

1. Infants – are maternal child health services equipped to handle mental health? do they have services to refer people on to?

	Rates of attendance	Gov framework? mentions <i>infant</i> mental health?	Workforce training?	General support service available?	Notable documents or policies
NSW		Child and family health nursing – includes reference to infant mental health	http://www.heti.edu.au/perinatal-and-infant	Perinatal and Infant Mental Health Services	
VIC		Maternal and Child Health Service (maternal mental health – PND and DV) and Enhanced Maternal and Child Health Service (infant mental health)		Focus on maternal mental health; tertiary hospital may assist with infant issues	
QLD		Queensland Universal Child Health Framework (maternal mental health – PND and DV)		Queensland Centre for Perinatal and Infant Mental Health (including Zero to four MH service)	
WA		Community child health nurses (focus on maternal mental health)	Statewide Perinatal and Infant Mental Health Program (SPIMHP)	Referral pathway	Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia
SA		Health checks – focus on physical development		In patient services for mothers with mental illness	
TAS					
ACT					
NT					

C'th?	65.8% for ages 0-1; 31.7% for ages 2-3; 12% for ages 4-5 - most common community health service ¹				
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Assessing infant mental health through AEDC domains (anxious and fearful behaviour and readiness to explore behaviour)?²

Mental health part of the MCH national standards for practice³

BUT

There remains a reluctance to acknowledge that very young children can and do experience mental health issues that may manifest as serious social, emotional or behavioural problems (for example, aggression, anxiety and depression), and a mistaken belief that issues experienced by young children will be outgrown; despite all of the research showing that early childhood experience impacts on lifelong mental health and wellbeing and that intervention at the earliest possible stage will have the most beneficial impact.⁴

General description of problems:

https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Mental%20Health%20Network/Perinatal_and_Infant_Mental_Health_Sub_Network_Establishment_Report_February_2016.pdf

¹ <https://growingupinaustralia.gov.au/research-findings/annual-statistical-report-2017/childrens-use-health-care-services>

² <https://www.education.vic.gov.au/Documents/about/research/sovc201314.pdf> (p. 30)

³ <https://www.mcafhna.org.au/Portals/0/PositionStmt-PDF/National%20Standards%20of%20Practice%20for%20MCAFHNA.pdf>

⁴ [http://www.parliament.wa.gov.au/WebCMS/WebCMS.nsf/resources/file-tp--our-children-cant-wait/\\$file/Our%20Children%20Can%27t%20Wait%20-%20Review%20of%20the%20implementation%20of%20recommendations%20of%20the%202011%20Report%20of%20the%20Inquiry%20into%20the%20mental%20health%20and%20wellbeing%20of%20children%20and%20young%20people%20in%20WA.pdf](http://www.parliament.wa.gov.au/WebCMS/WebCMS.nsf/resources/file-tp--our-children-cant-wait/$file/Our%20Children%20Can%27t%20Wait%20-%20Review%20of%20the%20implementation%20of%20recommendations%20of%20the%202011%20Report%20of%20the%20Inquiry%20into%20the%20mental%20health%20and%20wellbeing%20of%20children%20and%20young%20people%20in%20WA.pdf) (p. 4)

2. ECEC

	Rates of ECEC attendance (0-12 year olds) ⁵ , 2018	% of services meeting or exceeding NQS - QA2 (health) ⁶	% of services meeting or exceeding NQS - QA5 (relationships)	Rates of preschool attendance for 4 year olds, 2017	Notable documents or policies
NSW	33.1	82	94	80.2	
VIC	30.7	92	96	83	
QLD	34.3	91	95	88.9	Primary School Nurse Health Readiness Program
WA	22.8	83	95	97.6	
SA	31.6	87	95	88.4	
TAS	28.3	87	98	74	
ACT	42.7	85	89	97	
NT	21.3	80	89	88.9	
C'th?	31.4	87	95	85.4	Various policy docs (see folder)

AEDC data anywhere???

Are things easier in preschool because the curriculum is less crowded???

⁵ ROGS, chapter 3, table 3A.15 and 3A.19 Also check ABS cat no 4240) a preschool program is defined as a structured, play based learning program, delivered by a degree qualified teacher, aimed primarily at children in the year or two before they commence full-time schooling. This is irrespective of the type of institution that provides it or whether it is government funded or privately provided. Preschool programs are often referred to by other terms such as early childhood education, early learning or kindergarten.

