

## Scoping child mental health workforce capability – State and Territory Snapshots

# Victoria

## 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](mailto: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.

# Victoria



## Population need

## Workforce capacity

## Workforce competency



**1,013,362** children aged 0-12 years



**41,751** High opportunity specialists. **Higher availability** compared to national avg. e.g. *Psychiatrist, GP, Psychologist.*



**Moderate** generalist-level child mental health competency. Avg score 5.15. **Similar to** the national avg (5.11).



**17,784** Aboriginal or Torres Strait Islander children (2%)



**252,904** High Opportunity Generalist/Med Opportunity Specialist. **Higher availability** compared to national avg. e.g. *Registered Nurse (Mental Health), AOD Counsellor, School Teacher.*



**Moderate** specialist-level child mental health competency. Avg score 5.16. **Similar to** the national avg (5.09).



**122,894** Children 0-12 years estimated to have mental health conditions (12%)



**277,704** Med Opportunity Generalist **Similar availability** compared to national avg. e.g. *Health Promotion Officer, Emergency Medicine Specialist, Police Officer.*



**Low** competency working with Aboriginal and Torres Strait Islander families. Avg score 4.62. **Lower** than the national avg (4.78).



**10.2%** Children's mental health at risk due to severe developmental vulnerability



**8.02** average hours per child per year of specialist care available. **Higher** than the national avg (6.78 hours).

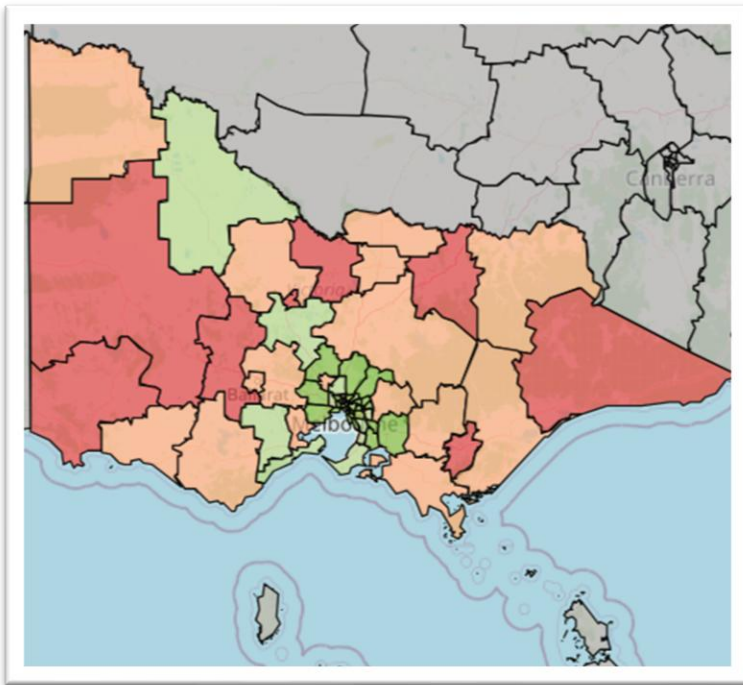


**Low** child mental health competency in disasters. Avg score 4.69. **Higher** than the national avg (4.57).

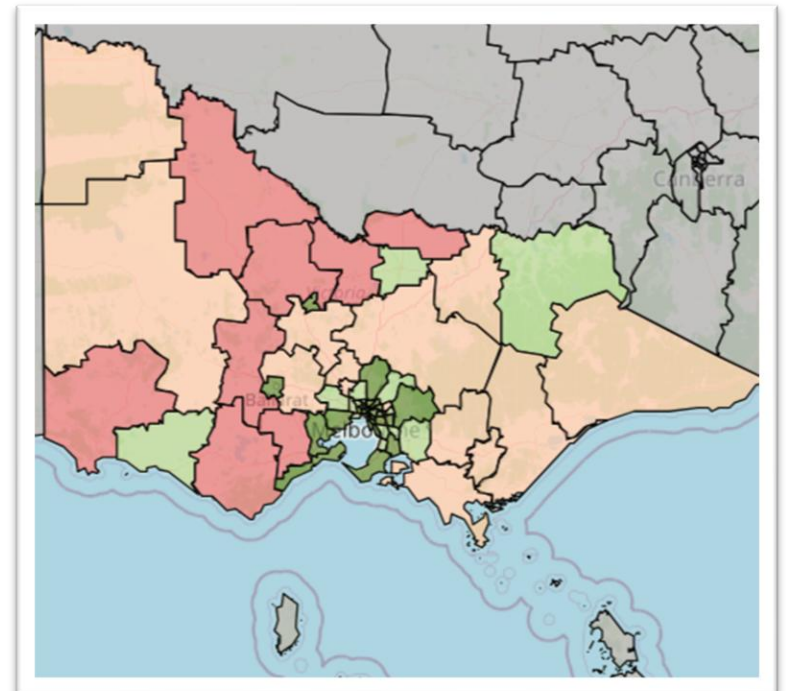
# Victoria

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



### Workforce availability: High opportunity specialists per 1000 children



Significantly Favourable Favourable Unfavourable Significantly Unfavourable

Compared to the national average

National  
Workforce  
Centre for Child  
Mental Health

Low Priority Moderate Priority High Priority Extreme Priority

Compared to the national average

# In summary

- Around a quarter of Australia's children aged 0-12 years reside in Victoria, and the estimated prevalence of child mental health concerns and developmental vulnerability in Victoria is similar to the national average.
- Specialist workforce that can support children's mental health has higher availability and greater number of average service hours per child than the national average.
- The infant and child mental health workforce in Victoria show moderate competency in the areas of generalist and specialist infant and child mental health support. These scores are similar to the national average.
- Victoria has a smaller proportion of children who are Aboriginal and Torres Strait Islander than other states and also shows very low competence working with Aboriginal and Torres Strait Islander families. Despite showing slightly higher competence than the national average, Victoria's workforce also demonstrates need to increase skills responding to children in disasters.
- 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.

# North Western Melbourne – PHN201

SA3 Region	Child population					Service considerations	
	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
Brimbank	6269	6556	6763	8489	28084	1%	54.92%
Brunswick - Coburg	2605	2308	2298	3027	10235	1%	23.11%
Darebin - North	3251	3021	2847	3441	12554	2%	33.54%
Darebin - South	1564	1530	1633	2188	6910	1%	16.32%
Essendon	1974	2120	2147	2715	8950	1%	24.48%
Hobsons Bay	3260	3351	3339	4238	14191	1%	24.98%
Keilor	1873	2102	2106	3001	9078	1%	22.62%
Macedon Ranges	1153	1357	1423	1943	5875	2%	6.83%
Maribyrnong	3100	2775	2728	3189	11792	1%	31.82%
Melbourne City	2875	2193	1918	2080	9062	1%	48.73%
Melton - Bacchus Marsh	9181	9819	10006	12644	41642	2%	37.07%
Moreland - North	3464	3166	3044	3408	13085	1%	42.93%
Sunbury	1764	1717	1788	2273	7541	2%	14.91%
Tullamarine - Broadmeadows	9725	10030	9894	11965	41615	1%	57.96%
Wyndham	15404	16669	16433	18666	67167	1%	51.97%
Yarra	2362	1970	1863	2383	8574	1%	27.53%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.70%

## Population

# Eastern Melbourne – PHN202

SA3 Region	Child population					Service considerations	
	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
Banyule	4085	4491	4734	6113	19414	1%	22.86%
Boroondara	3754	4480	5433	8451	22119	0%	32.66%
Knox	4936	5391	5637	7408	23374	1%	30.31%
Manningham - East	550	722	914	1436	3621	1%	22.54%
Manningham - West	2580	3073	3440	4438	13530	0%	53.75%
Maroondah	4002	4236	4416	5539	18189	1%	24.64%
Monash	4643	5366	6017	8250	24273	0%	53.76%
Nillumbik - Kinglake	1965	2271	2475	3702	10414	1%	11.57%
Whitehorse - East	1804	2165	2368	3129	9460	1%	41.68%
Whitehorse - West	2608	2997	3404	4682	13685	0%	41.06%
Whittlesea - Wallan	10920	11735	11430	13884	47975	2%	40.19%
Yarra Ranges	5547	5705	5784	7881	24916	2%	10.88%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.70%

# South Eastern Melbourne – PHN203

SA3 Region	Child population					Service considerations	
	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
Bayside	2539	3008	3516	5589	14656	0%	18.11%
Cardinia	5366	5663	5581	6977	23587	2%	22.77%
Casey - North	4679	5429	5458	7462	23032	1%	42.44%
Casey - South	11678	12061	11796	14176	49721	1%	45.88%
Dandenong	6862	6811	6700	8353	28719	1%	59.35%
Frankston	5172	5216	5209	6885	22478	2%	13.69%
Glen Eira	4754	5162	5638	7772	23334	0%	31.26%
Kingston	4055	4250	4526	5879	18707	1%	19.04%
Mornington Peninsula	4609	5034	5555	8093	23296	2%	9.12%
Port Phillip	2643	2352	2261	2918	10169	1%	25.27%
Stonnington - East	1097	1159	1250	1955	5454	0%	19.16%
Stonnington - West	1341	1114	1053	1302	4807	0%	28.77%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.70%

