**A SUBMISSION BY APACS**

**About APACS**

Australian Psychologists and Counsellors in Schools (APACS) is a national professional association for school psychologists, school counsellors and guidance officers. APACS has over a thousand members across Australia who work in school settings as school psychologists, guidance officers and school counsellors. APACS provides leadership and support to its members in educational guidance and counselling in schools.

**Introduction**

Research studies [<https://www.beyondblue.org.au/media/statistics>] indicate that half of all lifelong mental health problems begin before the age of 14 years of age, with 75% of issues beginning before the age of 25. In 2015 report:

* 13.9% of school-aged children met the criteria for a diagnosis of a mental disorder
* 6.9% of children and young people suffered from an anxiety disorder
* 19.9% of all young people had high or very high levels of psychological distress.
* Suicide rates among young people are at the highest they’ve been for over a decade, with suicide responsible for one-third of all deaths of young people aged 14-25 years.

According to Beyond Blue [<https://www.beyondblue.org.au/about-us/about-our-work/youthbeyondblue>] adolescence is a particularly critical time for mental health with around 550,000 young people leaving school and entering into early adulthood experiencing depression and/or anxiety.

**School-based measures**

Identifying issues early and getting a young person into the right support and treatment is the best approach. However, reports show that young people are less likely than any other age groups to seek out professional help for themselves. This creates a vital role for schools to be observant of warning signs and be spaces which have the capacities to prevent and intervene in issues pertaining to young people as they arise. This is widely recognised through government frameworks, such as the Australian Student Wellbeing Framework [<https://www.education.gov.au/national-safe-schools-framework-0>] which recognises that schools are well-placed and should be taking action in identifying, supporting, and educating young people about their mental well-being and health.

**School psychology services**

In terms of school-based prevention and support, school psychologists and counsellors play vital roles in schools [<https://www.psychology.org.au/for-the-public/about-psychology/What-does-a-psychologist-do/Psychologists-in-schools>]. As an example, school psychologists and counsellors:

* provide in situ evidenced-based counselling therapies for individuals and groups of students
* make informed contributions to systemic universal programming for schools in relation to student wellbeing (e.g., mental health literacy education and prevention programs for school communities like resilience programs, self-care programs, and study skills programs)
* are the resources within school settings for keeping abreast of new research and can inform the professional learning and development of teaching staff, and provide evidenced-based information to families.

While investing in such a read-made resource would seem efficacious for the long-term reduction of societal mental health issues, there are key barriers which may hinder this. School psychology/counselling in Australian schools spans 70 years and within this timespan much has changed regarding the needs of schools and the roles and responsibilities of this service.

Barrier 1: Tasks

The historically narrow roles of school psychologists/counsellors conducting assessment for academic learning issues in primary schools, and providing career guidance in secondary schools is clearly outdated and warrants serious review to see that this ‘on the ground’ service is being effectively utilised in the support of youth wellbeing and mental health issues.

For example, in an APACS member survey, it was found that:

* Twenty-one (21) different tasks were regularly undertaken in schools by school psychologist/counsellors which included non-priority tasks (e.g., supervision on school camps) from the perspective of psychologists.
* Just under half of all surveyed school psychologist/counsellors (45-47%) wanted more time for individual therapy with students and groups, and to attend to higher priority tasks such as student resilience, peer- support, and student transitions (critical aspects of mental health provision)

Barrier 2: Role qualifications

Psychologists who work in schools across Australia are currently identified by many different titles (i.e., educational psychologist, school psychologist, guidance officer and school counsellor).

* Sometimes, the latter two titles are used to identify valuable school individuals but those who are from other disciplines, such as school health, chaplaincy and pastoral care who may lack the considerable skills and training to effectively deal with youth mental health concerns
* Shortfalls in school resourcing and the vast need within schools has led to a ‘patching up’ approach. This type of provision and uptake may be more cost-effective in the short term, but may under-utilise the opportunities inherent in school spaces for creating better futures and longer-term positive outcomes for societal mental health.
* A lack of national and mandated standards for schools’ uptake and use of psychology services and roles is evident. This includes standardised accreditation and training by a national body to umbrella and monitor cross-state and territory school needs including those across primary and secondary, government and independent school sectors.

Barrier 3: Insufficient service to need ratio

Many psychologists report that they are unable to fulfil all the demands of their role in the time available in schools [<https://psychology.org.au/APS/media/Resource-Finder/Framework-delivery-school-psych-services-practice-guide.pdf> , p. 8]. In light of the following roles required by schools, it is clear that schools require additional personnel to manage, specialise and enhance their services for targeting mental health initiatives:

* Taking a scientific approach to child and adolescent development including mental health assessment and interventions (for example, anxiety, depression)
* Having knowledge and skills in learning and cognitive assessment and interventions (for example, intellectual disability, learning disability)
* Conducting behavioural assessment and interventions (e.g., Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder)
* Communicating knowledge and skills in teaching and learning practices in schools
* Provide expert evidence-based psychological interventions for personal issues (for example, bullying, trauma, grief, loss, relationship difficulties, sexuality issues, identity issues, drug and alcohol problems and transition difficulties)
* Develop and deliver wellbeing interventions and programs and staff support and professional development in the educational and psycho-social development and mental health of children and young people
* Delivery of mental health literacy education and prevention programs for school communities (for example, resilience programs, self-care programs, study skills programs)
* Understanding of the policies and procedures that guide the effective management of critical incidents in school communities
* Providing expert advice about systemic procedures and practices in the school setting (for example, behaviour management, discipline, pastoral care and peer support programs)
* Having a careful regard for professional and ethical psychological practice, with a strong duty of care for children and young people, and a commitment to providing confidential and evidence-based service

One effective means of assisting schools to manage these demands and address the prevalence of mental health disorders in schools is to increase the psychologist to student ratio. Based on data from United Nations countries and best practice, the Australian Psychological Society recommends that the ratio of psychologists to students should be one psychologist to 500 students (p. 30)

**Recommendations**

An investment to resolve some of these barriers to fully utilise already existing school psychology/counselling services should be considered worthy of the full attention of this inquiry.

APACS recommends a coordinated national approach which would include:

1. An urgent review of each state and territory’s current provisions of school psychologists and counsellors. This should be across all sectors: primary, secondary, state and independent schools. This should be conducted in line with prevalence of mental health needs in schools and the demands of school psychology services to meet these needs.

2. The creation of a national standard and accreditation board for school-based psychology and counselling services, mandating qualifications and training. In addition, there should be national mandates for schools to provision students adequately with appropriately qualified personnel when it comes to mental health programs or services of prevention, detection and intervention.

3. An urgent review of school psychologist workload and responsibilities and clearer mandates for schools regarding these roles in school practice.

4. An investment of financial capital to update the system of school counselling services to meet the current health and wellbeing needs of schools and society. This will mean additional psychologist/counsellors in schools and a cessation of wasteful spending on staff unqualified to occupy titles in schools if they are ill-equipped for the purpose of professional student mental health support. APACS supports the view of the Australian Psychological Society that the more favourable ratio of school psychologists to students is critical to meeting the needs of all students and particularly the estimated one in seven students with mental health problems.

**References**

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