

WEBINAR 3 OF 3

Towards a comprehensive child mental health system:

Opportunities for a coordinated system of support



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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.





Today: Webinar 3

Opportunities for a coordinated system of support



Section one: Recap of the Workforce Scoping Project and the National Workforce Survey



Section three: Comprehensive and Coordinated Children's Mental Health System



Section two: Building workforce capability through a national framework



Ways to continue the dialogue

CHILD AND FAMILY PARTNERS, PRACTITIONERS, RESEARCHERS ACKNOWLEDGEMENT

Emerging Minds acknowledges the contribution of the many family members, practitioners, service and policy leaders, and researchers involved in the development of our guidance.

Thank you for sharing your time, wisdom, experience and guidance.



Emerging Minds.


National
Workforce
Centre for Child
Mental Health

For 30 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 activity was funded by the Department of Health, Disability 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.





The whole child

Emerging
Minds.



WELCOME

Child mental health occurs across a continuum

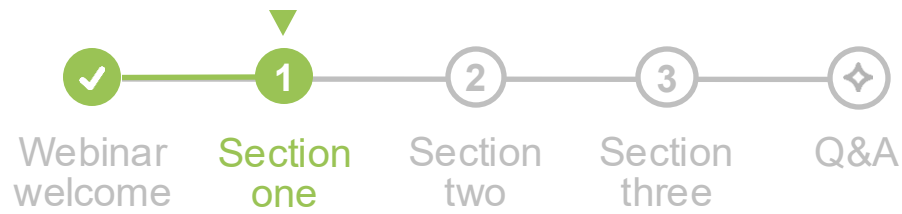


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OPPORTUNITIES FOR A COORDINATED SYSTEM OF SUPPORT

Section one:

Recap of the Workforce Scoping Project and the National Workforce Survey



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.



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

WATCH
WEBINAR 1 & 2
ON THE WEBSITE



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.



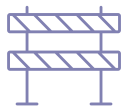
4,004,812 Child population aged 0-12 yrs



13% Estimated national prevalence for child mental health conditions 0–12 years (**18%** in regional areas)



22% Developmental vulnerability (1+ domain) and **11.4%** severe vulnerability (2+ domains) (2021 AEDC)



0.4-1.63 family and socioeconomic risk factors for child mental health concerns, on avg per child across SA3 regions

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.

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.

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



Group 1: **157,906 High Opportunity Specialists** e.g. *Psychiatrist, GP, Psychologist*



Group 2 & 3: **2,066,322 High opportunity generalists/medium opportunity specialists and Medium opportunity generalists**

e.g. *Reg. Nurse, AOD Counsellor, School Teacher, Health Promotion Officer, Police Officer.*



6.78 National average specialist hours per child per year



Maldistributed

Workforce availability is greater in major cities. **Regional and remote areas may need draw upon generalists** or other solutions

2023 National Workforce Survey for Child, Parent and Family Mental Health

3,064
professionals
50+
occupations
across health social,
community services
and education

Self-rated
capabilities in range
of infant and child
mental health
aspects

Most (85%) are **currently supporting child mental health at work.**

Even those where **it isn't part of their job description** found themselves regularly supporting child mental health at work (63%)

2023 National Workforce Survey for Child, Parent and Family Mental Health

Child mental health competency is moderate in some areas and low in others

Key areas:

- Working with Aboriginal and Torres Strait Islander families
- Infant mental health
- Disasters and child mental health

Some workforce groups showed need for tailored supports:

Priority groups:

- Clinical health profession group
- Rural and remote workforces
- 'First ports of call' e.g. GPs, paediatricians and nurses

Workforce development makes a statistically significant difference.

