



Melbourne Children's Campus Mental Health Strategy Submission to the Productivity Commission's Mental Health and Suicide Prevention Agreement Review

March 2025

Melbourne Children's Campus Mental Health Strategy - Submission to the Productivity Commission's Mental Health and Suicide Prevention Agreement Review

Version 1.0

Prepared by

Ms Anitha Thiraviarajah, Advocacy Lead, Campus Mental Health Strategy.
Mr Calvin Truong, Advocacy Research Assistant, Campus Mental Health Strategy.
Ms Belinda Horton, Program Director, Campus Mental Health Strategy.

Suggested Citation

Thiraviarajah, A., Truong, C., & Horton, B. (2025). Submission to the Productivity Commission's Mental Health and Suicide Prevention Agreement Review

Acknowledgements

The Campus Mental Health Strategy acknowledges the Traditional Owners of the land on which we work, and we pay our respects to Elders past, present, and emerging.

We also acknowledge the individual and collective expertise of all people with lived and living experiences of mental health challenges and recovery. We recognise the activists and advocates who came before us and built the foundations we are privileged to work upon today. We appreciate all emerging leaders with lived and living experiences, especially our young people, staff, and those with intersectional identities. We acknowledge the importance of centring lived and living expertise in all we do, ensuring there is "nothing about us without us".

The writing team acknowledges the valuable commentaries by the following expert reviewer:
Ms Rachel Whiffen, Mental Health Policy and Impact Lead, Centre for Community Child Health.

We also thank Ms Claudia Dorney, Communications Coordinator, Campus Mental Health Strategy, who provided design and editorial assistance in preparing this report.

The Campus Mental Health Strategy extends our gratitude to The Royal Children's Hospital Foundation for their generous funding and support of our projects.

Copyright

This work is copyrighted. To request permission to reproduce any part of this material please contact the Melbourne Children's Campus Mental Health Strategy.

Melbourne Children's Campus Mental Health Strategy

The Royal Children's Hospital
50 Flemington Road Parkville Victoria 3052 Australia
<https://mentalhealth.melbournechildrens.com/>
Email: cmhs@mcri.edu.au



Table of contents

Who are we?	3
Executive summary	5
Our recommendations	6
CMHS response to terms of reference	7
1. Addressing mental health literacy for families	7
2. Improving workforce competencies	8
3. Active lived experience engagement, collaboration, and co-production	9
4. Support family-centred care models	10
Further information	10
References	11

Who are we?

This submission presents the Melbourne Children's Campus Mental Health Strategy 2021-2026 (CMHS) and its outputs as a blueprint for other Australian paediatric hospitals to better integrate evidence into workforce education and clinical care that is child and family-centred responding to the mental health and wellbeing needs of children.

The CMHS ensures that all infants, children, young people, and their families attending The Royal Children's Hospital (the RCH) have access to high-quality, equitable, consistent, preventative and early mental health care and support. Our commitment is to achieve sustained, optimised developmental, health and wellbeing outcomes.

The CMHS unites partners of the Melbourne Children's Campus (the campus), including the RCH, Murdoch Children's Research Institute, and the University of Melbourne Department of Paediatrics. By working together, our clinically driven research informs workforce education and training and fosters evidence-based mental health care. This includes supporting early identification of mental health concerns while also developing new clinical practical guidelines that can be shared with the Victorian community.

Objectives

The objectives of the CMHS are to deliver:

- Integrated campus mental health research
- Mental health education for young people, parents and carers, clinicians, and non-clinical staff across the campus
- Care for children's mental health integrated with physical health care
- Care for children with standalone mental health concerns and those with co-occurring physical disability and chronic illness
- Trauma-informed preventative care to reduce paediatric medical traumatic stress
- Child and family-centred care inclusive of the needs of parents, carers, and siblings

Approach

Our CMHS projects, as supported by enablers (see Figure 1), were developed, implemented, and scaled through a unified approach to ensure they are embedded and importantly sustain the deliverables into routine clinical care, education, and research activities.

