

Scoping child mental health workforce capability – State and Territory Snapshots

# New South Wales

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 four million children aged 0 to 12 years in Australia, and we estimate at least 500,000 (13%) are currently experiencing a mental health condition, while a further one million are currently 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. Firstly, we sought to understand the number and distribution of children in Australian regions and estimate the prevalence of established and emerging mental health concerns. Secondly, we 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. Thirdly, we analysed existing workforce competency by 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 collated 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 with enhancing child mental health systems which respond to the local context in your region, contact [info@emergingminds.com.au](mailto:info@emergingminds.com.au)

# Key strands of the project included a focus on 3 key areas



## 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).

We recommend that these 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.*



# Statistics for 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.



# Statistics for New South Wales

## Population need

## Workforce availability

## Workforce competency



**1,270,868** children aged 0-12 years



**47,595** High opportunity specialists. **Lower availability** than the national avg. e.g. *Psychiatrist, GP, Psychologist.*



**Moderate** generalist-level child mental health competency. Avg score 5.24. **Similar** to national avg (5.11).



**78,062** Aboriginal or Torres Strait Islander children (6%)



**297,667** High Opportunity Generalist/Med Opportunity Specialist. **Lower availability** than the national avg. e.g. *Registered Nurse (Mental Health), AOD Counsellor, School Teacher.*



**Moderate** specialist-level child mental health competency. Avg score 5.18. **Similar** to national avg (5.09).



**150,081** Children 0-12 years estimated to have mental health conditions (12%)



**325,509** Med Opportunity Generalist. **Lower availability** than the national avg. e.g. *Health Promotion Officer, Emergency Medicine Specialist, Police Officer.*



**Low** competency working with Aboriginal and Torres Strait Islander families. Avg score 4.88. **Similar** to national avg (4.78).



**10.5%** Children's mental health at risk due to severe developmental vulnerability



**6.89 hours** average hours per child per year of specialist care available. **Similar** to the national avg (6.78 hours).

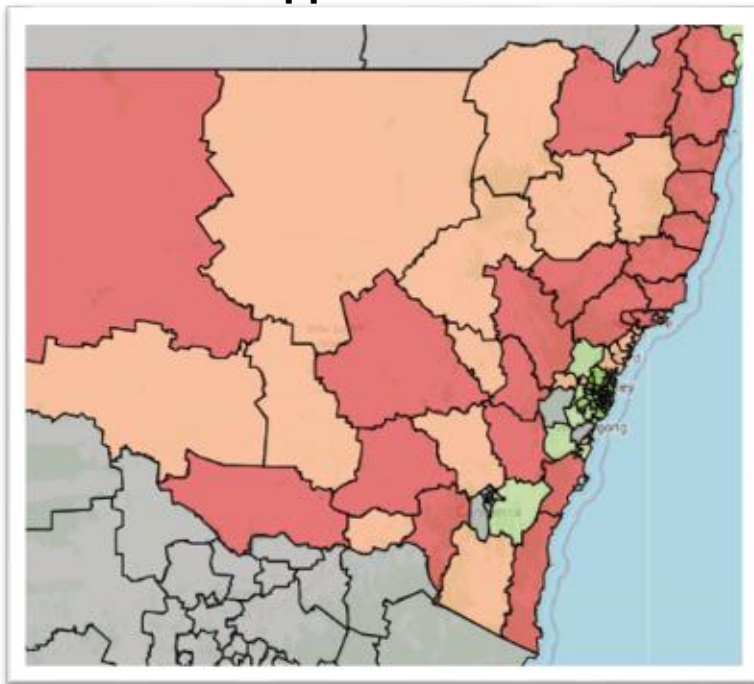


**Low** child mental health competency in disasters. Avg score 4.78. **Slightly higher** than national avg (4.57).

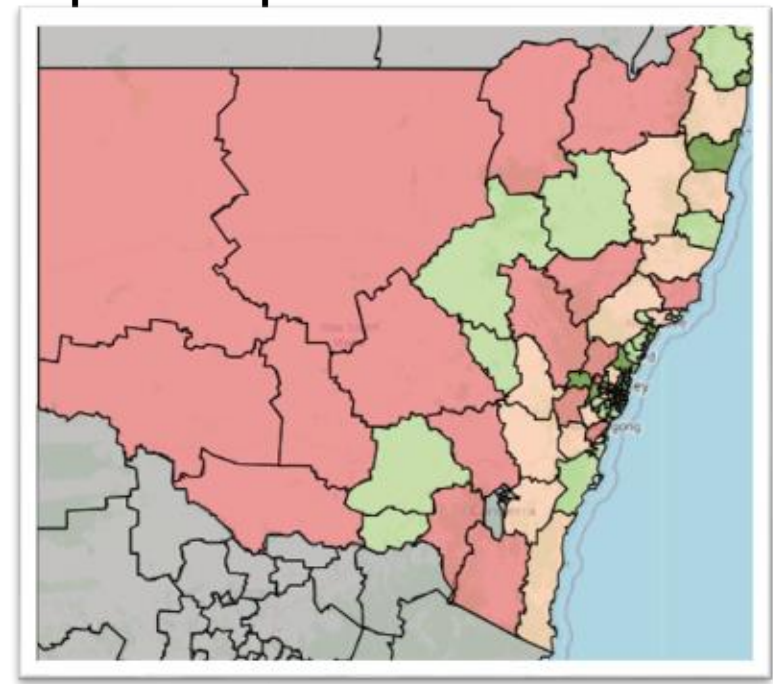
# New South Wales

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

Low Priority Moderate Priority High Priority Extreme Priority

Compared to the national average

# In summary

- A significant proportion of Australian children aged 0-12 years reside in NSW.
- The estimated prevalence of child mental health concerns and workforce available in NSW are proportional to the national average.
- Overall:
  - Over 150,000 children across NSW currently have a mental health condition (under 12 years of age).
  - About 10-11% of children are currently experiencing significant developmental vulnerabilities that are estimated to require mental health support in later childhood.
  - NSW has a low availability of specialists to meet the existing child mental health needs of NSW children.
  - Both generalist and specialist workforces have a lack of competency related to child mental health practice
- There is a lack of available workforces in rural and remote areas of NSW to meet existing and future child mental health needs.
- 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 (LGAs). 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 age-grouped as follows:

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



#### Child population (total)

Total population data for Australian children (0 to 12 years) gives essential context for understanding the needs of a population.

All population data have been obtained from the Australian Bureau of Statistics (ABS) 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.

# Central and Eastern Sydney - PHN101

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
Bankstown	7689	8006	8032	10435	34161	1%	52.8%
Botany	2213	1783	1709	2164	7869	3%	38.4%
Canada Bay	2864	2820	2746	3755	12179	1%	33.0%
Canterbury	5371	5531	5211	6919	23032	1%	56.6%
Cronulla - Miranda - Caringbah	3999	4019	4102	5587	17711	2%	16.3%
Eastern Suburbs - North	4028	3628	3760	5267	16686	0%	21.4%
Eastern Suburbs - South	4241	3980	4135	5650	18008	3%	26.6%
Hurstville	3874	4057	4334	5839	18108	1%	46.3%
Kogarah - Rockdale	5001	4704	4246	5667	19623	1%	47.7%
Leichhardt	2104	2032	2055	2646	8832	1%	16.2%
Liverpool	6070	6047	6063	7832	26007	2%	48.4%
Lord Howe Island	14	18	18	17	65	0%	0.0%
Marrickville - Sydenham - Petersham	1596	1391	1391	1940	6319	2%	21.3%
Strathfield - Burwood - Ashfield	4618	4228	4330	5843	19018	1%	43.3%
Sutherland - Menai - Heathcote	3908	4211	4375	6167	18660	2%	12.7%
Sydney Inner City	5170	3620	2927	3434	15152	3%	35.8%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.7%

## Population

# Northern Sydney - PHN102

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
Baulkham Hills	4003	5444	6663	9405	25520	1%	41.8%
Carlingford	2357	2989	3267	3982	12605	1%	56.0%
Chatswood - Lane Cove	3790	4211	4725	6054	18776	0%	36.5%
Hornsby	2932	3294	3760	4924	14913	1%	36.4%
Ku-ring-gai	2952	4161	5285	7726	20129	0%	37.7%
Manly	1437	1460	1524	2186	6608	1%	18.4%
North Sydney - Mosman	2871	2525	2522	3483	11401	0%	25.6%
Pennant Hills - Epping	1441	1903	2317	3239	8901	0%	53.8%
Pittwater	1708	2023	2319	3546	9592	1%	12.0%
Ryde - Hunters Hill	4794	4986	5090	6176	21041	1%	44.6%
Warringah	5164	5478	5900	8522	25061	1%	18.9%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.7%

## Population

# Western Sydney - PHN103

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
Blacktown	5760	5817	5649	7248	24481	3%	45.1%
Blacktown - North	7010	7504	7734	9484	31735	2%	44.2%
Mount Druitt	5053	5565	5678	7410	23706	9%	40.6%
Parramatta	6186	6244	6341	7228	25999	1%	55.8%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.7%

## Population

# Nepean Blue Mountains - PHN104

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
Bathurst	1588	1762	1864	2561	7777	13%	10.1%
Blue Mountains	2218	2589	2815	3965	11588	5%	9.3%
Dural - Wisemans Ferry	648	819	1016	1644	4127	2%	17.0%
Fairfield	5793	6369	7116	9945	29228	1%	62.7%
Hawkesbury	870	900	937	1358	4061	7%	6.2%
Penrith	7041	7034	6895	8951	29920	8%	18.9%
Richmond - Windsor	1430	1394	1339	1834	5998	11%	11.5%
Rouse Hill - McGraths Hill	2563	2753	3087	3812	12217	2%	31.3%
St Marys	2522	2387	2446	3208	10561	8%	28.2%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.7%

## Population

# South Western Sydney – PHN105

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
Auburn	3953	3615	3332	3935	14835	0%	67.8%
Blue Mountains - South	0	0	0	0	0	-	-
Bringelly - Green Valley	7270	7255	6948	8871	30351	3%	42.1%
Camden	3438	3523	3475	4690	15128	6%	12.7%
Campbelltown (NSW)	7825	8069	8061	10176	34126	7%	37.6%
Merrylands - Guildford	7157	7018	6866	9101	30150	1%	57.0%
Wollondilly	1904	1958	1997	2698	8556	7%	8.1%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.7%

## Population

# South Eastern NSW – PHN106

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
Dapto - Port Kembla	2976	3001	3039	4090	13103	9%	15.0%
Goulburn - Mulwaree	1311	1299	1360	1873	5840	9%	12.3%
Illawarra Catchment Reserve	0	0	0	0	0	-	-
Jervis Bay	11	12	10	20	55	64%	20.0%
Kiama - Shellharbour	3362	3632	3729	5090	15807	8%	10.3%
Queanbeyan	2563	2621	2532	3325	11051	6%	16.3%
Shoalhaven	3206	3344	3508	4765	14831	14%	11.6%
Snowy Mountains	540	612	643	1000	2797	6%	10.9%
South Coast	1836	2060	2158	3302	9350	12%	11.0%
Southern Highlands	1518	1608	1703	2627	7451	4%	11.3%
Wollongong	4233	4425	4519	6175	19354	4%	17.0%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.7%

## Population

# Western NSW – PHN107

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
Bourke - Cobar - Coonamble	922	873	888	1138	3825	35%	20.5%
Broken Hill and Far West	652	668	711	922	2957	22%	13.2%
Dubbo	2983	3023	2986	4133	13120	27%	16.1%
Lithgow - Mudgee	1515	1659	1854	2458	7473	13%	10.7%
Orange	2412	2537	2663	3590	11198	12%	10.5%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.7%

## Population

# Hunter New England and Central Coast – PHN108

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
Armidale	1174	1264	1346	1876	5652	16%	19.2%
Gosford	5415	6117	6404	8756	26691	7%	12.9%
Great Lakes	694	786	879	1379	3736	15%	11.3%
Inverell - Tenterfield	1112	1194	1342	1974	5627	18%	12.4%
Lake Macquarie - East	4002	4441	4749	6444	19641	9%	8.3%
Lake Macquarie - West	2894	3059	3188	4122	13273	12%	9.6%
Lower Hunter	3748	3961	4002	5320	17030	16%	7.0%
Maitland	3593	3650	3747	5122	16117	13%	9.8%
Moree - Narrabri	903	999	1111	1444	4461	26%	19.0%
Newcastle	5734	5661	6063	8068	25528	8%	13.9%
Port Stephens	2050	2262	2522	3671	10509	14%	8.8%
Tamworth - Gunnedah	3136	3239	3485	4824	14677	23%	12.2%
Taree - Gloucester	1536	1597	1867	2740	7742	19%	11.5%
Upper Hunter	1076	1137	1267	1720	5199	17%	9.9%
Wyong	5904	6208	6235	8506	26852	12%	10.2%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.7%

## Population

# North Coast – PHN109

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
Clarence Valley	1473	1632	1687	2465	7257	16%	10.5%
Coffs Harbour	2739	2928	3324	4876	13863	10%	16.3%
Kempsey - Nambucca	1483	1608	1556	2395	7042	20%	13.2%
Port Macquarie	2248	2495	2723	4227	11695	12%	9.1%
Richmond Valley - Coastal	2451	2591	2912	4125	12085	6%	15.7%
Richmond Valley - Hinterland	2015	2271	2515	3834	10631	12%	14.4%
Tweed Valley	2675	3017	3295	4719	13710	7%	12.5%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.7%

## Population

# Murrumbidgee – PHN110

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
Albury	2445	2640	2616	3367	11074	7%	13.9%
Griffith - Murrumbidgee (West)	1881	1895	1942	2694	8419	13%	20.6%
Lachlan Valley	1946	1969	2053	2952	8921	20%	11.6%
Lower Murray	475	485	517	616	2092	12%	15.8%
Tumut - Tumbarumba	469	534	544	833	2382	12%	12.3%
Upper Murray exc. Albury	1287	1259	1400	2086	6036	7%	10.8%
Wagga Wagga	3741	3858	3873	5281	16750	11%	13.5%
Young - Yass	1285	1362	1581	2161	6389	7%	11.3%
National (Australia)	865791	912561	951013	1275442	4004812	5%	25.7%

# In summary

- There is some variation in the number of total children and age groups across different SA3 regions within some PHNs.
- There are some differences in the proportion of Aboriginal and Torres Strait Islander children and 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, such as specific family interventions, culturally designed services, and child mental health early intervention approaches.

