murdoch children's research institute

Centre for Community Child Health

Building a better mental health and wellbeing system for children and families.

Submission to Productivity Commission Review into the National Mental Health and Suicide Prevention Agreement.

26th March 2025

The Centre for Community Child Health is a department of The Royal Children's Hospital and a research group of the Murdoch Children's Research Institute.

The Royal Children's Hospital Melbourne

Building a better mental health system for children and families

Centre for Community Child Health Submission – Productivity Commission Inquiry into the National Mental Health and Suicide Prevention Agreement

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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.

Executive Summary and Recommendations

Just over 14 per cent of children aged 4-11 years live with a diagnosed mental health condition,[i] and many more struggle with emerging mental health concerns. With an increasing number of children experiencing mental health difficulties there will never be sufficient services to respond. The next National Mental Health and Suicide Prevention Agreement, presents a significant opportunity to shift this trend by strengthening the prevention and early intervention system, that delivers support for children now and improvements in children's mental health for decades to come. 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.

Currently, Australian governments are spending $15.2 billion a year on crisis driven, acute, high-intensity services and programs.[ii] Acting now and intervening early will ensure that children achieve positive mental health and wellbeing, and economic benefits for families, services and governments.

To realise a prevention and early intervention system that has equity at its core we need a system that:

- Responds to social determinants of health and childhood adversity. Children exposed to family adversities and disadvantage are more likely to have poorer mental health and wellbeing.[iii] An integrated system is key as not one single aspect of the service system can deliver equitable outcomes alone.
- Delivers proportionate universalism across settings such as maternal and child health, primary care, early education and care and primary schools.
- Is data-driven to ensure adequate participation in and quality delivery of the range of services needed to improve children's mental health and wellbeing outcomes.
- Is accountable and flexible to respond to local community need.

With our submission focusing on the mental health and wellbeing of children 0-12 years, we also see the existing National Children's Mental Health and Wellbeing as the roadmap for improving children's mental health and wellbeing. We suggest a strong connection between the National Children's Mental Health and Wellbeing Strategy and the next National Mental Health and Suicide Prevention Agreement to further strengthen the system for children.

Our submission highlights recommendations for how the next National Mental Health and Suicide Prevention Agreement can better support children and their families, specifically to item **c) opportunities to adopt best-practice approaches particularly where productivity improvements could be achieved**.

Summary of Recommendations

Recommendation 1- Strengthen the mental health prevention and early intervention system for children by
1.1 Child and Family Hubs - Integrating services across health, education, social and justice care to better address child and family adversity and improve child mental health outcomes.
1.2 Increased access to sustained nurse home visiting for families who are set to benefit the most.
1.3 Continue to build capability of front-line workforces to respond to child and family adversity.
1.4 Responding to family financial stress as a prevention response to children's mental health and wellbeing.
1.5 Implement the National Children's Mental Health and Wellbeing Strategy.
Recommendation 2 – Increase access to innovative, equitable mental health care now by
2.1 Establishing local care pathways to access timely mental health care for children living in regional, rural and remote areas.
2.2 Increasing frontline workforce capability and access to secondary consultation services.
2.3 Increasing access to paediatricians as priority mental health workforce in the next National Agreement.
Recommendation 3 – Support schools to embed a whole school approach to improve children's mental health and wellbeing outcomes via
3.1 Further scaling of the Mental Health in Primary Schools initiative
3.2 Investment in schools as Child and Family Hubs as part of a place-based response to improving children's mental health and wellbeing
Recommendation 4 - Enable parents and carers to respond to the mental health and wellbeing needs of children via a range of support options that mitigate the need for a service, including
4.1 Further investment in digital parenting supports.
4.2 Child and Family E-Hub – a digital navigation tool for families.
4.3 Supporting parent and carer mental health and wellbeing.
Recommendation 5 – Develop a national research and data agenda that ensures a responsive, accessible and high-quality child mental health system, via
5.1 Establishing a national minimum child mental health and wellbeing dataset.
5.2 Continued investment in a national child mental health and wellbeing research agenda.
Recommendation 6 – Any redesign or innovation of the child mental health and wellbeing system requires lived experience and the voice of the child from the beginning.

