



WITNESS STATEMENT OF PROFESSOR FRANK OBERKLAI

I, Professor Frank Oberklaid AM OAM MD FRACP DCH, Paediatrician, of the Royal Children's Hospital 50 Flemington Road Parkville Victoria 3052, say as follows:

- 1 I am the Co-Group Leader of Child Health Policy, Equity and Translation at the Murdoch Children's Research Institute. I am also a director of the Raising Children Network.
- 2 I make this statement in my personal capacity but with authorisation from my employers, The Royal Children's Hospital (**RCH**) and the Murdoch Children's Research Institute (**MCRI**).
- 3 I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

BACKGROUND

Qualifications and experience

- 4 I have the following qualifications:
 - (a) Doctor of Medicine, the University of Melbourne, 1992;
 - (b) Visa Qualifying Examination, USA, 1979;
 - (c) Foreign Licensure Examination, Massachusetts, USA. License 42317, USA, 1978;
 - (d) Fellowship of the Royal Australasian College of Physicians, 1975;
 - (e) Membership of the Royal Australian College of Physicians, 1974;
 - (f) Diploma of Child Health, Royal College of Physicians and Surgeons, London, 1972;
 - (g) Bachelor of Medicine, Bachelor of Surgery, the University of Melbourne, 1969; and
 - (h) Educational Commission for Foreign Medical Graduates Certificate 122.154.8.2, 1969.
- 5 Attached to this statement and marked 'FO-1' is a copy of my Curriculum Vitae.

Please note that the information presented in this witness statement responds to matters requested by the Royal Commission.

Current role

- 6 I am Co-Group Leader of Child Health Policy, Equity and Translation at the Murdoch Children's Research Institute. In this role I lead my own research group (focused especially on child mental health) and contribute to the strategic discussions of the larger research group and to the Institute as a whole. I am also Co-Chair of the National Children's Mental Health and Wellbeing Strategy, and Chair of the Victorian Children's Council which was established by legislation to provide advice to the relevant ministers.

PRELIMINARY OBSERVATIONS

- 7 A fundamental rethink of our approach to child mental health is required as there are macro, structural and systemic issues which need to be addressed for any reform of Victoria's mental health system to be successful.

Child mental health should be considered separately from youth mental health

- 8 I consider that child mental health must be addressed separately from youth mental health. The term 'children and youth mental health' is often used within the mental health system in a manner that implies that it is a single concept. However, child mental health and youth mental health are quite different. They raise different issues and require different approaches.
- 9 My expertise is the child mental health sphere. I have limited experience in the mental health needs of youth. For this reason, throughout this statement, I will address only children and child mental health between the ages of 0-12.

The role of parents

- 10 It is essential to not only consider the needs of children but also their parents, families and caregivers. In child mental health, the client is not only the child, but also their parents and sometimes their extended family.
- 11 Due to their age, children cannot act as their own agents. They rely on their parents to access and engage with the mental health system. However, I am aware from a recent RCH National Child Health Poll (<https://www.rchpoll.org.au/polls/child-mental-health-problemscan-parents-spot-the-signs/>) that a significant number of parents have poor levels of mental health literacy. Many parents do not have an understanding of normal child behaviour or development and therefore do not know when they should be concerned and seek assistance for their child. Even if the parents are concerned about their child, often they do not know where to seek help.

- 12 My experience is that there is also significant stigma in relation to mental illness in children. Parents are often reluctant to admit their child has a mental health problem or feel responsible for their child's mental illness. This can lead to reluctance in those parents to seek help for their children. It is also one of the reasons I suggest that we reconsider the language used to describe and understand child mental health.

The language used to understand child mental health

- 13 There is a need to adopt a different terminology to discuss and understand child mental health. The concept 'child mental health' does not resonate with different groups of stakeholders or with many parents.
- 14 The two major professional groups which are involved in child mental health are educators and health professionals and they use different language. The education sector uses terms such as 'resilience' and 'wellbeing, whereas the health sector will usually refer to a specific DSM diagnosis.
- 15 This distinction is also found in the language used by parents. Some parents may understand child mental health as a serious diagnoses and possible use of medications, whereas others parent may state that their child is prone to angry or violent outbursts and destructive behaviour, but will resist the possibility their child has a 'mental illness'.
- 16 The variation in language used between parents, educators and the health sector is a major contributor to stigma and acts as a potent barrier to children receiving help early. To address this, I suggest that child mental health should be best understood as a spectrum - healthy/coping/struggling/unwell.

Attached to this statement and marked 'FO-2' is a copy of a diagram of the Mental Health Spectrum prepared by the Centre for Mental Health in the United Kingdom.

- 17 We want all children to be healthy. However most children will have issues at one point or another, perhaps due to the loss of a loved one or a social issue or stress about an upcoming test. Hopefully they will be able to cope with these issues, and the role of parents and teachers is to help them cope and build resilience. However, some children will struggle, and identification and intervention is required at that point to return the child to coping and prevent this from becoming more serious so the child becomes unwell. The aim of that intervention is then to get the child back to a healthy state as soon as possible. This is one of the tenets of prevention of mental health problems.
- 18 The difficulty in achieving this aim of early intervention is that many services are diagnosis based and require a diagnosis for assistance to be provided. I consider that the National Disability Insurance Scheme (**NDIS**) is such an example where, contrary to

the way it was conceptualised for children, a diagnosis is required in order for children to be able to access the scheme.

Fragmentation of the mental health system

- 19 There is a significant degree of fragmentation, which is a very major barrier to an effective child mental health system. In particular there is:
 - (a) vertical fragmentation between federal and state funding and programs; and
 - (b) horizontal fragmentation (at a national and state level) — for policies, programs and services.
- 20 Research undertaken by The Centre for Community Child Health in 2019¹ found that there were over 147 different types of mental health programs and services being delivered in Victoria. The majority of these programs were not delivered by services traditionally considered as mental health services but by schools, preschools, and child and family health services. Despite the significant number of services, children continue falling between the gaps.
- 21 The system is a bewildering one for parents and professionals alike, and this fragmentation must be addressed as an important component of any serious attempt to reform the child mental health system.

Access and equity

- 22 The final structural issues which must be addressed are access and equity.
- 23 The majority of child mental health issues are seen by paediatricians, and many by psychiatrists. However, Victoria, unlike other Australian states, does not have a cohort of salaried paediatricians, and few paediatricians in private practice bulk bill. Many will charge above the recommended fee. For private child psychiatrists, there is an even larger gap.
- 24 As a result, because many families cannot afford to pay the gap, they seek help in the public system, where there are significant waiting lists. At the Royal Children's Hospital, the waiting lists for a paediatrician are 6-12 months. Clinics at other public hospitals will have the same issue. Public child mental health services (**CAMHS**) will often have hundreds on their waiting lists. These waiting lists generate significant equity issues as

¹ Paraskakis, M. (2019). *Mapping a mental health system for Victorian children: an integrated system view*. Prepared for the Mental Health Branch, Victorian Department of Health and Human Services. Melbourne, Victoria: Centre for Community Child Health, Murdoch Children's Research Institute.

only some parents are able to afford to access private treatment for their children, whereby they can be seen much earlier.

- 25 There are also significant barriers to access in rural and remote areas as there are few or no services for child mental health on the ground.
- 26 I propose that in formulating an efficient and responsive system we need to consider the whole landscape of child mental health as a single integrated system of care, rather than just focusing on a single service or program.
- 27 This integrated model of a child mental health system is set out in the Policy Brief I have written which describes the features and benefits of such an integrated model.
- 28 Attached to this statement and marked 'FO-3' of my Policy Brief on an integrated mental health system.
- 29 In that model, the goal is to move away from a perception of child mental health as the treatment of ill health towards an integrated universal system.
- 30 Attached to this statement and marked 'FO-4' is a copy of a diagram of the integrated system of care for children's mental health.
- 31 In the ideal integrated system of care, well informed and confident parents would have universal and equitable access to primary services, such as maternal and child health nurses, early childhood educators and teachers, who could then refer to local secondary and tertiary services as required, always with an emphasis on ready access and equity.

CHILDREN AND MENTAL HEALTH

Risk factors that make children particularly vulnerable to mental health problems or problematic AOD use

- 32 There are a significant number of risk facts which make children susceptible to mental health problems. They include:
 - (a) family violence;
 - (b) harsh parenting,
 - (c) economic disadvantage;
 - (d) single parent families;
 - (e) parents with substance abuse or mental health problems; and
 - (f) children in out of home care.

- 33 A further difficulty is that preventing, identifying and addressing these risk factors occurs largely outside the mental health system.
- 34 Services such as refuges and drug and alcohol treatment centres that deal with parents will often overlook the particular needs of children. They should adopt an approach that also considers the position of children. Risk factors could be identified by the service simply asking a series of questions, namely:
- (a) whether there are children in the home;
 - (b) their ages;
 - (c) whether they attend school;
 - (d) whether they are coping or struggling;
 - (e) whether there are any mental health concerns in relation to those children; and
 - (f) whether they have had or are now receiving help.
- 35 In these high risk situations, it is likely that children and families will have a number of issues that have to be addressed by a number of different professionals and providers, making the case for a seamless, integrated system of care even more important for this group. We need to establish a service and support system where there are 'no wrong doors' — a physical or virtual 'one stop shop.'

Key factors shaping children's needs for and expectations about mental health services over the next decade

- 36 In rural and remote areas where resources may be scarce, the service system is not organised to take advantage of technology — for example telehealth, case conferences using Zoom, digital delivery of information, apps. In planning for a future accessible and equitable system of care, provision must be made for rapid uptake of technology, and governance and organisational arrangements should facilitate this.

Key changes to improve Victoria's mental health system service delivery response

- 37 There are no silver bullets in reforming the child mental health system. Some of the issues which need to be addressed will require a national response, including, for example, by addressing funding issues and requirements for professional development.
- 38 In addition, every region within Victoria will be different in terms of demography, aspirations and mix of services. What a service offers or how it is structured will be different depending on whether it is located in Mildura or Camberwell. Different areas will also have different resources, access to practitioners and funding mechanisms.

39 For this reason it is essential to develop a stepped system of referral and care where confident, well informed parents who have ready access to a universal system where professionals are trained properly and are confident enough to identify issues early on and can refer more complex problems. This ensures appropriate treatment that spans from low level issues and minor problems, where parents may only need a brochure or reassurance, all the way through to intensive mental health treatment. The key challenge is to build the capacity of parents to parent properly and the capacity of services to identify and deal with problems.

40 The integrated system discussed in attachment FO-4 sets out how reform could begin.

Key changes to improve other service systems that support vulnerable children

41 To improve the other services that support vulnerable children, it is essential to establish an integrated system. There is no need to establish more programs or services, but rather bring the existing together. This requires a whole of government approach as the services span across multiple ministers and departments.

Early intervention

42 Early intervention is not the sole responsibility of the mental health system. Rather, early intervention must start with parents. The system needs to support parents to have the capacity to identify issues as they emerge and not feel the stigma of seeking help. We need to build the capacity of the universal services accessed by parents and children – childcare, schools, local doctors and nurses and other community-based services - to identify and deal with problems early. The real challenge is implementation, because it is such a complex system, with many different stakeholders, and different areas have different resources.

43 Many of the children currently seen by tertiary mental health services have problems that could and should have been dealt with at an earlier stage in the community before they deteriorated. There is hardly a child I see in my practice that does not make me wonder why I did not see that child sooner.

Approaches that mental health services should take to facilitate access to other services required by children

44 If 'mental health services' can be interpreted broadly, as suggested, then the whole service system should be held responsible for building child resilience, as well as the early identification and management of children who are struggling. As mentioned previously, this calls for a whole of government policy response and an integrated system of child and family services, including early years services, preschools and

schools. Governance and funding mechanisms need to be reformed to facilitate this transformation.

Age-based streaming for children

- 45 It is essential to stream patients based on age — a 3 year old is totally different from an 11 year old. I consider that dividing children into ages 0 to 5 and 5 to 12, although still somewhat arbitrary, is most appropriate from a policy and service delivery point of view.
- 46 While the secondary system can provide care to both 0 to 5 and 5 to 12 cohorts, the primary system which support those children are different and the early intervention systems are different.
- 47 The challenge in children from ages 0 to 5 is that many behavioural issues are transient and could be considered to be normal behaviour. For example, sleep problems in infants are so common as to be considered to be almost a normal part of development, as are temper tantrums in toddlers. These problems will be mostly transient and it would inappropriate to place a diagnosis on a 3 or 4 year old.
- 48 In addition, for a preschool aged child, the clinical approach is mostly talking and giving guidance to the parents. As the child gets older, there is more clinical work talking to the child about the issues, as well as the parents.
- 49 From a structural perspective, transition from preschool into school can be problematic because they have different administrative systems. Victoria has introduced a transition statement. This ensures that each child starting school comes with a handover from the preschool teacher to give teachers a sense of some of their issues.

Examples of best-practice

- 50 I do not consider that there are any best practice examples of community based mental health care for children, particularly on a large scale. There are examples from other states of appropriately staffed and community based child and family centres which offer a 'one stop shop' for children with developmental and behavioural issues and their families, and which provide readily accessible, equitable and timely assessment and management services.
- 51 Victoria has a network of community health services, but great diversity of staffing profiles (usually allied health professionals) and no salaried paediatricians. While different programs may do some things well, there is a need to fundamentally change to the child mental health system.

Alternative settings and workforces to deliver mental health care for children

- 52 As discussed at paragraphs 34 to 35 above, all professional settings where children find themselves should deliver mental health care for children through the provision of integrated services.

The extent to which mental health services for children should be integrated with other services

- 53 See paragraphs 34 to 35 above.

Integrating or coordinating AOD and mental health services for children

- 54 While I do not think that the AOD and mental health systems for children should be integrated, we should expect adult alcohol and other drug counsellors to ask about children who may be in the home. If the counsellors identify any concerns about the children, then they should be able to refer those children to the appropriate services.

