

National Mental Health and Suicide Prevention Agreement Review

March 2025

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About Emerging Minds

Emerging Minds is a national organisation that collaborates with families, children, young people, service providers, and researchers to advance mental health support across Australia.

We currently lead the delivery of the Federally funded National Workforce Centre for Children's Mental Health (NWC). This initiative equips professionals and organisations working with children and families with the skills necessary to support children at risk of, or experiencing, mental health difficulties.

Through this program established in 2017, Emerging Minds has made significant strides in enhancing mental health workforce capability, including:

- Delivering training and guidance to over 110,000 health and social service practitioners since November 2017
- Providing service improvement and implementation guidance support to organisations on supporting and responding to trauma and the mental health needs in infants and children
- Offering guidance to families, professionals and organisations in response to mental health, trauma and disasters.

Background to Response

Emerging Minds welcomes the opportunity to contribute to the Productivity Commission review of the National Mental Health and Suicide Prevention Agreement. The recommendations within this submission are based on insights from activities, consultations and progress being made in understanding and refining national workforce and systems change strategies needed to expand support for infant and child mental health. These insights continue to be informed, shaped and refined in partnership with children and their families, professionals and leaders across mental health, health, social service and education systems and research.

In Australia a range of datasets indicate that:

- 44% of infants and children are living in contexts that promote, nurture and protect their mental health
- 38% are living in contexts that expose them to persistent adversities and repetitive developmental experiences that increase their likelihood of developing and experiencing mental ill-health as they grow into adolescents and adults
- 13% are experiencing symptoms of mental-ill health that, if left unsupported, will have continued pervasive impacts on their everyday lives and increase the likelihood of experiencing severe and persistent mental ill-health
- 5% are experiencing severe mental health presentations requiring specialist support from multiple services.

As childhood is such a rapid time of development, persistence of adversities and mental health difficulties is known to lead to further difficulties across a number of domains that can have lifetime consequences. While the efforts outlined in the National Mental Health and Suicide Prevention Agreement have started to recognise and respond to the specific needs of infants and children, Emerging Minds recommends the current review is undertaken to establish urgent actions to address the mental health of infants and children. We have highlighted the following key actions to be considered as part of the review:

- Establish dedicated infant and child mental health systems governance arrangements
- Expand, balance and organise investments in infant and child mental health across promotion, prevention, early intervention and specialist support
- Improve equity of service coverage for prevention and early specialist support
- Address significant inequities in the current and future availability of support.

Establish dedicated infant and child mental health systems governance arrangements

Over the past decade there has been a range of efforts to strengthen national leadership structures for mental health in Australia, including peak bodies, professional associations and the recent establishment of lived experience peak bodies. Despite this, the voices, perspectives and experiences of infants, children, their families and their representatives are often not heard or prioritised in decision making regarding mental health support in Australia. There is evidence of increasing leadership by existing peaks and programs in representing infant and child mental health as a special interest, however, this is often not routine and there are numerous examples where mental health strategies and activities designed for the whole population have excluded infants, children and at times, young people. This results in:

- Continued inequity of infant and child mental health capabilities
- Missed opportunities to embed and expand dedicated infant, child and family mental health activities and strategies as a component of broader investments in mental health.

Investments in infant and child mental health are funded through a range of Commonwealth, State and Territory service systems, particularly health, education and social services. These shared investments are important and reflect the multi-system responses, impacts and outcomes expected within a comprehensive child mental health system. However, there is currently a lack of shared national and local governance mechanisms to coordinate the programs, activities and services currently funded across each of these systems for infant and child mental health. Without appropriate governance, this results in:

- Duplication of effort, including competition between similar programs and services
- Lack of organisation of the functions that each funded activity seeks to achieve
- Prevents linkages to activities that contribute to mental health outcomes but are not explicitly designed as mental health activities (eg. parenting programs).

It is recommended that the National Mental Health and Suicide Prevention Agreement supports the establishment of governance arrangements to ensure that all populations are represented, contribute to, and are considered in all national mental health policies. This would include ensuring there are **dedicated infant and child mental health systems governance arrangements in current and future mental health strategies**. We recommend that:

1. The National Mental Health Commission and the Department of Health and Aged Care ensure infant and child mental health expertise is present from each of the professional and lived experience groups, providing advice and guidance to mental health strategies.
2. Lived experience mental health peaks and other advisory groups include representatives from the perspective of infants, children, their parents and caregivers and their other representatives.
3. Establishing developmentally appropriate monitoring frameworks for infant and child mental health and wellbeing as a key function of the National Mental Health Commission and the Department of Health and Aged Care including the monitoring of outcomes at a regional level by the Primary Health Networks.
4. To establish multi-sector and networked governance arrangements at national, state and regional levels, that bring together the range of health, education, social service and human services who are funding, monitoring and delivering mental health services and linked strategies for infant and child mental health.

Supporting information to guide the implementation of child and family partnerships is available from the [Child and Family Partnership Toolkit](#). *This toolkit is currently being updated.*

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Expand, balance and organise investments in infant and child mental health across promotion, prevention, early intervention and specialist support

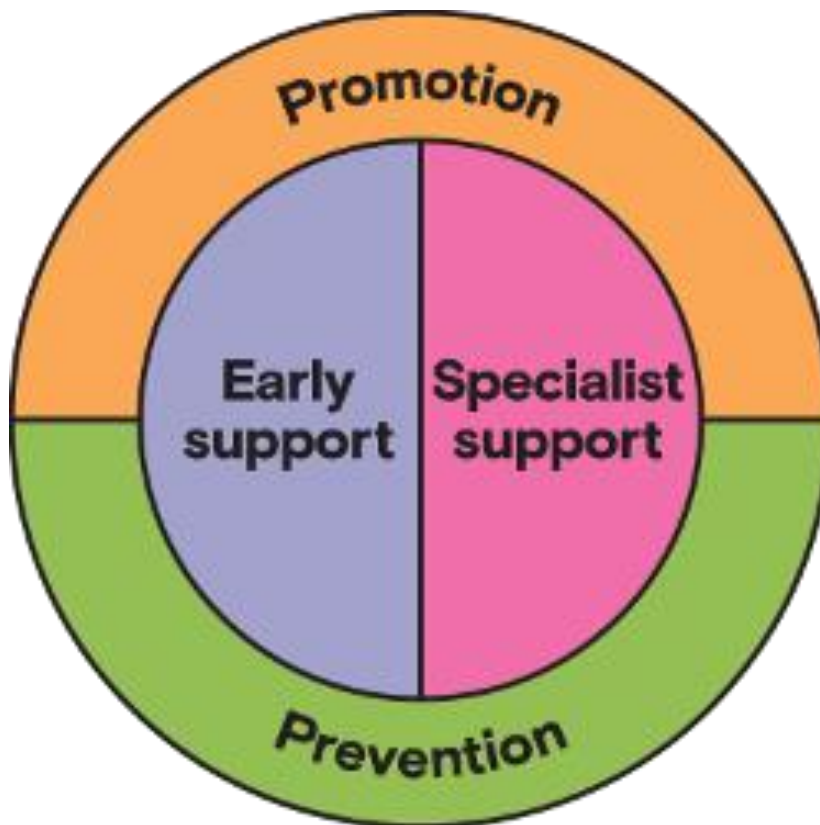
Background

The public health model should be the foundation of the National Mental Health and Suicide Prevention Strategy for improving the mental health of infants, children and their families. The public health model describes the levels of intervention that are needed in order to have the most effective impact on the population. It recommends a core set of strategies and services needed to:

- support the healthy development of infants and children to lead meaningful and contributing lives
- decrease the incidence, duration, severity and premature mortality associated with mental ill-health.

A *Comprehensive Child Mental Health System* (image below) informed by a public health approach is needed to:

- monitor and balance investments across the full spectrum of population needs, including balanced investments in promotion, prevention, early and specialist support
- focus on scalability and the equity of investments, nationally and locally
- support a common language across systems and workforces to organise and support a shared understanding of the functions and purpose of different types of activities designed to support infant and child mental health.



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The Government has adopted similar ideas in efforts to establish a tiered system of support for infants and children experiencing mental ill-health, such as stepped care arrangements. We recommend this is extended to also include investments and activities designed to promote mental health, prevent mental ill-health and respond to emerging mental ill-health presentations. Without this organising framework, there will be a continuation of:

- governments investing in programs and services without assessing intended functions, suitability and scalability for intended target populations
- organisations delivering services without necessarily understanding their intended populations or the function of their programs and services within the broader system
- siloed service delivery, with services not necessarily being aware of, or networked with, other relevant systems of support for families that can address the different levels of need or the high co-occurrence of other mental health, health, social and developmental challenges.

Focus on implementing the intended functions of a comprehensive child mental health system

Within mental health, child development, and health sciences, programs that demonstrate evidence in research trials are often not showing the same impact in real-world service delivery. They often face issues of costs, scalability, or acceptability for target populations. They also encounter challenges with their ability to adapt to different service delivery contexts or cultural, linguistic, ontological or different presenting needs in children and families. In response, an evolving approach to understanding evidence has emerged, moving from 'evidence-based interventions and programs' to a deeper understanding of interventions' *functions*, that is mechanisms of change that are common across evidence-based interventions and programs, and *form*, the mode for delivery. For example, in infant and child mental health, numerous evidence-based parenting programs and social and emotional learning programs exist that often share the same core processes, functions, and mechanisms of change. When governments, services or professionals fund a particular intervention or program, they are often purchasing the package/format (form) for the delivery of the program, rather than the changes they intend to achieve (function). Understanding these functions and mechanisms of change can help governments, organisations, workforces, and programs to better understand and as a consequence, find more flexible ways to deliver the functions of the interventions that are responsive to the local cultural, social and community context.

Recommendations

To provide infants, children, their families, and educators with greater access to mental health support that is locally, culturally, and linguistically appropriate and fit for purpose, it is recommended that the Australian Government moves towards providing national policy leadership by:

1. Adopting the *Comprehensive Child Mental Health System* approach to guide planning, funding, organising and monitoring of investments in infant and child mental health.
2. Fund, monitor and evaluate how the intended functions of interventions, rather than the form, can be delivered flexibly and equitably across the country.
3. Governments to modify current funding arrangements away from individual programs and activities to a focus on funding and incentivising a nationally consistent and equitable *Comprehensive Child Mental Health System* that is designed, delivered at a regional level, with national monitoring to ensure a return on investment and equity of support for children and their families.
4. Support the continuation and expansion of the National Workforce Centre for Child Mental Health to increase the capacity to:
 - provide national and localised technical, workforce and implementation guidance to local organisations to adopt and organise existing and future services and programs according to the *Comprehensive Child Mental Health Systems* approach
 - enhance regional capability development in understanding the core functions of interventions and their intended beneficiaries, including support to adapt flexible models of support where there are persistent workforce, infrastructure or challenges impacting on access to services.

Taylor, E., Goodyear, M., McLean, S. & Morgan, B. (2024). *Improving mental health and wellbeing outcomes for Australian children and families: Establishing System Designers to embed local systems of care approach*. Emerging Minds.

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Improve equity of service coverage for prevention and early specialist support

Emerging Minds recently completed an extensive research project¹ for the Commonwealth Department of Health and Aged Care to better understand the existing workforce capability of Australian professionals to support the mental health and wellbeing of children and their families, particularly in rural and remote areas.

See Goodyear, M., Taylor, E., Marsh, C., Scharling-Gamba, K., Mclean, S., Burn, M., & Morgan, B.(2024). Scoping child mental health workforce capability: Final report. Emerging Minds.

The findings from this project are described below and are included to provide guidance on implementation considerations for the National Mental Health and Suicide Prevention Agreement.

Key findings:

High levels of need

The national prevalence rate for mental health conditions among children aged birth-12 years is 13%, with higher rates in regional areas than metropolitan or remote locations. Among five-year-old Australian children, 22% show vulnerability to mental health issues in their first year of school. This vulnerability may result in about one million Australian children experiencing mental health difficulties in the coming years.

Low levels of workforce capacity to meet need

Our regional mapping of the workforce indicates that specialists in mental health and specialists in infant and child mental health are low in number nationally. Modelling suggests this group need to be supporting approximately one million Australian children under 12 years of age, 400,000 of whom need immediate specialist mental health services. We found that the supply of infant and child mental health specialists who are able to support child mental health is low in almost all of the highest need regions, and that the highest levels of unmet need occur in both major cities and inner regional and outer regional areas.

There is a need to grow new and existing workforces to deliver infant, child and family focused care

The lack of local specialists does highlight a need to investigate the proportion of other workforces who could also support infant and child mental health in their role. Our review of international, national and local strategies demonstrates that strengthening the mental health skills and capabilities in general health, social service and education professionals can support improved access to support. Evidence also highlights the role of a new dedicated Infant and Child Mental Health and Wellbeing workforce that can be embedded within new and existing services.

There is a need for dedicated systems coordination through Primary Health Networks

Children's mental health needs most often co-occur with many other health, family and developmental needs and challenges. There needs to be a strong and coordinated network of mental health, health, development, education and social services to effectively respond.

We ran a series of sector consultations across states and territories. Participants in these consultations describe the child mental health system in Australia as highly fragmented and siloed, both within the health sector and across other relevant sectors such as social service and education systems. Participants also discussed a lack of understanding and coordination between different organisations and sectors, leading to confusion and overlap in service delivery. There were significant gaps as well as duplication of services, resulting in a mismatch between available supports and the actual needs, particularly in rural and remote communities.

In addition to the current strategies to expand the availability of workforces, Emerging Minds identified the need to establish new workforce roles to deliver a range of functions that are currently not being met due to both capability and capacity gaps across the Australian workforces. This included a new Child Mental Health and Wellbeing workforce role that can provide early individualised infant, child and family mental health support. The intention of this role is to expand access to a range of early therapeutic support functions within existing service types including:

- Primary health care
- Education
- Head to Health Kids Hubs
- Infant, Child and Adolescent Mental Health Services
- Child safety, wellbeing and protection services

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There are also opportunities to deploy these roles in adult focused service systems, such as adult mental health services, to deliver child, parent and family focused interventions and supports designed to:

- Support parents, caregivers and families to mitigate and reduce the impacts of adverse childhood experiences on children's mental health and development.
- Support earlier identification and support for emerging and existing mental health concerns in infants and children.
- Link families with practical, social and financial support and resources to help them in meeting the children's physical, emotional and social needs.

The functions, competencies and evidence for these positions has been reviewed, with similar roles and implementation strategies evaluated internationally.

Recommendations

1. Integrate a dedicated infant and child mental health workforce expansion strategy as a part of the National Mental Health and Suicide Prevention Agreement.
2. Establish new 'Child Mental Health and Wellbeing Practitioners' roles to be trained and deployed into a range of health, education and social services, unified by a common set of competencies to deliver a range of mental health support functions.

Taylor, E., Goodyear, M., McLean, S., & Morgan, B. (2024). Building capability for early intervention to meet the mental health needs of Australian children. Adelaide: Emerging Minds.