## 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



#### 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.



#### 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 to 12 years. As such, we modelled estimates based on scaled up ABS Census 2021 prevalence.



#### Mental health service and prescription use

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

Data relating to prescription and service use have been sourced from the Australian Institute of Health and Welfare (AIHW).



#### AEDC vulnerability domains

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



#### Risk factors

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



#### Total Need Index

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 to 29. Higher scores indicate that children aged 0 to 12 years in that region have greater need for support.

# Central and Eastern Sydney – PHN101

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	
Bankstown	Major Cities of Australia	922	6.33%	2.77%	0.32%	13.00%	0.87	12
Botany	Major Cities of Australia	1013	7.65%	3.63%	0.60%	7.47%	0.91	11
Canada Bay	Major Cities of Australia	1070	4.88%	4.14%	0.24%	7.25%	0.85	7
Canterbury	Major Cities of Australia	912	4.87%	2.67%	0.29%	12.34%	0.88	12
Cronulla - Miranda - Caringbah	Major Cities of Australia	1075	8.34%	5.65%	0.23%	7.72%	0.92	9
Eastern Suburbs - North	Major Cities of Australia	1100	5.59%	7.15%	0.27%	5.88%	0.71	9
Eastern Suburbs - South	Major Cities of Australia	1059	6.78%	5.46%	0.73%	7.75%	0.86	11
Hurstville	Major Cities of Australia	998	5.10%	3.36%	0.21%	7.82%	0.94	11
Kogarah - Rockdale	Major Cities of Australia	1002	5.76%	2.79%	0.18%	8.28%	0.92	10
Leichhardt	Major Cities of Australia	1086	8.59%	6.39%	0.33%	6.38%	0.83	10
Liverpool	Major Cities of Australia	939	7.26%	3.13%	0.32%	15.73%	0.85	13
Lord Howe Island	Very Remote Australia	1053	0.00%	0.00%	0.00%	0.00%	0.40	11
Marrickville - Sydenham - Petersham	Major Cities of Australia	1045	11.62%	6.30%	0.48%	6.93%	1.12	12
Strathfield - Burwood - Ashfield	Major Cities of Australia	1015	7.16%	4.28%	0.25%	10.18%	0.98	10
Sutherland - Menai - Heathcote	Major Cities of Australia	1082	13.31%	7.00%	0.27%	7.73%	1.02	12
Sydney Inner City	Major Cities of Australia	1032	8.17%	5.48%	0.36%	8.79%	0.89	11
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

## Child mental health need

# Northern Sydney – PHN102

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	
Baulkham Hills	Major Cities of Australia	1097	7.08%	4.74%	0.28%	6.99%	0.80	8
Carlingford	Major Cities of Australia	1025	6.48%	3.62%	0.54%	9.22%	0.80	11
Chatswood - Lane Cove	Major Cities of Australia	1085	6.24%	5.58%	0.72%	4.26%	0.73	10
Hornsby	Major Cities of Australia	1070	11.73%	6.88%	0.50%	6.24%	0.89	12
Ku-ring-gai	Major Cities of Australia	1108	7.70%	7.21%	0.49%	6.70%	0.78	10
Manly	Major Cities of Australia	1109	4.99%	6.54%	0.35%	6.99%	0.69	10
North Sydney - Mosman	Major Cities of Australia	1100	4.41%	6.27%	0.74%	6.01%	0.78	10
Pennant Hills - Epping	Major Cities of Australia	1083	6.49%	4.54%	0.19%	7.20%	0.75	7
Pittwater	Major Cities of Australia	1094	8.51%	7.27%	0.56%	6.36%	0.89	12
Ryde - Hunters Hill	Major Cities of Australia	1059	7.61%	4.54%	0.50%	8.34%	0.80	9
Warringah	Major Cities of Australia	1081	7.14%	6.87%	0.62%	6.37%	0.85	11
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

# Western Sydney – PHN103

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	
Blacktown	Major Cities of Australia	973	8.90%	4.05%	0.45%	11.34%	0.97	14
Blacktown - North	Major Cities of Australia	1076	7.25%	3.19%	0.26%	8.38%	0.65	8
Mount Druitt	Major Cities of Australia	897	11.00%	4.94%	0.53%	17.49%	1.00	17
Parramatta	Major Cities of Australia	1017	5.58%	3.21%	0.31%	10.15%	0.68	9
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

# Nepean Blue Mountains – PHN104

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	
Bathurst	Inner Regional Australia	990	18.77%	8.76%	0.72%	15.73%	1.17	24
Blue Mountains	Major Cities of Australia	1048	18.86%	8.16%	0.73%	6.28%	1.27	18
Dural - Wisemans Ferry	Major Cities of Australia	1087	9.19%	6.59%	0.35%	6.12%	0.94	12
Fairfield	Major Cities of Australia	819	4.83%	2.06%	0.29%	15.21%	1.17	16
Hawkesbury	Inner Regional Australia	1059	13.20%	6.35%	0.24%	4.84%	1.03	14
Penrith	Major Cities of Australia	1007	14.97%	6.43%	0.42%	11.53%	1.07	17
Richmond - Windsor	Major Cities of Australia	989	18.43%	6.87%	0.34%	10.15%	1.28	19
Rouse Hill - McGraths Hill	Major Cities of Australia	1096	8.03%	3.60%	0.17%	8.83%	0.68	8
St Marys	Major Cities of Australia	953	13.04%	5.78%	0.32%	13.27%	1.09	17
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

# South Western Sydney – PHN105

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	
Auburn	Major Cities of Australia	914	3.06%	1.70%	0.21%	10.64%	0.73	11
Blue Mountains - South	Inner Regional Australia	-	-	-	-	-	-	-
Bringelly - Green Valley	Major Cities of Australia	960	7.20%	2.65%	0.77%	10.93%	0.79	13
Camden	Major Cities of Australia	1046	12.16%	6.30%	0.44%	6.87%	0.97	11
Campbelltown (NSW)	Major Cities of Australia	949	12.38%	4.78%	0.42%	12.98%	1.03	17
Merrylands - Guildford	Major Cities of Australia	883	5.77%	2.06%	0.40%	14.54%	0.82	14
Wollondilly	Inner Regional Australia	1038	15.23%	6.18%	0.72%	5.57%	1.00	15
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

## Child mental health need

# South Eastern NSW – PHN106

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	
Dapto - Port Kembla	Major Cities of Australia	959	15.55%	6.27%	0.43%	14.07%	1.28	20
Goulburn - Mulwaree	Inner Regional Australia	979	18.22%	8.05%	0.56%	9.27%	1.17	22
Illawarra Catchment Reserve	Inner Regional Australia	-	-	-	-	-	-	-
Jervis Bay	Inner Regional Australia	865	-	0.00%	0.00%	0.00%	0.87	-
Kiama - Shellharbour	Major Cities of Australia	1003	17.01%	6.53%	0.47%	8.74%	1.22	17
Queanbeyan	Major Cities of Australia	1061	14.26%	6.77%	0.52%	11.03%	1.05	16
Shoalhaven	Inner Regional Australia	979	17.30%	7.64%	0.59%	13.09%	1.25	22
Snowy Mountains	Outer Regional Australia	1017	19.17%	6.43%	0.67%	10.38%	1.03	20
South Coast	Outer Regional Australia	985	15.88%	7.14%	0.85%	12.52%	1.24	23
Southern Highlands	Inner Regional Australia	1045	11.73%	7.73%	0.35%	8.10%	1.08	16
Wollongong	Major Cities of Australia	1024	10.70%	5.71%	0.55%	7.35%	1.08	14
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

## Child mental health need

# Western NSW – PHN107

	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)
Bourke - Cobar - Coonamble	Remote Australia	920	9.92%	6.77%	0.50%	23.82%	0.84	20
Broken Hill and Far West	Outer Regional Australia	909	13.95%	8.83%	2.49%	10.33%	1.32	24
Dubbo	Inner Regional Australia	973	15.34%	7.77%	0.46%	14.08%	1.00	20
Lithgow - Mudgee	Inner Regional Australia	959	14.90%	8.64%	0.68%	11.17%	1.12	22
Orange	Inner Regional Australia	1005	18.93%	8.08%	0.53%	10.93%	1.01	19
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

## Child mental health need

# Hunter New England and Central Coast – PHN108

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	
Armidale	Inner Regional Australia	985	11.53%	7.04%	1.46%	12.80%	1.01	19
Gosford	Major Cities of Australia	1020	16.87%	7.77%	0.51%	9.41%	1.20	18
Great Lakes	Inner Regional Australia	948	18.77%	8.20%	1.51%	8.90%	1.37	24
Inverell - Tenterfield	Outer Regional Australia	923	11.73%	7.67%	1.40%	15.63%	1.11	24
Lake Macquarie - East	Major Cities of Australia	1010	18.69%	7.86%	0.90%	9.37%	1.30	21
Lake Macquarie - West	Major Cities of Australia	992	22.31%	8.05%	0.78%	8.75%	1.36	21
Lower Hunter	Inner Regional Australia	961	22.47%	8.70%	0.63%	14.63%	1.27	24
Maitland	Major Cities of Australia	994	25.33%	8.76%	1.02%	13.39%	1.25	23
Moree - Narrabri	Outer Regional Australia	956	7.40%	6.21%	1.00%	15.28%	0.83	19
Newcastle	Major Cities of Australia	1010	15.15%	7.57%	0.76%	8.78%	1.22	19
Port Stephens	Inner Regional Australia	981	24.41%	9.10%	1.06%	10.34%	1.39	23
Tamworth - Gunnedah	Inner Regional Australia	958	18.15%	8.74%	0.30%	12.45%	1.11	21
Taree - Gloucester	Inner Regional Australia	934	19.07%	9.09%	2.15%	15.42%	1.39	26
Upper Hunter	Inner Regional Australia	955	18.72%	7.42%	0.58%	15.31%	1.06	23
Wyong	Major Cities of Australia	967	24.91%	9.24%	0.48%	10.44%	1.37	20
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

## Child mental health need

# North Coast – PHN109

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	
Clarence Valley	Inner Regional Australia	940	16.94%	8.81%	0.56%	9.96%	1.30	22
Coffs Harbour	Inner Regional Australia	973	16.36%	7.55%	1.20%	9.74%	1.19	22
Kempsey - Nambucca	Inner Regional Australia	910	19.33%	9.76%	1.63%	18.95%	1.34	26
Port Macquarie	Inner Regional Australia	985	22.92%	10.51%	0.97%	12.96%	1.32	24
Richmond Valley - Coastal	Inner Regional Australia	1013	15.49%	6.81%	0.52%	7.22%	1.05	16
Richmond Valley - Hinterland	Inner Regional Australia	947	22.89%	9.55%	2.38%	17.99%	1.30	26
Tweed Valley	Major Cities of Australia	989	17.21%	6.66%	0.07%	11.64%	1.14	17
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

## Child mental health need

# Murrumbidgee – PHN110

	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)
Albury	Inner Regional Australia	973	16.83%	7.85%	0.48%	13.50%	1.10	20
Griffith - Murrumbidgee (West)	Outer Regional Australia	963	10.68%	7.16%	0.93%	13.79%	0.98	20
Lachlan Valley	Outer Regional Australia	953	15.81%	7.40%	1.06%	12.62%	1.04	23
Lower Murray	Outer Regional Australia	966	11.83%	4.46%	0.83%	20.96%	0.91	19
Tumut - Tumbarumba	Inner Regional Australia	952	16.62%	6.35%	1.57%	13.45%	1.05	22
Upper Murray exc. Albury	Inner Regional Australia	978	13.12%	7.49%	1.31%	11.75%	1.05	22
Wagga Wagga	Inner Regional Australia	980	16.84%	8.67%	0.98%	11.66%	1.05	22
Young - Yass	Inner Regional Australia	1009	18.85%	7.43%	1.30%	9.57%	1.05	20
National Average (Australia)			12.52%	6.32%	0.53%	10.83%	1.02	

# In summary

- All PHNs regions have SA3 regions of high child mental health needs or presentation of vulnerability that requires an immediate workforce response.
- Very high child mental health needs have been identified in the following PHNs:
  - Hunter New England and Central Coast
  - Murrumbidgee
  - Western NSW
  - North Coast
  - South Eastern NSW
  - Nepean Blue Mountains
  - Central and Eastern Sydney

## 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/Medium 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: Medium 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 to 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 to 24. Lower scores indicate that the workforce in that region has lower availability to provide support.

