

31 July 2023

Level 11, 257 Collins Street
Melbourne VIC 3000
PO Box 38
Flinders Lane VIC 8009
T: (03) 8662 3300

Dr Lisa O'Brien AM
Chair, Expert Panel
C/- Department of Education
GPO Box 9880
Canberra ACT 2601
Australia

Submitted via email: nsra.submissions@education.gov.au

Dear Dr O'Brien

Australian Psychological Society submission to the Expert Panels' Review to Inform a Better and Fairer Education System

The Australian Psychological Society (APS) welcomes the opportunity to make a submission to this Review to inform the Expert Panel's recommendations to the Education Ministers about reforms that can drive better student outcomes ahead of the renewal of the National School Reform Agreement (NSRA).

The APS is the leading professional body for psychologists in Australia. We are dedicated to advancing the scientific discipline and ethical practice of psychology and work to realise the full human potential of individuals, organisations and their communities through the application of psychological science and knowledge. We are informed in our work by the United Nations' Sustainable Development Goals which champion inclusivity, social equity and the empowerment of marginalised and vulnerable groups¹. To this end, we advocate on behalf of our diverse profession and community for meaningful reforms in Australian health, education and other social policy systems.

We commend the stated intention of the current Review to identify how education funding can be best leveraged to lead to tangible improvements for all students, particularly those most vulnerable to falling behind. We especially welcome the recognition of the crucial role of enhancing student mental health and well-being in shaping a more equitable and improved education system within the Review Terms of Reference and Consultation Paper.

The APS has long been an advocate for increased mental health investment in early years education and school settings (e.g.,²⁻⁶) to ensure optimal learning and development for all children and young people. We highlight in this submission the importance of investment in evidence-based whole-school frameworks and programs for student learning, development and mental health and wellbeing.

We also demonstrate how psychologists working in schools, as experts in mental health, development and learning, are an essential, but under-resourced workforce. We recommend to the Committee, our [APS Psychologists in Schools Position Statement](#), which provides more details about our call for more school-based psychologists as a sound investment towards ensuring children and young people are able to thrive during and beyond their schooling years.

The impact of poor mental health and wellbeing and disadvantage for Australian school children

Each year, 1 in 7 Australian school-aged children experience one or more mental health or neurodevelopmental disorders⁷. These child and youth mental health challenges are usually preceded by non-specific psychosocial concerns, which can serve as an early warning indicator of future ill-health, noting that an estimate of 1 in 5 Australian children start school showing signs of social-emotional stress⁷. Climate change, COVID-19, natural disasters and now cost of living pressures have also had a specific impact on the mental health of our children and young people and deepened poverty and inequality⁸⁻¹¹.

There is compelling evidence about the impact of mental health, wellbeing and disadvantage on educational and lifelong success. Children who experience mental health and other related challenges are often caught up in a cumulative downward spiral that undermines their learning, engagement, relationships, and psychosocial health – and in turn, they fall even further behind their peers academically. Poor educational outcomes for these students persist into adulthood and are associated with increased risks of adult unemployment, poverty, poor physical and mental health and lower life expectancy e.g.,^{12,13}.

As noted in the Review Consultation Paper, improving student mental health and wellbeing as a component of educational reforms to improve outcomes has been reinforced by the recent Productivity Commission review of NSRA¹⁴. The Productivity Commission's 2020 Mental Health Inquiry Report and the National Mental Health Commission's National Children's Mental Health and Wellbeing Strategy also prioritise reforms in educational settings, in partnership with family, community and service systems, as critical for developing the mental health and wellbeing for children and youth^{15,16}.

The call has been loud and clear for some time: sufficient investment in supporting mental health and wellbeing and other psychosocial vulnerabilities during the schooling years is a national imperative and will yield substantial benefits for individuals, families, communities and national economies (e.g.,¹⁷⁻¹⁹).

Wholistic, timely and integrated psychological support is essential during the school years.

The APS has long advocated for the implementation of evidence-based whole-school, multi-tiered approaches to addressing learning, developmental and mental health and wellbeing concerns in schools (e.g.,^{6,20}). Improved educational outcomes for all students is associated with sustained whole-school approaches that have internally coordinated tiers of health promotion, targeted prevention, and early intervention support and the ability to connect with families, external and community support systems as and when needed²¹⁻²⁴. Whole-school approaches also prompt schools to implement policies, procedures and practices that improve student outcomes.

Optimal learning and development for some students, however, can only be achieved with timely access to experts and supports within the school community, such as psychologists, who can work collaboratively with all key stakeholders in a child's life including educators, family, and community supports. This includes, but is not limited to, students with diverse needs who can benefit from additional learning and developmental support, such as students with disabilities, culturally and linguistically diverse students, gifted and talented students, students from low socioeconomic backgrounds, and students with mental, behavioural, or neurodevelopmental conditions (e.g.,^{25,26}). In addition, attention should be given to psychological and other supports that are culturally safe for Aboriginal and Torres Strait Islander children (e.g.,²⁷⁻²⁹).

Psychologists are highly skilled and well placed to lead whole-school approaches and provide personalised psychological supports and interventions for students as needed.

Psychologists in schools have a vital role to play in ensuring a better and fairer education system.

Investing in more psychologists in schools offers a strong return on investment towards improving student outcomes.

Psychologists are AHPRA-regulated professionals who must demonstrate competence in the delivery of safe, evidence-based care that spans prevention, assessment, intervention, planning and consultation. The required competencies and standards are set by the Psychology Board of Australia for general psychologists and those with an Area of Practice Endorsement (AoPE) such as educational and developmental, counselling and clinical psychology.

The APS acknowledges the complex role of educators who must manage diverse classrooms with students of varying learning abilities and individual circumstances, catering to their unique needs while maintaining an inclusive learning environment, and deploying specialised strategies, accommodations, or modifications for students with additional learning needs. It is important to recognise that while educators possess a wide range of skills and expertise that enable them to work within this context, they benefit considerably from the support and guidance of other on-site professionals, including psychologists.

Specifically, psychologists have the training and skills to support students, educators and schools by⁶:

- Partnering with educators to address the classroom impacts of student learning difficulties, behavioural problems, neurodevelopmental (e.g., ASD and ADHD) and mental health conditions.
- Training and coaching educators and school leaders to address systemic issues and deliver evidence-based whole school learning and well-being approaches.
- Delivering targeted and evidence-based early intervention and direct intervention supports for students and families who might otherwise be unable to afford or access psychological care for their children via the private and public health systems.
- Coordinating internal and community supports for students with more complex developmental, mental health and learning needs.
- Providing expert advice to school personnel about effective evidence-based programs and practices that are suitable for the specific school context and can maximise return-on-investment.

Estimates are, however, that there is only about one school psychologist to every 1500 students, although this varies across jurisdictions, schools sectors and individual schools³⁰. This workforce ratio prevents many existing psychologists based in schools from working to their full scope of practice as described above. With high numbers of students to serve, school psychologists' often find themselves spending most of their time intervening with individual students with complex needs rather than also using their skills to work with school personnel on whole-school approaches that promote the learning and holistic development of every child and early intervention for students who are struggling.

A ratio of 1 psychologist to 500 students is recommended in the final report of the Federal Parliament's Select Committee on Mental Health and Suicide Prevention³¹. This recognises that one size does not fit all and that some schools and communities may require more intensive ratios of support periodically or longer-term. However, with appropriate ratios, psychologists in schools can provide an integrated, whole-school model of care incorporating promotion, prevention and early intervention for all school-aged children and families and support schools to improve student outcomes^{21,22}.

The APS is aware of recent work in various State-based jurisdictions that aims to improve access to school-based mental health services for students, their families and the school community. We commend the various State Governments on these initiatives but argue that much more investment is needed to build the school psychology workforce to the needed 1:500 ratio.

We understand that challenges have been reported regarding filling school-based mental health practitioners roles, including recruiting psychologists (e.g.,³²). The APS confirms that the Australian psychological workforce is in increasingly short supply, particularly in regional and rural areas. Estimates are that Australia has only 35% of the required psychology workforce³³.

Opportunities to quickly grow and leverage the school psychology workforce to improve student outcomes

With just over 4 million students in Australian schools, over 8,000 school psychologists are needed now on the ground.

The APS has solutions for quickly growing the existing school psychology workforce to these levels and unlocking the potential of a well-resourced school psychology workforce to support the mental health, developmental and learning needs of all students.

Deploying the provisional psychology workforce in schools

The number of psychologists available to work in schools could be scaled up immediately – with judicious Government investment in postgraduate university training, sponsored school placements (particularly in rural and remote areas) and quality professional supervision for AHPRA-registered provisional psychologists.

Given their qualifications, skills and ongoing professional supervision and learning, provisional psychologists are ideally placed to work safely and effectively in Australian schools. Investment in intern psychologists in schools can deliver immediate benefits for addressing the learning, behavioural and mental health support needs of students, but also ensure future workforce supply of psychologists with school experience who are ready, willing and able to continue in school-based mental health practitioner roles⁶.

The APS can help with the right investment. We offer an AHPRA-approved supervisor training program and can rapidly train hundreds of psychology supervisors to support school-based provisionally registered psychologists to access quality supervision as needed and aligned with position and location requirements. We also offer supervisors ongoing back-up with access to Board-approved resources, supervisor training and other support structures.

Delivering evidence-based school programs

Children and young people can benefit significantly from effective school-based preventative programs and early intervention.

The National Mental Health Commission, for example, demonstrated that effective school-based depression prevention programs result in fewer depression cases and can save over \$37 million³⁴. Overall, according to the Productivity Commission's Mental Health Inquiry Report, investing early in children's mental health and wellbeing results in a return-on-investment between \$1 and \$10.50 for each dollar spent¹⁵.

Clearly, such returns on investment require spending on mental health and wellbeing programs that are evidence-based with demonstrated impacts.

However, educators face a confusing and disjointed proliferation of poorly evaluated approaches, programs and services, and often lack the resources and supports to select effective evidence-based options suitable for their school context³⁵⁻³⁸. There are numerous toolkits, planning templates and program databases across the various federal and state jurisdictions and educational sectors, which adds to the confusion. We note, for example, that individual Australian schools have been able to decide how best to use the Student Wellbeing Boost to support their students, which could include engaging extra school professionals such as psychologists or hosting activities and initiatives that support mental health³⁹. It is unclear however what support is available to schools to assist them to select evidence-based programs or initiatives that are suitable for their students' needs and context.

To this end, there is an urgent need for initiatives targeted at developing nationally consistent measures for students' psychosocial wellbeing, including accreditation and evaluation of mental health, development and learning programs to ensure school funding is directed towards evidence-based programs, practices, supports and services.

We have also identified a need for nationally consistent programs in the following areas:

- Prevention and early intervention programs, especially for students making the transition from primary school to high school.
- Psychological interventions to help educators to support students with a lived experience of trauma, students with neurodiverse presentations, and students with behavioural issues.
- Parents and carers too, need help via psycho-socially oriented programs that reinforce and facilitate their role in supporting their young and adolescent children.
- Children should be able to access complementary programs via their school curriculum, for example, regarding the impact of climate change on mental health and resilience-building strategies.

The APS is ready and prepared to work with the Government, schools and educators to deliver a sufficient school psychology workforce and an APS-led national approach to key evidence-based programming in mental health and wellbeing.

If any further information is required from the APS, I would be happy to be contacted through the national office on (03) 8662 3300 or by email at z.burgess@psychology.org.au

Yours sincerely

Dr Zena Burgess, FAPS FAICD
Chief Executive Officer

The APS would like to acknowledge and sincerely thank the members who have so kindly contributed their time and evidence-informed knowledge, experience and research to inform our submissions.

References

1. United Nations Department of Economic and Social Affairs. (2022). *Sustainable development*. <https://sdgs.un.org/>
2. Australian Psychological Society. (2023). *APS Pre-budget submission 2023-24—Build, support, prepare: Investing in Australia's future*. Australian Psychological Society. <https://psychology.org.au/psychology/advocacy/submissions/professional-practice/2023/aps-pre-budget-submission-2023-24>
3. Australian Psychological Society. (2023). *APS Response to the Parliamentary Inquiry about increasing disruption in Australian school classrooms*. Australian Psychological Society. <https://psychology.org.au/psychology/advocacy/submissions/professional-practice/2023/response-to-the-parliamentary-inquiry-about-increa>
4. Australian Psychological Society (APS). (2021). *APS submission to the National Mental Health Commission National Children's Mental Health and Wellbeing Strategy*. <https://psychology.org.au/psychology/advocacy/submissions/professional-practice/2021/submission-nmhc-children-mh-and-wellbeing-strategy>
5. Australian Psychological Society. (2023). *APS Response to the National Early Years Strategy Discussion Paper*. Australian Psychological Society. <https://psychology.org.au/psychology/advocacy/submissions/professional-practice/2023/response-to-the-national-early-years-strategy-disc>
6. Australian Psychological Society. (2022). *Psychologists in schools: Position Statement*. APS. <https://psychology.org.au/getmedia/3478fa00-0a90-43ff-8d90-99a42ea53981/22aps-ps-psych-p1.pdf?target=>
7. Lawrence, D., Johnson, S., Hafekost, J., Boterhoven De Haan, K., Sawyer, M., Ainley, J., & Zubrick, S. (2015). *The mental health of children and adolescents: Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*. Commonwealth of Australia. <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-m-child2>
8. Beames, J. R., Huckvale, K., Fujimoto, H., Maston, K., Batterham, P. J., Caley, A. L., Mackinnon, A., Werner-Seidler, A., & Christensen, H. (2023). The impact of COVID-19 and bushfires on the mental health of Australian adolescents: A cross-sectional study. *Child and Adolescent Psychiatry and Mental Health*, *17*(1), 1–12.
9. Bower, M., Smout, S., Donohoe-Bales, A., O'Dean, S., Teesson, L., Boyle, J., Lim, D., Nguyen, A., Caley, A. L., Batterham, P. J., Gournay, K., & Teesson, M. (2023). A hidden pandemic? An umbrella review of global evidence on mental health in the time of COVID-19. *Frontiers in Psychiatry*, *14*, 1107560. <https://doi.org/10.3389/fpsy.2023.1107560>
10. Bessell, S. (2022). The impacts of COVID-19 on children in Australia: Deepening poverty and inequality. *Children's Geographies*, *20*(4), 448–458. <https://doi.org/10.1080/14733285.2021.1902943>
11. The University of Sydney. (2023, March 9). Moving on from COVID means facing its impact on mental health, say experts. *News: The University of Sydney*. <https://www.sydney.edu.au/news-opinion/news/2023/03/09/moving-on-from-covid-means-facing-its-impact-on-mental-health--s.html>
12. Mulraney, M., Coghill, D., Bishop, C., Mehmed, Y., Sciberras, E., Sawyer, M., Efron, D., & Hiscock, H. (2021). A systematic review of the persistence of childhood mental health problems into adulthood. *Neuroscience & Biobehavioral Reviews*, *129*, 182–205.
13. Smart, D., Youssef, G. J., Sanson, A., Prior, M., Toumbourou, J. W., & Olsson, C. A. (2017). Consequences of childhood reading difficulties and behaviour problems for educational achievement and employment in early adulthood. *British Journal of Educational Psychology*, *87*(2), 288–308.

14. Productivity Commission. (2023). *Review of the National School Reform Agreement—Study Report*. <https://www.pc.gov.au/inquiries/completed/school-agreement/report/school-agreement.pdf>
15. Productivity Commission. (2020). *Mental Health, Report no. 95*. <https://www.pc.gov.au/inquiries/completed/mental-health/report>
16. Australian Government. (2021). *The National Children's Mental Health and Wellbeing Strategy*. Commonwealth of Australia. <https://www.mentalhealthcommission.gov.au/Mental-health-Reform/Childrens-Mental-Health-and-Wellbeing-Strategy?msclkid=637b1dd0a9b611ec87979707d8d1ca72>
17. Moore, T. G., Arefadib, N., Deery, A., Keyes, M., & West, S. (2017). *The first 1000 days: An evidence paper*. Centre For Community Child Health. <https://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/CCCH-The-First-Thousand-Days-An-Evidence-Paper-September-2017.pdf>
18. Heckman, J. J. (2023). *Invest in early childhood development: Reduce deficits, strengthen the economy*. <https://heckmanequation.org/resource/invest-in-early-childhood-development-reduce-deficits-strengthen-the-economy/>
19. Richter, L. M., Daelmans, B., Lombardi, J., Heymann, J., Boo, F. L., Behrman, J. R., Lu, C., Lucas, J. E., Perez-Escamilla, R., & Dua, T. (2017). Investing in the foundation of sustainable development: Pathways to scale up for early childhood development. *The Lancet*, *389*(10064), 103–118.
20. Australian Psychological Society. (2018). *The framework for effective delivery of school psychology services: A practice guide*. <https://www.psychology.org.au/getmedia/249a7a14-c43e-4add-aa6b-decfea6e810d/Framework-schools-psychologists-leaders.pdf>
21. Sanchez, A. L., Cornacchio, D., Poznanski, B., Golik, A. M., Chou, T., & Comer, J. S. (2018). The effectiveness of school-based mental health services for elementary-aged children: A meta-analysis. *Journal of the American Academy of Child & Adolescent Psychiatry*, *57*(3), 153–165.
22. O'Connor, C. A., Dyson, J., Cowdell, F., & Watson, R. (2018). Do universal school-based mental health promotion programmes improve the mental health and emotional wellbeing of young people? A literature review. *Journal of Clinical Nursing*, *27*(3–4), e412–e426.
23. Weare, K., & Murray, M. (2004). Building a sustainable approach to mental health work in schools. *International Journal of Mental Health Promotion*, *6*(2), 53–59.
24. O'Reilly, M., Svirydzienka, N., Adams, S., & Dogra, N. (2018). Review of mental health promotion interventions in schools. *Social Psychiatry and Psychiatric Epidemiology*, *53*(7), 647–662.
25. Anderson, J., & Boyle, C. (2019). Looking in the mirror: Reflecting on 25 years of inclusive education in Australia. *International Journal of Inclusive Education*, *23*(7–8), 796–810. <https://doi.org/10.1080/13603116.2019.1622802>
26. Sewell, A. (2022). Understanding and supporting learners with specific learning difficulties from a neurodiversity perspective: A narrative synthesis. *British Journal of Special Education*, *49*(4), 539–560.
27. Elek, C., Gibberd, A., Gubhaju, L., Lennox, J., Highfold, R., Goldfeld, S., & Eades, S. (2022). An opportunity for our little ones: Findings from an evaluation of an Aboriginal early childhood learning centre in central Australia. *Early Childhood Education Journal*, *50*(4), 579–591. <https://doi.org/10.1007/s10643-021-01174-5>
28. Wong, S., Fordham, L., Davis, B., & Tran, D. (2023). Supporting regional and remote children's participation in high quality early years services. *Australasian Journal of Early Childhood*, *18*3693912311731. <https://doi.org/10.1177/18369391231173178>

29. Harrison, N., Tennent, C., Vass, G., Guenther, J., Lowe, K., & Moodie, N. (2019). Curriculum and learning in Aboriginal and Torres Strait Islander education: A systematic review. *The Australian Educational Researcher*, 46(2), 233–251. <https://doi.org/10.1007/s13384-019-00311-9>
30. Jimerson, S. R., Stewart, K., Skokut, M., Cardenas, S., & Malone, H. (2009). How many school psychologists are there in each country of the world? International estimates of school psychologists and school psychologist-to-student ratios. *School Psychology International*, 30(6), 555–567.
31. House of Representatives Select Committee on Mental Health and Suicide Prevention. (2021). *Mental health and suicide prevention: Final report*.
32. Hopes mental health staff at SA schools can 'tackle issues early'—But only if they can be recruited. (2023, February 10). *ABC News*. <https://www.abc.net.au/news/2023-02-10/school-mental-health-service-for-sa-schools/101958976>
33. University of Queensland. (2020). *Analysis of national mental health workforce demand and supply: Stage 1 report. 30 October 2020. Report for the Australian Government Department of Health*. The University of Queensland.
34. National Mental Health Commission. (2016). *Economics of Mental Health—The Case for Investment in Prevention and Promotion*. National Mental Health Commission. <https://www.mentalhealthcommission.gov.au/Mental-health-Reform/Economics-of-Mental-Health-in-Australia>
35. Willis, A., Hyde, M., & Black, A. (2019). Juggling with both hands tied behind my back: Teachers' views and experiences of the tensions between student well-being concerns and academic performance improvement agendas. *American Educational Research Journal*, 56(6), 2644–2673.
36. Laurens, K. R., Graham, L. J., Dix, K. L., Harris, F., Tzoumakis, S., Williams, K. E., Schofield, J. M., Prendergast, T., Waddy, N., Taiwo, M., Carr, V. J., & Green, M. J. (2022). School-based mental health promotion and early intervention programs in New South Wales, Australia: Mapping practice to policy and evidence. *School Mental Health*, 14(3), 582–597. <https://doi.org/10.1007/s12310-021-09482-2>
37. Australian Council for Educational Research - ACER. (2022, January 31). Schools need support in selecting wellbeing programs. *Australian Council for Educational Research - Research*. <https://www.acer.org/my/discover/article/schools-need-support-in-selecting-wellbeing-programs>
38. AERO. (2023, July). *Evidence use in early childhood education and care: National snapshot 2021/2022*. <https://apo.org.au/sites/default/files/resource-files/2023-07/apo-nid323527.pdf>
39. Centre, M. M. (2023, April 5). *Boost for student wellbeing in South Australian schools*. Ministers' