

Emerging Minds.

Presiding Commissioner Professor Stephen King
Mental Health Inquiry
Productivity Commission
GPO Box 1428
Canberra City ACT 2601

Friday, 31 January 2019

Dear Professor King

Re. Submission and feedback on the Productivity Commission Mental Health Draft Report

Emerging Minds welcomes the recommendations of the Productivity Commission in its Mental Health Draft Report, including the increasing attention to the mental health needs of children. The following submission extends on the information provided in our previous submission, including direct feedback on specific recommendations outlined in the Draft Report.

Overall, we recommend strengthening the following:

- Explicitly articulating and preparing a methodology for the range of movement of activities to Primary Care activities inferred throughout the report. This methodology would support improved decision-making about how to shift the components of services traditionally provided by specialists to a range of other professional groups, the settings, and who is best placed to deliver them (at present a number of allied health and social service professions are not acknowledged).
- Being explicit about which general recommendations are applicable to infant, child and adolescent mental health services versus adult mental health services.
- Integration of two generation (child, parent and family-focused) models of support in relevant areas of work.
- Additional scoping for other important systems of safety and support that aren't included in the report, including child protection and family support systems, disaster and recovery response teams, family law, and local government.
- Specific future recommendations regarding the importance of strategies to address the social determinants of health, as outlined in our previous submission.
- Importance of epidemiological data driving decision making regarding resourcing the spectrum of population, community, family and individual interventions required to improve the mental health of the community.
- Providing a structured approach to prevention and early intervention support that responds to different grades of risks in the population, as described in our previous submission.
- Structured approaches to improve both public infant and child mental health literacy and professional infant and child mental health literacy.

Emerging Minds also recommends the inclusion of an additional recommendation:

- Developing and commissioning a national primary mental health service model that specifically addresses the largely unmet needs of infants and children aged 12 years and under. There are some promising local and international examples of this work that could be adapted and refined for implementation in the Australian primary mental health service

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system, such as Integration of Behavioural Health into Primary Care Settings in USA. Workforce support could be provided by the Emerging Minds: National Workforce Centre for Child Mental Health.

- This Primary Mental Health service model would sit in parallel with the expansion of support in early childhood education and care and school settings in existing recommendations.

This recommendation aims to extend the scope of the following:

DRAFT RECOMMENDATION 20.1 — NATIONAL STIGMA REDUCTION STRATEGY

Emerging Minds has undertaken needs assessments and reviews of evidence regarding child mental health literacy in the community and in the different health, social and community service professionals working with children, parents and families. Child mental health literacy is low among professional groups, including adult mental health services. In the community as a whole, we have found:

- explanatory models that are often inconsistent with the evidence
- low levels of understanding about the continuum of mental health, including mental wellness and normal variations in emotional and behavioural expression/development vs emerging difficulties that need support vs persistent and severe mental health difficulties in infants and children that meet criteria for diagnosis and need specialist support
- false beliefs/assumptions that infants and young children do not have mental health, and do not experience mental health difficulties
- lack of understanding about the data, the origins and emergence of a majority of lifelong mental health difficulties in childhood, or a commitment to undertake intersectoral population and service planning and usage for those aged 14 and under
- a lack of recognition that infant and child mental health is distinctly different to youth and adult mental health.

The consequence of low levels of infant and child mental health literacy are numerous, including:

- comparative invisibility of infant and child mental health, compared with youth and adult mental health
- lack of community support and low levels of policy commitment and funding for both infant and child mental health services and comprehensive primary health care service, which includes prevention, early identification and intervention of infant and child mental health
- a tendency to either minimise or catastrophise children's mental, emotional and behavioural health and development
- low levels of help-seeking for children when they do experience difficulties
- a tendency to either bundle, communicate and/or apply explanatory and intervention models from youth and adult mental health to infant and child mental health
- media, legal and policy makers often seeking guidance from specialists in youth or adult mental health, rather than infant and child mental health, to shape mental health strategies for infants and children.