Barriers preventing children from seeking help and engaging with mental health services

- 55 The three key barriers are parent mental health literacy and confidence, stigma and lack of equitable access. I have discussed mental health literacy above at paragraph 11 and equitable access above at paragraphs 22 to 25.
- 56 The stigma in relation to mental health arises amongst both parents and children. For parents, if they normalise the terminology used to discuss mental health and move beyond diagnoses to introduce the concepts of 'healthy', 'coping' and 'struggling' it is easier for a child to obtain help. Parents are more likely to accept that their child is 'struggling' rather than their child has a 'mental health problem'. If these terms are used, it also makes it easier for parents to say to their child, "you seem to be struggling, let's go see someone for help". Normalising language is really important.

Family-centred practice and the sharing of information with families

- 57 Privacy requirements can restrict reform to family-centred practice.
- 58 My default view is that parents should have access to almost all the information that I have, however this is not always possible due to privacy restrictions.
- 59 Additionally, there is a need for time, expertise and funding to enable this to occur. The current funding regime is a disincentive for general practitioners to undertake family-centred practice.

Digital mental health services for children

- 60 I am unaware of any digital mental health services specifically for children, particularly which have been used at scale or have been properly evaluated. I am aware that Raising Children Network has developed a child mental health landing webpage (<https://raisingchildren.net.au/for-professionals/mental-health-resources>) which aggregates all the child mental health information available on the site in one place. However, the problem with the Raising Children Network is that it requires people to be motivated to access it and, anecdotally, the parents who may benefit the most from timely and appropriate information are not necessarily those that access the site.
- 61 The Raising Children Network has received federal government funds to develop a digital version of its website which will push information to parents. This will be focused on providing preventative and simple management information to parents and to direct them to reliable sources of information where required.

Enablers and challenges of expanding digital mental health services for children

- 62 A key facilitator of digital mental health for children is that children are media savvy. They are getting their mobile phones younger and younger and able to access information. A 10 or 11 year old will start to look for information on issues that affect them, whether that is bullying or acne. However the difficulty is ensuring that those children access the right information, because there is so much inappropriate and potentially dangerous information. Digital mental health services need to be co-designed with children so that they are accessible and attractive to use.

Mechanisms to improve children's ability to identify and navigate to the right mental health care, treatment and support for their needs

- 63 Children identifying and navigating to the right mental health care, treatment and support needs to be facilitated by parents and teachers. I am more supportive of parents or teachers helping children to navigate the mental health system rather than relying on the child.
- 64 We also should not establish any more standalone services. Any future mental health developments for children need to be within a one stop hub. To facilitate this, any application for funding for established services should also come with a requirement that no recurrent funding will be provided unless the service can show it engages with and collaborates with other services.
- 65 In addition, every existing community agency should map other local services and try to develop relationships with those services. There is a need to create an informed referral system commensurate to the level of need and urgency of the child's problem.

This would reduce the tendency of agencies to tell parents to see 'someone' without providing further details.

- 66 There are also high rates of comorbidity in children, where learning disorders, self-esteem issues and poor mental health are all interspersed. In the public system, a child currently cannot have a coordinated integrated assessment to determine how to best address their problems. Rather, the child will generally get referred to see a public paediatrician, who may then decide that the child needs a speech pathology or psychology assessment, and then are seen again by the paediatrician. This process can take 18 months — in a young child this is a lifetime and an unacceptable delay in providing intervention.
- 67 A better approach would be if a greenfield site is being established, then a hub or community health centre is built which brings all those professionals — bulk billing GPs, paediatricians, speech pathologists, community mental health workers and social workers — all in the one place. In such a situation, referrals are expertly triaged and the child and family are provided with the service(s) which are appropriate to the type and level of need. Such a community-based hub could deal with everything from minor problems to serious ones. If such a system cannot be built physically, it should be created virtually.
- 68 At the moment there are wrong doors everywhere — we need to have a system with no wrong doors.

The benefits and risks of centralising screening and triage services

- 69 While screening seems like an intuitive solution, I do not consider it to be appropriate to screen children for mental health conditions.
- 70 Screening healthy populations is problematic for three main reasons:
- (a) There is no suitable or reliable screening test which we can be confident will pick up all children with problems, and at the same time does not wrongly identify children who do not have problems. In other words we don't have a tool with acceptable sensitivity (detects all children with problems) and specificity (does not pick up children who do not have problems). The perfect screening tool has 100% sensitivity and specificity — we only reach these levels for neonatal screening tests — the heel prick soon after birth and the newborn hearing screening test.
 - (b) We do not know the natural history of a lot of conditions, and child development and behaviour is a fluid construct. It is possible that a screen may flag a child as having a problem and 6 months later that child is fine.

- (c) Any screening program would also require sufficient capacity for the treatment of identified children in the community. It is irresponsible to identify children, refer that child and have that child wait 6-12 months to be seen for definitive assessment.

71 Screening is not the same as diagnosis. Screening simply sorts those children that *might* have a problem from those that do not. Screening for mental health problems does not meet the widely accepted scientific criteria for either a screening test nor for a screening program.

72 However, I do support early identification of children, including the use of checklists to determine who is struggling. If a parent says that the child is struggling or the child says he/she is struggling, then that needs to be addressed. I consider that the approach to mental health needs to focus on early intervention rather than problem identification.

The benefits and risks of having screening and triage functions run separately from on-the-ground providers

73 Having screening and triage functions run separately from on-the ground providers goes totally against the grain of an integrated, seamless system of care and I would oppose it strongly.

SERVICE PLANNING AND MIX

The ideal role of the community-based mental health system in providing support for children at-risk of or with early signs of developing mental illness

74 Community hubs should be established to provide treatment and support to children who are struggling.

The ideal role of the community-based mental health system in providing support for children experiencing suicidality or following a suicide attempt

75 Children with suicide ideation or following a suicide attempt require skilled expert care. Depending on where they live, children in crisis need to see a paediatrician, psychologist or psychiatrist urgently.

76 The emphasis is on timely treatment and seeing people with the expertise to sort this out. It is not the responsibility of the general practitioner or maternal and child health nurse to understand the severity of the problem and treat it. If anything beyond mild, then the child needs to be referred to someone who can sort out how urgent it is and organise an appropriate assessment.

Reducing the gap between service need and supply

- 77 It is not possible to create a one sized fits approach all for the whole of Victoria. The approach needs to be place based and will vary from area to area. There needs to be a governance structure that can undertake mapping of existing local services to identify gaps in the mental health system in that area and then address them. This needs to be a whole of system approach – not just traditional mental health services.
- 78 There does not need to be the creation of more individual services and programs. For example, primary schools have over 200 online mental health programs available to them. Too often, reform has been driven by each professional group advocating for funding to their particular service. Rather, there is a need to look at the whole landscape in a particular area to assess what services should be provided.
- 79 I accept that this approach will take a while to sort out the funding needs, longer to implement and even longer to evaluate it.

The role of consumer choice in the nature and volume of care received

- 80 I would like to see child mental health linked much more strongly to child and family services. Child mental health services are at present linked largely to adult services. However, they have more in common with family services.
- 81 While parents should be involved in co-design of services and programs, very few parents will have the expertise to know whether their child requires a psychiatrist, psychologist or a paediatrician. Even teachers don't have the expertise.
- 82 Parents may not always make informed referrals but that doesn't mean we should stop them from choosing. Parents are often not in a position to make an informed choice about what services they need, especially those who are disadvantaged or less literate. That is why the notion of the triage via a Hub is important.

Changes to better organise mental health services around the needs of individual consumers or cohorts of consumers

- 83 See previous comments.

The risks and benefits of a population-based planning approach versus a market driven approach

- 84 Market-driven services may work in some industries. However, where there is a profit motive, it will often fail to address the needs of these children. There have been numerous examples of market driven approaches that have failed to respond to the needs of children. This has been seen in relation to the NDIS which is market driven

rather than family-centred. Additionally, market driven approaches create equity and access gaps.

Geographic catchments for the delivery of mental health services for children

- 85 The establishment of geographic catchments is appropriate, however I believe very strongly that the current areas are too big for planning. Catchments should be arranged at the local government area level or a cluster of local government areas.
- 86 As an example, the education system operates based on small clusters of schools organised geographically. Such clusters of schools could be purchasers of mental health services.
- 87 In an ideal world, the community or school cluster would receive a single funding amount to address the mental health issues of children. The solutions which need to be adopted in the Wimmera, central Bendigo and western suburbs of Melbourne are all different. If there is central control and mandate of services, then it is not possible to provide the appropriate mix of services across the state because is simply too diverse.

FUNDING AND COMMISSIONING

- 88 I can't speak with any authority on commissioning but suggest local commissioning across smaller areas, or commissioning by population rather than by area.

WORKFORCE

Multi-disciplinary care

- 89 Multi-disciplinary care is essential for the segment of the child population that have complex problems that are beyond the expertise of any single profession, whether a psychiatrist, occupational therapist, paediatrician or speech pathologist. The availability of access to multidisciplinary care enables the development of an integrated and comprehensive plan, while children with less severe or complex issues may just require the expertise of a single professional.

Consumer-focused care

- 90 Family-centred care takes into account that a child does not exist in isolation without their parents or the carers. Family-centred care also requires the engagement of parents so they will follow up on the referrals which are made.
- 91 I consider that there are expertise and financial barriers that prevent family focused care. The current funding structure does not facilitate a family-centred care approach. For example paediatricians and psychologists can only bill Medicare if the child is

present during a consultation. In many instances, especially for younger children, we tend to be working with parents and giving them advice. This is difficult when the child is present. The NDIS has (to date, at least) has not been a success for children because it is diagnosis and therapist driven, which is the antithesis of family based care.

Recovery-oriented practice in relation to child mental health

- 92 It is essential to provide recovery orientated practice.
- 93 Even once a child is doing well, at the Royal Children's Hospital we will continue to see that child 2-3 times a year. This allows a family to know that if they have access to support if the child deteriorates.
- 94 Recovery orientated care does not have to be provided by a paediatrician, however; general practitioners are ideally placed to provide this care.

Professional mindsets, capabilities and skills that are needed for working specifically with children in mental health

- 95 The professional mindsets, capabilities and skills that are needed for working specifically with children in mental health speaks to the heart of training in children's health and development — for all professional groups who work with children and their families. It means sensitive, child focused and family centred practice.
- 96 There are some concerns that some university training programs are more focused on assessment and diagnosis, rather than working with children and families.

Factors preventing optimal mental health care, treatment and support to children

- 97 Factors which prevent existing workforces from providing optimal care, treatment and support to children include:
- (a) training, expertise, funding and reimbursement issues;
 - (b) the bewildering maze of community based services and programs;
 - (c) the lack of coordination between services, which largely operate in isolation; and
 - (d) the problems with timely and equitable access to secondary and tertiary services.

The composition, training and deployment of clinical workforces, non-clinical workforces and workforces in other service settings

- 98 The whole workforce providing universal primary care needs to be trained to identify issues and risk factors, manage simple ones and refer more complex ones.
- 99 The criteria will be different for each of the professional groups that provide this care, including general practitioners, nurses and school-aged teachers. For each group there needs to be training in their undergraduate courses commensurate to their level of responsibility and they should be encouraged in their professional development to pick up those skills.
- 100 For example, we know that mental health problems are a major barrier to children's learning. However, currently many teacher and early childhood courses have little emphasis on development and behaviour. There are additional issues with the early childhood workforce in low rates of pay, few opportunities for professional development, and high staff turnover.
- 101 Many general practitioners would like to be involved more seriously in the area of child mental health however, the barrier to this is remuneration, which is a federal Medicare issue.
- 102 Paediatricians, who provide a very significant proportion of mental health consultations, are entitled to use Medicare item number 132 for complex conditions for an initial consultation with a maximum of two follow up assessments at 20 minutes each. In contrast, psychiatrists can charge a much higher fee with unlimited consultations. Most paediatricians feel comfortable dealing with simple secondary issues, and simple medication but often not with complex drug regimes. I am aware that there a number of paediatricians who, if they could do 2 years of mental health training, would do this work full-time. However, training requirements and funding arrangements stop them from doing that.

Assisting workforces to continually learn about emergent research and evidence in their field, and to translate these into practice

- 103 Each professional group involved in the care of child mental health has a requirement for continuing professional development. However, there is often little time to carry out professional development and most professions do not require mental health specific training to be undertaken.
- 104 To improve this, we could negotiate with the colleges to earn additional professional development points for mental health training. One of the key issues with preservice

training of the various professional groups is that the universities determine the curricula, teaching courses, and governments have very little say.

Improvements to the safety and wellbeing of staff and young service users

105 Workplace violence is safety is less of an issue in child mental health. It is also much less common in non-hospital than hospital situations.

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print name FRANK OBERKLAIID

Date June 9, 2020



Royal Commission into
Victoria's Mental Health System

ATTACHMENT FO-1

This is the attachment marked 'FO-1' referred to in the witness statement of Professor Frank Oberklaid dated 9 June 2020.

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FRANK OBERKLAIID AM

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SECONDARY SCHOOLING

1960-1963 The University High School, Melbourne.
 Matriculated 1963 - Prizes in General Mathematics and Social Studies.
 Head Prefect and School Captain.
 Captain of football and athletic teams.

UNDERGRADUATE TRAINING

1963-1969 University of Melbourne Medical School.
 The Royal Melbourne Hospital Clinical School.
 Commonwealth University Scholarship for duration of medical course.

