

Centre for Community
Child Health



A Roadmap for Change

A prevention system for child mental health
and wellbeing in Victoria

This roadmap for change was co-created by participants of
the Roundtable for Child Mental Health and Wellbeing

NOVEMBER 2024



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A Roadmap for Change was prepared by the [Centre for Community Child Health](#) and [democracyCo](#). It reflects the agreed objectives and priorities of participants in the Prevention Roundtable for Child Mental Health in Victoria: Strategy to Action on Friday 12 May 2023.

A companion document from the day, **A prevention system for child mental health and wellbeing in Victoria** is also available.

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Acknowledgement

We know that together we are more. That achieving a successful outcome for our children requires us all to work together and to the same objectives.

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'By working together, we can create a coordinated and collaborative response to promote child and community mental health and wellbeing, and prevent mental health challenges.'

Roundtable participant

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The Centre for Community Child Health acknowledges the Traditional Owners of the land on which we work and pay our respect to Elders past, present and emerging.



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Forward from Roundtable Co-chairs

Good mental health in childhood provides the foundation for lifelong health and wellbeing, but we know that not all children and their families have what they need to thrive and achieve good mental health now and for the future. We have also seen a convergence of issues that have affected children's mental health and wellbeing – the COVID-19 pandemic, an overburdened health and mental health care system and sustained inequities in children's outcomes – which leads us to a pivotal moment in time to be acting to prevent mental ill-health and promote children's wellbeing.

This convergence of issues and recognition of the significance of children's mental health and wellbeing emerging in policy - such as through the establishment of the National Children's Mental Health and Wellbeing Strategy - means that it is an important time to anchor prevention into the national and state policy and service landscape.

To date, children's mental health has often been seen through the lens of adolescent and adult mental health which has a focus on diagnosis and treatment. For children we need an approach that focuses on prevention and early intervention. This gives us our best chance of achieving optimal outcomes for children and families, and subsequently 'stemming the tide' of the current demand for mental health services.

To help realise this opportunity and identify areas for progress, **A Prevention Roundtable for Child Mental Health in Victoria: Strategy to Action** was convened. The roundtable brought together leaders across lived experience, health, education, social care, government, not-for-profit and research. We are pleased to provide you with the outcomes and recommendations from the Roundtable and thank all 60 participants for providing their expertise and experience in shaping these important actions.

Our intention is that this is just the beginning of what we hope can be an ongoing conversation that leads to action to advance children's mental health outcomes. We invite you to join us in progressing these efforts to ensure all children and their families can achieve good mental health and wellbeing.

'Governments and policymakers must also act by centring their efforts on the concerns of young people. It is the systems in which young people live and interact, from families to communities, that are the key to mental wellbeing. It is here that young people can be supported to lay the foundations for healthier futures.'

Editorial, *The Lancet*.
August 2022¹



Professor Sharon Goldfeld AM



Professor Frank Oberklaid AM



Professor Harriet Hiscock



A child mental health and wellbeing roundtable – a dialogue for change

'... our children's mental health matters Support their wellbeing so their dreams are not left in tatters

Our future depends on the happiness of the children of 2020

Where love, support and aspirations are not left empty

Stay safe, stay well we are all in this together

Let's make their future much brighter and certainty much better'

*An extract from *Our children, our future*, a poem by Melanie Lord.*

Nearly 560 000 Australian children live with a mental health disorder, with children who experience higher levels of socio-economic disadvantage more likely to live with mental health challenges.²

With families experiencing long wait times to access care and services overwhelmed and unable to meet demand, we need to stem the tide of children's mental health challenges and promote the mental wellbeing of all children.

In response, we convened a **Prevention Roundtable for Child Mental Health and Wellbeing: Strategy to Action**. The aim was to start a dialogue for reconceptualising a child mental health and wellbeing prevention system that both reduces the incidence of child mental health challenges and promotes mental wellbeing. A focus on prevention is simultaneously effective in reducing the burden of children's mental health and cost-effective in the long-term.³

In May 2023, 60 stakeholders with extensive experience and expertise came together with people with lived experience to participate in a Prevention Roundtable for Child Mental in Victoria. Sectors represented included the early years, government, social care, research and peak bodies, with the remit of considering strategy to action. The intention was to develop a roadmap focused on achieving the best possible outcomes for children's mental health and wellbeing. This report articulates the case for change and our recommendations for realising a prevention and promotion system that enables all children to achieve good mental health and wellbeing.