# Central and Eastern Sydney – PHN101

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	
Bankstown	618	18	98	5617	164	812	5205	152	682	7
Botany	274	35	110	1905	242	818	2044	260	861	12
Canada Bay	831	68	280	3040	250	933	3123	256	808	16
Canterbury	475	21	90	3809	165	686	4225	183	684	8
Cronulla - Miranda - Caringbah	758	43	178	4964	280	1164	4953	280	1092	18
Eastern Suburbs - North	1547	93	387	3661	219	720	3839	230	744	14
Eastern Suburbs - South	1431	79	340	5089	283	1038	5414	301	1051	20
Hurstville	715	39	160	4189	231	814	5648	312	1058	15
Kogarah - Rockdale	723	37	144	4214	215	792	5845	298	1037	14
Leichhardt	684	77	330	2114	239	969	1824	207	682	14
Liverpool	603	23	135	4317	166	847	5046	194	975	11
Lord Howe Island	0	0	0	7	108	0	0	0	0	6
Marrickville - Sydenham - Petersham	614	97	346	2380	377	1169	1846	292	760	20
Strathfield - Burwood - Ashfield	1517	80	297	5948	313	975	7080	372	1143	21
Sutherland - Menai - Heathcote	619	33	143	5677	304	1464	5067	272	1165	19
Sydney Inner City	2303	152	364	5837	385	730	6653	439	823	19
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

# Northern Sydney – PHN102

	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)
Baulkham Hills	1398	55	288	6222	244	1089	5644	221	878	17
Carlingford	456	36	188	2520	200	826	2713	215	827	12
Chatswood - Lane Cove	1073	57	269	3608	192	786	4322	230	878	14
Hornsby	546	37	171	4028	270	1253	4220	283	1156	19
Ku-ring-gai	1429	71	349	4360	217	844	4631	230	879	15
Manly	308	47	211	1363	206	716	1230	186	523	10
North Sydney - Mosman	983	86	286	2905	255	823	3204	281	802	16
Pennant Hills - Epping	516	58	283	2154	242	934	2172	244	837	16
Pittwater	345	36	122	2454	256	983	2193	229	719	12
Ryde - Hunters Hill	1102	52	228	5000	238	887	5439	258	887	16
Warringah	790	32	133	6400	255	1143	6036	241	965	14
National (Australia)	157,906 (n)	32 (mdn)	130 (mdn)	980,672 (n)	259 (mdn)	1004 (mdn)	1,085,650 (n)	275 (mdn)	984 (mdn)	

## Workforce availability

# Western Sydney – PHN103

	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)
Blacktown	470	19	92	4452	182	852	5646	231	1036	11
Blacktown - North	647	20	133	5585	176	1119	5731	181	1073	13
Mount Druitt	188	8	40	2837	120	657	3933	166	881	7
Parramatta	1052	40	227	4890	188	870	5795	223	970	14
National (Australia)	157,906 (n)	32 (mdn)	130 (mdn)	980,672 (n)	259 (mdn)	1004 (mdn)	1,085,650 (n)	275 (mdn)	984 (mdn)	

# Nepean Blue Mountains – PHN104

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	
Bathurst	256	33	128	2312	297	1335	2354	303	1157	19
Blue Mountains	662	57	218	4862	420	1815	3581	309	1107	22
Dural - Wisemans Ferry	150	36	134	1029	249	831	841	204	493	12
Fairfield	376	13	61	3948	135	538	4392	150	516	6
Hawkesbury	87	21	80	1172	289	1198	842	207	628	14
Penrith	648	22	113	6924	231	1304	6404	214	1065	14
Richmond - Windsor	102	17	39	1554	259	1036	1404	234	791	12
Rouse Hill - McGraths Hill	319	26	119	2498	204	1201	2095	171	840	12
St Marys	110	10	44	1766	167	803	1835	174	771	6
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 Western Sydney – PHN105

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	
Auburn	439	30	133	2429	164	550	3962	267	900	11
Blue Mountains - South	0	0	0	0	0	0	0	0	0	
Bringelly - Green Valley	508	17	99	5161	170	1018	4786	158	854	10
Camden	389	26	145	4078	270	1632	3092	204	1017	16
Campbelltown (NSW)	609	18	103	5825	171	932	7035	206	1047	10
Merrylands - Guildford	384	13	66	3852	128	627	4722	157	730	6
Wollondilly	153	18	65	2002	234	1209	1697	198	850	11
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 NSW – PHN106

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	
Dapto - Port Kembla	301	23	77	2761	211	961	3861	295	1220	14
Goulburn - Mulwaree	140	24	80	1446	248	971	1807	309	1084	14
Illawarra Catchment Reserve	0	0	0	0	0	0	0	0	0	
Kiama - Shellharbour	511	32	136	4201	266	1178	5061	320	1249	20
Queanbeyan	228	21	73	2448	222	1066	2256	204	872	11
Shoalhaven	543	37	125	3773	254	949	4692	316	1063	15
Snowy Mountains	123	44	111	841	301	1033	801	286	769	16
South Coast	365	39	130	2773	297	909	3319	355	1023	18
Southern Highlands	295	40	132	1957	263	1004	2194	294	961	16
Wollongong	1251	65	281	6452	333	1351	6963	360	1339	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

# Western NSW – PHN107

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	
Bourke - Cobar - Coonamble	57	15	36	1075	281	1314	677	177	738	11
Broken Hill and Far West	123	42	145	888	300	1069	1025	347	1297	21
Dubbo	403	31	160	3728	284	1490	3544	270	1295	18
Lithgow - Mudgee	114	15	45	1632	218	878	1614	216	779	8
Orange	469	42	209	2981	266	1418	3129	279	1309	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

# Hunter New England and Central Coast – PHN108

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	
Armidale	210	37	92	1754	310	1249	1574	278	875	18
Gosford	1252	47	216	7085	265	1139	9007	337	1290	21
Great Lakes	117	31	76	976	261	652	1515	406	989	15
Inverell - Tenterfield	111	20	57	1398	248	991	1425	253	814	11
Lake Macquarie - East	1023	52	237	5763	293	1310	6690	341	1347	23
Lake Macquarie - West	410	31	126	3313	250	1100	4254	321	1245	16
Lower Hunter	209	12	48	3060	180	839	3459	203	853	8
Maitland	440	27	142	3866	240	1232	4126	256	1177	17
Moree - Narrabri	60	13	56	1030	231	1071	735	165	655	9
Newcastle	2329	91	411	8405	329	1370	10742	421	1629	24
Port Stephens	226	22	67	2263	215	775	3030	288	946	10
Tamworth - Gunnedah	420	29	159	3709	253	1298	3773	257	1148	16
Taree - Gloucester	287	37	152	2088	270	966	2797	361	1182	19
Upper Hunter	72	14	44	1006	193	886	877	169	565	7
Wyong	525	20	87	6467	241	1108	8233	307	1268	16
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

# North Coast – PHN109

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	
Clarence Valley	184	25	77	1907	263	947	2281	314	919	14
Coffs Harbour	661	48	197	4055	293	1271	4835	349	1284	22
Kempsey - Nambucca	149	21	71	1866	265	931	2235	317	1010	14
Port Macquarie	570	49	189	3662	313	1204	4884	418	1443	22
Richmond Valley - Coastal	739	61	228	3659	303	1092	4038	334	1040	22
Richmond Valley - Hinterland	385	36	150	3042	286	1154	3729	351	1243	21
Tweed Valley	483	35	130	3743	273	1012	4641	339	1107	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)	

# Murrumbidgee – PHN110

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	
Albury	455	41	190	3053	276	1233	3432	310	1245	20
Griffith - Murrumbidgee (West)	139	17	87	1903	226	1150	1662	197	821	11
Lachlan Valley	129	14	57	2295	257	1186	1903	213	839	11
Lower Murray	25	12	59	472	226	730	414	198	506	7
Tumut - Tumbarumba	31	13	23	506	212	850	510	214	635	7
Upper Murray exc. Albury	118	20	63	1488	247	903	1644	272	819	11
Wagga Wagga	581	35	168	4481	268	1344	5009	299	1400	20
Young - Yass	125	20	64	1438	225	996	1349	211	733	9
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

- Major city regions in NSW, including Sydney and Newcastle, show high availability of **Group 1: High opportunity specialists** compared to the national average, which is similar to other major city regions across Australia.
- We use the national average availability of workforce as a comparison to highlight when regions have higher or lower workforce supply, however we learned from stakeholder consultations that the national average is still not optimal.
- We therefore, look to the availability of **Group 2 and 3 workforce** as a valuable resource to provide support to children and families within their scope, when access to specialists is limited. In some areas of Sydney, where Group 1 specialists have higher availability the generalist child mental health (group 2 and 3) workforce is less available, while North Coast shows high availability across all workforces captured.
- Some rural and regional areas, such as in parts of the Hunter New England and Central Coast or Murrumbidgee catchments, show low availability of specialists where the number of specialists per 1000 children and the hours of service available per 1000 children in the region are considerably lower than the national average. In these regions there is mixed availability of generalists, where some have high availability of generalists who could be drawn upon to fill service gaps and others 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 that 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.**

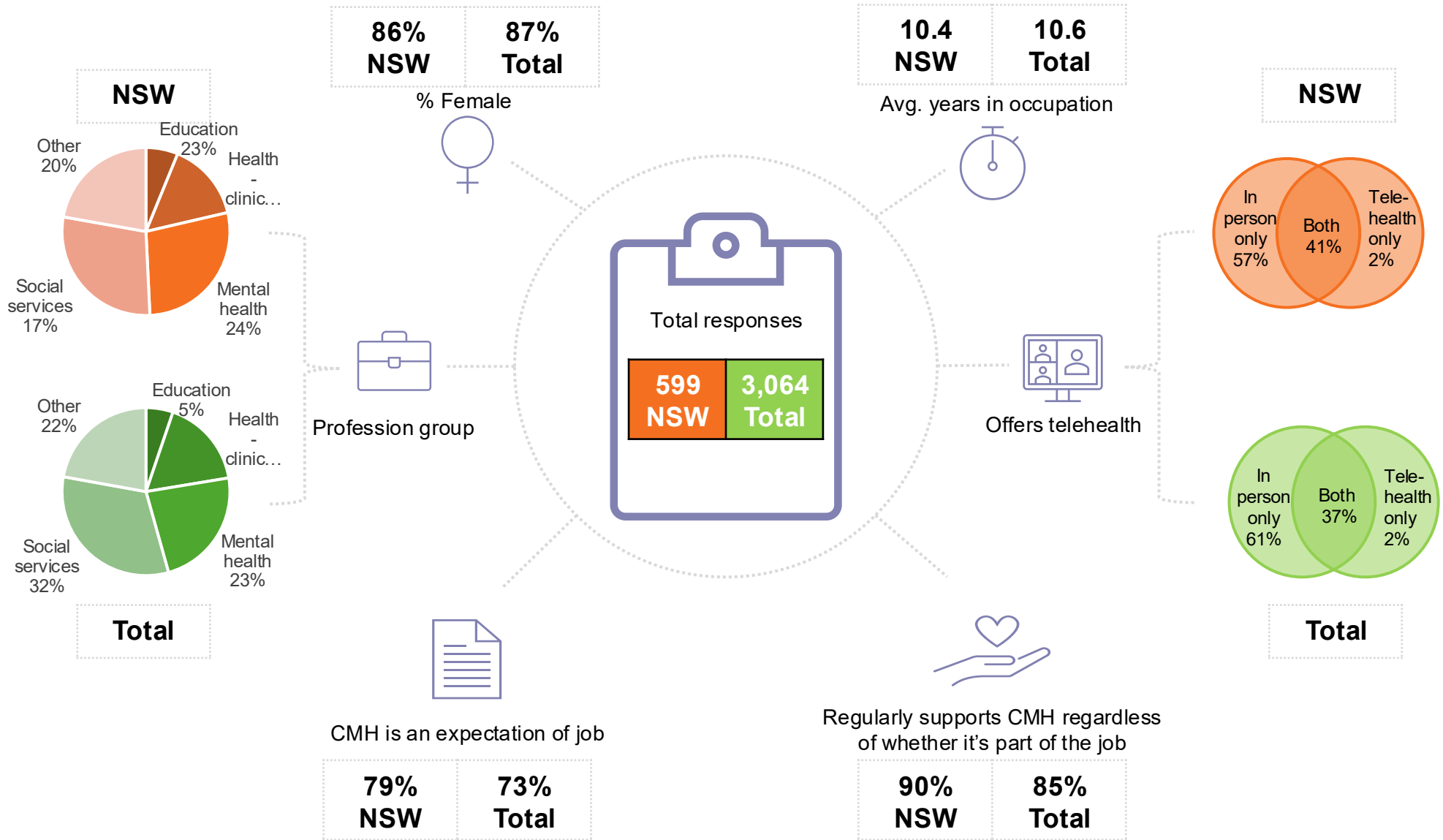


- Engagement in workforce development makes a significant difference in the level of competency in child mental health. Those who had completed training or used resources reported higher competence in all areas we measured.