## Population

# Gippsland – PHN204

SA3 Region	Child population					Service considerations	
	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
Baw Baw	2137	2140	2157	2960	9386	2%	9.93%
Gippsland - East	1259	1447	1451	2080	6241	8%	11.74%
Gippsland - South West	1850	2186	2374	3230	9646	2%	11.65%
Latrobe Valley	2472	2728	2798	3781	11776	5%	13.16%
Wellington	1431	1471	1578	2140	6623	4%	10.39%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.70%

## Population

# Murray – PHN205

SA3 Region	Child population					Service considerations	
	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
Bendigo	3658	3846	3960	5225	16687	4%	13.97%
Campaspe	1173	1193	1370	1930	5667	6%	10.61%
Heathcote - Castlemaine - Kyneton	1374	1624	1907	2574	7485	2%	9.37%
Loddon - Elmore	326	349	367	624	1668	5%	10.85%
Mildura	1897	2104	2111	2968	9084	9%	17.14%
Moira	865	950	1036	1453	4307	4%	11.93%
Murray River - Swan Hill	1256	1254	1277	1870	5657	7%	17.27%
Shepparton	2411	2576	2686	3659	11327	7%	28.29%
Upper Goulburn Valley	1641	1747	1967	2748	8103	4%	12.32%
Wangaratta - Benalla	1368	1510	1568	2313	6759	4%	10.03%
Wodonga - Alpine	2476	2625	2849	4037	11988	5%	11.47%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.70%

## Population

# Western Victoria – PHN206

SA3 Region	Child population					Service considerations	
	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
Ballarat	3937	4341	4451	6098	18830	4%	11.84%
Barwon - West	865	992	1037	1340	4235	2%	7.63%
Colac - Corangamite	1086	1202	1271	1845	5411	2%	11.20%
Creswick - Daylesford - Ballan	841	922	1018	1471	4247	3%	11.18%
Geelong	7446	7424	7654	9625	32150	2%	16.67%
Glenelg - Southern Grampians	1076	1094	1157	1654	4981	6%	10.26%
Grampians	1817	1965	1953	2733	8465	3%	11.01%
Maryborough - Pyrenees	653	733	848	1242	3476	5%	10.47%
Surf Coast - Bellarine Peninsula	3000	3264	3701	4865	14825	1%	8.75%
Warrnambool	1650	1768	1880	2732	8035	4%	9.68%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.70%

# In summary

- Across PHN regions in Victoria there is variation in the number of children aged 0-12 years. As to be expected, metropolitan regions around Melbourne and Geelong have a high population of infants and children compared to regional and remote areas.
- There is little variation in the proportion of child age groups across Victoria.
- There are SA3 regions within several PHN catchments, especially North Melbourne, East Melbourne and South Eastern Melbourne that higher much higher proportion of 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

### Current child mental health prevalence

### Child mental health risk

### Total need Index



#### 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



#### 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.



#### 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.



#### 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.



#### 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.



#### 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.



#### 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.

## Child mental health need

# North Western Melbourne – PHN201

SA3 Region	Region characteristics		Current child mental health prevalence			Child mental health risk		TOTAL NEED INDEX (low 7-high 29)
	Remoteness Area	SEIFA IRSD Score	EM Scaled Census estimates of MH 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	
Brimbank	Major Cities of Australia	906	8.58%	2.99%	0.31%	15.89%	1.13	15
Brunswick - Coburg	Major Cities of Australia	1054	9.91%	4.23%	0.21%	6.60%	1.11	10
Darebin - North	Major Cities of Australia	994	9.79%	3.84%	0.27%	8.44%	1.13	13
Darebin - South	Major Cities of Australia	1062	9.43%	5.23%	0.27%	6.50%	1.06	11
Essendon	Major Cities of Australia	1039	7.93%	3.81%	0.23%	6.62%	0.97	9
Hobsons Bay	Major Cities of Australia	1027	10.29%	4.58%	0.30%	8.12%	1.00	11
Keilor	Major Cities of Australia	1044	8.90%	3.71%	0.25%	4.72%	1.10	10
Macedon Ranges	Inner Regional Australia	1071	16.43%	6.13%	0.13%	2.70%	0.97	12
Maribyrnong	Major Cities of Australia	1010	9.37%	4.50%	0.44%	7.52%	1.00	11
Melbourne City	Major Cities of Australia	1017	5.55%	3.75%	0.30%	12.40%	0.85	10
Melton - Bacchus Marsh	Major Cities of Australia	987	11.83%	4.00%	0.21%	13.42%	0.89	13
Moreland - North	Major Cities of Australia	996	8.13%	2.93%	0.33%	16.05%	0.95	14
Sunbury	Major Cities of Australia	1030	20.78%	7.03%	0.46%	11.49%	1.28	19
Tullamarine - Broadmeadows	Major Cities of Australia	924	7.27%	2.38%	0.34%	17.00%	0.85	14
Wyndham	Major Cities of Australia	1004	8.47%	3.08%	0.27%	11.54%	0.66	10
Yarra	Major Cities of Australia	1046	8.66%	4.21%	0.09%	11.05%	0.99	10
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

## Child mental health need

# Eastern Melbourne – PHN202

SA3 Region	Region characteristics		Current child mental health prevalence			Child mental health risk		TOTAL NEED INDEX (low 7-high 29)
	Remoteness Area	SEIFA IRSD Score	EM Scaled Census estimates of MH 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	
Banyule	Major Cities of Australia	1058	11.94%	4.86%	0.26%	6.51%	1.07	11
Boroondara	Major Cities of Australia	1090	8.76%	5.28%	0.12%	4.79%	0.92	10
Knox	Major Cities of Australia	1042	13.80%	4.82%	0.33%	9.38%	1.19	14
Manningham - East	Major Cities of Australia	1090	10.93%	5.86%	0.22%	5.13%	1.03	11
Manningham - West	Major Cities of Australia	1047	7.99%	3.56%	0.14%	7.20%	0.96	8
Maroondah	Major Cities of Australia	1041	16.19%	6.08%	0.31%	6.81%	1.13	13
Monash	Major Cities of Australia	1042	6.69%	3.23%	0.18%	6.33%	0.94	9
Nillumbik - Kinglake	Major Cities of Australia	1089	12.28%	6.64%	0.26%	4.96%	1.12	12
Whitehorse - East	Major Cities of Australia	1051	11.42%	4.59%	0.23%	7.22%	0.96	9
Whitehorse - West	Major Cities of Australia	1038	9.95%	5.22%	0.15%	7.70%	1.04	12
Whittlesea - Wallan	Major Cities of Australia	992	9.11%	3.20%	0.18%	10.29%	0.93	12
Yarra Ranges	Major Cities of Australia	1041	18.64%	6.39%	0.42%	7.97%	1.20	18
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

## Child mental health need

# South Eastern Melbourne – PHN203

SA3 Region	Region characteristics		Current child mental health prevalence			Child mental health risk		TOTAL NEED INDEX (low 7-high 29)
	Remoteness Area	SEIFA IRSD Score	EM Scaled Census estimates of MH 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	
Bayside	Major Cities of Australia	1090	8.55%	5.16%	0.40%	3.21%	0.94	10
Cardinia	Major Cities of Australia	1021	14.58%	5.20%	0.33%	9.42%	0.97	13
Casey - North	Major Cities of Australia	999	10.56%	3.51%	0.22%	9.99%	1.03	12
Casey - South	Major Cities of Australia	992	8.89%	3.04%	0.22%	9.59%	0.79	11
Dandenong	Major Cities of Australia	907	5.63%	2.26%	0.16%	14.97%	1.00	14
Frankston	Major Cities of Australia	1003	18.82%	6.20%	0.37%	10.12%	1.30	17
Glen Eira	Major Cities of Australia	1073	8.55%	5.81%	0.36%	6.73%	0.88	9
Kingston	Major Cities of Australia	1057	10.63%	4.79%	0.45%	6.46%	1.05	12
Mornington Peninsula	Major Cities of Australia	1038	17.00%	6.28%	0.23%	5.78%	1.19	14
Port Phillip	Major Cities of Australia	1061	7.06%	5.93%	0.48%	5.50%	0.91	10
Stonnington - East	Major Cities of Australia	1092	6.96%	6.03%	0.24%	3.95%	0.91	9
Stonnington - West	Major Cities of Australia	1079	5.15%	5.16%	0.60%	7.19%	0.96	11
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

## Child mental health need

# Gippsland – PHN204

SA3 Region	Region characteristics		Current child mental health prevalence			Child mental health risk		TOTAL NEED INDEX (low 7-high 29)
	Remoteness Area	SEIFA IRSD Score	EM Scaled Census estimates of MH 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	
Baw Baw	Inner Regional Australia	1003	17.58%	7.18%	0.24%	13.78%	1.15	18
Gippsland - East	Outer Regional Australia	963	19.03%	7.83%	0.42%	12.68%	1.19	23
Gippsland - South West	Inner Regional Australia	997	17.87%	6.50%	0.40%	13.29%	1.12	20
Latrobe Valley	Inner Regional Australia	931	21.43%	7.91%	0.70%	16.85%	1.32	25
Wellington	Inner Regional Australia	973	16.69%	6.75%	0.33%	13.33%	1.11	18
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