Roundtable discussions considered how a Roadmap for Change could support the implementation of the four focus areas of the National Children's Mental Health and Wellbeing Strategy:

- Family and Community
- Education Settings
- the Service System
- Evidence and Evaluation.

These focus areas were used as the critical elements of a prevention system.

'A prevention system for child mental health and wellbeing in Victoria' Full Report provides a full and a detailed record of the Roundtable discussions, ideas and suggestions from the day. Please contact us for a copy.



The case for a ‘prevention system’

Protecting and promoting the mental health of children in the early years is not just about how we raise children but also about how the next generation of adults and society will function.

Good mental health and wellbeing helps children reach their full potential. It means children feel safe, supported, happy and listened to, can engage with education and learning, and build meaningful relationships with their family, friends and wider community.⁴

Children’s mental health refers to a child’s social, emotional, developmental, cognitive, and cultural wellbeing. Good child mental health and wellbeing enables children to attain and maintain optimal psychological and social functioning and wellbeing; have sense of self and self-worth; have satisfying family and peer relationships; learn, effectively cope and face challenges; and draw upon culture and community to thrive.⁵

Currently, not all children have what they need for good mental health and wellbeing. Australia is experiencing an increase in children’s mental health challenges but also a growing recognition of the immediate and lasting benefits of good mental health. According to the last national survey on child and adolescent mental health and wellbeing, in 2013-14 almost 1 in 7 (14%) of children and adolescents aged 4–17 years were estimated to have experienced a mental illness in the previous 12 months.²

When children face mental health challenges that are unrecognised or overlooked, it adversely affects their wellbeing. It can undermine their resilience, physical health, happiness, and their ability to focus and learn, and enjoy school.

Mental illness in children is also a significant predictor of mental illness in adults. **Fifty per cent of all adult mental health issues emerge before the age of 14⁶ with symptoms starting as young for most as 5 years.⁷**

The early years provide the foundation for lifelong health, development and wellbeing. Evidence indicates that the first 2000 days of life are a critical period, and interventions during this time can result in significant improvement to children’s early life experiences, health and development.⁸

Strong foundations in the early years provide greater resilience to deal with future challenges and adversity.

50% of all adult mental health issues emerge before the age of 14 with symptoms starting as young as 5 years.

(Kessler, et al., 2005; Mulraney, et al., 2021)

Almost 1 in 7 (14%) of children and adolescents aged 4–17 years are estimated to have experienced a mental illness in the previous 12 months.

(Lawrence et al. 2015)

Evidence indicates that the first 2000 days of life are a critical period, and interventions during this time can result in significant improvement to children’s early life experiences, health and development.

The National Children’s Mental Health and Wellbeing Strategy



We need to act now and work together to address these issues early and to respond effectively to children's mental health needs. By enabling children to have a positive sense of wellbeing, and by preventing or responding to mental health challenges in effective and timely ways, we support children's healthy development now and into the future.

To reduce the impact of child mental health difficulties, we need to shift attention to prevention and early intervention – providing a system that promotes child wellbeing, reduces the likelihood of mental health difficulties occurring and is attuned to respond early when emerging mental health difficulties arise.

As a society we have strong foundations to address these issues. We have quality health, education and social care sectors with exceptional and comparatively well-funded universal platforms in community and primary health, education, and social care to build on. However, significant enhancements to these sectors are necessary to adequately support children's mental health and provide timely and effective responses to emerging mental health challenges.

The opportunity exists to bring together these diverse sectors to provide a holistic response in conjunction with families and children themselves.

We need greater agility and a more responsive system across the government and non-government sectors to provide the support families need to promote and protect their children's mental health and wellbeing.

Ensuring children have good mental health and wellbeing requires us to respond to mental ill-health such as anxiety and depression and promote mental wellbeing - a child's ability to thrive. Children without mental health challenges can experience poor wellbeing and conversely children with mental health challenges can achieve high levels of wellbeing.⁹ Our roundtable recommendations aim to both promote and protect children's wellbeing, ensuring a comprehensive system response to children's mental health and wellbeing.

A focus on prevention and early intervention

To reduce the impact of child and adult mental health difficulties, we need to shift attention to prevention and early intervention – providing a system that promotes child wellbeing, reduces the likelihood of mental health difficulties occurring and is attuned to respond early when emerging mental health difficulties arise.





Recommendations

Creating a system to promote children's mental health and wellbeing requires that we work differently.

Roundtable participants identified six recommendations as part of our roadmap for Change (Table 1):

1. Develop a child mental health and wellbeing prevention roadmap with lived experience and co-design at its core.
2. Invest in evidence-based, flexible, long-term funding models.
3. Improve mental health and wellbeing literacy.
4. Work together to respond to the social determinants of health.
5. Drive a whole-of-government focus on children's health and wellbeing.
6. Equip the workforce to respond to children's health and wellbeing.

The recommendations point to how we can build a prevention and promotion system for children's mental health and wellbeing. They are for national, state and local policymakers; service and program providers; sector leaders; philanthropists; and communities to consider, adopt and champion.

We intend that our recommendations contribute to charting the course for the implementation of Australia's first National Children's Mental Health and Wellbeing Strategy. We also acknowledge that state and territory-based efforts are extremely important in promoting and protecting children's mental health and wellbeing. With Victoria undertaking significant mental health system reforms from the Royal Commission into Victoria's Mental Health System, Victoria is well positioned to be leading the way to implementing the National Children's Mental Health and Wellbeing Strategy. Our recommendations centre around a Victorian response that we hope could be used to advance efforts currently underway in other states and territories.



**Table 1: Recommendations and actions for creating a system to promote children’s mental health and wellbeing**

Recommendations	Key actions
1. Develop a child mental health and wellbeing prevention roadmap with lived experience and co-design at its core.	The Victorian Government establishes a children’s mental health and wellbeing coalition to further investigate and develop a detailed proposal of the key actions put forward and lead the development of a roadmap for change.
2. Invest in outcome-based, flexible, long-term funding models.	Develop, trial and implement Child Wellbeing Clusters - place-based, cross-sector, flexible funding responses to children’s mental health and wellbeing. Clusters will be underpinned by: <ul style="list-style-type: none"> • Localised, place-based population health responses to children's mental health and wellbeing across the continuum from prevention, promotion, early intervention, treatment and support. • multi-disciplinary, integrated, family-centred workforce models that bring together health, education, social and legal care, to meet the local needs of children and families. • monitoring and evaluation mechanisms to identify what is making a difference for children and families and what is not.
3. Improve mental health and wellbeing literacy.	Prioritise initiatives that focus on improving the mental health and wellbeing literacy of families and services that support children. This includes developing a common approach to mental health and wellbeing literacy and public education initiatives with children and families at their core.
4. Work together to be able to promote and protect children’s rights.	Develop a Child Impact Statement written by children that commits us all - governments, services, programs and communities, to protecting and guaranteeing children’s rights in all we do. The Child Impact Statement will reflect the United Nations Convention on the Rights of the Child. Government departments to develop implementation plans that describe how they contribute to achieving the Child Impact Statement.
5. Drive a whole-of-government focus on children’s mental health and wellbeing.	Establish an inter-departmental government working group, co-lead by the Minister for Children and the Minister for Mental Health, to lead the development of a Victorian roadmap for a child mental health and wellbeing prevention system to complement Royal Commission recommendations that were focussed on addressing mental illness but overlooked the needs of children.
6. Equip the workforce to respond to children’s mental health and wellbeing	Map the current workforce to understand the existing prevention and early intervention workforce, what workforce models are working, and which are not. This would include mapping of current models of care that aim to respond to the social determinants of health to children's mental health and wellbeing, and to scale what is working while adapting to local need. Enable early childhood education and care settings and schools to innovate to promote children’s wellbeing. Resource quality improvement cycles in prevention and early intervention models of care to ensure they are meeting the needs of children and families.



Figure 1 maps how each Roundtable recommendation and related key actions can support progress in the four focus areas of the National Children’s Mental Health and Wellbeing Strategy: Family and Community, Education Settings, The Service System, and Evidence and Evaluation. We propose beginning with implementing the key actions under Recommendations 1-3, as there are existing programs and initiatives that provide a foundation on which to progress. This includes the opportunity to reconvene the roundtable participants as the children’s mental health and wellbeing coalition.

