary	155	13	59	2655	217	977	2991	245	1045	10
North Lakes	395	22	122	3723	204	1115	4605	252	1345	14
Nundah	277	45	161	1595	260	881	2148	350	1175	19
Redcliffe	281	34	98	2288	276	857	2832	342	1003	17
Sandgate	308	31	110	2467	247	992	3019	302	1190	15
Sherwood - Indooroopilly	670	90	330	2419	325	975	2310	310	851	19
Strathpine	105	15	56	1520	221	879	1626	237	873	10
The Gap - Enoggera	447	47	204	2544	268	1118	2546	268	1060	17
The Hills District	623	39	179	4441	281	1311	4387	278	1198	20
National (Australia)	157,906 (n)	32 (mdn)	130 (mdn)	980,672 (n)	259 (mdn)	1004 (mdn)	1,085,650 (n)	275 (mdn)	984 (mdn)	

Brisbane South – PHN302

	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 (6-24)
Beaudesert	23	10	16	439	196	636	433	193	470	6
Beenleigh	92	11	32	1491	180	779	1640	198	805	7
Brisbane Inner - East	548	81	340	1873	277	1036	1950	288	937	19
Browns Plains	138	7	27	3030	156	843	3352	172	864	8
Capalaba	288	25	105	3002	258	1009	3234	278	1035	15
Carindale	638	72	335	2565	291	1200	2503	284	1048	22
Centenary	330	61	300	1663	308	1142	1496	277	893	20
Cleveland - Stradbroke	391	29	106	3656	269	1016	3922	288	984	15
Forest Lake - Oxley	258	18	78	2640	188	831	3069	218	949	10
Gold Coast Hinterland	126	43	115	773	263	783	809	275	698	12
Holland Park - Yeronga	1288	130	514	3848	387	1285	4810	484	1501	24
Ipswich Hinterland	137	13	31	2168	207	789	2279	218	783	7
Jimboomba	132	10	37	2474	187	1043	2043	155	784	8
Loganlea - Carbrook	207	18	70	2430	211	996	2394	208	900	8
Mt Gravatt	636	50	238	3305	258	1051	3731	292	1129	18
Nathan	452	70	286	1851	288	1107	1989	309	1111	21
Rocklea - Acacia Ridge	332	25	138	2554	191	898	3261	244	1207	14
Springwood - Kingston	265	18	76	2758	188	817	2676	182	763	7
Sunnybank	287	35	149	1673	205	736	2138	262	964	12
Wynnum - Manly	395	31	137	3090	245	1114	2845	226	934	14
National (Australia)	157,906 (n)	32 (mdn)	130 (mdn)	980,672 (n)	259 (mdn)	1004 (mdn)	1,085,650 (n)	275 (mdn)	984 (mdn)	

Gold Coast – PHN303

	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 (6-24)
Broadbeach - Burleigh	554	67	254	2556	309	1007	3038	367	1057	22
Coolangatta	477	59	202	2551	315	1116	2978	367	1202	22
Gold Coast - North	349	44	147	2141	273	791	3040	387	1038	17
Mudgeeraba - Tallebudgera	265	39	175	1587	235	1180	1750	260	1007	17
Nerang	352	30	131	2674	231	938	3170	274	1066	14
Ormeau - Oxenford	696	22	131	5929	189	1048	6533	208	1088	13
Robina	413	52	220	2126	268	956	2579	326	1051	20
Southport	482	64	234	2137	284	754	3369	448	1198	20
Surfers Paradise	335	79	217	1111	262	561	1735	409	801	18
National (Australia)	157,906 (n)	32 (mdn)	130 (mdn)	980,672 (n)	259 (mdn)	1004 (mdn)	1,085,650 (n)	275 (mdn)	984 (mdn)	

Darling Downs and West Moreton – PHN304

	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 (6-24)
Darling Downs - East	87	12	37	1407	192	789	1385	189	723	6
Darling Downs (West) - Maranoa	115	14	70	1706	212	1072	1402	174	756	8
Granite Belt	153	25	92	1432	237	850	1619	268	890	12
Ipswich Inner	402	19	90	5072	241	1204	5073	241	1140	14
Springfield - Redbank	355	15	99	4224	173	1050	4412	181	1096	11
Toowoomba	1070	40	202	7660	284	1419	8811	326	1506	21
National (Australia)	157,906 (n)	32 (mdn)	130 (mdn)	980,672 (n)	259 (mdn)	1004 (mdn)	1,085,650 (n)	275 (mdn)	984 (mdn)	

Western Queensland– PHN305

	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 (6-24)
Outback – North	136	22	135	1569	259	1337	999	165	744	13
Outback – South	62	22	55	800	282	1158	741	261	918	13
National (Australia)	157,906 (n)	32 (mdn)	130 (mdn)	980,672 (n)	259 (mdn)	1004 (mdn)	1,085,650 (n)	275 (mdn)	984 (mdn)	

Central Queensland, Wide Bay, Sunshine Coast – PHN306

	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 (6-24)
Biloela	39	15	19	498	186	771	358	134	427	6
Buderim	542	59	267	2488	271	1048	3381	368	1318	22
Bundaberg	471	36	147	3465	266	1013	4534	348	1275	20
Burnett	138	20	58	1794	254	958	1678	238	767	10
Caloundra	823	59	285	3712	265	980	5420	387	1411	21
Central Highlands (Qld)	70	12	35	1135	189	1070	644	107	380	8
Gladstone	221	19	92	2463	211	1005	1839	158	670	9
Gympie - Cooloola	156	21	59	1633	221	765	1890	255	765	9
Hervey Bay	397	49	173	2318	284	973	3514	431	1404	19
Maroochy	477	64	191	2465	333	931	3384	457	1278	21
Maryborough	105	18	59	1398	241	666	1798	310	823	10
Nambour	253	31	103	1897	229	927	2512	304	1179	15
Noosa	327	51	150	1511	235	739	1888	293	794	14
Noosa Hinterland	121	37	130	838	254	691	1001	303	732	13
Rockhampton	652	32	170	5182	257	1192	5647	280	1260	19
Sunshine Coast Hinterland	341	38	126	2218	248	885	2742	307	1047	15
National (Australia)	157,906 (n)	32 (mdn)	130 (mdn)	980,672 (n)	259 (mdn)	1004 (mdn)	1,085,650 (n)	275 (mdn)	984 (mdn)	

