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National Mental Health Commission  
Australian Government

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## **The National Children's Mental Health and Wellbeing Strategy**

### **What is your organisation?**

The Australian Psychological Society (APS). The APS is the peak body for psychologists in Australia representing over 25,000 members.

### **Strategy language**

#### **To what extent does the language used in the wellbeing continuum resonate with your (actual or observed) experiences of mental health and wellbeing?**

- The language used in the wellbeing continuum is acceptable but not optimal; for example, often the term 'unwell' implies something is wrong with the child rather than their behaviour being in response to an unhealthy environment, symptomatic of neurodiversity, or simple emotional dysregulation. We suggest using plain language to:
  - Simplify the classifications.
  - Possibly help to remove some of the stigma associated with mental health disorders and address the issues above.
- Ultimately the language needs to be meaningful to the young people it describes; include all sectors of the community; acknowledge gender diversity; and be age appropriate. Consideration needs to be given to how children self-identify and describe their emotional states. The language used needs to be child-centric and relevant to parents and caregivers.
- Language needs to be straightforward and appropriate for all healthcare providers and the general public (parents, carers and teachers) who are not specifically trained in the applications of mental health and wellbeing interventions. For some people, 'healthy' may imply the child's physical rather than their emotional/mental health, and possibly cause confusion.
- The APS advocates that the language to be adopted be trialled with different segments of the community, to ensure inclusivity and accessibility. We note that stakeholder views are being considered with regard to the anchor point descriptors. We suggest testing the words with a range of children, parents and caregivers from different demographic groups, to optimise resonance.

#### **The Strategy acknowledges that the specific words used to describe the anchor points of the wellbeing continuum are not firmly established. What words would you suggest best describe the key anchor points on the wellbeing continuum?**

- Where practicable, the APS supports consistent language across children's services and federally funded programs.

- We note that the mental health continuum used by BE YOU (i.e. Flourishing, Going OK, Struggling and Severely Impacting Everyday Activities) uses language that is mostly simple, accessible, relevant and appropriate. (<https://beyou.edu.au/resources/mental-health-continuum>)

“Be You is a single, integrated national initiative to promote mental health from the early years to 18 years. It’s for every Australian educator from early learning services through to secondary schools, including future educators.” (<http://www.earlychildhoodaustralia.org.au/our-work/beyou/>)

## Parenting programs

### What might help encourage parents and carers to engage with these programs?

Traditionally, parenting programs are attended by high functioning and motivated parents. To encourage engagement in parenting programs by more disadvantaged sectors of the broader community, we suggest:

- Improving accessibility via a range of social and practical measures, e.g.
  - Targeted communications about parenting programs to respected community leaders.
  - Co-designed courses to ensure the content and delivery is culturally safe and relevant to Culturally and Linguistically Diverse communities (CALD), Aboriginal and Torres Strait Islander communities, LGBTIQ+ communities, and diverse types of families.
  - Utilising a framework that acknowledges parents with an existing mental health issue and those in complex social situations e.g. domestic violence, families with inter-generational disadvantage and an inherent distrust of ‘the system’.
  - Subsidised programs to ensure equitable access across socio-economic groups.
  - Subsidised childcare for parents attending courses.
  - Engaging fathers who may be hesitant about attending due to identifying with more ‘traditional’ roles where work commitments are prioritised, a lack of time, cost, and/or a lack of awareness/ information about the programs available.<sup>1</sup>
  - Offering a range of delivery options (day, evening, weekends and intensive courses).
  - Programs targeted to parents’ needs (i.e. the Triple P Parenting Program may be less suitable for families in crisis with complex needs).
- Communicate the benefits of attending parenting programs by using evidence-based information to describe how parents can positively impact their child’s mental health and wellbeing, and feel more competent and confident in their role as a caregiver.
- Reduce any stigma associated with attending a parenting program by:
  - Normalising the message that parenting is often difficult and experiencing various issues is normal.
  - Naming courses in line with the issues that they address e.g. “Tackling Social Media Addiction” and regularly reviewing titles and content for relevance.
- Provide relationship-informed parenting interventions as an alternative and adjunct to other programs (e.g. Circle of Security ®).
- Provide technological solutions (online courses, automated reminders, tools to help apply lessons).
- Target programs at times of potential ‘high stress’ for parents (e.g. the perinatal period) – with increasing levels of stress, parents are often more motivated to attend courses.
- Provide MBS item numbers under psychological services for perinatal interventions, parenting programs and family therapy. This allows for the additional benefit of tracking service provision and evaluating outcomes.

