WEBINAR 1 OF 3

Towards a comprehensive child mental health system:

Exploring workforce availability

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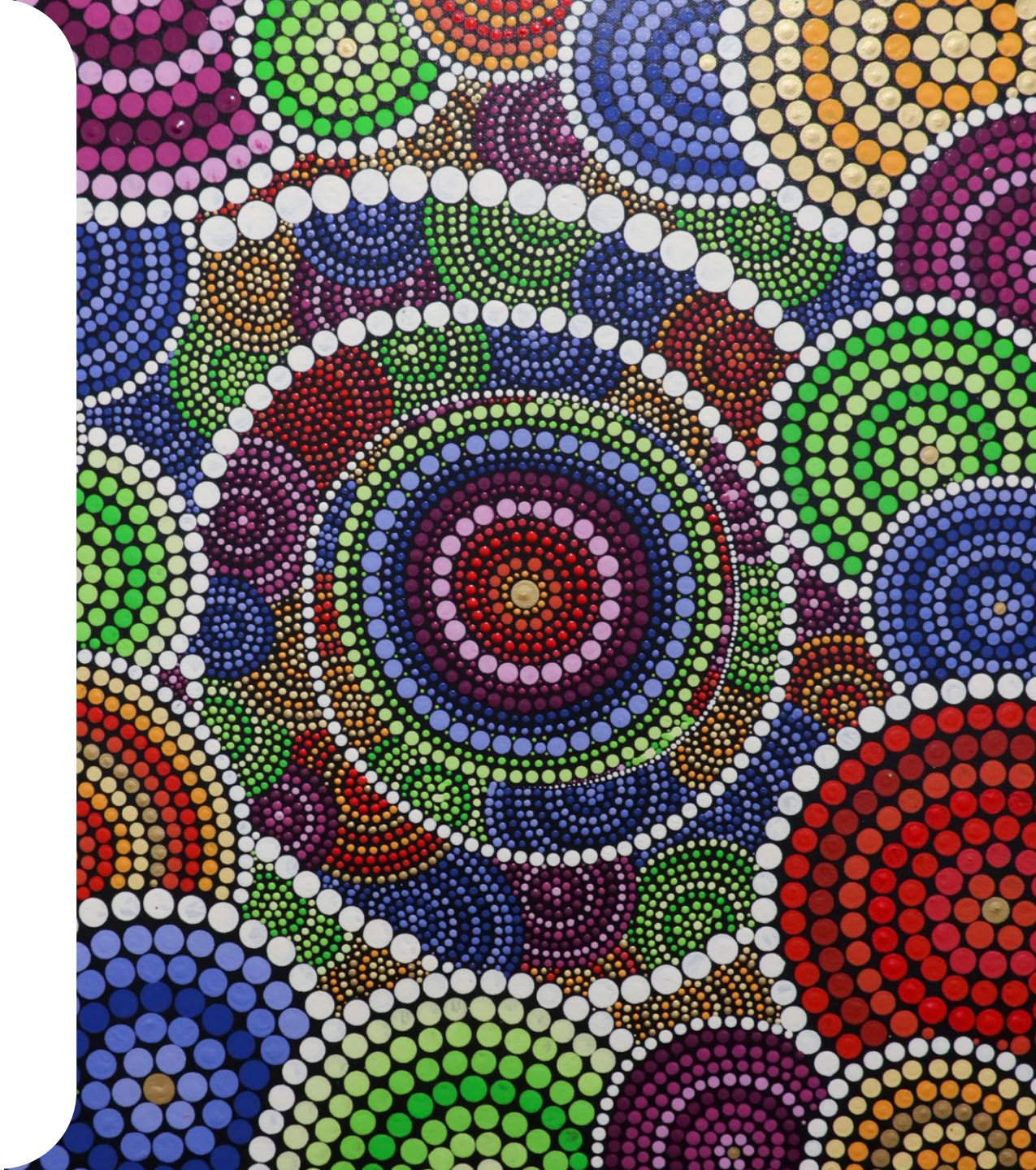
Emerging Minds.

National Workforce Centre for Child Mental Health

ACKNOWLEDGEMENT OF COUNTRY

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

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



CONTENT GUIDE

Today: Webinar 1
Exploring workforce availability

1. **Section one:** Population need for child mental health support
2. **Section two**: Workforce available to support children's mental health
3. **Section three**: Putting it together to form a picture in a region
4. **Section four**: A vision for a comprehensive child mental health system

Q&A

Upcoming:
26 November 2025: Webinar 2
Gaps and strengths in workforce competency

25 February 2026: Webinar 3
Opportunities for a coordinated system of support

CHILD AND FAMILY PARTNERS, PRACTITIONERS, RESEARCHERS ACKNOWLEDGEMENT

Emerging Minds acknowledges the contribution of the many family members, practitioners and researchers involved in the development of our resources. We thank them for their time, wisdom and guidance.

Emerging Minds.

National Workforce Centre for Child Mental Health

For over 20 years, Emerging Minds has been dedicated to advancing the mental health and emotional wellbeing of Australian infants, children, adolescents and their families.

The organisation leads the National Workforce Centre for Child Mental Health (NWC), which has been established to equip parents, professionals, and organisations with the skills to proactively promote child wellbeing and help those who are struggling as early as possible, to reduce long term impacts of poor mental health.

The project was funded by the Department of Health and Aged Care to provide evidence-based recommendations regarding future workforce development initiatives to enable the delivery of better mental health support for children and families.

emerging minds®

Watch the video here: https://emergingminds.com.au/resources/what-is-child-mental-health/

PROJECT RATIONALE: SCOPING CHILD MENTAL HEALTH WORKFORCE CAPABILITY

Understand the existing workforce capability of Australian professionals to support child mental health, particularly in low resource settings.

Research questions

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 capacity

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

Distribution of these workforces across Australia

Current competency and skill levels of these workforces to support child mental health

Workforce competency

Competency drivers for workforce development in child mental health support

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

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

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TOWARDS A COMPREHENSIVE CHILD MENTAL HEALTH SYSTEM

Section one:

Population need for child mental health support

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1 Section one
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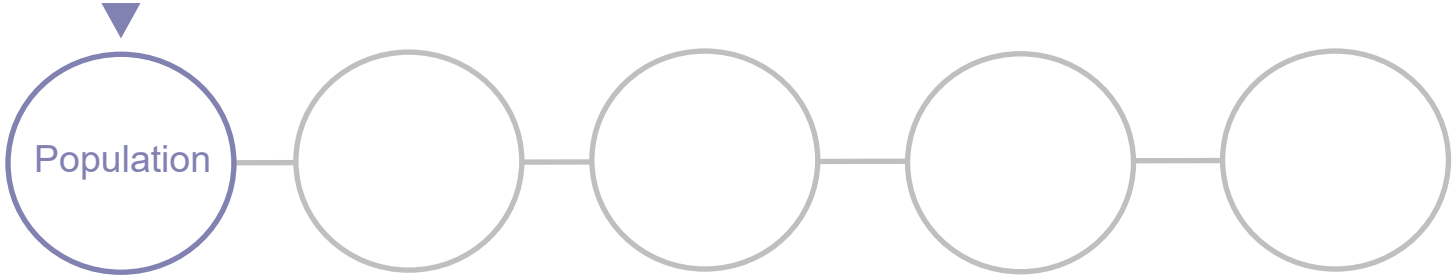
Q&A

POPULATION NEED

Understanding child mental health need requires a broader picture beyond only diagnoses. All areas have need for chid mental health support, so how do we start to decipher what kind of workforce response is needed.



