National Children’s Mental Health and Wellbeing strategy

Contents

Consultation questions........ 2

Q1 Wellbeing continuum........ 2

Q2 Parenting programs........ 3

Q3 Skilled workforce........ 5

Q4 Supporting educators........ 5

Q5 Children and families who are struggling........ 7

Q6 Measuring progress........ 9

Q7 Diverse communities........ 10

Q8 General feedback........ 12

Consultation questions

Q1 Wellbeing continuum

1. To what extent does the **language used in the wellbeing continuum** resonate with your experiences of mental health and wellbeing?

We strongly support the adoption of a continuum-based model of children's mental health and wellbeing in the Strategy and the Commission's consultation on appropriate language use. To this end we make the following two recommendations:

1. **Ensure language used in the continuum is non-stigmatising, non-medical and appropriate across all relevant settings for children and families.** Drawing on our experience working with early years services and in education settings through Be You, we recommend modifying the proposed language to ensure the model can be applied across all settings where children live, learn and play, including early years services, schools and community settings. For example, the use of the term 'unwell' is most relevant in clinical settings, but may be stigmatising for children and families, when applied in community-based settings. As an alternative example, our Be You Continuum Model uses the terms 'flourishing', 'going ok' and 'severely impacting everyday activities'. This model was developed in collaboration with educators and clinicians and uses language that resonated in both health and education settings.
2. **Undertake broader consultation with families, communities, services, and educators, to determine the most appropriate language to be used in the continuum.** We took this approach to the development of anchor points for our own mental health continuum model. This process involved three rounds of co-design with community members reflecting the diversity in the Australian community. While this continuum was not specifically designed for children and families, this feedback helped us create a continuum model using language that resonates with the communities we support. This has resulted in widespread use of the model across a range of settings that we work in. We would be happy to share this co-design approach with the Commission to help in developing the right language and anchor points for the continuum.

Q1 Wellbeing continuum

Q. 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?

See response to Q1 above.

Q2 Parenting programs

2. The Strategy proposes that parenting programs be routinely offered to all parents/carers. What might help encourage parents and carers to engage with **(parenting) programs**? See also pages 36 -7.

We commend the recommendation to routinely offer parenting programs to all parents/carers and make the following six recommendations to drive engagement and uptake:

1. **Proactively address barriers to parent engagement through inclusion of explicit actions in the Strategy.** The Strategy highlights barriers to accessibility of parenting programs, including cost, access to childcare, inconvenient times and locations, however, there are no actions outlined to address these barriers. As such we recommend the Strategy includes an action to address the range of barriers to accessing parenting programs.
2. **Promote the programs through existing parenting and family services.** The promotion of parenting programs should be integrated into existing mechanisms where parents are currently engaged, such as antenatal classes, maternal child health nurse visits (and the associated 'book'), early learning services, schools and health services, as well as existing government initiatives such as Be You and the National Workforce Centre for Child Mental Health. This would ensure educators and health and community service providers promote programs using consistent concepts, language and approaches.
3. **Ensure that the method used to deliver parenting programs reflects the preferences and needs of parents/carers.** Much of our community engagement work across our programs and initiatives has confirmed consistent preference for a mix of face to face and online delivery. Ensuring parent/carer choice of, and preference for, different modes of program delivery will increase engagement and uptake.
4. **Use non-stigmatising, strength-based language.** We agree with the Commission, and the evidence from the FrameWorks Institute in partnership with the Parenting Research Institute, that the language used to describe parenting programs is critical in engaging parents and carers. The language must set a positive, strength-based tone and focus on empowering parents and carers to support the development needs of the child. If programs are promoted as addressing 'problems' there is significant risk that parents will feel stigmatised and will be less likely to engage with them.
5. **Promote the opportunity for ongoing connection between parents and carers.** The Strategy should emphasise that parenting programs can provide the opportunity for connection, both face-to-face and online, with other parents and carers. We know that this opportunity for peer support and sharing of common experiences can be a particularly powerful way of encouraging engagement of parents and carers.
6. **Ensure programs are adapted for the local community and offer culturally safe and accessible material relevant to the local community.** Program content should be made available in several formats, with engagement approaches, conceptual translations, and modifications where required to support localised delivery that is compatible with culture, language and customs. Local, community organisations such as Primary Health Networks and local councils are well positioned to provide insights about the needs of their communities and ways of engaging local community groups. In addition, digital approaches can support wider distribution and engagement with options to customise content and connect families at the local level.