## Integrated care model

### Would the model outlined in Box 3 help to achieve the objectives outlined in Focus Area 2? What do you consider critical to this model working?

- The APS supports the co-location of multidisciplinary service providers and we have expressed support for this model in our 2021 pre-budget submission. The benefits of establishing multidisciplinary child wellbeing services include the capacity to bridge the gap between schools and clinical services, and address current fragmentation in the system. Ideally they would provide free or low-cost multidisciplinary assessment and treatment teams with improved referral pathways facilitating navigation of child mental health services and coordination of care. The multidisciplinary centres could also act as training hubs for postgraduate health students, including provisional psychologists. Success requires:

- A minimum number of psychologists in each location; particularly in rural and remote settings and areas of higher need due to socioeconomic disadvantage.
- Developing a skilled workforce, specifically GP's and other primary referrers, by providing specific training in mental health disorders and other complex developmental needs.
- Effective collaboration between clinicians and service providers focussed on child-centred outcomes. In addition to proposed changes to MBS items (2.2.a. and b.; and 2.4.a.) we support the appointment of care team co-ordinators to 'hold' each family and facilitate treatment planning and on-referral.
- Extension of referral networks to schools, or self-referral by parents and young people, to address barriers to accessing services.
- Well established referral pathways for both external and internal referrers.
- A clear definition of 'complex needs' to establish who can access funding and care co-ordination.
- Establishing a balance between diagnostic and treatment services in the developmental space. Children with neurodevelopmental disorders are at increased risk of developing mental health problems – yet they have minimal access to services required to diagnose, delineate and support these concerns. While mental health assessment and treatment items are available, there are currently no MBS items which enable comprehensive assessment of neuropsychological and developmental/educational functioning – both of which are crucial for diagnostic differentiation and appropriate intervention. In an Australian survey, *headspace* clinicians ( $N=532$ ) estimated that 27% of their young clients have neurodevelopmental conditions, and that formal neuropsychological assessment to confirm diagnosis was an area of unmet clinical need.<sup>2</sup>

#### **What changes would you suggest to the model to make sure it achieved the stated Objectives?**

- Appoint psychologists as central care co-ordinators. Psychologists are experts in mental health disorders and wellbeing indicators.
- The APS has the expertise to develop care co-ordination training for psychologists to provide certification, and ensure that standards and responsibilities for mental health co-ordination are nationally consistent.
- Co-design multidisciplinary services well, in order to optimise efficiency. The APS is also in a position to assist with this, to ensure the model's effectiveness and prevent inappropriate use of resources.
- Review service funding. The Strategy proposes using funding from existing public mental health services, many of which are already overstretched and unable to meet current demand. We propose that funding be found from new sources and be separate to existing services. The newly developed multidisciplinary centres must be seen as distinct and separate from existing mental health facilities, in order to avoid confusion and overlap of services.

#### **Mental health workforce**

##### **What additional actions may be required to ensure there is a sufficient workforce skilled in child and family mental health?**

- Make it affordable to study psychology and become qualified as a psychologist:
  - Review the funding model for psychology courses to reflect the actual cost of programs.
  - Review the current requirement for intensive placement/supervision which is expensive and difficult to source.
  - Fund the APS to develop a placement and internship coordination program to ensure provisional psychologists are financially supported to complete their training. This is required to address the increasing trend for organisations, including public sector services, to charge a fee to take on provisional psychologists undertaking a placement or internship.
- Provide greater opportunities for education/experience to become a Psychologist:
  - Provide more funding to the tertiary sector to train more psychologists, particularly in 5th year programs; specifically, to work with children in assessment, diagnosis and treatment. Funding should cover distance learning.
  - Fund schools to provide placements and internships for provisional psychologists. This would improve the education system's capacity to improve the mental health and wellbeing of students and develop psychologists with experience in child mental health and wellbeing.
  - Increase psychological internships opportunities in all areas of child mental health to enable them to transfer into the workforce once they have graduated.

- Incentivise delivery of psychological services in the public system by employing experienced practitioners on an equitable basis. In addition, ensure parity of wages and/or conditions with private practitioners to encourage senior psychologists into the public system.