About the Centre for Community Child Health

For over 30 years, the Centre for Community Child Health (CCCH) has worked collaboratively with families, communities, practitioners, organisations and decision makers for sustainable and equitable improvements in children's health, development and wellbeing. Our purpose is to see every child thrive and our mission is to achieve real-life improvements in children's health, development and wellbeing within a generation. CCCH is part of the world-class Melbourne Children's Campus that unites clinical care, research and education. We are a research group of the Murdoch Children's Research Institute (MCRI), a clinical department of The Royal Children's Hospital, and an affiliate of the University of Melbourne's Department of Paediatrics. CCCH is also a key partner of the Melbourne Children's Campus Mental Health Strategy, which has also provided a submission to the review.

We thank the Productivity Commission for the opportunity to provide input into the Final Review of the National Mental Health and Suicide Prevention Agreement (the Agreement). Our submission focuses on children 0-12 years and three key areas of the scope of the inquiry:

a) The impact of mental health and suicide prevention programs and services delivered under the National Agreement to Australia's wellbeing and productivity.
b) The effectiveness of reforms to achieve the objectives and outcomes of the National Agreement including across different communities and populations.
c) The opportunities under the National Agreement to adopt best practice approaches particularly where productivity improvements could be achieved.

Children's Mental Health in Australia

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; have sense of self and self-worth; have satisfying family and peer relationships; learn, cope and face challenges; and draw upon culture and community to thrive.[iv]

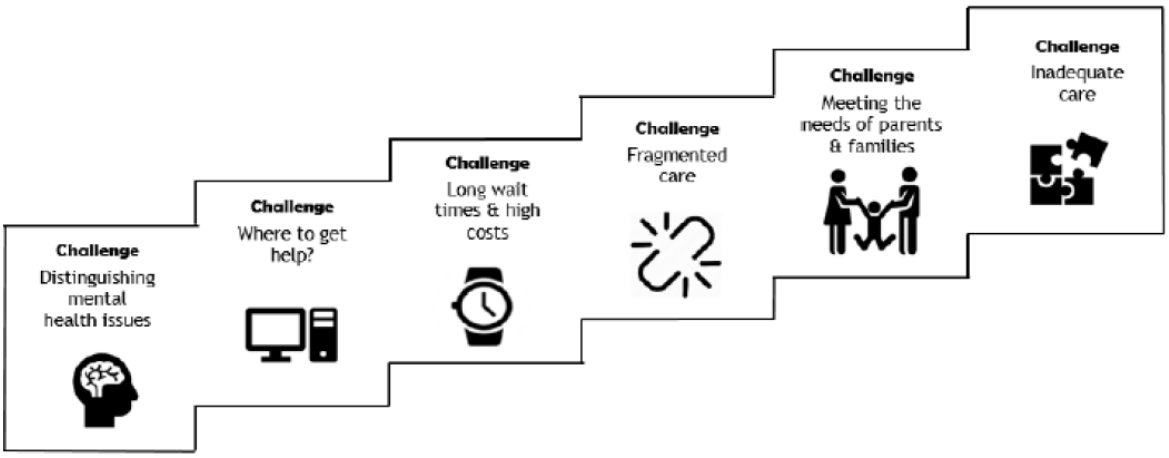
Currently, not all children have what they need for good mental health and wellbeing. Just over 14 per cent of Australian children aged 4-11 years had a mental health diagnosis,[i] and nearly half of all adult mental health conditions begin before the age of 14 years,[v] with clear problems emerging from age five.[vi] More than one in five children are developmentally vulnerable by the time they begin school, with children living in the most socially disadvantaged areas twice as likely to be developmentally vulnerable.[vii] In this first year of school, over 20 per cent of children are identified with emerging or established additional needs, with just over 16 per cent of these children with emotional concerns and just over 17 per cent with behavioural concerns.[viii] This trend has been unchanged for more than a decade.

With children identified as a priority population, the current National Agreement was an important first step in responding to the mental health needs of children. Yet more needs to be done to stem the tide of child mental health challenges. The next National Agreement presents the significant opportunity to strengthen efforts from all jurisdictions to promote and respond to children's mental health and wellbeing, with a focus on prevention and early intervention.

Response to the scope of the inquiry

a) The impact of mental health and suicide prevention programs and services delivered under the National Agreement to Australia's wellbeing and productivity.

