



Submission to the Productivity Commission Interim Report – Inquiry into the National Mental Health and Suicide Prevention Agreement.

Follow up to our submission #79 – Building a better mental health and wellbeing system for children and families.

Introduction

We appreciate the Commission's work and the chance to contribute to the final recommendations. The interim report highlights gaps in services for children (pg. 33), and our response focuses on children aged 0–12 and their families.

Response to Information Requests

Information Request 4.3 – Feasibility of having a public dashboard to track and report on progress under the next agreement's objectives and outcomes and any other measurable targets set throughout

Opportunity to establish a child mental health and wellbeing data ecosystem.

Despite Australia's extensive data infrastructure, there are areas where this data infrastructure is underutilised or falls short in providing an accurate understanding of children's mental health and wellbeing. Public dashboards are only as useful as the data behind them. We are concerned that a public dashboard will only reflect what data is available, regardless of the quality of the data collected, and may reinforce known gaps in how we understand and respond to children's mental health and wellbeing. Critically they may also fail to highlight the data we still need, the gaps that must be filled to inform effective policy and track progress over time.

The next Agreement is a chance for governments, stakeholders and data custodians to invest in a robust child mental health and wellbeing data ecosystem. Australia has a wealth of valuable data, but it is currently fragmented, disconnected, and lacks a coherent systems-level view. A thriving data ecosystem will identify the levels of data available to drive public policy decisions and investment, what these data measure and to suggest where new or adaptations to existing data collections are needed to achieve data-informed policy decisions. Crucially this ecosystem should go beyond tracking and reporting of the next Agreement, it should enable smarter, earlier, and more equitable decisions to improve outcomes for children and families. To support equity, metrics must be disaggregated by priority population subgroups (e.g. First Nations children, children living in out-of-home care, children with a disability, children



experiencing socioeconomic disadvantage) to ensure inequities are visible and responses are appropriately targeted.

This child mental health and wellbeing data ecosystem (Figure 1) will support a public health approach to children's mental health and wellbeing that enables:

- Understanding how children and families are faring and where to prioritise effort via:
 - Whole of population outcomes data such as the Australian Early Development Census (AEDC).
 - nationally representative surveys such as the Young Minds Matter survey
 - increased utilisation of data collected through universal services such as maternal and child health data, early childhood education and care and schools.
- Planning where effort needs to be placed using outcomes data broken down by community and priority population subgroups.
- Knowing what can change outcomes and plan action by using research and evidence.
- Track and monitor action via lead indicators using evaluation, tools and service-level data. These data need to be timely, reliable and practical.
- Understand the experiences of children and families via experience data.
- Understand whether specific efforts change outcomes for children and families over time via Australian children's cohort data, such as Generation Victoria (GenV), ORIGINS and the Longitudinal Study of Australian Children (LSAC).
- Making best use of the data we already have; by strengthening governance, data linkage capacity, and timely access to ensure data effectively guides policy, monitors impact and informs service improvement.
- Support data harmonisation, in turn reducing data collection burden on services, communities, commissioning bodies and research initiatives.

Administrative data sets, such as Person Level Integrated Data Asset (PLIDA) and Australian children cohort study data, such as GenV and LSAC, alongside national surveys such as the Young Minds Matter Survey and AEDC, provide opportunities to realise comprehensive data ecosystem that enables us to track progress and adjust interventions as needed to see changes in children's mental health outcomes. These data can be aggregated to the service, community, local government, state and national levels to enable end users to understand mental health and wellbeing needs, service/program progress and act accordingly.

This child mental health and wellbeing data ecosystem would align with the program logic recommended as part of the next Agreement.