Q2 Integrated care model

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

We welcome the proposed model of integrated child and family care and strongly believe this is a critical first step to reforming the current services system and addressing the significant gaps in the system.

We believe the following elements are critical to the model working:

1. **Inclusion of mental health support across the continuum of care, from prevention and early intervention support, through to treatment for severe and complex mental health conditions**. This will enable it to achieve its intended objectives and help ensure that every child and family can consistently access practical, evidence-based information and support.
2. **Clear governance arrangements must be in place**. This includes additional, ring-fenced funding; clear roles and responsibilities; integration with other services across health, education, and social services; collection and reporting on outcomes; and community co-design and involvement in local governance structures to ensure the model meets community needs.
3. **Integration of the model with other community-based and social services for families and children and ensuring strong linkage and referral pathways exist**. This will enable greater accessibility to clinical support for families and children and could allow for referrals into the integrated care model from community-based organisations and early years and education settings.

Q2 Integrated care model

- What changes would you suggest to the model to make sure it achieved the stated objectives?

We recommend the following changes to ensure the integrated model achieves the stated objectives:

1. **Embedding a prevention focus within the integrated model**. This will ensure the model recognises the 'healthy' end of the continuum, and enable bolder action on prevention, with clear strategies that focus on functioning and supporting positive mental health and wellbeing, not just treatment. For example, targeted prevention would include identifying children and families at greater risk of severe mental health conditions and expanding the integrated model to include more holistic psychosocial and family supports for these children. These supports could include peer activities for children, family-focused interventions, supports addressing violence, and supports that address other adverse childhood events.
2. **Ensuring low-intensity, early intervention support is a critical part of the model.** This is fundamental to creating a child-centred mental healthcare system, where children and families can access effective services that match their support needs and preferences. Getting help early in the mental health continuum, when children are experiencing some challenges to their mental health, can help to prevent deterioration to the point where children are struggling or unwell. We suggest families should have accessible, available, and affordable low intensity supports, including online, telehealth and face-to-face options, to ensure access to a service that best meets their needs. For children, this could include options such as BRAVE-Online. For adults, it could build on the success of our low intensity cognitive behavioural therapy program, NewAccess, and other evidence-based low intensity models, such as MindSpot. Low-intensity support for children and families has also been successfully trialled in the UK, where families can access a programme of low-intensity CBT interventions, starting from the perinatal period.
3. **Expanding the proposed workforce to include peer workers**. This will enable the model to provide a more holistic service including psychosocial and family supports. Please refer to Q3 Skilled Workforce below for further information to support this recommendation.

Q3 Skilled workforce

3. What additional actions may be required to ensure there is a **sufficient skilled workforce** (proficient) in child and family mental health?

We welcome the actions to support a skilled workforce in child and family mental health, including incentivising training opportunities for mental health professionals to work in regional and remote areas; developing the cultural competency of health professionals; and incentivising existing service providers (such as GPs) to complete training in children and family mental health.

There is potential to expand the workforce that supports child mental health beyond the clinical workforce, as described in The Lancet Commission on global mental health and sustainable development (2018). **We recommend including an action on expanding the child and family mental health workforces, to include non-clinical, peer and lived experience roles.**

We have developed and expanded the non-clinical workforce through The Way Back Support Service and New Access. Both services have had success in supporting people experiencing distress through trained and clinically supervised support coordinators (for The Way Back) and coaches (for NewAccess). In addition to expanding the workforce available to support people experiencing distress and crisis, this approach supports a stepped care model that facilitates access to low intensity care before calling on more intensive clinical support. This model enables the recruitment of local community members to provide support, which can improve the accessibility of care, particularly for people living in rural and remote areas. It has also utilised digital technologies including phone and video appointments, which have successfully engaged people who may have difficulties accessing face-to-face support.