The Kids Head to Health Hubs were one of several significant first steps to respond to the needs of children, under the current National Agreement. With limited numbers of these Hubs across states and territories, children and families continue to experience challenges in accessing the mental health care and support they need. These challenges include:



System level barriers also exist including inflexible funding models that don't enable sustained, best-practice, multi-disciplinary responses; lack of data to inform quality and measure outcomes; and service models that are not enabled to respond to adversity – which have significant impacts on children mental health. The next National Agreement can do more to ensure these challenges are redressed for children and their families.

b) The effectiveness of reforms to achieve the objectives and outcomes of the National Agreement including across different communities and populations.

Although children are identified as a priority population group in the current National Agreement, there has not been an improvement in mental health outcomes for children as per Outcome clause 26 a) of the current Agreement. With increasing rates of mental illness and poor wellbeing for children, there will **never** be enough services or mental health professionals to respond. It is necessary that the next National Agreement supports a shift to prevention and early intervention system for children, to stem the tide of poor mental health and promote wellbeing.

c) The opportunities under the National Agreement to adopt best practice approaches particularly where productivity improvements could be achieved.

The recommendations below provide evidence-based and innovative opportunities that could be implemented and scaled as part of the next National Mental Health and Suicide Prevention Agreement.

Recommendations for the next National Mental Health and Suicide Prevention Agreement

Recommendation 1: Strengthen the mental health prevention and early intervention system for children.

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. With late intervention, such as crisis care and high-intensity supports, costing Australian governments $15.2 billion a year,[ii] we must strengthen prevention and early intervention, starting with children, if we are to slow suicide rates and mental health challenges both for young children now and as children grow. Part of a comprehensive prevention and early intervention response is responding to the significant impact that child maltreatment and childhood adversity, has on children mental health.

Prevention and Early Intervention Solutions the next Agreement should consider:

1.1 Child and Family Hubs - Integrating services across health, education, social and justice care to better address social determinants of health, child and family adversity and improve child mental health outcomes.

Integrated Child and Family Hubs (Hubs) play an important role in meeting the needs of children and families, particularly for families experiencing adversity. By bringing together supports across health, education, social and justice care, as well as providing families with the opportunity to build social connections, Hubs help to identify emerging issues before they become entrenched and difficult to address. Integrating care has been shown to increase uptake and ongoing engagement with child health and development services to improve child mental health outcomes.[ix]

The delivery of Hubs was identified as the top priority by 86 intersectoral stakeholders, including lived experience, for preventing impact of adversity on children's mental health.[x] The next Agreement should prioritise placed-based, integrated Child and Family Hubs:

- Starting with the existing Kids Head to Health Hubs and the opportunity to expand existing Kids Head to Health Hubs to become integrated child and family hubs,
- Prioritise building on the opportunity of Australia's 470 Child and Family Hubs by ensuring the quality integration of services at existing Hubs and
- Establish Hubs in areas of need – that act as one-stop centres that integrate health, education, social and justice care.

1.2 Increase access to sustained nurse home visiting for families who set to benefit the most.

The other service-level priority for reducing the impact on adversity on children's mental health identified by 86 intersectoral stakeholders, is the roll-out of sustained nurse home visiting (SNHV).[x] International research notes that SNHV is the most powerful public health intervention available in the early years to improve children's outcomes.

Building off the universal maternal and child health system, SNHV provides regular in-home support from pregnancy until a child turns two years. right@home, Australia's only randomised-controlled trial of SNHV programs, has shown to benefit child development outcomes, parenting practice, and maternal mental health for families at-risk of adversity.[xi] With benefits for both child and mother sustained until a child starts school,[xii]

right@home provides a platform for children and families to receive timely, non-stigmatising early intervention and support from before birth. The right@home model is currently being rolled out in Queensland; however, without dedicated investment across Australia for evidence-based SNHV as part of a proportionate offering of care, children and families are missing out.