## Child mental health need

# Murray – PHN205

SA3 Region	Region characteristics		Current child mental health prevalence			Child mental health risk		TOTAL NEED INDEX (low 7-high 29)
	Remoteness Area	SEIFA IRSD Score	EM Scaled Census estimates of MH 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	
Bendigo	Inner Regional Australia	979	20.22%	7.80%	0.44%	12.85%	1.28	22
Campaspe	Inner Regional Australia	965	18.05%	7.54%	0.21%	19.61%	1.19	22
Heathcote - Castlemaine - Kyneton	Inner Regional Australia	1028	14.55%	6.18%	0.24%	13.01%	1.14	16
Loddon - Elmore	Inner Regional Australia	966	12.86%	6.67%	0.34%	15.96%	1.21	21
Mildura	Outer Regional Australia	940	12.35%	4.87%	0.62%	11.69%	1.14	20
Moira	Inner Regional Australia	958	16.09%	6.58%	0.51%	11.49%	1.19	21
Murray River - Swan Hill	Outer Regional Australia	949	11.81%	5.47%	0.31%	11.66%	1.01	17
Shepparton	Inner Regional Australia	944	17.19%	6.52%	0.35%	14.38%	1.10	21
Upper Goulburn Valley	Inner Regional Australia	993	16.69%	6.10%	0.34%	10.93%	1.20	19
Wangaratta - Benalla	Inner Regional Australia	982	14.03%	6.90%	1.01%	13.51%	1.26	22
Wodonga - Alpine	Inner Regional Australia	997	19.13%	8.21%	0.80%	7.84%	1.15	21
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

## Child mental health need

# Western Victoria – PHN206

SA3 Region	Region characteristics		Current child mental health prevalence			Child mental health risk		TOTAL NEED INDEX (low 7-high 29)
	Remoteness Area	SEIFA IRSD Score	EM Scaled Census estimates of MH 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	
Ballarat	Inner Regional Australia	988	21.42%	6.72%	0.50%	11.32%	1.27	21
Barwon - West	Inner Regional Australia	1051	16.94%	7.51%	0.41%	10.77%	0.96	16
Colac - Corangamite	Inner Regional Australia	978	12.65%	5.55%	0.63%	11.89%	1.06	19
Creswick - Daylesford - Ballan	Inner Regional Australia	1017	17.48%	5.46%	0.44%	10.28%	1.17	18
Geelong	Major Cities of Australia	997	19.93%	7.62%	0.69%	10.61%	1.20	21
Glenelg - Southern Grampians	Outer Regional Australia	971	13.25%	6.35%	1.09%	11.33%	1.16	23
Grampians	Outer Regional Australia	966	18.81%	6.57%	0.41%	13.86%	1.16	22
Maryborough - Pyrenees	Inner Regional Australia	935	20.64%	7.54%	0.54%	16.18%	1.41	25
Surf Coast - Bellarine Peninsula	Inner Regional Australia	1063	14.35%	6.69%	0.39%	6.33%	0.96	14
Warrnambool	Inner Regional Australia	1006	15.40%	6.85%	1.28%	9.08%	1.11	19
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

# In summary

- Victoria has SA3 regions with high child mental health needs or presentation of vulnerability that requires an immediate workforce response.
- 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.
- Victorian regions outside of major cities tended to have increased child mental health need, highlighting the need for region-specific action and support.
- Areas of notably high child mental health need have been identified in the following PHNs:
  - Gippsland – PHN204
  - Murray – PHN205
  - Western Victoria – PHN206

## Section 3

# Workforce availability

# Data in this section

### Workforce Classifications



#### Group 1: High opportunity specialists

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



#### Group 2: High Opportunity Generalist/Med Opportunity Specialist

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



#### Group 3: Med Opportunity Generalist

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

### Measures



#### Workforce Population (n)

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



#### Workforce Population (Standardised per 1,000 children)

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



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

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

### Total Workforce Availability Index



#### Total Workforce Availability Index

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

## Workforce availability

# North Western Melbourne – PHN201

SA3 Region	Group 1: High opportunity specialists			Group 2: High Opportunity Generalist/Med Opportunity Specialist			Group 3: Med Opportunity Generalist			TOTAL WORKFORCE AVAILABILITY INDEX (low 6- high 24)
	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	
Brimbank	438	16	67	4961	177	759	5775	206	802	7
Brunswick - Coburg	1219	119	406	4803	469	1535	3907	382	1069	23
Darebin - North	729	58	214	4163	332	1197	3906	311	1014	21
Darebin - South	928	134	508	2771	401	1401	2361	342	1030	23
Essendon	837	94	357	3025	338	1234	3096	346	1083	23
Hobsons Bay	496	35	161	3517	248	1169	2902	204	830	15
Keilor	424	47	188	2593	286	1153	2094	231	828	16
Macedon Ranges	164	28	83	1564	266	1216	1304	222	785	14
Maribyrnong	774	66	248	3629	308	1227	3286	279	952	21
Melbourne City	1653	182	367	4538	501	763	5327	588	906	19
Melton - Bacchus Marsh	605	15	89	7499	180	1124	7048	169	944	10
Moreland - North	525	40	174	3241	248	1117	3167	242	921	15
Sunbury	182	24	78	2124	282	1336	1961	260	1002	16
Tullamarine - Broadmeadows	517	12	68	6512	156	913	6642	160	830	8
Wyndham	952	14	94	9991	149	975	9794	146	862	9
Yarra	1692	197	622	3608	421	1177	4242	495	1207	24
National (Australia)	157,906 (n)	32 (mdn)	130 (mdn)	980,672 (n)	259 (mdn)	1004 (mdn)	1,085,650 (n)	275 (mdn)	984 (mdn)	

## Workforce availability

# Eastern Melbourne – PHN202

SA3 Region	Group 1: High opportunity specialists			Group 2: High Opportunity Generalist/Med Opportunity Specialist			Group 3: Med Opportunity Generalist			TOTAL WORKFORCE AVAILABILITY INDEX (low 6- high 24)
	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	
Banyule	1174	60	270	6058	312	1349	6273	323	1271	23
Boroondara	2626	119	511	6211	281	1037	7871	356	1247	22
Knox	738	32	129	6438	275	1137	7291	312	1195	18
Manningham - East	232	64	213	993	274	813	1034	286	723	15
Manningham - West	839	62	260	3124	231	800	3891	288	925	16
Maroondah	630	35	143	5393	296	1371	5767	317	1298	21
Monash	1505	62	260	6047	249	886	7159	295	1017	18
Nillumbik - Kinglake	477	46	169	3453	332	1349	3097	297	1034	20
Whitehorse - East	373	39	159	2499	264	1016	2741	290	989	18
Whitehorse - West	838	61	229	3975	290	976	4977	364	1141	21
Whittlesea - Wallan	860	18	101	9427	196	1097	11405	238	1234	13
Yarra Ranges	676	27	118	6967	280	1304	7152	287	1171	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)	

## Workforce availability

# South Eastern Melbourne – PHN203

SA3 Region	Group 1: High opportunity specialists			Group 2: High Opportunity Generalist/Med Opportunity Specialist			Group 3: Med Opportunity Generalist			TOTAL WORKFORCE AVAILABILITY INDEX (6-24)
	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	
Bayside	948	65	255	3486	238	918	3574	244	798	16
Cardinia	417	18	85	5073	215	1213	5203	221	1106	13
Casey - North	619	27	128	5023	218	1029	5380	234	994	14
Casey - South	636	13	78	7863	158	1009	11160	224	1324	13
Dandenong	510	18	75	4601	160	647	6993	243	940	9
Frankston	624	28	126	6085	271	1261	6769	301	1258	18
Glen Eira	1688	72	329	6837	293	1218	6719	288	1093	22
Kingston	831	44	192	5691	304	1345	5573	298	1173	21
Mornington Peninsula	905	39	153	6570	282	1123	7036	302	1019	18
Port Phillip	1178	116	366	3803	374	1051	3962	390	994	22
Stonnington - East	528	97	326	1513	277	850	2061	378	1045	20
Stonnington - West	949	197	469	2073	431	850	2866	596	1121	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)	

## Workforce availability

# Gippsland – PHN204

SA3 Region	Group 1: High opportunity specialists			Group 2: High Opportunity Generalist/Med Opportunity Specialist			Group 3: Med Opportunity Generalist			TOTAL WORKFORCE AVAILABILITY INDEX (low 6- high 24)
	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	
Baw Baw	274	29	94	2652	283	1269	2637	281	1033	17
Gippsland - East	222	36	111	1902	305	1024	2001	321	963	17
Gippsland - South West	288	30	93	2598	269	989	2776	288	831	14
Latrobe Valley	325	28	111	3009	256	1053	3303	280	1036	15
Wellington	219	33	80	1778	268	967	1885	285	922	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)	