The role of the **peer workforce** has been emphasised in action 16.5 of the Productivity Commission Mental Health Inquiry which noted the importance of alternative workforces. The Commission recommended a focussed effort to increase provisions for the peer workforce including the creation of a professional association for peer workers and a program to educate health professionals about the role and value of peer workers (Action 16.5). Likewise, the interim report from the Royal Commission into Victoria's Mental Health System also emphasises the importance of **lived experience roles**. The informal role families play in supporting each other, and the potential to formalise some of this support through specified roles, could strengthen the Strategy. The Victorian Royal Commission has suggested earmarked lived experience roles could span service design and delivery, service and system leadership, research and evaluation, and system accountability and oversight. This also applies to child and family mental health.

Q3 Skilled workforce

- 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 recommend the Commission refers to the Productivity Commission recommendations on facilitating an equitably distributed workforce across rural and remote areas. This is comprehensively addressed by the Commission and recommendations are compiled in Finding 16.1 – Supporting the rural, regional and remote mental health workforce.

We believe the following recommendations made by the Productivity Commission would greatly assist with facilitating an equitably distributed workforce to support the mental health of children and families:

- increased scope for GPs in regional Australia to consult psychiatrists in other parts of Australia about how best to help individual consumers (**Action 10.3** in the Productivity Commission Final Report).
- increased use of videoconference and telephone for people to interact with, and receive therapy from, their psychologist or psychiatrist. (**Action 12.2** in the Productivity Commission Final Report).

Expanding the child and family mental health workforce – as outlined above – will also facilitate a more equitable distribution of the workforce.

Q4 Supporting educators

4. Do the actions outlined in Focus Area 3 capture the role **educators** should play in supporting children's mental health and wellbeing?

Educators play a critical role in supporting children's mental health and wellbeing in early childhood settings and classrooms, and the actions in Focus Area 3 do capture part of this role.

Educators are a source of support for the children they educate, have connections to children's families, actively demonstrate inclusive practices in their education setting and both identify and support children experiencing mental health or wellbeing challenges. Independent market research by IPSOS commissioned by Beyond Blue (2020) found that 94% of participating educators agreed that supporting the mental health and wellbeing of learners is part of their job (up from 86% in 2018). The COVID-19 pandemic has reinforced this, through their role working with both children and their families over 2020. Educators also need to maintain their own mental health and wellbeing.

We recommend <u>four additional actions</u> to better support educators in their role supporting children's mental health and wellbeing:

1. **Strengthening the mental health and wellbeing pre-service curriculum for pre-service educators.**

Educators have emphasised time as the single biggest barrier to them to undertaking professional development and further training. Beyond Blue supports Action 3.3e to have paid protected time for educators to participate in professional development on mental health skills and knowledge. However, to help set up future educators with a strong knowledge base in mental health and wellbeing prior to entering education settings, pre-service curriculum should include mental health and wellbeing. This would enable educators to have the time to build knowledge and skills in their initial study and training, preparing them for placements and future roles. Action 2.5 in the Strategy to increase requirements for early career training in child and family mental health should consider the inclusion of relevant training for pre-service educators. Accreditation of initial teacher education programs, including early childhood education were included in the Productivity Commission recommendations (Action 5.4).

2. **Recognising the important role of early childhood leaders and principals in creating a wellbeing culture**

Early childhood leaders and principals have an important role in creating and leading a wellbeing culture. The importance of leaders of early learning services and schools continues to be emphasised in research on effective and comprehensive health promotion, including influencing ethos and relationships within the learning community, supporting professional learning, and leading whole school planning focused on mental health (Be You Evidence Summary, 2018). This research suggests the need to specifically include content targeted at leaders, and implementation processes which link to routine planning and accountability requirements. The need to pay attention to the wellbeing of leaders and staff has also been highlighted and needs to be considered in the content and implementation of any whole school or whole-setting approach.

3. **Supporting inclusive practices in education settings**

Inclusive practices are vital for ensuring that everyone, including children, families and colleagues, feels valued and respected and have access to opportunities and resources. A role of educators is to demonstrate inclusive practices in their education setting. Action 3.1a, should be expanded to more explicitly capture inclusive practices that schools are using, and ensure that policies and processes are proactively developed and implemented, not just reactive to a situation (for example, bullying).