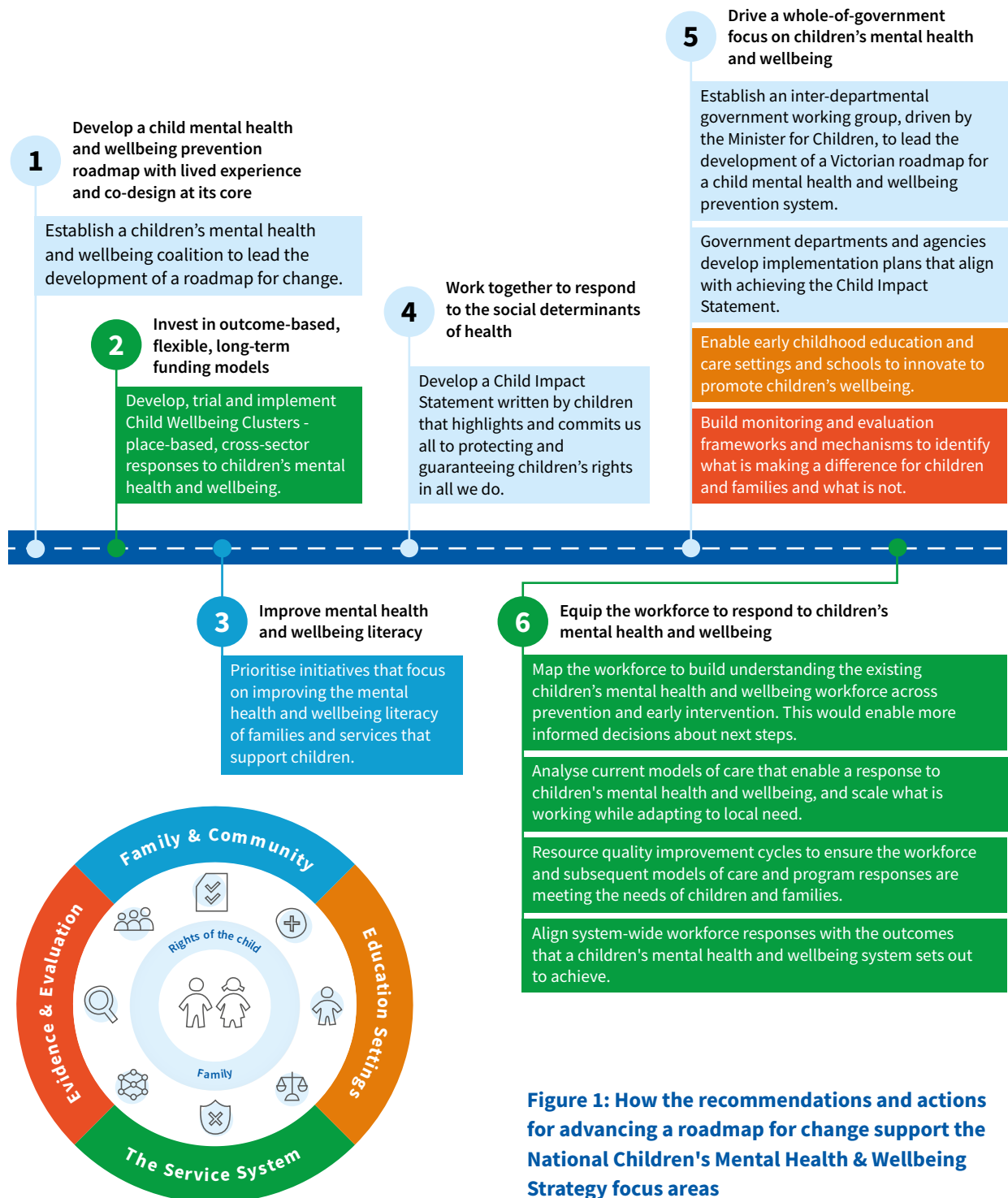


Figure 1: How the recommendations and actions for advancing a roadmap for change support the National Children’s Mental Health & Wellbeing Strategy focus areas

Source: National Mental Health Commission. National Children’s Mental Health and Wellbeing Strategy. 2021



Recommendation 1

Develop a child mental health and wellbeing prevention roadmap with lived experience and co-design at its core

Why? Children and families need to be central to a roadmap for change.

The best chance of preventing mental health issues and promoting mental wellbeing in children is to re-design the system to better meet the needs of children and families. This means co-designing with people with lived experience, the voice of the child and with their families to determine priority areas of action. This may mean disrupting the way the system is currently organised and overseen to prioritise children, families and communities.

