

National Mental Health Commission

Consultation Summary Phase 3

September 2024

National Guidelines for including mental health and wellbeing in Early Childhood Health Checks



Australian Government
National Mental Health Commission

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Acknowledgements

The National Mental Health Commission would like to thank everyone who participated in this final phase of consultation. The range of experiences, insights and expertise that has been shared has been instrumental in informing the development of the National Guidelines for including mental health and wellbeing in early childhood health checks.

Acknowledgement of Country

The Commission acknowledges the traditional custodians of the lands throughout Australia.

We pay our respects to their clans, and to the elders, past and present, and acknowledge their continuing connection to land, sea and community.

Recognition of Lived Experience

We recognise the individual and collective contributions of those with a lived and living experience of mental ill-health and suicide, and those who love, have loved and care for them. Each person's journey is unique and a valued contribution to Australia's commitment to mental health suicide prevention systems reform.

A note on language

The Commission acknowledges that language surrounding mental health and wellbeing can be powerful and, at times, contested. Preferences are often not homogenous across and between groups of people and there is no single consensus on preferred terminology. It is always the Commission's intent to be respectful and use language preferred by most people to whom it refers.

In line with what we heard throughout our consultations, this summary uses:

- 'mental health and wellbeing' to collectively refer to the facets of child and family wellbeing.
- 'early childhood health checks (EHCs)' to refer to the regular appointments families attend with health practitioners in all states and territories to discuss how a child is developing.
- 'child' and 'children' as collective terms referring to infants and children from birth to age 5 who are the focus of an EHC, acknowledging that specific health and developmental needs vary across age groups, particularly for infants.
- 'caregivers' to refer to adults who are caring for or have cared for a child.
- 'families' to refer to the family/caring adult/kinship unit around a child or children, including those who do not have a direct caring relationship with the child, such as siblings.
- 'practitioner' to refer to health professionals who conduct EHCs with children and families, noting the type of professional who may conduct an EHC varies across and within states and territories. It may include general practitioners, child and family health nurses or Aboriginal and multicultural health workers.
- person-first language to refer to people with disability.
- 'coloured book' to refer to the parent-held red, yellow, green, purple or blue book, depending on the state or territory, used to record details of a child's health and development from birth to age 5.

Overview

The National Mental Health Commission (the Commission) has developed National Guidelines for including mental health and wellbeing in early childhood health checks (the National Guidelines).

The National Guidelines are a framework to help health practitioners and state and territory government departments think about how to include mental health and wellbeing in early childhood health checks (EHCs). They prioritise child and family safety and wellbeing. In 2023, the Commission conducted a national consultation to inform the development of the National Guidelines. A summary of that consultation can be found [here](#). From January to June 2024, the Commission conducted a final phase of consultation, consulting on the draft National Guidelines. The draft National Guidelines detailed a conceptual model and four themes:

- **Theme 1:** Take a broad and expanded view of children’s mental health and wellbeing
- **Theme 2:** Create the conditions for access
- **Theme 3:** Ensure early childhood health checks are a safe experience
- **Theme 4:** Build trust and tailor discussions

This summary provides an overview of the findings from this final phase of consultation.