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

# 2023 National workforce survey sample



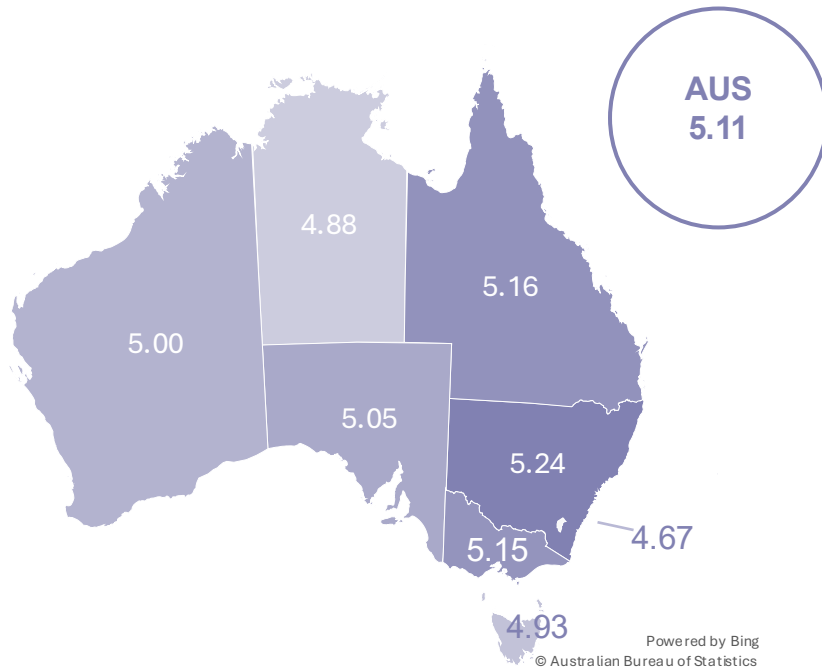
## Workforce competency

# National Workforce Survey overview

Generalist child mental health competency scores in NSW are slightly higher than the national average

### In NSW

Generalist child mental health competency scores in NSW are slightly higher than the national average



Clinical health professionals rated their generalist and specialist child mental health competence lower than other profession groups



Educators in NSW also showed moderate confidence in both generalist and specialist child mental health competencies, especially family resilience and disasters



The mental health profession group showed the highest level of confidence. Although average scores for both mental health and social services professionals indicate moderate competency with room for improvement.

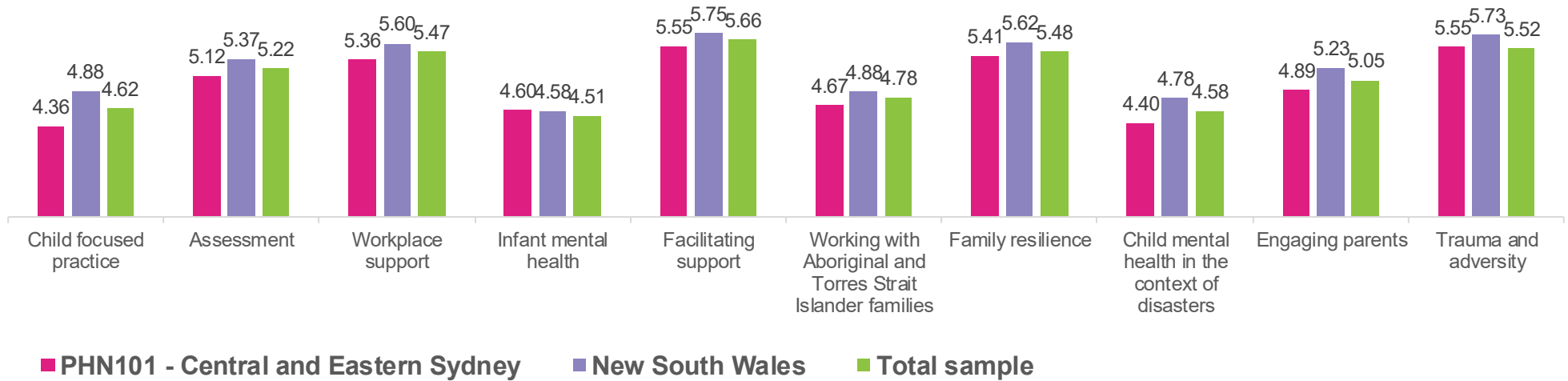
# Competencies in child mental health

<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.

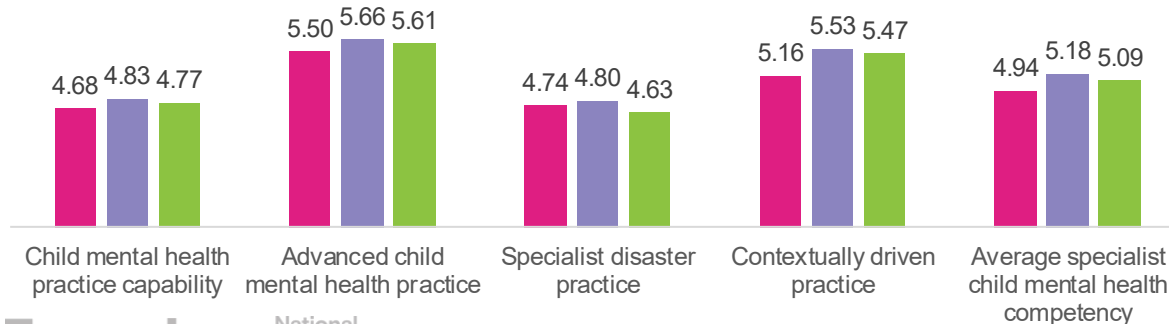
## Central and Eastern Sydney – PHN101

102 total responses

Generalist competencies for all practitioners – average scores



Specialist-level child mental health competencies – average scores



Respondents rated their agreement with a range of competency statements using a 7-point scale from 'strongly disagree' – 'strongly agree'.

Scores are interpreted as follows:

1-4: lack of agreement indicating low competence

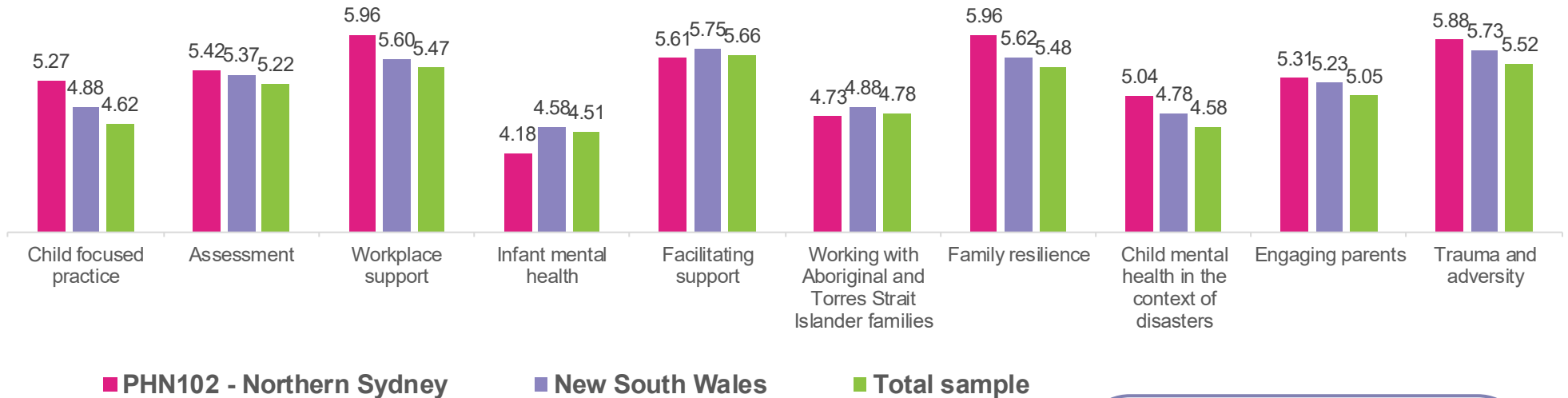
5-6: Moderate competence

6-7: High level of competence

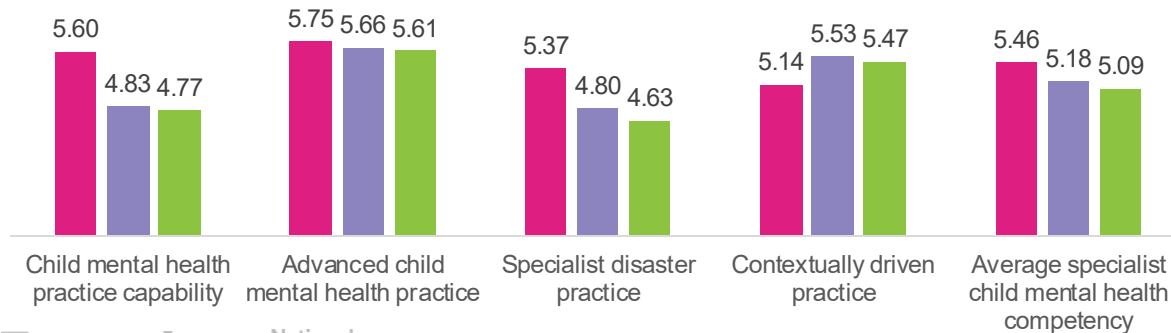
## Northern Sydney – PHN102

45 total responses

Generalist competencies for all practitioners – average scores



Specialist-level child mental health competencies – 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

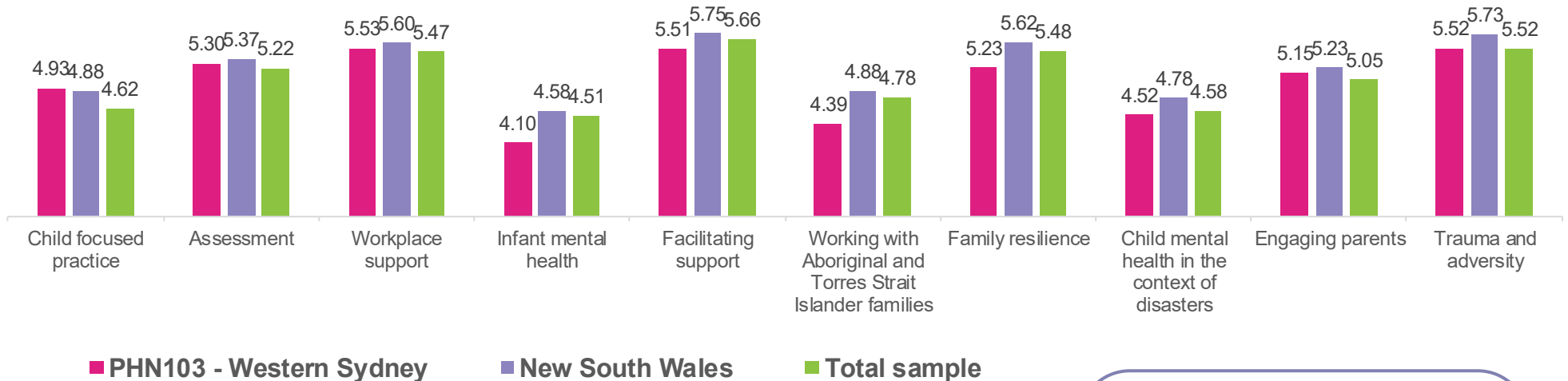
5-6: Moderate competence

6-7: High level of competence

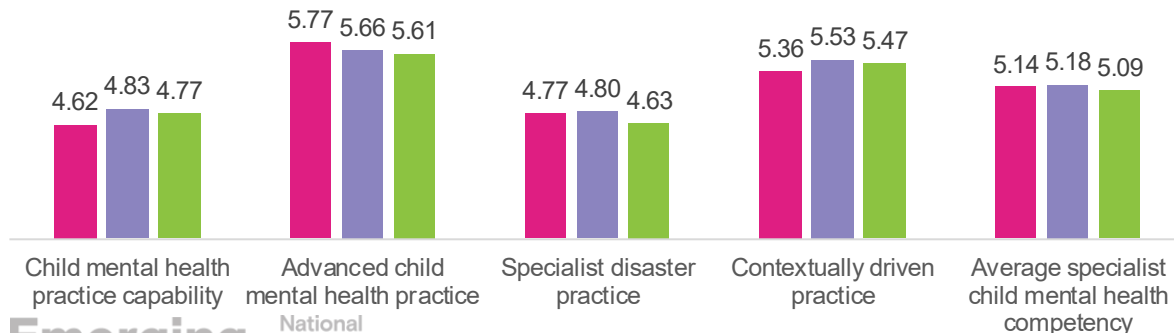
## Western Sydney – PHN103

53 total responses

Generalist competencies for all practitioners – average scores



Specialist-level child mental health competencies – 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

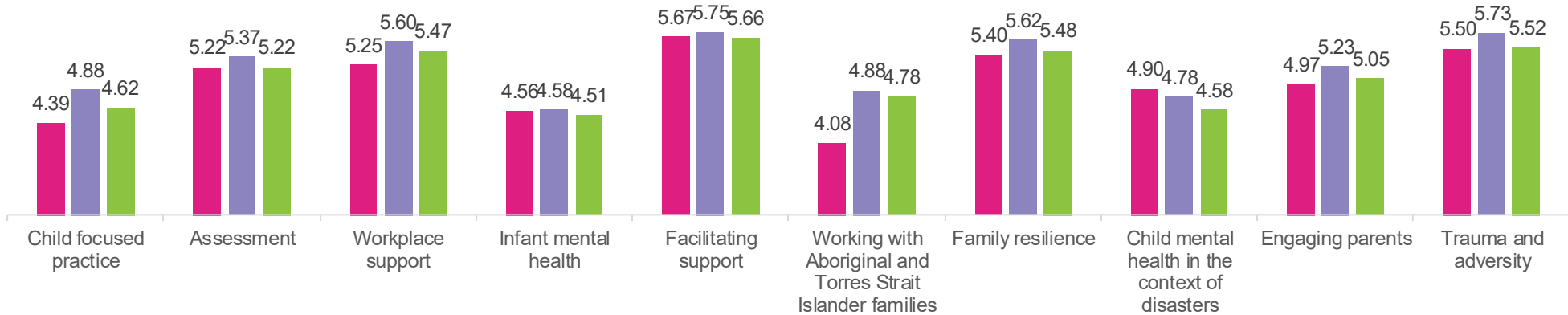
5-6: Moderate competence

6-7: High level of competence

# Nepean Blue Mountains – PHN104

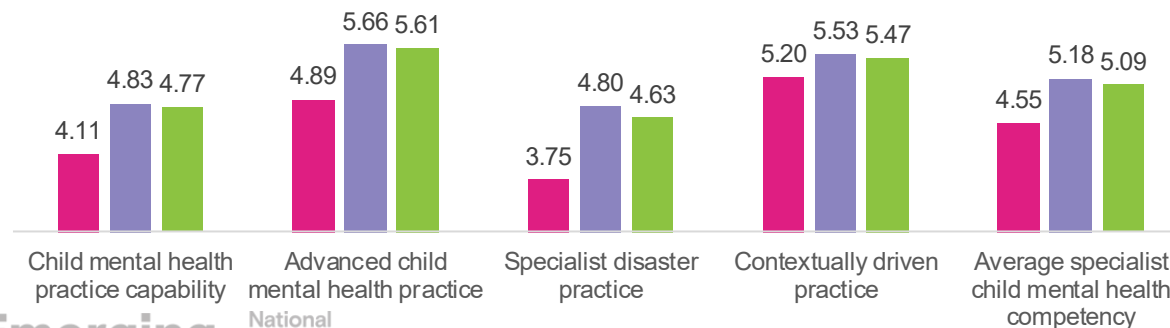
20 total responses

Generalist competencies for all practitioners – average scores



■ PHN104 - Nepean Blue Mountains ■ New South Wales ■ Total sample

Specialist-level child mental health competencies – 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

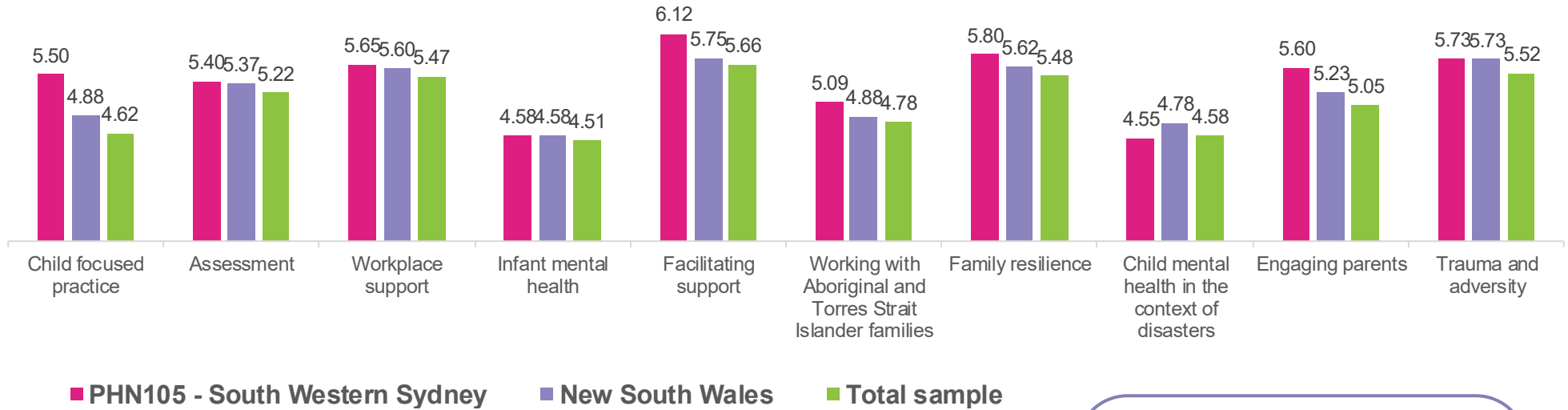
5-6: Moderate competence

6-7: High level of competence

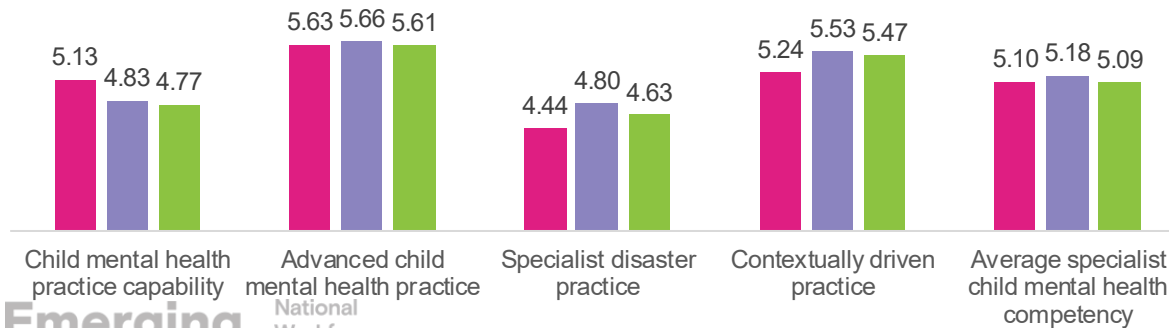
# South Western Sydney – PHN105

33 total responses

Generalist competencies for all practitioners – average scores



Specialist-level child mental health competencies – 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

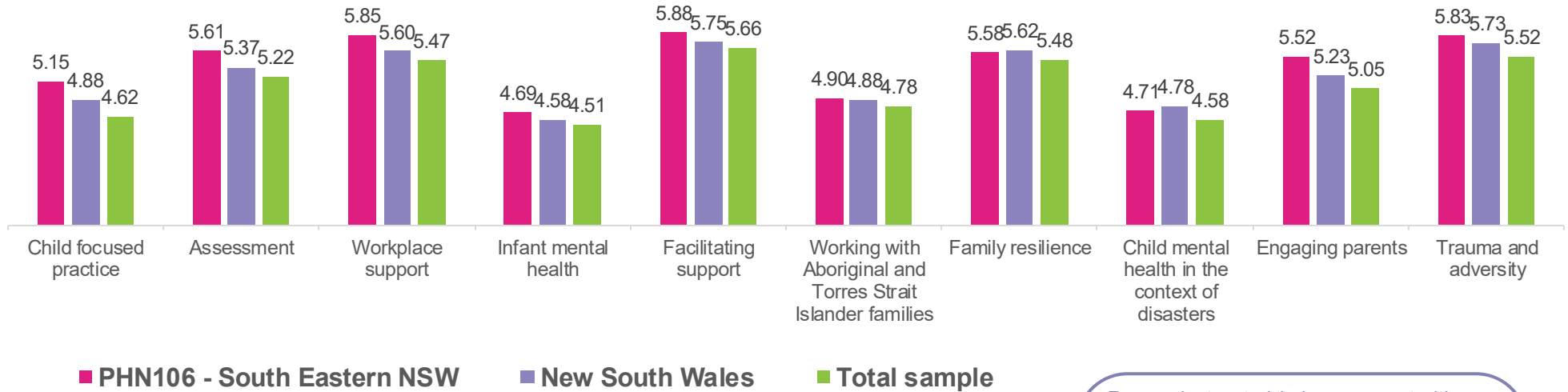
5-6: Moderate competence

6-7: High level of competence

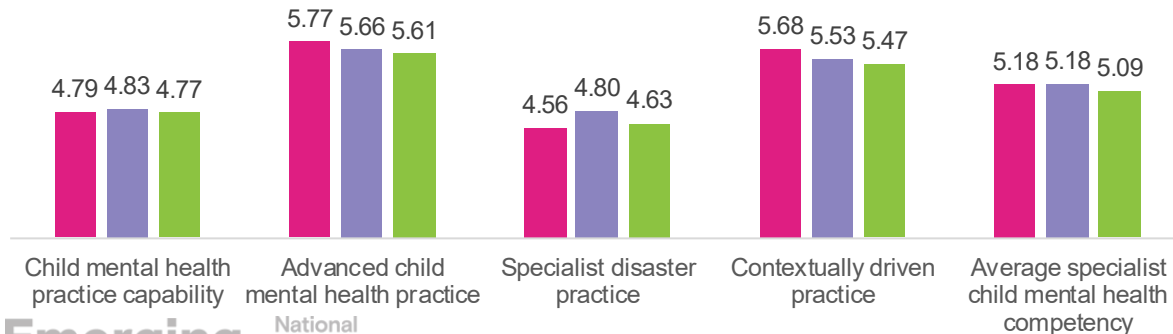
## South Eastern NSW – PHN106

79 total responses

Generalist competencies for all practitioners – average scores



Specialist-level child mental health competencies – 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

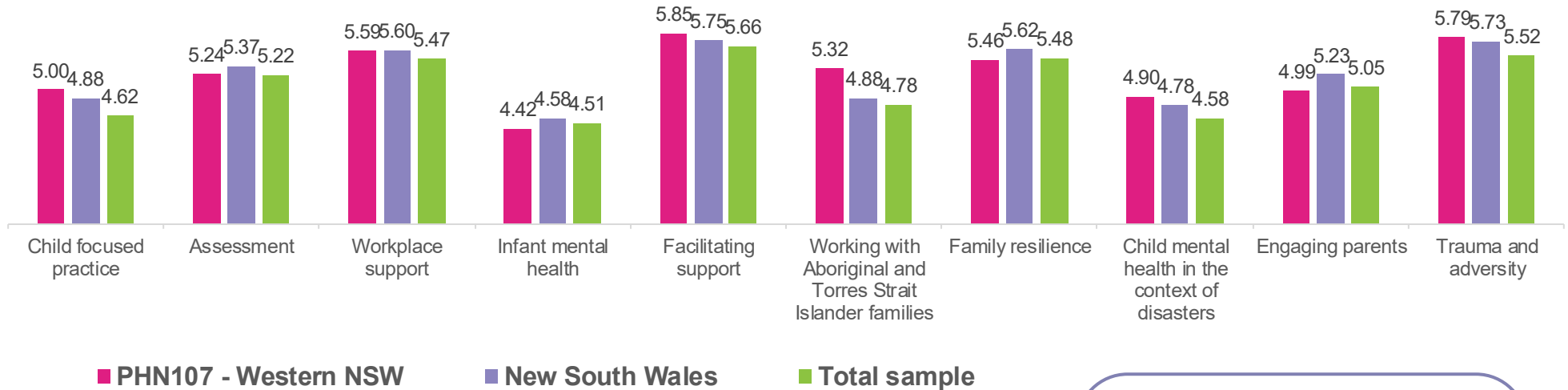
5-6: Moderate competence

6-7: High level of competence

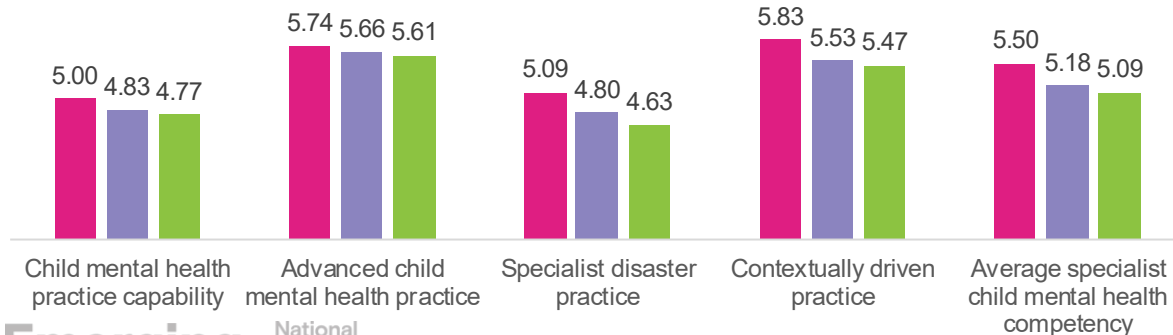
## Western NSW – PHN107

48 total responses

Generalist competencies for all practitioners – average scores



Specialist-level child mental health competencies – 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