Northern Queensland - PHN307

	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 (6-24)
Bowen Basin - North	53	8	0	1054	166	789	757	119	481	6
Cairns - North	604	64	284	3111	329	1460	3427	362	1493	24
Cairns - South	739	43	216	4696	276	1267	5095	299	1293	20
Charters Towers - Ayr - Ingham	101	17	53	1631	268	1031	1396	229	778	11
Far North	121	18	91	1675	248	1305	935	139	617	11
Innisfail - Cassowary Coast	97	18	41	1251	227	823	1148	208	739	7
Mackay	663	32	160	4529	216	1053	4759	226	1054	14
Port Douglas - Daintree	25	16	34	409	259	637	368	233	459	9
Tablelands (East) - Kuranda	190	31	108	1673	270	934	1614	260	787	13
Townsville	1755	55	288	9049	286	1397	10059	317	1482	22
Whitsunday	94	28	37	694	206	695	738	219	513	8
National (Australia)	157,906 (n)	32 (mdn)	130 (mdn)	980,672 (n)	259 (mdn)	1004 (mdn)	1,085,650 (n)	275 (mdn)	984 (mdn)	

In summary

- Some metropolitan areas of Queensland, such as Brisbane North and Gold Coast show good availability of **Group 1: High opportunity specialists** compared to the national average, which is similar to other major city regions across Australia. While other areas, the availability is mixed or low especially in parts of Darling Downs and West Moreton, and Northern Queensland.
- 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 Darling Downs and West Moreton or Brisbane South catchments, 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.

Section 4

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).



- 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.



- 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.**

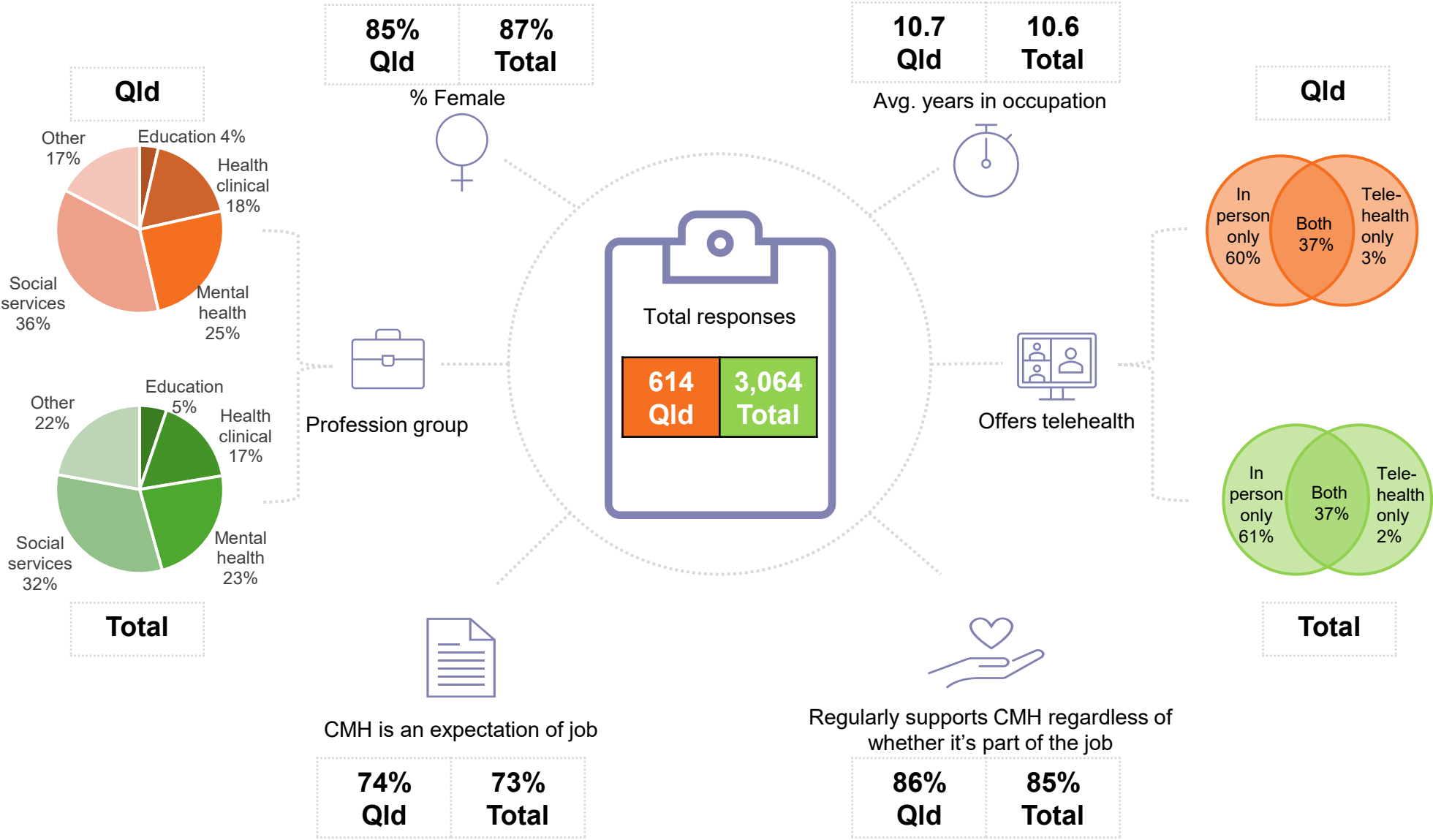


- Engagement in workforce development makes a significant difference in the level of competency in child mental health. Those who had completed training or used resources reported higher competence in all areas we measured.



- 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.

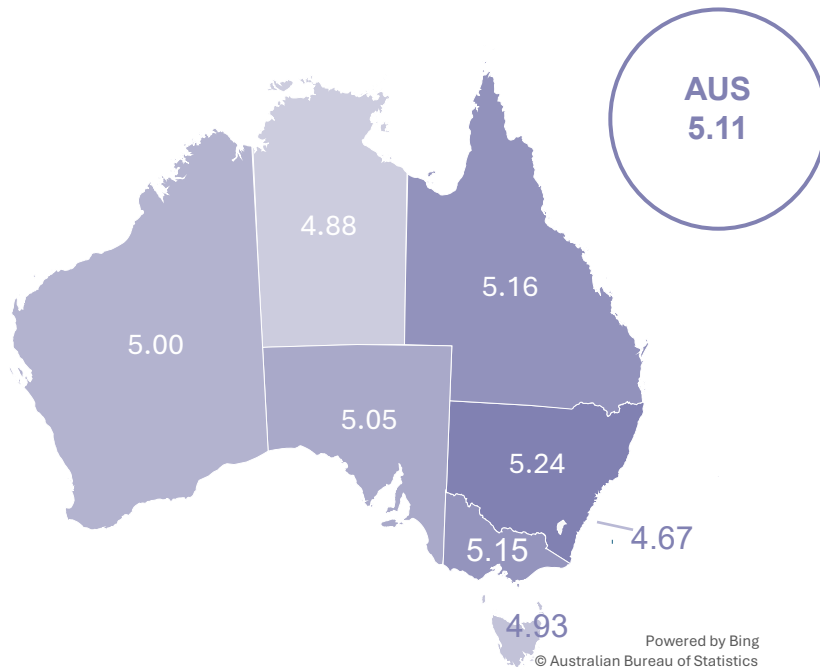
2023 National workforce survey sample



National Workforce Survey Overview

In Queensland

Generalist child mental health competency scores in Queensland are in line with the national average



Clinical health professionals in Queensland rated their generalist and specialist child mental health competence lower than other profession groups. Overall, generalist skills were moderate, but child mental health disaster skills were very low. Overall, specialist skills were low among Queensland health workers but there were some strengths in interventions.