## Workforce availability

# Murray – PHN205

SA3 Region	Group 1: High opportunity specialists			Group 2: High Opportunity Generalist/Med Opportunity Specialist			Group 3: Med Opportunity Generalist			TOTAL WORKFORCE AVAILABILITY INDEX (low 6- high 24)
	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	
Bendigo	831	50	235	4886	293	1350	6183	371	1550	23
Campaspe	139	25	72	1393	246	890	1793	316	1018	13
Heathcote - Castlemaine - Kyneton	349	47	130	2200	294	1068	2149	287	875	18
Loddon - Elmore	29	17	36	330	198	488	434	260	563	7
Mildura	295	32	159	2522	278	1248	2410	265	1005	18
Moira	100	23	79	959	223	789	1149	267	778	10
Murray River - Swan Hill	98	17	64	1397	247	879	1496	264	815	10
Shepparton	426	38	174	2968	262	1270	3023	267	1101	18
Upper Goulburn Valley	167	21	70	2112	261	953	2124	262	791	12
Wangaratta - Benalla	307	45	167	1942	287	1032	2557	378	1213	21
Wodonga - Alpine	471	39	155	3328	278	1177	3745	312	1218	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)	

## Workforce availability

# Western Victoria – PHN206

SA3 Region	Group 1: High opportunity specialists			Group 2: High Opportunity Generalist/Med Opportunity Specialist			Group 3: Med Opportunity Generalist			TOTAL WORKFORCE AVAILABILITY INDEX (low 6- high 24)
	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	
Ballarat	914	49	234	5568	296	1399	6532	347	1417	23
Barwon - West	93	22	87	890	210	927	1021	241	841	11
Colac - Corangamite	108	20	51	1275	236	812	1652	305	946	11
Creswick - Daylesford - Ballan	154	36	91	1102	259	776	1166	275	723	12
Geelong	1519	47	216	9217	287	1277	11442	356	1393	23
Glenelg - Southern Grampians	125	25	89	1347	270	970	1838	369	1055	16
Grampians	198	23	72	2274	269	1056	3149	372	1349	17
Maryborough - Pyrenees	60	17	52	761	219	652	1072	308	834	10
Surf Coast - Bellarine Peninsula	724	49	193	4239	286	1220	4622	312	1122	19
Warrnambool	380	47	193	2513	313	1298	2779	346	1184	22
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 Victoria, such as the Yarra SA3 region show good availability of **Group 1: High opportunity specialists** compared to the national average, which is similar to other major city regions across Australia. However, the availability in all PHNs is mixed with some SA3s having very high availability and others with low availability.
- 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.
- Therefore, we 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.
- Of particular note is Gippsland PHN, where the hours of service available (per 1000 children) are considerably lower than the national average. Across the SA3 regions in this PHN there is mixed availability of generalists. In some regions where there is high availability of generalists, this workforce may be utilised to fill service gaps while other regions with low generalist supply may present opportunities for targeted recruitment.

## 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.**

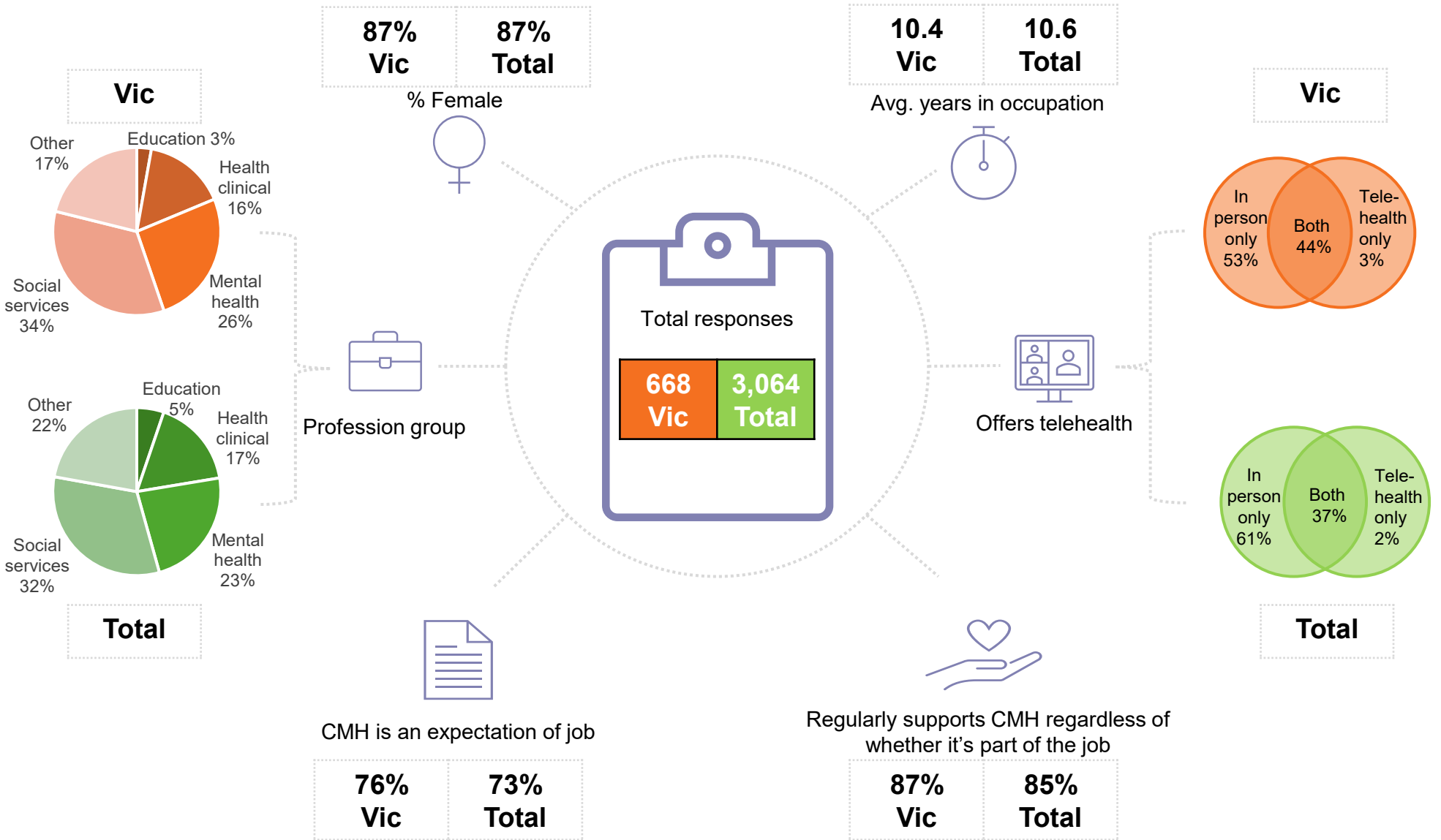


- Engagement in workforce development makes a significant difference in the level of competency in child mental health. Those who had completed training or used resources reported higher competence in all areas we measured.



- 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.

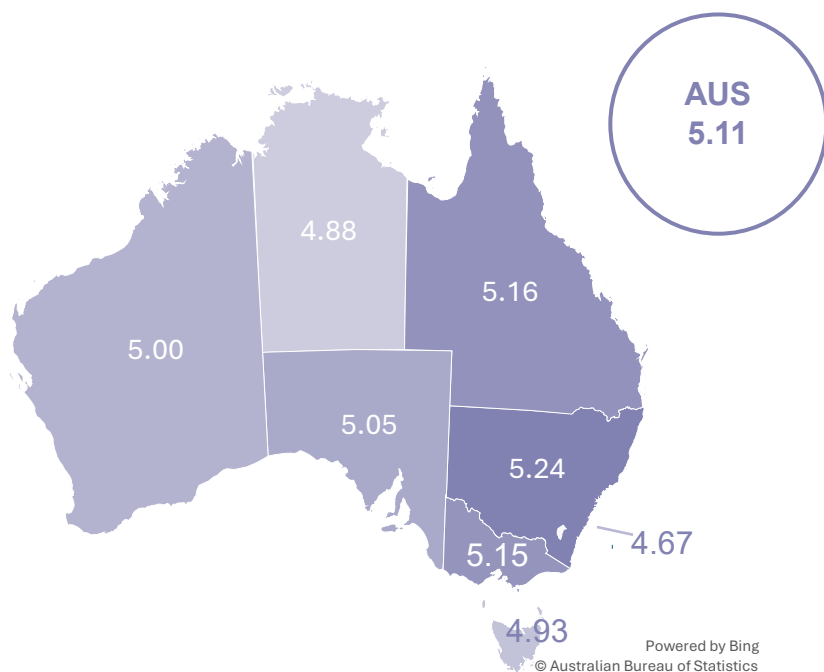
# 2023 National workforce survey sample



# National Workforce Survey Overview

### In Victoria

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



Clinical health professionals in Victoria rated their generalist and specialist child mental health competence lower than other profession groups. Overall, child mental health competency was low among Victorian health professionals, with competencies such as disasters, child focused practice, infants and specialist practice areas for particular improvement.



Educators in Victoria had similar areas for development, and were especially lacking skills working with Aboriginal and Torres Strait Islander families. However, educators showed overall moderate generalist capability in child mental health. Educators were unconfident in more specialist skills though, rating specialist child mental health low



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. Mental health professionals were confident in specialist competencies, while social services workers need support with infants and child focused practice.

# Competencies in child mental health

<b>Generalist competencies for all practitioners</b>	
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.
<b>Specialist-level competencies for child mental health workforce</b>	
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.

