

The National Children's Mental Health and Wellbeing Strategy

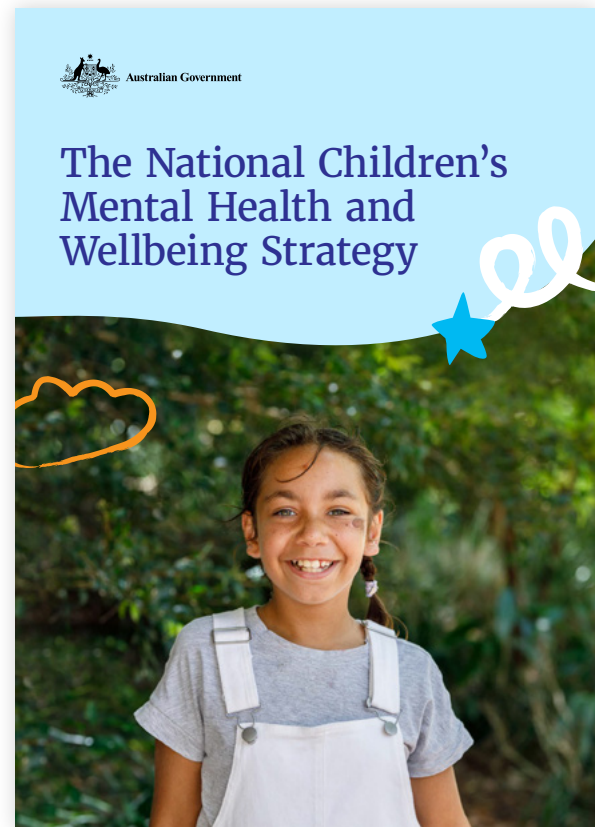
Why do we need a strategy for children's mental health and wellbeing?

Mental health struggles are common and often start when we are children. About half of mental illness begins before 14 years old.¹ We want all children to have good mental health and wellbeing. This means they feel safe, happy and supported, and have loving connections with family, friends, and community.

We need to help children feel their best because it helps everyone in their community. Children will grow up knowing how to look after their own mental health, where they can go for help and how they can support others.

We also need to support the families and communities that raise our children. Sometimes families are disadvantaged or in tough situations that make them more at risk of struggling with their mental health. By reducing disadvantage and helping families become mentally healthy, we ensure they have the time, energy and skills to keep their kids mentally healthy too. An example of this is supporting the mental health of new parents or helping people who live in country areas have access to the same mental health services as those who live in the city.

Why we need a strategy for children is discussed in the full document in section 1.1. *Why this Strategy is so important* (page 16).



What is in the Children's Strategy?

The National Children's Mental Health and Wellbeing Strategy is focused on children aged 0-12. It makes a plan for how we can help children, their families and their communities to feel their best.

The Children's Strategy talks about all the types of environments children live, learn and play in. It has four focus areas:

1. Family and Community

2. The Service System

3. Education Settings

4. Evidence and Evaluation

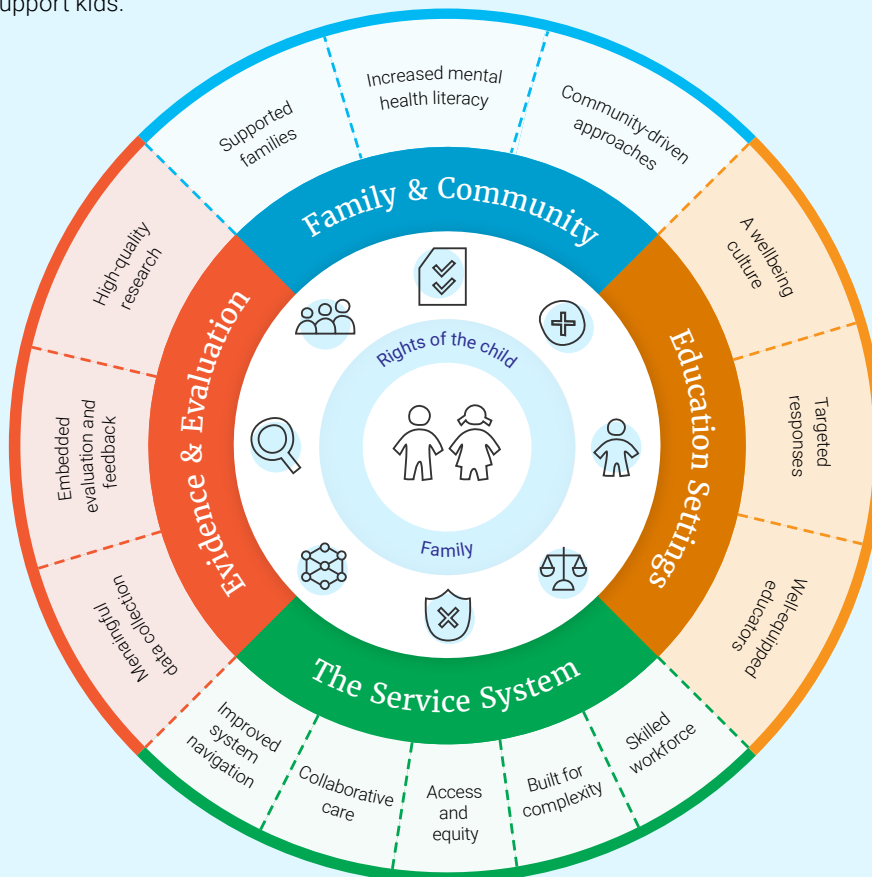
Focus area 1: Family and Community talks about promoting mental health and wellbeing as part of parenting and how services can connect with families and communities better.