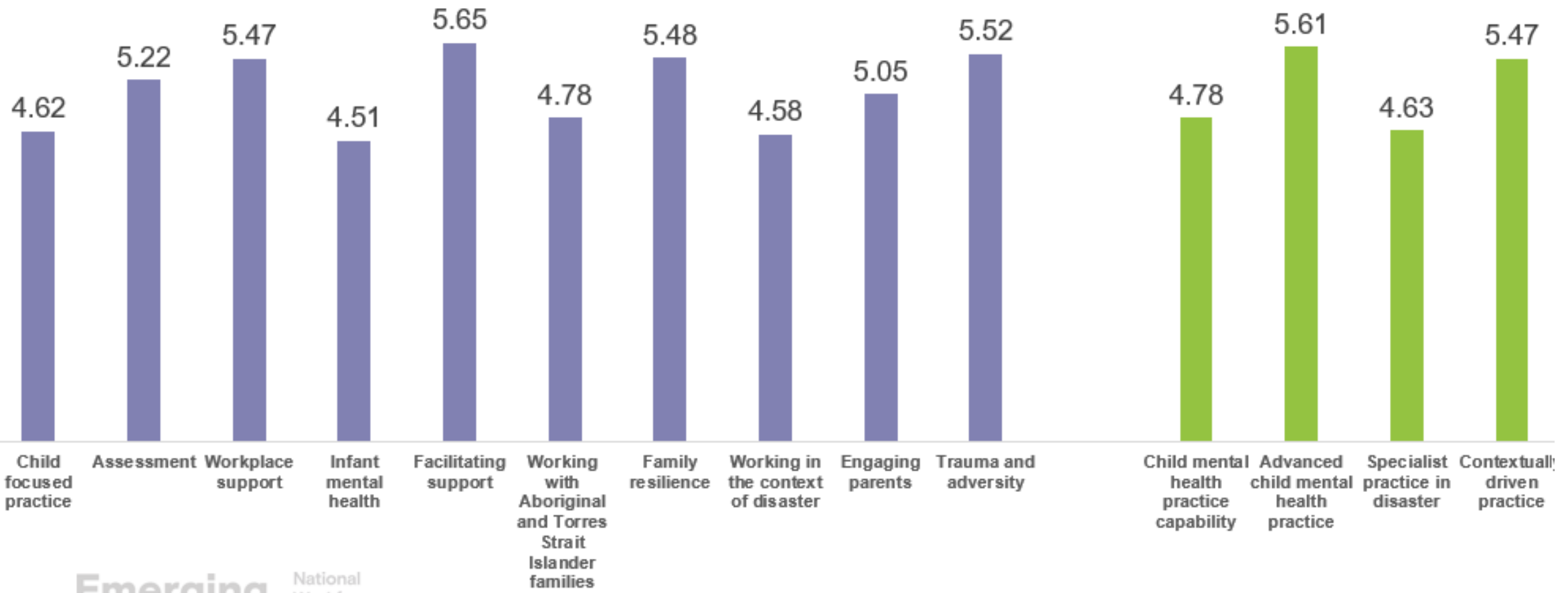
Higher competence reported was in all areas we measured.

WORKFORCE COMPETENCY

2023 National Workforce Survey for Child, Parent and Family Mental Health

Generalist competencies for all practitioners

Specialist competencies for those who support CMH



Emerging Minds.

National Workforce Centre for Child Mental Health

6-7 HIGH COMPETENCY | 5-6 MODERATE COMPETENCY
1-4 LOW COMPETENCY

Stakeholders told us....

The child mental health system in Australia is **highly fragmented and siloed** within the health sector and across other relevant sectors such as social welfare.

There is a **lack of understanding and coordination** between organisations and sectors, leading to confusion, missed opportunities and overlap in service delivery.

They called for:

- System level stewardship
- Innovation in the bush
- Flexible and continuous funding
- Strengthen primary health
- Earmark early intervention
- Grow local workforces
- Implementation support