Emerging Minds is working to address these challenges for the workforce groups that are likely to engage with children, parents and families through workforce education and support. Further expansion of this work is also occurring through a number of other initiatives.

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Emerging Minds recommends that targeted and explicit attention to improve infant and child mental health literacy and address stigma reduction in this population needs to be addressed in the Proposed Stigma Reduction Strategy. This could include:

- development and implementation of a community measure of infant and child mental health literacy (currently in draft form) to track changes in literacy in the community
- a national infant and child mental health literacy communications strategy, building on recommendations from a number of recent national and international reviews to develop evidence-based communications strategies (these have not yet been released but a copy of these reviews can be provided to the Productivity Commission)
- a policy and funding shift towards supporting comprehensive primary health care service and upskilling of the workforce in this service delivery arena to include prevention, early identification and intervention of infant and child mental health.

This recommendation aims to extend the scope of the following:

DRAFT RECOMMENDATION 22.3 — ENHANCING CONSUMER AND CARER PARTICIPATION

DRAFT RECOMMENDATION 20.1 — NATIONAL STIGMA REDUCTION STRATEGY

The voices, narratives and experiences of children, parents and families are important in shaping mental health policy, service development and service delivery. However, many consultations do not routinely ensure developmentally-appropriate opportunities for child involvement or address the practical and financial barriers for parent and family involvement. This includes the limitations of the current labels 'consumer' or 'carer' which do not:

- represent all potential lived experience partnership stakeholders
- represent the diversity of experiences that should be involved in policy making and program and service delivery
- recognise the interchangeability of these roles (when a consumer is/becomes a carer and vice versa).

Emerging Minds recommends funding support for a national peak voice for children, parents and families in mental health to ensure this population are well represented alongside existing stakeholders.

Emerging Minds recommends moving towards alternative language from 'consumer' and 'carer' to reflect the diversity of stakeholders that governments and organisations need to collaborate with in health care system planning, design, monitoring and evaluation. Examples currently common in various organisation and jurisdictions include 'lived experience partnerships'.

This recommendation aims to extend the scope of the following:

DRAFT RECOMMENDATION 17.1 — PERINATAL MENTAL HEALTH

Screening for perinatal mental illness should have a parallel purpose that includes:

- improving identification and access to early support for expecting or new parents with children up to 1 year of age for mental health and psychosocial risks and adversities, including mothers and fathers

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- reducing the impacts of perinatal mental illness (and other early adversities) on infant and child health, mental health and development outcomes.

Emerging Minds recommends that perinatal screening and assessment guidelines and their implementation need to ensure adequate access to pathways of support for expecting and new parents, alongside pathways of family-focused support that address the vulnerabilities for infants and children during this important window of development. This includes:

- guidelines that are inclusive of other early adversities known to contribute to increased emotional, behavioural and developmental vulnerability in infants and children
- access to prevention and early intervention support that reduce the impact of early adversity exposures on development
- public awareness messaging – campaigns with clear messaging about perinatal mental health to directly inform women of childbearing age, as well as men in the general public. The messaging can also provide clarity for workforces and new parents by delivering appropriate information about screening, treatment and support.

Emerging Minds supports an additional recommendation to implement an early childhood mental health strategy for children aged 1-5 years and their families. Currently there is a significant unmet need in mental health services for this target group. The purpose of this strategy would be to address the continuum of mental health needs in the early years, including the need for specialist mental health interventions.

This recommendation aims to extend the scope of the following:

DRAFT RECOMMENDATION 13.3 — FAMILY-FOCUSED AND CARER-INCLUSIVE PRACTICE

Family-focused and carer-inclusive care requires mental health services to consider family members' and carers' needs and their role in contributing to the mental health of consumers.