System development and design should be underpinned by human-centred design practice. The current system and user journey isn't working because the systems are designed around services, not the children, families and communities that use them.

The process of co-design is effective at achieving this. Co-design involves bringing together those with lived experience, with government, funders, philanthropists, service providers and the workforce across income, housing, education, early years, health, media, and industry.

The system re-design process should consider:

- the social determinants of health (Appendix 1) that affect children's mental health and wellbeing
- accessible participation for children and families by incorporating their perspectives
- funding and governance as key to systems change
- transparency and accountability to children and families
- shared decision-making and genuine co-design.

These considerations are common to general systems change frameworks. Given this, we can ground these efforts in systems change theory as a starting point for children's mental health and wellbeing system design and development.

Key actions

- 1. Establish a children's mental health and wellbeing coalition to lead the development of a roadmap for change.**

A *Child Mental Health and Wellbeing Prevention Coalition* should be convened by the Victorian Government to progress our six recommendations, with the imprimatur to develop and explore further the priority actions. This coalition would be co-led and co-driven by people with lived and living experience. The coalition would consider how the priority proposals align with and enable current state and federal policy - such as the National Children's Mental Health and Wellbeing Strategy and the Royal Commission into Victoria's Mental Health System - by delivering detailed proposals on the priority actions. A children's mental health and wellbeing coalition could be sponsored by government or other funding partners, to develop the proposals in detail and seek investment for implementation.



Recommendation 2

Invest in outcome-based, flexible, long-term funding models

Why? Prevention requires a sustained long-term commitment.

Changing funding models can improve the efficiency, quality and responsiveness of a system. Funding models should prioritise prevention and be sufficiently flexible to enable responses to the social determinants of health and improve outcomes for all children. Evidence has shown that by addressing the social determinants and reducing inequities in children's outcomes, socio-emotional problems can be reduced by 59 per cent and learning problems reduced by 55 per cent.¹⁰ Funding should be invested in evidence-based approaches and in initiatives that are providing better outcomes for children and families.

Key actions

1. Develop, trial and implement place-based planning, service design and funding models called Children's Wellbeing Clusters.

These geographically-based Children's Wellbeing Clusters would bring together key sectors such as health, education, early childhood education and care, social and justice services and tiers of government (federal, state and local) to adapt and respond to the needs of local children and families. Clusters could bolster the existing system of community health centres to allow them to better respond to the social determinants of health as a key pathway to preventing mental health and wellbeing.

The Victorian Government has already committed to three Infant, Child and Family Mental Health and Wellbeing Locals focused on addressing mental health difficulties. These are ideal locations for Children's Wellbeing Clusters. They would be designed to coalesce existing services such as antenatal care, maternal and child health nurses, community health centres and early childhood education and care with families and key not-for-profits. They would identify and trial place-based responses that promote children's mental health and wellbeing and prevent mental-ill health, taking into account how they might address the social determinants of health. Acknowledging that no one service system can act alone as 'the' prevention system for children's mental health and wellbeing, clusters could take a multi-component, multi-sector approach to responding to children's needs. We identified that these clusters would be underpinned by:

- Localised, place-based population health responses to children's mental health and wellbeing across the continuum from prevention, promotion, early intervention, treatment and support.
- multi-disciplinary, integrated, family-centred workforce models that meet the local needs of children and families. Improved access to multi-disciplinary models of care and support were identified as part of our discussion relating to workforce needs for a child mental health and wellbeing system (Recommendation 6). The Children's Wellbeing Clusters would be opportunities to trial and monitor these holistic workforce models of care.
- monitoring and evaluation that encompasses lead indicators and outcome measures, one of which could be reduced demand on current Infant, Child and Family Mental Health and Wellbeing Hubs.





Recommendation 3

Improve mental health and wellbeing literacy

Why? Across communities, governments and sectors we need a common language to facilitate understanding of children's mental health and wellbeing.

A shared language will improve understanding of the protective factors of children's mental health and wellbeing. It will help to illustrate the full range of children's social and emotional wellbeing responses, reduce stigma, and enable action and support for children and families.

Improved mental health and wellbeing literacy offers many potential benefits. It will enable greater capacity to protect and respond to mental health challenges, increase help-seeking, and reduce the stigma around children's social, emotional and mental development.

Professional groups such as allied health, schools, early childhood education and care services, local governments, maternal and child health, peak-bodies, government, and children and families are critical to this work.