4,004,812 Child population aged 0-12 yrs

Service considerations:

- 6% Aboriginal and Torres Strait Islander Children
- 26% Languages other than English at home

359 Statistical Area Level 3 (SA3s) regions cover Australia without gaps or overlaps (Australian Bureau of Statistics).

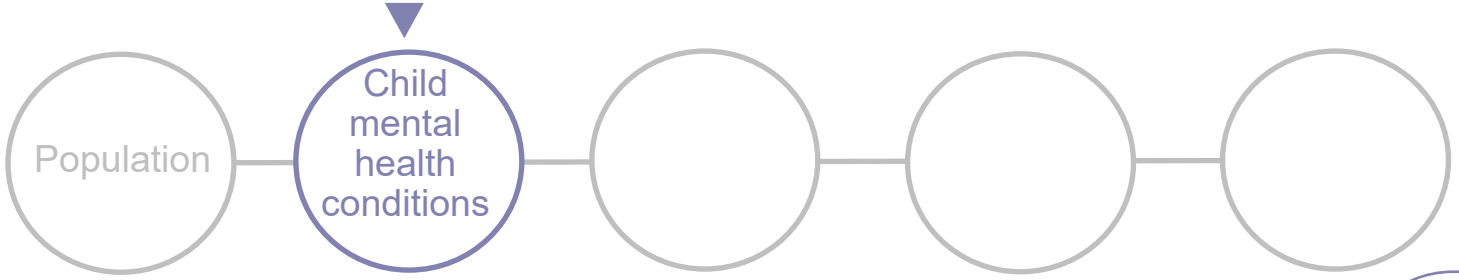
- Regions this size allow for local context while maintaining confidentiality

Level of remoteness area and SEIFA index of relative disadvantage (Australian Bureau of Statistics)

Data Sources include: ABS Census 2021; AEDC 2021; Labour force Survey 2021

POPULATION NEED

There are around 4 million children aged 0-12 in Australia, we estimate at least 500,000 of them need mental health support now and nearly one million children are at risk of future mental health concerns.



13% national prevalence for mental health conditions in children aged 0–12 years, estimated from a range of research and data sources

We modelled the **relative differences in prevalence rates of child mental health conditions across SA3 regions** in Australia, using underestimates in Census data and scaling it up to more realistic estimates.

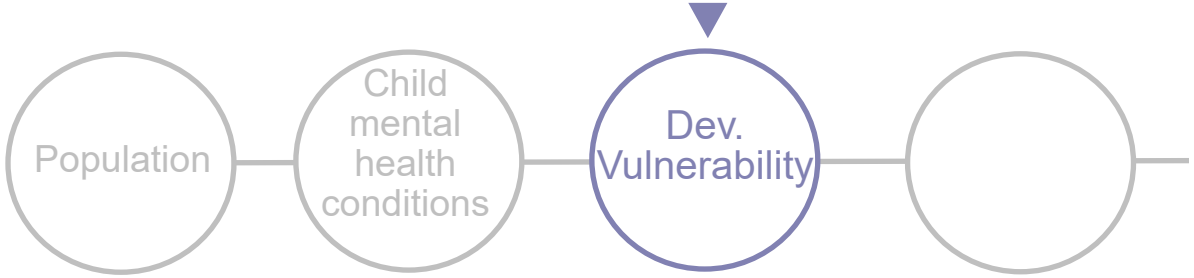
12% **13-18%** **4-7%**

Regional areas had higher estimated prevalence of **reported child mental health conditions** than metropolitan areas and remote areas

Data Sources include: ABS Census 2021; AEDC 2021; Labour force Survey 2021

POPULATION NEED

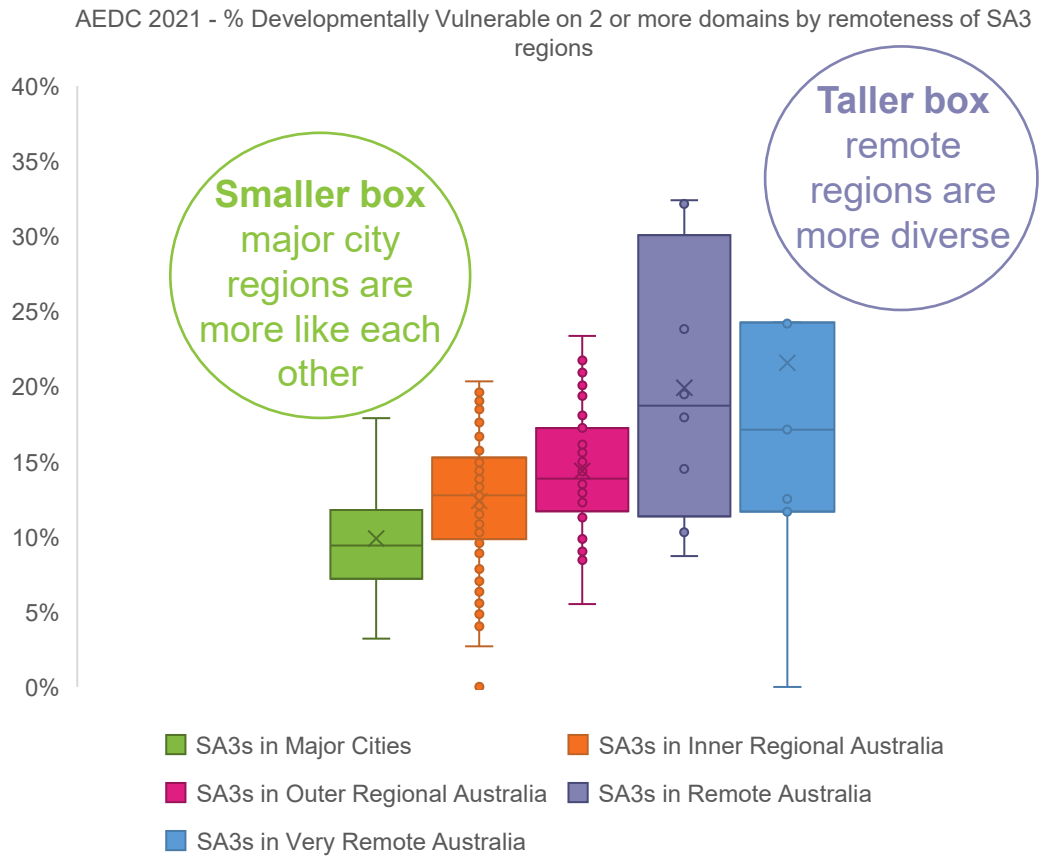
There are around 4 million children aged 0-12 in Australia, we estimate at least 500,000 of them need mental health support now and nearly one million children are at risk of future mental health concerns.