⁶ https://www.acecqa.gov.au/sites/default/files/2019-02/NQFSnapshot_Q42018.pdf also <http://snapshots.acecqa.gov.au/Snapshot/detailedresults.html>

3. Schools

	Number of counsellors/school psychs?	Gov framework for mental wellbeing? Gov curriculum? Australian Curriculum Australian wellbeing framework	Workforce training and registration requirements?	General support service available?	Notable documents or policies
NSW		NSW curriculum Wellbeing framework			https://nswschool-link.com/about-1
VIC		Vic curriculum (very similar to AU)			
QLD		Working towards AU curriculum Wellbeing framework		School-based Youth Health Service	Ed LinQ
WA					
SA					
TAS					
ACT					
NT	~ 30 counsellors and 10 psychologists				
C'th?					

Peers and new-ish initiatives:

VIC MH workers in schools

SA MH workers in schools

ACT - <https://mieact.org.au/workshops/>

<https://www.health.nsw.gov.au/mentalhealth/resources/Publications/got-it-guidelines.pdf>

NSW - more school counsellors? - *Supported Students, Successful Students*

Schools have to implement the AU curriculum and/or their jurisdiction's curriculum, the Australian wellbeing framework, the jurisdictional wellbeing framework, possibly a sectoral wellbeing framework (like this [one](#)) and build a program that is tailored to their community and needs. No structure on how much, when, what to teach and who should teach it.⁷

Mental health: strengthening our response – FRAMEWORK

Mental health is an integral and essential component of health. The WHO constitution states: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." An important implication of this definition is that mental health is more than just the absence of mental disorders or disabilities.

Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.

Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world.

Determinants of mental health

Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. For example, violence and persistent socio-economic pressures are recognized risks to mental health. The clearest evidence is associated with sexual violence.

⁷ For example - <https://www.education.vic.gov.au/school/teachers/health/mentalhealth/Pages/socialemotion.aspx>

Poor mental health is also associated with rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, physical ill-health and human rights violations.

There are specific psychological and personality factors that make people vulnerable to mental health problems. Biological risks include genetic factors.

Mental health promotion and protection

Mental health promotion involves actions that improve psychological well-being. This may involve creating an environment that supports mental health.

An environment that respects and protects basic civil, political, socio-economic and cultural rights is fundamental to mental health. Without the security and freedom provided by these rights, it is difficult to maintain a high level of mental health.

National mental health policies should be concerned both with mental disorders and, with broader issues that promote mental health. Mental health promotion should be mainstreamed into governmental and nongovernmental policies and programmes. In addition to the health sector, it is essential to involve the education, labour, justice, transport, environment, housing, and welfare sectors.

Specific ways to promote mental health include:

- early childhood interventions (e.g. providing a stable environment that is sensitive to children's health and nutritional needs, with protection from threats, opportunities for early learning, and interactions that are responsive, emotionally supportive and developmentally stimulating);
- support to children (e.g. life skills programmes, child and youth development programmes);

<https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

Why is everything we've got not working?

- lack of workforce skills (ECEC/teachers) – missed opportunities for assessment and intervention through for example MCH appointments
- lack of time/competing priorities (teachers, especially in secondary)
- wrong composition of workforce? (more peers and mentors?)
- poor design of early intervention – we collect lots of data and do nothing with it

- no evaluation? keep doing the same things, but do we know they are working?
- lack of coordination (for children with acute issues)/service overload/insufficient awareness
- lack of access (for the most disadvantaged children)
- social determinants not addressed – so cannot change life trajectories
- an overly crowded space
- Should we have an AEDC at age 3.5? at age 12? or some other form of follow up?

Table 3 APACS summary of school psychology in Australian state school systems (2013)

	NSW	Victoria	Queensland
Eligibility	Teacher qualifications and classroom teaching experience together with APHRA psychologist eligibility requirements	Registration eligibility with APHRA as a psychologist	Full teacher registration plus 2 years supervised experience working with children or youth in an education, child protection, or counselling setting. APHRA psychologist eligibility
Title	School counsellor (school psychologist) or district guidance officer (senior school psychologist)	Psychologist or student support services officer	Guidance officer (GO) and senior guidance officer (SGO)
Location	School-based in host school servicing a district school network, inclusive of pre-schools	School-based in allied health teams servicing groups of primary and secondary schools	School-based. GOs are encouraged to work in either primary or secondary schools
Employment conditions	School hours and conditions as relate to state teaching awards	Public service conditions: 37.5 h week, and 20 days annual recreation leave	School hours and conditions as relate to state teaching awards
Salary range	Up to \$ 89,000 (SC) and up to \$102,000 (DGO)	Allied health officers (teaching service) range \$69,000–\$96,000 Education support: psychologists from \$54,000 to \$84,000	SGOs on the professional officers scale up to \$110,000
Supervision structure	School counsellors are administratively responsible to and professionally supported by DGOs, who are in turn responsible to regional managers	Psychologists are administratively and professionally responsible to school principal networks. Profession supervision may be out-sourced	Line management to school principal. Mandatory professional supervision by a SGO
	South Australia	West Australia	Tasmania
Eligibility	APHRA psychologist eligibility	APHRA psychologist eligibility and a teaching qualification	APHRA psychologist eligibility
Title	Psychologist	School psychologist, senior school psychologist, lead school psychologist (LSP)	School psychologist (SP) Senior school psychologist (SSP)
Location	Regional-office base within multi-disciplinary teams	School-based in host school servicing additional schools	School-based
Conditions	Public sector hours and conditions 37.5 h weekly, 4 weeks annual leave	37.5 h day and 8 weeks annual leave. Required to work 4 weeks during teachers' school vacations	Teacher conditions and pay awards apply
Salary range	\$72,000–\$104,000	\$67,000–113,000 Up to \$123,000 (LSP)	\$59,000–\$86,000 \$102,000 for SSPs
Supervision structure	No formal professional supervision structure available.	Line management provided by Principal in the 'host' school.	Professional supervision provided by SSPs who are in