We need localised (place-based) evidence-informed public education initiatives tailored to local community needs that are community-led and community-based. We need to shift away from time-limited programs to sustainable models of delivery (e.g. curriculum, universal workforce and services). We need initiatives that build the capability and support of parents and carers to respond to the wellbeing needs of their children.

The good thing is that we're not starting from scratch. Evidence-based initiatives such as the [Raising Children Network](#) website, the development of the [Children's Wellbeing Continuum tool](#), and enabling schools to better respond to children's mental health and wellbeing via the [Mental Health in Primary Schools](#) initiative, are opportunities upon which we can build.

Key actions

- 1. Prioritise mental health and wellbeing literacy initiatives that focus on understanding the mental health and wellbeing needs of young children.**

This includes developing a common approach to children's mental health and wellbeing literacy, and investing in programs that seek to normalise emotions and behaviours to improve family and service providers' literacy. Exploration of public education initiatives focusing on understanding children's mental health and wellbeing should be considered. This work would need to bring together representatives from education, early years, health and social care, as well as those with lived/living experience to ensure a common approach to children's mental health and wellbeing literacy is achieved.





Recommendation 4

Work together to respond to the social determinants of health

Why? Child mental health and wellbeing is largely influenced by the social determinants of health.

Currently our system fails to adequately address the causes of children's mental health issues or ensure the conditions exist that enable children to achieve good mental health and wellbeing. Each of the social determinants of health provide an opportunity to build good mental wellbeing. A children's mental health and wellbeing prevention system must focus on the social determinants of health.

This requires a collaborative effort and alignment across government departments including health, social care, families, planning and environment, treasury and education– led by a central government agency (e.g. Dept. of Premier and Cabinet). This would provide support across sectors, community and tiers of government.

We need a citizen movement that commits government to prioritising and investing in prevention. We also need to explore ways to incentivise prevention and action on social determinants of health by services, supported by a child impact statement – a commitment to supporting the rights of all children from governments, sectors and community.

Key actions

1. Develop a Child Impact Statement

2. Government departments and agencies develop implementation plans that align with achieving the Child Impact Statement.

A Child Impact Statement written by children will highlight and help to commits us all - governments, services, programs and communities - to protecting and guaranteeing children's rights in all that we do. The Child Impact Statement will reflect the rights of children as outlined by the United Nations Convention on the Rights of the Child. By committing to protecting and promoting children's rights, we in turn sharpen our focus on redressing the social determinants of health such as safe housing, connection to culture and social inclusion, financial wellbeing and inclusion for families, quality and inclusive education, access to health and social care, and reduced adverse childhood experiences. The Statement should be underpinned by agreed outcome measures and indicators to enable us to assess for progress at the service, community and policy levels.





Recommendation 5

Drive a whole-of-government focus on children's mental health and wellbeing

Why? Achieving a collaborative approach to focusing on children's mental health and wellbeing requires both top-down and bottom-up leadership for change.

Governments need to be considering children's needs in all aspects of public policy. All areas - whether it is health, education, urban planning or environmental policy - affect children's mental health and wellbeing. Support is needed to promote collaboration across all sectors, disciplines and levels of government with a centralised focus on how policy and programs across government departments impact on children.

The Roundtable identified the need **to enshrine children's wellbeing into all government policies.**

Identifying children as a priority group will help to ensure the wellbeing needs of children are considered in policy development and increase a focus on prevention. The appointment of a Minister for Children would be a significant contribution to driving a whole-of-government focus on children. It is pleasing that since the Roundtable, the Victorian Government has appointed the first Minister for Children. This is a great first step to joined up government. We also identified the need to:

- elevate of children's voices in decision-making
- underpin children's policy with data and evidence to monitor:
 - the quality of service and program delivery
 - the impact of policy and services for transparency and accountability
 - the long-term outcomes for children and families.

This would be a collective responsibility between all departments and levels of government. This situation represents a challenge and an opportunity. If it is all agencies' responsibility it can also become no one's responsibility. Consequently, there needs to be a focus and impetus for action.

To this end we propose the Victorian Minister for Children lead collaborative efforts that enshrine children in all policy and delivers on children's rights framework. Child wellbeing impact assessments should be standard in government policy development. Policy should be evaluated with a children's lens.