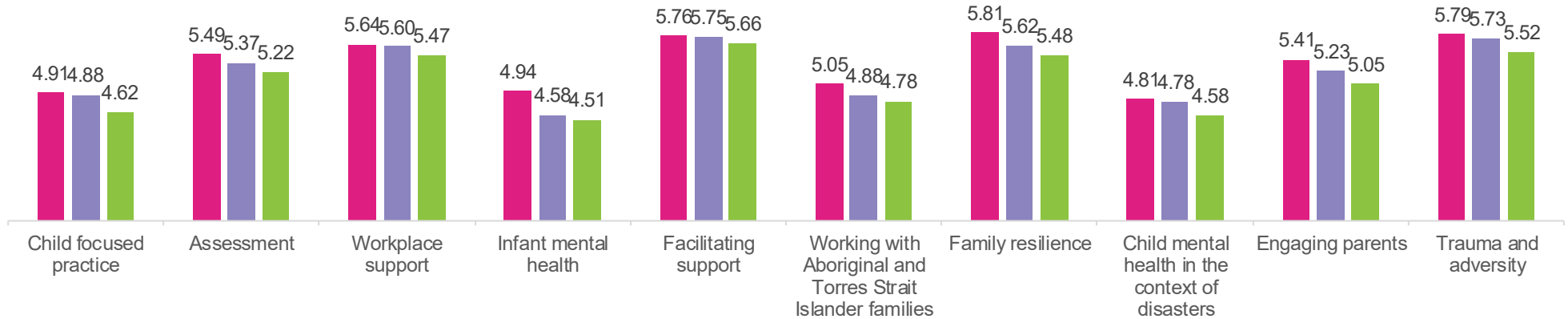
5-6: Moderate competence

6-7: High level of competence

## Hunter New England and Central Coast – PHN108

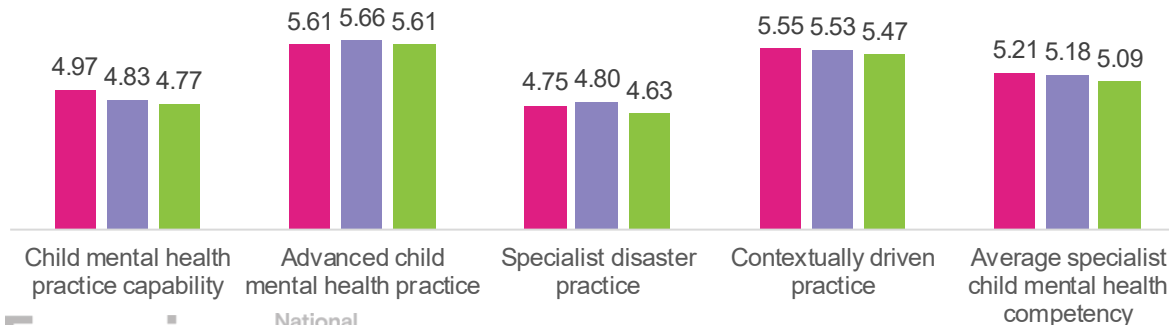
115 total responses

Generalist competencies for all practitioners – average scores



■ PHN108 - Hunter New England and Central Coast ■ New South Wales ■ Total sample

Specialist-level child mental health competencies – 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

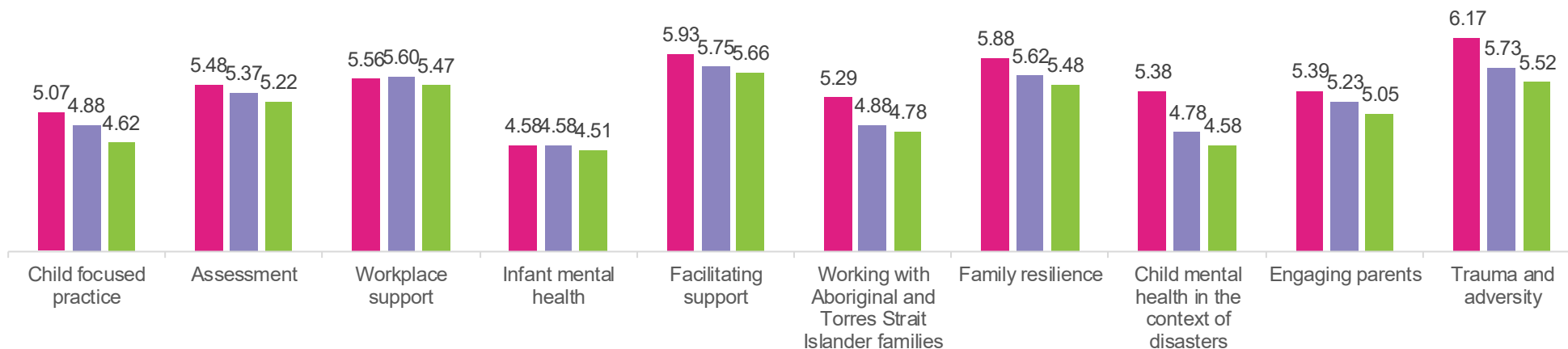
5-6: Moderate competence

6-7: High level of competence

## North Coast – PHN109

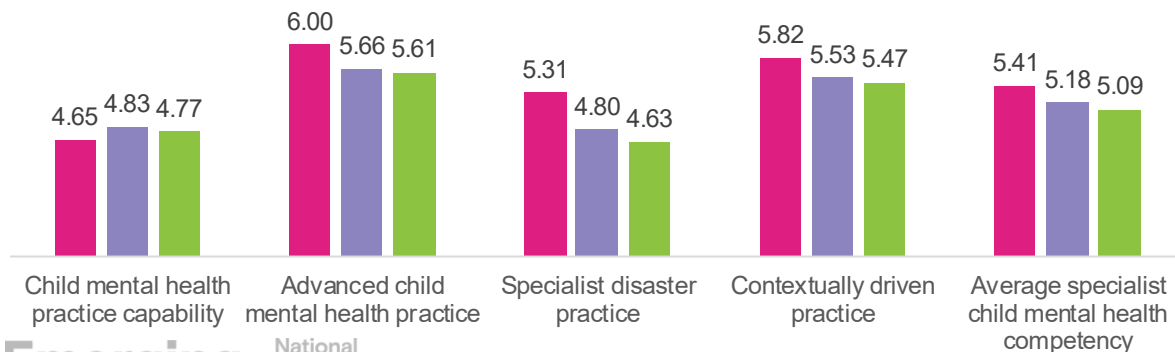
66 total responses

Generalist competencies for all practitioners – average scores



■ PHN109 - North Coast    ■ New South Wales    ■ Total sample

Specialist-level child mental health competencies – 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

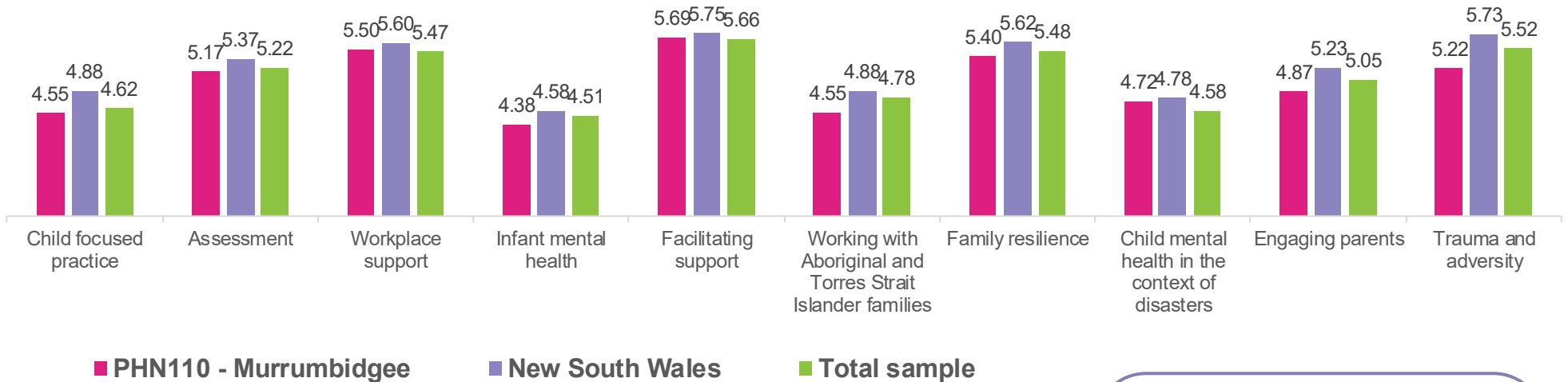
5-6: Moderate competence

6-7: High level of competence

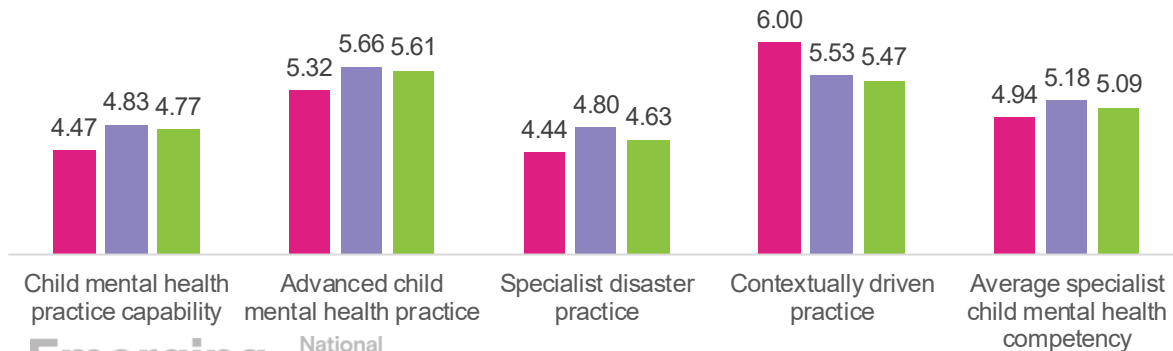
## Murrumbidgee – PHN110

38 total responses

Generalist competencies for all practitioners – average scores



Specialist-level child mental health competencies – 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 NSW PHN regions

		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
PHN101 - Central and Eastern Sydney	N	81	85	70	70	85	63	46	60	85	73
	Mean	4.36	5.12	5.36	4.60	5.55	4.67	5.41	4.40	4.89	5.55
	Std. Dev.	1.65	1.17	1.55	1.70	1.18	1.22	1.15	1.52	1.42	1.26
PHN102 - Northern Sydney	N	30	33	28	28	33	26	24	24	33	30
	Mean	5.27	5.42	5.96	4.18	5.61	4.73	5.96	5.04	5.31	5.88
	Std. Dev.	1.78	1.30	1.07	1.85	1.48	1.46	1.08	1.55	1.30	1.27
PHN103 - Western Sydney	N	41	44	40	39	45	36	30	31	44	42
	Mean	4.93	5.30	5.53	4.10	5.51	4.39	5.23	4.52	5.15	5.52
	Std. Dev.	1.66	1.30	1.20	1.76	1.20	1.59	1.61	1.67	1.48	1.29
PHN104 - Nepean Blue Mountains	N	18	18	16	16	18	12	10	10	18	16
	Mean	4.39	5.22	5.25	4.56	5.67	4.08	5.40	4.90	4.97	5.50
	Std. Dev.	1.94	1.56	1.39	1.41	1.57	1.78	1.84	1.52	1.49	1.40
PHN105 - South Western Sydney	N	24	25	23	24	26	22	20	20	26	25
	Mean	5.50	5.40	5.65	4.58	6.12	5.09	5.80	4.55	5.60	5.73
	Std. Dev.	1.56	1.61	1.40	2.10	1.18	1.44	1.44	1.73	1.28	1.25

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

## Workforce competency

# Generalist child mental health competencies

For all practitioners

Average competency scores out of 7, by NSW PHN region continued

		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
PHN106 - South Eastern NSW	N	60	66	59	58	66	52	43	52	66	61
	Mean	5.15	5.61	5.85	4.69	5.88	4.90	5.58	4.71	5.52	5.83
	Std. Dev.	1.61	1.07	0.98	1.59	1.27	1.32	1.12	1.35	1.20	1.16
PHN107 - Western NSW	N	35	41	34	31	40	34	24	30	39	35
	Mean	5.00	5.24	5.59	4.42	5.85	5.32	5.46	4.90	4.99	5.79
	Std. Dev.	1.39	1.20	1.33	1.46	1.03	1.27	0.83	1.27	1.18	1.09
PHN108 - Hunter New England and Central Coast	N	98	104	98	94	104	84	67	81	103	98
	Mean	4.91	5.49	5.64	4.94	5.76	5.05	5.81	4.81	5.41	5.79
	Std. Dev.	1.29	0.95	1.19	1.39	1.13	1.24	1.13	1.32	1.16	1.17
PHN109 - North Coast	N	55	58	50	50	59	42	32	42	59	51
	Mean	5.07	5.48	5.56	4.58	5.93	5.29	5.88	5.38	5.39	6.17
	Std. Dev.	1.82	1.23	1.69	1.74	1.28	1.27	0.91	1.38	1.43	1.00
PHN110 - Murrumbidgee	N	33	35	30	29	35	29	20	25	35	30
	Mean	4.55	5.17	5.50	4.38	5.69	4.55	5.40	4.72	4.87	5.22
	Std. Dev.	1.75	1.22	1.20	1.61	1.21	1.02	1.35	1.14	1.38	1.41

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

# Specialist child mental health competencies

For child mental health workforce

Average competency scores out of 7, by NSW PHN region

		Child mental health practice capability	Advanced child mental health practice	Specialist disaster practice	Contextually driven practice
PHN101 - Central and Eastern Sydney	N	38	38	38	37
	Mean	4.68	5.50	4.74	5.16
	Std. Dev.	1.28	1.08	1.69	1.14
PHN102 - Northern Sydney	N	20	20	19	21
	Mean	5.60	5.75	5.37	5.14
	Std. Dev.	1.50	1.37	1.46	1.65
PHN103 - Western Sydney	N	26	26	26	28
	Mean	4.62	5.77	4.77	5.36
	Std. Dev.	1.60	1.21	1.66	1.57
PHN104 - Nepean Blue Mountains	N	9	9	8	10
	Mean	4.11	4.89	3.75	5.20
	Std. Dev.	1.54	1.62	1.49	0.92
PHN105 - South Western Sydney	N	16	16	16	17
	Mean	5.13	5.63	4.44	5.24
	Std. Dev.	1.45	1.45	1.75	1.35

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 NSW PHN region continued

		Child mental health practice capability	Advanced child mental health practice	Specialist disaster practice	Contextually driven practice
PHN106 - South Eastern NSW	N	42	44	41	44
	Mean	4.79	5.77	4.56	5.68
	Std. Dev.	1.37	1.08	1.60	0.98
PHN107 - Western NSW	N	23	23	23	24
	Mean	5.00	5.74	5.09	5.83
	Std. Dev.	1.21	0.75	1.31	1.20
PHN108 - Hunter New England and Central Coast	N	70	71	65	71
	Mean	4.97	5.61	4.75	5.55
	Std. Dev.	1.27	0.99	1.31	1.07
PHN109 - North Coast	N	37	39	35	39
	Mean	4.65	6.00	5.31	5.82
	Std. Dev.	1.46	0.97	1.37	0.91
PHN110 - Murrumbidgee	N	19	19	18	19
	Mean	4.47	5.32	4.44	6.00
	Std. Dev.	1.84	1.25	1.46	0.67

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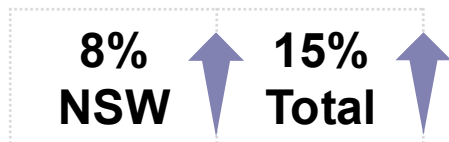
## Workforce competency

# Impact of workforce development

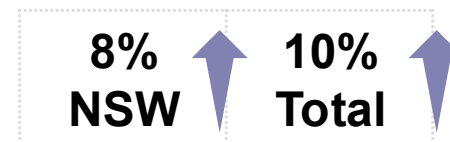
Survey findings indicate a relationship between engagement with Emerging Minds and improved child mental health workforce competency. Among the survey sample, 50% had actively engaged with Emerging Minds resources (called the *Exposed* group), a further 9% were just aware of Emerging Minds or had only 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 in the *Aware* or *Exposed* group were statistically significantly more competent than those in the *Control* group across all the competency subscales we measured. Those in the *Exposed* group also showed higher levels of competency scores overall.