The following outlines our approach throughout the five years:

1. Engage campus leaders in oversight and advocacy for **sustainability** of CMHS outcomes.
2. Establish **evidence base**, problem statements and logic models, map existing programs, and resources across the campus.
3. Analyse **campus stakeholders** (influence/impact matrix); establish engagement structures (advisory/working groups); implement communication plan (newsletters and promotions); establish Lived Experience Advisor Network.
4. **Design and develop** activities/resources in collaboration with stakeholders and Lived Experience Advisors.
5. **Trial** the efficacy and acceptability of the activities/resources in pilot sites.
6. Integrate **evaluation** (quantitative/qualitative measures) of use and impact of activities/resources.
7. **Refine/improve** activities/resources informed by evaluation.
8. **Scale and embed** activities/resources into routine, care and programs.

Melbourne Children's Campus Mental Health Strategy 2021-2026

A strategic approach to infant, child, and adolescent mental health

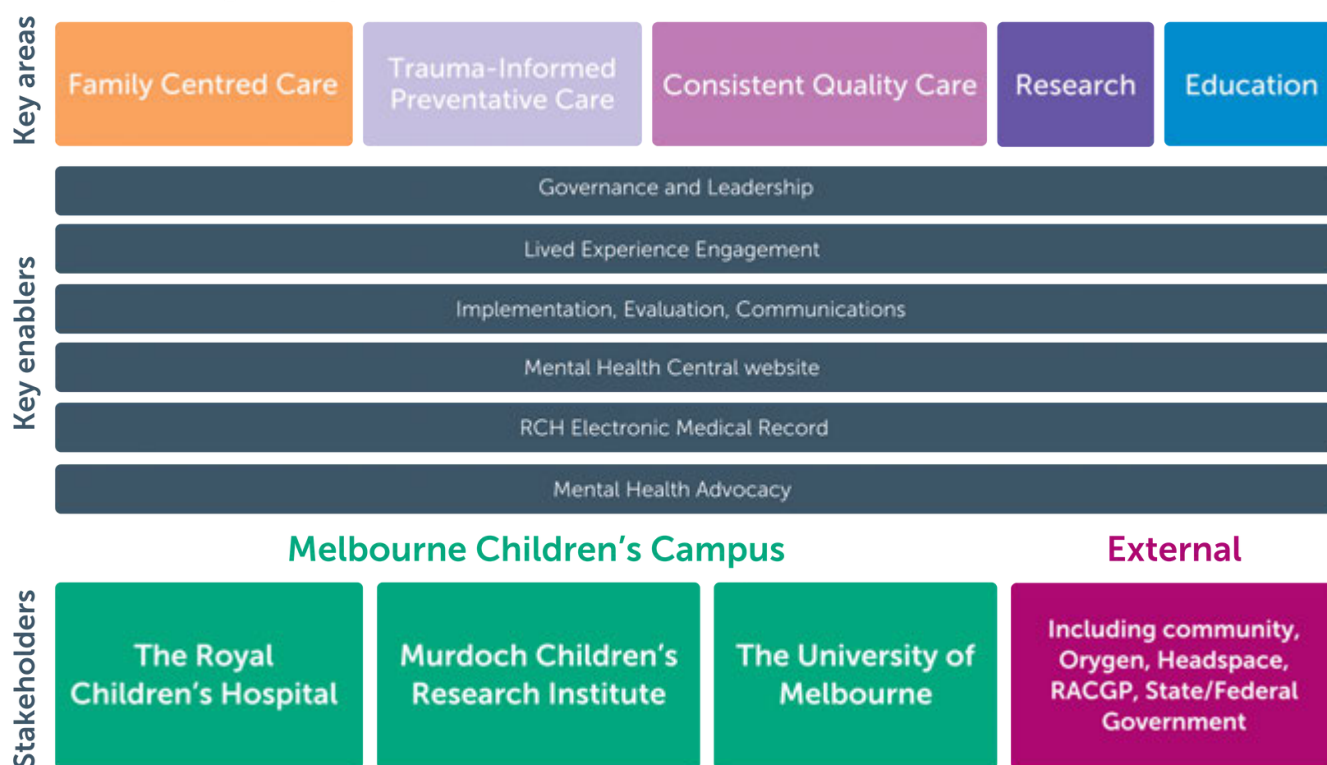


Figure 1 - Campus Mental Health Strategy

Executive summary

This submission draws on the objectives, outputs, and insights from the CMHS to address critical mental health themes relating to children and families in the context of the National Agreement's impact on Australia's wellbeing and productivity. Key focus areas include mental health literacy for families, evidence-based clinical care, improving workforce competencies, active lived experience engagement, and family-centred care.

Mental health literacy for families

Mental health literacy is a significant issue, especially for families who struggle to identify symptoms in children. Research shows that only 30% of parents are confident in recognising mental health signs (RCH National Child Health Poll, 2017), with underrepresented groups having even lower levels of confidence. Strengthening mental health literacy can empower families to seek timely care and improve early intervention outcomes.

Evidence-based clinical care

Systematically reviewing the evidence in mental health care for children and young people is an enormous undertaking. The CMHS has undertaken this work across all projects, in particular the development and endorsement of [Australia's first Evidence-based Clinical Practice Guidelines for Anxiety in children and young people](#). This and other guideline work will contribute to improving the consistency and quality of mental health care.

Improving workforce competencies

The workforce competency in addressing children's mental health is another key challenge. Many healthcare providers, including GPs and paediatricians, lack basic mental health training. To improve outcomes, it is essential to invest in upskilling the workforce.

Active lived experience engagement

Active lived experience engagement is critical in shaping effective health services that deliver children's mental health care. Including individuals with lived experience ensures services are responsive and better aligned with patient needs. The CMHS has created a Lived Experience Advisor Network to integrate these perspectives into service design and delivery.

Family-centred care