Key actions

- 1. Establish an inter-departmental government working group, driven by the Minister for Children, to lead the development of a Victorian roadmap for a child mental health and wellbeing prevention system.**
- 2. Government departments and agencies develop implementation plans that align with achieving the Child Impact Statement.**
- 3. Enable early childhood education and care settings and schools to innovate to promote children's wellbeing.**
- 4. Build monitoring and evaluation frameworks and mechanisms to identify what is making a difference for children and families and what is not.**



Recommendation 6

Equip the workforce to respond to children's mental health and wellbeing

Why? A responsive and enabled workforce is critical to promoting and responding to children's mental health and wellbeing.

Universal platforms across health, education and social care, can respond to children's mental health - but their potential is not fully utilised. We need to ensure that our universal platforms are positioned to better respond to children's mental health and wellbeing.

This requires a workforce that has a shared vision for supporting children and families, is skilled in understanding children's mental health, and enabled to respond to the social determinants of children's mental health and wellbeing.

The capacity and capability of the workforce across universal platforms could be enhanced by increasing understanding of the social determinants of health by integrating it into the undergraduate curriculum across education, health and social care specialties. The release of the [National Guidelines for inclusion of wellbeing in early childhood checks](#), provides an opportunity for greater consistency to responding to wellbeing needs in the early years. The National Mental Health Workforce Strategy also provides a national policy platform where we can be advocating for a national, comprehensive response to developing a child mental health and workforce. In suggesting this, we acknowledge the challenge of workforce shortages now and into the future that affect our ability to respond to children's mental health and wellbeing. We see the need to build a desire for undergraduates to pursue a career in children's health and wellbeing.

Integrated, localised workforce responses across education, health, social care and justice need to be established. We need to explore innovative funding approaches that enable a multi-disciplinary workforce, provide service delivery models with the flexibility to meet local needs, and support family partnership models and improved relational practice to connect with families.

Funding approaches also need to support continuous quality improvement activities to drive change and incentivise services and sectors to work together. Without continuous quality improvement embedded, we don't know what workforce approaches are successful and where improvements are needed.

Key actions

- 1. Map the workforce to build understanding the existing children's mental health and wellbeing workforce across prevention and early intervention. This would enable more informed decisions about next steps.**
- 2. Analyse current models of care that enable a response to children's mental health and wellbeing, and scale what is working while adapting to local need.**
- 3. Resource quality improvement cycles to ensure the workforce and subsequent models of care and program responses are meeting the needs of children and families.**
- 4. Align system-wide workforce responses with the outcomes that a children's mental health and wellbeing system sets out to achieve.**



What are the core elements of ‘a prevention system’ for child mental health and wellbeing?

We have the opportunity to build upon a robust and resourced universal system across health, education and social care to realise our desired prevention system.

In conceptualising a prevention system that promotes children’s mental wellbeing, minimises mental ill health and improves the social determinants of health for children, we **identified five core elements** of a child mental health and wellbeing prevention system. These objectives align with the principles of the National Children’s Mental Health and Wellbeing Strategy, such as child-centred, equity and access, and prevention focused.

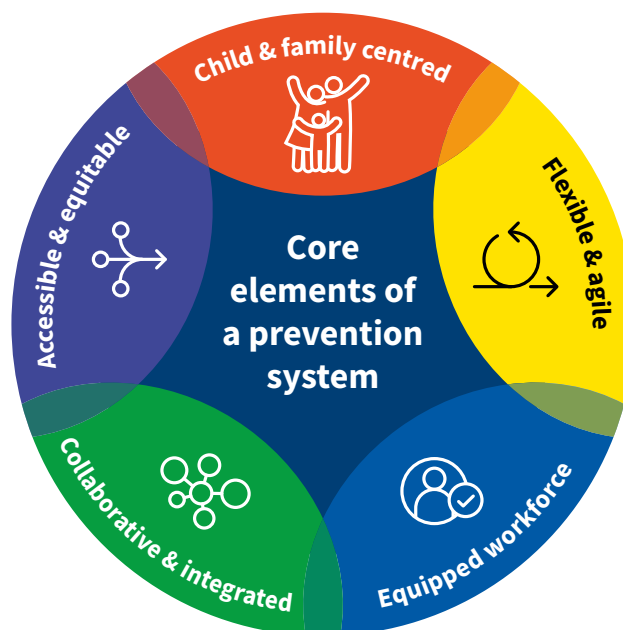


Figure 2: Five core elements of a child mental health and wellbeing prevention system.