4. **Building and maintaining constructive relationships with families before a concern arises**

While connection to family is a strong focus across the Strategy, this is a part of an educator's role through a whole learning community approach. Educators in early learning services or schools need to know how to work effectively, sensitively, and confidentially with families (who can have a diversity of circumstances) to

foster the mental health of children and young people. To enable action 3.2c, teachers can proactively build relationships with families, so that if a concern arises, discussions can be based on an existing trusting relationship.

Q4 Supporting educators

Does the Strategy sufficiently outline the additional support, training and/or system amendments educators would need to facilitate change?

The Strategy includes actions that can support educators to facilitate change. However, as noted above, there are additional actions that we believe should be considered to increase the overall impact of the Strategy. Recommendations from The Lancet Commission (2018) outline that the most effective mental health interventions use **a whole-school approach** in which social and emotional learning is at the forefront of the school ethos. To deliver on the Strategy's intent of creating an optimal mental health system for children, a critical focus for change should be on *both* educators and whole of learning communities. This focus underpins the design and purpose of Be You - to create mentally healthy learning communities across Australia.

Be You is an evidence-based, fit for purpose, highly scalable framework that is available now to guide the implementation of Focus Area 3 of the Strategy. Be You was designed with educators and other experts as Australia's national mental health in education initiative and includes an online platform of content, implementation and monitoring tools and professional development supported by a national network of skilled consultants. Be You is funded by the Commonwealth Government and delivered by Beyond Blue in collaboration with service delivery partners Early Childhood Australia (ECA) and headspace.

Be You:

- Provides early learning services and schools with end-to-end support and capacity building from promotion and prevention to early intervention and postvention.
- Includes a continuous improvement philosophy and alignment with national and State/Territory quality standards and teaching requirements.
- Brought together and integrated five separate programs to create clarity, consistency and continuity to educators and their students and families.
- Provides a framework to ensure that time poor educators know where to turn for guidance in supporting mental health, rather than being confused by a plethora of competing and disintegrated options.

Be You includes a flexible and accessible online platform – backed by a trained workforce– that assists schools and learning services to:

- Develop or upgrade their mental health strategies.
- Empower educators to support the mental health of their students.
- Create links to services and supports through the Be You Programs Directory – a searchable database of mental health and wellbeing programs for children and young people from a wide range of providers.
- Involve parents and carers in supporting the mental health of their children and young people. Respond when a critical incidence occurs.
- Support educator self-care.
- Support anyone studying education to prosper in the workplace through developing their mental health literacy before they enter the workforce.

Be You has already had immediate impact and achieved deep reach: over 10,000 early learning services and schools and nearly 130,000 individual educators across Australia are participating. In a recent evaluation of the first nine months of implementation found that Be You had:

(a) increased awareness among educators and education settings about children's mental health;

(b) increased insight into child behaviour and how to respond to it;

(c) supported development of a common mental health language among educators; and

(d) created confidence in discussing mental health with colleagues, children, young people, and families.

(Deloitte Access Economics (2020), Implementation evaluation report. Unpublished)

We strongly recommend that the existing framework, infrastructure, capability and expertise of Be You is leveraged to implement Focus Area 3 of the Strategy. It is purpose-built and ready to use. Utilising Be You in this way will maximise the value and impact of the government investment in Be You, prevent further system duplication, and drive the growth of Be You to ensure it achieves it vision: *That every learning community is positive, inclusive and resilient – a place where every child, young person, educator and family can achieve their best possible mental health.*

Q5 Children and families who are struggling

5. How would you recommend we reach **children and families who are struggling**, systematically across the country?

We support the Strategy's strong focus on supporting children and families who are struggling and the systematic approaches to reaching these children and families outlined in the Strategy. For example, through the provision of universal supports such as the promotion of parent helplines and antenatal courses, and by taking a broad approach to consider all settings in which children should be supported.