1.3 Continue to build capability of front-line workforces to respond to child and family adversity.

When practitioners can recognise and respond to childhood adversity, the impacts on mental health can be prevented or addressed early. The Centre for Research Excellence in Childhood Adversity and Mental Health demonstrated that enabling a workforce to respond to adversity is achievable; however, consideration needs to be given to the enablers and barriers to such practice change including flexible funding that enables more time for practitioners to respond to clients in appointments; overcoming practitioners fears of negative outcomes; and practice change requiring more than just education and training.[xiii]

1.4 Responding to family financial stress as a prevention response to children's mental health and wellbeing.

One in three Australian families with young children experiencing material deprivation.[xiv] Parents who experience financial hardship report increased levels of poor mental health, this affects parenting and the parent-child relationship, in turn increasing children's risk of poor mental health.[xiv]

Healthier Wealthier Families (HWF) is a prevention program that supports families experiencing financial hardship. HWF involves a Child and Family Health practitioner (e.g. maternal child health nurses) asking families about experiences of financial hardship and connecting families with a financial wellbeing provider. HWF has been successfully piloted in Victoria, with results showing that HWF families secured an average $6500 in annual benefits they had been missing, and another $750 in additional payments. Using Australia's existing universal health and social care platforms, HWF was also found to have additional benefits including increased financial literacy, stabilised housing, and avoided legal action and loss of utilities. HWF is currently being further trialled in Queensland and acts as a promising initiative that enables frontline workforce to connect families to the timely support they need and prevent poor child mental health.

1.5 Implement the National Children's Mental Health and Wellbeing Strategy

The National Children's Mental Health and Wellbeing Strategy provides a roadmap for advancing a child mental health and wellbeing prevention and early intervention system. Developed with cross-sector input and families, the implementation of this Strategy is a significant opportunity to improve children's mental health and wellbeing outcomes. We suggest a strong connection between the National Children's Mental Health and Wellbeing Strategy and the next National Mental Health and Suicide Prevention Agreement to further strengthen the system for children, with investment in the implementation of the National Children's Mental Health and Wellbeing Strategy as a central pillar to the next National Agreement.

Recommendation 2 – Increased access to innovative, equitable models of mental health care now

Children and families experience multiple challenges to accessing timely, appropriate, affordable and accessible care.[xv] Children living in regional, rural and remote areas; from Aboriginal and Torres Strait Islander backgrounds; culturally and linguistically diverse backgrounds; and children experiencing adversity experience additional challenges to accessing care. Other access barriers include paediatric mental health and wellbeing workforce shortages,[xvi] and a paediatric and GP workforce that does not feel adequately trained to provide care for children with mental health needs.[xvii]

The next National Agreement is an opportunity for all jurisdictions to continue to increase access to innovative approaches that enable a multi-disciplinary workforce to provide sustainable and flexible models of care that meet local needs.

2.1 Establishing local care pathways to access timely paediatric mental health care for families living in regional, rural and remote areas.

Children living in regional, remote and rural areas faces additional challenges to accessing mental health care. These challenges include long distances to care that can result in disrupted or prolonged absences from education and employment, costs to accessing care and long-wait times. This contributes to poorer outcomes and a widening gap between children in rural areas versus those in urban areas. These gaps continue into adulthood and across generations.[xviii] [xix]

Wimmera By 5 Paediatric Model

By connecting rural children and families, and the local professionals that support them, with timely specialist paediatric care via telehealth, the By Five Paediatric Model has the potential to transform the future trajectories of rural children. It is an innovative model developed in the Wimmera Southern Mallee (WSM) region of Victoria, in response to local service shortages and growing waitlists for specialist paediatric support. It brings together trusted relationships with local professionals and paediatric expertise to provide locally delivered supported co-consultations.

Early evaluation of the model highlighted a range of benefits reported by families and professionals including timely access to paediatric care; reduced travel, costs and stress for families and children; increased confidence and capacity of local professionals and families; increased awareness of other services and collaboration among professionals; and increased families' trust in expertise of local staff.[xx]

Scale up of the model will build local workforce capacity to support rural children and families, provide more equitable access to paediatric care and presents a significant opportunity to transform the trajectory of this population of children.

2.2 Increasing frontline workforce capability and access to secondary consultation services.

General practitioners (GPs), psychologists, paediatricians, nurses and allied health professionals provide most child mental health care but often feel ill-equipped to do so. They also report increasing burnout due to the complexity of presentations, such as suicidal ideation, eating disorders, autism and school refusal. As a result, front line health professionals refer to acute services such as hospital outpatient specialist clinics. Many of these referrals are best suited to clinical management by local primary care providers. Excessive wait times for specialist appointments are detrimental to health outcomes of both children being inappropriately referred and children in need of tertiary care who must wait longer.