Educators were similar to health workers, showing moderate generalist and low specialist child mental health competencies. As with health workers, Queensland educators had low confidence in working with Aboriginal and Torres Strait Islander children and families, and disasters. However, they also were unconfident in Family resilience.



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 with room for improvement. 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.

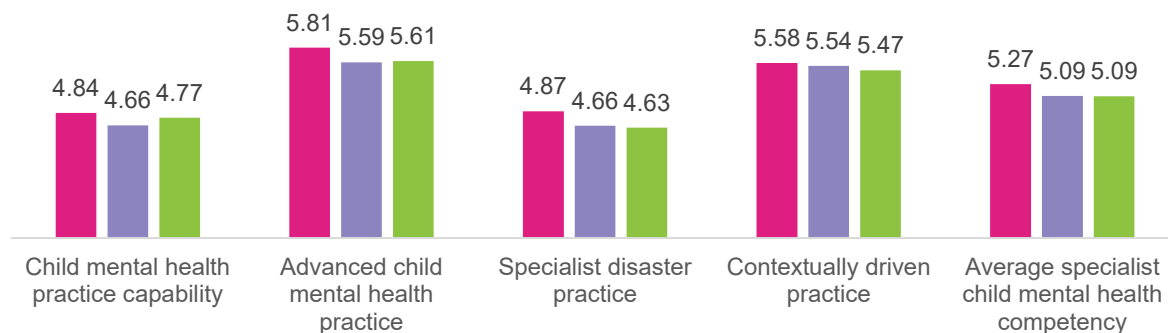
Brisbane North – PHN301

128 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

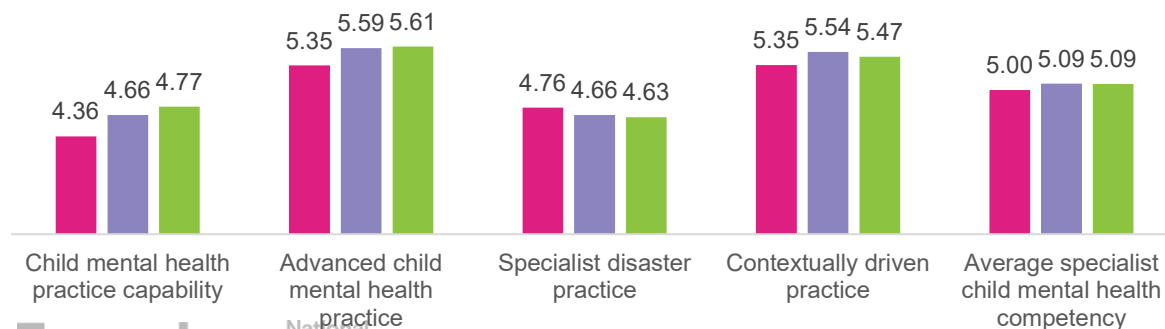
Brisbane South – PHN302

120 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

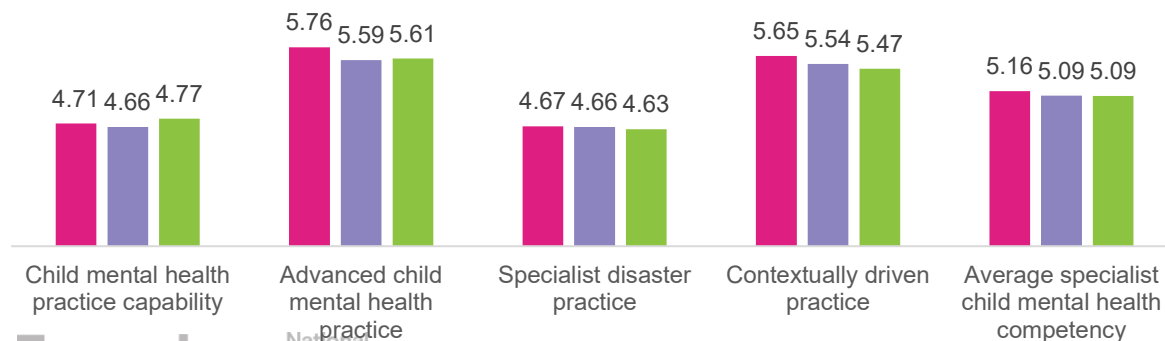
Gold Coast – PHN303

62 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