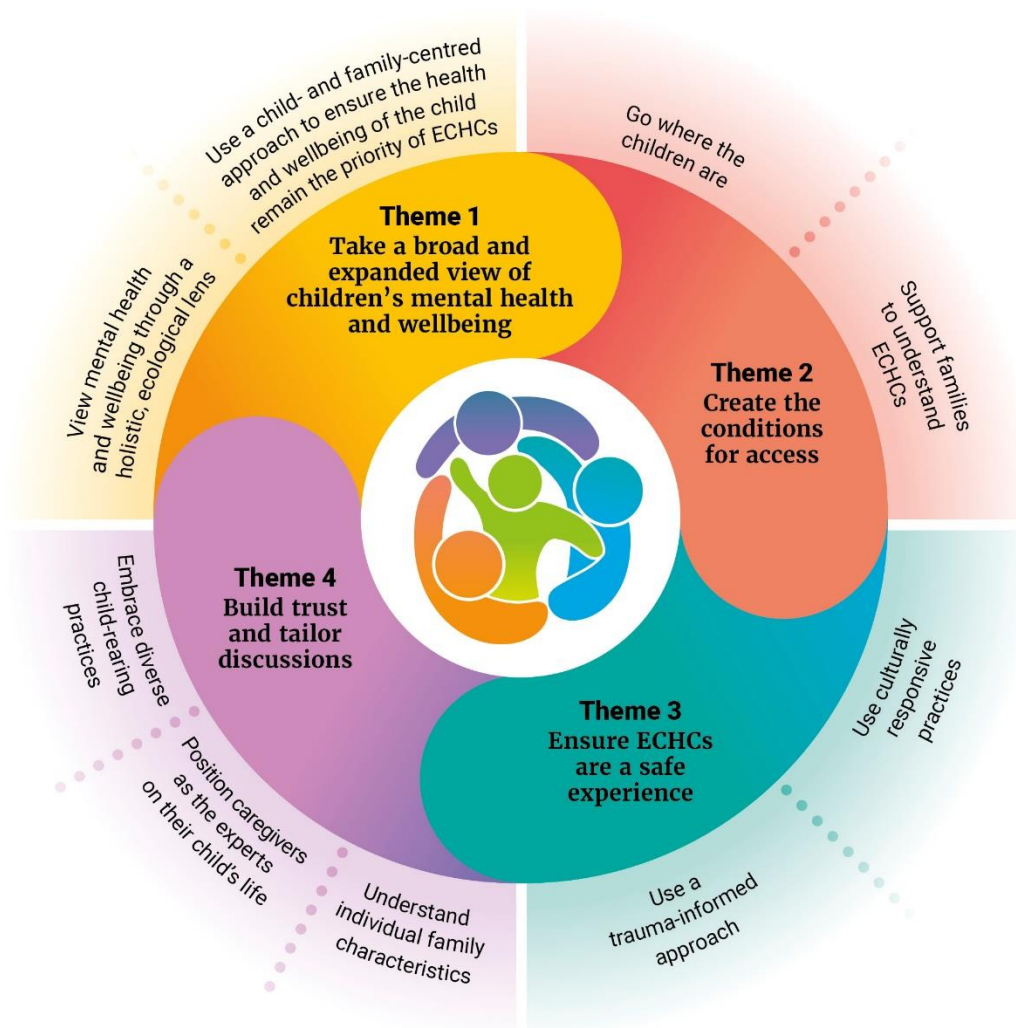


Figure 1. National Guidelines Conceptual Model

Consultation summary

Several clear themes emerged through the final consultation phase. They reflect the diverse experiences of participants and views about how to support a nationally consistent and meaningful approach to including mental health and wellbeing in EHCs. The core themes included:

- The importance of integrated care and support to support families participating in EHCs.
- The value in a strengths-based and trauma-informed approach when working with children and families.
- The need for sustainable funding to support the delivery of EHCs.
- The critical role of an appropriately resourced and trained workforce.

Integrated care and support

Given the holistic focus on the broader determinants of mental health and wellbeing, the importance of ensuring the availability and accessibility of an integrated support system was consistently highlighted by stakeholders. This extended beyond the primary and allied health care sector to the diverse range of support services required to minimise risk and strengthen protective factors that enhance mental health and wellbeing.

“ *Parents also need to experience their best possible mental health to enable them to create an environment for their children to flourish. – mental health research and advocacy stakeholder*

Several submissions highlighted that when underlying issues or needs are identified, it is essential that there is an available network of integrated, accessible and responsive services in place to support children and families. Ethical concerns were raised about instances where additional support needs were identified, but practitioners were unable to facilitate specialist support due to a lack of known referral pathways or limited accessibility of services.

Stakeholder feedback highlighted:

- The importance of providing the right support to children and families at the right time.
- The need for coordinated care and communication between the diverse range of primary care, allied health and tertiary support services that might be required.
- Ensuring equity of access to the broad range of supports and services that might be required to improve the child and family's mental health and wellbeing.