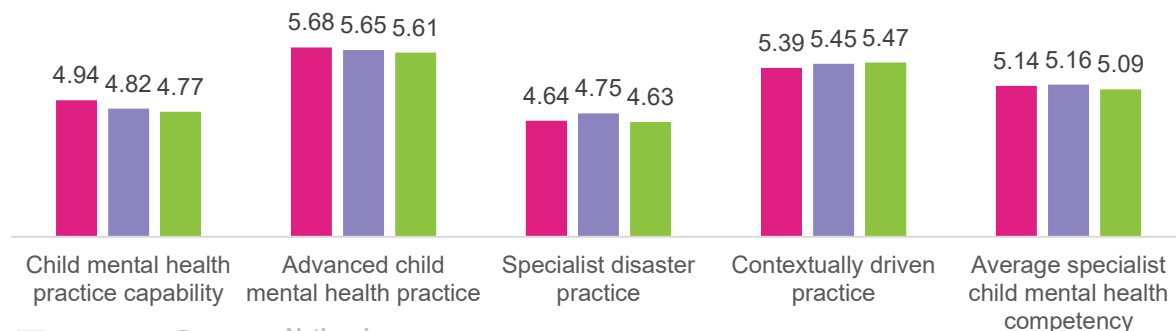
# North Western Melbourne – PHN201

181 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

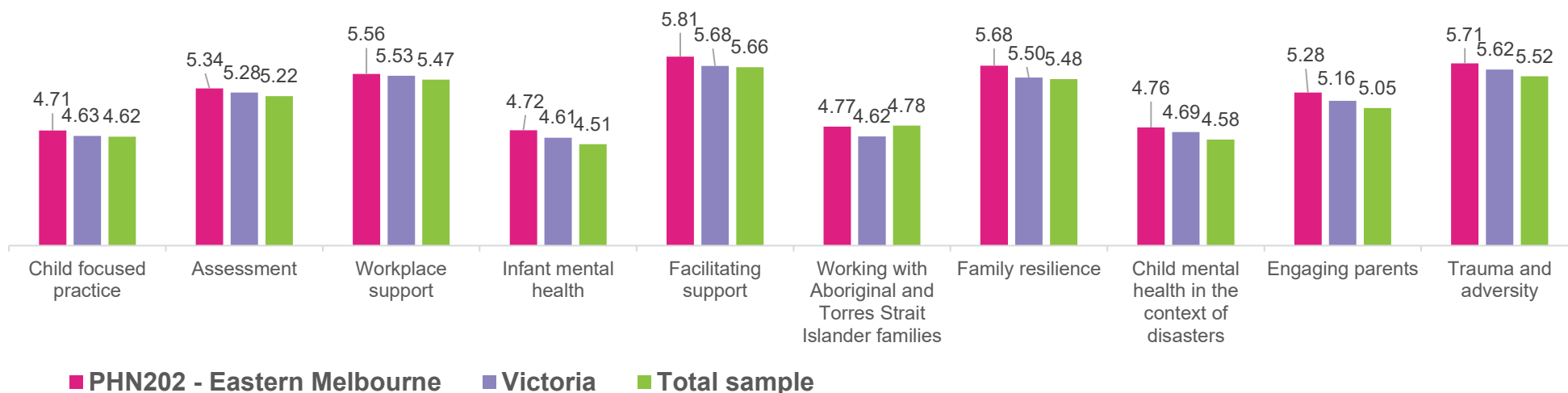
5-6: Moderate competence

6-7: High level of competence

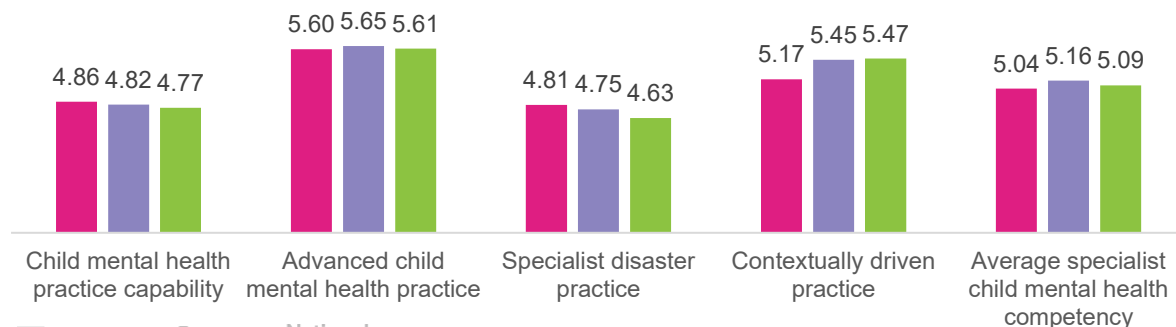
## Eastern Melbourne – PHN202

133 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

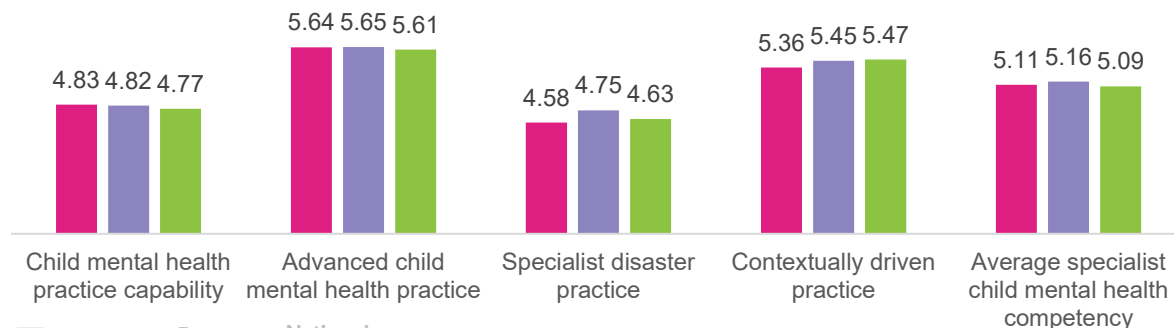
# South Eastern Melbourne – PHN203

107 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

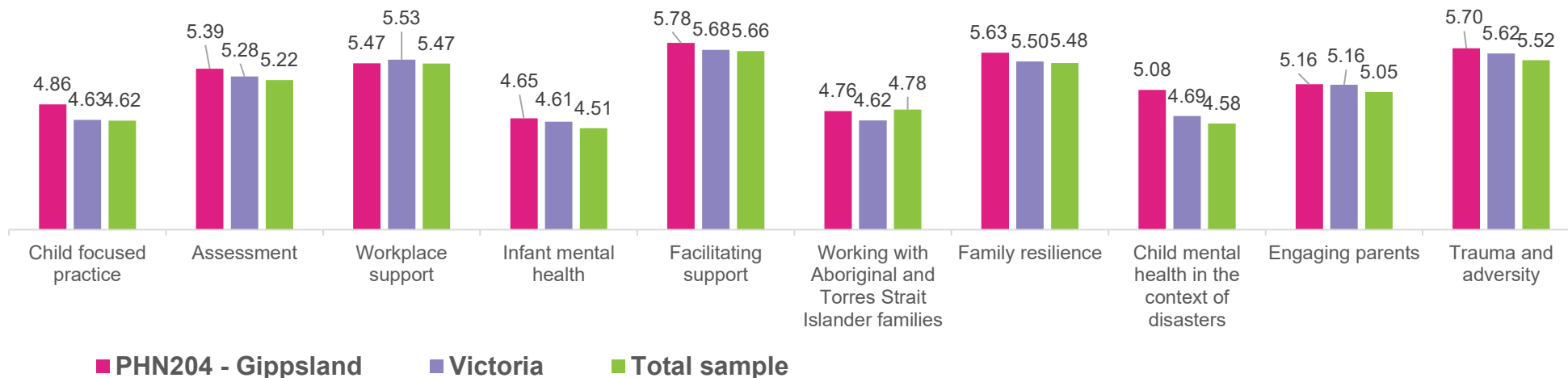
5-6: Moderate competence

6-7: High level of competence

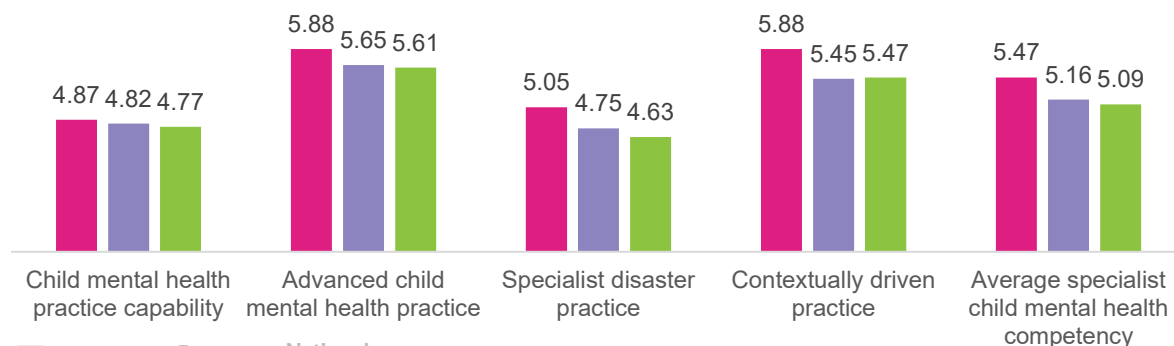
## Gippsland – PHN204

73 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

# Workforce competency

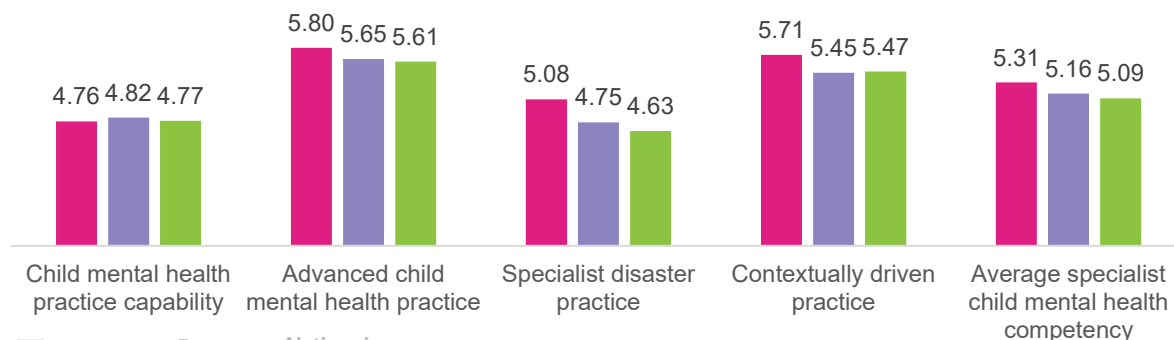
## Murray – PHN205

84 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

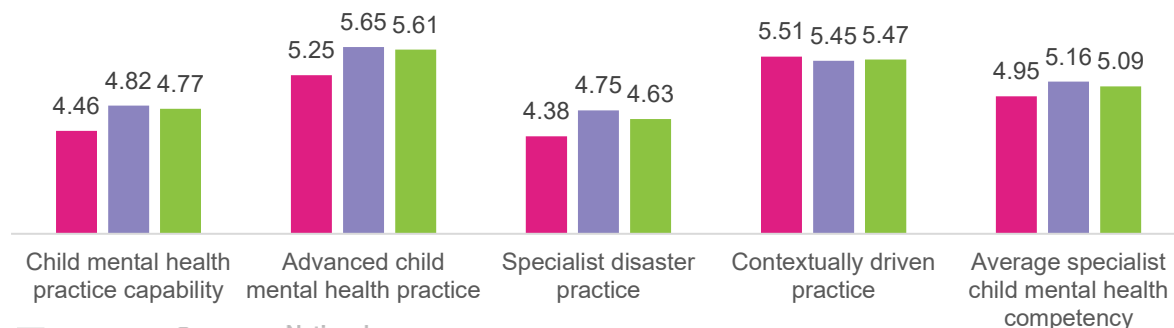
## Western Victoria – PHN206

90 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

## Workforce competency

# Generalist child mental health competencies

For all practitioners

Average competency scores out of 7, by Victorian 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
PHN201 - North Western Melbourne	N	132	150	138	130	155	126	86	115	152	142
	Mean	4.42	5.14	5.56	4.55	5.34	4.51	5.41	4.49	5.00	5.51
	Std. Dev.	1.84	1.47	1.29	1.75	1.48	1.41	1.40	1.61	1.61	1.46
PHN202 - Eastern Melbourne	N	101	112	97	96	113	87	59	87	113	101
	Mean	4.71	5.34	5.56	4.72	5.81	4.77	5.68	4.76	5.28	5.71
	Std. Dev.	1.93	1.43	1.49	1.67	1.25	1.32	1.49	1.41	1.39	1.23
PHN203 - South Eastern Melbourne	N	86	94	81	84	94	71	53	67	94	86
	Mean	4.70	5.38	5.73	4.49	5.80	4.63	5.47	4.51	5.18	5.83
	Std. Dev.	1.70	1.23	1.38	1.68	1.08	1.45	1.48	1.62	1.32	1.23
PHN204 - Gippsland	N	58	61	57	55	63	51	38	50	62	57
	Mean	4.86	5.39	5.47	4.65	5.78	4.76	5.63	5.08	5.16	5.70
	Std. Dev.	1.87	1.39	1.60	1.75	1.17	1.48	1.20	1.64	1.42	1.42
PHN205 - Murray	N	64	68	64	58	70	56	41	54	69	64
	Mean	4.72	5.26	5.56	4.62	5.96	4.63	5.59	5.28	5.22	5.48
	Std. Dev.	1.53	1.02	1.33	1.47	0.91	1.53	1.09	1.05	1.20	1.44
PHN206 - Western Victoria	N	67	73	66	61	76	54	43	52	73	67
	Mean	4.57	5.25	5.20	4.67	5.67	4.52	5.28	4.27	5.18	5.53
	Std. Dev.	1.71	1.27	1.32	1.48	1.29	1.40	1.24	1.59	1.20	1.22

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

## Workforce competency

# Specialist child mental health competencies

For child mental health workforce

Average competency scores out of 7, by Victorian PHN

		Child mental health practice capability	Advanced child mental health practice	Specialist disaster practice	Contextually driven practice
PHN201 - North Western Melbourne	N	78	76	76	79
	Mean	4.94	5.68	4.64	5.39
	Std. Dev.	1.45	1.19	1.61	1.14
PHN202 - Eastern Melbourne	N	63	70	70	69
