Final Report (December 2023)

Latrobe Health Assembly

Early Childhood Development

0-8 Mental Health Services

Contents

"Kids are not functioning because the parents aren't okay and the kids aren't okay. So where does the responsibility lie when you have a parent who has no capacity to recognize what's going on for their child? And then you've got a…Council area that has no support. So even if they wanted it, they can't get it. Yeah. And [parents] are being told to do Zoom. Come on."
Parent, Latrobe Valley

About the project

Project scope

Latrobe Health Assembly (LHA) sought to engage a consultant to map relevant early childhood mental health services in the Latrobe Valley, including identifying key gaps and barriers to access for priority community members. In addition, this project sought to identify alternate models of care that LHA may consider for future use.

Background Briefing from LHA

During 2021 and 2022, LHA engaged Ninety Mile Consulting to explore and identify place-based challenges, opportunities and potential initiatives relating to early childhood learning and development across the Latrobe Valley.

Throughout the consultation process, the community identified service gaps for early childhood mental health, together with misinformation and knowledge impacting the likelihood of young children being taken for treatment, care and support by their families. In addition to these local insights, key recommendations from the Royal Commission in Victoria's Mental Health System support the need for improved and expanded infant, child and family health and wellbeing.

Specifically, Recommendation 19 of the Royal Commission recommends that the Victorian Government support future infant, child and family mental health and wellbeing service stream, for people aged 0–11 years old by offering a responsive and integrated system of treatment, care and support that is compassionate, recovery-oriented, proportionate to need and tailored to the experiences of infants and children.

Project brief

The project brief outlined the requirement that a research, consultation and collaboration process be designed and facilitated to:

- Map the existing mental health services available to children 0-8 living in the Latrobe Valley

- Outline any gaps in available services and provide details on how these gaps may be addressed

- Investigate the barriers preventing parents and families of children 0-8 living with a mental health illness from accessing services

- Determine any other underlying issues that impact service delivery or availability

- Provide examples for a suitable model of care, or make a business case for improved services and access or details of a pilot project

This report provides all project findings, materials and recommendations gathered by Square The Circle for the use of LHA.

Timeline

	Milestones	Date
Planning Phase	Project commences	Week of 17/7
	Planning for kick-off meeting	Week of 17/7
	Kick-off meeting with LHA	Week of 17/7
	Updated Project Plan submitted	Week of 24/7
	Connections with key local stakeholders established	Week of 24/7
	Research and information gathering	Commences 24/7
Mapping Phase	Collation of existing service mapping data into draft Service Map	Commences week of 24/7
	Desktop research and additions to draft Service Map	Commences week of 31/7
	Engagement with stakeholders to add to Service Map	Commences week of 31/7
	Additions from the survey to finalise Service Map	Week of 9/10
	Completion of Service Map	Week of 9/10
Consultation Phase	Design and deploy survey for key stakeholders	Commences week of 24/7
	Design and conduct interviews with key stakeholders	Commences week of 24/7
	Analyse survey results to generate gaps, barriers and underlying issues	Commences week of 18/9
	Analyse interviews as above	Commences week of 18/9
Co-design Phase	Recruit stakeholders to attend a co-design workshop	Commences week of 21/8
	Collation of list of possible alternate models of care	Commences week of 21/8
	Design co-design workshop	Commences week of 2/10
	Deliver co-design workshop to generate local criteria and to consider possible alternate models of care	Week of 6/11
	Finalise recommendations from co-design workshop	Week of 6/11
Reporting Phase	Report writing	Commences week of 13/11
	Draft report Submitted	24/11
	Feedback on draft report received from LHA	29/11
	Report re-drafted based on feedback from LHA	29/11 - 30/11
	Final Report Submitted	1/12
Project Management	Fortnightly meetings with LHA	17/7 - 29/11

Deliverables

1. Complete a thorough gap analysis of relevant early childhood mental health services in the Latrobe Valley

2. Report and document all identified gaps

3. Investigate, report and document barriers to access by families and parents

4. Recommend opportunities or business case for LHA to progress work in this area

5. Provide examples of potential models of care that LHA may consider for this work

Process and methodology

Square the Circle uses a participatory process to engage a variety of community stakeholders. In this project, Square the Circle applied elements of this process and approach, in addition to more traditional mapping and gathering of information, to the early childhood mental health sector.

The process involved three key phases to meet the project deliverables, each informing the others:

1. Mapping - Working with stakeholders, and independently, to map all current services

2. Consultation - Listening to all stakeholders to identify gaps and barriers to access

3. Workshopping - using elements of co-design and consultation as appropriate to work collaboratively with a small group of stakeholders to identify a set of key local criteria that could be used to measure a range of possible new models of care

The mapping and consultation approaches gathered the perspectives of a wide range of stakeholders to provide rich materials to contribute to Deliverables 1-3, whereas the co-design process was reevaluated and adapted to a more consultative approach, providing an opportunity to work at greater depth with a select group of stakeholders to create recommendations for Deliverables 4 and 5. This balanced a nuanced understanding of local need, with the possibilities provided by existing alternate models of care that have either been tried elsewhere or perhaps even developed specifically for this context.

The project engaged a range of local stakeholders with a focus on:
● Parents/caregivers
● Service Providers
● System stakeholders

Parent Focus:

Given the age group of the project focus is children 0-8 years old, parents/caregivers are key stakeholders and play an active role in the mental health care of their children. For this reason, the experiences of parents/caregivers is important and their evidence is a focus of the data collected for this project. It must be noted, however, that other caregiver arrangements, such as foster care and kinship care, were not identified in this data and it should be acknowledged that parent involvement is not always the case for all children.

Service Provider Focus:

The original aim in targeting local service providers was to primarily engage mental health clinicians who provide local services, doctors (largely general practitioners) who support access to mental health services and other relevant medical practitioners such as paediatricians, maternal child health nurses and others. In addition to this group, service providers running mental health and family support programs and initiatives including NGOs, NFPs and other agencies were also considered essential stakeholders, as were mental health related staff working in education settings.

As is highlighted in the discussion of service providers' experiences in the next section of this report and in the recommendations at the end of the report, there have been significant challenges throughout this process in engaging directly with mental health and medical clinicians, and as such this report is not able to represent them specifically. Other service providers, however, were thoroughly engaged throughout the project and are therefore well represented in project data.

Data collection instruments

Four main data collection instruments were used in the project; a stakeholder briefing and workshop, a survey of parents/caregivers and service providers, a series of interviews with parents/caregivers and service providers, and a final consultation workshop with key individual stakeholders.

In addition to these key instruments, desktop research (and other more interactive methods as needed) was used to develop the map of existing services.

Stakeholder briefing/workshop

An initial stakeholder engagement briefing was held online on Monday August 14th 2023. The purpose of the session was:

- For key stakeholders to collaborate to support the mapping of Child Mental Health Services (0-8) and the identification of any relevant gaps, barriers or issues.
- Outline opportunities for attendees to participate in the project (survey/interview/workshop)
- For participants to have the opportunity to suggest any other relevant stakeholders, opportunities or local connections based on their knowledge, expertise and experience

- To support the successful dissemination of the survey in order to collect the most robust data possible that captures the diversity of family and service provider experiences of mental health provision for 0-8 year olds in Latrobe Valley

Participants contributions were captured using Miro Boards online and have informed subsequent stakeholder engagement and service mapping as well as providing introductions that were later used to set up interviews with parents/caregivers.
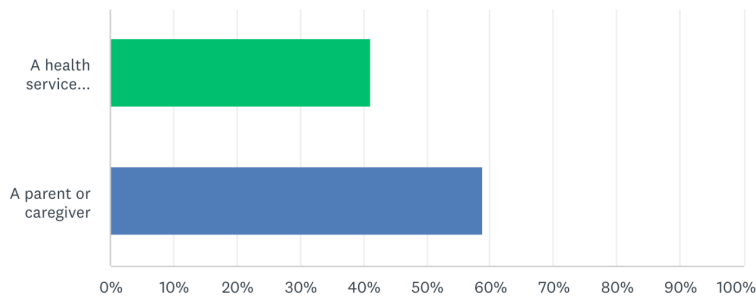
Survey

A survey was used to capture the service providers and parent/caregivers' experiences with child mental health services/supports for children aged 0-8 in the Latrobe Valley.
This data also contributed to the identification of gaps, barriers and issues as well as adding to service mapping data.

The survey ran from August to October and 64 responses were recorded (actual total was 68, however 4 were tests and therefore discarded from the data). A balanced spread of service providers and parents/caregivers responded to the survey with 42% of respondents identified as health service providers and 58% identified as parents/caregivers.

It is worth noting that despite repeated efforts made through LHA and the PHN to reach general practitioners, psychologists and maternal child health nurses, those identified as service providers in survey data were largely made up of counsellors and program providers, with one psychologist and one maternal child health nurse (MCHN). Some educators also completed the survey, listing themselves as service providers (other). This lack of health care provider engagement is acknowledged as a limitation in the project data.

Are you:

Answered: 68   Skipped: 1

ANSWER CHOICES	RESPONSES	
A health service provider for children aged 0-8 years	41.18%	28
A parent or caregiver	58.82%	40
TOTAL		**68**

Interviews

To follow up the findings from the survey, a series of semi-structured interviews were conducted, again with both service providers and parents/caregivers. A total of ten interviews were conducted, four with service/support providers and six with parents/caregivers. These interviews allowed for deeper discussion to interrogate the survey findings about service availability, barriers and gaps.

The service/support providers covered NGO, community, government and medical (Nurse in School) sectors and settings. Parent/caregiver interviews included parents from a diverse range of cultural backgrounds with children aged from 11 months to 8 years old.

Due to the sensitive nature of content discussed, all interviewees have been de-identified, other than indicating which interview group (service/support or parent/caregiver) they are part of. The briefing provided prior to the conducting of interviews stated clearly that interview material would be de-identified and only used in this report to LHA. Any further use of interview data has not been permitted by participants and as such care should be taken to ensure such material is not published beyond this report.

Consultation Workshop

A final project workshop was held on November 9th 2023 to work with key local community members to develop some local criteria and consider alternative models of care that might work better for local families.

This workshop drew on local providers with experience in case management and family services, engagement with community school hubs and long term knowledge of a range of local models, programs and approaches that have been tried locally.

Participants provided feedback on project findings to date, identified gaps in the data based on their experience and workshopped ideas that had come through from interviews and survey responses.

The findings from this workshop have informed the criteria, advice and recommendations in Part 2 of this report.

Part 1: Current Status of Latrobe Valley Child Mental Health Services (0-8)

Existing child mental health services (0-8) map

A service map of the child mental health services that are available to families in the Latrobe Valley for children aged 0-8 has been created and is attached as an Appendix to this report.

The map provides a significant update in local information and a child focus, which sets it apart from other existing online directories that are not child specific or necessarily up to date. The development of this map demonstrated that many of the existing local directories provided outdated information, with many services no longer available.

The graphic below provides a sense of the map and the Appendix provides full details that were too large to include in this report. LHA has also been provided with an Excel file containing the map to support ongoing maintenance of the data, as continuous work will be needed to ensure this map remains accurate and up to date.