Focus area 2: The Service System talks about the gaps in our mental health services, and how we can make it easier for children and their families to get help, especially when they have multiple complex issues or there are things preventing them from getting help.

Focus area 3: Education Settings talks about how important school and early learning environments are for children's mental health and how we can better set up these environments to support kids.

Focus area 4: Evidence and Evaluation talks about how we can improve mental health services by making sure we are getting feedback from people who have used the services and using it to make things better. It also discusses why we need more research into children's mental health and wellbeing.

The wheel shows all the focus areas, and their objectives. The objectives are the ways we can improve our approach to children's mental health in each area. To really support children's mental health and wellbeing, all these objectives are important.



In the middle of the wheel are the principles of the Children’s Strategy. These are what we kept in mind when building the strategy. They are explained in more detail in the full document in section 2.1 *Principles* (page 25).



The Children’s Strategy was written by the National Mental Health Commission, with the help of many people who care about children’s mental health and wellbeing. This included experts, young people who have struggled with their mental health, and people from all kinds of different backgrounds.

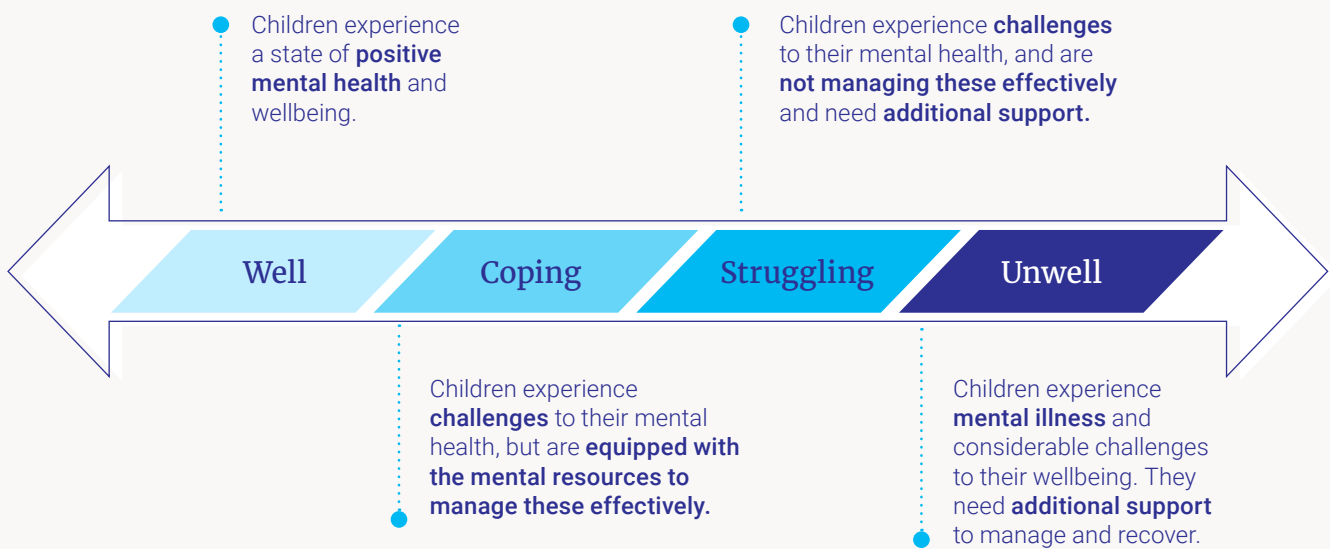


Why do we want to change the way people think about children’s mental health?