- *To improve outcomes for children of parents with mental illness, the National Mental Health Commission should commission a trial and evaluation of the efficacy of employing dedicated staff to facilitate family-focused practice in State and Territory Government mental health services.*

A number of world-leading activities to support children of parents with a mental illness have, or are, currently being implemented in Australia. Emerging Minds led the scoping, development and implementation of the Children of Parents with Mental Illness (COPMI) national initiative from 2001-2017, which the New Zealand Government built upon for a national strategy currently being implemented in that country. This initiative worked closely with state and territory governments, professional associations, national and international research networks and families with lived experience to provide workforce support, parent and child resources, and programs to support infant and child mental health.

This work supported a number of state-funded initiatives including the Victorian Families where a Parent Experiences Mental Illness strategy; New South Wales Children of Parents with Mental Illness strategy; Queensland COPMI guidelines; and other family-focused programs. These programs differ in their methods of delivery and include capacity building, secondary consultation, implementation support, research, and delivery of interventions directly to parents, children and

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families. The location of these positions also differs, with some based in adult mental health services and others in child and adolescent mental health services. Further information about evidence, opportunities, barriers and implementation on family-focused supports can be provided in further detail.

Some initial recommendations for this work include:

- compulsory collection and reporting of parenting status and child details in client management systems, including national minimum datasets
- inclusion of two generation (child, parent and family-focused) interventions in routine service delivery (examples of interventions with local implementation experience include 'Let's Talk about Children', 'Family Talk')
- tertiary education and practice standards for mental health professionals to deliver two generation/family-focused assessments, interventions, support and review/evaluation
- clear pathways of support between adult mental health services and relevant child health, developmental, mental health, and parent support services.

Many of the practices demonstrated to improve outcomes for child of parents with a mental illness are also applicable in other settings where there are similar vulnerabilities for child mental health outcomes, but a lack of routine support for child and family-focused care.

Emerging Minds recommends the National Mental Health Commission trial and evaluate a common suite of child- and family-focused practices and interventions (such as 'Let's Talk about Children') in a range of both adult and child services including alcohol and other drug services, domestic and family violence, gambling, homelessness, disability, physical health/rehabilitation services, and correctional facilities/prisons.

Consultation, workforce development resources and implementation guidance resources for these settings are being developed through the Emerging Minds: National Workforce Centre for Child Mental Health.

The Australian Government should amend the MBS so that psychologists and other allied health professionals are subsidised:

- *to provide family and couple therapy, where one or more members of the family/couple is experiencing mental illness. These sessions should count towards session limits for psychological therapy*
- *for consultations with carers and family members without the care recipient present. Consistent with existing items that are available to psychiatrists, there should be a limit of four subsidised consultations with carers and family members per 12-month period.*

Emerging Minds welcomes this recommendation. The absence of these items has continued to limit the availability of evidence-based family interventions, particularly evidence based two generation (child, parent and family)-focused interventions. However, further consideration needs to be given to determining professionals eligible to deliver these interventions. Our reviews of family-focused practice indicate that most mental health professionals have low confidence in delivering family-focused psychological interventions, particularly child-parent, couple and family interventions. Recognising the different skills needed to deliver these types of interventions compared to individual

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or group interventions, it is recommended that mechanisms to manage eligibility to deliver these items are developed.

Emerging Minds also recommends the inclusion of the following in the MBS:

- Child, parent and family-focused interventions for infants and children who are/have experienced adverse childhood experiences (ACES), to enable the two generation needs to be identified, assessed and supported.

This is response to the following information request:

How should the requirements of the Mental Health Treatment Plan (MHTP) and MHTP Review be changed to ensure that GPs assess, refer and manage consumers in line with best practice (as laid out in the Australian Department of Health's guidance)?

What should be added to the MHTP or MHTP Review to encourage best practice care?

Are there current unnecessary aspects of the MHTP or MHTP Review that should be removed?