Workforce capability solutions the next Agreement should consider:

COMPASS (Connecting Mental health PAediatric Specialists and community Services

COMPASS is an award-winning[1] program that upskills frontline clinicians, such as GPs, paediatricians, nurses and allied health professionals, to identify and manage child and adolescent mental health presentations. COMPASS, delivered by the local Primary Health Network (PHN), consisted of monthly online Community of Practice (CoP) sessions, led by an experienced child psychiatrist + secondary consultations for frontline clinicians with the child psychiatrist.

COMPASS evaluation demonstrated:[xxi] [xxii]

- increased clinician confidence and competence to provide non-pharmacological and pharmacological care to children and young people
- reduced referrals to public child and adolescent mental health services (CAMHS)
- reduced workforce burnout through prompt access to child psychiatry advice and multi-disciplinary education and support
- a return on investment (ROI) of over $1 million per annum: for every $1 invested, $1.86 is returned, with total annual saving of $109, 680 within a PHN catchment area. Considering that on average, CAMHS patients receive five consultations, if five consultations are saved the ROI increases to $9.3 returned for every $1 invested – an annual saving of $1.06 million.

Due to the success of COMPASS, North Western Melbourne PHN (NWMPHN), has been implementing the program for 4 years, **reaching over 180 frontline clinicians**. Using the existing PHN expertise and infrastructure, COMPASS is ready for national scale. COMPASS is a direct response to clause 118c of the current agreement relating to – improved access to secondary consults.

[1] Victorian Public Healthcare Award 2023 for Celebrating a strong and sustainable workforce.

ADHD Shared Care model

Children with diagnosed ADHD, are not receiving timely access to quality ADHD-care. In an Australian first, a 12-month pilot of a co-designed, shared-care model with GPs in the NWMPHN, has shown increased GP capability and confidence for management of paediatric ADHD; timely care, closer to home for children and young people with ADHD; reduced costs and burden for families in receiving ADHD care.

The model includes delivering GP education and capacity-building through training, monthly online community of practice and access support (phone/email/secondary consult) from a consultant paediatrician at the Royal Children's Hospital to provide shared care for children and young people with ADHD.

Support frontline workforce in relational practice and family centre care

Service systems that promote caring relationship-based services are needed to successfully engage families facing multiple challenges if we are to improve outcomes for children.

This includes, but is not limited to:

- Training and supervision in relational practice and supported by work environments that value and encourage caring services.
- Funding outreach activities to find and build relationships with families who are isolated, marginalised or not currently accessing services and supports.
- Funding services that are predicated on evidence of partnerships with the parents who will benefit from the services.
- Transforming mental models about the nature of effective professional-parent helping relationships and the way in which services are designed and delivered.

The Family Partnership Model is one approach that aims to build workforce capability in providing family centred practice approaches. The Family Partnership Model is an evidence-based approach that fosters respectful collaboration between parents and professionals striving towards shared goals.

2.3 Increasing access to paediatricians as priority workforce in the next National Agreement.

Paediatricians are increasingly providing a significant amount of care and treatment for children experiencing mental health concerns. Yet, families face long wait times to see a public paediatrician or significant out of pocket expenses to see a private paediatrician. We recommend that paediatricians be included in the list of priority professions (see Clause 156 of the current Agreement) requiring immediate action by all governments, to address these significant barriers and promote multidisciplinary care.

Recommendation 3 – Support schools to embed a whole of school approach to improve children's mental health and wellbeing

School remains the single most important universal platform for improving children's mental health and wellbeing, with the power (given the hours children spend there) to reduce inequities in children's mental health and wellbeing outcomes. The co-benefits are also well-established - when children have good mental health and wellbeing, they are more likely to engage in learning.

The National Children's Mental Health and Wellbeing Strategy, prioritises education settings as a key platform for responding to children's mental health and wellbeing. This sets the groundwork for how the next National Agreement can facilitate greater support for schools as key to a prevention and early intervention system for children.

School-based solutions the next Agreement could consider:

3.1 Further scaling of the Mental Health in Primary Schools initiative

Teachers recognise that supporting student mental health and wellbeing is part of their role; however, feel ill-equipped to respond to the mental health and wellbeing needs of their students. [xxiii] To support student mental health and wellbeing and reduce burden on teachers, we support the integration of dedicated mental health and wellbeing roles into the Australian school system.