22% Developmental vulnerability (1+ domain)
11.4% severe developmental vulnerability (2+ domains) (AEDC)

Research shows that developmental vulnerability at the age children enter school can lead to mental health difficulties in middle childhood and beyond

Higher rates of severe developmental vulnerability in outer regional, remote and very remote areas suggest unmet need



Data Sources include: ABS Census 2021; AEDC 2021; Labour force Survey 2021

POPULATION NEED

Children's mental health is shaped by the systemic environment in which they live. All SA3 regions have need for child mental health support, and some regions have greater need compared to the national average.

	CITIES	REGIONAL	REMOTE
Prescriptions 0-17s	6%	6-8%	2-4%
Community MH service 0-11s	0.6%	0.7-1%	1.2%

We looked at **community mental health service** use in children 0-11 years and mental health **prescriptions** for 0-17 years

Service use for mental health among children was **also higher in regional and remote areas** and varied by region as to whether needs were met with medication or services.

Data Sources include: ABS Census 2021; AEDC 2021; Labour force Survey 2021

POPULATION NEED

Children's mental health is shaped by the systemic environment in which they live. All SA3 regions have need for child mental health support, and some regions have greater need compared to the national average.

Multiple child mental health risk in a region increases with:

- Prevalence of child mental health conditions
- More socio-economic disadvantage
- Being a regional area

Risk and protective factors found in literature are often **difficult to measure** in population data

Many children will experience more than one risk factor.

Risk factors in 2021 Census data help us understand the level of risk in regions:

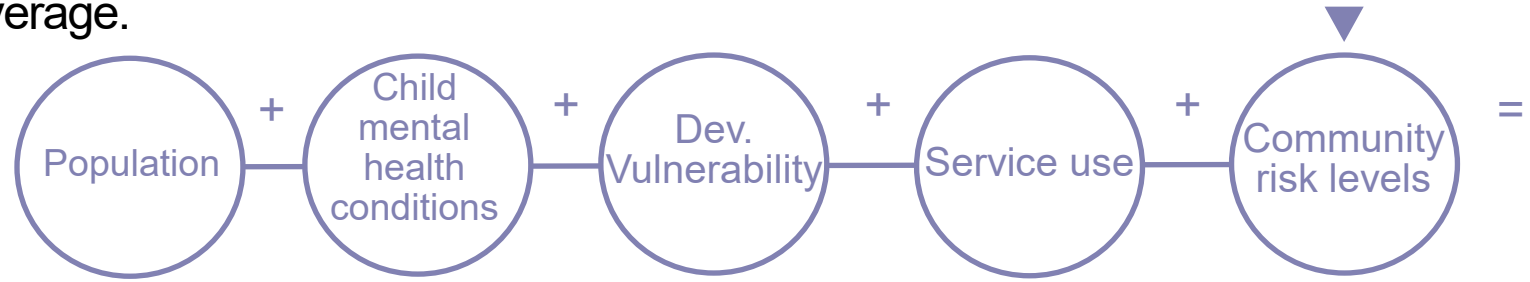
$$\frac{\text{Prevalence of risks}}{\text{Number of children in region}} = \text{Avg. no of risks per child.}$$

SA3 regions ranged between **average of 0.4 to 1.63 risks** per child

- National average 1.03

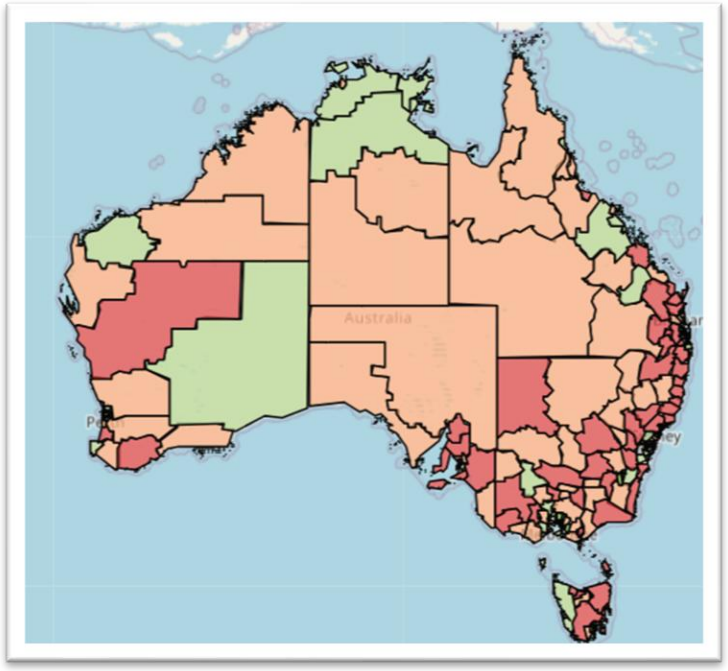
POPULATION NEED

Children's mental health is shaped by the systemic environment in which they live. All SA3 regions have need for child mental health support, and some regions have greater need compared to the national average.



TOTAL NEED INDEX

A summary indicator that helps us to describe equity issues and locate regions where need is higher or lower than the national average.



TOTAL NEED INDEX COMPARED TO NATIONAL AVERAGE

Significantly Favourable | Favourable | Unfavourable | Significantly Unfavourable