	Mean	4.86	5.60	4.81	5.17
	Std. Dev.	1.59	1.27	1.59	1.28
PHN203 - South Eastern Melbourne	N	59	59	52	59
	Mean	4.83	5.64	4.58	5.36
	Std. Dev.	1.46	1.06	1.54	1.00
PHN204 - Gippsland	N	39	40	40	40
	Mean	4.87	5.88	5.05	5.88
	Std. Dev.	1.36	0.94	1.62	1.09
PHN205 - Murray	N	38	41	40	41
	Mean	4.76	5.80	5.08	5.71
	Std. Dev.	1.51	1.17	1.12	0.98
PHN206 - Western Victoria	N	35	36	34	37
	Mean	4.46	5.25	4.38	5.51
	Std. Dev.	1.65	1.56	1.71	1.10

Low competence 1-4	Moderate competence 5-6	High competence 6-7
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## Workforce competency

# Competencies by profession groups

Average competency scores out of 7, by Victorian respondents

Victorian respondents by profession group	Generalist competencies For all practitioners											Specialist competencies For child mental health workforce			
	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=19) <small>5 childcare workers, 5 school counsellors, 4 teachers, 3 EC educators, 1 principals/leaders, 1 teachers' aid</small>	N	14	15	13	11	15	10	8	12	15	14	10	11	11	10
	Mean	5.50	5.67	5.23	4.09	5.60	3.8	5.00	4.42	5.22	5.70	4.10	5.45	3.91	4.70
	Std. Dev.	1.51	0.90	1.17	2.39	1.35	2.1	1.31	1.98	1.48	1.07	1.85	1.21	2.26	1.95
Health – clinical (n=106) <small>34 nurses, 23 OTs, 14 speech paths, 12 other AHPs, 9 paed, 6 midwives, 5 GPs, 3 non-spec drs</small>	N	82	89	81	79	90	73	57	69	88	82	46	48	44	49
	Mean	4.30	5.04	5.14	4.61	5.32	4.1	4.88	4.03	4.86	5.20	4.63	5.21	4.11	5.16
	Std. Dev.	1.73	1.29	1.63	1.75	1.37	1.5	1.30	1.48	1.36	1.32	1.57	1.47	1.63	1.20
Mental health (n=174) <small>41 MH nurses, 46 psychs, 31 counsellors, 29 MH social workers, 7 psychiatrists, 13 family therapists, 3 ATSI SEWB, 4 other therapists</small>	N	145	154	128	136	154	126	102	121	154	139	106	106	104	106
	Mean	5.01	5.58	5.40	4.75	5.88	4.7	5.68	4.92	5.50	5.90	5.07	5.94	5.22	5.56
	Std. Dev.	1.82	1.26	1.47	1.51	1.06	1.3	1.40	1.46	1.18	1.18	1.49	1.19	1.39	1.06
Social services (n=228) <small>67 social workers, 59 child &amp; family pracs, 29 community/support workers, 20 AOD, 17 peer workers, 14 youth workers, 10 FDV, 8 child protection, 3 disability 1 ATSI consultantant</small>	N	182	195	186	173	200	161	124	155	200	186	110	118	112	118
	Mean	4.73	5.33	5.67	4.61	5.74	4.9	5.72	4.75	5.27	5.80	4.78	5.60	4.65	5.56
	Std. Dev.	1.66	1.28	1.32	1.58	1.23	1.3	1.25	1.48	1.31	1.20	1.30	1.03	1.46	1.03
Other (n=141) <small>37 program mgr/admins, 19 execs, 13 academic/researchers, 12 health promotion/community dev, 5 lawyer/legals, 2 policy/advocacy, 53 others</small>	N	85	105	95	85	112	75	29	68	106	96	40	39	41	42
	Mean	3.96	4.88	5.80	4.45	5.59	4.6	5.31	4.85	4.67	5.23	4.65	5.59	4.73	5.40
	Std. Dev.	1.85	1.52	1.13	1.81	1.44	1.6	1.34	1.61	1.69	1.68	1.78	1.23	1.58	1.17