KEY MESSAGES

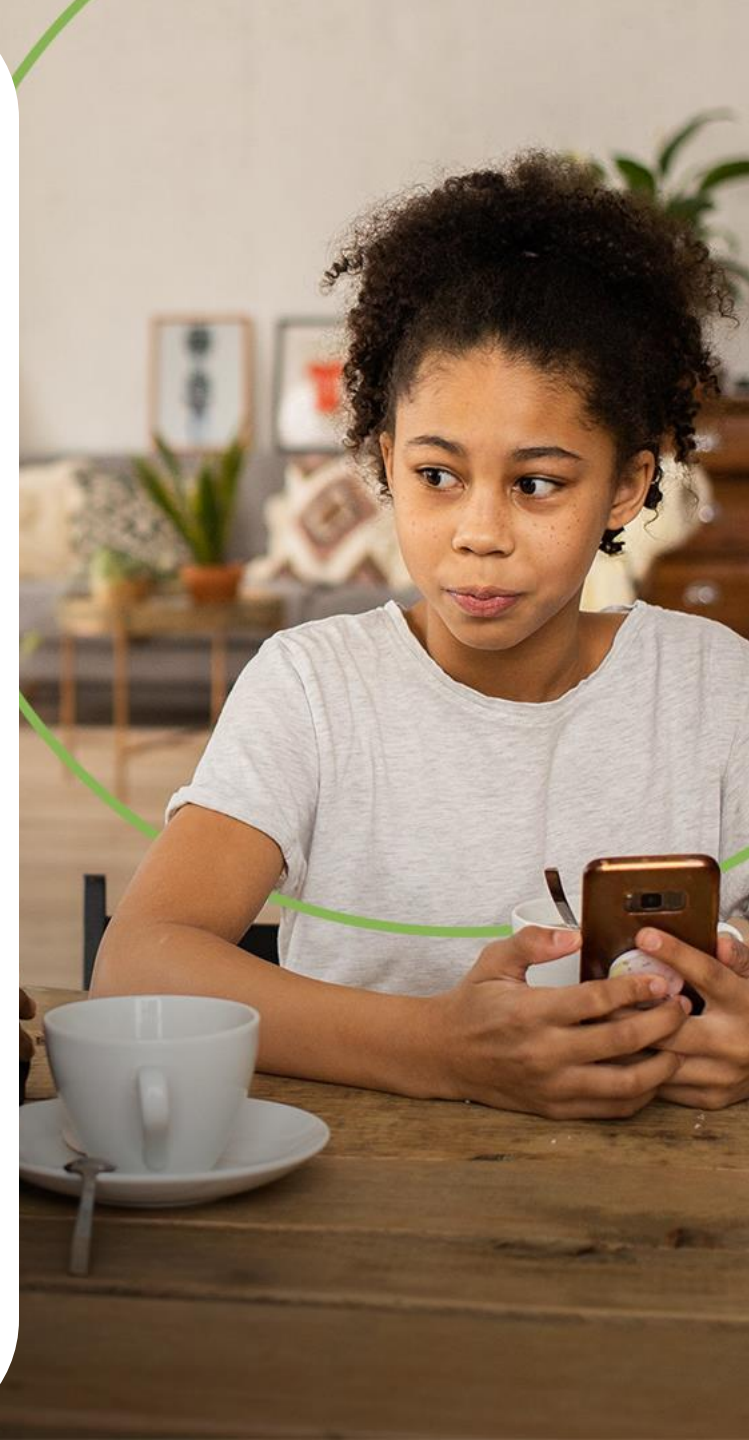
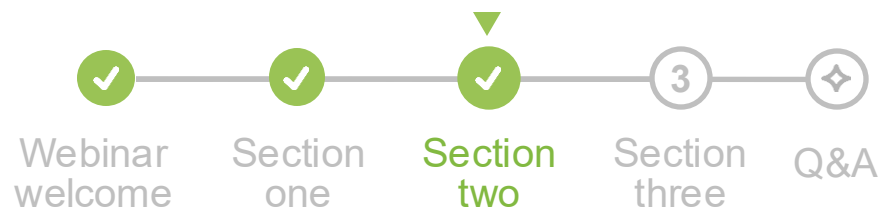
- There is a diversity of need across regions in Australia, but there is child mental health need in all regions.
- The specialist workforce is small and maldistributed, it cannot meet the need. But there is large generalist workforce that can be mobilised to provide support for children. Services are also highly fragmented.
- Regions with the greatest mismatch between need and workforce availability are often rural and remote, and have highest need for culturally competent services and other intersecting issues in families.
- Child mental health workforce capability is not where it needs to be. There is a need to support both a broad workforce and specific groups in the practice of supporting child mental health.
- Australia needs a connected, consistent and equitable CMH system.

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OPPORTUNITIES FOR A COMPREHENSIVE AND COORDINATED SYSTEM OF SUPPORT

Section two:

Building workforce capability through a national framework



The challenges

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

Ann Hollonds,
Former Australian Children’s Commissioner, 2021

What can we do to contribute to a sustainable and scalable solution to service gaps?

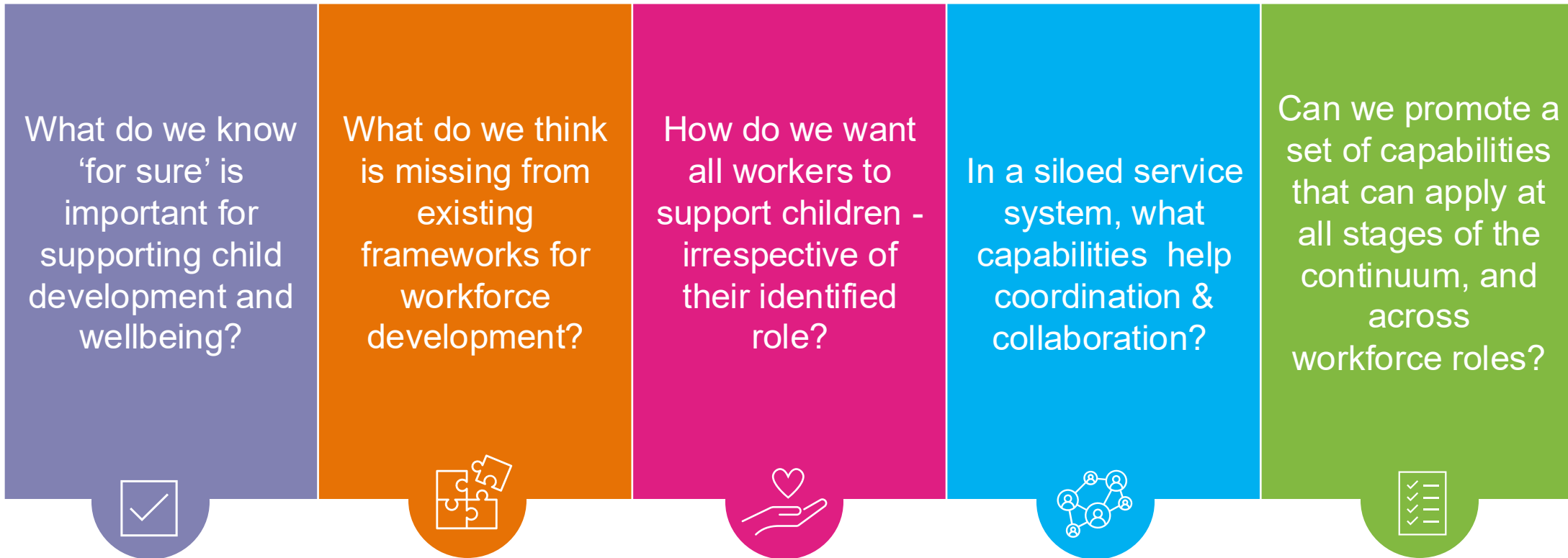
- Expand the number of people who can support children (**capacity building**)
- Build confidence and knowledge of a wide range of adults to respond in helpful ways to children and families (**capability building**)