Strengths-based and trauma-informed

Embedding a strengths-based and trauma-informed approach was supported, with several submissions offering suggestions to enhance inclusivity and diversity of the National Guidelines, whilst ensuring alignment with relevant rights, placing children and family at the centre of EHCs.

“ *It is important that practitioners set the scene for the EHC as a discussion about how the child/young person is developing, ensure they comment on the child's and family's strengths, as well as an opportunity to assess any concerns about the child. That is, it should be about supporting positive child development, and building strengths, not just focused on difficulties. – mental health research and advocacy stakeholder*

Sustainable funding

Many stakeholders advocated for increased and sustainable funding to better resource services and ensure support was available to meet identified needs in a timely way. It was a common view that expanding the scope of existing EHCs required a commensurate increase in dedicated and sustainable funding.

“ *While development of the National Guidelines is an important first step, ensuring adequate foundational psychosocial supports will be available to support families to address mental health concerns or risk factors once identified must follow. – mental health peak body*

Stakeholder submissions noted there may be opportunities to better fund services, particularly early intervention support services, through review of existing mechanisms such as the Better Access initiative and the National Disability Insurance Scheme.

Workforce

Some stakeholders identified that increasing the scope of existing EHCs may increase the burden on health practitioners who are already stretched. Additionally, stakeholders raised additional resources, training and time would be required to effectively implement the draft National Guidelines. Some called for greater details towards more clinical elements, for example, how to identify and respond to emerging or early mental ill-health challenges, how to navigate trauma once identified, parent-child attachment, and assessment of specific developmental domains. The importance of awareness of the EHCs and its value amongst a broad range of health practitioners and clearly articulated roles and responsibilities was viewed as critical in the successful implementation of the National Guidelines.

Submissions made by primary and allied health care representative bodies as well as individual treating practitioners and researchers noted the potential benefit of enhancing the capacity of key professions including general practitioners, psychologists, psychiatrists, nurses and midwives, as well as non-health practitioners (particularly those from the early childhood education and care sectors) to deliver or support the EHCs.

“ *Building relationships with families and acknowledging the role that families play in the lives of young children is important work for service providers who work with and touch the lives of young children and their families. – Education and early childhood care professional association.*

Additional feedback

Stakeholders also raised:

- The variation that exists in approaches and processes surrounding EHCs across jurisdictions.
- Examples of work that aligns with the draft National Guidelines and is already being conducted across various jurisdictions (for example, flexibility in where EHCs are conducted such as in the home or at early childcare centres).
- The need for national consistency in data collection, schedules and assessment tools used for the EHCs.
- The inclusion of child mental health and wellbeing in future revisions of the ‘coloured books.’
- The need to recognise the unique developmental needs and rights of infants under the age of 12 months, which differ from older children.

A note on implementation feedback

Some feedback received during the consultation process related to implementation and was beyond the scope of the current project. This information was provided to the Department of Health and Aged Care for their consideration in the implementation of the National Guidelines. Broadly speaking, this feedback related to:

- The need to address existing gaps in support services for children under 5 years.
- The importance of ensuring an integrated support system across multiple sectors is available to support infants, children and families.
- The need for sustainable, increased funding to better resource services and ensure support is available to meet identified needs in a timely manner.
- Calls for a clear, consistent and evidence-based clinical framework to support implementation of the National Guidelines.
- Inclusion of examples and recommendations of programs and screening and assessment tools.



Consultation methodology

A draft version of the National Guidelines was developed and distributed for consultation. Targeted consultation with state and territory governments commenced in March 2024. The draft National Guidelines were revised in response to feedback from state and territory governments. The updated draft National Guidelines were then released for public consultation with submissions invited via the Commission’s *Have Your Say* platform between May and June 2024.

A total of 40 submissions were received from government and non-government stakeholders from a range of backgrounds, including primary care, allied health, community-based organisations, academic institutions and individuals.

Figure 2. Submissions by stakeholder type