Allied Health					
Gippsland Counselling PTY LTD	Self-referral	All ages	1 Regiment Lane, Traralgon 3844 Victoria	0407 563 645 https://gippslandcounselling.com.au/contact/ https://www.gippslandcounselling.com.au/kids-counselling/	Family counselling, children's counselling.
Outside the Square	Mental Health Treatment Plan Self-referral	All ages	17 Deakin Street Traralgon, 3844	(03) 5176 6831 admin@outsidethesquarepsychology.com.au https://outsidethesquarepsychology.com.au/	Outside the Square Psychology is a private psychology practice offering counselling and assessment for children in Traralgon.
Mind Matters	Mental HealthTreatment Plan Self-referral	All ages	10 Kay Street Traralgon	(03) 5173 686 info@mindmattersgippsland.com https://www.mindmattersgippsland.com/contact	Psychology clinic dedicated to offering assessment and ongoing therapy services in Gippsland.
Anne Frances Barrett - Counsellor	Self-referral	All ages	Counseling in therapist's home	(03) 6417 5134 https://www.psychologytoday.com/au/counselling/anne-frances-barrett-newborough-vic/433815 https://www.psychologytoday.com/au/counselling/anne-frances-barrett-newborough-vic/433815	Counselling, play therapy and parenting support.
Healthwise	Mental Health Treatment Plan Self-referral	All child ages	Level 1, 55 Grey St, Traralgon, VIC, 3844	(03) 51736811 (Mon-Fri 8.30am-5pm) admin@healthwisegippsland.com.au http://www.healthwisegippsland.com/	Assessment, clinical psychology and outdoor farm therapy program.
think.grow.connect	Mental Health Treatment Plan Self-referral NDIS Referral from external organisations	All ages	Shop 3/35 Grey Street Traralgon	(03) 5176 4374 admin@thinkgrowconnect.com.au https://www.thinkgrowconnect.com/	The think.grow.connect clinical team includes psychologists, social workers and counsellors. Assessments and counselling offered for children. NDIS participants (non NDIS managed) and Mental Health Treatment Plan welcome. Non-bulk-billing.
Online Resources					
Calm Kids Central	Join online	4-11	Online	https://www.calmkidcentral.com/	Online mental health resources Q & A with psychologists.
Brave program	Self-referral	3-8	online	brave4you@psy.uq.edu.au https://brave4you.psy.uq.edu.au/	The BRAVE Program is an interactive, online program for the prevention and treatment of childhood and adolescent anxiety. The programs are free, and provide ways for children and teenagers to better cope with their worries. There are also programs for parents.
eMPprac Directory	N/A	All ages	online	https://www.emhprac.org.au/directory/?service_target=child-and-youth-services	Search directory for online mental health services for children and youth. The eMHPrac Directory is a web version of the popular eMHPrac Guide to Digital Mental Health Resource booklet. The Directory provides a useful overview of various Australian online and teleweb programs, all of which have been developed by credible sources, such as the Australian Government, universities, and national non-government organisations. This includes apps, online programs, online forums, and phone services, as well as a range of digital information resources.
Kids Helpline	Self-referral GP Parent/Caregiver	5-25	Phone service Chat service	1800 55 1800 https://kidshelpline.com.au/kids	Counselling Referral Online Resources

Medical					
General Practitioners	N/A	All ages	Varied	Varied	General practitioners can be a great entry point for mental health support, providing referrals and mental health treatment plans.
Nurses	N/A	All ages	Varied	1300 60 60 24 https://www.healthdirect.gov.au/nurse-on-call	Nurses can be an excellent professional to talk to initially for mental health information and referral. They also have a call line NURSE-ON-CALL - 1300 60 60 24 for non-urgent advice. There are also nurses who specilise in mental health connected to Latrobe Regional Hospital
Latrobe Regional Hospital	Mental Health Triage on 1300 363 322. Agnes Ward - You can refer yourself to the program by calling 5173 8553. Alternatively your GP, midwife or maternal and child health nurse may refer you.	Traige - All ages Agnes 0-12 months	10 Village Ave, Traralgon VIC 3844	(03) 5173 8000 enquiries@lrh.com.au https://lrh.com.au/mental-health-services/infants-children-young-people-0-25-years/	If the child or young person in your life needs specialised care, contact LRH Mental Health Triage on 1300 363 322. Triage will also support a child or young person's admission to an inpatient bed if required. There are two allocated child and youth beds at LRH and referrals to larger child and youth units in the metropolitan area are often made. Includes Intensive mobile youth outreach services (IMYOS). Agnes Ward for mothers and babies (up to 12 months of age) - early intervention program to help mums and bubs get to know each other and strengthen their bond. Peadiatricians and allied health. Connected with Latrobe Community Mental Health.
Royal Flying Doctor Sevice	GP referral for Paediatrician	All ages	Online/telehealth	(03) 8412 0444 info@rfdsvic.com.au https://www.google.com/url?q=https://flyingdoctortelehealth.org.au/for-health-professionals/&source=gmail&ust=1692338646937000&usg=AOvVaw0PsGWhsbYYl96UVOmws9gv	Both a paediatrician and child psychiatrist on staff can do telehealth appointments with children under 18. Unfortunately, the paediatrician has a significant waitlist, up to 6 months. Also require the family GP be partnered with the organisation before referring.
Maternal Child Health Nurse	Self-referral GP Parent/caregiver	0-School age	Through Latrobe Valley	https://www.latrobe.vic.gov.au/Home/Families/Children_-_Care%2C_Learning%2C_and_Health/Maternal_and_Child_Health	Maternal Child Health Nurses provide a range of supports for families, including parenting and child support. Enhanced Maternal and Child Health program also avaliable.
Nurses in schools	Schools do referrals	School age	Select schools in the Latrobe Valley	N/A	School outreach nurses aim to improve health outcomes for children and to provide capacity building to the teachers and other school staff. The supports they provide include referrals to appropriate services, health screening and health and wellness education.

NGO/Government/Community					
Our Place	Open to all families in the local area	0-12	Morwell Central Primary School Morwell Park Primary School	https://ourplace.org.au/our-sites/morwell/	Integrated services school community hub located on site at two primary schools in Morwell - Morwell Park and Morwell Central. Provides supported playgroups, family services, training for parents, co-located services (and visiting services).
Berry street	Most referals from other agencies such as Child Protection, Orange Door etc.	All ages	37 Elgin Street Morwell VIC 3840	03 5134 5971 morwell@berrystreet.org.au https://www.berrystreet.org.au/contact-us/gippsland-region-morwell	Clinical psycholosts and therapists for the Take Two program - Berry Street's Take Two program is a therapeutic service helping to address the mental health impacts on children of the trauma they have experienced from abuse, neglect, family violence or adverse experiences. Family services organisation, supporting children, young people and families. Morwell office supports Gippsland region. Services include: therapeutic services, adolescent support, intensive case management, education support services, Morwell 4 Kids, kinship care, residential care, The Gathering Place (community centre).
Relationships Australia	Self-referral GP Parent/Caregiver	4-11	59 Breed St, Traralgon VIC 3844	(03) 5175 9500 traralgon@rav.org.au https://www.relationshipsvictoria.org.au/news/connect-me-211215/	Offer the 'Connect Me' program which provides free counselling and case management support for 4-11year olds in Gippsland. Session are offered via video and telephone appointments and face-to-face at schools and kindergartens across Gippsland. Fee for Service counselling ($30 a session for children 5 years and older up to the age of 18) face to face, or via Zoom at the Traralgon office which currently does not have a waitlist.
GCASA	Contact intake team on (03) 5134 3922, or ask your doctor or a support person to do it for you	4+, parenting support for younger children.	Gippsland Multidisciplinary Centre 31-41 Buckley Street Morwell	(03) 5134 3922 intake@gippscasa.org https://www.gcasa.org.au/our-services/	A range of supports including family and face to face counselling for children affected by sexual assualt, referral and 24/7 crisis response.
Latrobe Communty Health Service	Call assessment team at Latrobe Community Health Service on 1800 242 696	0-18	81-87 Buckley Street, Morwell VIC 3840 Phone	1800 242 696 https://www.lchs.com.au/services/children-families/mental-health-services-for-children/	Kids Connect - Kids Connect is an early intervention program that provides support to children and young people aged from 0 – 18 and their families who are at risk of negative mental health outcomes. The program has a focus on the child's needs, building resilience and supporting family relationships. Family violence counselling (5-17 years) Paediatric assessment GP's/nurses

Families and service providers experiences in child mental health in the Latrobe Valley

Parents/Caregivers experiences

Summary

Parents are feeling:
- Frustrated with lack of availability and waitlists
- Distressed and unsupported while they wait for services
- Beyond capacity in trying to navigate system - it takes more time and knowledge than is reasonable/possible (Confused by the system)
- Not able to access support they need
- Various versions of unsatisfied depending on where they are up to in the process
  - not sure what mental health looks like for kids in this age group
  - not sure where to start
  - not sure how to keep trying to access support
  - not sure how to physically get to support or pay for it
  - not sure how to manage ongoing need for support
- Various versions of unsatisfied depending on where their child is on the mental health continuum
- Frustration with lack of face to face services and challenges associated with online services for this age group (and given the nature of the challenges many of their children are facing which often make online engagement particularly challenging)
- Feel as though they are being asked about what is wrong with the system multiple times but also frustrated that they don't have hope this is leading to any change or likely change in the system

Findings related to parents experiences in Pre Access Phase:

Accessing mental health services/supports for their children is very important to the parents/caregivers of the Latrobe Valley

The 40 parents/caregivers who responded to the project survey were asked if access to child mental health services/supports for 0-8 year olds is important to them. Respondents provided an overwhelmingly positive response to this question, with a total of 88% rating it as either very important or quite important, 12% suggesting it is somewhat important and no parents/caregivers being either unsure of their answer or rating it as not important:

- 73% identified it as very important
- 15% identified it as quite important
- 12% identified it as somewhat important
- 0% identified it as not important
- O% were not sure

This data rules out any presence of family apathy or disengagement, at least among the group of parents/caregivers who participated in the survey. It is possible, even likely, that the survey attracted an engaged group of parents, however, these results still provide strong evidence that this issue is extremely important for parents in the Latrobe Valley.

Is access to child mental health services/supports for 0-8 year olds important to you?

Answered: 26   Skipped: 43
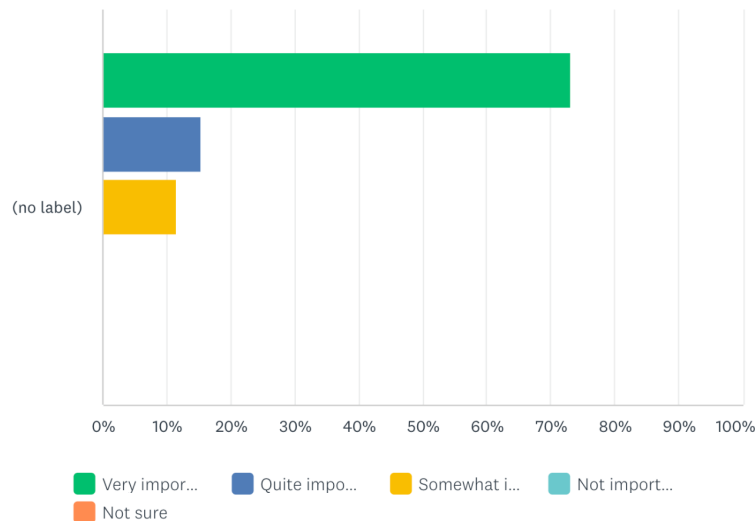
	VERY IMPORTANT	QUITE IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT	NOT SURE	TOTAL	WEIGHTED AVERAGE
(no label)	73.08% 19	15.38% 4	11.54% 3	0.00% 0	0.00% 0	26	1.38

The interviews further highlighted the importance parents/caregivers place on accessing mental health supports for 0-8 year olds, however they also indicated that a willingness to access does not necessarily correlate with an ability to access these services and supports. This will discussed further below, alongside the relevant survey data, but one parent's desire to access appropriate mental health support for their child resulted in the following experience:

"The run around, getting referrals to the wrong people…[it] puts strain on parent mental health trying to access support for children [so we] just give up in the end." Parent, Latrobe Valley

Accessing mental health services and support was very important to this parent, but the experience of trying to do so has meant they feel disheartened and let down.

Parents/caregivers have varying levels of comfort in accessing child mental health services/supports with a majority reporting a some degree of comfort

When asked in the survey about how comfortable they were were accessing mental health services/supports for a 0-8 year old, parents/caregivers demonstrated a range responses:

- 31% identified they are somewhat comfortable
- 23% identified they are quite comfortable
- 19% identified they are very comfortable
- 15% identified they are not very comfortable
- 12% identified they are not comfortable at all

These results demonstrate that a majority of parents/caregivers are at various places on the more comfortable end of this scale, but there is a group of 27% who rated themselves as either not very comfortable or not at all comfortable, suggesting that support is needed in this area.

The high levels of comfort most parents/caregivers expressed in response to this question in the survey was supported by interviews with service providers, who had similar insights when discussing their perception of parent/caregiver levels of comfortability. Several interviewees suggested that they didn't have concerns about parents/caregivers levels of comfort to access mental health care, but redirected the conversation to issues of lack of availability or the extreme difficulty in navigating the system.

"Some parents are really trying hard to get their children help," a service provider commented, stating they become *"reluctant to refer because of the disconnect between what managers think is happening on the ground and what is happening. A parent has to go through a pretty big intake process. Intake then assessment then intervention- often by that time crisis has passed."*

This experience was further supported in interviews by parent experiences of *"the runaround, getting referrals to the wrong people"*, *"other services…[not knowing] where to send you, maybe to the paediatrician? Doctor?"* and *"being asked 'What do you need?' I don't know what I need!"*.

Another service provider commented in the interview that, *"I don't necessarily think it's about comfortability, I think there are parents who have distressed children who are themselves distressed."*

Another aspect impacting comfortability in accessing services and supports that came out in interviews with parents, was how comfortable they were applying the term 'mental health' to their young child:

"As soon as you put the word 'mental' it has a bad reputation. Need to educate that mental health support is about nurturing, there's nothing wrong with your child." Parent, Latrobe Valley

Parents/caregivers reported a range of situations in which they would seek mental health services/supports for children 0-8

Parents/caregivers were asked (through the survey) in what situations they would seek mental health services/supports for a child aged 0-8. This question was designed to seek insights into parents' perceptions of what constitutes mental health challenges for children in this age group. Responses included:

- Anxiety, worry, (9 respondents)
- Behaviour (4 respondents)
- ADHD (2 respondents)
- For assessment and care for mental health conditions (2 respondents)
- Challenges at school (2 respondents)
- At the suggestion of the school nurse
- Testing for neurodiversity and navigating assessments for mental health conditions
- Trauma
- When mental health decline is seen
- Poor self esteem
- Low confidence
- Social concerns/difficulties
- Depression
- Eating disorder
- Physical aggression
- Processing challenges, death of a family member
- Developmental delays

Parent/caregiver voices from the survey:

"Any time my child was struggling or they vocalise it"

"A child that is already exhibiting mental health issues, from a family that has multiple mental health conditions."

