



Queensland Alliance for Mental Health

National Mental Health Commission  
**DRAFT National Guidelines for Including  
Mental Health and Wellbeing in Early  
Childhood Checks – QAMH Submission**

May 2024

## Who is QAMH?

The Queensland Alliance for Mental Health (QAMH) is the peak body for the Community Mental Health and Wellbeing Sector and people with experiences of psychosocial disability in Queensland. We represent more than 100 organisations and stakeholders involved in the delivery of community mental health and wellbeing services across the state. Our role is to reform, promote and drive community mental health and wellbeing service delivery for all Queenslanders, through our influence and collaboration with our members and strategic partners. We provide information about services, work to build community awareness, education, and training to influence attitudes and remove barriers to inclusion and advise government on issues affecting people with experiences of psychosocial challenges. At a national level, we have a formal collaboration with Community Mental Health Australia and provide input and advice to the work of Mental Health Australia and the National Mental Health Commission where appropriate. Locally, we work alongside our members, government, the Queensland Mental Health Commission, and other stakeholders to add value to the sector and act as a strong advocate on issues that impact their operations in Queensland communities.

## QAMH contact details

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### Acknowledgement of Country

QAMH acknowledges the Traditional Custodians of the land on which we live, learn, and work and recognises their continuing connection to land, waters and community. We pay our respects to them and their cultures; and to Elders past, present and emerging.

### Recognition of Lived Experience

QAMH recognises that the Community Mental Health and Wellbeing Sector exists because of people with Lived Experience of mental distress, their families, carers, and support people. We acknowledge the expertise and the courage of people with Lived Experience, and we commit to work with and alongside people with Lived Experience in all we do.

## Background

QAMH recognises that mental health and wellbeing are an integral part of a child's overall health, and that good health underpins a child's ability to grow, learn, love and play. We applaud the National Mental Health Commission (the Commission) for including mental health and wellbeing in early childhood health checks (EHC) and appreciate the opportunity to provide feedback on the Draft National Guidelines for Including Mental Health and Wellbeing in Early Childhood Checks (the Guidelines).

We also support an early intervention approach to mental health challenges. Many mental health challenges or disorders have their origins in childhood and there is compelling evidence that the right support for a child in mental distress will yield better outcomes than trying to intervene later when illnesses become entrenched and more difficult to shift<sup>1 2</sup>. The 2020-22 National Study of Mental Health and Wellbeing estimated that one in seven children and adolescents aged 4-17 years experienced a mental illness<sup>3</sup>. Of Australians aged 16-85 years, 4.3 million had experienced a mental illness in the previous twelve months (22 percent of the population)<sup>4</sup>.

It is pleasing to see that the Guidelines are evidenced-based, building on a trauma-informed framework, and that they recognise the diversity of parenting styles within Australia. We also endorse the guidelines emphasis on building trusting relationships between practitioners and parents/caregivers of children. Reducing as many barriers to accessing EHC as possible by ensuring that services are culturally safe, are provided in a variety of settings, and that there are processes in place to follow up when appointments are missed are also important aspects of the Guidelines.

QAMH recognises that although the draft Guidelines can help to identify when a child may be experiencing mental health challenges, the service provision required to support the child and caregivers once identified falls beyond the scope of what the Guidelines are able to address. However, it remains true that the Guidelines are only as good as the services that are available to support them. The Guidelines assume that appropriate foundational service provision will be available (for example *Guideline 4.1.1 Understand the family's foundational and essential needs*, page 24). Yet there are currently extensive and well-publicised gaps in foundational psychosocial supports: the non-clinical

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<sup>1</sup> Australian Government. (2024). *Early Years Strategy 2024-2034*.

[https://www.dss.gov.au/sites/default/files/documents/05\\_2024/early-years-strategy-2024-2034.pdf](https://www.dss.gov.au/sites/default/files/documents/05_2024/early-years-strategy-2024-2034.pdf)

<sup>2</sup> Grummitt, L., Baldwin, J., Lafoa, J. et al. (2024). *Burden of Mental Disorders and Suicide Attributable to Childhood Maltreatment JAMA Psychiatry*. [Burden of Mental Disorders and Suicide Attributable to Childhood Maltreatment | Psychiatry and Behavioral Health | JAMA Psychiatry | JAMA Network](#)

<sup>3</sup> Australian Institute of Health and Welfare. (2024). *Prevalence and Impact of Mental Illness*. <https://www.aihw.gov.au/mental-health/overview/prevalence-and-impact-of-mental-illness>

<sup>4</sup> Australian Institute of Health and Welfare. (2024) *Prevalence and Impact of Mental Illness*. Accessed 24/05/2024 <https://www.aihw.gov.au/mental-health/overview/prevalence-and-impact-of-mental-illness>

supports that offer families practical support, provide opportunities to re-establish skills and relationships, help caregivers connect with their communities, and that address the social determinants of mental health to remove barriers to wellbeing.