How to respond to demand, equity and policy drivers (e.g. Thriving Kids)?

BUILDING WORKFORCE CAPABILITY

A solution – national capabilities framework

To consider how to respond to identified needs, we were guided by the following questions:








Our work so far

A desktop review (non-systematic) identified competency frameworks according to competencies:

- For specific developmental stages (e.g., perinatal and infant, adolescent)
- For specific issues (e.g., CAMHS or adolescent inpatient)
- Differentiated in terms of ‘tiered’ skill levels according to discipline or workplace setting

Examples of identified competency frameworks for supporting child mental health:

-  Child and Young People’s Improving Access to Psychological Therapies (CYP IAPT) model
-  Improving Access to Psychological Therapies (IAPT) model / University College London Child Outcomes Research Consortium (CORC)
-  A knowledge and skills framework for the Scottish workforce
-  New Hampshire children’s behavioural health core competencies
-  Real Skills Plus ICAMH/AOD Competency Framework

Fit for purpose for Australian workforce

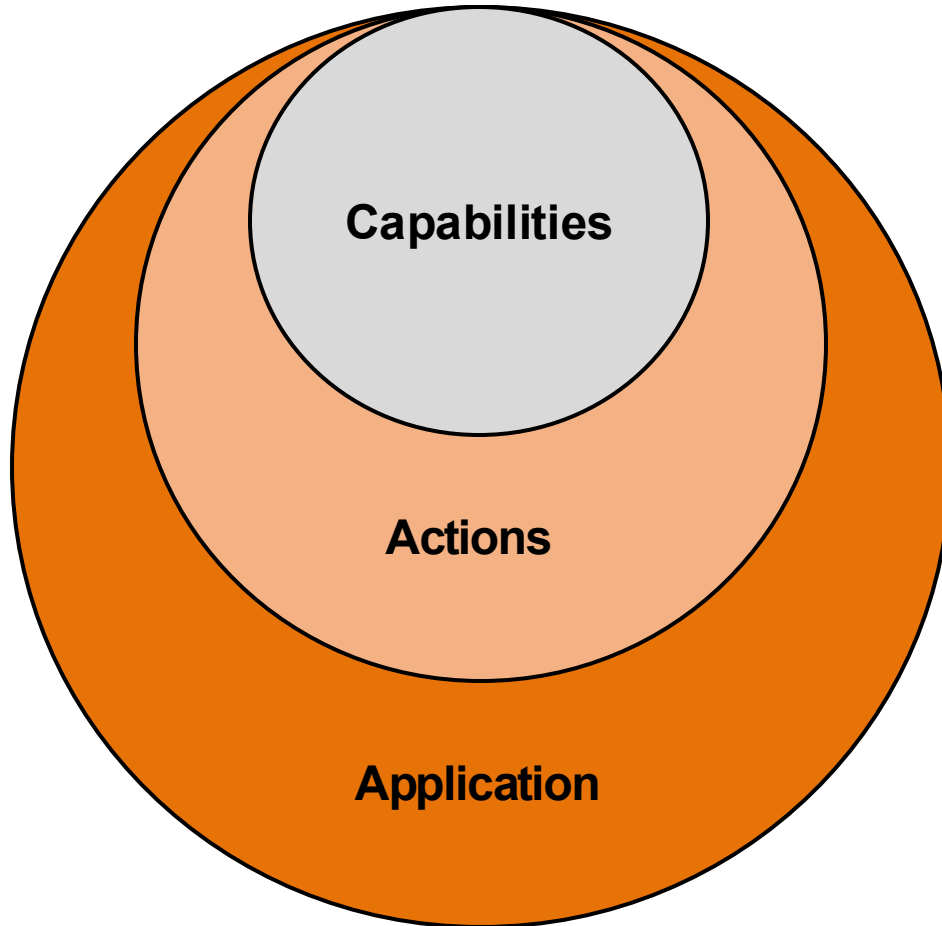
Existing approaches:

- Do they address contemporary social and familial issues?
- Is language used accessible to broader workforces?
- Is contribution of social & ecological factors considered?
- Are organisational and professional activities considered?
- Are international trends in health service design considered? (e.g. task shifting, transdiagnostic approaches)

Important in Australian setting:

- Acknowledgement of social and cultural aspects of mental health (esp. for Aboriginal and Torres Strait Islander child and families, but CALD communities more generally)
- Acknowledgement of psychosocial and ecological factors impacting children's mental health
- Acknowledgement of methods for accessing and supporting children based in rural and remote areas
- Content about how to recognise and respond to contemporary issues impacting children's wellbeing (e.g. online safety, sexting, bullying, obesity)
- Consideration of the factors and practices that are needed for 'joined up' services and to enhance outcomes for children

An organising framework for capabilities



Capabilities

- Core capabilities for supporting child development and wellbeing across child, parent and family domains

Actions

- Specific behaviours
- Context specific actions
- (e.g. Recognise, Reflect, Respond)

Application

- Context specific delivery, development and quality assurance
- Collaborate, Communicate, Coach

Workforce capabilities to support children's mental health

Recognise	Reflect	Respond
<ul style="list-style-type: none"> – Child mental health and wellbeing – Parent wellbeing – Emerging/established indicators of wellbeing – Neurodevelopmental differences in children – Role of families in wellbeing – Families that need more support – Child at risk of harm – Child’s developmental needs – Impact of big events on wellbeing and mental health 	<p>Consider:</p> <ul style="list-style-type: none"> – Infant and child’s developmental/mental health support needs – Child’s strengths – Family’s support needs – Family’s strengths – Impact on parent-child relationship – Child’s connection to family and community – Cultural/diversity needs 	<ul style="list-style-type: none"> – Form collaborative partnerships – Encourage and support parenting – Support diverse families – Support and strengthen parent-child relationships – Develop strategies to minimise impact of parental issues on child’s wellbeing and mental health – Support family transitions – Support children with developmental delays/neurodiversity – Adapt evidence-based interventions according to needs – Address contemporary issues impacting children

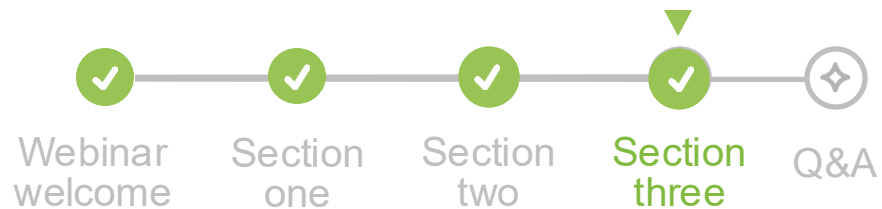
Meta competencies: Collaborate, Communicate, Coach

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OPPORTUNITIES FOR A COORDINATED SYSTEM OF SUPPORT

Section three:

Comprehensive and coordinated children's mental health system



Why this conversation now?

- Australia has an unprecedented focus on the early years and children's wellbeing
- Major reforms underway
- Significant new service models are emerging
- Workforce capability is growing
- But... there is persistence in uneven outcomes



What are the conditions driving or maintaining the status quo?