"Any circumstances where I felt they needed more support than I was able to provide…"
"When I feel it is needed"

"My child's school nurse suggested it. I trust her advice and am looking into options."

One other comment from a parent/caregiver later in the survey is again relevant to thinking about the extent to which parents/caregivers feel like they know what mental health looks like for children in this age group. The following testimony responding to being asked about how services could be improved for children, again suggests there might be further opportunities to explore what mental health concerns can look like for this age group:

"It is hard dealing with the label of "mental health" for my little child. Maybe a campaign helping parents understand WHAT mental health concerns might look like in small children?"

It is difficult for parents/caregivers to be aware of available local mental health services/supports for children aged 0-8

When asked about their awareness of child mental health services/supports available for 0-8 year olds in the Latrobe Valley, parents responding to the survey were largely either aware of some mental health services available (58%) or not aware of any mental health services available (35%), with only 12% responding that they are aware of many child mental health services available.

When prompted to identify what makes it hard to find out about child mental health services/supports for 0-8 year olds in the Latrobe Valley parents ranked the relevant barriers as:
- Services are not well advertised (78%)
- I don't understand the different services and which ones would be right for my child (39%)
- There is no information about them available to me (35%)
- Other (26%)
- The information about services that is available is not in a format that works for me (9%)

The six respondents who identified an 'other' barrier highlighted:
- Lack of availability of services and wait times (4 respondents)
- The service providers don't advertise because they are full
- Stigma
- Knowing which ones are suitable for a child
- *"I don't even know where to start"*

Responses to these questions about awareness of services raised issues of availability of services (likely due to the wording of the question). The findings from parents/caregivers suggests there are some issues with parent/caregiver awareness of services and that these issues may partly stem from the complexity of the system (difficulty knowing what services to aim for) and also the lack of local availability (leading to closed waitlists and lack of advertising).

This suggests that while there are some useful ideas here for supporting parents/caregivers to become more aware of local services, including learning about which services might be right for their child, providing more varied information about services and addressing stigma, without also addressing the system issues of complexity of navigation and lack of available services, will make it difficult to improve parents/caregivers readiness to engage with mental health services/supports.

Parents/caregivers surveyed also provided useful feedback about which ways of finding out about mental health services/supports have been helpful to them:
- GP/doctor referrals (68%)
- Online directories (28%)
- Social Media (28%)
- Child care or school referrals (24%)
- Maternal Child Health Nurse (12%)

- None of the above (8%)
- Other (8%) (School nurse + Friend recommendation)

Interviews supported the role of social media as a key source of information for parents in this area, with parents being able to connect with other parents/caregivers (either online or in person) an important factor:

"I think most of the time, it's just parents sharing with other parents. And I think a lot of it, honestly, is Tiktok, Facebook, mums online parenting forums and groups. I think that's sort of where, because you can post an anonymous question in there." Parent , Latrobe Valley

Although connected to Maternal Child Health Nurses, parents/caregivers are not widely using this service as a source of mental health care information

Parents/caregivers' survey data revealed their attitudes to maternal child health nurses in regards to children's mental health and they largely do not seem to be using this service as a conduit to child mental health services/supports although they are reporting high rates of attending all or most of their MCHN appointments (69% attending all or most appointments).

Attendance at Maternal Child Health Appointments:
- All (52%)
- Most (18%)
- Some (13%)
- A few (13%)
- None (4%) (1 responder)

This suggests that MCHN could be considered as an effective early access/intervention point for mental health discussions for 0-8 year olds, however more maternal child health nurses would be required for the MCHN service to take this on.

Parents/caregivers raised this as a possible early intervention pathway in interviews too:

"I think that it…needs to be sort of brought up at maternal health appointments. It needs to be part of, like, starting as soon as that, you know your 6 week check. Let's talk about the babies." Parent, Latrobe Valley

However another parent noted that, *"parents [are] unsure of which services to access and parents listen to the doctor over MCHN, so how do we change the attitude?"*

The survey supported this 'untapped option' to seek guidance from an MCHN if needing to access mental health services or supports, with results identifying that:
- Only 12% of parents/caregivers would seek guidance of MCHN if they needed to access care in the future
- 0% had accessed mental health care through discussion with a MCHN
- Only 12% said MCHN was a helpful way of finding out about local mental health services and supports - compared to 68% saying GPs were a helpful way of finding out about services and 56% combined social media and online directories

An interviewed service provider offered that MCHN could have a role to play as part of a continuum and in conjunction with other services and support already within the existing system:

"Maternal child health nurses are a pathway up to a certain point…need to be able to think about it from a systems perspective. And free up the flow." Service provider, Latrobe Valley

Parent/caregiver experiences in the Access Phase:

Parents/caregivers reported accessing a variety of mental health services/supports for children aged 0-8 but had often struggled to do so

79% of parents/caregivers responding to the survey had accessed a mental health service/support for a child aged 0-8, 21% had not. The mental health services/supports they had accessed included:
- Psychologist (8 respondents)
- Counselling (7 respondents) (one specified grief counselling)
- Paediatrician
- Paediatric Psychiatrist
- Social Worker
- Headspace Tuning into Kids program
- Harmonious Kids

Parent/caregiver voices from the survey:

"Counsellor at Think, Grow, Connect after 6 months wait for psychologist for suicidal 8 year old child. Further 3 years on waitlist and no psychologist appointment available despite my requests. My other child, ASD, severe anxiety, ARFID eating disorder, ADHD. Since 3 years old I struggled to access appointments and assessments due to psychologist shortages, I had to be a 'squeaky wheel' with regularly phoning receptionists of the several psychologist clinics waitlists that my child was on."

This quote above demonstrates that discussion of accessing care very quickly turns to how much of a struggle it has been for many families. This particular situation highlights the need for more support for crises that are not necessarily coming through the family violence pathway or an acute trauma response. This is an example of a parent trying to access care for a young child with serious mental health challenges, but unable to navigate and access the system.

*General Practitioners are the most common pathway to attempt access to mental health services/supports*

Surveyed parents/caregivers' most common pathway to accessing these services/supports was through a GP (60%), with 10% identifying they accessed through child care or school referral or advice and 30% suggesting an 'other' pathway which included:
- "Many calls"
- Google and searched online (+1)
- NDIS
- Friend referred
- Kids Helpline

As can be seen in the responses above, the 'other' category of responses included both pathways to services such as NDIS and directly accessing having found information online, as well as some discussion of the techniques used including mention of making "many calls".

How did you access child mental health services/supports?

Answered: 20   Skipped: 49
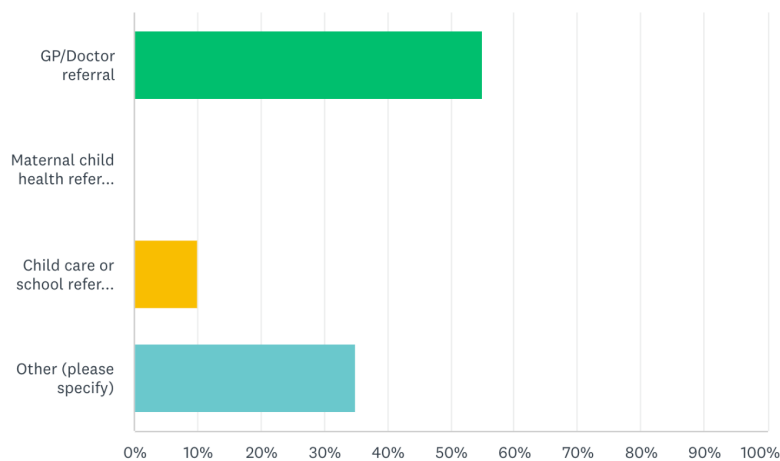
ANSWER CHOICES		RESPONSES	
GP/Doctor referral		55.00%	11
Maternal child health referral or advice		0.00%	0
Child care or school referral or advice		10.00%	2
Other (please specify)	Responses	35.00%	7
TOTAL			20

Parents/caregivers surveyed also gave an indication of where they might go if they need to access mental health services/supports for a child in the future. GPs were the stand out pathway again, with 76% of responders identifying 'going to a GP/doctor and requesting a referral' as an option. 20% suggested they would seek advice about where to go from their child care centre or primary school and 12% from their MCHN. The 20% who chose an 'other' response mentioned both asking friends and searching online to be able to make direct approaches to services. One frustrated parent suggested *"Learn to become a Psychologist."*

If you needed to access child mental health services/supports in the future, how would you?

Answered: 25   Skipped: 44
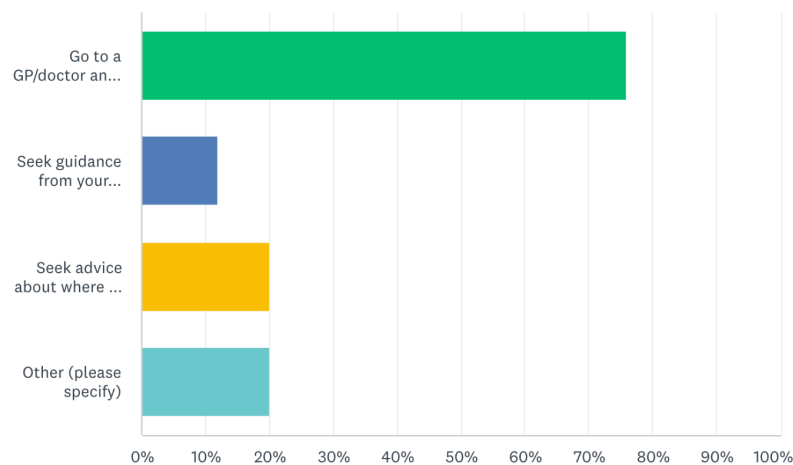
ANSWER CHOICES		RESPONSES	
Go to a GP/doctor and request a referral		76.00%	19
Seek guidance from your maternal child health nurse		12.00%	3
Seek advice about where to go from your child care centre or primary school		20.00%	5
Other (please specify)	Responses	20.00%	5
Total Respondents: 25			

While GPs were a standout pathway and the first point of contact for parents/caregivers when attempting to access child mental health services/supports in the surveys, they were not always considered a successful pathway. This was highlighted when a parent was asked further in an interview about accessing early childhood mental health care via the GP, saying:

"…If you went to your general GP and said, 'my child is having mental health issues', they would just say, 'I'm not trained for that'." Parent, Latrobe Valley

The challenges associated with accessing mental health services/supports via a GP were also discussed in the consultation workshop, with participants echoing similar experiences to that of the parent quoted above. The need for more GPs in the Latrobe Valley was also

mentioned, along with adequate training for GPs in the early childhood mental health space and better knowledge of where to direct parents/caregivers seeking support.

Not all families in the Latrobe Valley are able to access the child mental health services/supports they need

When asked if they were able to access the child mental health services/supports they needed, 52% of surveyed parents/caregivers responded 'yes' and 48% responded 'no' indicating mixed experiences for families.

Were you able to access the child mental health services/supports you needed?

Answered: 21   Skipped: 48
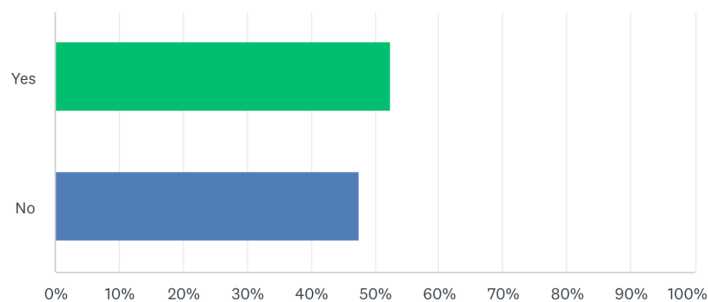
ANSWER CHOICES	RESPONSES	
Yes	52.38%	11
No	47.62%	10
TOTAL		**21**

While the survey demonstrates that approximately half of parents/caregivers who responded were able to access the services/supports needed, those interviewed indicated they were unable to access the services/supports they needed, with one parent sharing an experience that, *"even when saying and requesting explicit help, nothing"*.

Child mental health services/supports are not available to families in a timely manner

The results were more stark when the survey asked whether child mental health services/supports were available quickly enough with 85% of parents/caregivers indicating 'No' and only 15% indicating 'Yes'.