Family-centred care emphasises supporting both the child and the family in addressing mental health. Evidence shows that programs supporting families improve health outcomes and social cohesion. The CMHS has piloted a family wellbeing model that equips staff to engage parents and carers in conversations about their children's mental health and wellbeing.

Our recommendations align with the National Agreement's objectives to improve health services delivering children's mental health care across diverse communities, adopt best practice, integrate Victoria's bilateral agreement, and ensure the voices of those with lived experiences are heard and acted upon.

Our recommendations

Recommendation 1:

Children's mental health literacy should be prioritised for families, clinicians, and service providers in children's health service delivery.

Recommendation 2:

Fund the required infrastructure for existing and new mental health literacy programs targeting children and families (eg new parents and diverse communities).

Recommendation 3:

Fund and scale workforce education and training to respond to children and families' mental health and wellbeing as part of the National Mental Health Workforce Strategy.

Recommendation 4:

Amend service agreements between governments and health services to include fair remuneration of lived experience, adopt principles of co-production, and increase holistic engagement. Align these changes to the existing lived experience bodies (National Mental Health Commission).

Recommendation 5:

Increase diverse voices from communities traditionally under-represented, by embedding equitable decision-making and processes in health services delivering children's mental health care.

Recommendation 6:

Support family-centred care models by enabling services and equipping staff to engage parents, carers, and siblings in mental health and wellbeing.

Terms of reference	Recommendations					
	R1	R2	R3	R4	R5	R6
The impact of mental health and suicide prevention programs and services delivered under the National Agreement to Australia's wellbeing and productivity.	✓	✓	✓			
The effectiveness of reforms to achieve the objectives and outcomes of the National Agreement including across different communities and populations.	✓	✓				
The opportunities under the National Agreement to adopt best practice approaches across Australia, particularly where productivity improvements could be achieved.			✓	✓	✓	✓
Effectiveness of the administration of the National Agreement, including the integration and implementation of Schedule A and the bilateral schedules that support its broader goals.			✓			
Without limiting the matters on which the PC may report, in making recommendations the PC should consider the complexity of integrating services across jurisdictions and ensuring that the voices of First Nations people and those with lived and/or living experience of mental ill-health and suicide, including families, carers and kin are heard and acted upon.				✓	✓	✓

CMHS response to terms of reference

1. Addressing mental health literacy for families

- The impact of mental health and suicide prevention programs and services delivered under the National Agreement to Australia's wellbeing and productivity.
- The effectiveness of reforms to achieve the objectives and outcomes of the National Agreement including across different communities and populations.