Currently our mental health system focuses on treating people when their mental health is poor. We want to change this. People who are struggling should be supported as early as possible, and this is particularly important for children.

The way our current system works sometimes means a child needs a diagnosis of mental illness before they can get help, meaning children have to be unwell before they can access treatment. Getting a diagnosis can be an important part of mental health support, but we don’t think children should *have* to have a diagnosis to access support.

In the Children’s Strategy we talk about using a ‘wellbeing continuum’ to describe the full range of mental health and wellbeing. This is a continuing scale from well to unwell, that shows that we all have mental health and our mental health can change over time.



The Children’s Strategy says that children should be able to get help when they are beginning to struggle, and that we should be supporting children to learn about mental health and coping early in life. This may prevent them from ever becoming unwell, or help them know what to do if they start to struggle. Use of the wellbeing continuum is discussed in more detail in the Strategy in section 2.2. *Wellbeing continuum* (page 27).

How can I learn more about the Children’s Strategy?

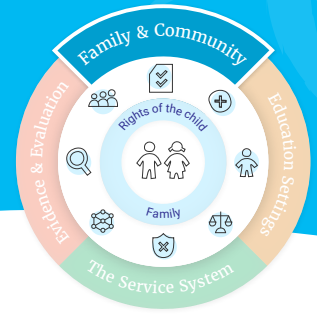
The following pages talk about the most important parts of each focus area in the Children’s Strategy, and what needs to happen next.

If you still want to learn more, you can read the full Children’s Strategy and find more information at www.mentalhealthcommission.gov.au



Executive summary

Focus area 1: Family and Community



This focus area talks about promoting mental health and wellbeing as part of parenting and how services can connect with families and communities better.

Objective 1.1 Supported families

- Support for families should begin with addressing risk factors and challenges from conception to when a child is one year old.
- Identifying parents who may be struggling will help them support the wellbeing of their child.
- Parenting programs should be promoted to all families at key developmental stages as a way of supporting child development.
- Universal supports, such as parent helplines and courses, should be promoted and available in multiple languages.
- Supports should proactively reach out to children not engaging with early childhood learning or primary school.

Priority actions

Increase parent and carer mental health literacy and their skills to support child mental health and wellbeing, via:

- Routine offering of evidence-based parenting programs at key developmental milestones (action 1.1.c)
- Emotional wellbeing modules embedded in antenatal and parenting courses (action 1.1.f)
- Widely accessible evidence-based resources building on existing initiatives (action 1.1.b)
- A national campaign promoting the value of parenting programs (action 1.1.d).

Support communities with the highest levels of need to address social and economic disadvantage (action 1.3.a) through:

- Implementation of tailored programs focused on improving children's mental health and wellbeing based on the key characteristics of successful place-based approaches (action 1.3.b).

Objective 1.2 Increased mental health literacy

- Parents and carers may not recognise the signs of poor mental health in their child.
- Signs that children are struggling can look different depending on developmental stage and may be impacted by culture and language background.
- Increasing mental health knowledge and reducing stigma must be supported by the whole community, and children must be supported to participate in conversations and decisions relating to their mental health.

Objective 1.3 Community-driven approaches

- Social and geographical environments have a large impact on mental health and wellbeing.
- For children experiencing significant social and economic disadvantage, the needs of the broader community should be met to improve the mental health and wellbeing of the child.
- Strong and supportive relationships both inside and outside the home can support children's mental health and wellbeing.



Think of [mental health and wellbeing] beyond the individual child or young person... that broader connection to how the family's travelling but also community in general.

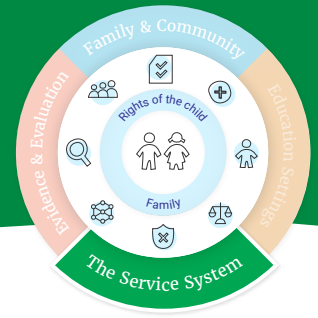
Professional working with migrant and refugee services

To pull out each different part of our family's needs doesn't help us... we come as a unit, our needs are holistic.

Parent/carer of a child with mental illness



Focus area 2: Service System



This focus area talks about the gaps in our mental health services, and how we can make it easier for children and their families to get help.

Objective 2.1 Improved system navigation

- A lack of information about where to seek help creates more stress for families and can even stop them from getting help.
- Existing navigational tools should be expanded to help families find local supports.
- A model of integrated family care should be set up and networked across Australia.
- The transition between child and adult services should be looked at to see if it needs improving.