Were the child mental health services/supports available quickly enough?
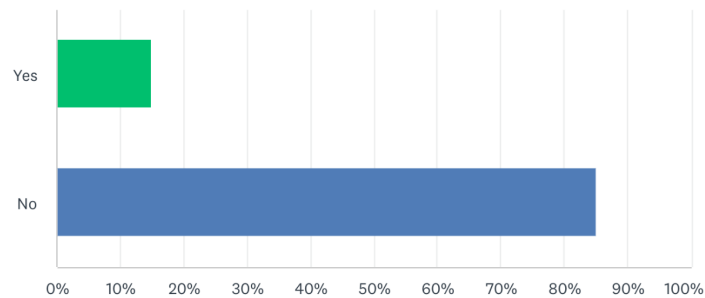
ANSWER CHOICES	RESPONSES	
▼ Yes	15.00%	3
▼ No	85.00%	17
TOTAL		**20**

The interviews overwhelmingly supported the survey findings, with one parent's experience reflecting that even if a service or support is available quickly at one stage, this does not equate to faster access to other required services:

"Eight months wait for paediatrician, got an initial appointment, but that's the wait for follow up. And we're on a waitlist for the waitlist for speech therapy. So we're waiting to get on the waitlist." Parent, Latrobe Valley

Families do not feel they are able to access enough care

Parent/caregiver frustrations were also evident in survey responses to being asked if they were able to access enough sessions with the child mental health service/support with 68% saying 'No' and only 32% saying 'Yes.'

Were you able to access enough sessions with the child mental health service/support to help your child?

Answered: 19   Skipped: 50
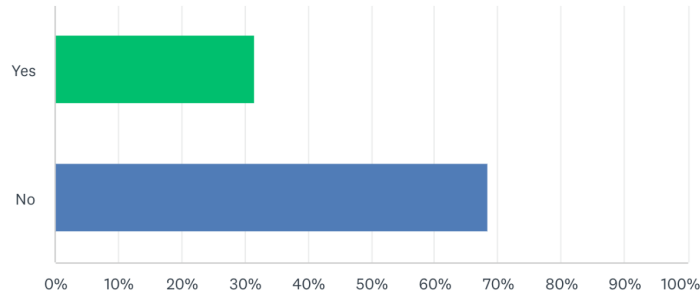
ANSWER CHOICES	RESPONSES	
▼ Yes	31.58%	6
▼ No	68.42%	13
TOTAL		19

Child mental health services/supports are not affordable for families in the Latrobe Valley

Again an emphatic response was seen to the survey question of whether child mental health services/supports were affordable with 79% of parents/caregivers saying 'No' and only 21% saying 'Yes'.

Were the child mental health services/supports affordable?

Answered: 19   Skipped: 50
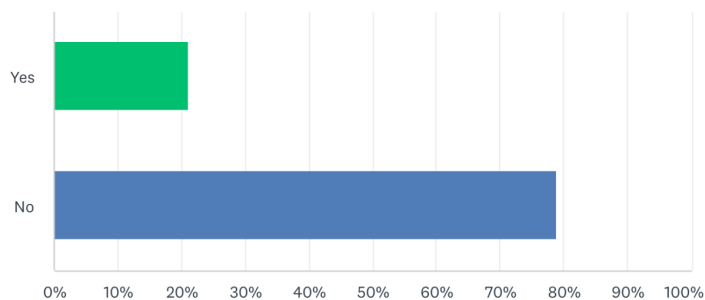
ANSWER CHOICES	RESPONSES	
▼ Yes	21.05%	4
▼ No	78.95%	15
TOTAL		19

The survey findings were further supported in interviews, with one parent noting that:

"Cost of a psychologist stops people, [we're] struggling as parents, so then it's very hard."
Parent, Latrobe Valley

Many families have experienced being unable to access child mental health services

When asked if they had ever tried and not been able to access child mental health services/supports for a child aged 0-8, 74% of parents/caregivers responded 'Yes' and 25% 'No', indicating that almost ¾ of responders had experienced not being able to access the care they sought at one time or another. Given the earlier answers that suggested 79% of responders had experience with accessing services, this result indicates that there have been times parents/caregivers have been successful in accessing services, and other times they have not.

Have you ever tried and not been able to access child mental health services/supports for a child aged 0-8?

Answered: 27   Skipped: 42
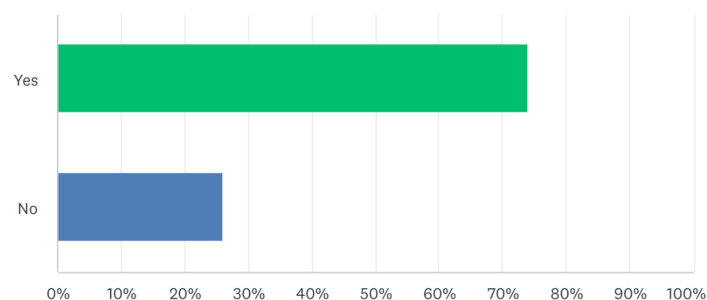
ANSWER CHOICES	RESPONSES	
Yes	74.07%	20
No	25.93%	7
TOTAL		27

Parent/caregiver voices from the survey:

"We began attempting to access services when our child was 5/6, they are now 8 and we still cannot get services. The challenges we are facing are drastically harder now as they do not have the supports. If these services were in place 2 years ago and assessments achieved they would be able to achieve more socially and academically. We are still on wait lists for assessments with no end in sight. They are now over 7 years so we are unable to access NDIS without a diagnosis."

"...My child was on 3 waitlists that were over 12 months long, that was 18 months ago and we never had a call back. Even seeing a paediatrician took over 6 months. Without professional help his anxiety snowballed and turned into school refusal. Even with Medicare rebates and the 10 subsidised sessions, we're still out of pocket hundreds of dollars each

month for appointments and medications. With 4 kids and one income it's very stressful. Long term, regular counselling would probably help my kid a lot, but we can't afford it. The subsidised sessions aren't enough"

"I have been trying to get my child in to see a child psychologist for over a year but everywhere has waitlist. The PS counsellor has to many children to see, so can only see my child once every 3 months. There has to be a better system to help these children. We ended up paying to do a private course available aimed at helping children with anxiety. It really helped my daughter, but she did it twice. 2 eight week courses."

Parents/caregivers have suggestions to improve childrens' mental health services/supports in the Latrobe Valley:

Parent suggestions (from the survey) to improve children's mental health services/supports in the Latrobe Valley include:
- More clinicians/services available (14 respondents)
- Addressing waitlists/timely access (12 respondents)
- More affordable (5 respondents)
- Improving GP/doctor awareness and support of child mental health (3 respondents)
- More promotion of services/available comprehensive information about types of services available and how to access them (3 respondents))
- Awareness campaign to destigmatise/ help parents understand what mental health concerns might look like in small children (2 respondents)
- Provide more information to Kindergarten services and schools about who and how to connect with these types of services
- Provide support for family services that offer families case managers who can support them as they attempt to access mental health care

The need for the systems to be better equipped and resourced was also highlighted by parents in the interviews:

"Need more services : doctors, allied health, all of it." Parent, Latrobe Valley

One interviewed parent, with professional knowledge of the sector, commented that improvement of children's mental health services/supports in the Latrobe Valley needs to consider *"…intercommunication between service providers. Which, as a whole, no one talks to each other ,and it's frustrating. They were once too scared to share information. And we have beautiful schemes in Victoria that allow us to do those things very specifically. So we have the SISS, the child information sharing scheme. Why are we not using that? And then the FISS, the family information sharing scheme? And so for me, that's a frustrating element, because I think if my child's paediatrician said to me, 'I'd really like to be able to chat with his school teacher about recent things', I would be like, 'yes, thank you!' Because my plate is full. I can't put anything on my plate any more, and I think that's also the big thing, is that a lot of the valley is in crisis."*

Alongside the parent/caregiver suggestions above, parents who were interviewed emphasised the importance of being able to access children's mental health services/supports in a centralised place and for spaces to be inviting and welcome children into them:

"Need a one stop shop. Get a worker to walk you through which services will benefit you."
Parent, Latrobe Valley

"Having places that understand and accommodate children while accessing the service."
Parent, Latrobe Valley

"What could help make mental healthcare more accessible, and I think you start touching on about spaces where people feel like their children can just be there" Parent, Latrobe Valley

Parent/caregiver voices from the survey:

"Services available before crisis point"

"Yes more professionals in the area and people who stay we've spent so much time on a waitlist and it's very disheartening and time just goes on."

"More services/shorter waitlists..."

"I would really like to access these services, but don't know where to start. And our local GP does not do mental health plans"

"More and not just young ones just out of Uni who have no practical experience"

Service providers experiences

Service providers are aware of the difficulties parents/caregivers face in being aware of local services

There was a wide spread of responses when service providers were asked their perceptions of parents/caregivers' awareness of local child mental health services in the survey:

- 41.67% of service providers suggested that parents/caregivers have limited awareness of child mental health services/supports
- 33% suggested that parents/caregivers have some awareness of child mental health services/supports
- 16.67% suggested parents/caregivers have no awareness of child mental health services/supports
- Only 8.33% suggested that parents are very aware of child mental health services/supports

Service providers were asked if they had anything else to say about the levels of awareness of services/supports among local parents and acknowledged that other factors impact parental awareness, including how difficult the range of mental health services can be to navigate and the general lack of availability of services. This suggests that while there may be some benefit in focusing on increasing parent/caregiver awareness of local services/supports in the future, this alone is not adequate to increase access to services.

Service provider voices from the survey:

"I only know about services for my own child as I'm already in the industry. It is almost impossible to navigate without prior knowledge or someone to 'shepherd' a parent through the long and tedious process."

"Parents are mostly aware of the long wait list and high cost of mental health services and struggle to access affordable programs for their children."

Accessing services was acknowledged as a challenge by service providers

The survey provided both parents/caregivers and service providers with opportunities to note the perception that there was a general lack of availability of mental health services and this was a strong theme throughout the survey responses. However, the make-up of the survey respondents who identified as 'service providers' meant that when asked the direct question, "Does your organisation have the capacity to meet the current demand for services to support 0-8 year olds?", results were mixed. Only 12 respondents provided an answer to this question with 50% responding ' Yes', 41.66% responding 'No' and 8.33% (1 respondent) giving an 'Other' response that indicated they were working in an education setting with a wellbeing team that was able to meet mental health needs.

These results appear to demonstrate that some of the NGO, NFP and community organisations that identified as 'service providers' for the purposes of this survey, are able to provide support to their current families. It should be noted that these results have not come

from direct responses from large numbers of medical practitioners such as GPs, paediatricians or psychologists and, as such, don't provide reliable measures of the true level of availability of mental health support. They are more a measure of broader community program availability, as can be seen in the breakdown of services provided in the graph below.

What service/support do you provide to children aged 0-8? Select all that apply.

Answered: 13   Skipped: 56
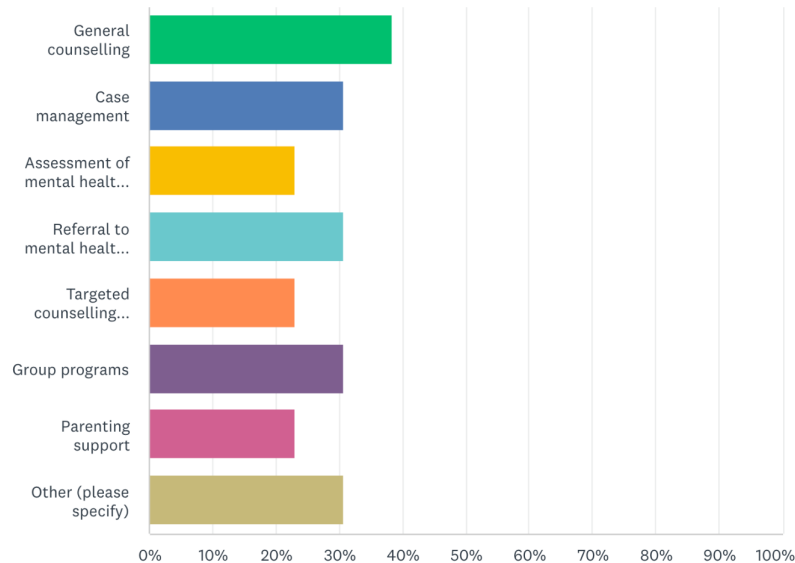
ANSWER CHOICES		RESPONSES	
▼ General counselling		38.46%	5
▼ Case management		30.77%	4
▼ Assessment of mental health issues		23.08%	3
▼ Referral to mental health services		30.77%	4
▼ Targeted counselling (e.g., for specific populations, mental health issues, etc.)		23.08%	3
▼ Group programs		30.77%	4
▼ Parenting support		23.08%	3
▼ Other (please specify)	Responses	30.77%	4
Total Respondents: 13			

Survey results were mixed but those service providers who said they could meet the need, were not clinicians. As further confirmed in interviews, families struggle to access appropriate services:

"The services we have are ineffectively used. If you're being referred in by another service you can get access, but trying to get in yourself…could do better with triage. For the parents who are pretty capable…they do get in. But as far as outreach, the services don't do well." Service provider, Latrobe Valley

Wait lists have been identified as an indicator of the lack of services available for families in the Latrobe Valley

The survey feedback on how long wait lists are was varied, and again the lack of medical professionals responding to the survey should be kept in mind when considering these responses. Providers identified their own waitlists as varying from 1-12 months on the shorter end. One provider had a wait list longer than 18 months and another reported having a closed waitlist and the understanding that closed waitlists were common for private practices in the area:

Service Provider voices from the survey:

"Wait list is currently closed- like all private practice in LCC"

When asked what specific mental health services/supports for children aged 0-8 the community needs more of service providers focused on themes including:
- Assessment
- Case management and navigation support
- Access to affordable mental health support, counselling and psychologists, trauma support; and
- The need for face to face services (not just telehealth) for family therapeutic services.