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

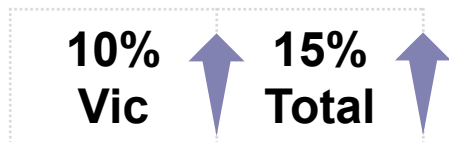
## Workforce competency

# Impact of workforce development

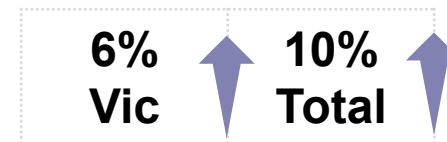
Survey findings indicate a relationship between engagement with Emerging Minds and improved child mental health workforce competency. Among the survey sample, 50% had actively engaged with Emerging Minds resources (called the *Exposed* group), a further 9% were just aware of Emerging Minds or had only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








% Change in generalist competency with engagement with Emerging Minds



% Change in specialist competency with engagement with Emerging Minds



# Impact of workforce development

	 % Had actively used Emerging Minds before ( <i>n</i> )	 % 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
PHN201 - North Western Melbourne	53.5% (68)	87.6%	93.8%	75.1%	78.5%
PHN202 - Eastern Melbourne	58.7% (54)	88.3%	88.3%	76.7%	84.0%
PHN203 - South Eastern Melbourne	49.3% (35)	87.8%	90.0%	75.6%	78.3%
PHN204 – Gippsland	60.8% (31)	87.6%	90.7%	68.8%	84.4%
PHN205 – Murray	49.1% (27)	90.9%	97.0%	84.8%	94.0%
PHN206 - Western Victoria	53.6% (30)	68.8%	81.3%	68.8%	68.8%
<b>Victoria</b>	<b>54.2% (245)</b>	<b>85.9%</b>	<b>90.6%</b>	<b>75.1%</b>	<b>81.4%</b>
<b>Total sample</b>	<b>50%</b>	<b>88.4%</b>	<b>92.2%</b>	<b>76.4%</b>	<b>79.8%</b>

# Summary for Victoria

- A large sample of 668 workers from Victoria responded to the National Workforce Survey. The Victorian sample was very similar in demographics to the overall national sample, although are slightly more likely to offer telehealth services. As with the general sample, many workers describe supporting child mental health as part of the role and that they do it often at work. A proportion of workers find themselves regularly supporting child mental health even when it is not part of their job.
- Victorian respondents were also very similar to the national average in child mental health competencies, demonstrating similar strengths and the same areas requiring support. These include responding to children in disasters, infant mental health and child focused practice and especially Working with Aboriginal and Torres Strait Islander families where Victorian respondents showed low competence that was also below the national average. This was especially a key area for educators, while clinical health professionals showed need for support across several competency areas. Support is required to equip non-mental health professions to undertake specialist child mental health practices.
- Western Victoria users reported lower levels of impact to their skills and work from the Emerging Minds resources compared to other regions, despite similar rate of engagement and may need additional support to connect with appropriate learning and to translate learnings to practice. Users across all other PHNs found Emerging Minds resources highly relevant, improved confidence talking with families and applicable to their work. There was an extra high level of engagement with Emerging Minds in Gippsland.

## 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 Victoria

### Current situation for child mental health workforce support

Victoria has a large number of PHNs and SA3 regions with wide a variety of contexts which inform the need for child mental health supports. The workforce available to provide child mental health support for families in Victoria is maldistributed, mostly concentrated in affluent major city regions and is quite variable in regional areas. However, the workforce resident across all PHN catchments of Victoria demonstrates similar if not higher levels of workforce competence compared to the national average across a range of child mental health domains. Workforce development strategies could therefore aim to build upon capabilities overall and focus on key areas that are also relevant to the broader workforce including: **Child focused practice, Infant mental health, Working with Aboriginal and Torres Strait Islander families**, responding to children in **Disasters** and equipping those well placed to undertake **specialist practices**.

### Potential priority regions

Our analysis found parts of Victoria appear to have workforce availability that is inline with estimated level of need such as around Melbourne, although stakeholder consultation conducted through this project indicated even this level of access to specialists is still not optimal and all areas have need. Regional areas in Victoria, **Murray, Gippsland** and **Western Victoria** PHNs have higher degrees of mismatch between the level of child mental health need and the availability of workforce to provide support for children and families.

### Key opportunities for development

There are opportunities to increase capacity in the workforce across all PHNs in Victoria. This might include opportunities to supplement low availability of workforces in a position to provide specialist support to by mobilising and upskilling generalist workforces who do not focus specifically on mental health or may be adult focused in areas where Group 2 and 3 workforces are more readily available than specialists such as **Gippsland and Murray**. Also, providing more wholistic systems support in regions where workforce availability is variable and could be services better distributed across **Western Victoria**. 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 shown to be effective. Emerging Minds organisational support can inform strategies that improve child mental health systems.

# North Western Melbourne – PHN201

### Current situation for child mental health workforce support

There were **296,368 children** aged 0-12 years resident in North Western Melbourne in the 2021 Census. However, North Western Melbourne is mostly high socioeconomic major city regions. Several regions have high concentrations of children in families where a language other than English is spoken at home, generally in lower socioeconomic regions. Prevalence of child mental health conditions is similar or lower than the national average except in Sunbury where estimates are high. However, a number of regions with lower than average child mental health conditions, show higher than average developmental vulnerability suggesting uncaptured need including Tullamarine, Brimbank, Moreland – North. Workforce availability is mixed and mostly similar to the national average, except in more disadvantaged areas such as Brimbank, Melton-Bacchus Marsh, Tullamarine-Broadmeadows and Wyndham. Regions with low availability of *High opportunity specialists* (workforce classification group 1) also 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

Workforce availability was estimated to be at similar or higher levels than child mental health need in three quarters of North Western Melbourne regions. However in four regions – most pronounced in Brimbank, but also Tullamarine-Broadmeadows, Melton-Bacchus Marsh and Sunbury – workforce is not expected to be able to meet child need. While, Essendon and Yarra showed abundant workforce availability compared to local child mental health need. National Workforce Survey respondents from North Western Melbourne (n=181) rated their generalist and specialist child mental health competencies similarly to the Victorian average and the broader national sample. Respondents showed moderate strengths in **Workplace support, Trauma and adversity** as well as specialist practices 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, Working with Aboriginal and Torres Strait Islander families** and **generalist and specialist responses to children in disasters**. Emerging Minds users from Northern Western Melbourne indicated Emerging Minds learning and practice resources 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](mailto:info@emergingminds.com.au) and sign up to [e-news](#) for the latest updates. Download the [Scoping child mental health workforce capability report](#).**

# Eastern Melbourne – PHN202

### Current situation for child mental health workforce support

There were **230,978 children** aged 0-12 years resident in Eastern Melbourne in the 2021 Census. Eastern Melbourne comprises higher socioeconomic status major city areas, with low numbers of Aboriginal and Torres Strait Islander children and includes some regions with high proportions of children in families that speak a language other than English at home. Estimated prevalence of child mental health conditions is mostly similar to the national average, but there was **higher child mental health need in Yarra Ranges, Maroondah and Knox**. Workforce availability is similar to the national average in most regions, although we know from consultations that the national average is still not optimal. In **Whittlesea-Wallan** low availability of *High opportunity specialists* (workforce classification group 1) available per 1000 children is matched by low availability of generalists in workforce classification group 2 and group 3, although might be being compensated by higher work hours by a stretched workforce in the region. While in **Knox and Yarra Ranges** low availability of specialists may be mediated by higher availability of **generalist workforce who could be drawn upon** to increase early intervention support.

### Key opportunities for development

When standardised to the estimated child mental health in the region, all Eastern Melbourne SA3 regions have workforce availability commensurate with child need. Regions with high levels of child mental health need, with small workforces or workforces reliant on generalist services should be supported to provide competent child mental health practice. National Workforce Survey respondents from Eastern Melbourne (n=133) rated their generalist and most specialist child mental health competencies higher on average than the Victorian sample and the broader national sample. Therefore, as with the broader workforce, key areas for development include **Child focused practice, Infant mental health, Working with Aboriginal and Torres Strait Islander families** and **generalist and specialist responses to children in disasters**. Those already supporting children's mental health could be supported to develop confidence selecting and adapting specialist practices to the spectrum of child needs (**Child mental health practice capability**). **Eastern Melbourne workers show strengths in Facilitating support, Trauma and adversity and Family resilience**. Workers in Eastern Melbourne had good engagement with Emerging Minds and reported resources 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

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## Conclusion

# South Eastern Melbourne – PHN203

### Current situation for child mental health workforce support

There were **247,962 children** aged 0-12 years resident in Generally, Melbourne in the 2021 Census. Regions in South Eastern Melbourne are major city areas that are mostly low levels of disadvantage, and level of child mental health need is mostly lower than the national average, except in **Cardinia, Mornington Peninsula** and especially **Frankston. Dandenong** is disadvantaged region that shows high levels of developmental vulnerability suggesting potential child mental health conditions that are not captured in the data. Workforce availability to support children and families in South Eastern Melbourne is mixed across regions, with Cardinia, Casey North, Casey South, Dandenong and Frankston, where availability of *High opportunity specialists* (workforce classification group 1) available per 1000 children is low. Generally these regions also show low availability of generalists (workforce classification group 2 and group 3), except Frankston where there is higher availability of **generalist workforce who could be drawn upon** to increase early intervention support.

### Key opportunities for development

When standardised to the estimated child mental health in the region, nearly all South Eastern Melbourne SA3 regions have workforce availability that aligns with the level of child need. The exception is **Dandenong** which shows a disparity indicating a workforce shortage. National Workforce Survey respondents from South Eastern Melbourne (n=107) rated their generalist and specialist child mental health competencies higher on average than the national sample. Respondents showed strengths in **Facilitating support, Workplace support** and **Trauma and adversity**. Practice responses could be strengthened by increasing capacity in **Child focused practice, Infant mental health, Working with Aboriginal and Torres Strait Islander families** and **generalist and specialist responses to children in disasters**. Those already supporting children's mental health practice could use support to develop confidence selecting and adapting specialist practices to the spectrum of child needs (**Child mental health practice capability**). Emerging Minds users from South Eastern Melbourne learned something new from learning and practice resources and 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

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# Gippsland – PHN204

### Current situation for child mental health workforce support

There were **43,677 children** aged 0-12 years resident in Gippsland in the 2021 Census. Gippsland is a regional area with fewer SA3 regions than other PHNs and a smaller child population. Child mental health need is estimated to be higher than average in all Gippsland SA3 regions, with estimated prevalence of child mental health conditions to be highest in Latrobe Valley, as well as Gippsland – East, Gippsland – South West and Baw Baw. Our analysis estimates availability of *High opportunity specialists* (workforce classification group 1) available per 1000 children in regions around Gippsland is variable but generally lower than average. However, these regions tended to show more ready availability of generalist workforces (workforce classification group 2 and group 3) that are in line with the national average, representing **a potential workforce that can be drawn upon to fill service gaps in prevention and early intervention support.**

### Key opportunities for development

When we standardised the workforce availability to children in the region, almost all of Gippsland's regions showed workforce availability below the level of child mental health need. Latrobe Valley showed particular disparity between workforce availability and child need, followed by Gippsland – East and Gippsland – South West. The workforce supply in Baw Baw appeared to be approximately in line with the estimated level of need. National Workforce Survey respondents from Gippsland (n=73) rated their generalist and specialist child mental health competencies higher on average than the Victorian sample and the broader national sample. Gippsland respondents showed moderate strengths across multiple domains, including Facilitating support, and Trauma and adversity. Those already supporting children's mental health and completing the specialist survey items, showed confidence were confident using evidence-based interventions and risk focused specialist practices (**Advanced child mental health practice**) and adapting specialist practices to suit the child's rural environment (**Contextually driven practice**). Gippsland respondents showed higher competence in **Disasters** than others, however continuing to build on this capacity is important for this region. Areas for development also included **Child focused practice, Infant mental health** and **Engaging parents**. Gippsland users found Emerging Minds resources highly relevant and applicable to their work, this workforce should be support to translate learnings to confidence in practice.

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

# Murray – PHN205

### Current situation for child mental health workforce support

There were **97,940 children** aged 0-12 years resident in Murray in the 2021 Census. SA3s in Murray PHN are in regional areas with high levels of disadvantage. Regions in Murray show mostly high levels of child mental health need, with higher-than-average estimated prevalence of child mental health conditions, most notably in Bendigo, Campaspe, Wangaratta – Bernalla and Wodonga-Alpine. Higher than average use of mental health prescriptions for 0-17s were noted in Shepparton, Moira and Loddon-Elmore. Our analysis suggests the availability of workforce best placed to provide specialist services to children; *High opportunity specialists* (workforce classification group 1) is mixed across the SA3 regions in Murray. Some high-need areas where there is low specialist availability, such as Loddon-Elmore, Murray River – Swan Hill, 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**. While in others there is higher availability of generalists than specialists, such as Mildura and Upper Goulburn Valley, which provides opportunity to build capacity in these workforces to increase support to children and families.

### Key opportunities for development

Two thirds of SA3 regions in Murray showed workforce availability that was lower than the estimate levels of child mental health need. For the **Loddon – Elmore** region workforce availability was at extremely low levels compared to child need for the region. Other areas of high disparity between workforce and need were Moira and Campaspe. National Workforce Survey respondents from Murray (n=84) rated their generalist and specialist child mental health competencies higher on average than the Victorian sample and the broader national sample. Moderately high average scores were shown for Facilitating support and Family resilience. Those who answered the specialist questions were confident using evidence-based interventions and risk focused specialist practices (**Advanced child mental health practice**) and adapting specialist practices to suit the child's rural environment (**Contextually driven practice**). Murray respondents showed higher competence in **Disasters** than others and continuing to build on this capacity is important for this region. The workforce in Murray would benefit from development in Child focused practice, Infant mental health and adapting specialist practices for to the spectrum of child needs (**Child mental health practice capability**). Murray users reported high levels of effectiveness of the Emerging Minds resources and almost universally found ways to apply learnings to their work.

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](mailto:info@emergingminds.com.au) and sign up to [e-news](#) for the latest updates. **Download the** [Scoping child mental health workforce capability report](#).

# Western Victoria – PHN206

### Current situation for child mental health workforce support

There were **104,656 children** aged 0-12 years resident in Western Victoria in the 2021 Census. Western Victoria is mostly regional areas with varying levels of disadvantage. All SA3 regions in Western Victoria PHN area have higher than average child mental health need, with very high estimated prevalence of child mental health conditions estimated in Ballarat, Maryborough – Pyrenees, Geelong, Grampians and Creswick-Daylesford – Ballan regions. Use of mental health prescriptions in children aged 0-17 years is also higher than average in disadvantaged and high need areas of Barwon–East, Geelong and Maryborough – Pyrenees. Our analysis suggests there is mixed availability of *High opportunity specialists* (workforce classification group 1) available per 1000 children in regions around Western Victoria. In some regions where specialist workforce availability is low, there is more ready availability of generalist workforces (workforce classification group 2 and group 3) – such as Colac – Corangamite, Maryborough – Pyrenees, Glenelg – South Grampians and Grampians – representing **a potential workforce that can be drawn upon to fill service gaps in prevention and early intervention support.**

### Key opportunities for development

When standardised to children in the region, over half of the regions showed workforce availability that is below the level of child mental health need in the region. The region with the greatest disparity between workforce available and level of child mental health need is Maryborough – Pyrenees, with Colac – Corangamite and Glenelg – South Grampians showing notable shortages. National Workforce Survey respondents from Western Victoria (n=90) rated their generalist and specialist child mental health competencies similarly to both the Victorian sample and the broader national average across most of the domains measured. Western Victorian respondents showed strengths **Facilitating support**, and **Trauma and adversity**. Practice responses could be strengthened in Western Victoria by increasing capacity in **Child focused practice, Infant mental health** and **generalist and specialist responses to children in disasters**. Those who can provide specialist practices should be supported to develop confidence selecting and adapting specialist practices to the spectrum of child needs (**Child mental health practice capability**). A high proportion of users from Western Victoria reported learning something new from Emerging Minds resources, although were less confident translating learnings into practice and would benefit from additional engagement and implementation support.

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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# 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](https://www.niaa.gov.au/sites/default/files/publications/mhsewb-framework_0.pdf)
- v. Emerging Minds. (2020). *Working with Aboriginal and Torres Strait Islander families and children toolkit*. Emerging Minds. Retrieved from <https://emergingminds.com.au/resources/toolkits/working-with-aboriginal-and-torres-strait-islander-families-and-children/>
10. Region characteristics sources.
  - i. Australian Bureau of Statistics (ABS). (2023) *Remoteness Areas*. ABS.
  - ii. Australian Bureau of Statistics (ABS). (2023) *Socio-Economic Indexes for Areas (SEIFA), Australia*. ABS.
11. Current child mental health prevalence sources.
  - i. Emerging Minds modelled child mental health estimates based on scaled up ABS Census 2021 prevalence.
  - ii. Australian Institute of Health and Welfare (AIHW). (2023). *Medicare-subsidised mental health specific services 2021-22, Data tables, Table MBS1.1*. AIHW.
  - iii. Australian Institute of Health and Welfare (AIHW). (2023). *Mental health-related prescriptions data tables*. AIHW.
12. Child mental health risk sources.
  - i. Australian Early Development Census. (2021). *Australian Early Development Census national report 2021*. Australian Government Department of Education.
  - ii. To calculate the average rate of risks per child the sum of instances of each risk factor is divided by the number of children aged 0-12 years in the region.
13. Total need index.
  - i. Calculated by Emerging Minds to summarise the extent to which each included indicator deviates from the national average.
14. Workforce classifications.
  - i. Emerging Minds developed the Workforce Classification Framework to conceptualise the child mental health and wellbeing workforce for the Workforce Stocktake project.
15. Measures.
  - i. Australian Bureau of Statistics (ABS). (2021). *Occupation (OCCP)*. ABS.
  - ii. Australian Bureau of Statistics (ABS). (2021). *Hours worked (HRSP)*. ABS.
  - iii. Australian Bureau of Statistics (ABS). (2021) *Population: Census*. ABS.
16. Total workforce availability index.
  - i. Calculated by Emerging Minds to summarise the extent to which each included indicator deviates from the national average.

# Emerging Minds.

National  
Workforce  
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Mental Health

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

For further information contact [info@emergingminds.com.au](mailto:info@emergingminds.com.au) or visit [emergingminds.com.au](http://emergingminds.com.au)