The Mental Health in Primary Schools (MHiPS) initiative provides a potential evidence-based model that through the integration of Mental Health and Wellbeing Leader roles, reduces teacher burden and supports teacher capacity to respond to student mental health and wellbeing, increases school capacity to provide comprehensive responses and supports individual student mental health. MHiPS is currently being implemented and scaled to support 1800 Victorian primary schools to build their capacity in mental health from 2023-2026.

3.2 Investment in schools as Child and Family Hubs as part of a place-based response to improving children's mental health and wellbeing

Across Australia, many schools are not only places for learning but provide for the health and social care needs for students and families in their community, including before children start school. Schools as integrated Child and Family Hubs are not new but are emerging as an important place-based response to improving the learning, mental health and wellbeing needs of children and families, from birth to primary school and beyond.

Integrated Child and Family Hubs located at schools recognises the universal platform that school provides as the mechanism for supporting the education, health and development of all children and

families. School-based child and family hubs, also recognise that for many students and families, schools are a safe and trusted place for support and care.

Responsive to the specific needs of the community, school hubs can provide and reduce barriers for families in accessing the wrap-around learning, health and social care services and support needed to ensure children thrive as well as improve referral pathways for students to access services outside the classroom. The co-benefits of school hubs also shows that co-located and integrated early years services and primary schools can improve child academic outcomes compared to children attending non-integrated models of care and support.[xxiv] In addition, the National Community Hubs Program (generally based on primary schools) identified for every $1 invested in the Hubs program, there were $2.2 in social benefits realised in Australia, indicating that Child and Family Hubs, such as these are an efficient use of investment.

There is an opportunity for the next Agreement, combined with the Australian government's Building Early Education Fund, to continue to expand and drive a place-based agenda for redressing inequities in child mental health and wellbeing. This contributes towards a comprehensive place-based response and funding the coordination efforts that binds universal platforms of education, health and social care for localised, integrated approaches.

Recommendation 4 - Enable parents and carers to respond to the mental health and wellbeing needs of children via a range of support options that mitigate the need for a service.

Only 35 per cent of parents/carers feel confident they could recognise signs of a mental health problem in their child, 44 per cent feel confident in knowing where to seek help if their child is experiencing mental health issues (this drops to 35 per cent for parents with infants and toddlers) and one in three parents/carers think mental health problems in children might be best left alone.[xxv] By supporting caregivers to respond to their child's needs, the likelihood of unaddressed mental health issues in the future, which can be both costlier and more complex to resolve, is reduced.

4.1 Further investment in digital parenting supports.

Digital parenting support represents a significant component of supporting children's mental health and wellbeing, however this is a limited understanding of what is on offer. There is potential for the next Agreement to build on the investments Governments have made to date in digital parenting supports, such as Triple P and continue to offer a range of digital support options for parents and families. This includes utilising the Raising Children's Network's national digital platform to act as both:

- gateway for parents, offering parents clear guidance and support in relation to digital parenting supports and interventions available, and

- continue to build on the Raising Healthy Minds app to enable families to support the mental health and wellbeing needs of children and young people.
- developing a shared language of child mental health and wellbeing that engages children, families, education, health and support sectors in conversations early

4.2 Child and Family E-Hub – a digital navigation tool for families.

Digital solutions can provide high reach, low stigma mechanisms to provide information, programs and services tailored to the individual needs of families. The Child and Family eHub is the only Australian digital platform connecting families to information about local services using an online website and app, focused on the specific needs of families with young children experiencing vulnerability. E-Hub is currently being evaluated in three sites across Vic and NSW. The eHub has been designed to support and guide families through a locally co-designed, tailored approach including increasing tiers of support according to need and level of risk.

4.3 Supporting parent and carer mental health and wellbeing.

High quality parenting programs are a proven way of optimising children's outcomes. The Empowering Parents Empowering Communities (EPEC) is a community-based program training local parents to run parenting groups (in pairs) through early years and parenting focused services. Parent Facilitators trained to work in the EPEC program are employed, supported and supervised by a specially trained practitioner within a local community organisation. Parents who have participated in EPEC reported improved parenting capacity and capability, better parent-child relations and more positive wellbeing, in turn ensuring better outcomes for children and communities.

Recommendation 5 – Develop a national child mental health and wellbeing research and data agenda that ensures a responsive, accessible and high-quality child mental health system.