Policy and
Programs

Organisations

Practice Leaders

Practitioners

Families

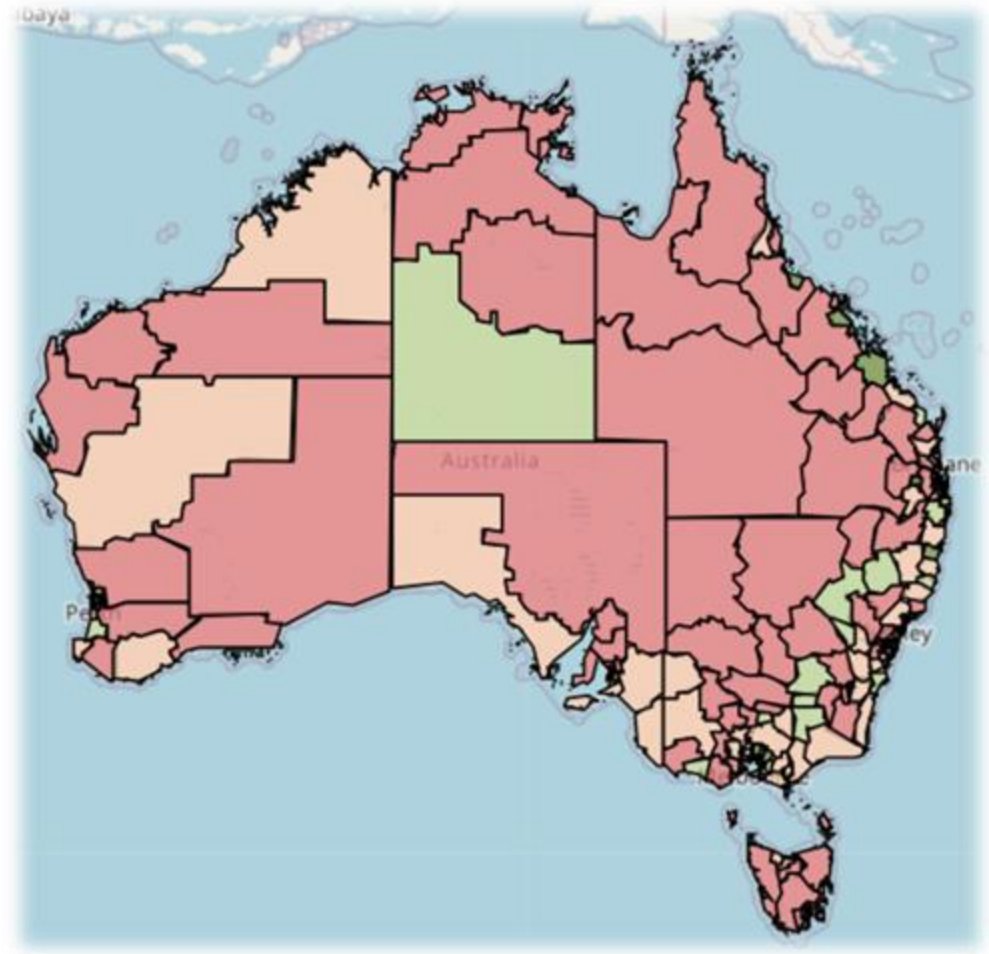
Mental Models / Explanatory Frameworks

- How is the mental health and wellbeing of infants and children thought about and understood?
- How is it measured?
- How does this shape the support provided?
Responsibilities?
- What can you do to facilitate shared understanding?
- Where can you influence this?

What do infants, children and families experience?

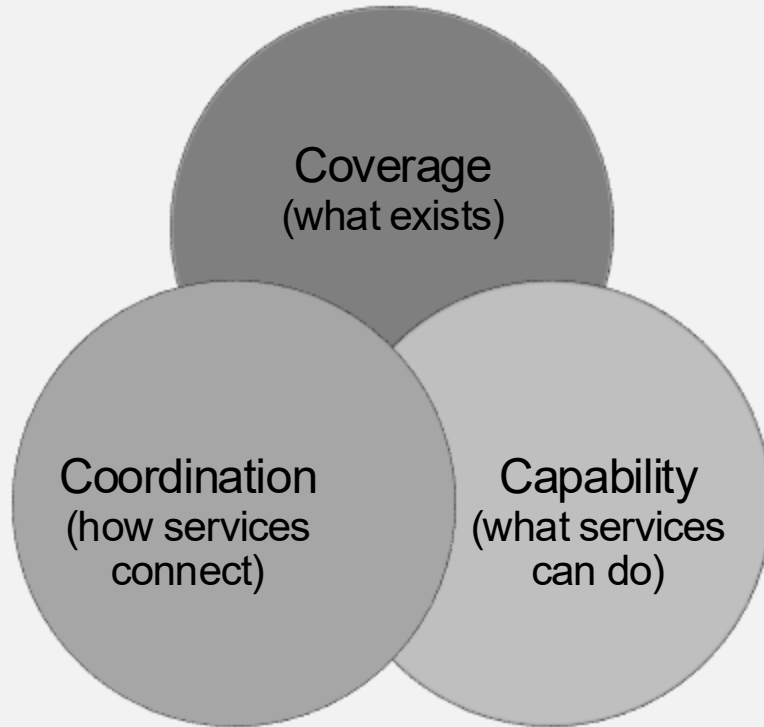
Depending on where you live...

- Access varies
- Capability varies
- Coordination varies
- Equity varies
- Developmental responsiveness varies



The system challenge

Three interacting gaps continue to persist:



Shaped by:

- Development
- Geography
- Equity
- Systems

OPPORTUNITIES FOR A COORDINATED SYSTEM OF SUPPORT

Development matters. It is not a footnote — it is central to system design.