We recommend the following actions to systematically reach children and families who are struggling:

1. **Better alignment between education and health sectors.** This will help to reach children and families who are struggling by ensuring referral pathways that are focused on connecting children and families with services that best meet their needs. Strong links with local agencies already implementing stepped care, such as Primary Health Networks and Local Health Districts, should be included in the Strategy.
2. **Include actions to support children in severe crisis, including those experiencing suicidality or recovering from a suicide attempt.** Suicide is the leading cause of death in Australia for children aged 5-17 years. The Royal Commission into Victoria's Mental Health System found that there are significant service gaps to support children in this age group, following a suicide attempt or self-harm. The Commission concluded that appropriate and specific services are needed for children and young people at risk of suicide. These gaps are a key motivation to include suicide prevention and self-harm as part of the national Strategy to address child mental health and wellbeing.
3. **Whole of community response for hard to reach, high-risk groups.** We support the Commission's suggestion of more enhanced responses to those high-risk groups who are hard to reach, using alternative touch points such as Centrelink and specialist support services that may interact with these groups (as outlined in Box 2 in the Strategy). We also agree with the Commission that a whole of community response is necessary to reach everyone in need; a suggestion that aligns with both the Productivity Commission and the Vision 2030 framework. This requires a well-connected network of services working in an integrated and seamless way.
4. **Adopt place-based models to reach children and families with increased risk due to social conditions such as poverty, poor housing or domestic violence.** For example, the Centre for Research Excellence (CRE) in Childhood Adversity and Mental Health is undertaking research to design systems-based approaches that identify and respond to childhood adversity from before birth to the early childhood and primary school years. The approaches are being co-developed

with families and professionals that will use the services in their local community and will be piloted in two communities: Wyndham in Victoria; and Marrickville in New South Wales. The design will encompass two hub sites in each community: a community health centre for families of children 0-5 years and a primary school for families of children 5-8 years. The model is a scalable solution where the hub sites will include a range of co-located health services and social services that will work together and in partnership with the community to help families to address the issues they are facing as well as their child's mental health.

Q5 Children and families who are struggling

- 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?

Refer to our response and recommendations in Q5 above

Q6. Measuring progress

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

We welcome the Strategy's approach to measuring progress against its immediate objectives. It is well considered, robust and comprehensive. However, the indicators of change for each focus area will only measure *immediate* outcomes. The Strategy must include a **long-term impact evaluation, focused on behaviour change**, to ensure the broader long-term impacts of all program activities are being measured.

We recommend that a **program logic is developed for this Strategy**, before the commencement of implementation, to ensure that a long-term impact evaluation is embedded.

Measuring progress

Are there other challenges to undertaking research on child and family mental health and wellbeing that are not broadly captured in the Strategy?

We note five challenges to consider when undertaking research on child and family mental health and wellbeing:

1. **Properly fund and embed evaluation from the outset.** One of the biggest challenges to measuring progress is failure to properly fund and embed evaluation at the outset. Evaluation should be pivotal, not an optional extra, and it must be well funded. Funding may need to occur across grant and funding cycles. The Strategy should outline funding principles that allow for evidence and learning to be better shared, with support for genuine learning.
2. **Ensure meaningful monitoring and evaluation.** We recommend the meaningful monitoring and evaluation of all services and activities that aim to support children and families. This should include:
    a. A formative, process and outcome evaluation.
    b. Early development of evaluation frameworks that is embedded in program/service design.
    c. A mechanism to capture and share learning and continuous improvement.
    d. Knowledge of the enablers and barriers required for implementation of programs and services to achieve outcomes.
    e. A consideration of implementation context wherever possible, for example, location and population groups, so we can understand for whom did it work and why.
    f. A deep understanding of the voices of children and families – what do they think worked and why?

g. The outcomes that matter the most to children and families, rather than the outcome that matters most to clinicians or services.

3. **Ensure evaluation support for community-based organisations.** Community-based organisations without in-house expertise could benefit from additional support with monitoring and evaluation.
4. **Partner with services and settings that work with children and families.** The Strategy recognises ethics approval as a key challenge when undertaking research on child and family mental health. From our experience with Be You and through implementing the Children's Resilience Research Project, we know this challenge can be overcome. We recommend partnering with services and settings that already work with children and families as one of the best strategies to undertaking ethical research.
5. **Ensure there is national cross-sectional data, not just longitudinal data relating to child mental health and wellbeing.** This will be a key enabler of future evaluations on child and family mental health. We support a national data strategy to measure child mental health and wellbeing.

Measuring progress

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

No comment

Q7 Diverse communities

7. 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?