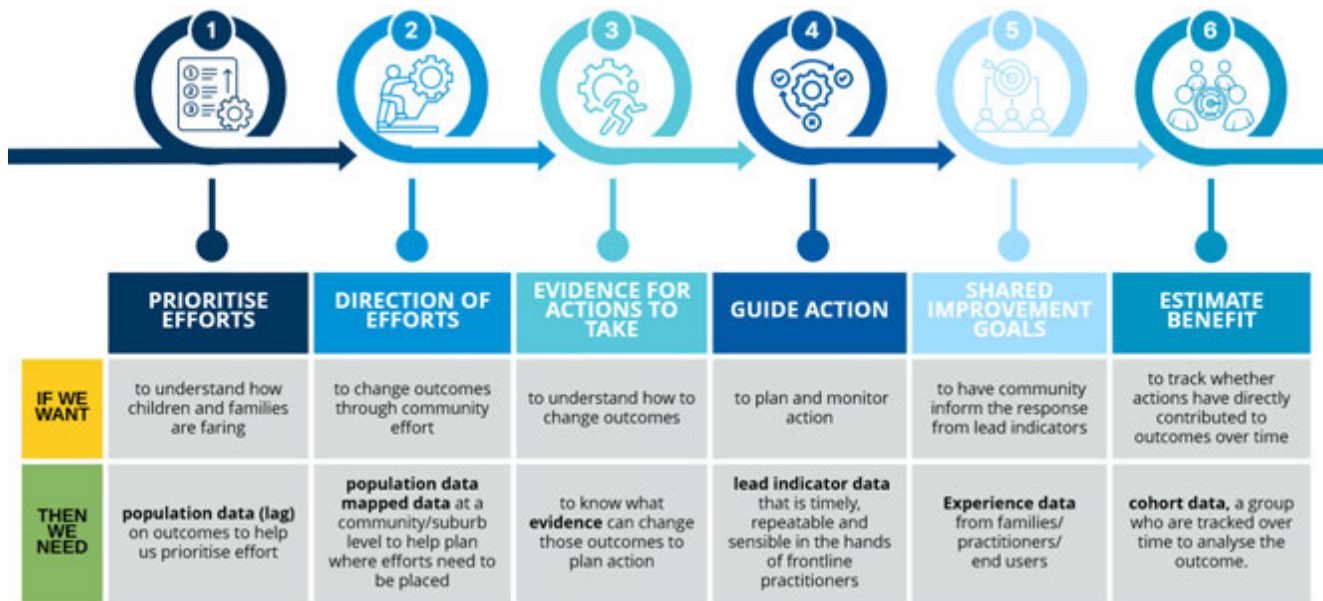


Figure 1: Prototype for child mental health and wellbeing data ecosystem.

Responses to Interim Report Findings and Recommendations

Draft Recommendation 2.1 – Deliver key documents as a priority. By the end of 2025, the Australian Government should publicly release:

National Stigma and Discrimination Strategy

We support releasing the National Stigma and Discrimination Strategy. It should build on the National Children’s Mental Health and Wellbeing Strategy, which already outlines stigma-reduction actions for children.

Detailed National Guidelines on Regional Planning and Commissioning that meet the needs of primary health networks and local hospital networks

National Guidelines on Regional Planning and Commissioning need to enable commissioning entities the ability to establish and implement best-practice, evidence-based care for children. Providing commissioning entities, the ability to leverage co-investment opportunities will also ensure children and families receive multidisciplinary, joined up care that children and families can easily navigate. Given the co-investment of both Commonwealth and state governments in Children’s Health and Wellbeing Locals, these Hubs present a significant opportunity to deliver integrated service deliver that meet local needs.



Draft Finding 2.1 – Progress has been made in delivering the Agreement’s commitments, but there has been little systemic change

Draft Finding 2.2 – The Agreement has not led to progress in system reform

Draft Finding 3.1 – The National Mental Health and Suicide Prevention Agreement is not effective

Despite children being a priority population in the current National Mental Health and Suicide Prevention Agreement, **the current system under the Agreement is focused on provision of services to manage moderate-to-severe conditions – rather than actively promoting wellbeing and addressing known risks before issues become entrenched.** This limited prioritisation of prevention and early intervention makes the system less effective for children and families. Even well-intentioned services are treatment-focused and, while important, are not a substitute for a strong prevention, early intervention and promotion system.

The next Agreement presents an opportunity for a more balanced and child developmental approach – one that focuses on healthy development from infancy onward and supports children and young people long before mental illness manifests.

To achieve system reform for children and families, the next Agreement can:

- **Ensure prevention and early intervention is valued and funded.** This includes a focus on addressing childhood adversity and the social factors affecting mental health and wellbeing of children and their families.
- **Reframe the child and youth mental health systems as a developmental system,** not just crisis or treatment response networks.
- **Deliver a population-level, integrated response to children’s mental health and wellbeing.** This involves building from the universal services that children and families access, such as maternal and child health services, GP services, early education and care, and schools.
- **Engage with families and caregivers,** who are often uncertain about how to identify or respond to mental health concerns in their children and create a system that meets their needs.
- **Build the skills and knowledge of workforce** that support children and their families across health, education and social care.
- **Ensure trauma-informed care underpin supports** provided to children and their families, avoiding more stigma and additional experiences of trauma.