Data Sources include: ABS Census 2021; AEDC 2021; Labour force Survey 2021

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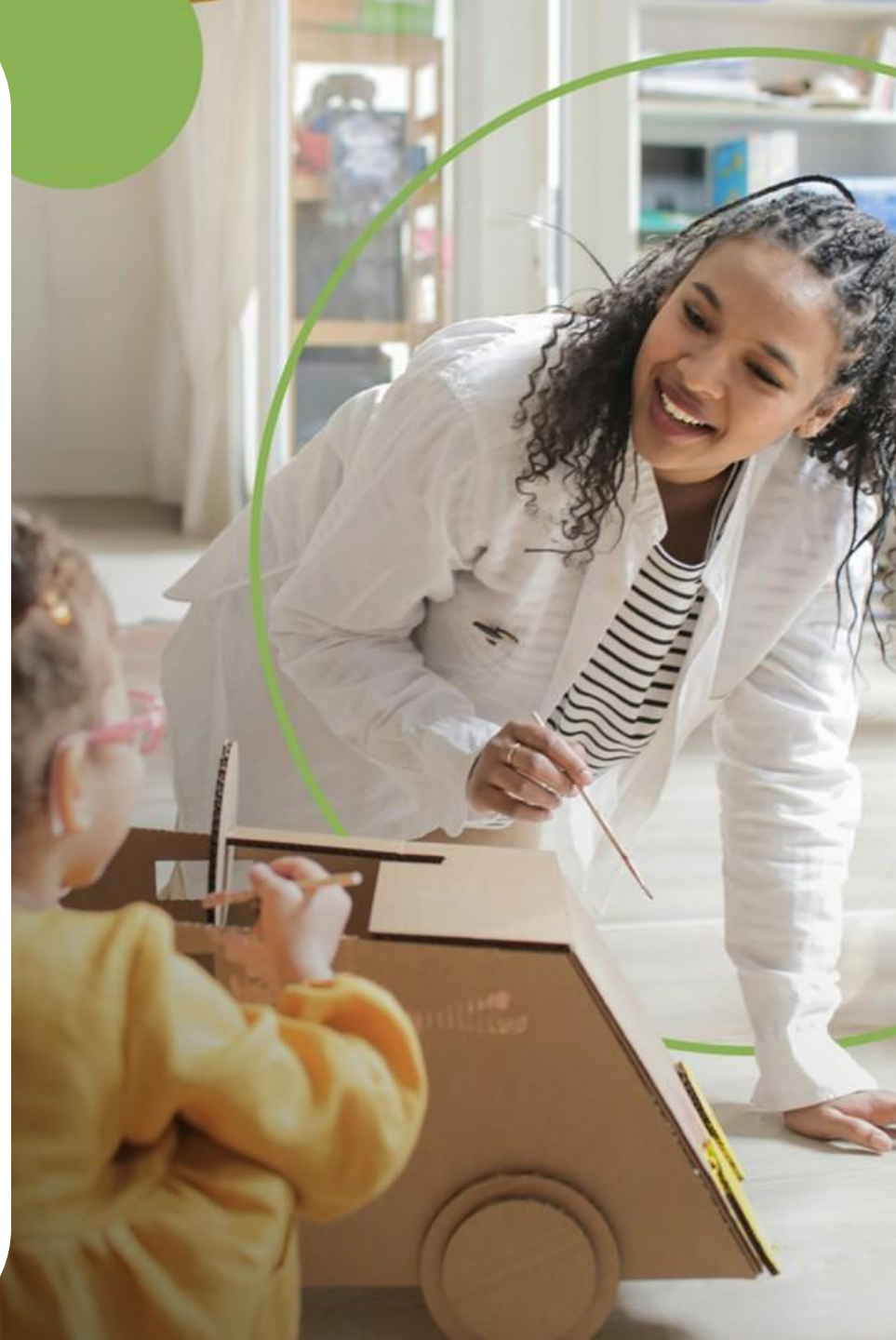
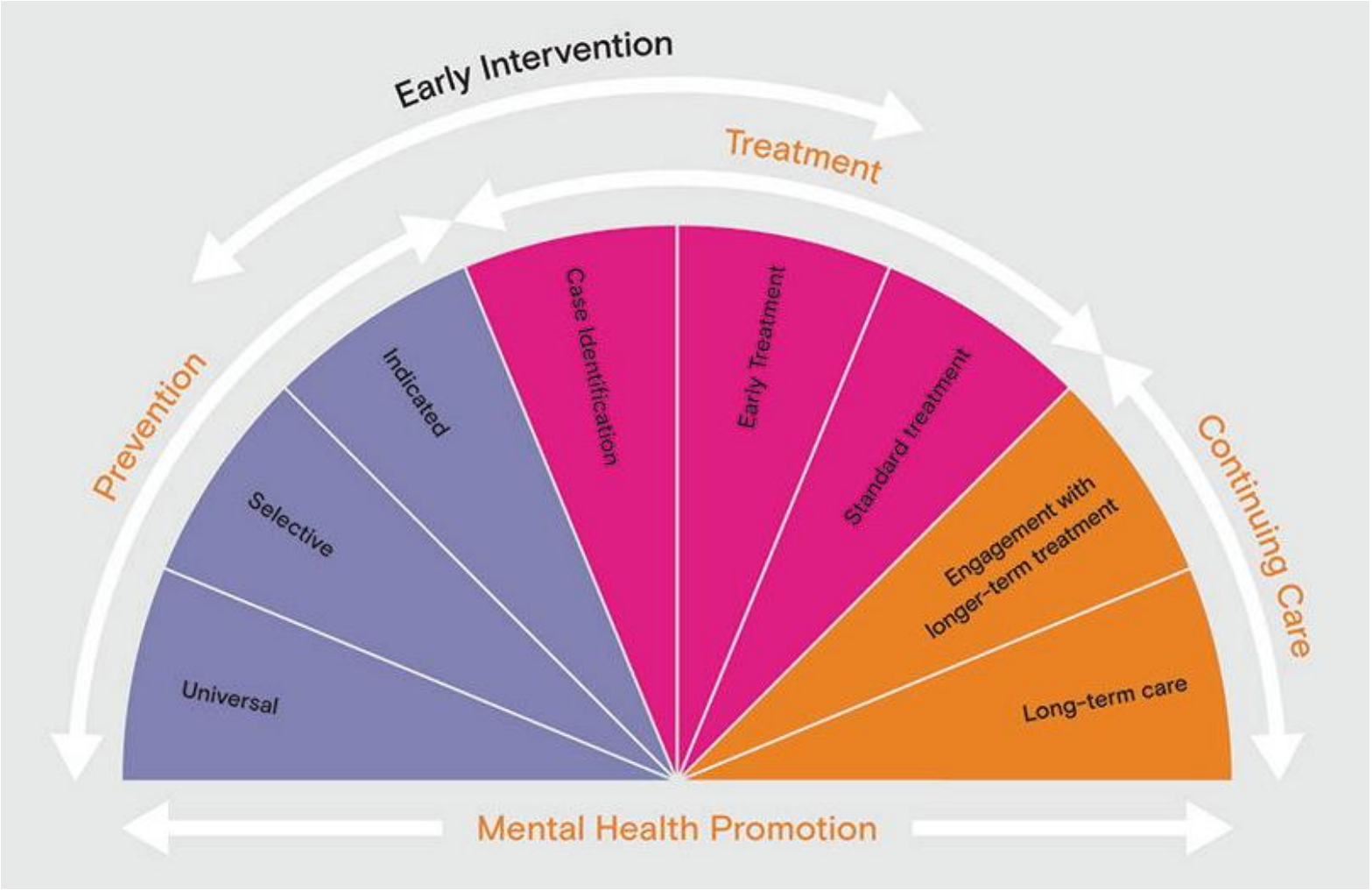
TOWARDS A COMPREHENSIVE CHILD MENTAL HEALTH SYSTEM

Section two:

Workforce available to support children's mental health



The diversity in an infant or child's experience of mental health and wellbeing requires a **dynamic and varied workforce** to provide support across prevention, treatment and continuing care



Source: adapted from Mrazek & Haggerty (1994)