Mental health literacy is a problem for many parents and carers. Australian parents especially do not feel confident or supported enough in identifying mental health issues in their children. Only 35 % of parents/carers are confident they would recognise mental health symptoms in their child and less than half report being confident they would know where to go for help. Parents with younger children/infants and fathers also feel less comfortable addressing and understanding mental health problems in their families (RCH National Child Health Poll, 2017).

For specific conditions, anxiety is especially not well understood. Studies show that 1 in 10 parents are unsure when to reach out for professional help for their children experiencing anxiety. Moreover, literacy about anxiety amongst marginalised and diverse groups also needs to be addressed. Fewer parents who were born overseas report being "confident" (20%) compared to Australian-born parents (37%) (RCH National Child Health Poll, 2022).

The CMHS has developed a family guide complementing the [Evidence-based Clinical Practice Guideline for Anxiety in Children and Young People](#), to encourage mental health literacy amongst parents and carers of children with anxiety. The [easy-to-use guide](#) provides parents, carers, and supporters with knowledge and resources to ensure their child can access appropriate support as early as possible and they can actively participate in their child's care. Co-designed with 15 Lived Experience Advisors from diverse backgrounds, the family guide is being disseminated to help address the lack of confidence families experience.

Mental health literacy plays an important role in embedding awareness and early identification of mental health concerns among people caring for children, including their families, clinicians, and service providers. At the consumer level, mental health literacy would enable families from any background to recognise signs of mental health issues and empower them to take proactive steps to manage their wellbeing.

A strong understanding of children's mental health and wellbeing means that families can feel confident in knowing when and how to seek help for their child, leading to earlier, higher-quality interventions.

Recommendation 1: Children's mental health literacy should be prioritised for families, clinicians, and service providers in children's health service delivery.

Recommendation 2: Fund the required infrastructure for existing and new mental health literacy programs targeting children and families (eg new parents and diverse communities).

2. Improving workforce competencies

- The impact of mental health and suicide prevention programs and services delivered under the National Agreement to Australia's wellbeing and productivity.
- The opportunities under the National Agreement to adopt best practice approaches across Australia, particularly where productivity improvements could be achieved.
- Effectiveness of the administration of the National Agreement, including the integration and implementation of Schedule A and the bilateral schedules that support its broader goal.

Many professionals who provide care for children lack mental health education and training. GPs (35%) and paediatricians (21%) provide most community-based care, while only 7.1% of children see a psychiatrist (Johnson et al., 2016). GPs, psychologists, nurses, and allied health professionals play a key role but often feel unprepared and face growing burnout due to the complexity of presentations they see.

An enabled workforce that is sufficiently upskilled is important for understanding and responding to children's mental health and wellbeing. Many staff lack knowledge and have little to no training (Alisic et al., 2014; Alisic et al., 2016; Hoysted et al., 2017; Moss et al., 2019). We must ensure our workforce is provided opportunities to improve confidence and competency so the right care can be delivered to children and families.

The CMHS addresses workforce competencies and has developed a range of educational packages targeting clinical and non-clinical staff from generalist to specialist levels. We have piloted a [trauma-informed preventative care training](#) that equips staff to recognise and adopt trauma-informed ways of working to prevent adverse impacts on children, parents, and staff. It features a multi-method engagement approach with video, audio, and infographic content. Our preliminary findings show a statistically significant improvement in staff knowledge and competence in trauma-informed preventative care.