Awards & Distinctions

2018 Member of the General Division of the Order of Australia (AM)
 2014 Nils Rosen von Rosenstein Medal, Swedish Pediatric Association and Swedish Society of Medicine
 2012 Health Lifetime Achievement Award, Victorian Government
 2011 Tikkun Olam Award, Hadassah Australia
 2009 Howard Williams Medal, Paediatrics and Child Health Division, Royal Australasian College of Physicians
 2007 Medal of Distinction, Children's Hospitals Australasia
 2003 Royal Australasian College of Physicians – John Sands Medal
 2003 Centenary Medal, Commonwealth of Australia
 2003 Chairman's Medal, Royal Children's Hospital
 1998 Medal of the Order of Australia (OAM)
 1992 Mona Tobias Award, Australian Remedial Educators Association for distinguished services to children with learning disabilities and their families
 1976 Uncle Bobs Travelling Scholarship, Royal Children's Hospital, Melbourne, Australia
 1969 (Final Examination)
 Obstetrics & Gynaecology - 2nd class Honours
 Medicine - 3rd class Honours
 Carnation Award for Paediatric Medicine
 Grieve Memorial Prize in Paediatric Surgery
 7th position in class list for year.
 1969 Nestle Award in paediatrics
 1967 Pharmacology - 3rd class Honours
 1966 Anatomy - 3rd class Honours
 Biochemistry - 1st class Honours
 (Exhibition, 1st place in year)
 Physiology - 3rd class Honours

1965	Anatomy - 2nd class Honours (Prosectorship, 2nd place in year)
	Biochemistry and Physiology - 2nd class Honours
1964	Physics - 2nd class Honours
	Chemistry - 2 nd class Honours
	Biology - 2 nd class Honours

CERTIFICATION AND LICENSURE

1992 MD	Doctor of Medicine, University of Melbourne
1979 VQE	Visa Qualifying Examination, USA
1978 FLEX	Foreign Licensure Examination, Massachusetts, USA. License 42317, USA
1975 FRACP	Fellowship of the Royal Australasian College of Physicians
1974 MRACP	Membership of the Royal Australian College of Physicians
1972 DCH	Diploma of Child Health, Royal College of Physicians and Surgeons, London
1969 MBBS	Bachelor of Medicine, Bachelor of Surgery, Melbourne University, The Royal Melbourne Hospital Clinical School
1969 ECFMG	Educational Commission for Foreign Medical Graduates Certificate 122.154.8

MEMBERSHIPS

Royal Australasian College of Physicians
 Australian College of Paediatrics
 Ambulatory Pediatric Association (USA)
 Society for Behavioral Pediatrics (USA)
 Public Health Association of Australia
 Faculty of Community Child Health, Australian College of Paediatrics
 American Academy for Cerebral Palsy and Developmental Medicine
 South African Paediatric Association (Honorary)
 American Academy of Pediatrics

PROFESSIONAL EXPERIENCE

2019 -	Group Leader, Policy, Equity and Translation, Murdoch Children's Research Institute
2014 - 2019	Honorary Professor of Paediatrics, University of Melbourne
2013 - 2019	Co-Research Group Leader (Policy, Equity and Translation) Murdoch Children's Research Institute
2002 - 2005	Associate Director (Public Health), Murdoch Children's Research Institute
1995 - 2004	Founder and National Program Director, The Australian Paediatric Review Training Program
1993 – 2014	Professor of Paediatrics, University of Melbourne
1993 - 2019	Founding Director, Centre for Community Child Health, Royal Children's Hospital, Melbourne
1992 - 1993	Acting Director, Division of Regional Paediatrics, Royal Children's Hospital
1990 - 1994	Vice President, Australian College of Paediatrics
1990 -	Senior Associate, Department of Psychology, University of Melbourne
1987 - 1990	Convenor, Annual Scientific Meeting, Australian College of Paediatrics, Singapore, May 1990
1982 - 1990	Honorary Senior Research Fellow, Department of Psychology, School of Behavioural Sciences, LaTrobe University, Victoria
1981 - 1993	Senior Associate, Department of Paediatrics, University of Melbourne, Australia
1980 -1993	Founding Director, Department of Ambulatory Paediatrics, Royal Children's Hospital, Melbourne, Australia
1980 -1986	Consultant Paediatrician, Queen Elizabeth Hospital for Mothers and Babies, Melbourne

1979 - 1980	Staff Pediatrician, Assistant in Medicine (Ambulatory), Children's Hospital Medical Center, Boston, Massachusetts Instructor in Pediatrics, Harvard Medical School Coordinator, Functional Progress Program, Children's Hospital Medical Center, Boston, Massachusetts
1978 - 1980	Founding Director, Pre-school Function Program, Children's Hospital Medical Center, Boston, Massachusetts
1977 - 1980	Team Coordinator, School Function Program, Children's Hospital Medical Center, Boston, Massachusetts
1976 - 1980	Pediatrician, Brookline Early Education Project, Brookline, Massachusetts
1976 - 1979	Fellow in Ambulatory Pediatrics, Children's Hospital Medical Center, Boston, Massachusetts
1976 - 1977	Visiting Pediatrician, Brookline Public Schools, Brookline, Massachusetts
1976	Clinical Assistant to the Paediatric Unit, Alfred Hospital, Melbourne
1975	Senior Paediatric Registrar, Royal Children's Hospital, Melbourne
1973 - 1974	Paediatric Registrar, Royal Children's Hospital, Melbourne
1971	Senior RMO, Royal Children's Hospital Melbourne
1970 - 1970	Junior RMO, The Royal Melbourne Hospital, Melbourne

NATIONAL/INTERNATIONAL LECTURESHIPS

December 2019	Philippines. Philippine Society for Developmental and Behavioural Pediatrics. <i>Transdisciplinary Intervention: Ideas in Action</i> . 9-12 December 2019. Invited keynote speaker.
November 2019	United Kingdom. Blackpool Centre for Early Childhood Development. <i>Transforming Blackpool Together: How evidence is changing our town</i> . 12-15 November 2019 Invited Chair and opening keynote speaker.
November 2019	Bulgaria. Unicef Bulgaria. <i>Deinstitutionalization of Childcare: Investing in Change</i> 6-8 November 2019. Invited keynote speaker.
October 2019	Montenegro. Unicef. <i>Investing in the Early Years – Conference on Fiscal and Public Administration Imperatives for Early Childhood Development</i> . 22-23 October 2019. Invited keynote speaker.
July 2019	Geneva. Unicef. <i>Nurturing Care for Early Childhood Development in the 21st Century. Implementing the Nurturing Care Framework in countries with high burden of HIV</i> . 1-2 July 2019 Guest speaker.
June 2019	The Netherlands. International Step by Step Association (ISSA) Conference. <i>Nuturing environments for the wellbeing of young children and their families</i> . 18-19 June 2019. Pre conference workshop: <i>Nurturing integration in early childhood systems – unpacking roadmaps</i> . Invited speaker. Pre- Conference Workshop <i>Nurturing Care for Early Childhood Development in the 21st Century. Supporting Parents with Knowledge and Information: experience from Australia</i> . Invited presenter.
July 2018	Washington DC. ECCS COIIN Conference, Early Comprehensive Systems, Collaborative Improvement and Innovation Network. Invited participant.
May 2018	Sydney, Australia. RACP Congress 2018, <i>Influencing Health along the life course</i> . 14-16 May 2018 Convention Centre Sydney. Closing Plenary
October 2017	Northern Territory, Australia. Little People Big Dreams: 2017 Northern Territory Children's Learning & Development Conference. <i>The importance of Children's Learning and Development in the Early Years</i> . 6-7 October 2017. Invited keynote speaker
September 2017	Bhutan. UNICEF's National Early Childhood Care and Development Week. Laying the foundations for a healthy and prosperous society: Investing in early childhood development. 4-8 September, 2017. Invited keynote

speaker

March 2017	Cambodia. Asia-Pacific Regional ECD Conference. <i>Laying the foundations for a healthy and prosperous society: Investing in early childhood development</i> . 1-3 March, 2017. Invited keynote speaker
October 2016	Hong Kong. BCGA 80th Anniversary Scientific Conference. <i>Development and Intervention: Implications for Policymakers and Professionals</i> . 7-8 October, 2016. Plenary Speaker.
October 2016	Canberra Rural Medicine Australia 2016, <i>The Changing Nature of Children's Health</i> . 20-22 October 2016. Invited speaker
August 2016	Cairns. Early Years Conference: Today's Children, Tomorrow's Future. <i>Early childhood development: The building blocks of an equitable, successful and prosperous society</i> 5-6 June, 2016. Invited keynote speaker.
June 2016	Nepal. XVIII Nepalese Congress of Paediatrics (NEPCON) 2016. <i>Brain development and the lifecourse: The critical role of the health sector in promoting optimal early childhood development for all children</i> . 15 June 2016. Invited speaker
June 2016	Nepal. UNICEF – National Early Child Development Week. <i>Early childhood development: The Australian experience and its relevance for other jurisdictions</i> . 14 June, 2016. Invited keynote speaker.
May 2016	Washington. Maternal and Child Health Bureau, Health Services Research Agency, Department of Health, USA. <i>Improving outcomes for children: The challenge of reforming systems and building capacity in communities</i> . 24 May, 2016. Keynote lecture.
April 2016	Alice Springs. Caring for Country Kids Conference, Children's Healthcare Australasia. <i>The changing nature of children's health: challenges and opportunities</i> 18 April 2016. Invited speaker.
April 2016	Liverpool. Royal College of Paediatrics and Child Health. <i>Challenges for paediatric teaching hospitals: a new agenda of prevention and community engagement</i> . 27 April 2016, Liverpool. Invited keynote speaker.
October 2015	Beijing. <i>Asia Pacific Regional Conference on Early Childhood Development</i> , UNICEF. Neuroscience Panel. Beijing, 22-24 October 2015. Plenary Speaker.
October 2015	Israel. Child Maltreatment in Context International Conference. <i>A changing role for paediatricians Israel</i> . 14 October 2015. Invited speaker.
August 2015	Melbourne. Presentation to Royal Commission on Family Violence. Melbourne. 12 August 2015. Invited Expert Witness.
June 2015	Sarajevo. Member of the <i>UNICEF Technical Advisory Group on Home Visiting for Young Child Wellbeing</i> . Sarajevo. Invited participant.
June 2015	Melbourne. <i>Bright Spots Schools Connection Thought Leadership Gathering</i> . Social Ventures. Invited forum participant.
April 2015	Connecticut. Connecticut Children's Medical Centre, Grand Rounds. <i>The changing nature of children's health issues: Challenges for pediatrics and for pediatricians</i> . Invited keynote speaker
April 2015	Costa Mesa, California. 6th Annual Help Me Grow National Forum. <i>Lessons from 'Down Under' in Early Childhood System Building</i> . Invited keynote speaker.
October 2014	Budapest. ISSA International Conference. <i>Creating a Society for All: reconsidering early childhood services</i> . Invited keynote speaker
September 2014	Sydney. Global Access Partners 5th Annual Growth Summit, National Economic Review 2014, <i>Excellence in education: How can Australian education be globally competitive?</i> Invited keynote speaker

June 2014	Israel. The Annual Convention for Pediatricians. Maccabi Healthcare Services. <i>'Promoting the health and wellbeing of all children. The role of the paediatrician'</i> . Invited speaker.
June 2014	London. National Society for the Prevention of Cruelty to Children Research Symposium. <i>'Building capacity in communities to support children and families: the importance of science'</i> . Invited speaker
June 2014	London. Dartington Social Policy Institute Seminar. <i>'Future directions in place-based reform'</i> . Invited speaker
April 2014	New York. Missing Linkage: Understanding the Multiple Influences on Brain Development, UNICEF, New York. <i>'Building a Future on Great Brains'</i> . Invited speaker
April 2014	Washington. Building Effective Early Childhood Systems: Lessons Learnt from Australia, Early Childhood LINC. Invited Speaker
November 2013	Ontario. Centre for Brain and Mental Health. <i>The science of early childhood development</i> . Invited speaker
April 2013	Yale University Department of Pediatrics – Weiswasser Visiting Professor
February 2013	Geneva. First International Home Visiting Conference. Invited speaker
June 2012	Melbourne. Aboriginal Child and Family Centres Leaders Forum. Invited keynote speaker. <i>'Early childhood development: The building blocks for a coherent and prosperous society.'</i>
June 2012	Primary Mental Health Care National Conference. Invited keynote speaker. <i>'Early childhood development: The building blocks of mental health.'</i>
June 2012	Adelaide
June 2012	Sydney. 21 st Century Skills and Montessori Australia National Conference. Invited keynote speaker. <i>'21st Century Skills: The foundations are laid in the first years of life.'</i>
June 2012	Victorian Law Institute - Rights of the Child Forum. Invited speaker
October 2011	Melbourne. World Forum for Child Welfare. Invited keynote speaker. <i>'Early childhood development and the life course: Implications for parents, caretakers and the service system.'</i>
February 2011	Paris, France. Consensus in Pediatrics International Congress – invited plenary lecture
January 2011	Canberra, ANU/University of Chicago – 'Advancing Child and Family Policy Through Research' conference. Invited keynote speaker
July 2009	Moscow, Russia. European Paediatric Association (4 th Europaediatrics 2009), Invited plenary speaker
November 2007	Adelaide, Woman's and Children's Hospitals Australasia Annual conference. Invited keynote speaker
November 2006	Melbourne. 2006 Hadassah Oration – 'Babies' brains and a civil society.'
October 2006	Darwin. School readiness in aboriginal children - setting a research agenda. Menzies School of Health Research
October 2005	Beijing China. First International Forum on Child Development (UNICEF) – Invited Keynote Speaker – <i>'Promoting early childhood development; Policy, service delivery and practice challenges.'</i>
August 2005	Sydney – First National Read Aloud Conference. Key note address. 'Why read aloud - what the research tells us'.
July 2005	Victorian Healthcare association annual meeting – invited keynote speaker
November 2004	Vancouver, Canada – BC Healthy Child Development Forum – Invited keynote speaker
October 2004	Beer Sheva, Israel - Visiting Professor, Ben Gurion University
September 2004	Melbourne. RANZCP, Section of Consultation Liaison Psychiatry Annual Education Meeting. Invited Speaker <i>'Infant mental health and the life course; moving from clinical practice to prevention,'</i>
June 2004	Canberra – Department of Family and Community Services. Invited lecture (Early Childhood/Early Intervention) – Key Principles and Current Debates in Social Policies series