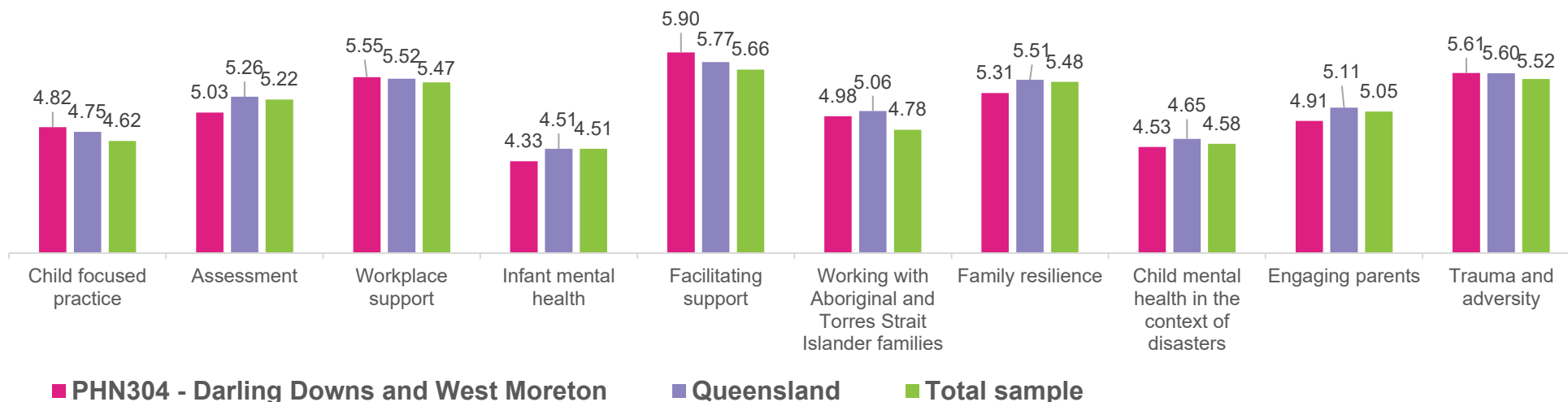
5-6: Moderate competence

6-7: High level of competence

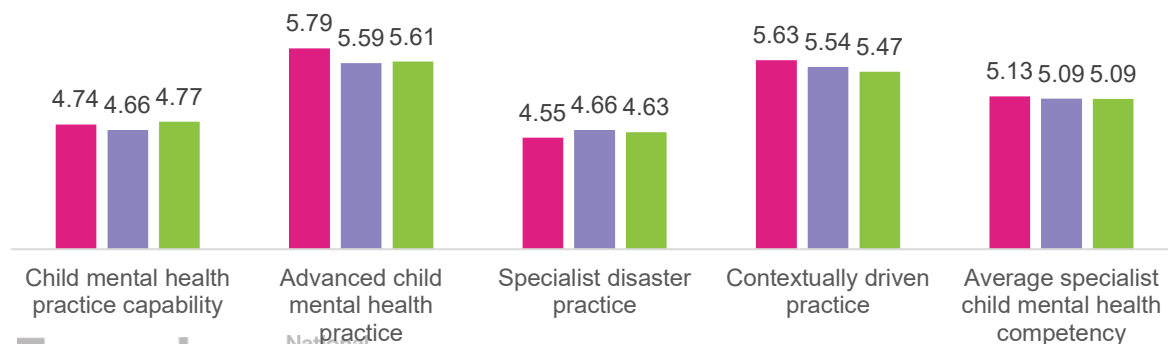
Darling Downs and West Moreton– PHN304

77 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

Western Queensland– PHN305

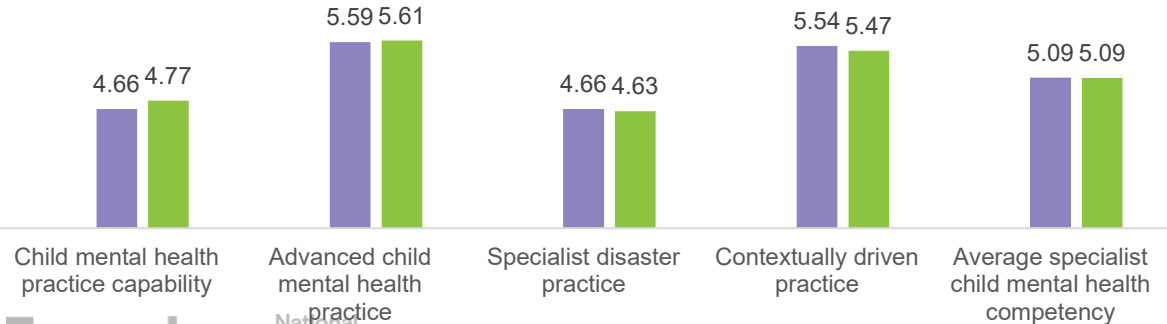
4 total responses

Generalist competencies for all practitioners

NOTE: There were insufficient responses from Western Queensland to provide adequate competency data. Please interpret this chart with caution.



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'.

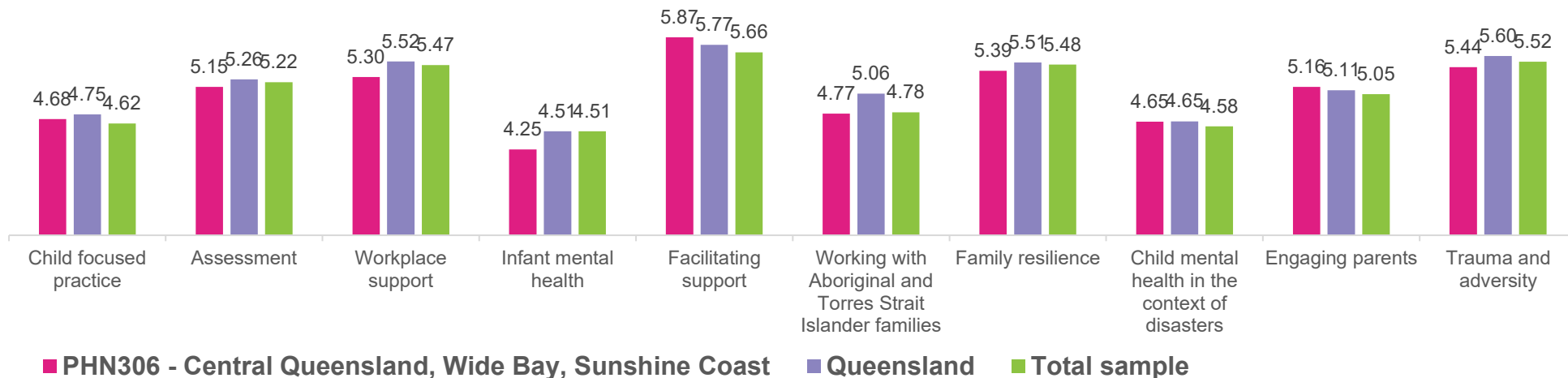
Scores are interpreted as follows:

- 1-4: lack of agreement indicating low competence
- 5-6: Moderate competence
- 6-7: High level of competence

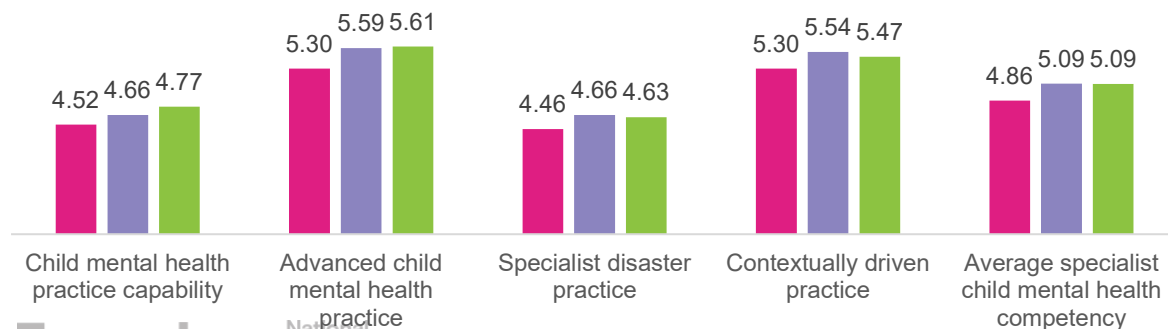
Central Queensland, Wide Bay, Sunshine Coast – PHN306