Service Provider voices from the survey:

"Affordable paediatric Mental health support through LCH, which is no longer available."

"Play therapy."

"Access to psychologists. Access to counselling."

"Trauma counselling Infant Mental Health."

"Complex mental health - assessment for things like ASD ADHD etc."

"General services and Crisis response counselling and therapeutic case management to assist navigate the MH system."

"Mental Health, behavioural and trauma assessments Family therapeutic services."

"Trauma response - behavioural assessment Waiting lists are to long - telehealth is good but does not support family work enough."

"education and access."

Access to online supports or services via zoom is a solution offered to combat the challenge of waitlists and difficulty accessing face to face support locally in the Latrobe Valley, however the consultation workshop acknowledged that it is not a viable option for many who may not have internet access at home or who do not have appropriate technology. It also relies on a level of digital literacy that people may not have.

A parent commented further in an interview, saying:

"GPs in the area are trying to outsource residents from the Latrobe region to telehealth online appointments…I find zoom appointments really impersonal sometimes. [And], for a child, I don't know how you would work with a 0 to 8 year old on a zoom call if you were dealing with a mental health crisis or trying to implement strategies." Parent, Latrobe Valley

Service providers identified several cohorts of local children who are missing out on services/supports in the Latrobe Valley

When asked if they thought there was a cohort of local children who were missing out on services/supports in the Latrobe Valley, the service providers surveyed identified:

- Those who are not from well resourced families
- Those who don't qualify for NDIS
- Those waiting to get diagnosis that delays getting access to support.
- Those on long wait lists
- Those who are not attending early childhood education
- Those who have more significant mental health concerns and can not access affordable and/or ongoing services.

Interviews with service providers not only confirmed this, but further expanded on the fact there is service unavailability to particular cohorts of children. This is often due to criteria set by the system more broadly, which excludes them from eligibility to access the services, with one service provider giving the following example:

"A lot of children who have experienced family violence. The system's eligibility criteria cannot access services until they are stable. Some of these families may never be stable." Service provider, Latrobe Valley

Service Provider voices from the survey:

"Lower socio-economic groups wait horrendous amounts of time to see clinicians for psychology or even thorough diagnosis."

"Those on long wait lists but have experienced trauma or situational challenges that need support."

"Those who are not attending early childhood education or private primary schools that hinder services attending their schools."

Even for those service providers engaging with families, one service provider offered the following insight in their interview into why some children may miss out on services:

"Long waiting lists for everything, whether it's a paediatrician or a counsellor, or more holistic services like Kids Connect. It concerns me too that there's not a big range of things. I feel like there's not enough of a range of programs. Or if there are, they're not sort of in your face as a worker. It feels fairly limited, what's out there." Service provider, Latrobe Valley

Services that are engaging with children aged 0-8 are involving parents/families in the care of their children

Service providers are routinely engaging with families as part of their work in supporting the mental health of 0-8 year olds. 100% of service providers who responded to the survey question about whether they engaged with chidrens' parents/caregivers/families as part of their work supporting 0-8 year olds confirmed that they do indeed engage the parents/caregivers as part of their support of the child. The level of involvement from the parents/caregivers varied, but there was overwhelming evidence of child and family focussed care models being used.

Some service providers are concerned that families may not be able to attend their service frequently and for as long as they need

When asked if families can attend their services frequently and for as long as they need, 45% of service providers responding to the survey said yes and 55% said no. Waitlists, cost to families, limited program time and staff availability were raised by responders, who offered longer comments outlining the reasons families might not be able to access the amount of care they need.

Service providers have suggestions to improve childrens' mental health service provision in the Latrobe Valley, but identified that without increasing the number of local practitioners, all other efforts would fail to fully address the problem:

When asked an open ended survey question about whether there is anything that could improve children's mental health services/supports in the Latrobe Valley, service providers identified the need for:
- More practitioners and more services for children
- A specialist service (such as a hub)
- More support for parents with their own mental health and educating/promoting services to parents
- A focus on supporting all children

Interviews highlighted a need for connection between services:

"There's a lack of continuum of services. To understand a pathway - can wait up to 4 - 6 months to get a child assessed. Parents are often left asking why. It can be very difficult to make sense developmentally what's going on for the child. Not enough early years focus on what's causing the distress. Another untapped resource in the continuum of services." Service provider, Latrobe Valley

"There should be a collaboration on systems that support children. There has to be a children's triaging process that's psycho-social." Service provider, Latrobe Valley

Service Provider voices from the survey:

"Improved recruitment of workers into the area, to decrease waitlists."

"Having a service in the community again that purely supports children's mental health. Ours at the hospital was closed down with promise of a new Hub being built. LCC were not one of the communities to receive one in the roll out. Absurd given the statistics on poverty and abuse in this LGA."

"More child specific psychologists, play therapists and small group therapeutic opportunities. support for parents (upskilling / Own mental health support alongside supporting child)."

"Educating parents on how to access. More services."

"more practitioners!"

"Free promotional opportunities for services and programs to engage parents to educate re MH services and the benefits to their child, family and community."

"Strengthen the network for all children and scope out the opportunity to collaborate and develop the strategies to improve outcomes from 0-8 Build a foundation to offer a Good Start for our kids."

When service providers were asked how children's mental health could be better supported generally in the Latrobe Valley, they again focussed on:

- The top priority of increasing the availability of practitioners (and that without this, there are limits to the extent other improvements below are able succeed)
- More affordable care through increased rebates and increased numbers of sessions available
- Leveraging schools and early learning services as sites to distribute support for children
- More parent support groups and education programs (in varied formats)

The idea of a centralised, family friendly location for children's mental health services was frequently identified in interviews as a way to better support children's mental health in the Latrobe Valley:

"To always go to where the people are. So I think wherever parents gather and children, I think those, libraries would be a great idea…that could be a more intentional kind of thing. How do we support positive mental health before it gets challenging or little ones are suffering? I don't know if there's any kind of scope for gathering people around a kinder somehow. I know people love gathering around kinder." Service provider, Latrobe Valley

"Going into a clinical setting is frightening in itself. Having to talk…to a complete stranger. Think about the environment where we have services delivered. Making it feel like a safe and therapeutic environment. And I think about the engagement process. Until you build trust and rapport with that child you aren't going to be able to get therapeutic outcomes. Importance of the environment and importance of engagement as first steps in making a child feel safe." Service provider, Latrobe Valley

The importance of supporting parents/caregivers to better support children was also raised in the interviews:

"There needs to be consideration in this age group for the parents of children and their mental health. I think we always need to help those caring for them." Service provider, Latrobe Valley

Service Provider voices from the survey:

"Without the availability of practitioners there is only so much that can be done"

"Supporting schools to provide for children's fundamental needs/rights. Food, clothes, safety, connection Start by ensuring the innumerable impoverished children in this area have their basic needs met. Send an army of Welfare Officers and Wellbeing animals into the daycares/kinders/ schools. Support assistance animals and nature based programs to help children regulate enough to learn."

"Bigger rebate to access services and more rebates sessions to ensure the support has longer term opportunities for sustainable change."

"more affordable services"

"Increased access to mental health plans and affordability"

"more funding, parent support groups, parent educational programs but via a number of platforms eg zoom, webinar, in person, evening and day delivery"

Families and service providers discuss barriers

Service providers responding to the survey list the top four barriers to accessing services/supports that families face as:

1. Waitlists (100% of respondents identified this as a barrier)
2. Cost (91.67% of respondents identified this as a barrier)
3. Transport (83.33% of respondents identified this as a barrier)
4. Services not available (75% of respondents identified this as a barrier)
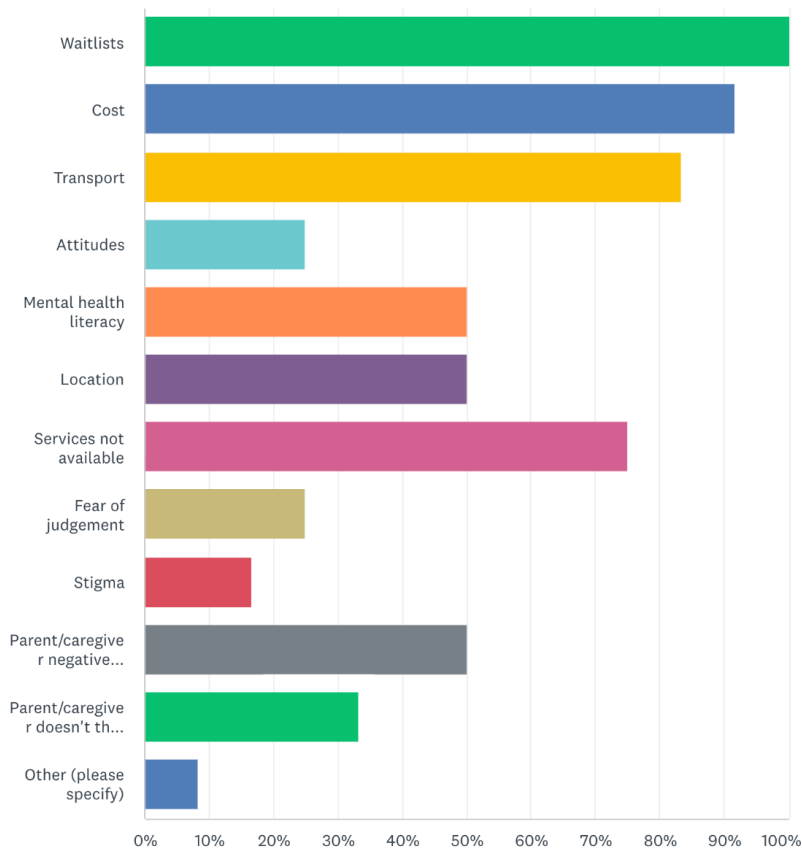
ANSWER CHOICES		RESPONSES	
▼	Waitlists	100.00%	12
▼	Cost	91.67%	11
▼	Transport	83.33%	10
▼	Attitudes	25.00%	3
▼	Mental health literacy	50.00%	6
▼	Location	50.00%	6
▼	Services not available	75.00%	9
▼	Fear of judgement	25.00%	3
▼	Stigma	16.67%	2
▼	Parent/caregiver negative experiences with mental health services in the past	50.00%	6
▼	Parent/caregiver doesn't think it will help	33.33%	4
▼	Other (please specify) Responses	8.33%	1

Interviews with service providers further support the survey findings:

"Waitlist for a paediatrician is 12 months at the moment. That process is really hard. Eligibility changes by changing circumstances eg. out of home care - by the time a service becomes available. Waitlists even with allied health. Some of their books are closed. Two or three years before a child might see a speech pathologist." Service provider, Latrobe Valley

"One of the biggest barriers is the cost. And it's not until a child hits crisis point to go through that stream rather than being able to get it early. Already had a negative experience. Cost and there are services and the variety of services…if things don't work with a certain person there's not really a chance to go see someone else." Service provider, Latrobe Valley

*"The other challenge, particularly for parents on low income, is they have to leave work, pick up the child from daycare, take them to appointments, take child back to childcare, then go back to work."* Service provider, Latrobe valley

Fear of judgement was also seen as a barrier in the interviews:

"Judgement that comes even from the public - even in the waiting rooms." Service provider, Latrobe Valley

Parents/caregivers who responded to the survey list the top four barriers to accessing services/support they face as:
1. Waitlists (96% of respondents identified this as a barrier)
2. Cost (72% of respondents identified this as a barrier)
3. Services not available (64% of respondents identified this as a barrier)
4. Location (28% of respondents identified this as a barrier)
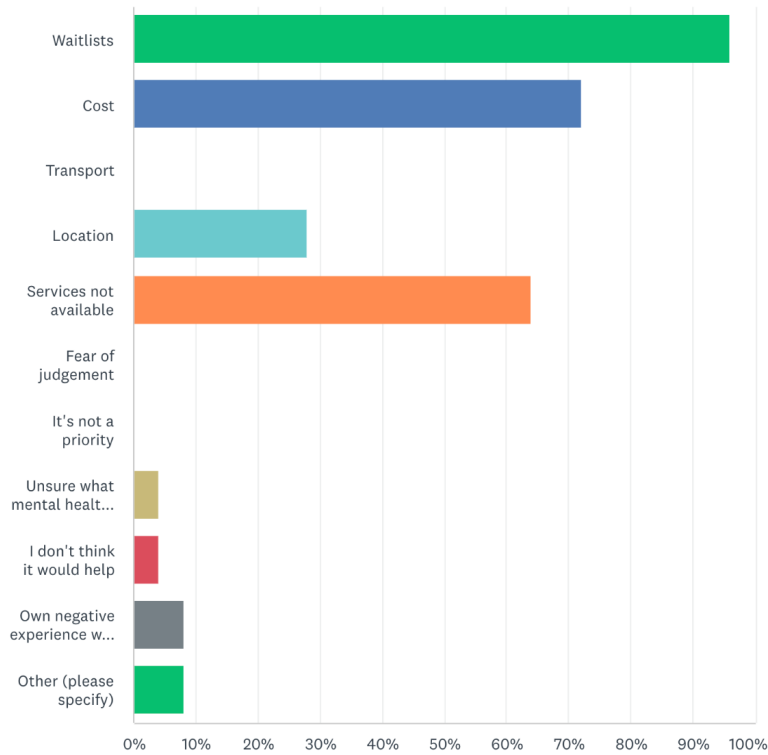
ANSWER CHOICES		RESPONSES	
▼ Waitlists		96.00%	24
▼ Cost		72.00%	18
▼ Transport		0.00%	0
▼ Location		28.00%	7
▼ Services not available		64.00%	16
▼ Fear of judgement		0.00%	0
▼ It's not a priority		0.00%	0
▼ Unsure what mental health means		4.00%	1
▼ I don't think it would help		4.00%	1
▼ Own negative experience with mental health services		8.00%	2
▼ Other (please specify)	Responses	8.00%	2

RESPONSES (2)   WORD CLOUD   TAGS (0)   🔒 Sentiments: OFF ⬤

While there is strong agreement between the two groups about the key barriers to accessing care, it is interesting to note the complexity of the findings in regards to transport. The survey showed two different perspectives on this issue, with service providers ranking it as a far more significant issue than the parents/caregivers who responded to the survey (0 responding parents/caregivers identified transport as an issue for them).