WORKFORCE CLASSIFICATION FRAMEWORK

	Criteria	Example occupations
Group 1 High Opportunity Specialist	High Opportunity + Specialist in Infant and Child Mental Health or Specialist in Mental Health	Psychiatrist General Practitioner Psychologist
Group 2 High Opportunity Generalist/Medium Opportunity Specialist	High Opportunity + Generalist Practicing or Generalist Trained OR Medium Opportunity + Specialist in Mental Health	Registered Nurse (Mental Health) Drug & Alcohol Counsellor School Teacher
Group 3 Medium Opportunity Generalist	Medium Opportunity + Generalist Practicing or Generalist Trained	Nutritionist Emergency Medicine Specialist Police Officer
Group 4 Low Opportunity Generalist	Low Opportunity + Generalist Practicing or Generalist Trained	Judge Interpreter Social Security Assessor

WORKFORCE CLASSIFICATION FRAMEWORK

Specialist

	Criteria	Example occupations
Group 1 High Opportunity Specialist	High Opportunity + Specialist in Infant and Child Mental Health or Specialist in Mental Health	Psychiatrist General Practitioner Psychologist

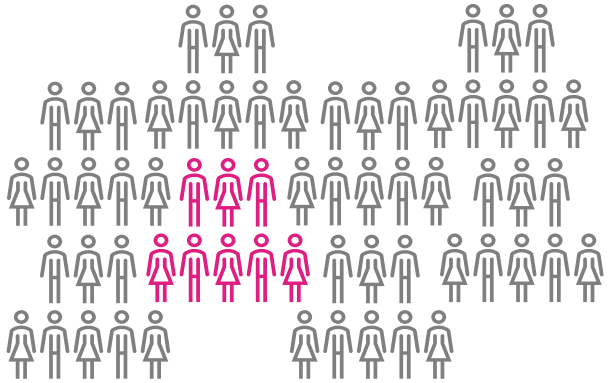
Generalist

Group 2 High Opportunity Generalist/Medium Opportunity Specialist	High Opportunity + Generalist Practicing or Generalist Trained OR Medium Opportunity + Specialist in Mental Health	Registered Nurse (Mental Health) Drug & Alcohol Counsellor School Teacher
Group 3 Medium Opportunity Generalist	Medium Opportunity + Generalist Practicing or Generalist Trained	Nutritionist Emergency Medicine Specialist Police Officer

SPECIALIST WORKFORCE CAPACITY

The Australian specialist child mental health workforce is maldistributed across Australia, with low workforce availability in areas that need it most, including rural and remote areas.

Specialists in mental health or child/infant mental health:



- Are low in number nationally
- 160,000 for about 1 million children in need
- Represent a small proportion of the potential child mental health workforce

Maldistributed and stretched

Workforce numbers in the major cities across Australia were above the national average for all workforce groups.

Some key regions had low specialist numbers but well above average number of hours worked.

Lowest specialist availability areas

Up to 4.5 mins per child per week

Highest specialist availability areas

13 – 41.7 mins per child per week

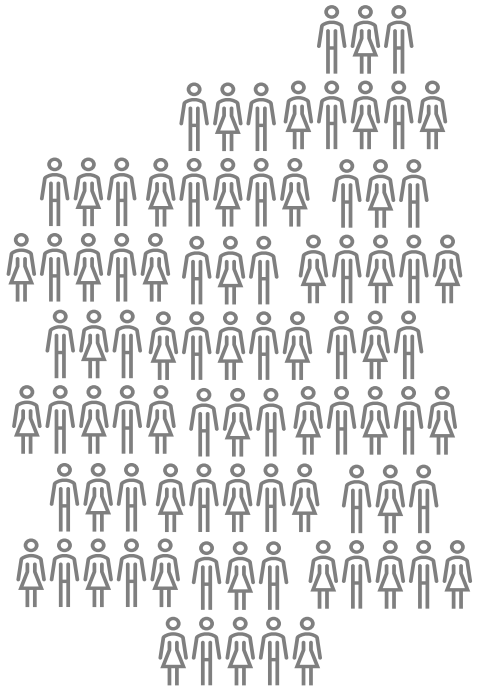
Hours worked standardised to number of children:

- Regions with low specialist resources: 0 - 4.5 mins per week or 0 – 3.9 hours per year
- Regions with higher specialist resources: 13.0 - 41.7 mins per week or 11.2 - 36.1 hours per year.

GENERALIST WORKFORCE CAPACITY

Generalist level professionals are more prevalent and more equitably distributed across regions.

Generalist level occupation or generalist mental health workers:



Represents a national cohort of
~2 million workers

Opportunities to increase support for children

This group includes professionals from a range of services and settings where there are opportunities to increase support for infants and children.

Lowest generalist availability areas

Up to 101 mins per child per week

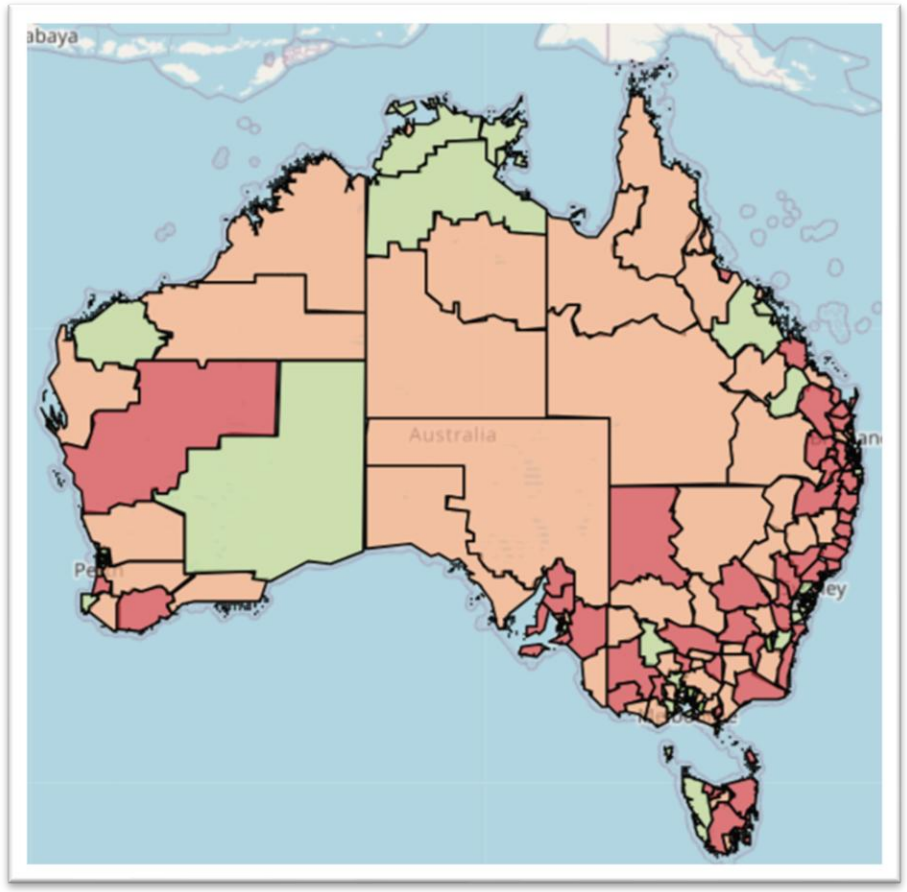
Highest generalist availability areas

140 – 284 mins per child per week

Hours potentially available to children:

- Regions with low generalist resources: 0 – 101 mins per week or 0 – 87.6 hours per year.
- Regions with higher generalist resources: 139.7 – 284.0 mins per week or 121.1 – 246.1 hours per year.