88 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

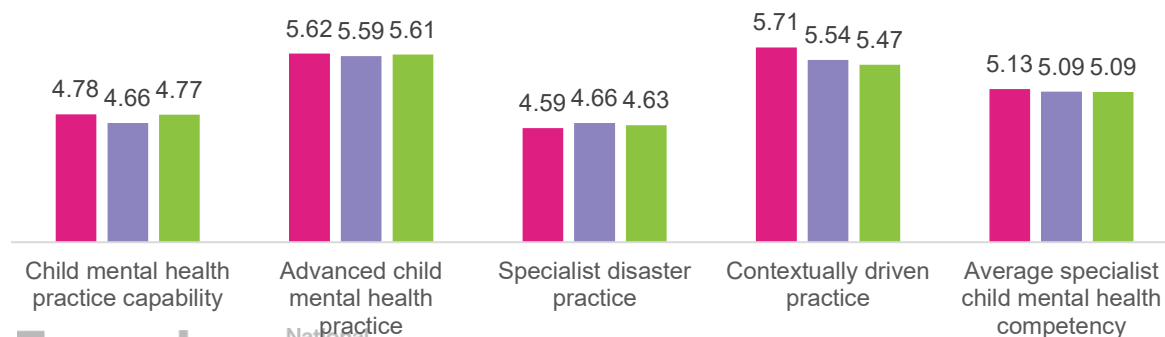
Northern Queensland– PHN307

125 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

Generalist child mental health competencies

For all practitioners

Average competency scores out of 7, by Queensland 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
PHN301 - Brisbane North	N	91	100	84	87	100	73	59	69	100	89
	Mean	4.96	5.56	5.71	4.75	5.87	5.04	5.71	4.81	5.38	5.85
	Std. Dev.	1.69	1.12	1.28	1.62	1.13	1.31	1.07	1.63	1.28	1.16
PHN302 - Brisbane South	N	88	97	84	81	98	74	56	69	97	84
	Mean	4.25	5.02	5.40	4.49	5.44	4.95	5.45	4.54	4.74	5.24
	Std. Dev.	1.80	1.50	1.45	1.63	1.38	1.31	1.16	1.55	1.51	1.41
PHN303 - Gold Coast	N	53	54	49	50	56	45	37	44	55	51
	Mean	4.98	5.52	5.67	4.58	5.66	5.18	5.92	4.95	5.31	5.72
	Std. Dev.	1.32	1.18	1.11	1.68	1.12	1.28	1.14	1.48	1.21	1.07
PHN304 - Darling Downs and West Moreton	N	62	62	53	58	63	48	35	43	63	58
	Mean	4.82	5.03	5.55	4.33	5.90	4.98	5.31	4.53	4.91	5.61
	Std. Dev.	1.98	1.45	1.34	1.78	1.20	1.56	1.49	1.62	1.54	1.56
PHN305 - Western Queensland*	N	2	2	1	1	2				2	1
	Mean	4.50	4.00	6.00	4.00	5.50				5.29	5.00
	Std. Dev.	2.12	0.00			0.71				0.06	
PHN306 - Central Queensland, Wide Bay, Sunshine Coast	N	73	78	67	65	78	60	44	57	77	68
	Mean	4.68	5.15	5.30	4.25	5.87	4.77	5.39	4.65	5.16	5.44
	Std. Dev.	1.67	1.31	1.39	1.48	1.21	1.43	1.22	1.36	1.33	1.46
PHN307 - Northern Queensland	N	98	99	84	85	102	79	64	73	101	89
	Mean	4.85	5.30	5.51	4.59	5.89	5.35	5.34	4.55	5.18	5.75
	Std. Dev.	1.78	1.43	1.44	1.68	1.18	1.44	1.65	1.91	1.50	1.28

Specialist child mental health competencies

For child mental health workforce

Average competency scores out of 7, by Queensland PHN

		Child mental health practice capability	Advanced child mental health practice	Specialist disaster practice	Contextually driven practice
PHN301 - Brisbane North	N	64	62	54	64
	Mean	4.84	5.81	4.87	5.58
	Std. Dev.	1.65	1.23	1.76	1.07
PHN302 - Brisbane South	N	47	52	46	51
	Mean	4.36	5.35	4.76	5.35
	Std. Dev.	1.44	1.20	1.30	1.32
PHN303 - Gold Coast	N	34	34	33	34
	Mean	4.71	5.76	4.67	5.65
	Std. Dev.	1.47	0.92	1.69	1.18
PHN304 - Darling Downs and West Moreton	N	34	34	29	35
	Mean	4.74	5.79	4.55	5.63
	Std. Dev.	1.60	1.15	1.78	1.21
PHN305 - Western Queensland*	N				
	Mean				
	Std. Dev.				
PHN306 - Central Queensland, Wide Bay, Sunshine Coast	N	42	43	41	43
	Mean	4.52	5.30	4.46	5.30
	Std. Dev.	1.67	1.24	1.48	1.17
PHN307 - Northern Queensland	N	59	61	58	62
	Mean	4.78	5.62	4.59	5.71
	Std. Dev.	1.52	1.20	1.93	1.18