Emerging Minds, through the Children of Parents with a Mental Illness (COPMI) national initiative, supported the inclusion of two generation-focused items in the Adult and Child Mental Health Treatment Plans (parenting status, and prompts) and recommend that these need to be retained. This work intended to capture the mental health needs and vulnerabilities of both children of parents with a mental illness and parents of children with a mental illness, as well as the frequent co-occurrence of mental illness in children and parents.

Emerging Minds recommends that a Family-Focused Mental Health Treatment and Recovery Plan template is also developed. This plan would intend to support the appropriate use of the proposed Family-Focused MBS items and responsiveness to the needs of children of parents with a mental illness when an adult receiving a mental health treatment plan is a parent of dependent children, and/or partners and other family members. The Family Mental Health plan should include:

- Parent and family-focused assessment intervention options as described below:

	Individual Approach	Parenting Approach	Family Approach
History-taking and assessment	Assesses individual history including: <ul style="list-style-type: none"> - onset - duration - course - symptoms - maintaining factors 	GP and parent collaborate to assess: <ul style="list-style-type: none"> - impact of health or psychosocial issues on the daily life of children and other family members. 	Assessment of all family members (including children) that includes: <ul style="list-style-type: none"> - family members' perspectives on onset, course, duration and triggers.

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	Individual Approach	Parenting Approach	Family Approach
	<ul style="list-style-type: none"> - social factors (e.g. housing, drug and alcohol issues) - protective factors - impact on daily life - occupational roles - coping - individual support networks - family history - previous treatments (if any) - support networks. 	<ul style="list-style-type: none"> - impact of health or psychosocial issues on relationships with children - children's coping - roles and responsibilities of family members (and changes to these) - family understanding of the issues experienced. 	<ul style="list-style-type: none"> - impact on the daily life of the family (including routines) - relational impacts of health or psychosocial issues - coping - roles and responsibilities of family members (and changes to these) - family understanding, attitudes and values regarding health or psychosocial issues.
Health Education	<ul style="list-style-type: none"> - Provision of information on diagnosis, symptoms and behaviours, causes, treatments, and recovery. 	<ul style="list-style-type: none"> - Helping parents to understand how symptoms and treatments may impact on parenting and children's daily lives. - Coaching and guiding parents to provide age appropriate information to children and other family members. - Providing information to improve parents' knowledge about risk and resilience and support that can be provided. 	<ul style="list-style-type: none"> - Age-appropriate information provided to all family members (preferably support for the parent to do this). - Focus on family understanding and linking educational information with the experiences of all family members. - Incorporates transgenerational knowledge about risk and resilience.
Planning	<ul style="list-style-type: none"> - Supports identification of individual treatment options/goals and/or 	<ul style="list-style-type: none"> - Incorporates goals to support parenting, family and child wellbeing. 	<ul style="list-style-type: none"> - Incorporates goals to support parenting, family and child wellbeing.

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	Individual Approach	Parenting Approach	Family Approach
	<p>person-centred recovery plans.</p> <p>- Negotiated between an individual and practitioner.</p>	<p>- Recognises roles and responsibilities and supports that are needed for patients to manage parenting responsibilities.</p>	<p>- Recognises roles and responsibilities and supports that are needed for all family members.</p> <p>- Integrates recovery and preventative strategies.</p>
Review	<p>- Focused on symptoms, progress with treatments, medication, and individual recovery goals.</p>	<p>- Focused on parenting, parent perspectives of each family members' functioning, and progress over time.</p>	<p>Focused on the family as a whole and each family members' functioning and progress over time.</p>

Are there additional or alternative clinical thresholds (to a mental disorder diagnosis) that a consumer should meet to access Psychological Therapy Services or Focused Psychological Strategies?

Developmentally appropriate transdiagnostic thresholds should be introduced for infant, child and adolescent mental health to assist in prevention and early intervention support. These thresholds should include:

- early signs and early presentations of symptoms and clusters of symptoms, which in infancy and childhood can change in response to development
- exposure to, duration and accumulation of exposures to adversity over the lifespan
- strengths and vulnerabilities in the child's family, school and community systems
- the severity, persistence and pervasiveness of symptoms on an infant and child's daily life (e.g. home, relationships, education, community participation)
- co-occurring health and developmental difficulties and/or disability.

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This recommendation aims to extend the scope of the following:

DRAFT RECOMMENDATION 6.1 — SUPPORTED ONLINE TREATMENT OPTIONS SHOULD BE INTEGRATED AND EXPANDED

Emerging Minds supports the use of self-directed and supported online treatment options for parents, children and families. This could also include a range of prevention and early intervention strategies for different levels of risk.

This recommendation aims to extend the scope of the following:

DRAFT RECOMMENDATION 11.3 – MORE SPECIALIST MENTAL HEALTH NURSES

In the short term (in the next 2 years):

- *Accreditation standards should be developed for a three-year direct-entry (undergraduate) degree in mental health nursing, similar to the option already available to midwives. The new standards should be developed by the Australian Nursing and Midwifery Accreditation Council in consultation with stakeholders, including the Australian College of Mental Health Nurses and the Nursing and Midwifery Board of Australia. Nurses who complete the three-year direct-entry degree would be registered as having an undergraduate qualification in mental health and (if the above recommendation results in a specialist registration system for nurses with advanced training in mental health) be distinguished from registered nurses with a post-graduate degree in mental health.*

Emerging Minds supports this recommendation because of the important role and reach that nurses have across service settings.

Emerging Minds recommends explicitly stating whether the inclusion or exclusion of skills or a specialisation stream in infant, child and adolescent mental health nursing will be included in the development of this role, and how these standards will be incorporated into the role. In addition, there are other opportunities for strengthening the nursing sector and its support for infant, child and adolescent mental health, including:

- nurse practitioner roles, and expanded functions in paediatric care
- integrating emotional and behavioural health specialisations into child and family health nursing roles.

Also to support a shift in practice, Emerging Minds recommends any undergraduate mental health nursing program (either adult or specialisation in infant, child and adolescent) has a clear direction and standards on child, parent and family-focused care and intervention practice, which support the two generation approach, as discussed above.

This recommendation aims to extend the scope of the following:

DRAFT RECOMMENDATION 11.4 — STRENGTHEN THE PEER WORKFORCE

Peer workforce activities currently being undertaken, scoped and recommended are focused on adult mental health services. Emerging Minds recommends scoping additional functions, opportunities and qualifications for the peer workforce in child, parent and family-focused services.

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There are local and international examples of potential peer workforce roles in this area of work through:

- parent peer workforce roles to support parent, child and family recovery
- parent peer workers delivering group parenting programs alongside allied health or nursing colleagues
- service development roles.

This recommendation aims to extend the scope of the following:

DRAFT RECOMMENDATION 11.5 — IMPROVED MENTAL HEALTH TRAINING FOR DOCTORS

- *Introducing a specialist registration system for GPs with advanced specialist training in mental health should be assessed.*

Emerging Minds recommends explicitly stating whether the inclusion or exclusion of skills or specialisation stream in infant, child and adolescent mental health will be included in this assessment.

This recommendation aims to extend the scope of the following:

DRAFT RECOMMENDATION 11.1 — THE NATIONAL MENTAL HEALTH WORKFORCE STRATEGY

Emerging Minds recommends that this is inclusive of specific strategies for:

- Perinatal and infant mental health (up to 1 year)
- early childhood mental health (1 - 5 years)
- children (5 - 12 years).

Emerging Minds supports the recommendation increase the number of child and adolescent psychiatrists to:

- address unmet service needs for infants, children and adolescents with severe mental health conditions
- provide secondary consultation and support for primary mental health services, who take an increasing role in support infant, child and adolescent mental health.

This recommendation aims to extend the scope of the following:

DRAFT RECOMMENDATION 5.1 — PSYCHIATRIC ADVICE TO GPs

In the medium term (over 2-5 years)

The Australian Government should introduce an MBS item for psychiatrists to provide advice to a GP over the phone on diagnosis and management issues for a patient who is being managed by the GP. The effectiveness of the new item should be evaluated after several years.