May 2004	Canberra – RACP Annual Scientific Meeting. Invited seminar participant – <i>ADHD</i>
May 2004	Gold Coast. Childcare Queensland Conference- invited keynote speaker
April 2004	San Francisco – Pediatric Academic Societies Meeting- Invited Session Chair (Enhancing developmental services in primary care; Evidence based approaches)
September 2003	Washington DC, USA. Co-Chair, 1 st International Child Health Services Research Conference
May 2003	Seattle USA. Pediatric Academic Society Meeting. Workshop leader - ' <i>A systems approach to detecting and addressing developmental and behavioural problems.</i> '
February 2003	Melbourne, Victoria. Australian Institute of Family Studies Conference - invited speaker
February 2003	Hobart. Tasmanian Community Fund - Workshop on Early Intervention and Prevention, Invited keynote speaker
December 2002	Washington DC. Zero to Three. National Training Institute. Invited workshop ' <i>Continuing professional development for child care staff - a national program.</i> '
August 2002	Hobart, Tasmania. State Conference 'Our Kids.' Invited keynote address ' <i>Investment in early childhood: An Australian context.</i> '
June 2002	Canberra, Commonwealth Department of Health and Ageing. Early Child and Maternal Health Seminar. Invited keynote address ' <i>Making the case for investment in early childhood.</i> '
May 2002	Brisbane. RACP Annual Scientific Meeting. Invited Speaker. ' <i>Child health screening and surveillance guidelines.</i> '
March 2002	Melbourne, Australian Fabian Society, Fixing the Foundations: Early Childhood Development and Education. Invited keynote speaker
October 2001	Warsaw, Poland. European Society of Social Paediatrics. Invited keynote speaker
October 2001	Melbourne. VCOSS Social Policy Congress. Invited speaker: ' <i>The early years agenda; A policy imperative.</i> '
October 2001	Hamilton, New Zealand. The Early Intervention Association of Aotearoa/New Zealand. Invited keynote speaker. ' <i>A community based approach to early identification and early intervention in young children;</i> ' ' <i>Service delivery models that facilitate early detection and early intervention.</i> '
October 2001	Daylesford, Victoria. VATCCST Conference. Invited keynote speaker
September 2001	Beijing, China. 13th International Congress of Pediatrics. Invited keynote speaker and symposium participant
September 2001	Sydney Public Health Association of Australia. Invited keynote speaker ' <i>How do we refocus services to young children and their families?</i> '
August 2001	Melbourne. Future Directions in Early Childhood Learning Conference (VPCCA) Invited keynote speaker
April 2001	Canberra, Commonwealth Department of Family and Community Services. Stronger Families Forum. Invited keynote speaker. ' <i>Early childhood and the Australian context</i> '
January 2001	Palm Beach, Florida. Johnson & Johnson Pediatric Institute Round Table. Social-emotional Regulation: Dimensions, Developmental Trends and Influences. Invited speaker and participant
November 2000	Melbourne. The Critical Early Years Conference. Invited keynote speaker. ' <i>Early Childhood Services – an Australian Context</i> '
June 2000	Goteborg, Sweden. Swedish Society of Medicine/Nordic School of Public Health (Berzelius Symposium) – Keynote Speaker ' <i>Research and practice - a necessary connection</i> '
May 2000	Adelaide, RACP Annual Scientific Meeting. -invited workshop participant 'Medical Education' -invited workshop 'Writing Scientific Papers'

May 2000	Boston, Pediatric Academic Societies , Invited workshop participant, Academic general pediatrics – an Australian perspective
April 2000	Noosa, Queensland. Child Care Industry Association – Invited keynote speaker
April 2000	Jerusalem. Second International Congress on Pediatrics in the Community - Invited keynote speaker
January 2000	Palm Beach, Florida. Johnson & Johnson Pediatric Institute Round Table. Unexplained Crying and Fussing in Infancy. Invited speaker and participant
October 1999	Adelaide. Our Children the Future:: Early Childhood Conference - Invited keynote speaker
September 1999	Canberra. Making it Happen for Australia's Children Conference - Invited speaker
August 1999	Melbourne. Victorian Private Childcare Association National Conference - Invited keynote speaker
April 1999	Chicago. International 'expert' to the American Academy Pediatrics CATCH Program meeting
March 1999	Perth. The Godfrey Visiting Professor to the Princess Margaret Hospital for Children:Invited to deliver the RC Godfrey Oration
November 1998	Brisbane. Invited to deliver The John and Allie Bostock Endowed Lecture – Brisbane Lady Gowrie Child Centre Association
October 1998	Christchurch, New Zealand Consensus Conference on Neonatal Follow-up. Invited keynote speaker and facilitator
August 1998	Amsterdam, The Netherlands. 12th International Congress of Pediatrics Invited keynote address " <i>The changing nature of pediatric services - the emergence of community child health</i> ".
June 1998	New Zealand (Auckland, Hamilton, New Plymouth). Cottrell Visiting Professor in Paediatrics (under auspices of RACP)
September 1997	Singapore. Ministry of Health, Inaugural Paediatric Scientific Meeting - plenary speaker " <i>The spectrum of ambulatory care for children</i> ". " <i>Community Paediatrics in the next decade</i> "
August 1997	Christchurch, New Zealand Australasian Paediatric Meeting. Invited speaker, Symposium, " <i>Epidemiological Studies</i> "
July 1997	Jerusalem, Israel. Pediatrics in the Community - 2000 International Congress. Invited keynote speaker. " <i>The changing nature of pediatric services - the emergence of community child health</i> ".
March 1997	Hong Kong. 9th Asian Congress of Paediatrics. Keynote address - Community Child Health
September 1996	Melbourne. Royal Australian and New Zealand College of Psychiatrists, Faculty off Child & Adolescent Psychiatry, 9th Annual Conference. " <i>ADHD</i> "
May 1996	Brisbane. Australian College of Paediatrics Annual Scientific Meeting. Workshop - " <i>A Hitchikers Guide to Writing Grants and Proposals.</i> "
November 1995	Melbourne. AWCH (Australian Association for the Welfare of Child Health) National Conference. Keynote Address - " <i>The cutting edge of paediatrics - the interface between the teaching hospital and the community</i> ".
November 1995	Sydney. Tresillian Conference. Keynote Address - " <i>Nature versus nurture: Individual differences in temperament and behaviour</i> ".
August 1995	Bellagio, Italy. Rockefeller Conference Centre. Invited participant to conference " <i>Effectiveness in Adolescent Health</i> ". Presentation of paper " <i>School Health Services</i> ".
December 1994	Kuala Lumpur. University Kebangsaan Malaysia, Department of Paediatrics. Visiting Professor and external examiner.
May 1994	Hobart. Faculty of Community Child Health, Australian College of Paediatrics Annual Scientific Meeting. Symposium -" <i>Adapting models of community paediatrics to regional Australia</i> ".

May 1994	Hobart. Australian College of Paediatrics Annual Scientific Meeting. Symposium - <i>"Management of learning disorders - paediatric assessment"</i> .
October 1993	London University, Institute of Child Health. <i>"Ambulatory paediatrics - its relevance to the UK scene"</i> . Oxford, UK, John Radcliffe Infirmary. <i>"Child health services in the nineties - the concept of ambulatory paediatrics"</i> . St Elizabeth's Hospital. "Quality assurance in community paediatrics".
May 1993	Kuala Lumpur, Malaysia. Malaysian Paediatric Association. Keynote speaker.
November 1992	Sydney, Australia. Australian Association for Infant Mental Health. Keynote speaker - <i>"Crying and colic in infancy"</i> .
September 1992	Sante Fe, USA. 6th International Conference on Children at Risk. Invited address.
June 1992	Australian Remedial Education Association - 1992 Mona Tobias Award in recognition of significant contribution to children with learning difficulties in the community.
June 1992	Durban, South Africa. South African Paediatric Society. Keynote speaker.
September 1991	Adelaide, Australia. Australian Early Childhood Association 19th National Conference. Keynote speaker
May 1991	Perth, Australia. 7th Asian Congress of Paediatrics. Symposium - <i>"Training in developmental paediatrics"</i> .
June 1990	Hyderabad, India. World Health Organization - collaborative study on physical growth and psychosocial development - invited participant.
May 1990	Singapore. Australian College of Paediatrics/Singapore Paediatrics Society/Canadian Paediatric Society Joint Scientific Meeting. Chairman and contributor, Symposium on <i>"Contemporary issues in paediatric training"</i> .
September 1989	Freiburg, West Germany. European Society of Pneumonology, invited speaker - <i>"Changing paediatric morbidity - new priorities, new approaches"</i> .
May 1989	Adelaide, Australia. Australian College of Paediatrics, Annual Scientific Meeting Workshop - <i>"School problems - the paediatrician's role"</i> .
May 1989	Adelaide, Australia. Australian Community Child Health Medical Association, National Conference, keynote speaker - <i>"The future of school health in Australia"</i> .
April 1989	Rotorua, New Zealand. Paediatric Society of New Zealand, Ambulatory Paediatric Conference, keynote speaker.
Feb 1989	University of Capetown, South Africa. Department of Paediatrics - visiting lecturer.
June 1988	Flinders University, Australia. Diploma of Community Children Health, visiting lecturer.
May 1988	Bellagio, Italy - Rockefeller Foundation Conference Center, invited participant - <i>"Temperament risk factors in children"</i> .
May 1985	Hobart, Australia. Australian College of Paediatrics, Annual Scientific Meeting Symposium - <i>"Is today's training suitable for tomorrow's paediatrician?"</i> .
May 1983	Surfers Paradise, Australia. Australian College of Paediatrics, Annual Scientific Meeting Symposium - <i>"Learning disabilities - the paediatrician's role"</i> .
Oct 1982	Westmead Centre, Australia. <i>"The new paediatric morbidity - service, training and research challenges for the 1980's"</i> .
March 1982	Adelaide Children's Hospital, Australia. Grand Rounds - <i>"Ambulatory Paediatrics - a focus for paediatric services"</i> .
March 1982	Westmead Centre, Australia. Community Paediatric Symposium invited participant.

EDITORIAL ACTIVITIES

2010 - 2014	World Perspectives Editor, Journal of Developmental & Behavioral Pediatrics
2009	Editorial Board, Archives of Pediatrics and Adolescent Medicine (USA)
2005	Editorial Board, Archives of Diseases in Childhood (UK)
2005	Editorial Board, Vulnerable Children and Youth Studies (UK/International)
2004	Editorial Board: Current Pediatric Reviews (USA)
2001 - 2009	Editor-in-Chief, Journal of Paediatrics and Child Health (Australia)
1997- 2001	Editor, Ambulatory Child Health (USA and UK)
1997	Founding Editor, Child Care and Children's Health (Australia)
1996 - 1997	Section Editor, Ambulatory Child Health (USA and UK)
1994 - 1996	Chair, National Editorial Board, The Australian Paediatric Review Training Program
1994 - 2004	Corresponding Editor: Child: Care, Health and Development (UK)
1994 - 2001	Editorial Board: Ambulatory Child Health (USA and UK)
1992 - 2004	Editorial Board: Australian Journal of Learning Disabilities
1992 -	Founding Editor: Community Paediatric Review. (Australia)
1992 - 2000	Founding Editor: Emergency Paediatric Review (Australia)
1990 - 2000	Editor: Journal of Paediatrics & Child Health (Australia)
1990 - 2000	Founding Editor: The Australian Paediatric Review (Australia)
1987 - 2013	Editorial Board: Journal of Developmental and Behavioral Pediatrics (USA)
1985 - 1992	Editorial Board: Pediatrician (Switzerland)
1981 - 1989	Deputy Editor: Australian Paediatric Journal

REVIEW AND ASSESSMENT

2018	BMJ Global Health - Reveiwer
2017	Reveiwer - Charles H Hood Foundation Major Grants Program, Boston.
2017	Reviewer – Scandinavian Journal of Public Health
2017	Reviewer - British Academy
2017	Reviewer - Journal of Global Mental Health
2017	Reviewer - British Medical Journal
2017	Reviewer – Israel Journal of Health Services Research
2011	Queensland University Department of Medicine, MD Examiner
2007	Canada Foundation for Innovation – Research Hospital Fund (Large Scale Institutional Endeavours) – review of proposals for funding
2005	International Conference on Infant Studies (ICIS) – review of submitted abstracts for scientific meeting
2004 – 2015	Pediatric Academic Societies (USA) – review of submitted abstracts for annual scientific meeting
2004 - 2010	Co-Chair, Health Services research session at PAS
2004	University of Queensland – MPH program. Dissertation examiner
2004	University of Sydney, PhD thesis examiner
2004	Lottery Health Research (New Zealand) – reviewer of research proposals
2003	University of Sydney (Faculty of Medicine) – Faculty Promotion Committee
2000 - 2001	Reviewer, Royal Children's Hospital (Brisbane) Research Foundation – Queensland Regional Research Project Grant
2000	Review Panel, Establishment of new MRC National Research Unit, Medical Research Council of South Africa
2000	Reviewer, Ausinet, project on good practice guidelines
2000	Reviewer, Israel Science Foundation