Significant gaps in service provision for children with anxiety and variations in practice between clinicians managing anxiety triggered the development of our [Evidence-based Clinical Practice Guidelines for Anxiety in Children and Young People](#). Now endorsed by the [Royal Australian College of General Practitioners](#) (RACGP), our guideline has been integrated into the North Western Melbourne Primary Health Network (PHN) Health Pathways as best practice care. We are currently working on a Clinical Practice Guideline on suicide and self-harm in children and young people.

The National Children's Mental Health and Wellbeing Strategy advocates for a skilled workforce in promoting the development of education for existing health professionals. The National Mental Health Workforce Strategy also supports skills transfer to the broader workforce. Using our implementation insights, we can ensure continuous quality improvement to scale what is working to improve the competence and confidence of our workforce in response to children's mental health and wellbeing. The national response is a valuable roadmap for policymakers to continue leading this work.

Recommendation 3: Fund and scale workforce education and training to respond to children and family's mental health and wellbeing as part of the National Mental Health Workforce Strategy.

3. Active lived experience engagement, collaboration, and co-production

- The opportunities under the National Agreement to adopt best practice approaches across Australia, particularly where productivity improvements could be achieved.
- Without limiting the matters on which the PC may report, in making recommendations the PC should consider the complexity of integrating services across jurisdictions and ensuring that the voices of First Nations people and those with lived and/or living experience of mental ill-health and suicide, including families, carers and kin are heard and acted upon.

The knowledge and expertise of people with lived experience is essential for maintaining quality services, programs, and research in mental health.

Our CMHS has developed a comprehensive Lived and Living Experience (LLEx) Engagement Strategy to ensure the collaborative, consistent, remunerated, and supported engagement of people interested in sharing their LLEx to improve health services. We have established a network that now consists of over 1300 Lived Experience Advisors (LEAs) with a diverse range of LLEx and intersectionality areas represented. We have engaged over 840 LEAs in 75 different activities and roles across the campus ranging from involvement in advisory bodies, focus groups, and speakers/storytellers (CMHS, 2019). Our flagship program also remunerates LEAs competitively, reflecting the expertise they contribute to campus services/research and encouraging high-quality ongoing participation.

This active approach used by the CMHS highlights the value lived experience contributes to clinical excellence and rigorous research. Using co-production as our preferred method of lived-experience engagement has provided a space for establishing better patient-provider relationships, increased knowledge sharing, and improved capacity building for all involved (Roper et al., 2018).

Whilst lived experience has been a commitment of the National Mental Health and Suicide Prevention Agreement (National Mental Health Commission, 2024), more can be done to ensure active LLEx engagement in health service delivery for children's mental health. The CMHS advocates for a fundamental shift in the engagement of lived-experience voices, moving beyond tokenism and towards meaningful co-production, remuneration, and engagement. Embedding these principles will create a more accountable, collaborative, and effective mental health system.

Recommendation 4: Amend service agreements between governments and health services to include fair remuneration of lived experience, adopt principles of co-production and increase holistic engagement. Align these changes to the existing lived experience bodies (National Mental Health Commission).

Recommendation 5: Increase diverse voices from communities traditionally under-represented, by embedding equitable decision making and processes in health services delivering children's mental health care.

4. Support family-centred care models

- The opportunities under the National Agreement to adopt best practice approaches across Australia, particularly where productivity improvements could be achieved.
- Without limiting the matters on which the PC may report, in making recommendations the PC should consider the complexity of integrating services across jurisdictions and ensuring that the voices of First Nations people and those with lived and/or living experience of mental ill-health and suicide, including families, carers and kin are heard and acted upon.

Family-centred care is an approach to whole child health and wellbeing that considers and supports the environment around the child, including families and carers. It is centred around the idea that to deliver the best possible care we must also care for the mental health and wellbeing of parents, carers, siblings, and supporters.

Evidence shows that programs designed to support families improve nutritional status, early childhood development, attendance and performance at school, social cohesion, and decreased cycles of violence.

The CMHS has piloted a Family Wellbeing Model of care at three sites at the RCH: Kelpie Ward (Adolescent and Rehabilitation Care), Adolescent Medicine, and the Complex Care Hub. The model includes an online training package and resources to equip staff to initiate conversations with families about their mental health and wellbeing using an evidence-based and accessible [Wellbeing Continuum Tool](#) developed by the Centre for Community Child Health.

Recommendation 6: Support family-centred care models by enabling services and equipping staff to engage parents, carers, and siblings in mental health and wellbeing.

Further information

The CMHS thanks the Productivity Commission for the opportunity to provide this submission to the Inquiry. We would be pleased to provide further expert opinion to the Inquiry in any of the focus areas related to this submission.

For more information please contact us via email cmhs@mcri.edu.au, or visit our website <https://mentalhealth.melbournechildrens.com/>.

References

1. Alisic, E., Conroy, R., Magyar, J., Babl, F. E., & O'Donnell, M. L. (2014). Psychosocial care for seriously injured children and their families: A qualitative study among emergency department nurses and physicians. *Injury*, 45(9), 1452–1458.
2. Alisic, E., Hoysted, C., Kassam-Adams, N., Landolt, M. A., Curtis, S., Kharbanda, A. B., et al. (2016). Psychosocial care for injured children: Worldwide survey among hospital emergency department staff. *The Journal of Pediatrics*, 170, 227–233.e6.
3. CMHS. (2019). Campus Mental Health Strategy [Mental Health Central].
<https://mentalhealth.melbournechildrens.com/about-us/campus-mental-health-strategy/>
4. Hoysted, C., Babl, F. E., Kassam-Adams, N., Landolt, M. A., Jobson, L., Curtis, S., et al. (2017). Perspectives of hospital emergency department staff on trauma-informed care for injured children: An Australian and New Zealand analysis. *Journal of Paediatrics and Child Health*, 53(9), 862–869.
5. Johnson, S. E., Lawrence, D., Hafekost, J., Saw, S., Buckingham, W. J., Sawyer, M., Ainley, J., & Zubrick, S. R. (2016). Service use by Australian children for emotional and behavioural problems: Findings from the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. *Australian and New Zealand Journal of Psychiatry*, 50(9), 887–898.
<https://doi.org/10.1177/0004867416656912>
6. Moss, K. M., Ziviani, J., Newcombe, P., Cobham, V. E., McCutcheon, H., Montague, G., et al. (2019). Pathways to increasing the use of psychosocial care with hospitalized children. *Psychological Services*, 16(1), 29–37.
7. National Mental Health Commission. (2024). National Mental Health and Suicide Prevention Agreement, Annual National Progress Report 2022–2023: Summary.
<https://www.mentalhealthcommission.gov.au/sites/default/files/2024-12/national-mental-health-and-suicide-prevention-agreement-2022-2023-annual-national-progress-report-summary.pdf>
8. Roper, C., Grey, F., & Cadogan, E. (2018). Co-production Putting principles into practice in mental health contexts. University of Melbourne.
https://healthsciences.unimelb.edu.au/___data/assets/pdf_file/0007/3392215/Coproduction_putting_principles_into_practice.pdf
9. The Centre for Community Child Health. (2022). The Children's Wellbeing Continuum. The Murdoch Children's Research Institute and The Royal Children's Hospital.
<https://www.ccch.org.au/our-work/project/childrens-wellbeing-continuum/>
10. The Royal Children's Hospital National Child Health Poll. (2017). Child mental health problems: Can parents spot them? <https://rchpoll.org.au/polls/child-mental-health-problemscan-parents-spot-the-signs/?hilite=mental>
11. The Royal Children's Hospital National Child Health Poll. (2022). Anxiety in Victorian children: What do parents know? <https://rchpoll.org.au/polls/anxiety-in-victorian-children-what-do-parents-know/?hilite=do+parents+know>