Objective 2.2 Collaborative care

- Collaborative care is a model that relies on multiple service providers and family communicating about what a child needs.
- Increases in collaborative care approaches are required so that everyone understands what they need to do to support the child and family.

Objective 2.3 Access and equity

- Many families are unable to access treatment when they need it. This could be due to high costs, long waiting lists, requiring a diagnosis for treatment, or high severity thresholds.
- Increasing resourcing and training, and combining face-to-face and telehealth approaches will improve access to support.

Objective 2.4 Built for complexity

- Children with complex needs are more likely to be turned away from support, as providers may not have the skills or resources required.
- Priority access should be given to at-risk cohorts, including children in, or at-risk of entering, State care or in contact with the justice system.
- Aboriginal Community Controlled Organisations should deliver supports for Aboriginal and Torres Strait Islander communities wherever possible.

Objective 2.5 Skilled workforce

- Increased rewards for training in child and family mental health are needed to improve participation in this field.



Key actions in the Strategy

Improve the capacity of systems to deal with complexity through:

- Trialling (networked) sites in both urban and rural areas of a service model of integrated child and family care that exclusively provides holistic assessment and treatment for children 0-12 years old and their families (action 2.1.c)
- Trialling sites with innovative service delivery models that integrate face-to-face and telehealth consultations, digital interventions, and phone helplines (action 2.3.c)
- Providing support based on genuine co-design with children and families involved in the design, delivery and evaluation of services (action 2.3.e)
- Allocating specific funding for care coordination for children and families with complex needs (action 2.4.a)
- Requiring all government departments to outline and regularly report on what they do to support children in State care (action 2.4.d), including providing priority access to relevant services (action 2.4.c).

Amend current Medicare items to promote collaborative care including:

- Enabling all providers (regardless of discipline) to claim for case conferencing (action 2.2.a)
- Enabling providers to claim for consultations with parents and carers (without the child present) as part of the child's care (action 2.2.c)
- Requiring providers to communicate with educators and other service providers about a child's treatment and support plan (action 2.2.d).

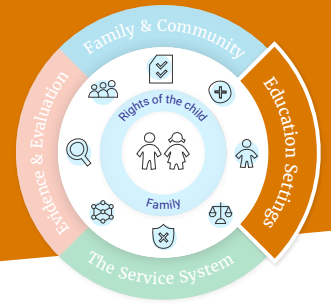


It was a wonderful moment when the psychologist asked [my son] if it would be ok to include Mum and Dad in part of the conversation... we were able to give context to the psychologist... I felt including us was really important and seems to have been really effective.

Parent/carer of a child with mental illness



Focus area 3: Education Settings



This focus area talks about how important school and early learning environments are for children’s mental health and how we can better set up these environments to support kids.

Objective 3.1 A wellbeing culture

- There is a lot of difference amongst schools and early childhood learning services in the attitudes around mental health.
- Some education settings have policies and procedures that contribute to stigma.
- Introducing dedicated wellbeing staff and promoting resources and support in education settings will assist educators to build positive wellbeing cultures.
- Wellbeing programs should be included in early childhood curriculums and offered through after school and school holiday activities.

Objective 3.2 Targeted responses

- All early childhood learning services and schools should have a wellbeing plan in place, designed to meet the needs of their students.

- Additional guidance is needed to enable educators to discuss mental health concerns with parents and carers.
- Outreach procedures should be developed to respond to student disengagement, using trauma informed approaches.

Objective 3.3 Well-equipped educators

- Professional training and clear guidelines and processes should be developed for educators to follow when they believe a child or family is struggling.
- Dedicated wellbeing staff should build and maintain strong relationships with local service providers such as paediatricians and psychologists, to promote collaborative care.
- Educators should be supported to undertake additional learning on mental health, including with paid time for participation.
- All educators should have access to avenues for support for their own mental health and wellbeing.

Key actions in the Strategy

Ensure educators are well-equipped to support child mental health and wellbeing by:

- Requiring all early childhood learning services and primary schools to have a comprehensive wellbeing plan for their students (action 3.2.a)
- Providing funding to implement quality improvement activities and delivery of evidence-based programs targeting needs identified in wellbeing plans (action 3.2.b, 3.2.c)
- Having a designated wellbeing staff member in all early childhood learning services and primary schools who is responsible for planning and co-ordinating wellbeing activities, including the development of wellbeing plans (action 3.1.b, 3.1.c).



One of the biggest challenges that schools are facing is the mental health of children.