1998	External Examiner, Bachelor of Medical Science, University of Melbourne
1997	External examiner, Master's program, Department of Community Medicine, Monash University
1997	External examiner, Master of Public Health, University of Melbourne
1996 - 1997	Independent reviewer, Commonwealth Department of General Practice Evaluation Program (GPEP)
1996	Independent reviewer, Queensland Health Promotion Council
1996	Public Health Association of Australia, J Ashburton Thompson Award
1995 - 1998	Independent reviewer, Western Australian Health Promotion Foundation
1994 - 2000	Editorial Board: Pharmacy Paediatric Review
1994 - 2000	Editorial Board: Emergency Paediatric Review
1994	External examiner, MPH Faculty of Medicine, Monash University
1993 - 1994	External assessor, Channel 7 Children's Hospital Research Foundation of South Australia
1993	Independent Reviewer, Health Research Council of New Zealand
1992	External assessor, King Edward Memorial Hospital Research Foundation, Perth, Western Australia
1992	External assessor, Women's and Children's Hospital, Adelaide, South Australia
1990 - 1996	Independent assessor, National Children's Health Research Foundation, New Zealand
1990	External PhD examiner, School of Education, La Trobe University
1988	External assessor, Research Grants Advisory Committee, Children's Hospital, Camperdown, NSW
1983	External examiner, MSc candidates, Faculty of Science, University of Melbourne
1983	External examiner, Diploma of Community Child Health, Flinders University, South Australia
1982 - 2012	Independent assessor, National Health & Medical Research Council of Australia
1980	Independent reviewer – Pediatrics; Medical Journal of Australia; Journal of Paediatrics & Child Health; Pediatrician; Child; International Journal for Quality in Health Care; Child Abuse & Neglect; Archives of Disease in Childhood; Health Promotion International; Australian Family Physician; Pediatric Surgery International; Modern Medicine; Medicine Today. ANZ Journal of Psychiatry; Journal Paediatrics & Child Health (Canada); Pediatrics (USA); Paediatric and Perinatal Epidemiology; The Wellcome Trust (UK); Early Human Development; The Lancet; European Child & Adolescent Psychiatry

INTERNATIONAL COMMITTEES/ADVISORY GROUPS

2018 -	Member, WHO Nurturing Care Framework Implementation Working Group
2019 -	Member, UNICEF Evaluation Reference Group of the Europe and Central Asia Universal Progressive Home Visiting Multi-Country Evaluation
2017 -	Member, Faculty Experts Group, Early Childhood Community Systems – Collaborative Innovation and Learning Network (ECCS CoLIN)
2015 - 2016	Member, WHO Human Rights Based Approach to Under-Five Mortality
2014 - 2017	Member, UNICEF International Technical Advisory Group for Young Child Wellbeing
2014 -	Blackpool Better Start Expert Advisory Group
2010 - 2015	Member, Alberta Family Wellness Initiative (Canada)

2010 -	Council Member, Goba Initiative for Consensus in Pediatrics
2009 - 2015	Member, Advisory Council, Norlien Foundation (Canada)
2008	Connecticut Help Me Grow Program – National Dissemination Project – Member, Advisory Committee
2007 - 2011	Member, Advisory Council, Fraser Mustard Chair in Child Development at University of Alberta, Canada
2007	WHO – Regional Consultation on Social Determinants of Health for South East Asia, Colombo Sri Lanka. Invited Expert on Early Child Development
2006 - 2008	WHO Early Childhood Development Global Knowledge Hub – invited member
2006 - 2007	UCLA Center for Healthier Children, Families and Communities – Consultant for Center for Results for First Five Project
2006	University of Calgary/Alberta Health Region. Consultant to planning and implementation of University Child Development Centre to be based at the Calgary Children's Hospital
2005	Israel – scoping review of early childhood services (Rash-Sacta Foundation)
2004 - 2006	World Psychiatric Association Programme on Child Mental Health – Member International Advisory Board
2004	WHO – Department of Child & Adolescent Health, Chair Technical Steering Committee
2004	USA – National Children's Study Healthy Development Working Group – invited consultant
2003 - 2006	WHO - Department of Child and Adolescent Health, Member Technical Steering Committee
2003	WHO – Meeting to discuss improving care of infants and young children.
2002 - 2003	London - The North West London Hospitals NHS Trust (Children's Services Directorate) -Review of paediatric services (hospital and community)
2000 - 2003	International Advisor, Academy of Pediatric Nutrition - Wyeth-Ayerst
1999	London - The North West London Hospitals NHS Trust (Children's Services Directorate) - keynote speaker and facilitator at workshop to develop new models of paediatric ambulatory care
1997	Singapore. Review of Child Development Unit, KK Women's and Children's Hospital
1996	Auckland, New Zealand. North Health - Review of ambulatory and community paediatric services and links with hospitals
1995 - 1996	Member, NHMRC working party on Attention Deficit Hyperactivity Disorder
1993 - 1995	Advisor, Employment in the Community for Youth Foundation (ECY)
1992 - 1993	Member, NHMRC Expert Panel on Health Surveillance in Children.
1992	Consultant to Red Cross Children's Hospital, Capetown, South Africa. Review of hospital ambulatory services and integration with community child health services.
1990	Consultant to Princess Mary Children's Hospital, Auckland Area Health Board, Auckland, New Zealand. Review of functioning of clinical paediatric unit - inpatient, outpatient and emergency services.
1989 - 1990	Member, NHMRC Expert Panel on Learning Difficulties in Children and Adolescents.
1985 - 1987	Consultant in Maternal and Child Health - World Health Organization, Geneva.
1982 - 1989	Research and Evaluation Subcommittee, Lady Gowrie Children's Centre, Melbourne.
1982 - 1985	Consultant Paediatrician, Queen Elizabeth Hospital for Mothers and Babies, Melbourne.

1981 - 1994 Consultant on Child and Family Health, Health Department of Victoria.
 1978 - 1980 Consultant, Head Start Evaluation Project, Department of Health Services, Harvard School of Public Health, Boston, USA.

NATIONAL COMMITTEES/ ADVISORY GROUPS

2019 - National Child Mental Health and Wellbeing Strategy. Provide expert advice to the Federal Minister for Health, Co-Chair.

2017 - 2019 Early Childhood Development Expert Reference Panel (Northern Territory, provide expert advice to the NT Minister for Children), Deputy Chair

2016 – 2017 Early Childhood Development Expert Reference Panel (Northern Territory, provide expert advice to the NT Minister for Children), Member

2016 - 2019 Telethon Kids Institute (TKI) Early Childhood Collaboration Council. Member

2014 - 2017 GoodStart Early Learning Thought Leaders Group

2013 - 2014 National Framework for Protecting Australia's Children – Expert Reference Group

2013 - 2014 DEECD Disability Reform Steering Group

2012 - 2014 Expanded Medicare Healthy Kids Check– Expert Advisory Committee (Chair)

2010 - 2012 Mental Health Expert Working Group (Minister for Mental Health)

2007 - 2009 Australian Families and Children's Council (AFCC)

2007 - 2008 ARACY ARC/NHMRC Network Advisory Committee

2007 - 2008 Member, Carer Payment (Child) Review Taskforce, Australian Department of Family, Community Services and Indigenous Affairs

2007 - 2008 ARACY New Investigators' Network Mentor Group

2005 - 2008 Advisory Board, Australian Doctor

2005 - 2008 Chair, Raising Children Network Steering Committee

2004 - 2007 Chair, Australian Early Developmental Index (AEDI) National Steering Committee

2003 - 2009 Advisory Panel – Smart Population Foundation

2003 - 2005 Expert Panel, Commonwealth Department of Family and Community Services

2003 - 2006 NHMRC – Member Health Advisory Committee

2002 - 2007 Department of Health and Ageing - National Illicit Drug Strategy; Community Partnerships Initiative, Expert Advisory Committee

2002 - 2007 Member, Research Agenda Scoping Committee, Australian Research Alliance for Children and Youth (ARACY)

2000 - 2006 Board of Management, Australian Institute of Family Studies

Audit, Finance and Administration Subcommittee

2000 - 2002 Foundation for Young Australians. Chair, Victorian Regional Committee

2000 Member Clinical Support Systems Project Tender Assessment Panel, Royal Australasian College of Physicians

1999 Member, Evaluation of Child Disability Assessment Tool panel, Department of Family and Community Services

1998 – 2002 Member Communications and Publications Committee, Royal Australasian College of Physicians

1998 - 2002 Chair, Board of Continuing Education, Division of Paediatrics Royal Australasian College of Physicians

1998 - 2001 Member of Council, Royal Australasian College of Physicians

1997 - Chair, National Advisory Board, Child Care and Children's Health

1996 - 2001 Member, Australian College of Paediatrics Policy Review Standing Committee

1995 - 1998 Member, Board of Continuing Education, Australian College of Paediatrics

1995 -	Member of Executive, Australian Youth Foundation, Sydney
1994 - 1997	Member, Committee to Review Child Disability Allowance, Department of Social Security (Commonwealth of Australia)
1993 - 1994	Member, National Consultative Committee, Young Australia Profile (National Children's Bureau of Australia)
1992	Royal Australasian College of Physicians/Australian College of Paediatrics Joint Working Party
1991 - 1999	Member of the Board of Governors, Australian Youth Foundation, Sydney.
1991 - 1995	Co-convenor, Australian College of Paediatrics/Australian College of Emergency Medicine Joint Working Party on Training.
1991 - 1994	Member, Executive Committee, Special Interest Group (Child Health), Public Health Association of Australia.
1991 - 1998	Board of Governors, Australian Youth Foundation, Sydney.
1991	Member, NHMRC Working Party on Child Health Surveillance
1990 - 1994	Australian Board of Paediatric Censors (Australian College of Paediatrics) - Foundation member
1990 - 1994	Vice President, Australian College of Paediatrics
1990 - 1994	Member, Australian College of Paediatrics Committee on Paediatric Emergency Services.
1989 - 1990	Paediatric Training and Certification Committee, Australian College of Paediatrics/Royal Australasian College of Physicians - Foundation member
1988	Consultant on Child Health - Hunter Area Health Region, Newcastle, New South Wales. Review of community paediatric services in region.
1988	Acting Registrar, Australian College of Paediatrics
1986 - 1994	Member of Council, Australian College of Paediatrics
1984	Australian College of Paediatrics/Royal Australian College of General Practitioners Working Party
1983 - 1991	Scientific Subcommittee, Australian College of Paediatrics
1981 - 1989	Standing Committee on Community Paediatrics, Australian College of Paediatrics

STATE COMMITTEES/ADVISORY GROUPS

2018	Chair, Expert Panel, The Menu for School Readiness Funding
2017	Member: Expert Panel for School Readiness. Dept of Education
2016-2018	Co-Chair, Learning Systems Practice and Implementation Group (working group from Roadmap to Reform, Minister Mikakos)
2016 – 2017	Co-Chair, Child Mental Health Working Group (working group from Mental Health Expert Task Force, Minister Foley)
2015 - 2016	Member, Ministerial Mental Health Expert Taskforce. Chaired by the Minister for Mental Health, Min Martin Foley
2015 - 2019	Member Ministerial Implementation Advisory Group. Roadmap for Reform: Strong Families, Safe Children. Minister Mikakos
2010 -	Chair, Victorian Children's Council
2008 – 2011	Member, Victorian Department of Education and Early Childhood Development Strategic Think Tank
2005 - 2010	Deputy Chair, Victorian Children's Council
2005	Co-chair, Technical Reference Group, Victorian Child Health & Wellbeing Survey
2004	Chair Steering Committee, Victorian Infant Hearing Screening Program
2003 - 2004	Member, Premier's Children's Advisory Committee
2001	Review of Speech Pathology Department, Royal Children's Hospital, Melbourne

1999 - 2003	Director, Board of Management, Communities That Care Ltd.
1999 - 2001	Chair, Primary Care and Community Services Redevelopment Committee, Department of Human Services
1999 - 2000	Member, High Risk Infant Reference Group, Department of Human Services
1997 - 2000	Member, Research Committee, Victorian Parenting Centre
1996 - 2000	Foundation Director, Board of Management, the Victorian Parenting Centre
1996 - 1999	Member, Community Child Health Reference Group, Health & Community Services
1996 - 1999	Member, Child and Adolescent Health Surveillance Working Party, Health & Community Service
1995 - 1998	Member, Reference Group, Positive Parenting Program, Health & Community Services
1993 - 1998	Member, Child Health Record Evaluation Advisory Committee, Health & Community Services
1991 - 2001	Institutional Ethics Committee, Brotherhood of St Laurence, Melbourne.
1990 - 2000	Research Advisory Group, Brotherhood of St Laurence, Melbourne
1990 - 1992	Member, Victorian State Committee, Royal Australasian College of Physicians
1990 - 1992	Member, Victorian Child Health Program Reference Group, Health Department Victoria
1990 - 1992	Convenor, Child Health Record Working Group, Health Department Victoria.
1990 - 1991	Member, Health Surveillance Working Party, Health Department Victoria
1989 - 1992	Royal Australian College of Physicians/Health Department of Victorian Consultative Committee.
1986 - 1994	Member, Victorian State Committee, Australian College of Paediatrics
1983	Chairman, Australian College of Paediatrics (Victorian State Committee), Working Party Submission to School Medical Service Review
1981 -1989	Community Child Health Advisory Committee, Royal Australian College of General Practitioners

INSTITUTIONAL COMMITTEES (EXTERNAL)

2004 - 2009	Vice President, Jewish Care
2001 - 2009	Jewish Care - Board Member
2001 - 2009	Jewish Care - Services Delivery Committee
1999	Jewish Community Services – Board Member
1998 - 1999	University of Melbourne, Member of Faculty of Medicine, Dentistry and Health Sciences
1997 - 1999	Jewish Community Services, Member Strategic Planning Committee
1995 - 2000	Founding Board Member, The Victorian Parenting Centre
1993 - 1994	Member, Strategic Reference Committee, Brotherhood of St Lawrence Youth Homelessness Project
1991 - 2000	Institutional Ethics Committee, Brotherhood of St Lawrence, Melbourne
1990 - 2000	Research Advisory Group, Brotherhood of St Lawrence, Melbourne
1989 - 1993	Course Advisory Committee for Graduate Diploma in Psychology, Phillip Institute, Melbourne
1982 - 1989	Research and Evaluation Subcommittee, Lady Gowrie Children's Centre, Melbourne
1982 - 1986	Course Committee, Diploma in Applied Science (Community Health Nursing), Lincoln Institute, Melbourne

INSTITUTIONAL COMMITTEES (ROYAL CHILDREN'S HOSPITAL/MURDOCH CHILDREN'S RESEARCH INSTITUTE)