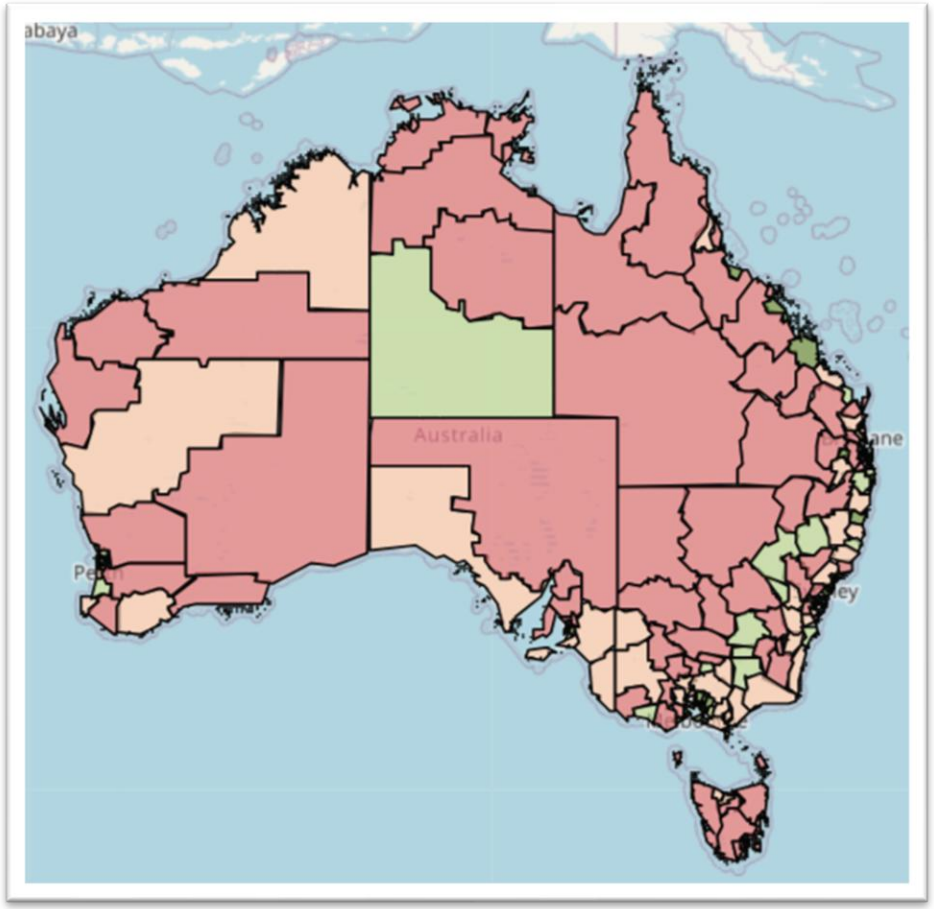
Need for child mental health workforce support:
Total need index



Significantly Favourable | Favourable | Unfavourable | Significantly Unfavourable

Compared to the national average

Workforce availability:
High opportunity specialists per 1000 children



Low Priority | Moderate Priority | High Prioity | Extreme Priority

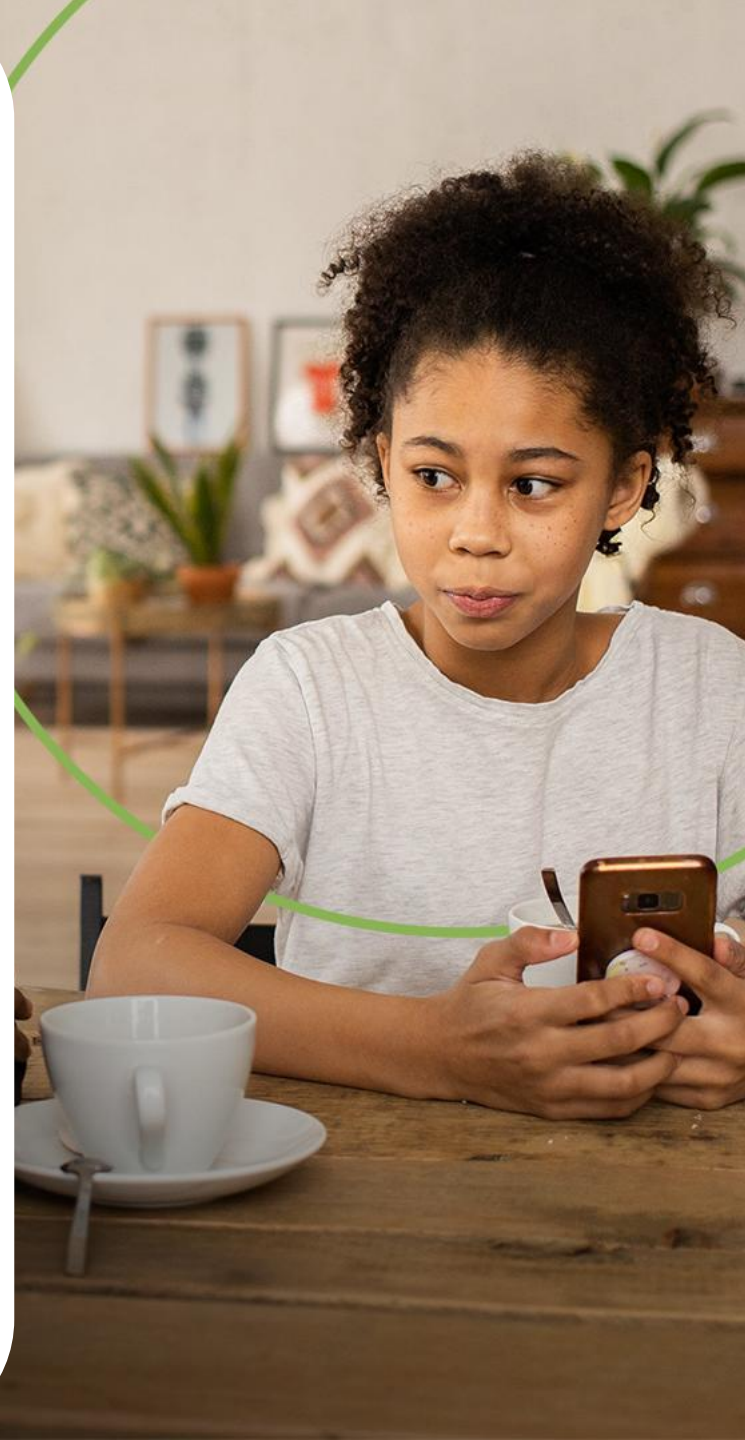
Compared to the national average

3

TOWARDS A COMPREHENSIVE CHILD MENTAL HEALTH SYSTEM

Section three:

Putting it together to form a picture in a region



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Child mental health need

Gippsland – PHN204

	Region characteristics		Current child mental health prevalence			Child mental health risk		
SA3 Region	**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**	**TOTAL NEED INDEX (low 7-high 29)**
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	

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

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

Workforce availability

Gippsland – PHN204

	Group 1: High opportunity specialists			Group 2: High Opportunity Generalist/Med Opportunity Specialist			Group 3: Med Opportunity Generalist			
SA3 Region	**n**	**per 1000 children**	**hours per week per 1000 children**	**n**	**per 1000 children**	**hours per week per 1000 children**	**n**	**per 1000 children**	**hours per week per 1000 children**	**TOTAL WORKFORCE AVAILABILITY INDEX (low 6- high 24)**
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*)	

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

Child mental health need

Murray – PHN205

	Region characteristics		Current child mental health prevalence			Child mental health risk		
SA3 Region	**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**	**TOTAL NEED INDEX (low 7-high 29)**
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	

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

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

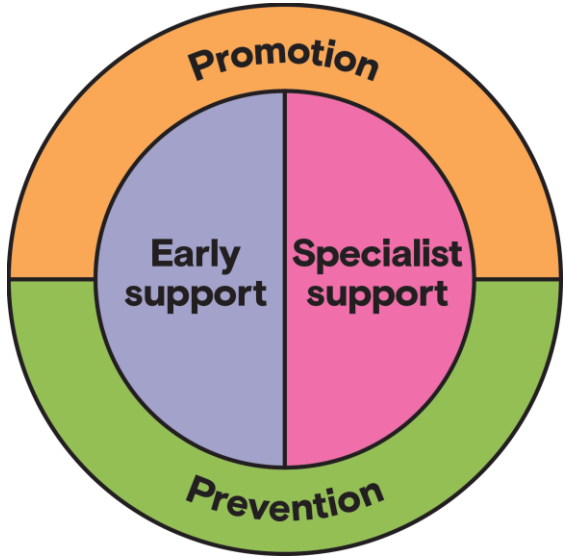
Workforce availability

Murray – PHN205

	Group 1: High opportunity specialists			Group 2: High Opportunity Generalist/Med Opportunity Specialist			Group 3: Med Opportunity Generalist			
SA3 Region	**n**	**per 1000 children**	**hours per week per 1000 children**	**n**	**per 1000 children**	**hours per week per 1000 children**	**n**	**per 1000 children**	**hours per week per 1000 children**	**TOTAL WORKFORCE AVAILABILITY INDEX (low 6- high 24)**
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*)	

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

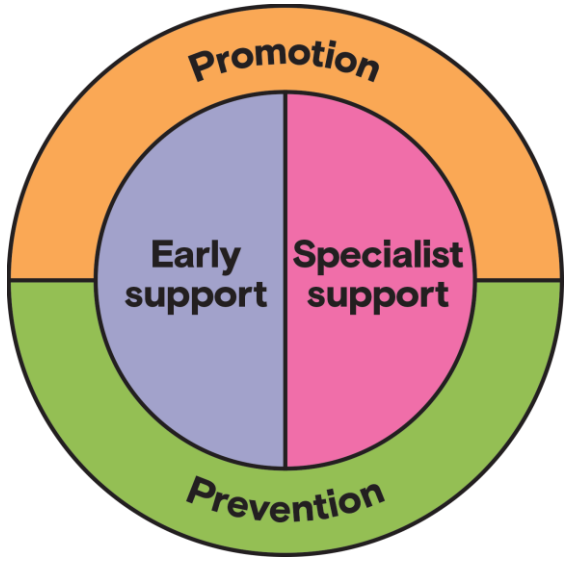
A Comprehensive and Coordinated Infant and Child Mental Health System



Overarching Goal

- Create a system of care for infants and children in which families have access to quality information about child mental health and are offered timely preventative, early intervention and specialist support that meets their needs
- Delivered by practitioners who feel confident, knowledgeable, skilled to support families across the continuum of mental health
- Working within organisations that are focused on supporting best outcomes for infants/ children and provide an authorising environment for such work
- And within a system characterized by coordinated effort among all of the sectors that impact children and their environment

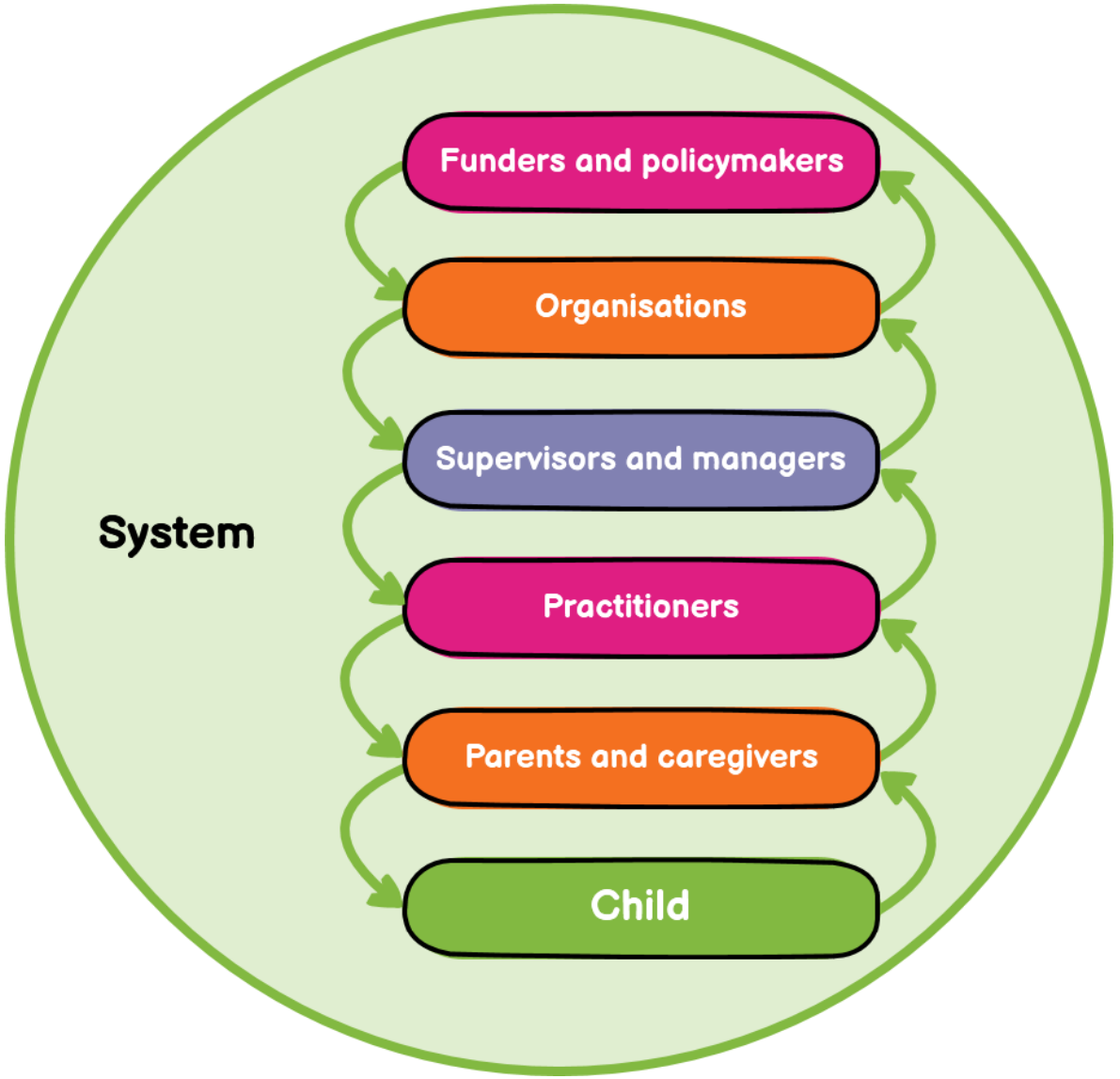
System Mapping Workshops with local regions, led by PHNs