Emerging Minds recommends the expansion of the items to also include secondary consultation with other specialists involved in multi-disciplinary management of mental health support, including allied

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health and social care providers (e.g. speech pathologists, occupational therapists, etc.). Alternatively, interprofessional group models such as the ECHO Networks in Queensland that provide GPs with access to multi-disciplinary advice.

This recommendation aims to extend the scope of the following:

DRAFT RECOMMENDATION 16.2 — MENTAL HEALTHCARE STANDARDS IN CORRECTIONAL FACILITIES

DRAFT RECOMMENDATION 16.3 — MENTAL HEALTHCARE IN CORRECTIONAL FACILITIES AND ON RELEASE

Children of parents involved in correctional services are exposed to high levels of adversity and are at higher risk of poor mental health outcomes. Emerging Minds recommends that child, parent and family-focused standards and practices are included to ensure the mental health needs of pregnant prisoners and children of prisoners (both mothers and fathers) are identified and responded to upon admission and in preparation/post-discharge. Transition support needs to be inclusive of transition to caregiving/parenting roles.

The implementation of structured support and guidelines for child visitation with parents are needed, similar to those that are currently being implemented in mental health services, such as the 'Keeping in Touch' guidelines available through Emerging Minds.

This recommendation aims to extend the scope of the following:

DRAFT RECOMMENDATION 17.2 — SOCIAL AND EMOTIONAL DEVELOPMENT IN PRESCHOOL CHILDREN

Emerging Minds recommends further definition of the intent of the proposed health check to assist in responding, and how these may differ to the existing checks completed in most jurisdictions. It is unclear whether the proposed check is for mapping population health needs; to identify children in need and to improve their access to support; or to provide longitudinal indicators of child mental health and development.

Other actions to consider include:

- the timing of the check, professionals involved in the check, and the capacity to deliver and follow up
- ensuring adequate information and guidelines are provided to educators, parents and follow up services on the purpose, implementation and support needed in response to the outcomes of the expanded health check
- inclusion of exposures to early adversities as part of the indicators
- adequate service coverage that involves parallel scaling up of intervention services at an appropriate intensity to ensure coverage for children and families identified in need.

Rather than a one-off check, Emerging Minds recommends:

- regular checks that monitor ongoing social and emotional development and can identify children with or at risk of mental health difficulties, including predictors of future conditions

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- establishing a governance structure inclusive of different professional groups to oversee the development and implementation of the check, and to collectively respond to potential scare mongering.

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This recommendation aims to extend the scope of the following:

DRAFT RECOMMENDATION 17.3 — SOCIAL AND EMOTIONAL LEARNING PROGRAMS IN THE EDUCATION SYSTEM

Emerging Minds recommends reorienting the focus of this recommendation to 'Mental Health Promotion in the Education System'. Social and emotional learning is a component of this work, but it is not recommended as a standalone, or necessarily the priority, in efforts to support schools in preparing responses to improve mental health in the school community. A 'Health Promoting Schools' approach is recommended by the World Health Organisation that pays parallel attention to:

- healthy school policies
- the physical environment
- the social environment
- health skills and education (including social and emotional learning)
- links with parents and community
- access to health services.

Many of these strategies are reflected in the components of national and state-funded 'mental health in schools' programs.

Emerging Minds agrees that there needs to be increased support for schools in relation to their decision-making about social and emotional learning programs, but disagrees with an accreditation system. Part of the challenge with social and emotional learning is that it is a very busy market, with many programs advertised as 'evidence-based'. Accreditation may assist in reviewing the quality of studies and evidence, but this is only one component that should inform decision making about social and emotional learning programs.