**What could be done to facilitate a skilled child and family mental health workforce that is equitably distributed, including across rural and remote areas?**

- We agree with 2.5.d 'Create and incentivise training opportunities for mental health professionals (e.g. psychologists and psychiatrists) to work in regional and remote areas.' Furthermore:
  - Implement incentive packages for psychologists to work in rural and remote locations, including zone allowances and access to free supervision for registration and/or endorsement purposes.
  - Increase access to university undergraduate and postgraduate psychology programs in rural locations.
  - Implement national standards for provision of school-based mental health services, irrespective of location, to ensure that schools in rural and remote locations are staffed by appropriately qualified mental health professionals.

## **Education**

**Do the actions outlined in Focus Area 3 capture the role educators should play in supporting children's mental health and wellbeing? If not, what needs to be changed or added?**

- The APS believes that educators already have significant demands on their time, and is concerned about asking them to take on more responsibility.
- Where these critical frontline workers are being upskilled in child mental health and wellbeing, ongoing professional support and supervision by psychologists should also be made available. Minimum numbers of salaried psychologists are required in the education system to support teaching staff and provide a bridge between schools and external services.

**Does the Strategy sufficiently outline the additional support, training and/or system amendments educators would need to facilitate change? If not, what needs to be changed or added?**

- The Strategy clearly outlines the additional support, training and/or system amendments educators would need to facilitate change.
- While the APS supports the development of professional learning courses focussing on mental health and wellbeing for educators, we are concerned about the additional burden this places on them.
- Development of additional support and training for educators is within the remit and expertise of the APS. We are well placed to assist the NMHC in this area; specifically with regards to developing national standards for school mental health and psychological services. This builds on the extensive resources and guidelines the APS has developed for the education sector, such as 'The framework for the effective delivery of school psychology services',<sup>3</sup> and includes minimum qualifications for providers, expectations of services and referral pathways.
- It will be essential to provide funding for specific staff to implement the programs and monitor/evaluate their effectiveness. However, having adequate numbers of psychologists in schools would address these issues as they are trained to:
  - Develop wellbeing plans,
  - Provide mental health training for school staff,
  - Provide a bridge between parents and teachers, and
  - Identify the need for comprehensive assessment of learning disabilities and neurodevelopmental disorders, which improves the capacity for appropriate developmental/educational interventions. Early identification and intervention have the potential to reduce the risk of psychological sequelae, including mental health disorders, substance abuse and educational and employment problems.<sup>4</sup>
- Once again, the APS strongly advocates for plans to increase the number of salaried school psychologists nationally to overcome current shortfalls in addressing mental health issues (and neurodevelopmental disorders) within the education system. This would have the added benefit of precluding the need to further overburden student wellbeing coordinators.

## **Connecting with children and families who are struggling**

### **How would you recommend we reach these children and families? How might we do this systematically across the country?**

- Fund schools to provide placements and internships for provisional psychologists to act as a conduit between schools and external services.
- Develop a digital portal for mental health and wellbeing resources and tools to help connect families who may not engage with traditional checkpoints.
- Other strategies to facilitate connecting with more 'difficult to reach' families include:
  - Acknowledging and working with diverse groups within the community through targeted programs.
  - Developing relationships with community leaders (CALD, Aboriginal and Torres Strait Islander, LGBTIQ+, etc).
- Working with media and social media to target specific groups within the community and provide culturally appropriate contact information.
- Utilising targeted arts awards within schools and the broader community, e.g. tackle mental health issues via short film, community sport, competitions etc.
- High profile advertising in media, public transport, Centrelink, hospitals, community centres etc.

### **Are there any additional actions necessary to improve the mental health and wellbeing of children who may be struggling, such as those in the care of the State?**

- Pivotal to the mental health of vulnerable children is consistency in service provision. Community funding needs to be adequate to ensure that children ideally have one point of contact through their journey, and are not made to retell their story. In addition, the Strategy should consider:
  - Broad implementation of trauma-informed education practices to ensure that teachers, and the broader education and welfare systems, acknowledge and understand that a major risk factor for mental health disorders is cognitive and learning difficulties caused by trauma-related neurodevelopmental conditions.
  - Ensuring all child protection and out-of-home-care intervention plans for children who have experienced trauma include trauma-focussed mental health interventions. Services should be targeted at the child, the family, carers and educators, and include regular care team meetings facilitated by psychologists who understand the complexity of multi-systemic interventions.
  - Providing better links between the public and private systems to ease information flow – ideally, once again, supported by a government-funded digital health portal.

## **Mechanisms for data capture and use**

### **What additional indicators of change would you suggest should be included to measure progress against the Strategy's objectives?**

- The APS prioritises four additional key indicators of change that focus on best outcomes for children:
  1. The number of children with a consistent care-giver before and after implementation of the strategy.
  2. The number of children who succeed in reaching their educational objectives or other measures of psychosocial functionality.
  3. The number of new mothers who report being well-supported when they leave hospital with a new baby.
  4. The number of children diagnosed with a mental health disorder or neuro-diverse condition compared with how many children achieve employable skills.