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

Competencies by profession groups

Average competency scores out of 7, by Queensland respondents

		Generalist competencies For all practitioners										Specialist competencies For child mental health workforce			
Queensland respondents by profession group		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	Child mental health practice capability	Advanced child mental health practice	Specialist disaster practice	Contextually driven practice
Education (n=22) 6 school counsellors, 5 teachers, 4 EC educators, 3 principals/leaders, 1 teachers' aid	N	22	22	20	16	22	16	13	16	22	20	16	17	15	16
	Mean	5.36	5.32	5.35	3.56	5.14	4.25	4.85	4.25	4.56	5.51	4.56	5.65	3.87	5.13
	Std. Dev.	1.29	0.95	1.23	1.63	1.32	1.39	1.21	1.44	1.43	1.22	1.50	1.06	1.60	1.09
Health – clinical (n=110) 34 nurses, 22 OTs, 11 Speech paths, 16 other AHPs, 8 paed, 7 non-spec drs, 5 midwives, 4 GPs, 3 ATSI health	N	92	95	82	82	95	71	64	70	95	83	51	54	49	54
	Mean	4.72	5.03	5.37	4.48	5.43	4.89	5.17	3.89	4.95	5.14	4.31	5.39	3.73	5.22
	Std. Dev.	1.39	1.32	1.33	1.62	1.26	1.36	1.30	1.77	1.36	1.39	1.66	1.32	1.77	1.30
Mental health (n=153) 53 MH nurses, 31 psychs, 26 counsellors, 20 MH social workers, 12 psychiatrists, 7 ATSI SEWB, 4 other therapists	N	127	132	105	116	132	104	89	100	132	118	82	81	80	81
	Mean	4.83	5.42	5.62	4.69	5.98	5.24	5.91	5.19	5.37	5.81	5.10	5.93	5.38	5.60
	Std. Dev.	1.95	1.43	1.31	1.72	1.19	1.38	1.16	1.53	1.47	1.41	1.54	1.27	1.49	1.26
Social services (n=223) 77 child protection, 50 social workers, 29 child & family practitioners, 12 peer workers, 10 youth workers, 8 disability, 6 AOD, 5 FDV, 2 ATSI consultants	N	177	184	165	164	186	144	105	130	184	168	108	112	95	113
	Mean	5.02	5.41	5.65	4.60	5.98	5.23	5.58	4.84	5.36	5.82	4.61	5.53	4.84	5.78
	Std. Dev.	1.51	1.23	1.31	1.52	1.00	1.29	1.18	1.43	1.21	1.17	1.51	1.00	1.50	0.94
Other (n= 106) 35 program manager/admins, 10 execs, 6 researchers, 4 students, 51 others	N	57	67	58	57	72	51	30	46	70	59	25	24	24	27
	Mean	3.58	4.85	5.26	4.21	5.44	4.69	5.07	4.28	4.33	5.23	4.20	5.17	3.92	5.19
	Std. Dev.	2.03	1.56	1.56	1.75	1.45	1.54	1.82	1.64	1.62	1.36	1.50	1.31	1.53	1.44

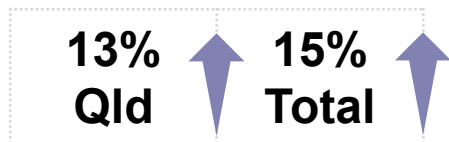
Low competence	Moderate competence	High competence
1–4	5–6	6–7

Impact of workforce development

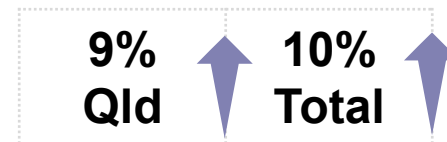
Survey findings indicate a relationship between engagement with Emerging Minds and improved child mental health workforce competency. Among the survey sample, 50% had actively engaged with Emerging Minds resources (called the *Exposed* group), a further 9% were just aware of Emerging Minds or had only 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.



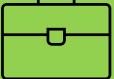
% Change in generalist
competency with
engagement with
Emerging Minds



% Change in specialist
competency with
engagement with
Emerging Minds



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
PHN301 - Brisbane North	62.5%	88.5%	96.1%	82.4%	88.5%
PHN302 - Brisbane South	38.8%	85.3%	88.2%	85.2%	82.4%
PHN303 - Gold Coast	45.5%	95.2%	100.0%	71.5%	75.0%
PHN304 - Darling Downs and West Moreton	43.1%	79.1%	83.3%	62.5%	79.2%
PHN305 - Western Queensland*					
PHN306 - Central Queensland, Wide Bay, Sunshine Coast	43.1%	94.5%	88.9%	86.1%	82.8%
PHN307 - Northern Queensland	46.2%	95.0%	97.5%	80.0%	80.0%
Queensland	46%	92.2%	92.8%	79.3%	81.6%
Total sample	50%	88.4%	92.2%	76.4%	79.8%

See footnote 2

* Insufficient responses from Western Queensland to provide impact data.

Summary for Queensland

- A large sample of 614 workers from Queensland responded to the National Workforce Survey. The Queensland sample was very similar in demographics to the overall national sample, also in that many 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.
- Queensland respondents were also very similar to the national average in child mental health competencies, demonstrating similar strengths and the same areas requiring support. Working with Aboriginal and Torres Strait Islander families, responding to children in disasters, infant mental health and child focused practice. Those in educator occupations would also benefit from workforce development in Engaging parents and Family Resilience, while clinical health workers showed especially low competence in both generalist and specialist practice in disasters.
- There was slight variation among PHNs with Brisbane North and Gold Coast showing slightly higher competence than the state as a whole, and other areas such as Brisbane South and Central Queensland, Wide Bay, Sunshine Coast showed lower self rated competence. There were not enough responses from Western Queensland to be able to draw any inferences about the workforce in this region. Northern Queensland was generally in line with state and national averages but notable that it was slightly lower in both generalist and specialist competencies relating to child mental health in disasters; a topic that is highly relevant to the region.
- Qld 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.

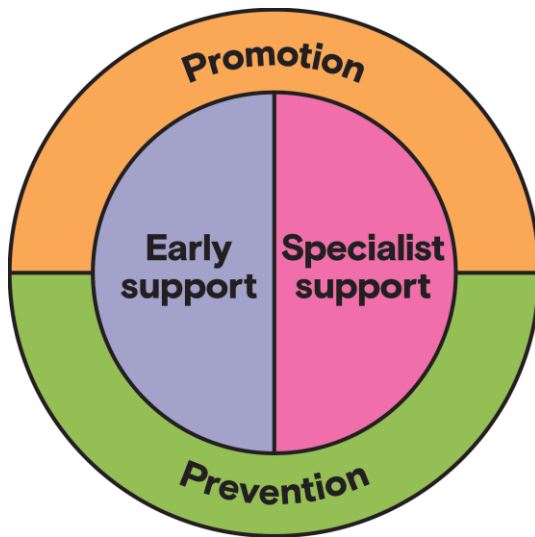
Section 5

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](#)



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 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.

Conclusion

Summary for Queensland

Current situation for child mental health workforce support

Queensland has a large number of children aged 0-12 years, distributed across very diverse geographies with **many regions experiencing disadvantage and higher than average child mental health concerns**. Culturally responsive services are needed in all regions, but are especially relevant in some parts of outer regional and remote Queensland. However practitioners in Queensland report higher confidence **Working with Aboriginal and Torres Strait Islander families** than the national average.

All Queensland 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 in short supply in all PHNs and generalist workforces who could provide early intervention and prevention support often also have low availability or are at risk of being overworked to help meet the need of local children and families. Child mental health workforce competence in Queensland is similar to than the national average, although in most generalist and specialist competencies this is still at the moderate level overall showing room for improvement. There are areas of competence that are especially in need of addressing in Queensland, as with other jurisdictions including **Child focused practice**, generalists and specialist **responses to children in a disaster**, and **infant mental health**. Practitioners already working to support child mental health also need support to improve skills in selecting and adapting aspects of **specialist child mental health practice** for the children they work with.