% Change in generalist competency with engagement with Emerging Minds



% Change in specialist competency with engagement with Emerging Minds



# Impact of workforce development

	 % Had actively used Emerging Minds before	 % Found Emerging Minds resources highly relevant to their work	 % Learned something new from the Emerging Minds resources	 % Contact with Emerging Minds improved confidence discussing child mental health with families	 % Have been able to apply learning from Emerging Minds in their work
PHN101 - Central and Eastern Sydney	49%	81.9%	90.7%	72.7%	68.8%
PHN102 - Northern Sydney	48%	87.6%	82.4%	70.6%	76.4%
PHN103 - Western Sydney	44%	100.0%	100.0%	81.4%	93.8%
PHN104 - Nepean Blue Mountains	45%	66.6%	100%	83.4%	66.7%
PHN105 - South Western Sydney	54%	99.9%	100%	83.3%	100%
PHN106 - South Eastern NSW	69%	92.8%	95.2%	85.7%	88.0%
PHN107 - Western NSW	68%	99.9%	95.6%	80.9%	81.8%
PHN108 - Hunter New England and Central Coast	52%	94.2%	96.3%	78.2%	81.1%
PHN109 - North Coast	61%	96.5%	96.5%	83%	82.1%
PHN110 - Murrumbidgee	39%	85.8%	92.9%	82.1%	78.5%
<b>NSW</b>	<b>54%</b>	<b>79.3</b>	<b>94.6</b>	<b>79.3</b>	<b>82.0</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 NSW

- Survey respondents from NSW have similar demographics to the broader survey sample, although a slightly higher proportion provide telehealth services, and they are slightly more likely to be supporting child mental health in their work. Clinical health professionals in NSW were the group showing the most room for improvement in their child mental health competencies, while educators showed particular strengths in family resilience and responding to children in disasters.
- Child mental health competency in NSW is moderate in some domains (such as **Assessment**, **Workplace Support** and **Family resilience**) and low in others (such as **Child focused practice**, **Infant mental health**, **Working with Aboriginal and Torres strait Islander families** and **Disasters**).
- NSW respondents rated their generalist child mental health competency slightly higher than other states and territories and the national average on all the competency domains measured, although the results varied by PHN area and competency domain. Some PHN regions show higher competency than the state average across the board, while others have missed results. Some regional PHNs show greater confidence in adapting specialist-level practices to the child's local environment (**Contextually driven practice**), which is consistent with the wider survey sample.
- Emerging Minds learning and practice resources are effective and useful for NSW users, with respondents who had actively engaged with resources demonstrating improved competence and confidence, and indicating resources had high levels of relevance and applicability to their work.

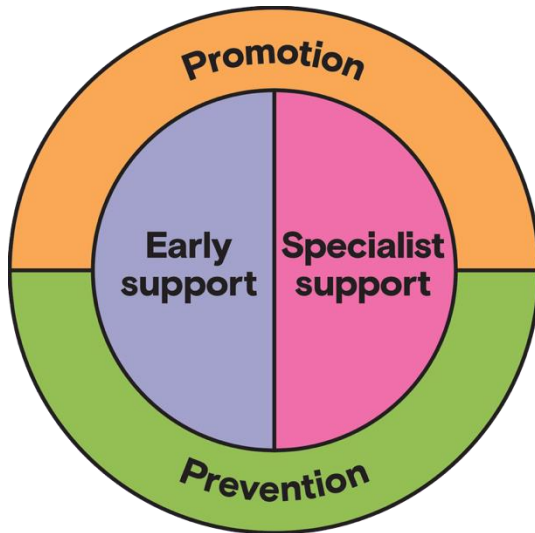
## Section 5

# Conclusion

## Conclusion

# How to create an integrated child mental health system

Workforce development and training is part of the broader solution for creating a system of care which promotes and responds to children's mental health. There are opportunities to enhance the system by embedding promotion and prevention across all levels influencing changes in practice specific to workforce groups. Sector consultations highlighted the need for supportive funding models and dedicated focus on early intervention and prevention. As with other findings in this report there is a call among stakeholders for system level responses, beyond a focus on practitioner change, that allow for adaptation in local contexts.



For service providers delivering universal and targeted guidance and support on health, child development and parenting.

- Increase access for families to information about children's mental health development
- Normalise conversations about children's mental health and wellbeing
- Create shared language about child mental health
- Increase partnerships with children and families using [Emerging Minds Families](#)



Professionals delivering early intervention support for emerging mental health difficulties.

- Deliver multidisciplinary care to address emerging mental health difficulties
- Improve identification and low intensity support using [Emerging Minds Learning](#)
- Provide anticipatory guidance
- Provide support before/while referring
- 



For service providers providing support to adults, families and children who are experiencing health, relationship, social and financial stressors.

- Address known child mental health risk factors
- Consider and provide support around the impact of parent and family adversity on child mental health and wellbeing
- Build family agency using [PERCS](#) and [Getting through tough times](#) resources.



Professionals delivering specialised mental health support for infants and children experiencing severe and/or persistent mental health difficulties.

- Enhance [infant](#) and [child](#) mental health practice
- Support family agency
- Improve competency in [disaster](#) practice.
- Increase access to specialist secondary consultation
- Embed health promotion and prevention activities in practice.

## Conclusion

# Summary for NSW

### Current situation for child mental health workforce support

NSW has the largest number of children aged 0-12 years of any state or territory in Australia, and highly diverse needs across a large number of regions presented in this report. Almost all PHN catchments have regions with mismatch between the level of child mental health need and the workforce available to provide support to meet it. Specialist practitioners in a position to provide child mental health services are maldistributed and overrepresented in areas where the need is lower. However, SA3 regions show moderate to severe gaps in workforce availability compared to the national average .

Child mental health workforce competence in NSW is slightly higher than the national average, specialists' is still at the moderate level overall showing room for improvement. There are areas of competence that are especially in need of addressing in NSW, as with other jurisdictions including **child focused practice**, generalists and specialist **responses to children in a Disaster, Working with Aboriginal and Torres Strait Islander families** and **Infant mental health**. Practitioners already working to support child mental health also need to improve some aspects of **specialist child mental health practice**.

### Potential priority regions

Three quarters of the regions in **Hunter New England and Central Coast** had very low levels of workforce availability in comparison to the estimated child need. Similarly **Murrumbidgee** has a high number of regions with high levels of population need not matched by available workforce. These two PHN areas showed regions with the greatest levels of mismatch between need and workforce availability. Workforce shortfalls were also noted in South West NSW, Western NSW and Nepean Blue Mountains PHN areas.

### Key opportunities for development

Some regions such as SA3 regions of Coffs Harbour and Richmond Valley-Coast in the **North Coast** show high levels of need but appear to have similar levels of workforce availability so may present an opportunity to build knowledge and skills in the existing workforce. Strategies might include exploring opportunities to utilise the workforce more highly concentrated in some regions around Sydney to extend support in other regions. Emerging Minds organisational support can inform strategies that improve child mental health systems.

## Conclusion

# Central and Eastern Sydney – PHN101

### Current situation for child mental health workforce support

There were **200,158 children** aged 0-12 years resident in Central and Eastern Sydney in the 2021 Census. Our analysis estimates availability of *High opportunity specialists* available per 1000 children in this catchment is in line with or more favorable than the national average which is consistent with other regions around major cities in Australia. However a **workforce well placed to provide early intervention and prevention services is lacking**: the availability of *High opportunity generalist/medium opportunity specialists* and *Medium opportunity generalist* workforce groups is low in many regions within Central and Eastern Sydney.

### Key opportunities for development

At least 25% of SA3s located in Central and Eastern Sydney had higher child need than what the estimated workforce availability could meet. **Bankstown, Canterbury and Lord Howe Island regions show greatest mismatch** between the population need for child mental health and the availability of the workforce to provide support in the region. While Canada Bay, Cronulla- Miranda – Caringbah and Eastern Suburbs areas showed comparatively higher concentrations workforce. National workforce survey respondents from Central and Eastern Sydney ( $n=102$ ) rated their child mental health competence lower than NSW overall but mostly on par with the national average. Central and Eastern Sydney respondents showed **strengths in Trauma and adversity and Facilitating support**, while workforce could benefit from workforce development activities could be targeted at **low competence areas such as Child focused practice, Working with Aboriginal and Torres Strait Islander families, responding to child mental health in Disasters and Infant mental health, and a range of specialist practices**. Central and Eastern Sydney users of Emerging Minds learning and practice resources reported they were highly relevant and applicable to their work and improved confidence talking with families.

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

### Get involved

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## Conclusion

# Northern Sydney – PHN102

### Current situation for child mental health workforce support

There were **140,904 children** aged 0-12 years resident in Northern Sydney in the 2021 Census. Our analysis estimates availability of *High opportunity specialists* available per 1000 children in this catchment is in line with or more favorable than the national average which is consistent with other regions around major cities in Australia. However, the availability of *High opportunity generalist/medium opportunity specialists* and *Medium opportunity generalist* workforce groups is low in many regions within Northern Sydney.

### Key opportunities for development

Across Northern Sydney, workforce availability in SA3 regions were either in line with or above the estimated child need. Workforce availability in this PHN ranged up to two standard deviations above the national average. **Ensuring the available workforce has the appropriate skills and confidence** to support children's mental health may be a key strategy. Capitalising on the high level of *Workplace support* reported by National Workforce Survey respondents to embed child mental health promotion and practice at all layers of the system. National Workforce Survey respondents from Northern Sydney ( $n=45$ ) showed high levels of confidence in several areas of child mental health capability – including Family Resilience, Trauma and adversity and Specialist practices in child mental health. Areas where Northern Sydney respondents rated their competence lower than the national average that indicated a need for workforce development were generalist competence in **Infant mental health** and **Working with Aboriginal and Torres Strait Islander families**, and the child mental health workforce' capacity to **adapt practice for rural and cultural contexts (Contextually driven practice)**. Northern Sydney users of Emerging Minds learning and practice resources reported they were highly relevant and applicable to their work and improved confidence talking with families.

Comments made in this report are based on available data and represent estimates of child mental health need as compared to estimates of workforce availability that have been adjusted to the child population in that region. These data come with limitations and cannot describe the complete, 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. Therefore, this indicative data can form part of broader workforce and systems development strategies which recognise local context and needs.

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# Western Sydney – PHN103

### Current situation for child mental health workforce support

There were **192,315 children** aged 0-12 years resident in Western Sydney in the 2021 Census, and there is diversity in socioeconomic indicators and developmental vulnerability in the catchment. Our analysis estimates availability of *High opportunity specialists* available per 1000 children, as well as availability of High opportunity generalist/medium opportunity specialists and medium opportunity generalist workforce groups is very low in this PHN catchment. In regions across Western Sydney, but especially **Blacktown – North** the service hours are available at a higher rate than the headcount of practitioners suggesting a workforce who may be overworked to compensate for the shortage.

### Key opportunities for development

When standardised and compared to our Index of Need, the workforce in **Blacktown – North** and **Parramatta** appear to have abundant workforce availability to meet the high levels of child mental health needs in their region, however this should be interpreted with caution if it relies on practitioners working excess work hours. SA3 regions **Blacktown** and **Mount Druitt** had negative disparity between workforce availability and child need.

National workforce survey respondents from Western Sydney ( $n=53$ ) rated their child mental health competence similarly or slightly lower than the national average on most domains. Western Sydney respondents showed moderate **strengths in Workplace support, Facilitating support and Trauma and adversity**, and **higher than average specialist Advanced child mental health practice**. They showed **very low competence in Infant mental health and Working with Aboriginal and Torres Strait Islander families** and could also benefit from **strengthening capacity to adapt practice to cultural and environmental differences** (*Contextually driven practice*) and generalist and specialist to Disaster capabilities. Western Sydney users of Emerging Minds learning and practice resources reported they were highly relevant and applicable to their work and improved confidence talking with families.