2015 - 2017	Member, Gen V Steering Committee
2014 –	Member, RCH National Centre for Excellence in Mental Health Steering Committee
2009 - 2010	Research Stream Leader, Healthy Development Theme, Murdoch Children's Research Institute
2006 - 2010	Member Executive, Healthy Development Theme, Murdoch Children's Research Institute
2005 - 2007	Immunisation CCRE – NHMRC Centre for Clinical Research Excellence in Child and Adolescent Immunisation
2004	Chair, Ambulatory Services Working Group. RCH Project Renewal
2003 - 2005	Member, RCH Medical Education Committee
2002 - 2006	Associate Director (Public Health) – Murdoch Children's Research Institute
1998 -	Board of Directors, Royal Children's Hospital Education Institute
1997 - 2004	Chair, RCH GP Liaison Committee
1997 - 2000	Chair, RCH Asthma Group
1997 - 1999	Chair, Course Advisory Committee, Graduate Diploma in Child Health, University of Melbourne
1993 - 2006	Board of Directors, Royal Children's Hospital Foundation
1992 - 1994	Divisional Management Committee, Royal Children's Hospital
1991	Member, Curriculum Advisory Committee Emergency and Ambulatory Paediatric Nursing Course, McKinnon School of Nursing
1990 - 1995	Member, Technical Panel, Ethics in Human Research Committee
1988 - 1991	Medical Appointments Advisory Board
1986 - 1992	Outpatients Committee
1986 - 1991	Ground Floor Redevelopment Committee
1986 - 1990	Member of Executive, Division of Medicine
1986 - 1987	Member of Executive, Medical Staff Association
1984 - 1990	Hospital Statistics Committee
1984 - 1987	Ethics Committee

AWARDED TENDERS

2019	Beyond Blue. Developing an evaluation matrix for the Be You Programs Directory. Oberklaid, F., Quach, J., Darling, S., Reavley, N., Sanci, L., Williams, I., Goldfield, S.: \$150,000
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MAJOR GRANTS

2019	Ian Potter Foundation Major Grant and matched funding from the Victorian Department of Education. Building capacity of primary schools to address children's mental health. Oberklaid, F., Darling, S., Grey, N., Quach, J. 2019-2020: \$1.2million
2019	Ross Trust Challenge and Change Grant. Prevention, early intervention and support for school-aged children with mental health issues: The specific challenges in regional and rural areas. Oberklaid, F., Darling, S., Quach, J. 2020: \$99,612
2016 - 2018	Goldfeld S, Williams K, Redmond G, Badland H, Oberklaid F, Free G, Mensah F, Woolfenden S, Proimos J, Kvalsvig A, Ahmed E. Changing children's chance: Exploring pathways to developmental inequities ARC Discovery Grant (DP160101735) (\$587,042) 2016: \$200,000 2017: \$180,000 2018: \$200,000

2013 - 2016	Goldfeld S, Snow P, Eadie P, Munro J, Gold L, Oberklaid F, Connell J, Andersen-Dalheim B, Inniss G, Barnett T, Hopkins L. Improving children's language, literacy and mental health: evaluating the impact of the classroom promotion of oral language (CPOL) approach. ARC Linkage Grant ARC Amount: \$570,000 (2013: \$105,000 2014: \$195,000 2015: \$180,000 2016: \$90,000) LP13 R1 (2013-2016). LP130100308
2013 - 2016	Goldfeld S, Snow P, Eadie P, Munro J, Gold L, Oberklaid F, Connell J, Andersen-Dalheim B, Inniss G, Barnett T, Hopkins L. Investigating the impact of the Classroom Promotion of Oral Language (CPOL) Trial on children's language, literacy and mental health. Ian Potter Foundation. \$250,000 (Frank CI) App 20130004
2010 – 2014	Taylor C, Thorpe K, Griffin P, Oberklaid F, et al. Assessing the effectiveness of early childhood education and care programs in Australian communities. Australian Research Council \$3,225,882
2010 - 2013	Harriet Hiscock, Daryl Efron, Frank Oberklaid, Emma Sciberras. Impact of a sleep intervention in children with ADHD: a randomized controlled trial. \$382,750 NHMRC (APP607362)
2009 - 2011	Oberklaid F, McLoughlin J. Linking schools and early years. Victorian Department of Education and Early Childhood Development \$550,000
2008 - 2011	Oberklaid F. The Australian Early Developmental Index – National Implementation. Commonwealth Department of Education, Employment and Workplace Relations \$16,830,000
2008	Hiscock H, Efron D, Oberklaid F. Managing sleep problems in children with ADHD. Foundations for Children \$45,000
2007 - 2011	Wake M, Patton G, Carlin J, Reilly S, Halliday J, Ponsonby AL, Sanson A, Oberklaid F, Dwyer T. A solution based approach; Developing child health research with a focus on preventive interventions for common childhood disorders. NHMRC (Capacity Building Grant) - \$2,449,375
2007 - 2008	Oberklaid F et al Australian Early Development Index: Building Better Communities for Children - Stage 2. Department of Families, Community Services and Indigenous Affairs \$2,878,000
2007 - 2008	Wake M, Hiscock H, Mathers M, Moore T, Oberklaid F. Growing the evidence base for early intervention for young children with social, emotional and/or behavioural problems: systematic literature review. Victorian Department Human Services \$53,500
2007	Hiscock H, Efron D, Wake M, Sewell J, Oberklaid F, South M. Development of a Victorian Paediatric Research Network. MCRI - \$60,000
2007	Oberklaid F. Development of an Individual AEDI Student Reporting System Office for Children, Victorian Department of Human Services \$14,326
2006 - 2008	Oberklaid F, McLoughlin J. Linking schools and early years. The RE Ross Trust - \$367,450
2005 - 2006	Oberklaid F. Platforms – Service Redevelopment Strategy. Commonwealth Department of Family and Community Services - \$357,900
2003 - 2005	Oberklaid F. Refocusing community based services for young children and their families. The Ross Trust \$773,000
2003 - 2004	Oberklaid F. A toolkit of evidence based interventions Telstra Foundation - \$135,000
2003 - 2004	Oberklaid F, McLoughlin J. Analysis of parenting information and programs. Commonwealth Department of Family and Community Services - \$317,400
2003	Waters E, Wake M, Williams J, Oberklaid F. Scoping study for the Victorian Epidemiological Study of Children's Health, Development and Wellbeing Victorian health promotion foundation - \$50,000

2003	Oberklaid F. Development of a measure to assess 'readiness to learn' in Australian children. Commonwealth Department of Family and Community Services - \$67,700
2002 - 2004	Oberklaid F, McLoughlin J. Moonee Valley Platforms Feasibility Project. Commonwealth Department of Family and Community Services -\$318,000
2002	Oberklaid F. Developing comprehensive community based systems in early childhood Commonwealth Department of Family and Community Services - \$65,000
2002	Newman B, Nicholson J, Oberklaid F, Wake M, Waters E. A life course perspective on health: Strengthening and extending the population health workforce and research capacity. Commonwealth Department of Health and Ageing (Public Health Education and Research Program) - \$570,000
2002	Oberklaid F. Reading with young children (ROAR). Telstra Foundation - \$83,000
2001	Hiscock H, Wake M, Oberklaid F. Preventing preschool behaviour problems; A community based pilot program. Buckland Foundation - \$55,763
2001	Oberklaid F. Refocusing community based services for young children and their families (Phase one). The Ross Trust \$95,000
2000	Oberklaid F, Wake M. Parent Education and Support program Dept Human Services - \$100,000
1999 – 2001	Sanson A, Toumbourou J, Prior M, Oberklaid F. Longitudinal pathways to adolescent adjustment and maladjustment: risk and resilience. NHMRC - \$386,940
1999 - 2001	Robertson C, Oberklaid F et al. Evidence based asthma management: does it improve outcomes and reduce costs? Department of Human Services (Quality Branch) - \$476,00
1999	Robertson C, Oberklaid F et al. A collaborative approach to implementation of comprehensive evidence based medicine in the management of asthma in a major paediatric teaching hospital NHMRC – \$61,000
1999	Haby M., Oberklaid F. et al. Asthma in Children: Gaps between current management and best practice. Royal Children's Hospital Research Institute - \$50,000
1999	Oberklaid F. Evidence based review of child health screening and surveillance guidelines NHMRC - \$127, 815
1999	Oberklaid F. Systematic review of pre-hospital models of care of patients with chronic illness. Dept Human Services (Aged, Community & Mental Health) - \$50,000
1999	Oberklaid F, Wake M. The Right Start Project. Queen's Trust for Young Australians - \$50,000
1998	Sanson A, Toumbourou J, Prior M, Oberklaid F. Longitudinal pathways to adolescent antisocial behaviour, substance abuse and anxiety/depression Royal Children's Hospital Research Institute - \$53,422
1997	Oberklaid F, Wake M. The evaluation of a structured parent education and support program delivered by community nurses in the first 2 years of life Australian Rotary Research Fund - \$36,000
1997	Oberklaid F, Wake M. The development and implementation of a structured parent education and support program for maternal and child health nurses. Department of Human Services (Victoria), Office of the Family - \$95,000
1996 - 1997	Jarman, F., Oberklaid, F., Rickards, F., Saunders, K. Phase 2 evaluation of the Victorian Infant Hearing Screening Program Royal Children's Hospital Research Foundation - \$120,000

1996	Prior,M., Oberklaid,F., Sanson, A. Following up children from 11 to 14 years: Stability and change in psychological disorders Royal Children's Hospital Research Foundation - \$63,000
1994 - 1996	Prior, M., Sanson, A., Oberklaid, F., Bowes, G. Psychosocial adjustment in the transition from preadolescence to adolescence: risk and resilience. NH&MRC - \$165,638
1992 - 1994	Aldridge, S.A., Jarman, F.C., Rickards, F., Oberklaid, F., et al. Evaluation of a new infant hearing screening program. Victorian Health Promotion Foundation - \$159,346
1992 - 1994	Oberklaid, F., Jarman, F.C., Sanson, A. Children with chronic illness - Child and family factors which predict favourable psychosocial adjustment. Victorian Health Promotion Foundation - \$147,304
1992	Oberklaid, F., Jarman, F.C., Sanson, A. Children with chronic illness. Victorian Health Promotion Foundation - \$40,144
1992	Oberklaid, F., Varigos, G.A., Sanson, A. Psychosocial factors associated with childhood eczema and its response to treatment. Royal Children's Hospital Research Foundation - \$16,000
1992	Jarman, F.C., Oberklaid, F., Sanson, A. Children with chronic illness: Child and family factors which predict favourable psychosocial adjustment. Royal Children's Hospital Research Foundation - \$25,000
1992	Aldridge, S.A., Jarman, F.C., Rickards, F., Oberklaid, F., et a. Implementation and evaluation of a new infant hearing screening program in the state of Victoria. Royal Children's Hospital Research Foundation - \$28,000
1991	Oberklaid, F., Varigos, G., Sanson, A. The influence of psychosocial factors in childhood eczema. Royal Children's Hospital Research Foundation - \$23,000
1991	Jarman, F.C., Oberklaid, F., Sanson, A. Children with chronic illness - predictors of psychosocial adjustment. Royal Children's Hospital Research Foundation - \$26,000
1990 - 1993	Nolan, T., Oberklaid, F., Wells, J., Catto-Smith, A. Biofeedback for treatment resistant faecal incontinence in children. National Health & Medical Research Council - \$73,784
1990	Nolan, T., Oberklaid, F. Encopresis Study. Royal Children's Hospital Research Foundation - \$8,500
1989	Oberklaid, F. Study of asthma attendances at Royal Children's Hospital. Glaxo - \$15,000
1988 -1991	Oberklaid, F., Prior, M., Sanson, A. Dysfunction in early school age - antecedents and outcomes. National Health & Medical Research Council - \$198,456
1988 - 1989	Nolan, T., Debelle, G.D., Oberklaid, F. Clinical trial of behaviour modification and multimodal therapy in encopresis. National Health & medical Research Council - \$27,290
1988	Oberklaid, F. Grant-in-aid. Royal Children's Hospital Research Foundation - \$20,000
1988	Oberklaid, F. Children with school problems: an analysis of antecedents and current functioning in youngsters evaluated in a multidisciplinary program. Percy Baxter Charitable Trust - \$5,000, George Brooke Hutchings Bequest - \$5,000
1987 - 1989	Oberklaid, F., Prior, M. Factors in the child-environment transaction affecting development. National Health and Medical Research Council - \$94,331
1987 - 1988	Hill, D., Oberklaid, F. The role of diet in infantile colic. Bristol Myers - \$34,610
1986 - 1988	Oberklaid, F., Sewell, J. The outcome of very low birthweight infants. A study of health, developmental and behavioural function in the first 2 years of life. Clive and Vera Ramaciotti Foundation - \$40,925

1985 - 1987	Oberklaid, F., Prior, M. Temperament and behaviour - a prospective longitudinal study. National Health and Medical Research Council - \$99,083
1984	Oberklaid, F., Prior, M. Temperament and development - a prospective study of an Australian cohort. Royal Children's Hospital Research Foundation - \$22,333
1983 - 1984	Oberklaid, F., Dunt, D. Selection of primary medical care among low-income families in Melbourne; The relative importance of economic and psychosocial factors. Health Services Research and Development Grant - \$17,500
1983	Oberklaid, F., Prior, M. Temperament in Australian infants. Royal Children's Hospital Research Foundation - \$12,000
1982	Oberklaid, F., Prior, M. Temperament in Australian infants. Royal Children's Hospital Research Foundation - \$5,000

PUBLICATIONS (PEER REVIEWED)

164.	Darling S, Oberklaid F. Child mental health: building a shared language. InSight+ Med J Aust September 2019
163.	Yaari M, Sheehan J, Oberklaid F, Hiscock H. Early Minds: a pilot randomised controlled trial of a mindfulness program in early learning centres. Pilot and Feasibility Studies. Springer Nature BMC. 2019; 5:81
162.	Sciberras E, Mulraney M, Mensah F, Oberklaid F, Efron D, Hiscock H. Sustained impact of a sleep intervention and moderators of treatment outcome for children with ADHD: A randomized controlled trial. Psychological Medicine. 2019;18:1-10
161.	Inkelas M, Oberklaid F. Improving preventive and health promotion care. Israel Journal of Health Policy Research 2018;7:62 https://doi.org/10.1186/s13584-018-0259-3
160.	Knight K, Stephenson S, West S, Delatycki M, Jones C, Little M, Patton G, Sawyer S, Skinner S, Telfer M, Wake M, North, Oberklaid F. The kids are ok: It's discrimination, not same-sex parents that harms children. <i>Med J Aust</i> 2017; 207 (9): 1. doi: 10.5694/mja17.00943
159.	Porter B, Gadassi H, Grossman Z, Kerem E, Katz M, Oberklaid F. Community Paediatrics in Israel: The 'Goshen' Model for Change <i>Archives in Disease and Childhood</i> 2017;102:795-797. http://dx.doi.org/10.1136/archdischild-2016-312468
158.	D'Aprano A, Silburn S, Johnston V, Oberklaid F, Tayler C. Culturally Appropriate Training for Remote Australian Aboriginal Health Workers: Evaluation of an Early Child Development Training Intervention. <i>Journal of Developmental and Behavioral Pediatrics</i> : JDBP. 2016;36(7):503-11
157.	D'Aprano A, Silburn S, Johnston V, Robinson G, Oberklaid F, Squires J. Adaptation of the Ages and Stages Questionnaire for Remote Aboriginal Australia. <i>Qualitative Health Research</i> . 2016;26(5):613-25.