### **Are there other challenges to undertaking research on child and family mental health and wellbeing that are not broadly captured in the Strategy? What are they and how would you suggest these challenges be addressed?**

- A potential lack of integration between face-to-face and online services and the ongoing need for holistic and coordinated care remain.
- Sharing data across multidisciplinary teams in private and public entities will also create ongoing challenges. These challenges can be partly addressed via the introduction of a digital portal for child mental health and

wellbeing as advocated for in the APS 2021 pre-budget submission. We recommend the development of a digital portal for mental health and wellbeing that provides:

- A national network of mental health and wellbeing services,
  - Evidence based information (targeted at parents, carers, children and educators),
  - Service navigation assistance,
  - Service care co-ordination and referrals for both online and face to face services,
  - Tools and resources to support partnerships between educational settings and between/amongst mental health professionals, and
  - Access to services that can be completed using technology such as screening, telehealth assessments, case conferencing and crisis support.
- A digital portal for parents and families will complement school based strategies. It will improve support for parents and potentially reduce the impact of adverse childhood experiences strongly associated with subsequent mental illness.
  - In addition it would provide the means for longitudinal and “snapshot” research into child mental health.

The APS is ready to assist the Government in the development of a mental health digital portal.

**What further actions need to be taken to encourage more service evaluation in clinical work?**

- Strengthen relationships, shared understandings and collaboration within multidisciplinary teams based on a child-centred focus. Teams with a child-centred focus who are working together effectively will be more likely to engage in service evaluation.
- Fund and provide appropriate digital access to technologically-driven evaluation strategies that are user-friendly, intuitive and account for both the child’s perspectives and the clinician’s. In addition, ensure that the data can be used to inform future practice and ongoing research.

**Improving mental health and wellbeing for all Australian children**

**Which of the Strategy’s objectives and actions do you consider most critical to improving the mental health and wellbeing of children and families from Aboriginal and Torres Strait Islander communities?**

- The APS considers Objective 2.4.e to be the most critical to improving the mental health and wellbeing of children and families from Aboriginal and Torres Strait Islander communities.

**Are there any additional actions you think are necessary to improve the mental health and wellbeing of children and families from Aboriginal and Torres Strait Islander communities?**

- Create and incentivise more training opportunities for Aboriginal and Torres Strait Islander mental health professionals (e.g. psychologists and psychiatrists) to work in regional and remote areas.
- While we acknowledge that the Strategy proposes child and family mental health and wellbeing services for Aboriginal and Torres Strait Islander communities should be delivered by ACCHOs, the details regarding implementation are not elucidated, so it is challenging to point to additional actions required.

**Which of the Strategy’s objectives and actions do you consider most critical to improving the mental health and wellbeing of children and families with disability?**

- The APS considers Action 2.4.d to be the most critical as long as the data collected is utilised to optimise ongoing clinical services for children with physical or intellectual disability and/or neurodevelopmental disorders, and integrates mental health support. Further, the APS agrees that the “increase in risk for children with disability has implications for the way that the National Disability Insurance Scheme (NDIS) is structured and functions, and all disability services need to be aware of and address the likelihood of and potential for associated mental illness.” (p. 46).

**Are there any additional actions you think are necessary to improve the mental health and wellbeing of children and families with disability?**

- Placement of a psychologist in every school to ensure timely and accurate identification of the mental health and learning support needs for children with a disability in order to optimise educational outcomes.

**Which of the Strategy's objectives and actions do you consider most critical to improving the mental health and wellbeing of children and families from rural and remote communities?**

- The APS considers the most critical action to be 2.5.d "Create and incentivise training opportunities for mental health professionals (e.g. psychologists and psychiatrists) to work in regional and remote areas." We advocate for consistency of care delivered by permanently placed practitioners, rather than a series of 'visiting' or locum clinicians.

**Are there any additional actions you think are necessary to improve the mental health and wellbeing of children and families from rural and remote communities?**

- Ensure that case managers and practitioners interacting with families and children in rural and remote locations have a thorough understanding of the local context, challenges, issues and referral networks.
- Telehealth should be viewed as an adjunct to face-to-face services not an alternative. It can be difficult to engage and accurately diagnose small children with complex needs via telehealth. In addition, cultural barriers may also be prohibitive within this context.