We reiterate that the National Children’s Mental Health and Wellbeing Strategy provides the roadmap to achieve the above and should form the basis of the next Agreement relating to children’s mental health and wellbeing.



Draft recommendation 4.2 – Building the foundations for a successful agreement

We support the activities listed under draft recommendation 4.2, for children:

- Running a co-design process with lived and living experience needs to include parents, carers and supporters of children, to design a system that responds to the needs of children and families. This process should also include the voices of children. With the development of the Voice of Children Framework as part of the Early Years Strategy and the [Voice of Child Toolkit](#) – tools are available to help policymakers and service providers in engaging children in policy and service development.
- Commitments and actions intended to improved collaboration across all government portfolios should be included and Governments should allocate dedicated funding for collaborative initiatives and enablers of collaboration.

We strongly support the recommendation of dedicated funding for collaborative initiatives and the importance of coordination (pg. 127) as crucial in achieving a collaborative, integrated system. The [National Child and Family Hubs Network](#) has developed a paper '[The 'glue' Enabling connected, quality services and supports for children and families](#)', that can be used to inform what a connected system looks like for children and families. This paper describes what the 'glue' entails and opportunities for enacting the 'glue' in practice.

The National Child and Family Hubs Network also developed a pre-budget proposal 2025-26 to establish a '[glue' grants program](#) with the aim funding the integration and coordination activities needed to achieve seamless, non-stigmatising care and support. The proposal provides the early thinking for how funding for collaborative initiatives could be achieved as part of the next Agreement.

- Prioritising place-based solutions over national approaches – the opportunity of integrated Child and Family Hubs as the foundation to place-based solutions within the next National Agreement.

With the Interim Report acknowledging that national service delivery approaches have been prioritised over place-based solutions (pg. 126), there is an opportunity within the next Agreement to build from the existing commitment to implement Children's Health and Wellbeing Locals, for these Hubs to engage communities in designing and implementing models of care that meet local needs.

Integrated Child and Family Hubs (Hubs) play a key role in prevention and early intervention and represent a place-based approach to delivering coordinated services for children, families and communities. Hubs enable service response integration (supported by 'the glue') within context of local needs of communities.



By bringing together health, education, social and justice care, as well as providing families with the opportunity to build social connections, Hubs also help to identify emerging issues before they become entrenched and difficult to address. Integrating care increases uptake and ongoing engagement with child health and development services to improve child mental health outcomes.

The delivery of Hubs was identified as the top priority by 86 intersectoral stakeholders, including lived experience, for preventing impact of adversity on children's mental health. The next Agreement should prioritise placed-based, integrated Child and Family Hubs:

- Starting with the existing Children's Health and Wellbeing Locals and the opportunity to expand these Locals to become integrated child and family hubs,
- Prioritise building on the opportunity of Australia's 470 Child and Family Hubs by ensuring the quality integration of services at existing Hubs and
- Establish Hubs in areas of need – that function as one-stop centres that integrate health, education, social and justice care.

Place-based solutions; however, must be complemented by universal services that are high-quality and accessible. With up to 40 per cent of children living in disadvantaged homes, living in middle-to-high income areas,ⁱ place-based solutions alone will not be enough to reach all children who are at increased risk of poor mental health and wellbeing.

- The Australian Institute of Health and Welfare (AIHW) should lead the development of national outcome measures with rollout plans to include the development of indicators within 12 months.

The development of national outcome measures and indicators alone may not be enough to drive system improvements. We recommend the development of a child mental health and wellbeing data ecosystem that identifies the levels of data available to drive public policy decisions and investment, what these data measure and to suggest where new or adaptations to existing data collections are needed to achieve data-informed policy decisions. This ecosystem should go beyond tracking and reporting of the next Agreement, it should enable smarter, earlier, and more equitable decisions to improve outcomes for children and families.