We support strong community and cross-sector engagement in the Strategy design, and ongoing representation on the proposed Inter-Departmental Committees, including Aboriginal and Torres Strait Islander people, parents, carers, children and young people.

We support the prioritisation of Aboriginal and Torres Strait Islander organisations as the preferred providers of activities to promote social and emotional wellbeing for Aboriginal and Torres Strait Islander peoples, and acknowledge Aboriginal communities have the solutions for creating a culturally responsive, sustainable, self-determining mental health system.

We particularly support the following Strategy objectives and actions: 1.1b, 1.2a-c, 1.3a-b, 2.3 e-g, 2.4c, 2.4 e, 2.5 e.

Q7 Diverse communities

- Are there any additional actions you think are necessary to improve the mental health and wellbeing of children and families (from the above group)?

In addition to ACCHOs, mainstream services should also be equipped to provide culturally responsive support to all children and young people, and to overcome gaps where the current systems do not have capacity to support community.

Q7 Diverse communities

8. 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 actions articulated in the Strategy that relate to promoting wellbeing and early intervention (1.1b, 1.1g, 1.2a, 1.3a, 2.3 a-g, 3.1 a-h) are critical for children and young people with a disability and their families and carers. In many cases, there is a need for these types of low intensity options for families and carers, as much as for the children and young people impacted by disability. However, the current service system provides few options for support, with most services focusing on higher intensity needs. Supporting growth in this area of the system can set families up to maintain good mental health and reduce the need for more costly supports at a later stage.

Q7 Diverse communities

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

Clear and accessible supports for family and carers of children and young people with a disability is vital to improve mental health and wellbeing, particularly in the earlier years before, and shortly following, a diagnosis. Many families find themselves flailing due to the complex nature of the system and the need for literacy and financial support to navigate and access the appropriate services.

Q7 Diverse communities

- 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 role of family and community, particularly for promoting wellbeing, is critical for improving the mental health and wellbeing of children and families in rural and remote Australia. As such, focus and priority should be given to community-driven solutions that can fill a void or leverage existing support options or social networks to assist children and families.

Q7 Diverse communities

- 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?

Digital solutions are a critical system element for supporting children and young people living in rural and remote communities. While they should not replace face-to-face opportunities for connection or care, they should form part of an integrated system to enable equitable access to services and supports. In planning support for rural and remote communities, access to services should not be limited to clinical care provided through telehealth. Consideration should be given to access broader prevention and early intervention focused programs and peer support forums. Digital inclusion must also be considered – including access to technology, digital literacy and affordability.

Q7 Diverse communities

9. 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 CALD communities?

For culturally and linguistically diverse communities, the principle of universality in the Strategy will be most critical, particularly for newly arrived migrants and refugees who may not have strong knowledge of the health system or share western concepts and knowledge of health and wellness. It is important to leverage co-design opportunities to improve knowledge, literacy and navigation to ensure children and families can access the support they need.

Q7 Diverse communities

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

Stigma may be an issue to overcome to improve access to services. As such, taking the services and supports to where the communities are, will be critical to ensuring those who need care can access it. The model proposed in the Strategy of outreach could work well, provided development and implementation of such models are done in partnership with the communities it seeks to serve.

General feedback

10. What avenues should be used to **promote the Strategy** upon publication, to ensure it reaches as many people as possible?

We recommend the following two key actions to <u>ensure successful promotion of the Strategy</u>:

1. **Clear commitment from Government to implement the Strategy actions and to do the foundational work required to support implementation.** This must happen before determining avenues for Strategy promotion. A key element of successful promotion of the Strategy is ensuring clarity on which actions Government will commit to implement, how these actions will be funded, how the Strategy will be governed, identification of clear roles and responsibilities, and a commitment to evaluating the Strategy. We support the implementation approach for the Strategy outlined in section 4.1, including the establishment of a National Steering Committee to develop an implementation plan and Inter-Departmental Committees at the Commonwealth level to oversee implementation.
2. **Collaborative approach to promotion.** We recommend that the promotion and implementation of the Strategy focuses on bringing together organisations and individuals that can collectively design and implement the systematic reform outlined in the Strategy. There must be strong alignment and integration with other mental health and suicide prevention reforms, such as the Commonwealth Government's response to the Productivity Commission inquiry, and the Victorian Royal Commission into Mental Health.