Teachers PD requirements – everyone needs 20 hours a year

	Teacher registration body	PD requirements for public school teachers	PD requirements for other teachers	Accreditation/review of providers	Other
NSW	NSW education Standards authority (NESA)	Have to do 100 hours over 5 years – at least 50 to be provided by a NESA registered PD; only 20 hours of registered PD for early childhood teachers	SAME	over 22,000 face-to-face and online NESA Registered PD courses Providers need to be endorsed by NESA Standards: http://educationstandards.nsw.edu.au/wps/wcm/connect/0b26b62d-2699-48a4-98bb-611423903e83/endorsement-of-professional-development-providers-and-courses-policy.pdf?MOD=AJPERES&CVID=	
VIC	Victorian Institute of teaching	No specific requirements – but needs to relate to competency standards		VIT does not accredit PD	
QLD	Queensland College of Teachers	A balance between employer/school determined and teacher determined https://cdn.qct.edu.au/pdf/CPDPolicyFramework.pdf?_ga=2.74827159.400033865.1562637549-405535326.1554170990		NIL	

WA	Teacher registration board of WA	No specific requirements – but needs to relate to competency standards			
SA	Teacher registration board of South Australia	60 hours over 3 years No specific requirements – but needs to relate to competency standards		NIL https://www.trb.sa.edu.au/sites/default/files/PdfDocuments/TRB-Information-Sheet-Professional-Learning-2017.pdf	
TAS	Teacher registration board Tasmania	continue to participate in professional learning			
ACT	ACT Teacher Quality Institute	<p>You must ensure you have completed:</p> <ul style="list-style-type: none"> •At least 5 hours of TQI Accredited programs, and •At least 5 hours of Teacher Identified activities. <p>The remaining 10 hours can be made up of either Accredited or Teacher Identified professional learning. It's up to you.</p>	SAME	<p>550 accredited programs (of which 161 are school based) on a very large range of topics</p> <p>Standards for accreditation: https://portal.tqi.act.edu.au/Files/PL_provider_info.pdf</p> <p>Accreditation reviewed annually</p> <p>All providers must be 'Recognised providers'</p>	
NT	Teacher registration board of the NT	Have to do 100 hours over 5 years – no registration of providers or courses	SAME	NIL	

		https://www.trb.nt.gov.au/registration/renewal-registration			
C'th?					

Teachers initial registration – mostly via AITSL (and in some cases VET qualifications can work)

	Teacher registration body	Accredited Initial Teacher Education Programs	Jurisdiction specific requirements		
NSW	NSW education Standards authority (NESA)	As accredited by AITSL	<p>A multitude of NESA specific stuff, including”</p> <p>at least three units of study in health education including mental health, sexual health, relationships, drug education, child protection education, gender studies and risk-taking behaviour</p> <p>http://educationstandards.nsw.edu.au/wps/wcm/connect/1bea4323-19a6-4af6-b657-95ae4cea954b/subject-content-knowledge-requirements-policy.pdf?MOD=AJPERES&CVID=</p>		
VIC	Victorian Institute of teaching	As accredited by AITSL	Only for specialist academic ares (not mental health)		
QLD	Queensland College of Teachers	<p>4 year education degree</p> <p>https://cdn.qct.edu.au/pdf/Policy_Teacher_registration_eligibility_requirements_EC33_000.pdf?_ga=2.17</p>			

		2951590.400033865.1562637549-405535326.1554170990			
WA	Teacher registration board of WA	As accredited by AITSL			
SA	Teacher registration board of South Australia	As accredited by AITSL	Separate application process but no specific details		
TAS	Teacher registration board Tasmania	As accredited by AITSL			
ACT	ACT Teacher Quality Institute	As accredited by AITSL	Nil		
NT	Teacher registration board of the NT	4 year education degree	Nil		
C'th?					