Appendix 1. Specialised mental health treatment interventions that met our search criteria.

Intervention name	Intervention audience	Brief description	Evidence/evaluation	Associated publications	Intervention implementation in Australia
Teaching-Family Model (TFM)	Children & Young People	Live-in 'Teaching parents' help children and young people in residential settings learning key living skills and positive interpersonal interaction skills using social learning theory and active mentoring.	**Promising Research Evidence** - California Evidence-Based Clearinghouse for Child Welfare	https://doi.org/10.1177/1063426616630520	Berry Street - VIC
Parent Child Pychotherapy (CPP)	Child/young person & Caregiver	CPP examines how the trauma and the caregivers' relational history affect the caregiver-child relationship and the child's developmental trajectory. A central goal is to support and strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child's mental health.	**Supported by Research Evidence -** California Evidence-Based Clearinghouse for Child Welfare	https://doi.org/10.1017/S0954579417000207	Berry Street - VIC

Intervention name	Intervention audience	Brief description	Evidence/evaluation	Associated publications	Intervention implementation in Australia
Treatment Foster Care Oregon (Adolescents) TFCO-A	Child/young person & Caregiver	Directly provides services to 12-17 years old, with severe delinquency and/or severe emotional and behavioral disorders who were in need of out-of-home placement and their caregivers	**Well-supported by Research Evidence -** California Evidence-Based Clearinghouse for Child Welfare	https://doi.org/10.1192/bjp.bp.113.131466	ozchild - multiple states
Trauma-Focused Cognitive Behavioural Therapy (TF-CBT)	Child/young person & Caregiver	TF-CBT is a conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It is a components-based hybrid treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles.	**Well-supported by Research Evidence -** California Evidence-Based Clearinghouse for Child Welfare	https://doi.org/10.1080/00050060903147083	Multiple sites
Parent Child Interaction Therapy	Child/young person & Caregiver	Parent-Child Interaction Therapy (PCIT) is a dyadic behavioral intervention for children and their parents or caregivers that focuses on decreasing externalizing child behavior problems (e.g., defiance, aggression), increasing child social skills and cooperation, and improving the parent-child attachment relationship. Trauma-directed interaction adaption has also been evaluated with children and young people who have experienced trauma.	**Well-supported by Research Evidence -** California Evidence-Based Clearinghouse for Child Welfare	doi:10.3390/ijerph19106089	Karitane & others - NSW

Intervention name	Intervention audience	Brief description	Evidence/evaluation	Associated publications	Intervention implementation in Australia
Functional Family Therapy Child Welfare® (FFT - CW)	Child/young person & Caregiver	FFT-CW is a family-system, cognitive-behavioral therapeutic intervention that addresses abuse, neglect, and associated risk/protective factors. Interventions are delivered by trained staff during conjoint sessions with youth and their families.	**Promising Research Evidence -** California Evidence-Based Clearinghouse for Child Welfare	https://doi.org/10.1016/j.chiabu.2017.04.005	ozchild - multiple states
Evolve Therapeutic Services	Children/young people, Caregivers & the OOHC Care Team	Evolve Therapeutic Services provide mental health support, knowledge and skill development of foster/kinship carers, residential care providers, government, non-government and private sector service providers in supporting children and young people in care.	Australian Institute of Health & Welfare: Indigenous Mental Health and Suicide prevention clearinghouse	https://www.health.qld.gov.au/__data/assets/pdf_file/0030/1123788/ets-mos.pdf	Department of Health - QLD
KARI Clinic	Child & Caregiver	The KARI Clinic is a multi-disciplinary team of healthcare professionals, who work together to provide high-quality and coordinated care to clients of KARI Limited and KARI Foundation and the wider Aboriginal Community. The KARI Clinic aims to improve the health and wellbeing outcomes for Aboriginal children, young people and adults engaged in KARI Programs.	Australian Institute of Health & Welfare: Indigenous Mental Health and Suicide prevention clearinghouse	https://doi.org/10.1111/cch.12488	KARI Foundation - NSW