When considering the other data sources, specifically the interviews with parents/caregivers, the data provided a different perspective on the importance of transport as a barrier to accessing care. Interviews with parents/caregivers ranked transport as a significant barrier to accessing care.

One possible explanation for this variation in parent response could be that the survey attracted a subset of local parents who were highly engaged in the mental health system already and were not experiencing transport challenges to the same extent as the more general population. It is possible that the interviewees represented a more general group of parents/caregivers who were engaged in community supports and who might have provided a more generally representative perspective of parents/caregivers in the local community.

Overall, the data suggests that transport and the location of services is indeed a barrier to families accessing care, but perhaps the extent to which this barrier is significant varies between families based on their broader situation.

Service providers mentioned in their interview that:

"We have a lot of families who want to [access the services] but trying to get several little people on a bus is just too hard." Service provider, Latrobe Valley

"There's a lot of barriers for people getting their children to services. Whenever services can come to a child, that is the most helpful." Service provider, Latrobe Valley

"Services need to come to families. Families going to them is a barrier in itself." Service provider, Latrobe Valley

One final barrier that was raised by parents in the interviews was that some parents and caregivers did seek support or care, however they felt they weren't taken seriously or that their concerns about their child were dismissed and the attention refocused on them as a caregiver:

"Get made to feel that you're the issue." Parent, Latrobe Valley

"I used to take [my son] to the Royal Children's before his first birthday, and I was like, something is wrong with my child…and a lot of the times it was put back on me, and how I was feeling. So it was all about, oh, okay, so you have postnatal anxiety, or are you sad? Or things like that. And trying to get a doctor to sort of redirect the attention to the child was really difficult." Parent, Latrobe Valley

Barriers to accessing existing services

The following major factors have been identified through project data as the top barriers to children aged 0-8 accessing mental health services/supports in the Latrobe Valley:

- Wait lists
- Cost
- Services not available
- Transport/ location

The barriers are multi-layered, as succinctly summarised by a parent:

"Kids are not functioning because the parents aren't okay and the kids aren't okay. So where does the responsibility lie when you have a parent who has no capacity to recognize what's going on for their child? And then you've got a…Council area that has no support. So even if they wanted it, they can't get it. Yeah. And [parents] are being told to do Zoom. Come on." Parent, Latrobe Valley

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Underlying Issues

Summary of system issues:
- The system is complex and requires extraordinary advocacy and navigation to attempt to access services for a child
- Lack of availability of services - and associated waitlists
- Families not supported at all while on waitlists (unless a third party is supporting)
- Barriers to access (cost, transport etc)
- Services not designed to meet the needs of those accessing care (including specific hurdles such as diagnosis, classifications, qualifying for funding etc)
- Online support offered in lieu of face to face services/supports assumes families have online access (internet, device etc) and that such support is appropriate for children in this age group
- Lack of educational and preventative programs or services focused on making positive mental health a normal part of child and family development activity
- Inconsistent funding and scaling of innovative models to meet needs of whole community

Children's Mental Wellbeing Services in the Latrobe Valley - GAP IDENTIFICATION

Pre-access
Before families think about accessing services, they need to know what children's mental wellbeing looks like and how to discuss it.

Mental Health Literacy.

Formal support – engagement and knowledge.

Informal support – engagement and knowledge.

Gap 1
Limited prevention initiatives.

Gap 2
Limited early conversations or knowledge.

Access
For families to access services they need to know where and what there is available. Then they to be able to navigate access to services.

Service knowledge – where and what services there are.

Service availability - existing services meet needs.

Accessibility – navigating access to services.

Gap 3
Families don't know what and where services are.

Gap 4
There aren't enough services.

Gap 5
Services are difficult to navigate and access.

Post Access
Once families have access to a service, how will their ongoing care be co-ordinated, and outcomes be measured.

Needs based support – regular, flexible, and ongoing care.

Outcome measures – goal driven outcomes for families.

Collaborative decision making.

Gap 6
Care is restrictive and inadequate.

Gap 7
We don't know if family's needs are being met.

Gap 8
Families don't feel informed about their choices.

Oversight
Ensure that the system is accountable, continues to improve, and rooted in evidence-based practice.

Model Evaluation – goal driven outcomes for services.

Evidence based practice.

Ongoing program and model support.

Gap 9
We don't know if strategies are successful.

Gap 10
Evidence based practice is not being promoted.

Gap 11
Initiatives receive inconsistent funding.

Part 2: Considering future directions

Possible alternate models of care

Throughout the collection of project data, a parallel process of considering alternate models of care was undertaken. These alternative models were looked upon as ways to improve the provision of child mental health services for children aged 0-8 in the Latrobe Valley and, as such, a range of approaches and initiatives were included. Research was conducted to identify global and national best practice, with a focus on whole of system models and a local search (using project data) was undertaken to identify programs, partial models, initiatives and ideas that had already been instigated in the Latrobe Valley or surrounding areas and have promise for further development or scaling locally.

This research informed the development of the following two lists. The first is a collection of work that was raised in project data as promising or successful locally, but not yet operating across the whole community (as a universal model).

Local programs, models or approaches that have promise:

- Supported Playgroups Mental Health Program (currently discontinued)
- Nurses in schools program
- Our Place - community hubs co-located in schools
- Other case management services or 'front door models' for targeted populations (Berry Street, 54 Reasons, Orange Door etc)
- Best Start Partnerships
- Kids Connect

The second list captures trends in global and national approaches to addressing similar challenges to those that the project data has identified in the Latrobe Valley. Unlike the first list that offers programmatic and cohort focused approaches, this list focuses on holistic models of care and policies that seek to restructure whole systems for whole communities.

Global best practice in Integrated Care Models for Children:

- Child and Youth Healthcare service (CYH) (Netherlands)
- Community Infant Child and Adolescent Mental Health Services (ICAMHS): A model of care (Australia - Western Australia) Implemented Head to Heath Kids National Service Model
- Getting it Right for Every Child (GIRFEC) (Scotland)
- Head to Health Kids National Service Model & The National Children's Mental Health and Wellbeing Strategy (Aust – National)
- Let's Talk About Children Service Model (LT-SM) (Finland-local)
- Solar – Brightening Young Futures (UK – local)
- THRIVE Framework for System Change (UK)

Each of these models of care is described individually in the snapshots below. The overall lessons from this global and national evidence base is that the following elements are considered beneficial themes for meeting the mental health needs of children and their families:

Main lessons from all models:

- Central hub
- Multi-disciplinary team (in house and collaborative)
- Prevention and health promotion
- Spectrum of needs-based care – more away from tiers and diagnostic language
- Tailored support for families based on holistic and ongoing care
- Promotion of evidence-based practice in hubs and community
- Engage community and parents

Model Snapshots:

Child and Youth Healthcare service (CYH) (Netherlands)

The CYH offers (anticipatory) information, immunisation, and screening, identifying care needs and providing preventive support to children and their families from birth up to the age of 18 years. The CYH is offered free of charge and offers basic preventive care to all children and special preventive care to children who grow up in disadvantaged situations, such as children growing up in poverty or in a family where one of the members has a chronic health condition. Basic care is supported by 35 evidence-based guidelines and validated screening tools, special care is supported by effective interventions, based on three principles:

1. Follows the biopsychosocial-ecological model
2. In order to adequately assess care needs, it is crucial that children and their parents are actively engaged in the assessment and decision-making process
3. In making decisions about the care to be delivered, professionals share the best available evidence with children and their parents and support them in considering options and achieving informed preferences (shared decision-making).

Strengths

- Preventative holistic health care
- Offers specialised preventative service to children in specialised groups
- One-on-one tailored consultation with a CYH consultation (minimum 15 consultations)
- Based on evidence-based principles

Limitations

- Not an intervention, preventative measures only
- Health care model (not specific to mental health, but inclusive of it)

Vanneste, Y. T. M., Lanting, C. I., & Detmar, S. B. (2022). The Preventive Child and Youth Healthcare Service in the Netherlands: The State of the Art and Challenges Ahead. International journal of environmental research and public health, 19(14), 8736. https://doi.org/10.3390/ijerph19148736

Community Infant Child and Adolescent Mental Health Services (ICAMHS): A Model of Care. (Aus-WA) – Implemented Head to Health Kids National Service Model (see below)

Community ICAMHS acts as a single point of entry to support children, families, and carers to maximise access, equity and continuity of care. Regions have at least one central 'hub' to lead the provision of mental health supports and to be a single point of entry for all children, families, and carers. Each hub will coordinate across a small number of local clinics ('spokes') that can deliver care close to home. Community ICAMHS will provide comprehensive, community based mental health support, including assertive outreach, assessment, treatment, psychotherapy, psychoeducation, case work, and other support for children, their families, and carers. This includes providing care through home visits and in reach to other services. Community ICAMHS will have increased capacity to support children with complex needs by embedding specialised capabilities within all 'hubs', with options for state-wide specialised services to provide advice, support, or care in acute or highly complex cases, so that children can 'step up or down' based on the intensity of their needs. The care will be underpinned by a continuous, flexible, and recovery-oriented approach that would see children remain in the care of Community ICAMHS throughout their childhood, as long as is necessary.

Strengths

- Central "front door" for families for all child mental health
- Continuity of care for families
- Hubs and spokes model allows for support across region
- Capacity building for local organisations
- A stable, supportive environment that supports recruitment and retention of staff

Government of Western Australia. (2022) Community Infant Child and Adolescent Mental Health Services (ICAMHS): A Model of Care. Retrieved from
https://www.mhc.wa.gov.au/media/4708/community-icamhs-model-of-care.pdf

Getting It Right for Every Child (Scotland)

Getting It Right for Every Child (GIRFEC) is a children's policy framework to improve children's wellbeing via early intervention, universal service provision, and multiagency coordination across organisational boundaries. Placing the child and family "at the centre," this approach marks a shift from welfare to wellbeing. Each child has a "named person" that they have as a main contact for wellbeing from birth to 17. They can then be assigned a "Lead Professional" should the child have more complex needs.

Strengths

- Named person provides a person of contact for families. Lead professional to coordinate care for children with more complex needs
- Ongoing care that is goal and outcomes driven (not session driven)
- Holistic understanding of person's health

Coles, E., Cheyne, H., Rankin, J., & Daniel, B. (2016). Getting It Right for Every Child: A National Policy Framework to Promote Children's Well-being in Scotland, United Kingdom: Getting It Right for Every Child. The Milbank quarterly, 94(2), 334-365. https://doi.org/10.1111/1468-0009.12195

Head to Health Kids National Service Model & The National Children's Mental Health and Wellbeing Strategy (Aust – National)

Current model to be implanted nationally ($54.2 million) as a network of Head to Health Kids Hubs (Hubs) for children aged 0-12 years. The Hubs will aim to:

- Provide comprehensive, multidisciplinary care which supports children and their families
- Improve early intervention outcomes for children's mental health and wellbeing
- Complement and enhance existing services provided to children and their families.

As a result, jurisdictional and regional planning of each Hub may require a review of the current service system from the lens of the continuum model. This is to identify opportunities for integration with the local services and address gaps, with the aim of intervening early on the continuum.