Emerging Minds recommends changing the current focus on an accreditation system to focus on developing decision-making support and tools that assist schools to prepare and plan the implementation of social and emotional learning in the school setting, based upon:

- local community, school and health data and partnerships
- capacity building for educators to understand the evidence-based components of social and emotional learning and when to use them, noting that most social and emotional learning programs are based on a very similar set of core practices
- the intensity needed (some schools will need more intensive support depending on local school and community context)
- the timing for delivery, as some programs may have adverse or unintended outcomes
- support to integrate social and emotional learning across different components of the curriculum, rather than as a stand-alone program, which is more consistent with a health promotion schools approach and modern educational pedagogy.

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This recommendation aims to extend the scope of the following:

DRAFT RECOMMENDATION 17.4 — EDUCATIONAL SUPPORT FOR CHILDREN WITH MENTAL ILLNESS

Emerging Minds supports the expansion of education support for children with mental illness. We also recommend extending this to include support for: children who have experienced trauma; and children who are at risk of mental health difficulties due to family or community circumstances that can disrupt engagement with school, such as a family member with mental illness, disability, or health or social difficulties. Co-location and visiting services with other allied health professions, such as general practitioners and nurses is also promising.

The support also needs to focus on supporting community participation and inclusion in activities outside of the school environment.

This recommendation aims to extend the scope of the following:

DRAFT RECOMMENDATION 17.5 — WELLBEING LEADERS IN SCHOOLS

This role has significant potential but further detail and exploration about who, how and what this role would deliver needs to be scoped. At a minimum, we would anticipate that this role would:

- utilise local data and partnerships to shape and support school wellbeing strategies using a health promotion approach
- provide secondary consultation and support to educators
- develop and maintain partnerships with local health, disability and social service networks
- partner with parents, children and educators to assess and activate networks of support for children.

There are some existing models in Australian wellbeing positions. Schools are well-placed to integrate behavioural support interventions that aren't often available in other settings; promising examples include the *Got It!* program in NSW. Emerging Minds can share some international examples that aim to provide prevention and early intervention support to schools, such as the 'Let's Talk About Children' whole-of-community model.

This recommendation aims to extend the scope of the following:

DRAFT RECOMMENDATION 17.6 — DATA ON CHILD SOCIAL AND EMOTIONAL WELLBEING

Emerging Minds recommends the inclusion of exposure to adversity alongside other measures of psychosocial functioning to be included in this. As described in our previous submission, this would assist in workforce and service planning across a continuum of need.

This recommendation aims to extend the scope of the following:

DRAFT RECOMMENDATION 25.2 — ROUTINE NATIONAL SURVEYS OF MENTAL HEALTH

Emerging Minds recommends that this survey includes:

- methods to link child and parent data, recognising intergenerational risks and protective factors

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- measuring mental health across the continuum (not just diagnosis) so that appropriate levels of promotion, prevention, early intervention and treatment support are offered
- impact of functioning in daily life and relationships (e.g. quality of life)
- measures at each age and stage, with a deliberate effort to include infancy and early childhood, that have not been included in past surveys
- undertaken every five years.

This recommendation aims to extend the scope of the following:

INFORMATION REQUEST 25.2 — PROPOSED INDICATORS TO MONITOR PROGRESS AGAINST CONTRIBUTING LIFE OUTCOMES

The Productivity Commission is seeking information on what additional indicators should be considered to monitor progress against Contributing Life Outcomes and whether routine data is available for the Commission's proposed indicators.

Emerging Minds recommends including a family relationships/family wellbeing measure.

This recommendation aims to extend the scope of the following:

DRAFT RECOMMENDATION 25.3 — STRATEGIES TO FILL DATA GAPS

INFORMATION REQUEST 25.3 — DATA SHARING MECHANISMS TO SUPPORT MONITORING

Emerging Minds recommends reviewing some of the longitudinal and child development studies and data linkage projects occurring around the country as potential models for data sharing and data linkage. Many of these projects have linked large datasets and provide important information on mental health, service use, risk and protective factors, and predictive capacities for different types of difficulties.