The current National Agreement sets our clear roles at all levels of government to support a research and data agenda that assists in identifying gaps, improving care and supports, monitoring outcomes and supporting investment decisions. The next National Agreement is an important opportunity to continue to increase efforts that prioritise a research and data agenda focusing on children's mental health and wellbeing by:

5.1 Establishing a national minimum child mental health and wellbeing dataset

Neither at national nor state/territory levels is there a comprehensive data collection or reporting system for children's mental health and wellbeing. This means that governments and services are potentially operating in an evidence void, unable to adequately measure, monitor or evaluate

whether benefits for children and families are being obtained. The development of a national minimum child mental health and wellbeing dataset would enable a more comprehensive understanding of child mental health and wellbeing, to identify which children and their families require targeted support, to inform investment decisions in child mental health and wellbeing, and to monitor whether improvements are being achieved.

A national minimum dataset would bring together administrative data assets, population health surveys and other significant research initiatives such as child cohort studies including the Longitudinal Study of Australian Children and GenV. A national minimum dataset would enable access to data more frequently than currently longitudinal studies, allowing decision-makers, services, and communities to monitor progress and respond accordingly.

Clause 82 (pg 19) of the National Agreement provides a starting point for what a child mental health and wellbeing national dataset could address in gaps for understanding how the system is responding to children's mental health and wellbeing needs:

- Understanding children's mental health and wellbeing at the population level and priority populations
- The quality, safety and effectiveness of a child mental health system
- Evaluation, transparency and accountability relating to investments in improving children's mental health and wellbeing
- Progress against promotion the social emotional wellbeing of Aboriginal and Torres Strait Islander children as part of the National Agreement on Closing the Gap commitments
- Children's mental health workforce planning

5.2 Continued investment in a national child mental health and wellbeing research agenda

The National Health and Medical Research Council (NHMRC) make significant investment in children's mental health and wellbeing research. This includes through initiatives such as the Medical Research Future Fund (MRFF) Million Minds initiative. Building on *Objective 4.3 High-quality research* of the National Children's Mental Health and Wellbeing Strategy, we recommend the next National Agreement encourages:

- Continued growth in investment for children's mental health and wellbeing research, to reflect the current burden of disease of children's mental health and wellbeing.
- Increased access for children and families to participate in high-quality research.
- Improved collaboration across children's mental health and wellbeing research sector.
- Greater translation of evidence into practice to ensure all children receive the care and support they need.

Recommendation 6 – Any redesign or innovation of the child mental health and wellbeing system requires lived experience and the voice of the child from the beginning

Engaging children, families and communities in the co-design and co-delivery of services strengthens the acceptability and efficacy of services. When designing services for families and communities, members of the community should be engaged throughout the process as co-designers and co-producers and have meaningful involvement in decision making.[xxvi] The National Children's Mental Health and Wellbeing Strategy, highlights the importance of co-design through each Focus Areas – Family and Community, the Service System, Education Settings and Evidence and Evaluation.

There is the opportunity for the next National Agreement to further strengthen efforts in engaging the voice of children and families in co-design of services and programs that meet their needs.

Initiatives that can be utilised include:

Voice of the Child project

Led by the Centre for Community Child Health, the Voice of the Child project aims to build knowledge about how to meaningfully involve children and young people in service delivery and research. Children and young people have unique and important perspectives, ideas and expertise about their own lives that can enhance the relevance, quality and impact of our work, and will allow us to benefit even more children. The project is currently developing the Voice of the Child Toolkit - an evidence-based, user-friendly toolkit designed to facilitate the active involvement of children and young people in health research and service design and delivery.

Melbourne Children's Campus - Lived Experience Advisor Network

As part of the Melbourne Children's Campus consisting of the Royal Children's Hospital, the Murdoch Children's Research Institute and the University of Melbourne - Department of Paediatrics, the Campus Mental Health Strategy aims to ensure all children, young people and their families have access to high-quality, equitable, consistent, preventative and early mental health care and support.

As part of the Strategy, the Campus partners have developed a comprehensive Lived and Living Experience Engagement Strategy to ensure the collaborative, consistent, remunerated, and supported engagement of people interested in sharing their lived experience to improve health services. The Network consists of over 1300 Lived Experience Advisors with a diverse range of lived experience and intersectionality. For more information on the Lived Experience Advisor Network, refer to Campus Mental Health Strategy submission to the Productivity Commission Review into the National Mental Health and Suicide prevention Agreement.

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