Strengths

- Single pathway – 'hubs' have multi-disciplinary services integrated with existing community service
- Currently being rolled out (see ICAMHS)
- Evidence-informed best practice and continuous quality evaluation
- Needs based – does not rely on diagnosis

Department of Health and Aged Care. (2022). Head to Health Kids National Service Model. Retrieved from https://www.health.gov.au/resources/publications/head-to-health-kids-national-service-model?language=en

This model has been informed by the:

National Mental Health Commission. (2021). National Children's Mental Health and Wellbeing Strategy. Retrieved from https://www.health.gov.au/resources/publications/head-to-health-kids-national-service-model?language=en

Let's Talk About Children Service Model (LT-SM) (Finland-local)

The "Let's Talk about Children Service Model (LT-SM)" is a community-based model for promoting child and family well-being and resilience and preventing family and child dysfunction. It is aimed to overcome the fragmentation of services and lack of common goals, which have been major obstacles for integrated approaches in health, social, and educational services. The core of LT-SM is supporting children in their everyday life at home, kindergarten, school, and leisure environments (children's developmental contexts). Parental and family problems interfere with everyday routines and interactions with a risk of compromising the child's well-being and development. In LT-SM, health and social services, as well as kindergartens, schools, and available non-governmental organisations, commit to a shared goal: to support, in collaboration with others, children's everyday life in all developmental contexts and to build the corresponding service structure.

Strengths

- Encourages community and professional collaboration
- Universal incorporation of program in schools and pre-schools
- Includes family and teachers in preventative program (children participate, dependent on age)
- Highly individual – LT-discussion with parents to identify strengths and support limitations in the child's everyday life
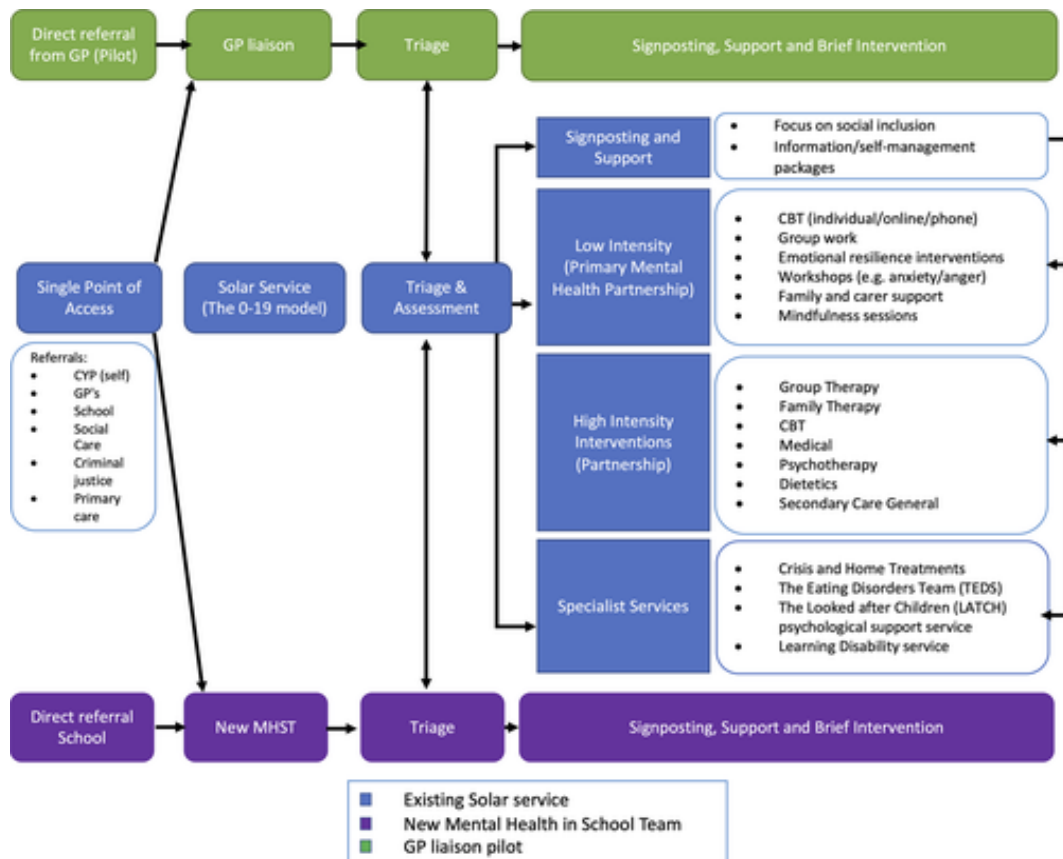
Limitations

- Implemented in different country (Finland)
- Requires training of staff in LT-SM and LT interventions
- Must have collaborative support from the entire community (including schools, kindergartens, sports, governance, etc.)

Niemelä, M., Kallunki, H., Jokinen, J., Räsänen, S., Ala-Aho, B., Hakko, H., ... & Solantaus, T. (2019). Collective impact on prevention: let's talk about children service model and decrease in referrals to child protection services. Frontiers in Psychiatry, 64. https://doi.org/10.3389/fpsyt.2019.00064

Solar – Brightening Young Futures (UK – local)

The Solar service can be best described as an emotional and wellbeing mental health service with a multi-disciplinary approach towards assessment and treatment of children and young people who are affected by a range of presentations of mental health difficulties. The model is fully oriented towards providing early intervention in emerging mental health for children and young people in the least restrictive and community-based environment. This model demonstrates a national framework implemented with local organisations, and is co-designed with young people.

Strengths

- Assessment of needs completed within service
- Has both crisis and prevention strategies
- No tiers service
- Easier to implement within systems

Limitations

- Not an integrated care model – more of an integrated health service

Vusio, F., Thompson, A., Laughton, L., & Birchwood, M. (2021). After the storm, Solar comes out: A new service model for children and adolescent mental health. Early Interv Psychiatry, 15(3), 731-738. https://doi.org/10.1111/eip.13009

THRIVE Framework for System Change (UK)

This framework sees a replacement of the tiered model with a conceptualisation of a whole system approach that addresses the key issues and is aligned to emerging thinking on payment systems, quality improvement and performance management. The framework outlines groups of children and young people, and the sort of support they may need, and tries to draw a clearer distinction between treatment on the one hand, and support on the other. It focuses on a wish to build on individual and community strengths wherever possible, and to ensure children, young people and families are active decision makers in the process of choosing the right approach. Rather than an escalator model of increasing severity or complexity, this framework seeks to identify somewhat resource-homogenous groups (it is appreciated that there will be large variations in need within each group) who share a conceptual framework as to their current needs and choices.
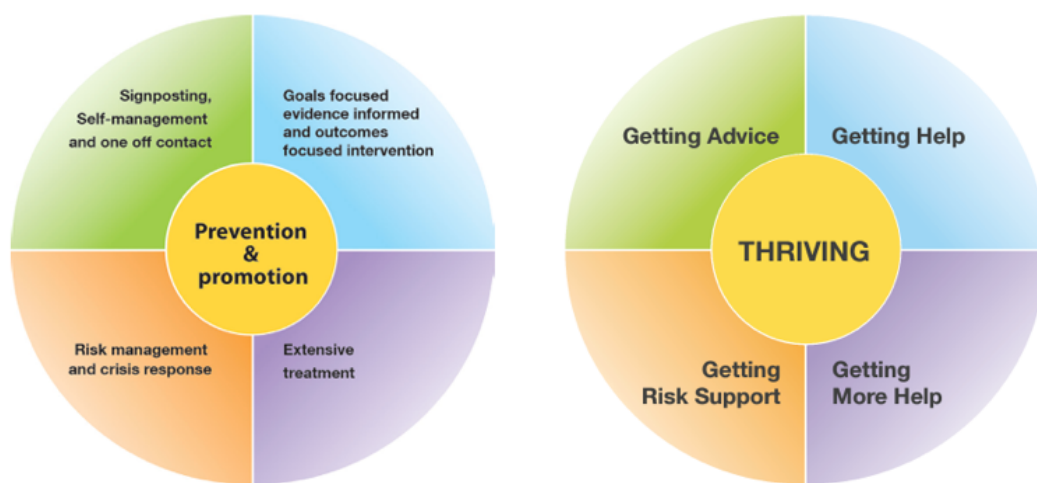

Figure 2:
THRIVE framework

Strengths

- Incorporates prevention and promotion of wellbeing (Thriving)
- Needs-led-approach based on meeting need, not diagnosis or severity
- Voice of children, young people and families is central. Shared decision-making processes are core to the selection of the needs-based groupings for a given child or young person
- Effective cross-sector working, with shared responsibility, accountability, and mutual respect based on the five needs-based groupings

Limitations

- Potentially resource heavy (training needed)
- Difficulty with cross-sector collaboration noted

Farr, J., Moore, A., Bruffell, H., Hayes, J., Rae, J. P., & Cooper, M. (2021). The impact of a needs‑based model of care on accessibility and quality of care within children's mental health services: A qualitative investigation of the UK i‑THRIVE Programme. Child Care Health Dev, 47(4), 442-450. https://doi.org/10.1111/cch.12855

Local criteria for improved child mental health services

The information, research and lessons discussed above are useful in providing possible future directions for improving child mental health in the Latrobe Valley. However, it is essential to consider any global or national models in light of the complexity of the local context that makes up the Latrobe Valley.

Care was taken throughout the project not to consider 'dropping in' models of care that have been developed elsewhere without priority being given to the consideration of the local findings regarding barriers, issues and gaps that are impacting the local context.

This need for local contextualisation and local adaptation of design is currently acknowledged in Australian national attempts to address shortfalls in the mental health systems (both for adults and children and young people). Initiatives that have come from recent Royal Commissions, mental health policies and strategies including the National Children's Mental Health and Wellbeing Strategy and the related Head to Health Kids Hubs, demonstrate significant flexibility in the way local implementation can be approached.

To support the consideration of local adaptation of any possible alternative models of care, the project captured key feedback from local stakeholders about what would need to be included in any future children's mental health models in the Latrobe Valley. This feedback provides what can be essentially relied upon as local criteria to support any and all future decision making.

Considering how a hub model could work in the Latrobe Valley

General

Any alternative models, programs or approaches (hubs or otherwise) should align with the following:

1. **The primary need identified in the Latrobe Valley is for an increase in mental health service provision (services for children aged 0-8 and their families).** Any consideration of alternate models of care needs to primarily address the need for more clinicians and for these services to be available, accessible and affordable for all families in the Latrobe Valley. Regardless of the benefits of any other strategies noted below, this remains an essential element of any attempts to improve outcomes in the community

2. **There is an appetite for more preventative, educational and proactive programming that supports families to learn about what mental health looks like in this age group,** including what they can do to support positive wellbeing for their children and how to access care if and when it is needed. There are many local options for the placement of such programming/support and the following options are notes as being positive places that children and families enjoy going and may support the normalising of families' discussions about what positive wellbeing looks like for their family in non-clinical settings:

- Playgroups
- Playgrounds and other safe outdoor spaces
- Libraries
- Sporting clubs

3. **Any solutions should leverage education sites (schools, early learning services and other relevant sites such as school-community hubs) as possible sites for the co-location of mental health services and supports for children and their families.** When considering these sites the following observations are offered:
    - These sites are where parents, families and children already are (and some school sites that have hubs are already engaging with children and families of under 5s).
    - Significant development of the community school hub model (Our Place) has already happened locally and any future developments should align with this work and enhance it rather than risking duplication
    - Any consideration of the benefits of education sites should be careful to be clear about the possibility of **co-locating services on education sites, NOT that the delivery of mental health services would become the responsibility of educators or education organisations**. School and early learning services already carry a heavy load in providing care, management and support for children and families who need mental health services/supports due to the gaps in provision of services within the mental health system. While there is a well acknowledged role for educators to play in the observation and identification of children needing further support, any suggestion of leveraging school sites in this project is about possible co-location of services and supports - not about use of an education workforce (a workforce that is already acknowledged to be beyond capacity)
    - Not all children would be served by such a model unless care was taken to include those children who are not attending early childhood education, not connected to local school hubs or any other educational settings. To do this, the wide range of community services and programs for children should be included such as playgroups, neighbourhood houses, family programs and programs for children in out of home care etc

4. **Alongside an accepted need for services, models and approaches to be child and family focussed, models also need to be relationship centred.** To support the development of trust in mental health services/supports across the community of the Latrobe Valley, there is a need to develop relationship based models that are responsive to community need, build on families' strengths and respect families' care and concern for their children's wellbeing

Head to Health Kids Hub Model

The following advice is given to support any future consideration of the development of a Head to Health Kids Hub inspired model. For a hub model to work in the Latrobe Valley, it should:

1. Offer one central hub at a site in the Latrobe Valley and include outreach (or spoke) elements of the hub service provision located in many schools and early learning services (see general advice above re not being delivered by schools but just located in/near them) building on the Our Place model already operating in some local schools.
2. Consider the child protection system and how this would engage with or align with the hub model for local children.
3. Address the known challenges for families travelling across multiple sites in the latrobe valley. Transport and accessibility need to be addressed.
4. Consider how family violence services would engage with or align with the hub model to support local children and their families.
5. Consider how drug and alcohol services would connect with the hub to support local children and families.
6. Begin with secure and ongoing funding and address the lack of local trust in funding for such initiatives. Ongoing funding would be needed from the start to even begin to develop trust from the community.
7. Consider staffing and workforce as key aspects of the development of the hub. This is particularly important due to the lack of local services and ongoing workforce challenges.