Comments made in this report are based on available data and represent estimates of child mental health need as compared to estimates of workforce availability that have been adjusted to the child population in that region. These data come with limitations and cannot describe the complete, 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. Therefore, this indicative data can form part of broader workforce and systems development strategies which recognise local context and needs.

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## Conclusion

# Nepean Blue Mountains – PHN104

### Current situation for child mental health workforce support

There were **65,866 children** aged 0-12 years resident in Nepean Blue Mountains in the 2021 Census. respondent's regions in Nepean Blue Mountains area have higher than average proportions of Aboriginal and Torres Strait Islander children (such as Bathurst, Richmond-Windsor) or high proportions of children who speak a language other than English at home (such as Fairfield, Rouse Hill – McGraths Hill) highlighting the **importance of culturally accessible and safe services**. The level of child mental health risk is mixed in Nepean Blue Mountains, although **Bathurst** stands out as a region with very high child mental health need. Our analysis estimates availability of **High opportunity specialists available per 1000 children in this catchment is low** in most SA3 regions within Nepean Blue Mountains PHN, although is above the national average in high need areas of Bathurst and Blue Mountains. Notably, in most regions with low access to *High opportunity specialists*, there is high availability of the *High Opportunity General/Medium Opportunity Specialist* workforce group who could be drawn upon to fill gaps in service.

### Key opportunities for development

When workforce availability is standardised and compared to our Total Need Index **over half of the SA3 of regions in Nepean Blue Mountains PHN had low levels of workforce availability in comparison to estimated child need**. Despite rate the available workforce per 1000 children, **Bathurst is still in a position of shortfall** in relation to the high level of child mental health need. **Fairfield, Penrith, Richmond-Windsor and St Mary's also have workforce mismatched** with the level of need in their region. Only a small number of National Workforce Survey respondents were from Nepean Blue Mountains (n=20), therefore we interpret their results with caution. Mostly Nepean Blue Mountains respondents rated their competence practitioners' the national average and share the same key areas for development, however of concern is the **very low competence Working with Aboriginal and Torres Islander families**. Nepean Blue Mountains respondents' generalist *Disaster* competence was higher than average although still low, but **additional support is especially required in Specialist disaster practice** responses with children and families. Nepean Blue Mountains users of Emerging Minds universally learned something new but were less likely to apply learning in their work than other regions, so may benefit from additional workplace support or systems that enhance practitioners' capacity for child focused 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 complete, 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. Therefore, this indicative data can form part of broader workforce and systems development strategies which recognise local context and needs.

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## Conclusion

# South Western Sydney – PHN105

### Current situation for child mental health workforce support

There were **193, 802 children** aged 0-12 years resident in South Western Sydney in the 2021 Census. South Western Sydney shows moderate levels of child mental health need. Most SA3 regions in South Western Sydney are low socioeconomic areas. In some areas, low rates of service use may indicate barriers to treatment. Our analysis estimates availability of *High opportunity specialists* available per 1000 children in this catchment very low, which differs from other regions in major cities around Australia. Moreover, the availability per 1000 children of *High opportunity generalist/medium opportunity specialists* and *Medium opportunity generalist* workforce groups is low in many regions within South Western Sydney, despite large numbers of workers e.g. **Merrylands - Guildford and Bringelly-Green Valley**. In regions such as **Wollondilly, Campbelltown and Camden** the service hours are available at a higher rate than the headcount of practitioners suggesting a workforce who may be overworked to compensate for the shortage .

### Key opportunities for development

Four regions in South Western Sydney had lower workforce availability than the child need (**Bringelly-Green Valley, Campbelltown, Merrylands- Guildford and Wollondilly**), while two regions had similar or higher levels of workforce availability (Auburn and Camden). National Workforce Survey respondents from South Western Sydney ( $n=33$ ) mostly rated their generalist child mental health competence slightly higher than NSW and national averages and high scores on *Facilitating Support* indicate capacity for a highly connected service community. However, **key areas for development are generalist and specialist responses to children in the context of Disasters, as well as Infant mental health** and specialist skills in selecting and adapting practice in responding to child mental health concerns (specialist **Child mental health practice capability**). South Western Sydney users of Emerging Minds learning and practice resources reported they were highly relevant, improved confidence talking with families and all were able 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 complete, 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. Therefore, this indicative data can form part of broader workforce and systems development strategies which recognise local context and needs.

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# South Eastern NSW – PHN106

### Current situation for child mental health workforce support

There were **95, 429 children** aged 0-12 years resident in South Eastern NSW in the 2021 Census. South Eastern NSW includes SA3s regions across metropolitan and regional areas, showing moderate to high child mental health need. Our analysis estimates availability of *High opportunity specialists* available in this catchment is in line with or more favorable than the national average in half of the regions, while areas such as **Dapto – Port Kembla, Goulburn – Mulwaree**, and **Quenbeyan** show not only low specialists, but the availability **the High Opportunity Generalist/Med Opportunity Specialist group well placed to provide early intervention services is lacking** (except in Kiama – Shellharbour) . Most regions have access to moderate availability of Medium opportunity generalist workforce which could be mobilised to do promotion and prevention practice.

### Key opportunities for development

Two thirds of regions in South Eastern NSW had low levels of workforce availability in comparison to the estimated child need. **Snowy Mountains, Quenbeyan, South Coast and Dapto – Port Kembla regions show greatest mismatch** between the population need for child mental health and the availability of the workforce to provide support in the region. National workforce survey respondents from Southern Eastern NSW ( $n=79$ ) rated mostly rated their generalist child mental health competence slightly higher than NSW and national averages. South Eastern NSW respondents showed **strengths in Trauma and adversity and Facilitating support**, while workforce could benefit from workforce development activities targeted at areas of **low competence such as generalist and specialist level responses to children in Disasters, Infant mental health, and Working with Aboriginal and Torres Strait Islander families**. Respondents who do or should already support child mental health at work showed need to improve specialist skills in selecting and adapting practice strategies to responding to child mental health concerns (**Child mental health practice capability**). South Eastern NSW respondents were highly with Emerging Minds learning and practice resources, and users 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 broader workforce and systems development strategies which recognise local context and needs.

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# Western NSW – PHN107

### Current situation for child mental health workforce support

There were **52, 689 children** aged 0-12 years resident in Western NSW in the 2021 Census. Western NSW includes rural and remote areas with high levels of child mental health need, especially in Orange where estimated prevalence of existing child mental health conditions is very high. Despite small workforces, our analysis estimates availability of *High opportunity specialists* available per 1000 children in this catchment is in line with or more favorable than the national average in most areas, as is Group 2: *High opportunity generalist/medium opportunity specialists*. **Bourke – Cobar – Coonamble** shows very low availability of specialists, but more readily available generalist workforce which could be supported to fill these service gaps. **Work hours in Western NSW tended to exceed the national average**, especially among the generalist professions. This may make the service availability seem higher but could point to an overworked workforce.

### Key opportunities for development

When workforce availability is standardised and compared to our Total Need Index, three out of four Western NSW regions had low levels of workforce availability in comparison to the estimated child need. Only the SA3 of Orange had workforce availability that is similar to the high level of child need in the region. **Orange may present an opportunity to focus on building connectedness across the service system**, while other **regions may focus on building capacity in non-specialist workforce groups**. National Workforce Survey respondents from Western NSW (n=48) showed generalist and specialist child mental health competency levels generally on par with or above the national average. Western NSW respondents showed strengths in *Facilitating support, Trauma and adversity* and moderate competence *Working with Aboriginal and Torres Strait Islander families* where this is commonly a weakness across the workforce. **Key areas for development are Infant mental health, Disasters** and **to continue developing child focused practice and specialist skills and culturally safe practice 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 broader workforce and systems development strategies which recognise local context and needs.

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# Hunter New England and Central Coast – PHN108

### Current situation for child mental health workforce support

There were **202, 689 children** aged 0-12 years resident in Hunter New England and Central Coast in the 2021 Census. Hunter New England and Central Coast is a large PHN catchment with 18 SA3s, that shows **high to very high levels of child mental health needs across almost all regions**. Workforce availability is variable across the SA3s with a third of regions showing availability of *High opportunity specialists* available per 1000 children as similar or higher than the national average. Most regions in Hunter New England and Central Coast show higher availability of generalists in the *High opportunity generalist/medium opportunity specialists* group than of specialists, indicating a potential opportunity to draw on and raise capacity in this **workforce well placed to provide early intervention and prevention services**.

### Key opportunities for development

When workforce availability is standardised and compared to our Total Need Index, three quarters of regions in Hunter New England and Central Coast had low to very low levels of workforce availability in comparison to the estimated child need. In five of these regions workforce availability was significantly lower than child need: **Inverell – Tenterfield, Lithgow – Mudgee, Lower Hunter, Port Stephens and Upper Hunter**. Only Newcastle, Lake Macquarie – East, Gosford and Armidale PHN had workforce availability that was positively aligned to the child need. Overall workforce survey respondents from Hunter New England and Central Coast ( $n=115$ ) mostly rated their generalist and specialist competence higher than both the average for NSW and the total sample as a whole. This could indicate a high level of child mental health literacy and opportunity to support a workforce ready to undertake quality child mental health practices. Competence was still mostly at the moderate level, however and key areas for development were **Child focused practice, Working with Aboriginal and Torres Strait Islander families, responding to Child mental health in disasters and Infant mental health, and some Specialist practices**. Users of Emerging Minds learning and practice resources reported they were highly relevant and applicable to their work and improved confidence talking with families.

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

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## Conclusion

# North Coast – PHN109

### Current situation for child mental health workforce support

There were **140,904 children** aged 0-12 years resident in Northern Sydney in the 2021 Census. North Coast consists mostly of inner regional areas and shows moderate to high levels of child mental health need. However, our analysis estimates availability of *High opportunity specialists* available per 1000 children in this catchment is mostly in line with or more favorable than the national average, the exception being Clarence Valley where specialists are available at a lower rate. All SA3 regions in North Coast also appear to have **good availability of High opportunity generalist/medium opportunity specialists and Medium opportunity generalist workforce groups which can be supported to enhance the access to early intervention and prevention services.**

### Key opportunities for development

In the North Coast PHN, the **Kempsey – Nambucca** region had the lowest levels of overall workforce availability in comparison to child need in that region, followed by Clarence Valley. The child need in the Richmond Valley - Hinterland is notably high and while the workforce availability appears to be at similar levels, there is a discrepancy with the current workforce availability not fully meeting the child need for the region. National workforce survey respondents from North Coast ( $n=68$ ) mostly rated their generalist and specialist child mental health competence higher than both the average for NSW and the total evidence-based. This could indicate a high level of child mental health literacy and opportunity to support a workforce ready to undertake quality child mental health practices. Respondents who do or should already support child mental health at work had **strengths using ready-made components of evidence-based interventions** (Advanced child mental health practice) but showed a **need to improve specialist skills in selecting and adapting practice strategies** to respond to child mental health concerns (*Child mental health practice capability*).

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 complete, 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. Therefore, this indicative data can form part of broader workforce and systems development strategies which recognise local context and needs.

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## Conclusion

# Murrumbidgee – PHN110

### Current situation for child mental health workforce support

There were **40,382 children** aged 0-12 years resident in Murrumbidgee PHN catchment in the 2021 Census, with SA3 regions such as **Lachlan Valley, Tumut-Tumbarumba, Wagga Wagga** showing high levels of child mental health need and **Young-Yass** very high estimated rate of existing child mental health conditions. Our analysis estimates availability of *High opportunity specialists* available per 1000 children, as well as *High opportunity generalist/medium opportunity specialists* and *Medium opportunity generalist* workforce groups per 1000 children, in almost all regions is significantly lower than the national average, with the exceptions being Albury and Wagga Wagga.

### Key opportunities for development

When standardised and compared to our Total Need Index, the current workforce availability in Murrumbidgee PHN area is unable to meet the high level of local child mental health need. Workforce mismatches are especially dire in **Lachlan Valley, Lower Murray and Tumut-Tumbarumba**, and only in the SA3 regions of Albury and Wagga Wagga is workforce availability close to meeting child need. National Workforce Survey respondents ( $n=38$ ) rated their competency in child mental health similar or slightly lower than the national average. Scores indicated workforce development could benefit competencies such as generalist **Child focused practice, Infant mental health, Working with Aboriginal and Torres Strait Islander families, Engaging parents** and a range of **specialist practices**. However, Murrumbidgee practitioners showed **very high competence adapting practice for rural and cultural contexts (Contextually driven practice)**, which can be drawn upon to innovate workforce capacity building strategies for the region. There was lower uptake of Emerging Minds resources in Murrumbidgee than other parts of NSW, suggesting an opportunity to promote more widely to this area. Murrumbidgee respondents who had used Emerging Minds however, indicated that 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 complete, 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. Therefore, this indicative data can form part of 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 opportunities to improve child mental health services and support in your region. **Contact us** [info@emergingminds.com.au](mailto:info@emergingminds.com.au) and sign up to [e-news](#) for the latest updates.

# 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 a 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 to 4 for each included indicator, based on that indicator's quartile relative to all other regions. The scores for the included indicators were then totalled for that region to create an overall Index score.

### Evidence review

Desktop research of grey and peer reviewed publications (including citations and secondary sources) was conducted 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. This framework acknowledges the continuum of mental health, transdiagnostic lens and children's development.

### Stakeholder consultation

National and state-level stakeholders were identified who could provide systems-level insights into the 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 for this project has been received 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, and 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 Statistics 27. Exploratory factor analysis identified competency subscales as 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.

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## Get started

[Support change in your practice, organisation or region with key resources](#)



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

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