**Which of the Strategy's objectives and actions do you consider most critical to improving the mental health and wellbeing of children and families from culturally and linguistically diverse communities?**

- The APS considers the following to be the most critical objective in terms of improving the mental health and wellbeing of children and families from culturally and linguistically diverse communities (2.3.f): "Establish accountability mechanisms that encourage services to improve their accessibility for children and families, including those from Aboriginal and Torres Strait Islander communities and culturally and linguistically diverse communities."

**Are there any additional actions you think are necessary to improve the mental health and wellbeing of children and families from culturally and linguistically diverse communities?**

- Engaging with Culturally and Linguistically Diverse communities utilising culturally appropriate means that effectively build trust in the mental health system and facilitate engagement with services for parents, carers and children.

**General**

**In your opinion what avenues should be used to promote the Strategy upon publication, to ensure it reaches as many people as possible?**

- Utilise a multi-channelled, multi-messaged campaign which targets specific groups and their unique needs and pain points. The message will vary according to the audience.
- Target clinicians through professional bodies, industry associations, networking forums, employers and via direct mail.
- Reach diverse sections of the community e.g. CALD, Aboriginal and Torres Strait Islander and LGBTIQ+ groups through their respected leaders.
- Communicate with children via national advertising campaigns and activity based communications e.g. story writing competitions and social media channels.
- Targeted mass market messaging via TV, radio and out of home advertising placed at GPs, hospitals, community centres and Centrelink.
- Promote discussion at key health and developmental points, e.g. perinatal classes, and child and adult wellbeing appointments.

**Please provide any additional feedback you would like considered regarding the Strategy**

- Overall the APS is very supportive of the Strategy. However, we have identified further opportunities for strengthening the objectives and actions described:
  - Strategy language lacks consistency and shifts between diagnostic and wellbeing terminology. In addition, the APS suggest using the word 'children' rather than 'patient'.
  - Further detail regarding how the Strategy will proactively address the needs of children who are at risk and/or struggling would be helpful.

- Effective collaboration between members of multidisciplinary teams needs to be addressed as an action item. The APS supports the concept of multidisciplinary mental health services, however, it will be imperative to ensure that practitioners work collaboratively and not in silos.
- Neurodevelopmental assessment needs to be funded by Medicare as outlined in the APS White Paper.<sup>5</sup> Current costs associated with assessing children with complex neurodevelopmental conditions is prohibitive for many families. Moreover, developmental neurocognitive impairment is an early risk factor for the onset of mental health issues. Early identification and treatment of neurocognitive impairment may prevent progression towards mental illness.<sup>6 7</sup>

## References<sup>8</sup>

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<sup>1</sup> ParentWorks. (2016). Online Survey. Available at: [what-dads-want-\\_-australian-first-online-father-friendly--paren1.html](http://what-dads-want-_-australian-first-online-father-friendly--paren1.html)

<sup>2</sup> Allott, K., Proffitt, T-M., McGorry, P.D., Brewer, W.J. (2008). Developmental factors and intellectual functioning in young psychiatric patients (Abstract). *Australian Journal of Psychology*, 60(Suppl.), 210.

<sup>3</sup> Australian Psychological Society (2016). The framework for effective delivery of school psychology services: a practice guide for psychologists and school leaders. Author: Melbourne. Available at: [Framework-delivery-school-psych-services-practice-guide.pdf](http://Framework-delivery-school-psych-services-practice-guide.pdf)

<sup>4</sup> Aro, T., Eklund, K., Eloranta, A-K, Närhi, V, Korhonen, E. & Ahonen, T. (2019). Associations Between Childhood Learning Disabilities and Adult-Age Mental Health Problems, Lack of Education, and Unemployment. *Journal of Learning Disabilities*, 52(1), 71-83.

<sup>5</sup> Australian Psychological Society. (2019). The Future of Psychology in Australia: A blueprint for better mental health outcomes for all Australians through Medicare – White Paper. Melbourne, Vic: Author. Available at: [APS-White-Paper-The-Future-of-Psychology](http://APS-White-Paper-The-Future-of-Psychology)

<sup>6</sup> American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Washington, DC: Author.

<sup>7</sup> Khandaker, G.M., Stochl, J., Zammit, S., Lewis, G., Jones, P.B. (2014). A population-based longitudinal study of childhood neurodevelopmental disorders, IQ and subsequent risk of psychotic experiences in adolescence. *Psychological Medicine*, 44(15), 3229-3238.

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