Intervention name	Intervention audience	Brief description	Evidence/evaluation	Associated publications	Intervention implementation in Australia
Theraplay	Child & Caregiver	Theraplay is a structured play therapy for children and their caregivers. Its goal is to enhance attachment, self-esteem, trust in others, and joyful engagement. Substantial evidence has been built on the efficacy of Theraplay with foster and adoptive families.	**Promising Research Evidence** - California Evidence-Based Clearinghouse for Child Welfare	https://doi.org/10.1037/pla0000130	Multiple sites
Attachment and Biobehavioural Catch-up (ABC)	Caregivers only	ABC targets several key issues that have been identified as problematic among children who have experienced early maltreatment and/or disruptions in care. Intervention components support caregivers to re-interpret children's behavioral signals so that they can provide trauma-informed nurturance even when it is not elicited.	**Well-supported by Research Evidence** - California Evidence-Based Clearinghouse for Child Welfare	https://doi.org/10.1177/1077559517691126	Accoras - QLD

See next page for table of barriers & enablers to improved mental health outcomes for children and young people in OOHC >>>>>

Appendix 2. Barriers & enablers to improved mental health outcomes for children and young people in OOHC – Full table.

Type	Barriers to mental health improvement	Enablers to mental health improvement
Knowledge	Practitioner lack of knowledge on the specific needs of children and young people in OOHC and how the system operates i.e., decision-making delegation.	Training packages for practitioners on trauma, attachment disruption, and development so they can specialise in working with this cohort and within the OOHC system.
	Caregivers and care team with limited mental health literacy and skills to identify symptoms, especially in young children aged 0-5 and those with internalising behaviours.	Mental health literacy training for the whole care team including caregivers that includes appropriate identification of normative and maladaptive presentations.
Consistency	Long-term, proactive mental health planning is deferred for crisis driven and reactive practice.	Meaningful therapeutic care provided every day that provides for children and young people's basic needs.
	Frequent changes in placement; little continuity in seeing the same practitioner or engaging in regular treatment.	Adequate support for caregivers to understand mental health presentations and functions that enables better support for the child or young person's mental health needs.
Evidence-based treatment models	Limited evidence-based treatments that effectively serve children and young people in OOHC.	Evidence-based programs available for children and young people in OOHC specifically designed and tested with this cohort and available within their locality.
	Mental health treatments are primarily designed for the general youth population and do not account for specific needs of children and young people in OOHC.	Awareness of evidence-based programs specifically for OOHC so that practitioners and the care team can make appropriate referrals.
	Limited mental health interventions that provide cultural safety and competency, particularly for Aboriginal and Torres Strait Islander children and young people.	Evidence-based programs that are culturally safe and responsive and have been tested with cultural community groups.
	Treatments measure success by a reduction in clinical symptomology only over a short period of time.	Child-centred service delivery built on principles that build trusting relationships. • Outreach is a viable delivery mode. • Treatment duration is determined by the child's needs. • Individually tailored service offering is designed in collaboration with the child/young person and the care team. • Increased resources are provided to clinicians i.e., reduced caseloads, specialised skill development. • Services follow the child regardless of placement location.

Type	Barriers to mental health improvement	Enablers to mental health improvement
		- Accommodations are made to treatment so that building the therapeutic alliance is possible which is likely to take much longer than average for children and young people in OOHC. - Service success is measured by both a reduction of clinical symptoms as well as improvement in day-to-day functioning and wellbeing
The system	Practitioners do not have a full history and accurate information about the child or young person.	Engagement with all knowledge holders of the child's life (pre-OOHC and during) in the assessment and treatment planning process.
	Families and important adults are not consulted or included in the mental health planning.	
	Limited information and brief assessment obscure accurate assessment and diagnosis.	Comprehensive assessments with measures of all wellbeing domains regardless of the immediate presentation of the child or young person.
	Limited collaboration between agencies and care teams.	Joint decisions between all about roles and responsibility for each task within the intervention process.
	Logistical constraints such as extensive waitlists, stringent eligibility criteria, and burdensome referral paperwork.	Priority access to mental health interventions according to the complexity of each child's needs.
Young people's perceptions	Perception that practitioners have a poor understanding of their situation or are likely to break confidentiality agreements.	Practitioners with adequate time and skills to slowly build a therapeutic alliance with children and young people.
	Limited capacity to trust or build relationships with others.	
	Not feeling ready or resistant to addressing their trauma through mental health interventions.	Mental health interventions that do not include reliving elements of the traumatic experiences or do so after extensive preparation.
Decision making	Children and young people are not included in decisions about their mental health care, including medication and therapeutic interventions.	Children are provided age and stage appropriate information about mental health care options and take part in decision-making.
	Children, young people, their families, and the care team feel coerced and disempowered in their interactions with practitioners.	Focus on collaboration with sharing of information on an equal basis.