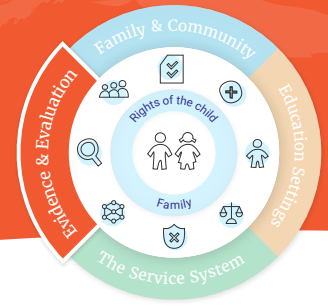
Educator

[The school] does lots of discussion around mental health to the point where it’s quite ok for the girls to talk about it amongst their friends... when we were at school it would have been the ultimate shame to say ‘I’m seeing a counsellor.’

Parent/carer of a child with mental illness



Focus area 4: Evidence and Evaluation



This focus area talks about how we can improve mental health services by making sure we are getting feedback and using it to make things better. It also discusses why we need more research into children's mental health and wellbeing.

Objective 4.1 Meaningful data collection

- Children's mental health is an area where key data are missing² and there is currently no regular national data collection measuring children's overall mental health and wellbeing.
- A lack of data ownership means that programs or policies often fail to reflect Aboriginal and Torres Strait Islander priorities, values, cultures, worldviews and diversity.³
- Increased and broadened data collection needs to be undertaken to inform delivery of programs and services.

Objective 4.2 Embedded evaluation and feedback

- There is a growing number of clinical services and programs targeted at children's and families' emotional wellbeing.

- Only a small number of programs have good evaluation embedded into their design. Service providers should be required to build evaluation into their programs.
- Those using services have a valuable and important perspective for informing service delivery.
- Evaluations are most useful when they focus on the key outcomes that are important to the children and families who have used a service.

Objective 4.3 High-quality research

- Unlike youth mental health,⁴⁻⁶ there have been no national reforms or a framework for research focused on children in Australia. There is also an overall lack of community consultation and trials in child mental health.
- Current ethics processes often make research with children challenging. Concerns around the vulnerability of children as a cohort could be better managed through including children and families in the development of research.
- In the best system, children would receive measurement-based care with treatment improved based on feedback.

Key actions in the Strategy

Ensure better collection and use of data through:

- Establishing Inter-Departmental Committees to resolve current barriers to relevant data sharing across sectors such as education, justice and community health, for the purposes of informing child mental health and wellbeing (action 4.1.d).
- Embedding evaluation in program and service delivery from the beginning, with reporting of findings required to receive further funding (action 4.2.a).
- Including implementation evaluation as a core component of programs delivered in schools and early childhood learning settings to identify what is required to ensure fidelity (action 4.2.c).

Require supports to be based on and continue to involve high-quality research and evaluation through:

- Funding parity for child mental health research and child physical health (action 4.3.a).
- Targeted funding allocated on the basis of priorities including gaps in current treatment knowledge and the needs of priority populations (action 4.3.b).



What is the feedback and how are services flexible and responsive to adapt to what a particular community or subgroups within a community need in terms of mental health... it changes overtime as communities develop or new communities come.

Professional working with migrant and refugee services





What needs to happen next?

Now that the Children's Strategy is finalised, we have a lot of work to do to make sure that improvements are made to Australia's approach to children's mental health.

To do this, we propose setting up a group in each state and territory who will be responsible for actioning the Children's Strategy in their area. These will be called Inter-Departmental Committees, and they will be made up of people from across Government, schools, mental health services as well as young people, parents and carers. The National Mental Health Commission has offered to track their progress so we know what's still to be done.

Along the way, we will keep asking mental health experts and people who have struggled with their mental health what they think of our plan and how we are going. We will make sure that people from all types of backgrounds are involved.

To keep up-to-date with any new information on the Children's Strategy, please visit our website at www.mentalhealthcommission.gov.au

References

1. Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005;62(6):617-27.
2. Australian Institute of Health Welfare. *Australia's children*. Canberra: AIHW; 2020. Available from: <https://www.aihw.gov.au/reports/children-youth/australias-children>.
3. Maïam nayri Wingara. Indigenous Data Sovereignty Collective and the Australian Indigenous Governance Institute. *Indigenous Data Sovereignty Communique*: 2018. Available from: <https://www.aigi.com.au/resource/indigenous-data-sovereignty-communique/>.
4. Hickie IB, Groom GL, McGorry PD, Davenport TA, Luscombe GM. Australian mental health reform: time for real outcomes. *Med J Aust*. 2005;182(8):401-6.
5. Mei C, Fitzsimons J, Allen N, Alvarez-Jimenez M, Amminger GP, Browne V, et al. Global research priorities for youth mental health. *Early Interv Psychiatry*. 2020;14(1):3-13.
6. McGorry P. Building the momentum and blueprint for reform in youth mental health. *Lancet Psychiatry*. 2019;6(6):459-61.