A child mental health and prevention system that:

1. **is child and family-centred**

The system should be child and family-centred, recognising the central importance of families to children’s mental health and wellbeing.

It should take a whole-of-family, strength-based approach that prioritises the needs of children and families. Families need to be actively engaged in the co-design of services and policies.

2. **has an equipped workforce**

Build the capacity and capability of the current child mental health prevention workforce to identify and respond to the social determinants of health.

The system needs to a workforce that understands and can identify and respond to the social determinants of health to be better placed to respond to children’s mental health and wellbeing needs.



3. **facilitates collaboration and integration**

Integrated approaches recognise that no one part of the service system can act alone as ‘the’ prevention system for children’s mental health and wellbeing.

Establish consistent approaches across early childhood education and care, schools, social care, child and family services and health care that unite universal sectors around a shared understanding of and response to child mental health and wellbeing.

4. **is accessible and equitable**

The system needs to be effective in promotion, prevention and reducing inequities.

Evidence-based and data-informed approaches are required to increase protective factors and reduce risk factors. These should be aimed at reducing the incidence and prevalence of childhood mental health conditions such as anxiety and depression. All children, particularly those who experience disadvantage, need to be supported to remain well and resilient. Systems need to build on existing evidence and embed reflection and learning for ongoing quality improvement.

5. **has the flexibility and agility to meets the needs of children and families**

The system needs to be underpinned by flexible and sustained funding models that ensure long-term responses to preventing child mental ill-health and promoting wellbeing.

Funding models are required to enable the promotion of children’s mental health and wellbeing, and redress the social determinants of children’s mental health and wellbeing. Funding models should be driven by families’ needs and combined with evidence about what has been showed to be effective.

‘We don’t necessarily need more money; we just need permission to be able to use the money differently and more efficiently.’

(Roundtable participant)

The Prevention Roundtable for Children’s Mental Health is just the beginning of what can be realised when people come together to improve children’s mental health and wellbeing.

The recommendations now require action given the urgency of the issue. We encourage all partners to contribute to realising these recommendations, shifting the status quo and enabling all children the opportunity for good mental health and wellbeing.





Appendix

Social Determinants of Health and Inequity

Social Determinants of Health

The social determinants of health are the ‘non-medical factors that influence health outcomes’. Social determinants are the societal and environmental conditions in which we are born, live, learn and work that impact our ability to have good health and wellbeing.¹¹ These conditions are influenced by the policies, systems and social values and norms that are present in communities and societies more broadly. Social determinants of child mental health and wellbeing are varied and complex.

Inequity

Inequity is the presence of systematic and potentially remediable differences among population groups defined socially, economically or geographically.¹² The social determinants of health have a significant influence on health inequities – these are the unfair and avoidable differences in health and wellbeing within and between groups of people in our communities, communities themselves and across states/territories. Our work in improving child mental health and wellbeing and preventing mental health difficulties, must have a clear lens to not only reducing the inequitable burden of mental health difficulties and the developmental vulnerability experienced by many children in our community, but also ensuring a child mental health and wellbeing prevention system does not increase inequities. Factors that affect children’s mental health and wellbeing are outlined in Table A2.

Table A1: Factors that affect child mental health and wellbeing

	Factors that affect child mental health and wellbeing
Child	<ul style="list-style-type: none"> • Lifestyle factors including sleep, physical activity, play, and nutrition • Genetic factors and pre-disposition to child mental health difficulties
Family and household	<ul style="list-style-type: none"> • Parenting practices, secure attachment and bonding with primary carers • Parent mental health and wellbeing • Parent literacy relating to child mental health and wellbeing, and child development • Parent educational attainment • Safe and stable home environments • Exposure to adverse childhood experiences (ACEs) including maltreatment, abuse, parent substance use and trauma
Community environments, networks and formal services	<ul style="list-style-type: none"> • Universal and targeted school-based approaches to student mental health and wellbeing • Safe, accessible and inclusive public services including transport, health and social care • Social connectedness and social cohesion • High-quality, accessible early childhood education and care • Access to quality health and social care including pre-natal and peri-natal care • Racism and discrimination • Exposure to bullying including cyber-bullying



Factors that affect child mental health and wellbeing	
Broader economic, policy, political, social and environmental influences	<ul style="list-style-type: none"> • Social economic disadvantage including access to safe and affordable housing and economic security • Natural disasters • Household financial stress and exposure to poverty

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