

Submission to Productivity Commission

Review of the National School Reform Agreement

June 2022

Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Productivity Commission for the opportunity to comment on the *Review of the National School Reform Agreement*.

Nursing and midwifery is the largest occupational group in Queensland Health (QH) and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing and midwifery workforce including registered nurses (RN), midwives, nurse practitioners (NP) enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our 65,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses in Queensland are members of the QNMU.

Response to the Review of the National School Reform Agreement

Schools are a key setting for the promotion of mental health of young people (World Health Organization, 2021). The QNMU recognises the vital role that schools play in identifying, reporting, supporting, and referring concerns regarding a school-aged person's mental health and wellbeing. This review is an opportunity in not only ensuring high-quality education for all students but also making a contributing to the health and wellbeing of students. We therefore fully support the Productivity Commission's recommendation from the 2020 Mental Health Inquiry that:

Action 5.3: Governments should update the National School Reform Agreement to include student wellbeing as an outcome for the education system. This would include clear, measurable wellbeing targets. All parts of the education system would be expected to work towards achieving these targets.

(Productivity Commission, 2020)

This recommendation can be supported by targeting the following three areas:

1. Early identification of concerns by mental health services

Early intervention in childhood and adolescence has been identified as a protective factor in the severity, prognosis, and outcomes of mental illness in adulthood. However, poor identification of mental illness is a key barrier to receiving early intervention. Moreover, parental- and teacher-led identification may be a poor predictor of clinical need (Mathews, et al., 2020). Therefore, greater involvement of mental health clinicians with specialist skills and expertise working with children and adolescence during developmental age may be beneficial in assessing and identifying prodromal symptoms.

2. Continuous access to specialist child and adolescent mental health nurses

Consideration should also be given to supporting and funding continuous access to specialist mental health services throughout the developmental ages. Low availability of follow-up care has been recognized as one of the barriers to identification of mental health illnesses in young people (Soneson, et al., 2018). Early intervention must therefore be backed up by enabling continuity of care models, as this will "avoid intermittent support and

not to lose initial progresses” (Colizzi, Lasalvia, & Ruggeri, 2020). Schools should also have a role in supporting students to access appropriate services and programs as a measurable outcome for Action 5.3.

3. Integrated support and collaboration between mental health services and the education system

A fully integrated and multidisciplinary approach to mental health services may be achieved through increased collaboration between the health and education systems (Colizzi, Lasalvia, & Ruggeri, 2020), streamlined referral pathways, joint action plans between schools and local health service providers (Aston, et al., 2020), and enabling mental health clinicians to have a more active, embedded role in schools. The increased presence of mental health clinicians and normalisation of receiving care from mental health nurses (whether prevention, assessment, or treatment) from an early age may also assist in tackling stigma regarding mental health among the general population.

References

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