Unfortunately, the limited foundational psychosocial supports currently available across Australia are already under significant pressure. While we endorse ECHC including a check for mental health we must emphasise that services should be available once a need is identified. We would like to take this opportunity to remind the Commission of the current gap in service provision. In Queensland alone QAMH estimate \$151.3 million is required to meet the existing need for NGO delivered psychosocial supports for severe and complex mental illness<sup>5</sup>. Work to determine the full extent of unmet need for these services outside the NDIS – including psychosocial supports for moderate-severe mental illness and responsibility for this - is currently underway via the Psychosocial Project Group. This project group was established by the Department of Health and Aged Care and state and territory governments under the National Mental Health and Suicide Prevention Agreement. It is due for completion this year and is likely to have significant funding implications for governments at all levels.

While the development of National Guidelines is an important first step, ensuring adequate foundational psychosocial supports will be available to support families address mental health concerns or risk factors once identified must follow. In addition, QAMH believe that policies addressing the social determinants of health provide the biggest opportunity to improve overall health and wellbeing and - as the draft Guidelines highlight - until basic needs such as access to food and housing are met, additional interventions to enhance parenting and psychosocial support will continue to be met with difficulty.

## Response to consultation questions

### Language used throughout the draft

We support a trauma-informed and holistic approach to mental health and wellbeing, both of which are adopted throughout the guidelines.

We notice the use of the word “disability” occasionally in the Guidelines. For example, page 28 states: “the practitioner should seek to understand the family including: any disability experienced by a child or caregiver.” We suggest that this sentence be expanded to state “...disability or mental health and wellbeing challenges experienced...”. While QAMH understand that the word disability may be used inclusively to refer to psychosocial disability, there is yet to be common understanding and acceptance

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<sup>5</sup> QAMH and MHLEP. (2023). 2024-2025 Queensland Budget Submission. [2024-2025-Queensland-Budget-QAMH-Arafmi-MHLEPQ-Submission.pdf](#)

that disability can include mental ill-health, and there also remains an inherent tension between the inferred permanency of “disability” and the recovery-focus of interventions for mental ill-health. By specifying mental health challenges, it will raise practitioner awareness of the possible prevalence of mental health issues for caregivers.

It should also be noted that the conventional use of the word “caregivers” in the document refers to adults who are caring for, or have cared for, a child. QAMH note that there are young mental health “carers” in Australia, and it is not inconceivable that siblings may have a caring role themselves in a family, providing emotional and/or practical support for a loved one, even if it is not recognised as such either by the child or their family members.

The Guidelines use the word “foundational” in Theme 4: Build trust and tailor discussions. To reduce any confusion regarding the use of this term, we suggest that a definition is provided in Appendix B to distinguish its use from “foundational supports” widely referred to in the disability community and used by the NDIS Review to describe supports that give people with disability “a foundation to live a good life”<sup>6</sup>.

## Whether the structure and narrative of the draft is logical and clear

QAMH note that Section 3 containing the actual Guidelines could be better distinguished from the rest of the document to make the Guidelines easier to follow and navigate. QAMH suggest that this section should be clearly differentiated from the rest of the document by:

- Highlighting “Guidelines” in the name / title of the section (it’s currently referred to as Section 3); and/or
- Using a different colour, font or design to otherwise distinguish between this section and supporting information.

There should also be a consistent approach to the layout of each theme within the Guidelines. Consistently outlining the specific actions practitioners should take by identifying “What does this mean for service providers and practitioners?” would be useful within each theme. This is currently done well in Theme 2 (page 18-19), with steps that practitioners should take before, during and after an ECHC arranged using the headings “Inform”, “Enable” and “Connect”. We suggest that this approach is replicated throughout the Guidelines for the other themes to improve the guidance for practitioners and enhance navigability and readability.

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<sup>6</sup> Department of Social Services Australian Government. (2023). Release of the final report of the independent Review into the NDIS (2023) <https://www.dss.gov.au/about-the-department/news/67941#:~:text=The%20report%20makes%206%20recommendations,person%20and%20their%20support%20needs>

## Anything not included that you think should be

### **Greater recognition of the support that the Community Mental Health and Wellbeing Sector can provide**

QAMH has long maintained that mental health challenges do not always need a medical response. The Community Mental Health and Wellbeing Sector that we represent includes non-government, not-for-profit, community-based mental health organisations that offer practical supports, provide opportunities to re-establish skills and relationships, help people connect with their communities, and address the social determinants of mental health. The sector also focuses on early intervention and prevention by removing barriers to wellbeing. Also known as psychosocial support, this approach offers a valuable point of difference to the clinical system and can work in a complimentary way to enhance the suite of services offered at the primary care end.