Potential priority regions

Our analysis found that all Queensland PHNs have regions with high to severe levels of mismatch between the level of child mental health need and the availability of workforce to provide support to children and families. **Northern Queensland** and **Darling Downs – West Moreton** PHNs showed high levels of widespread workforce shortage in child mental health workforces. Most SA3 regions in Central Queensland, Wide Bay, Sunshine Coast also showed high levels of disparity between need and workforce, as did selected regions of Brisbane South PHN catchment.

Key opportunities for development

There are opportunities to increase capacity in the workforce across all PHNs in Queensland, this might include mobilizing and upskilling generalist workforces in areas where Group 2 and 3 workforces are more readily available than specialists such as **Central Queensland, Wide Bay, Sunshine Coast** or providing more wholistic systems support in regions where workforce availability is very low and indicates working long hours such as **Darling Downs and West Moreton** regions and in Northern Queensland. Areas with high levels of need and mismatched workforce could also be an opportunity for reach out regarding workforce development where engagement with Emerging Minds has been low such as Brisbane South. Emerging Minds organisational support can inform strategies that improve child mental health systems.

Brisbane North – PHN301

Current situation for child mental health workforce support

There were **168,446 children** aged 0-12 years resident in Brisbane North in the 2021 Census. Regions in Brisbane North are mostly high socioeconomic status and the level of child mental health need is mixed among SA3 regions in the area however some areas such as Narangba-Burpengary, North Lakes, Redcliffe and Strathpine show very high estimated prevalence of child mental health conditions and developmental vulnerability. Our analysis estimates availability of *High opportunity specialists* (workforce classification group 1) available per 1000 children in regions around Brisbane is quite favourable compared to the national average, as with other major cities in Australia. While areas with high need such as around Caboolture Narangba- Burpengary and Strathpine have low availability of specialists. Regions with low availability of specialists tended to also show low availability of generalist workforces (workforce classification group 2 and group 3) which may present **significant barriers to children accessing early and specialist support**.

Key opportunities for development

In half of regions in Brisbane North PHN, workforce availability was estimated to be at higher levels than child need. However, in the other regions workforce availability could not meet child need. Of particular note were the SA3 regions of Caboolture, Narangba - Burpengary and Strathpine, where workforce availability was significantly lower than child need. National Workforce Survey respondents from Brisbane North (n=128) rated their generalist and specialist child mental health competencies higher on average than the Queensland sample and the broader national sample. Respondents showed strengths in **Facilitating support, Workplace support and Trauma and adversity**. Those already supporting children's mental health were confident using evidence-based interventions and risk focused specialist practices (**Advanced child mental health practice**). Practice responses could be strengthened by increasing capacity in **Child focused practice, Infant mental health and generalist and specialist responses to children in disasters**. Specialists to develop confidence selecting and adapting specialist practices to the spectrum of child needs (**Child mental health practice capability**). Workers in Brisbane North had a high level of engagement with Emerging Minds and those who had used Emerging Minds indicated users of Emerging Minds learning and practice resources reported they were highly relevant and applicable to their work and improved confidence talking with families.

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](#).**

Brisbane South – PHN302

Current situation for child mental health workforce support

There were **206,739 children** aged 0-12 years resident in Brisbane South in the 2021 Census. Just over half of the regions in Brisbane South are high socioeconomic status and the level of child mental health need is mixed among SA3 regions in the area. However, some areas such as Beaudesert, Beenleigh and Ipswich Hinterland show very high estimated prevalence of child mental health conditions and developmental vulnerability. Our analysis estimates availability of *High opportunity specialists* (workforce classification group 1) available per 1000 children in regions around Brisbane (e.g., Brisbane Inner – East and Holland Park – Yeronga) is quite favourable compared to the national average, as with other major cities in Australia. While areas with high need such as around Beaudesert, Beenleigh and Ipswich Hinterland have low availability of specialists. Regions with low availability of specialists tended to also show low availability of generalist workforces (workforce classification group 2 and group 3) which may present **significant barriers to children accessing early and specialist support**.

Key opportunities for development

The child need and workforce availability across Brisbane South PHN (PHN302) was diverse. Some SA3 regions estimated to be well equipped to support child need while other regions such as Beaudesert, Beenleigh and Ipswich Hinterland had extremely low levels of workforce availability compared to child need for the regions. National workforce survey respondents from Brisbane South ($n=120$) rated their child mental health competence lower than the national average. The Brisbane South workforce could benefit from workforce development activities targeted at areas of **low competence such as *child focused practice, responding to child mental health in disasters and infant mental health***. Workers in Brisbane South had low levels of engagement with Emerging Minds, however, those who had engaged with Emerging Minds reported the resources were highly relevant and applicable to their work and improved confidence talking with families. Brisbane South workers should be supported to increase uptake of resources.

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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Conclusion

Gold Coast – PHN303

Current situation for child mental health workforce support

There were **93,638 children** aged 0-12 years resident in the Gold Coast in the 2021 Census. Regions in the Gold Coast are mostly high socioeconomic status and the level of child mental health need is mixed among SA3 regions in the area however some areas such as Gold Coast – North and Southport show high estimated prevalence of child mental health conditions and developmental vulnerability. Our analysis estimates availability of *High opportunity specialists* (workforce classification group 1) available per 1000 children in regions around the Gold Coast is quite favourable compared to the national average, as with other major cities in Australia.

Key opportunities for development

In the Gold Coast (PHN303) the workforce had greater availability than the estimated child need in the area. For example, in the Broadbeach - Burleigh SA3 region workforce availability is estimated to be higher when compared to child need. National Workforce Survey respondents from the Gold Coast (n=62) rated their generalist and specialist child mental health competencies higher on average than the Queensland sample and the broader national sample. Respondents showed strengths in **Assessment, Family resilience, and Workplace support**. Those already supporting children's mental health were confident using evidence-based interventions and risk focused specialist practices (**Advanced child mental health practice**). Practice responses could be strengthened by increasing capacity in **Child focused practice, Infant mental health and generalist and specialist responses to children in disasters**. Specialists to develop confidence selecting and adapting specialist practices to the spectrum of child needs (**Child mental health practice capability**). Workers in the Gold Coast who had previously engaged with Emerging Minds learning and practice resources reported they were highly relevant and applicable to their work and improved confidence talking with families.

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Darling Downs and West Moreton – PHN304

Current situation for child mental health workforce support

There were **106,624 children** aged 0-12 years resident in the Darling Downs and West Moreton catchment in the 2021 Census. Regions in Darling Downs and West Moreton high levels of disadvantage, estimated prevalence of child mental health conditions and developmental vulnerability. Our analysis estimates availability of *High opportunity specialists* (workforce classification group 1) available per 1000 children is low in all SA3 regions except Toowoomba. Workforce availability is also low among generalist workforces (workforce classification group 1 and group 2) although the shortages are less extreme and despite users but Group 2 and 3 workforce per 1000 children, these groups show higher than average service hours suggesting generalists in region such as Ipswich Inner, Springfield – Redbank and Toowoomba may be working additional hours to meet the local demand.