Can a hub model address identified gaps and provide a positive mental health journey for Latrobe Valley children and families?

The hub model stems from both global and national research and from the testimony of Australian families in recent Royal Commissions. It also aligns with many of the local findings from this project and as such, appears to offer a model to address many of the identified gaps in the provision of mental health services/supports for children aged 0-8 in the Latrobe Valley.
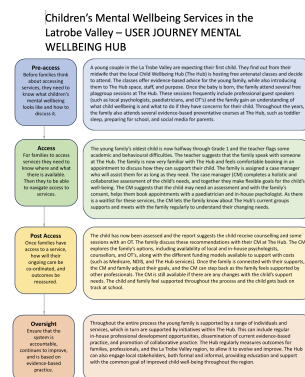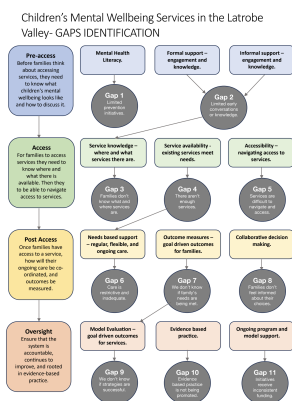
The User Journey outlined on the following page describes how the hub model could address the identified gaps and how this might be experienced by local families and children.

User Journey - Mental Wellbeing Hub

Pre-access

Before families think about accessing services, they need to know what children's mental wellbeing looks like and how to discuss it.

A young couple in the La Trobe Valley are expecting their first child. They find out from their midwife that the local Child Wellbeing Hub (The Hub) is hosting free antenatal classes and decide to attend. The classes offer evidence-based advice for the young family, while also introducing them to The Hub space, staff, and purpose. Once the baby is born, the family attend several free playgroup sessions at The Hub. These sessions frequently include professional guest speakers (such as local psychologists, paediatricians, and OT's) and the family gain an understanding of what child wellbeing is and what to do if they have concerns for their child. Throughout the years, the family also attends several evidence-based preventative courses at The Hub, such as toddler sleep, preparing for school, and social media for parents.

Access

For families to access services they need to know where and what there is available. Then they to be able to navigate access to services.

The young family's oldest child is now halfway through Grade 1 and the teacher flags some academic and behavioural difficulties. The teacher suggests that the family speak with someone at The Hub. The family is now very familiar with The Hub and feels comfortable booking in an appointment to discuss how they can support their child. The family is assigned a case manager who will assist them for as long as they need. The case manager (CM) completes a holistic and collaborative assessment of the child's needs, and together they make flexible goals for the child's well-being. The CM suggests that the child may need an assessment and with the family's consent, helps them book appointments with a paediatrician and in-house psychologist. As there is a waitlist for these services, the CM lets the family know about The Hub's current groups supports and meets with the family regularly to understand their changing needs.

Post Access

Once families have access to a service, how will their ongoing care be co-ordinated, and outcomes be measured.

The child has now been assessed and the report suggests the child receive counselling and some sessions with an OT. The family discuss these recommendations with their CM at The Hub. The CM explores the family's options, including availability of local and in-house psychologists, counsellors, and OT's, along with the different funding models available to support with costs (such as Medicare, NDIS, and The Hub services). Once the family is connected with their supports, the CM and family adjust their goals, and the CM can step back as the family feels supported by other professionals. The CM is still available if there are any changes with the child's support needs. The child and family feel supported throughout the process and the child gets back on track at school.

Oversight

Ensure that the system is accountable, continues to improve, and is based on evidence-based practice.

Throughout the entire process the young family is supported by a range of individuals and services, which in turn are supported by initiatives within The Hub. This can include regular in-house professional development opportunities, dissemination of current evidence-based practice, and promotion of collaborative practice. The Hub regularly measures outcomes for families, professionals, and the La Trobe Valley region, to allow it to evolve and improve. The Hub can also engage local stakeholders, both formal and informal, providing education and support with the common goal of improved child well-being throughout the region.

Recommendations

The recommendations below follow four themes drawn from the overall project findings:
- Education, prevention and early intervention
- System navigation and case management
- Increasing supply of mental health care
- Child and family focussed care

Three horizons have been used to provide a timeline for action:
- Short term - next 12 months
- Medium - 12 months - 3 years
- Long term - 3 years and beyond

Short term:

Education, prevention and early intervention
- Secure longer term funding for nurses in schools initiatives
- Commence investigation into restarting and refunding Supported Playgroups Mental Health Program (LHA liaison with LRH as starting point). See notes on this program below
- Conduct further investigation into schools current practice in mental health support
- Continue to develop relationship with Department of Education and Latrobe City Council to align plans with Best Start partnerships and initiatives

System navigation and case management
- Investigate potential funding support for local programs offering system navigation support and case management
- Continue to liaise with Our Place to canvass scope for further roll out across other schools in the Latrobe Valley (as part of research for long term plans outlined below)

Increasing supply of mental health care
- Canvass project findings with Assembly Members noting the lack of direct engagement with clinicians and consider ways to engage with clinicians and other key system stakeholders as part of future work
- Undertake further investigation into options for workforce development, including a focussed investigation of general practitioner, paediatrician and psychologist experiences and observations of mental health support for children in the Latrobe Valley and system wide exploration of how more professionals in this field can be attached to the region. (Note: It is recommended that no further engagement with families is suggested until the medical profession is further engaged due to families currently feeling over consulted and under delivered)
- Consider the feasibility of offering a workshop on triaging waitlists for service providers. A CEO of a local service provider who was interviewed for the project recounted having changed the way the organisation undertook triaging and approached their waitlist, resulting in significant reductions in the length of the list

With further investigation and liaison with the organisation (Square the Circle can provide the name of the organisation with the interviewee's permission on request), it may be possible for a case study to be developed that demonstrates how to take a different approach to waitlists and reduce the amount of time families are spending waiting. It would also be important to ensure there is a medical practitioner/service provider audience that would take up the opportunity

Child and family focused care
- Once the medical profession is engaged (see recommendation above): Promote and support education options for general practitioners and other clinicians to become more aware of mental health options for children in this age group and how to ensure their practice is child and family focused. One option for such professional learning is Emerging Minds free training for medical professionals. The following link shows the example of a learning pathway for general practitioners on their website and there are many more options, all free of charge to learners and funded through the federal health department, to build workforce skills in supporting child mental health: https://learning.emergingminds.com.au/pathway/gp

Medium term:

Education, prevention and early intervention
- Restart Supported Playgroups Mental Health Program. See notes on this program below
- Consider opportunities to develop more education, awareness and preventative programs located in local playgrounds and libraries and playgrounds (and other safe outdoor spaces for families). Aim to offer opportunities for conversations and activities to establish positive mental wellbeing as a normal part of child development
- Explore the possibility of leveraging the Maternal Child Health Nurse Program as a way to provide information and awareness about child mental health (separate to parental mental mental health awareness and screening). Ensure that current capacity issues are acknowledged in the exploration of this idea and also that extra resourcing is part of any consideration of MCHN's playing a greater role in child mental health

System navigation and case management
- Complete planning and set targets for any further expansion of the Our Place model
- Investigate opportunities for increased case management across the community to help families navigate the system (e.g as currently demonstrated for targeted community members through Berry Street model, Our Place, 54 reasons, Orange Door) The aim of increasing case management in the medium term is to provide better connections and access to services for more children.

Increasing supply of mental health care
- Increased service provision will likely still need to be addressed in the medium term and activity is likely to include attracting, recruiting and funding more health practitioners. The lack of direct engagement from health practitioners in this project means that specific recommendations are not clear at this stage and work should be

shaped by the findings of the short term work undertaken in this area. See above for details of short term recommendations and develop medium term goals accordingly
- Consider a local trial of increased service provision through existing local hubs (such as Our Place). This would involve more clinicians being available more often with their services located in school based hub sites

Child and family focused care
- Depending on state wide decisions about the location of the next roll out of Head to Health Kids Hubs: commence planning, consultation, design and development of possible models for a Latrobe Valley Head to Health Kids Hub Model that meets local needs and leverages existing successful structures, programs, partnerships and practices
- Undertake focussed investigation of ways to provide more affordable services/supports
- Undertake focussed investigation of how transport and location challenges can be addressed in the development of a hub or any other models of care (explore feasibility of options including 'Uber Health' for Latrobe Valley families - A ride share service subsidised for families accessing health support services and other ideas)

Long term:

The four themes of Education, prevention and early intervention, System navigation and case management, Increasing supply of mental health care and Child and family focused care have been integrated fully in the following recommendations:

1. Develop a universal, single front door children's mental health hub model at a suitable location in the Latrobe Valley with spoke functions located at education sites through the expansion of Our Place model to every school site in the Latrobe Valley
2. Maintain funding and running of all successful programs and initiatives from short and long term streams of activity
3. Ensure ongoing evaluation of the success of the hub model for the local community with particular focus on:
   a. Whether there is adequate supply of mental health services for children (and their families)
   b. That services are easily accessible
   c. That services meet the needs of children and families
   d. That services and models of care are are contributing to improved child mental health in the Latrobe Valley
   e. That services and models of care are contributing to greater community understanding and awareness of what positive child wellbeing looks like and how to make it part of normal childhood development and activity
   f. That services and models of care have the trust of the Latrobe Valley Community

Supported Playgroups Mental Health Program - program background

Multiple instances in project data identified that there had been a locally developed program in supported playgroups that focussed on mental health and provided mental health workers working in playgroup settings. The program was a product of significant community and sector collaboration but has been discontinued possibly due to lack of available workforce during COVID years. Many stakeholders identified that re-starting this program would be beneficial to the project aims. It addresses many of the current needs captured in this project and given the extensive consultation and co-design that has already taken place and need remains strong, it makes sense to rethink and reinvigorate this program if possible.

The following information has been gleaned from project participants to support the investigation into funding and re-starting of the program:

- 2016/17 - The department (not clear from data which department) did a 'Community Up' process that identified that local parents/caregivers needed both playgroups and to access support with mental health and behaviour concerns

- 2017/18 - LHA (please note that the involvement of LHA is suggested in project data but questioned by LHA project representatives) instigated and/or funded the development of a model of care for early intervention of mental health for 0-4 year old children attending supported playgroups. Funding was given to Latrobe Regional Hospital (LRH) to develop a model

- LRH set up a steering group, co-design process and evaluation

- The program was designed, developed, ran and was evaluated - and then due to workforce challenges, it ceased

- It is possible that a program evaluation from this iteration of the program was submitted to LHA by LRH

Summary Action Plan

	Education, prevention and early intervention	System navigation and case management	Increasing supply of mental health care	Child and family focused care
Short term (Next 12 months)	Secure longer term funding for nurses in schools initiatives Investigate restarting and refunding Supported Playgroups Mental Health Program Investigate schools current practice in mental health support Align plans with Best Start partnerships and initiatives	Funding support for local programs including navigation support and case management Scope further roll out of Our Place hubs across other schools in the Latrobe Valley	Canvass project findings with Assembly Members re lack of engagement with clinicians and plan to engage for future work Investigate workforce development options including system wide exploration of how more professionals in this field can be attached to the region Feasibility for workshop on triaging waitlists for service providers	Promote and support child mental health education options for General Practitioners and other clinicians (e.g. Emerging Minds)
Medium term (12 months - 3 years)	Restart Supported Playgroups Mental Health Program Develop more education, awareness and preventative programs located in local playgrounds and libraries Leveraging the Maternal Child Health Nurse Program to provide information and awareness about child mental health	Complete planning and set targets for any further expansion of the Our Place model Investigate opportunities for increased case management across the community to help families navigate the system	Increased service provision will likely still need to be addressed in the medium term and activity is likely to include attracting, recruiting and funding more health practitioners Local trial of increased service provision through existing local hubs (such as Our Place).	Commence planning of possible models for a Latrobe Valley Head to Health Kids Hub Model Investigate ways to provide more affordable services/supports Investigate how transport and location challenges can be addressed
Long term (3 years and beyond)	1. Develop a universal, single front door children's mental health hub model at a suitable location in the Latrobe Valley with spoke functions located at education sites through the expansion of Our Place model to every school site in the Latrobe Valley 2. Maintain funding and running of all successful programs and initiatives from short and long term streams of activity 3. Ensure ongoing evaluation of the success of the hub model for the local community			

Appendix

Map: 0-8 Child Mental Health Services in the Latrobe Valley (PDF)