Infancy:
Relational
foundations



Early childhood:
Early learning,
regulation



Primary years:
Learning, peer
relationships



Adolescence:
Peer relationships,
independence, family support

Different systems
intersect at each stage

Place and equity matters

‘If you know one community, you know one community’



- 📍 Rural and remote access
- 📍 Workforce distribution
- 📍 Cultural responsiveness
- 📍 Poverty and housing
- 📍 Digital exclusion

Australia's strengths and limits



- + Strong national policy intent
- + National strategies
- + Expanding services, networks and hubs
- + Workforce development investment
- + Lived experience
- + Aboriginal and Torres Strait Islander leadership and the Social and Emotional Wellbeing Framework
- Fragmented delivery
- Lack of shared architecture

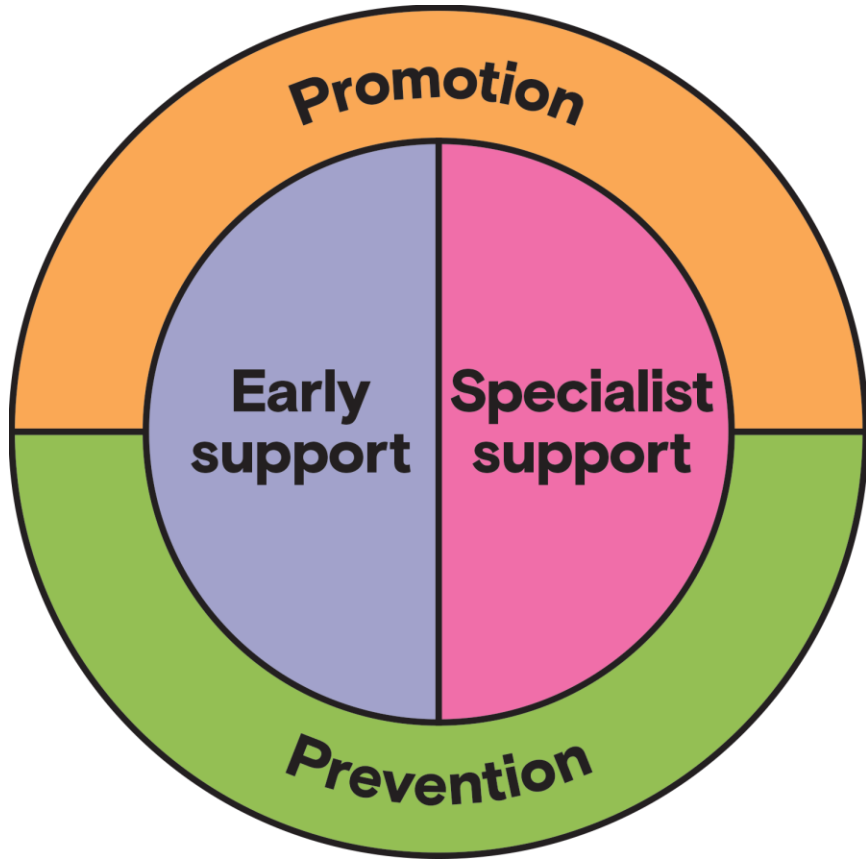
Programs *and* Systems

- Many systems change efforts are delivered through programs — and that matters.
- Programs help test ideas, scale practice, and attract investment.
- At the same time, systems also rely on conditions that sit across and beyond individual programs, such as:
 - shared roles and expectations
 - alignment across initiatives
 - coherence across funding cycles
- When these conditions are unclear, strong programs can unintentionally become the way the system is understood and organised.

Key reflections

- When we invest in programs, who is responsible for holding coherence across them?
- How do we tell when a strong program is strengthening the system — rather than becoming the system by default?
- What system conditions need to be in place so program impacts last beyond individual funding cycles?

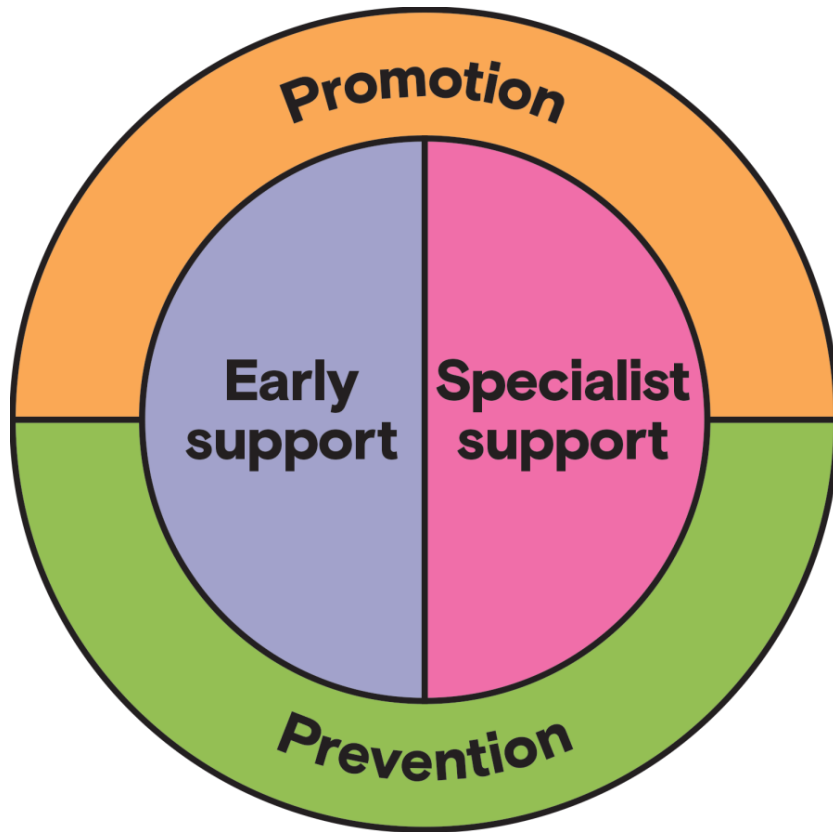
A comprehensive and coordinated infant and child mental health system