We recommend the following three actions to <u>promote the Strategy to organisations and stakeholders</u>:

1. **For launch, undertake a national roadshow.** This should be accompanied by a clear plan for rollout that clearly articulates the benefits for each stakeholder and targeted support for collaboration amongst organisations. Access to the tools and resources necessary to fully adopt the Strategy should be provided at this time.
2. **Devise an integrated (digital and traditional media) strategy targeting national and niche children, family, education and relevant professional workforce press.** This could be accompanied by a social media campaign.
3. **Use existing social networks organically built through contact with maternal and child health, educational settings, sport and other community settings.** A systematic education program, inclusive of plain English tools and resources, to roll out the Strategy's scope and how it must be incorporated into the strategies, policies and procedures for all these settings would be required.

We recommend the following actions to <u>promote the actions within the Strategy to **organisations**</u>:

1. Promote evidence-based, locally available or online supports and services to children and families through intermediaries such as schools and early childhood learning services, maternal health nurses, and community networks.
2. Promote Be You as a vehicle to deliver key elements of the Strategy.

3. Openly communicate the evaluation results for child mental health and wellbeing programs that are being delivered, including both positive and negative outcomes.

We recommend the following actions to promote the actions within the Strategy to **families**:

1. Ensure that evidence-based resources, that provide practical suggestions on how families can support children's wellbeing, are made easily accessible and promoted widely. These must include specific resources for families where there are additional physical, neurodevelopmental, or cultural needs, developed via genuine co-design.
2. Implement a nation-wide campaign aimed at promoting the availability and value of parenting programs, with specific efforts to address stigmatising attitudes towards participation in such programs.
3. Promote parent helplines and hotlines (available in each state and territory) as the first 'port of call' for any parenting concerns.
4. Plan and implement a program of activities (e.g. campaigns) to increase parents' and carers' understanding of how to promote wellbeing and positive mental health at home and the signs that extra support may be needed. These activities should directly address any common myths or misconceptions about child mental health and wellbeing.

General feedback

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

We welcome the Strategy as comprehensive reform is required to create a well-resourced and integrated system. Significant integrated reform across community, education and service settings is needed to enable identification of children in need of support and to ensure appropriate services are readily available.

Additional feedback not covered in previous questions is outlined below:

A whole of government approach is critical.

A bipartisan, whole of government approach is critical to guide investment in children's mental health and ensure that there is a clear understanding of roles and responsibilities. System-level enablers that are needed to ensure the Strategy is effective include additional ring-fenced funding, clear roles and responsibilities, collection and tracking of outcomes and leveraging existing capabilities.

The Strategy's implementation will require work across multiple layers of government and delivery mechanisms. As such, successful implementation requires a joined-up approach. Implementation of the Strategy could be piloted as a demonstration of the approach recommended in the Productivity Commission Report.

The Strategy should also include an overarching framework to support a comprehensive, integrated national system which includes practical information, education programs and in-person support such as home visiting to support children during the critical early years and at key life-stage transitions. This could further outline a children's mental health system across the continuum of care, to enable every parent to consistently access practical, evidence-based information and support they need to raise thriving children.

The Strategy must align with other strategies

It is critical that the opportunities included in the Strategy are aligned with the recommendations of other major mental health reviews and reports including the Productivity Commission's Final Report, to ensure meaningful consolidation and appropriate resourcing.

Additional feedback on diverse communities

LGBTIQ+

The lack of focus or consideration given to children and young people who identify as LGBTIQ+ is a major omission in the Strategy. The 0-12 years developmental period is a crucial time for LGBTIQ+ children and young people and their mental health is central to this. The system must be built to support these children, to enable them the same opportunity to experience good mental health and access support when required.

The intersectionality of children, young people and families' experiences should also be considered to ensure the system can meet people where they are, and where they need support, regardless of which 'box' they fit into.

Addressing racism

The impact of racism, including structural racism should be addressed to support thriving children and families, and mitigate the potentially detrimental effects of all forms of discrimination. Our Invisible Discriminator campaign is one example of a national campaign which aims to raise awareness of the impact of discrimination on mental health of Aboriginal and Torres Strait Islander people.