Draft recommendation 4.3 – The next agreement should have stronger links to the broader policy environment

Given the broader policy environment, the next National Agreement should align with the following policies for children:

- National Children's Mental Health and Wellbeing Strategy as the critical roadmap for children mental health and wellbeing
- National Early Years Strategy
- National Preschools Reform Agreement



- Building Early Education Fund – plan to fund in 160 early learning centres on/or near school sites presents opportunity for joined-up services in communities who stand to benefit the most.
- Better and Fairer Schools Agreement
- NDIS reforms
- Foundational Supports
- Closing the Gap National Agreement.

Draft recommendation 4.4 – Governments should immediately address the unmet need for mental health supports outside the National Disability Insurance Scheme

Children and their families need to be front and centre of this work. Foundational Supports offers the ideal opportunity for system uplift to address mental health and behavioural issues as they emerge early in life and to offer responses through existing universal and mainstream systems.

Draft recommendation 4.11 – Survey data should be routinely collected

We support the recommendation that the National Child and Adolescent Mental Health and Wellbeing Study be conducted every five years. The national survey should not only collect data relating to mental ill-health and diagnoses, but also include measures of children's wellbeing. This would give us full picture of children's mental health and wellbeing.

Yet, outcomes measures alone, such as those collected by national surveys, are not sufficient to inform ongoing policy efforts. As part of the next Agreement, we recommend the development of a child mental health and wellbeing data ecosystem that support continuous policy implementation and review (see Information Request 4.3 for more information).

Draft recommendation 4.13 – the next agreement should support the implementation of the National Mental Health Workforce Strategy

With the National Mental Health Workforce Strategy focusing on broad reaching workforce activities, we have concerns that its implementation would do little in the way of supporting a national child mental health workforce response.

We recommend that Governments work with organisations such as Emerging Minds, peak bodies, professional bodies and lived experience networks to develop a national child mental health workforce strategy. This strategy would need to reflect the key workforce groups that deliver universal and targeted child mental health care and support such as maternal and child health nurses, GPs, early childhood educators, teachers, allied health professionals and specialists such as paediatricians and psychiatrists.



Draft recommendation 4.15 – the next agreement should build on the evaluation framework and guidelines

Building workforce capability and capacity to support evaluation and data-based decision making

It is ambitious to expect the mental health service system to adapt without enabling key workforce groups involved in decision-making, service delivery and evaluation, to collect, interpret, analyse and act on data. Our research has shown that there are several barriers to data utilisation that in turn impact data-driven decision making.ⁱⁱ These barriers include:

- Lack of capability by professionals to know what data to collect and how to collect, analyse, interpret and act in a timely manner
- Limited processes for engaging stakeholders to discuss and use evaluation data
- Low enabling environments for data sharing
- Lack of trust in data fidelity
- Lack of resources to undertake data collection reporting and evaluation
- Low incentives to prompt action at all stages of service design and delivery
- Lack of leadership capability to drive focused strategies in data collection and use
- Funding issues, such as short-term funding cycles.

For high-quality evaluation, service providers, frontline professionals and people who use services, need to be supported and resourced to undertake evaluation activities – including the development, implementation, collection, analysis and interpretation of data.

Programs that build workforce data and evaluation capability should form part of any data developments or initiatives that underpin the next National Agreement. The benefits of this approach could include:

- Improved monitoring, evaluation and accountability at the service, PHN, state and national levels
- Greater understanding and contextualisation of data, coupled with the skills to interpret data, ensuring end users can act on data and reducing unintended consequences that can result from misinterpretation
- Support for innovation, local adaptation and adoption of best-practice, based on data-driven decision making (highlighted on pg. 156 Interim Report)
- Support for flexible commissioning to meet local needs based on local data (Draft Recommendation 4.12)
- Ensure the survey data collected as part of Draft Recommendation 4.11 informs policy and practice.

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ⁱ Pham, C., Downes, M., Guo, S., Jahan, F., De Silva, S., O'Connor, E., Gray, S., Priest, N. & Goldfeld, S. (2024). Measuring vulnerability and disadvantage in early childhood data collections: Phase Two. Centre for Community Child Health. Melbourne, Victoria. <https://doi.org/10.25374/MCRI.26300749>

ⁱⁱ Villanueva, K., Beatson, R., Hilton, O. *et al.* Barriers and Enablers to Data-Based Decision Making in Australian Place-Based Community Initiatives: A Qualitative Study Informed by the COM-B Model and Theoretical Domains Framework. *Child Ind Res* **17**, 2361–2387 (2024). <https://doi.org/10.1007/s12187-024-10170-1>