156. D'Aprano A, Silburn S, Johnston V, Bailie R, Mensah F, Oberklaid F, et al. Challenges in monitoring the development of young children in remote Aboriginal health services: clinical audit findings and recommendations for improving practice. *Rural Remote Health*. 2016;16(3):3852
155. Oberklaid F. Early childhood development: Finding a common language. *International J Birth and Parent Education* 2015;1;(3):3 (Guest editorial)
154. Hiscock H, Sciberras E, Mensah F, Gerner B, Efron D, Khano S, Oberklaid F. Impact of a behavioural sleep intervention on symptoms and sleep in children with attention deficit hyperactivity disorder, and parental mental health: randomised controlled trial. *British Medical Journal* 2015 Jan, 20;350:h68, doi: 10.1136/bmj.h68.
153. Hiscock H, Sciberras E, Mensah F, Gerner B, Efron D, Khano S, Oberklaid F. Impact of a behavioral sleep intervention on ADHD symptoms, child sleep and parent health: A randomized controlled trial. *BMJ* 2015; 350 :h68
152. Oberklaid F. Prevention and early detection in young children: Challenges for policy and for practice. *Med J Aust* 2014; 201: 369-370. PMID: 25296045
151. D'Aprano A, Silburn S, Johnston V, Robinson G, Oberklaid F, Squires J. Adaptation of the Ages and Stages Questionnaire (ASQ-3) for Remote Aboriginal Australia. *Qual Health Research* 2016 Apr; 26(5):613-25. doi: 10.1177/1049732314562891. Epub 2014 Dec 8.
150. Quach J, Oberklaid F, Gold L, Mensah FK, Lucas N, Wake M. Primary health-care costs associated with special health care needs up to age 7 years: Australian population-based study. *Journal of Paediatrics and Child Health* published online 13 Jun 2014 doi:10.1111/jpc.12649 (IF 1.25) (LSAC)
149. Oberklaid F. Struggling at school: A practical guide to the child that isn't coping. *Australian Family Physician* 2014;43(4):186-188.
148. Serry T, Oberklaid F. Children with reading problems: Missed opportunities to make a difference. *Australian J Education* 2014; *Australian Journal of Education*. 2014; 59:1:22-34
147. Oberklaid F. It's time: A new era for paediatrics and child health in Australia. *J Paeds and Child Health* 2013; 49; 361-363
146. Rhodes A, Sciberras E, Oberklaid F, South M, Davies S, Efron D. Unmet behavioral, developmental and psychosocial needs in children attending pediatric outpatient clinics. *J Dev Behav Peds* 2012; 33: 469-478
145. Goldfeld S, O'Connor M, Sayers M, Moore T, Oberklaid F. The prevalence and correlates of special health care needs in a population cohort of Australian children at school entry. *J Dev Behav Pediatrics* 2012; 33: 319-327
144. Roberts G, Price A, Oberklaid F. The Paediatrician's role in caring for children with learning difficulties. *J Paediatrics and Child Health* 2012;48: 1086-1090
143. Oberklaid F, Drever K. Is my child normal? Milestones/red flags for referral *Aust Family Physician* 2011; 40: 666-671

142. Hiscock H, Roberts G, Efron D, Sewell J, Bryson H, Price A, Oberklaid F, South M, Wake M. Children Attending Paediatricians Study: National prospective audit of office practice from the Australian Paediatric Research Network. *Medical Journal Australia* 2011; 194:392-397
141. Sciberras E, Fulton M, Efron D, Oberklaid F, Hiscock H. Managing sleep problems in school aged children with ADHD: A pilot randomized controlled trial. Accepted *Sleep Medicine* 2011; 12(9):932-5
140. Oberklaid F. Addressing the needs of children and families in Israel – Strengthening community paediatrics. *IMAJ* 2011; 13: 178-179
139. Sciberras E, Efron D, Gerner B, Davey M, Mensch F, Oberklaid F, Hiscock H. Study protocol: the sleeping sound with attention-deficit/hyperactivity disorder project. *BMC Pediatrics* 2010; 10:101
138. Goldfeld S, Sayers M, Brinkman S, Silburn S, Oberklaid F. The process and policy challenges of adapting and implementing the early development Instrument in Australia, *Early Education & Development* 2009; 20: 6,978-991. DOI: 10.1080/10409280903375800
137. Sanson A V, Letcher P, Smart D, Prior M, Toumbourou JW, Oberklaid F. Associations between early childhood temperament clusters and later psychosocial adjustment. *Merrill Palmer Quarterly* 2009;55:26-54
136. Halfon N, Russ S, Oberklaid F, Bertrand J, Eisenstadt N. An international comparison of early childhood initiatives: From services to systems. *J Dev Behav Peds* 2009; 30: 471-473
135. Oberklaid F. Commentary: Consent to Publication – no absolutes. *BMJ* 2008; 337: a1233
134. Sanson A, Letcher P. Smart D, Prior M, Toumbourou J, Oberklaid F. Associations between early childhood temperament clusters and later psychosocial adjustment. *Merrill-Palmer Quarterly* 2009; 55: 26-54
133. Goldfeld S, Sayers S, Brinkman S, Silburn S, Oberklaid F. The process and policy challenges of adapting and implementing the Early Development Instrument in Australia. *Early Education and Development* 2009; 20: (6) 978-991
132. Sarkadi A, Kristiansson R, Oberklaid F, Bremberg S. Fathers' involvement and children's developmental outcomes: a systematic review of longitudinal studies
Acta Paediatrica 2008; 97 (2): 153 -158
131. Sayers, M, Coutts, M, Goldfeld S, Oberklaid F, Brinkman S, & Silburn S. Building Better Communities for Children: Community implementation and evaluation of the Australian Early Development Index. *Early Education and Development* 2007;18: 519-534. DOI: 10.1080/10409280701610879
130. Brinkman S, Silburn S. Lawrence D, Goldfeld S, Sayers M, & Oberklaid F. Investigating the validity of the Australian Early Development Index. *Early Education and Development* 2007;18: 427-451
129. Oberklaid F. Community Child Health in Australia: The road ahead

J Paediatrics & Child Health 2006;42:229-230

128. Wake M, Morton-Allen E, Poulakis Z, Hiscock H, Gallagher S, Oberklaid F. Prevalence, stability and outcomes of cry-fuss and sleep problems in the first two years of life: prospective community-based study. *Pediatrics*, 2006; 117: 836-842
127. Oberklaid F. Community based child and family services – many questions remain. *Acta Paediatrica* 2005; 94: 1-3
126. Green J, Howes F, Waters E, Maher E, Oberklaid F. Promoting the social and emotional health of primary school aged children: Reviewing the evidence base for school based interventions. *International J Mental Health Promotion* 2005;7: 30-36
125. Goldfeld S, Oberklaid F. Maintaining an agenda for children: the key role of data in linking policy, politics and outcomes. *Med J Aust* 2005; 183:209-211
124. Oberklaid F, Efron D. Developmental Delay. Identification and management. *Aust Fam Physician* 2005; 34:(9) 739- 742.
123. Maher E, Waters E, Goldfeld S, Wake M, Williams J, Mehmet-Radji O, Oberklaid F. Population Health and Wellbeing: Identifying Priority Areas for Victorian Children. *ANZ Health Policy* 2005; 2: 1
122. Russ SA, Poulakis Z, Wake M, Barker M, Rickards F, Jarman FC, Saunders K, Edwards G, Symons L, Oberklaid F. The distraction test: The last word? *Journal of Paediatrics & Child Health* 2005;41:197-200
121. Oberklaid F. the new morbidity in education – the paediatrician's role *J Paediatrics Child Health* 2004; 40: 250-251
120. Bayer J, Oberklaid F. Childhood mental health: Early attention prevents subsequent overload of public health systems. *Balance Summer* 2004, 22 - 27
119. Russ SA, Kuo AA, Poulakis Z, Barker M, Rickards F, Saunders K, Jarman FC, Wake M, Oberklaid F. Qualitative analysis of parents' experience with early detection of hearing loss. *Arch Dis Child* 2004; 89: 353-358
118. Letcher P, Toumbourou J, Sanson A, Prior M, Smart D, Oberklaid F. Parenting style as a moderator of the effect of temperament on adolescent externalizing and internalizing behavior problems. *Australian Educational and Developmental Psychologist* 2004; 19-20:5-34
117. Maher E, Waters E, Wake M, Goldfeld S, Williams J, Oberklaid F. A review of epidemiological studies on children's health and wellbeing. *Australasian Epidemiologist* 2003; 10(2):4-8
116. Green J, Duncan R, Barnes G, Oberklaid F. Putting the 'informed' into 'consent'; A matter of plain language. *J Paediatrics Child Health* 2003; 39: 700-703
115. Oberklaid F, Goldfeld S, Moore T. Community based services and the needs of families; Is there a mismatch? *J Paeds Child Health* 2003: 39: 93-94

114. Efron D, Oberklaid F. Psychotropic medication for children - the paediatrician's dilemma. *J Paeds Child Health* 2003; 39: 509-510
113. Goldfeld S, Wright M, Oberklaid F. Parents, infants and health care: Utilisation of health service in the first 12 months of life. *J Paeds Child Health* 2003; 39: 249 - 253.
112. Russ SA, Poulakis Z, Barker M, Wake M, Rickards F, Saunders K, Oberklaid F. Congenital hearing loss in Victoria, Australia: A prospective epidemiologic study. *Int J Audiology* 2003;42: 385 - 390
111. Oberklaid F. Investing in the early years; Challenges and opportunities for Victoria Health of Victorians. 2002; 2: 5-8.
110. Haby MA, Powell CVE, Oberklaid F, Waters EB, Robertson CF. Asthma in children: Gaps between current practice and best practice. *J Paediatrics Child Health* 2002; 38: 284-289.
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MANUSCRIPTS

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TRAINING FILMS/MANUALS

4. The School Function Program, 20 minutes, 1982. Royal Children's Hospital, Melbourne, Australia.
3. Neurodevelopmental assessment of the school age child, 25 minutes, 1982. Royal Children's Hospital, Melbourne, Australia.
2. The Paediatric Extended Examination at Three (PEET). October 1979, Boston University School of Public Communication, color, 38 minutes. Videotape to assist in the training of health professionals to administer a neurodevelopmental examination to children aged 3-4 years.
1. The Paediatric Examination of Education Readiness (PEER). October 1979, Boston University School of Public Communication, Color, 30 minutes. Videotapes to assist in the training of health professionals to administer a neurodevelopmental assessment to children aged 4-1/2 - 6 years, at the time of entry into kindergarten.



Royal Commission into
Victoria's Mental Health System



ATTACHMENT FO-2

This is the attachment marked 'FO-2' referred to in the witness statement of Professor Frank Oberklaid dated 9 June 2020.

Centre for
Mental Health



Mental health spectrum



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Range of mental functioning



Outcome oriented: *it's about functioning*

Continuous: *it's a stretched out range*

Dynamic: *it changes*

Personal: *it invites people to think about their own experience*



Royal Commission into
Victoria's Mental Health System



ATTACHMENT FO-3

This is the attachment marked 'FO-3' referred to in the witness statement of Professor Frank Oberklaid dated 9 June 2020.

Policy Brief

Child Mental Health: A Time For Innovation

Child mental health has long been marginalised in policy and funding discussions. This Policy Brief identifies an urgent need to change this paradigm and formulate a comprehensive, sustainable and evidence-informed plan to effectively promote and improve the mental health of children and the adults they become.

Child mental health services are relatively neglected from a policy and resource perspective. Successive federal and state governments have prioritised adolescent and adult treatment services, without adequately considering the individual, social and economic benefits to be gained from prevention and early intervention. Addressing child mental health issues is both worthy in its own right and a preventive strategy that can reduce the incidence of mental health problems in later years, and the personal, social and economic burden associated with the long-term negative consequences of mental health problems. There is emerging consensus that a very different approach to formulating a comprehensive, sustainable and evidence-informed strategy is required to effectively promote and improve child mental health.

Why is this issue important?

Child mental health problems are common and their prevalence is not declining despite an increase in the use of services. A recent national survey found almost 14 per cent of 4 to 17-year-olds have a diagnosable mental health problem; this equates to almost 600,000 Australian children and young people (Hafekost et al., 2016). Paediatricians are seeing increasing numbers of children with mental health issues; a recent national audit found that six of the top 10 diagnoses of children referred to paediatricians were mental health related (Hiscock et al.,

Key messages

- Approximately half of adult mental health problems begin before the age of 14.
- Failing to address childhood mental health issues contributes to significant long-term personal, economic and social costs for individuals and the community.
- An integrated and coordinated approach to child mental health that encompasses promotion, prevention, early intervention and treatment is required.