The sector includes many organisations who tailor support specifically for early childhood and families. For example:

- **Peach Tree Perinatal Wellness:** This Brisbane-based not-for-profit organisation provides support for parents, partners and families who are experiencing perinatal mental health challenges. Peach Tree is a 100% peer-led organisation, meaning all staff and volunteers have their own personal experiences of perinatal mental illness, each with unique stories of hope and recovery. Their goal is to work in partnership with perinatally-focused professionals and health practitioners to provide compassionate support and services to parents and families within the community. Peach Tree's "Just Peachy" Program is a weekly program for mothers experiencing perinatal mental health challenges. It is facilitated by peer support workers with lived experience and aimed at improving mental health and wellbeing. A rigorous evaluation process was conducted between 2019 and 2021, which showed participation in this program resulted in statistically significant improvement in symptoms of depression and anxiety, and an increase in wellbeing, parent-infant bonding, social support and parenting confidence.
- **Stride Kids Children's Mental Health Services:** Stride Kids works closely with infants and children ages 0-11 and their families to provide support for managing mental health difficulties. They work alongside families with children and young people who have complex mental health needs and provide a safe space for mums with mental health needs who have kids under five.
- **Wesley Mission Queensland:** Wesley Mission Queensland's *Listen. Just listen.* campaign aims to raise awareness of children in mental distress, help reduce the risk of mental health issues later in life and provide parents and caregivers with simple tools to support children experiencing mental distress. Given the invaluable role that community-based mental health services can play in supporting early childhood mental health and wellbeing, QAMH feel that this role should be more explicitly identified and supported within the guidelines through:

- highlighting the role that Community Mental Health and Wellbeing Sector services play in providing psychosocial support and child and family centered care for families; and
- recognising Community Mental Health and Wellbeing Sector services as key referral partners for primary care providers conducting health checks.

### **Practitioner skills and knowledge**

The Guidelines are a good start to ensuring ECHC are able to identify mental wellbeing concerns. It will be of equal importance that practitioners using the Guidelines have access to appropriate training and skills based learning to support implementation. Any training should be co-designed with people with Lived Experience of mental health challenges. This would also ensure better identification of carers experiencing mental health challenges. Timely support for carers with mental health challenges is by far the best way to ensure children in their care will not unduly suffer the consequences of lack of support and/or treatment for carers.

### **Guidelines for hard-to-reach communities**

Although the Guidelines are aimed at helping practitioners think about child mental health and wellbeing and how to engage with children and families in the context of ECHCs, we acknowledge the Guidelines limitations for certain sectors of the population who are unable for a variety of reasons as outlined in your draft to engage easily with practitioners.

- **Children in families experiencing domestic and family violence (DFV)**

There is a growing research base showing children are victims /survivors in their own right and not just observers in DFV situations<sup>7</sup>. This includes the extent to which mental health, well-being and relationships children depend on for their development are impacted by DFV throughout life. Early intervention with children and young people represents huge promise in terms of support for these individuals and provides opportunity to break intergenerational cycles. For this reason, it is essential that the draft Guidelines make every effort to be inclusive and enable carers experiencing DFV opportunities to seek support. In this regard we fully support the idea that locations for conducting ECHCs should be in places where people would normally visit (Theme 2).

- **Rural and remote**

There are already large gaps in service provision for rural and remote and certainly in first nation communities who live in very remote locations. The Guidelines will be meaningless unless they are further developed specifically for these settings and appropriate investment in the sector to

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<sup>7</sup> Paul Ramsay Foundation, Innovation Unit. (2024). Passionate, relentless, grassroots problem-solving. Insights from the Field of Domestic and family Violence Specialist support. [DESIGNED VERSION Insights from the Field of DFV Specialist Support 150424 \(apo.org.au\)](#)

support the Guidelines is realised. When policies and services align with local needs, they are responsive to community context and priorities. Co-design with people of lived experience from rural and remote communities to align the Guidelines is what will make them effective.

### **Acknowledge current work that builds on the “thrive by five with culture alive” legacy**

SNAICC is the National Voice for Aboriginal and Torres Strait Islander children. They have recently released Funding Model Options for ACCO Integrated Early Years Services Final report which builds on the “Thrive by five with culture alive” legacy<sup>8</sup>. We suggest that these Guidelines acknowledge this work as part of recognising self-determination for First Nations and Torres Strait Islander peoples.

### **A stronger focus on proactive engagement**

QAMH reiterate the importance of proactive engagement within the Guidelines. A carer experiencing challenges with their mental health may require significant proactive outreach to overcome the barriers to social inclusion and engaging with support that they face. The Guidelines could further emphasise the need for proactive approaches to ECHCs appointments for families at risk to ensure early intervention is achieved.

Thank you for the opportunity to contribute to this consultation process. We look forward to continuing to work with the Australian Government to better the lives of people living with psychosocial disability. Please do not hesitate to contact QAMH should you require any further information.

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<sup>8</sup> SNAICC National Voice for our Children. (2024). Funding Model Options for ACCO Integrated Early Years Services Final Report. [apo-nid326762.pdf](#)