Key opportunities for development

All areas in the Darling Downs and West Moreton area had **higher child need than what the workforce was estimated to be able to meet**. For the **Darling Downs - East** region workforce availability was at extremely low levels compared to child need for the region.

National workforce survey respondents from Darling Downs and West Moreton ($n=77$) rated their child mental health competence at similar levels to the national average on most domains. Respondents showed **strengths in Facilitating support, and specialist practices including Advanced child mental health practice and Contextually driven practice**. Key focus areas for workforce development include improving overall **Child focused practice**, as well as **low competence areas in Infant mental health, generalist and specialist responses to children in disasters, and Engaging parents**. Its important that services and professionals should be supported to improve competency in **Working with Aboriginal and Torres Strait Islander families** in Darling Down and West Moreton areas where there are higher proportions of Aboriginal and Torres Strait Islander children. Darling Downs and West Moreton users found Emerging Minds' learning and practice resources highly effective, relevant and applicable to the work of Darling Downs users but may require implementation support to translate learnings into practice confidence.

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.

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Conclusion

West Queensland – PHN305

Current situation for child mental health workforce support

There were **8,908 children** aged 0-12 years resident in West Queensland PHN in the 2021 Census. Our estimated **low prevalence of child mental health conditions in the region possibly underestimates the level of need** due to under reporting in the data. Our analysis estimates availability of *High opportunity specialists* (workforce classification group 1) available per 1000 children in this region is significantly below the national average. *Med opportunity specialists* (workforce classification group 3) was also low in this area. When analysing the availability of *High Opportunity Generalists and Med Opportunity Specialists* (workforce classification 2) per 1000 children in this region, their availability was estimated to in line with the national average. However, overall low availability across West Queensland for specialist and generalist workforces (workforce classification group 1, 2 and 3) presents **significant barriers to children accessing early and specialist support**.

Key opportunities for development

Workforce availability is estimated to be lower than child need in the West Queensland region. National workforce survey responses from West Queensland were low ($n=4$), however, respondents showed **strengths in generalist practices including *Engaging with parents and Workforce support***. The West Queensland workforce could benefit from workforce development activities targeted at areas of **low competence such as *Child focused practice, assessment and Infant mental health***, but also **strengthening generalist child mental health competency more broadly**. While data availability places limitations on the impact findings for this specific PHN, in Queensland, respondents who engaged with Emerging Minds' learning and practice resources rated them as highly effective, relevant and applicable to their work. Therefore, West Queensland workers should be supported to increase uptake of resources.

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Central Queensland, Wide Bay, Sunshine Coast– PHN306

Current situation for child mental health workforce support

There were **139,531 children** aged 0-12 years resident in Central Queensland, Wide Bay, Sunshine Coast (PHN306) in the 2021 Census. Just over half of the regions in Central Queensland, Wide Bay, Sunshine Coast are low socioeconomic status and the level of child mental health need is mixed among SA3 regions in the area. Of these, several areas such as Bundaberg, Burnett, Gympie – Cooloola, Hervey Bay and Maryborough show very high estimated prevalence of child mental health conditions and developmental vulnerability. Our analysis estimates availability of *High opportunity specialists* (workforce classification group 1) available per 1000 children in regions such as Buderim and Caloundra are quite favourable compared to the national average. While areas with high need such as Biloela, Burnett and Central Highlands (Qld) have low availability of specialists. Regions with low availability of specialists tended to also show low availability of generalist workforces (workforce classification group 2 and group 3) which may present **significant barriers to children accessing early and specialist support**.

Key opportunities for development

For half of the SA3 areas in Central Queensland, Wide Bay, Sunshine Coast (PHN306), the workforce availability and child need were estimated to be at similar levels. However, for 25% of SA3s located in Central Queensland, Wide Bay, Sunshine Coast the child need was higher than what the estimated workforce availability could meet. National Workforce Survey respondents from Central Queensland, Wide Bay, Sunshine Coast (n=88) rated their generalist and specialist child mental health competencies lower on average than the Queensland sample and the broader national sample. However, respondents showed strengths in **Facilitating support**. Practice responses could be strengthened by increasing capacity in **Child focused practice, Infant mental health and Working with Aboriginal and Torres Strait Islander families, and generalist and specialist responses to children in disasters**. Specialists to develop confidence selecting and adapting specialist practices to the spectrum of child needs (**Child mental health practice capability**). Emerging Minds' learning and practice resources were highly effective, relevant and applicable to the workers in Central Queensland, Wide Bay, Sunshine Coast.

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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Northern Queensland – PHN307

Current situation for child mental health workforce support

There were **121,108 children** aged 0-12 years resident in Northern Queensland PHN catchment in the 2021 Census. Northern Queensland comprises outer regional and remote areas, often with high levels of disadvantage. There are some areas with very high proportions of Aboriginal and Torres Strait Islander children and children who speak a language other than English at home. In many regions, disparity between high levels of developmental vulnerability and estimates of child mental health conditions that are favourable compared to the national average, suggests underreporting and unmet child mental health need in the region. Our analysis estimates availability of *High opportunity specialists* (workforce classification group 1) available per 1000 children is low in all areas, except around Cairns and Townsville. In some regions low specialist availability is offset by higher availability of Group 2 and 3 generalist workforces such as **Charters Towers - Ayr - Ingham** and **Tablelands (East) – Kuranda**, or in generalists working additional hours to meet need such as in **Mackay and Far North**. In other areas, workforce availability is severely low across all workforce groups presenting **significant barriers to children accessing early and specialist support**.

Key opportunities for development

In almost all SA3s in Northern Queensland, workforce availability was estimated to be lower than the child need. While for some SA3 this mismatch was slight for other regions the disparity between child need and workforce availability was significant. The disparity is most extreme in **Innisfail - Cassowary Coast and Whitsunday**. National workforce survey respondents from Northern Queensland ($n=125$) rated their generalist and specialist level child mental health competence in line with the broader Queensland and national samples. Therefore, may benefit from workforce development in similar areas to the broader workforce such as **Infant mental health, Child focused practice, and generalist and specialist responses to children in disasters** which may be especially relevant to the region. Respondents showed **strengths in Trauma and adversity, and Facilitating support. They showed higher competence working with Aboriginal and Torres Strait Islander families** than other locations and should be supported to continue improving these skills to meet the needs of child and families in Northern Queensland. Emerging Minds' learning and practice resources were highly effective, relevant and applicable to the work of Northern Queensland 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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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.

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