2017). Outpatient departments of public hospitals have long waiting lists for children with developmental and behavioural problems. In addition, teachers report concerns about increased numbers of children with internalising disorders such as anxiety and depression, and there has been a steady increase in the number of children with mental health problems presenting to hospital emergency departments (Hiscock et al., 2018).

For many children, mental health problems persist into adolescence and beyond. While many behavioural problems are transient and social-emotional issues resolve, often these problems continue beyond childhood. It is estimated that about half of adult mental problems begin before the age of 14 (Kessler et al., 2007). Childhood mental health problems that are not managed adequately may become entrenched, continue into adulthood, and contribute to family breakdown and substance abuse with significant social costs for the individual and the wider community (National Crime Prevention, 1999).

The service system is currently unable to adequately meet the needs of children with mental health problems. Children's mental health services in the community are oriented towards the treatment of established problems, and access and equity barriers prevent children and their

families from receiving timely care. Mental health services in the community often have long waiting lists, and public hospitals are inundated with parents seeking help for children with acute or long-standing problems. Health and educational professionals in the universal system who identify children with behavioural and emotional problems struggle to receive support and guidance, and referral pathways to secondary and tertiary services are often not well delineated.

The increasing evidence that mental health is influenced by potentially modifiable early life experiences provides an opportunity for public health intervention. The social and environmental conditions under which children are raised directly impacts their development (Moore et al., 2017) and specific childhood exposures, such as harsh parenting, parental drug and alcohol use, and poor housing, are risk factors for the development of mental health problems. Fostering child and family resilience to these adverse events may mitigate their effects. A range of mental health promotion and prevention programs for parents and young children, focusing on resilience, social connectedness, and mental health and wellbeing, are available in school settings and online. However, there is limited information about the effectiveness and cost-effectiveness of such programs, especially in an Australian context, making it difficult for health and education professionals to be confident in recommending programs appropriate for their settings.

What does the research tell us?

Not all parents have an appropriate understanding of their children's behavioural and emotional development. Parental perception of a child's need for help is a critical first step in the prevention and early management of emerging behavioural and emotional problems, and a key determinant of whether parents seek help. Service use is greater when parents have a higher level of mental health literacy (Jorm, 2012). However a recent national survey found that many Australian parents have poor mental health literacy (RCH Child Health Poll, 2017), particularly in regards to preschool and primary school children. A limited understanding of children's development and wellbeing may result in interpreting aspects of children's behaviour as being 'naughty' rather than a sign of emerging problems (Kendall-Taylor & Mikulak, 2009). Even when a mental health disorder is diagnosed, a significant proportion of parents do not seek any help (Johnson et al., 2018).

Parents have difficulty accessing the help that they need. Many parents with concerns about their child's mental health do not receive adequate help (Johnson et al., 2018). Some parents do not know where to go for help, while others are daunted by long waiting lists or services that they cannot afford. Despite some services being subsidised by government (e.g. Medicare or ATAPS), for most services there is still a financial gap for families. Those public services that do exist, such as community health centres or hospital outpatient clinics, are overburdened with increasing demand. There are particular challenges of service provision in rural and remote areas, for indigenous families, and for high-risk groups of children such as those in situations of family dysfunction, subject to child abuse, or with exposure to family violence (Bayer et al., 2011).

Many problems start early and persist. While many challenging behaviours in young children are transient and can be considered an aspect of normal development (Oberklaid, 2006), many persist and become entrenched; this is more likely in children from disadvantaged backgrounds. Social-emotional difficulties are more likely to be seen in children from disadvantaged backgrounds in the preschool period (Nicholson et al., 2012). At school entry almost a quarter of Australian children are rated as being developmentally vulnerable, or at risk, in the domains of social competence and emotional maturity (AEDC, 2015). In both domains, rates are higher in males, indigenous children, and children from families who are disadvantaged or come from a language background other than English.

Opportunities for early intervention are being missed.

Professionals working in the universal service system – such as child and family health nurses, early years educators, and school teachers – are well placed to identify children with challenging behaviours or concerns about social-emotional functioning, and respond to concerns raised by parents. Directing parents to sources of reliable information (e.g. Raising Children Network), or providing advice themselves, may be helpful and all that is required. In other instances, the issues may be beyond their level of expertise, and warrant referral for informed assessment and management (Bayer et al., 2009). In a fragmented service system, this can be problematic (CCCH Policy Brief 5, 2006). Some professionals are unaware of resources in the community where children can be referred, and many parents face access and equity barriers. Appropriate early responses to emerging problems are likely to be facilitated by well-informed professionals who have ready access to professional supports, and who can make informed referrals to secondary and tertiary services that provide timely and coordinated responses.

What are the implications of the research?

There needs to be a broadening of responsibility beyond the mental health sector so there is a shared community effort and public health approach to promoting mental health and helping to prevent mental illness.

The precursors of children's mental health problems - early adverse life experiences, persistent challenging behaviour and signs of social-emotional distress - can often be identified early before they become entrenched and offer important opportunities for prevention.

Providing information to parents and offering them timely support about parenting strategies and children's behaviour is an important first step in preventing and managing children's mental health problems. The evidence base for programs aimed at mental health promotion and illness prevention in children needs to be expanded. This will

require additional resources and should be a community-wide effort that involves professionals working in universal health and education services, as well as family support and other targeted services.

Given the access and equity barriers faced by families seeking support, additional resources need to be allocated to services to minimise out-of-pocket expenses. Technology also provides opportunities for both increasing the access to, and reducing the cost of delivering mental health services, especially for those living in regional and rural areas.

Child mental health needs to be reoriented away from a predominant focus on treating problems towards promotion, prevention and early intervention, with greater involvement by a range of health and educational professionals who engage with children and their parents (see Figure 1). This access would provide both immediate and lasting benefit to children and their families.

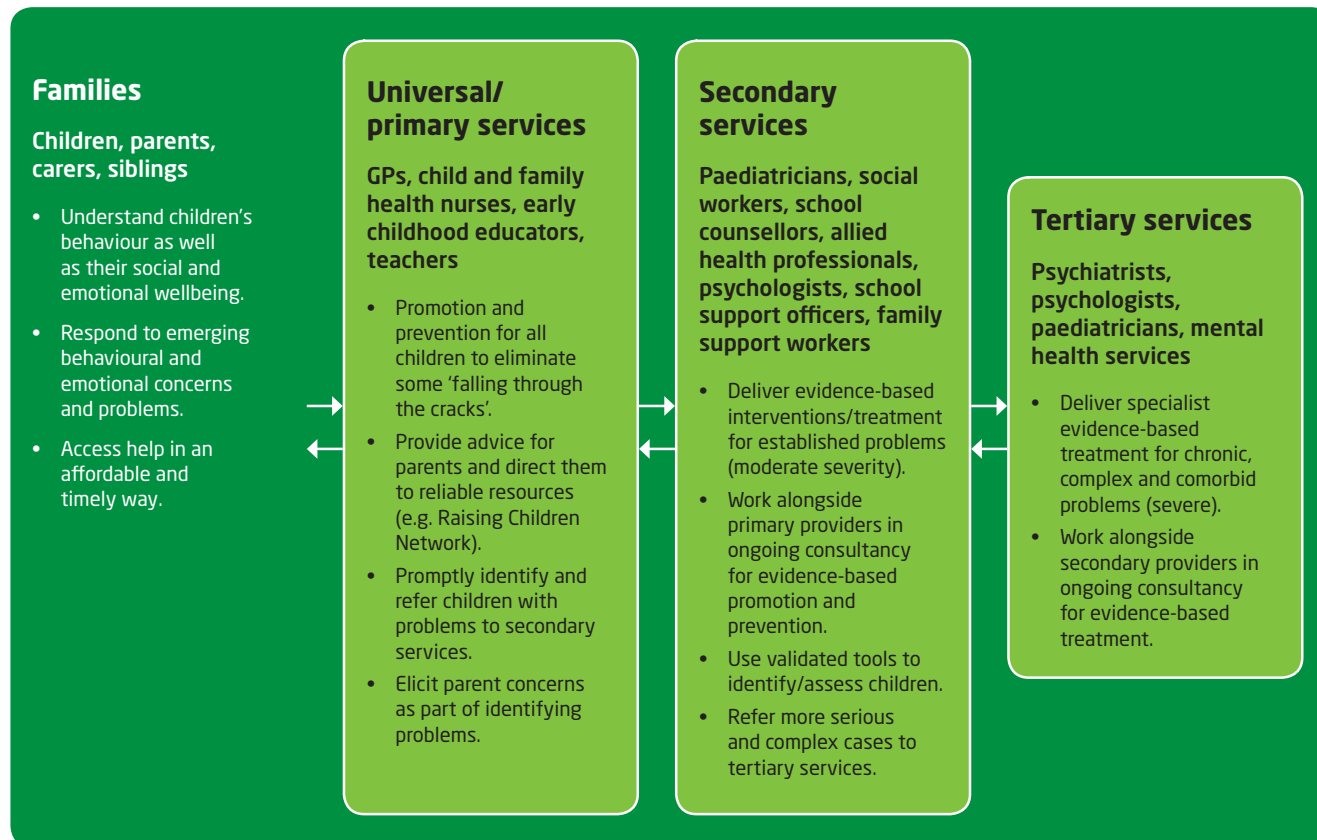


Figure 1. An integrated approach to mental health services (adapted from CCCH Policy Brief 5, 2006).

Considerations for policy and programs

Improving children's social and emotional wellbeing requires greater focus on:

- an integrated approach to prevention, early intervention and treatment
- enhancing parents' mental health literacy
- addressing workforce gaps and raising professional confidence and capability – particularly in regard to high-risk populations
- identifying evidence-based programs that address children's mental health issues.

State and federal governments should work closely together in a carefully planned, long-term strategy to provide adequate resources for child mental health services that recognise the full spectrum of child mental health from promotion through to prevention, early intervention and treatment of emerging and established conditions (see Table 1).

Table 1: Children's mental health – levels of responsibility.

	IDENTIFYING	REFERRING	TREATING
Parents	+++	+	+
Early childhood education and care	++	++	+
Preschool	++	++	+
School	+++	++	++
Child and family health nurse	++	++	++
GP	++	++	++
Paediatrician	++	++	+++
Psychologist/psychiatrist	+	+	+++

There needs to be ongoing efforts to improve parent mental health literacy. A better understanding of mental health would allow parents to implement strategies that promote mental wellness in their children and enhance their ability to identify and respond to early signs of problems and seek help. Parents and families should be involved in co-designing programs wherever possible.



Current gaps in the workforce need to be addressed – availability, capability, workloads, waiting lists and work practices – to inform the development of a long-term strategy to redress gaps in service provision.

Programs designed to raise the knowledge, expertise and confidence of the professional workforce in identifying and appropriately managing children's mental health issues (such as the current federally-funded Mental Health in Education Program) should be expanded and carefully evaluated to ensure they are meeting their goals; this is especially relevant for professionals working in the universal system – educators, child and family health nurses, and general practitioners.

There needs to be greater awareness of the increased likelihood of mental health issues in high-risk populations of children – those subject to abuse and neglect, in out-of-home care, living in dysfunctional families and exposed to family violence. The needs of these children are often inadequately addressed because of a lack of awareness, or inadequate resources or expertise.

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Detailed community service mapping of secondary and tertiary professionals and resources is an important foundational step that would: facilitate the development of informed and appropriate support networks and referral pathways; assist in improving service coordination; and enable a more systematic community approach to child mental health by providing opportunities to foster links and communication between universal, secondary and tertiary clinicians.

Current problems of accessing services – for advice, assessment and/or treatment – should be addressed by the development and implementation of a regional and local workforce strategy and the exploration of alternate methods of delivery such as utilising digital health technology for greater efficiency and improved access wherever feasible; this is especially pertinent for rural and remote communities.

There is an urgent need to address the equity gap. Many families face financial barriers that prevent them from accessing services in a timely way. Consideration should be given to innovative funding models – for example engaging salaried community-based professionals rather than a fee-for-service model.

Research is needed to determine the effectiveness and cost-effectiveness of programs, including those focused on prevention and treatment, as well as documenting the uptake and outcomes of parenting programs. Programs should only be funded where there is evidence of their efficacy (CCCH Policy Brief 27, 2017), and promising programs should be subject to rigorous evaluation.

There needs to be some consensus around the terminology used when describing children with mental health issues, and especially when advocating for and introducing programs of promotion and early detection.

There is considerable disquiet in the community about programs designed to detect emerging mental health issues at an early stage (Kendall-Taylor & Mikulak, 2009). Overcoming this concern may improve the reach and uptake of effective programs.

Linking mental health services more closely with children's services enables professionals working in the secondary system (paediatricians, psychologists, social workers, allied health professionals) to work alongside universal or primary services, and those in the tertiary system (psychiatrists, psychologists, paediatricians) to work alongside secondary providers (CCCH Policy Brief 5, 2006). This integration would provide enhanced support, training and consulting services to support the health and wellbeing of children and their families.

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References

For a full list of references please visit:

www.rch.org.au/ccch/policybrief

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About the Centre for Community Child Health

The Centre for Community Child Health is a department of The Royal Children's Hospital and research group of Murdoch Children's Research Institute. For over two decades the Centre has been at the forefront of early childhood research and policy.

The Centre contributes to improving the health and wellbeing of children by identifying synthesising and translating the best evidence to inform policy, service delivery, practice and parenting.

Our Policy Brief series aims to stimulate informed debate about issues that affect children's health development and wellbeing. Each issue draws on current research and evidence-informed practice.

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ATTACHMENT FO-4

This is the attachment marked 'FO-4' referred to in the witness statement of Professor Frank Oberklaid dated 9 June 2020.

Integrated system of care for children's mental health