	Target
Core	For adults connecting with children and families in community, social and service delivery environments.
Promotion	For service providers delivering universal and targeted guidance and support on health, child development and parenting.
Prevention	For service providers providing support to adults, families and children who are experiencing health, relationship, social and financial stressors.
Early support	Professionals delivering early intervention support for emerging mental health difficulties.
Specialist support	Professionals delivering specialised mental health support for infants and children experiencing mental health conditions.

OPPORTUNITIES FOR A COORDINATED SYSTEM OF SUPPORT

A comprehensive and coordinated infant and child mental health system



- 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 a range of workforces who feel confident, knowledgeable and 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 characterised by adaptive leadership and coordinated effort among all the sectors that impact children and their environment
- Emphasis is on capacities (Function), not just on programs (Form)

OPPORTUNITIES FOR A COORDINATED SYSTEM OF SUPPORT

Comprehensive and coordinated infant and child mental health system

Comprehensive means the full continuum of service system functions are in place, tailored to developmental stages, grounded in family and culture, and supported by workforce capability.

Coordinated means that children and families experience a connected journey — not a series of disconnected encounters.



WHY AN ORGANISING FRAMEWORK IS ESSENTIAL

Without shared structure, systems become fragmented, inequitable and fragile

- Enables adaptation
- Prevents postcode lotteries
- Guides investment
- Supports learning
- Strengthens equity

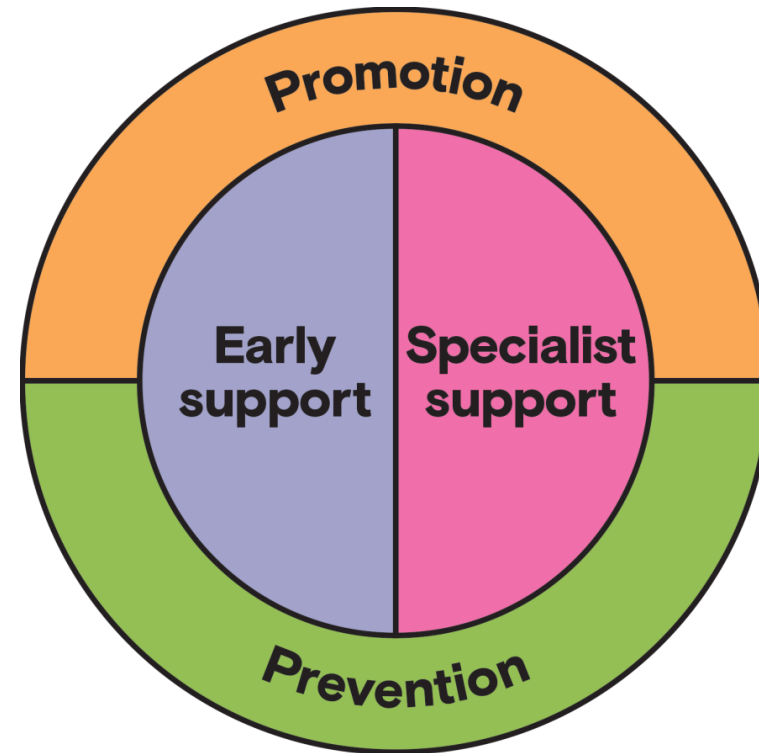


BUILDING THIS TOGETHER

This is early-stage system design work

- Shared stewardship
- Evidence partnership
- Policy leadership
- Continuous learning

It will only work if it is shaped by community knowledge, lived experience, practice and policy experience, and research



WHERE DO WE GO NEXT WITH THESE FINDINGS?

Recognise the **multitude of workforces already delivering child mental health supports.**

There is a variation of confidence, capabilities and opportunities in different roles and settings.

Develop a **unifying national capability framework** for child mental health.

Provide shared language, coherent skills and structures to support the gaps in capability and help organise capabilities in the workforce.

Work **towards a comprehensive and coordinated child mental health system.**

Build structures to support coordination, not just referral across the service spectrum.

WE INVITE YOU TO EXPLORE THIS WORK WITH US

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

**Key findings:
2023 National
workforce survey**



REGISTER YOUR
INTEREST

**Work with us on the
framework, system
model or to improve
your local system**



EXPLORE RESOURCES

**Key resources
for leaders and
practitioners**



**State and
territory 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



THANK YOU