- What is already in place in our region?
- Where are the gaps?
- Who is currently missing out on supports?
- Where are there opportunities to strengthen support for child mental health?

System approach

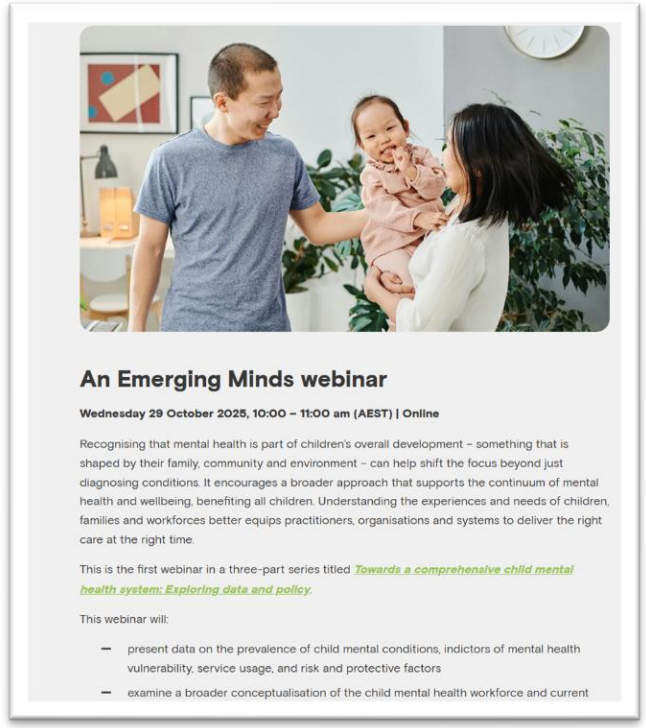
To have child mental health informed practice, we need a child mental health informed system



KNOWLEDGE TRANSLATION: USING THE DATA FOR CHANGE

- Two aims of knowledge translation activities:
  - Share the findings broadly with target audiences
  - Collaborating with key stakeholders to enhance child mental health systems

- Strategies have included:
  - Creating **regional data snapshots**, summaries and reports (website)
  - **Webinar series** explores child needs, workforce needs and what a comprehensive system might look like
  - Presentations and supporting regional planning with **State Govs, PHNs** and **workforce peaks**– discussion of what results mean in local context, conversations around solutions and implementation
  - Reports, policy briefs and presentations to Department of Health, Disability and Aged Care



An Emerging Minds webinar

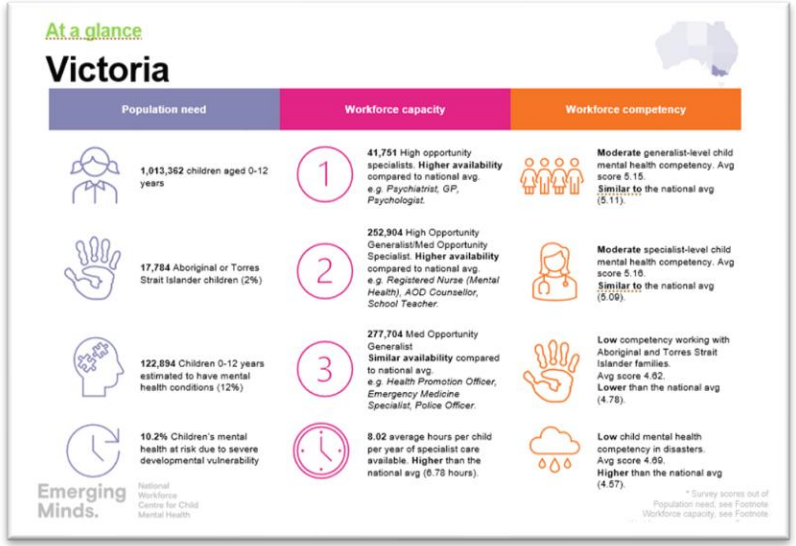
Wednesday 29 October 2025, 10:00 – 11:00 am (AEST) | Online

Recognising that mental health is part of children's overall development – something that is shaped by their family, community and environment – can help shift the focus beyond just diagnosing conditions. It encourages a broader approach that supports the continuum of mental health and wellbeing, benefiting all children. Understanding the experiences and needs of children, families and workforces better equips practitioners, organisations and systems to deliver the right care at the right time.

This is the first webinar in a three-part series titled *Towards a comprehensive child mental health system: Exploring data and policy*.

This webinar will:

- present data on the prevalence of child mental conditions, indictors of mental health vulnerability, service usage, and risk and protective factors
- examine a broader conceptualisation of the child mental health workforce and current



At a glance

Victoria

Population need	Workforce capacity	Workforce competency
1,013,362 children aged 0-12 years	1 — 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%)	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%)	3 — 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 4.62. Higher than the national avg (4.57).

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National Workforce Centre for Child Mental Health

Support for workforce planning

- Contact us for further support with any of your planning needs.

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4

TOWARDS A COMPREHENSIVE CHILD MENTAL HEALTH SYSTEM

Section four:

A vision for a comprehensive child mental health system

Outcomes of the project in 2024

Recommendations

What happens next with the learnings from this project?

Recommendations described 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.

Policy briefs to DOHDA:

- Child Wellbeing Practitioner
- System of Care
- Tiered competency framework

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.

THANK YOU.

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For questions or to request any of the presentation resources, please connect with the presenters after the session.

READ

Scoping child mental health workforce capability: Final Report 2024

REGISTER

Webinar 2: Towards a comprehensive child mental health system

EXPLORE

Key resources for leaders and practitioners

Data snapshots

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

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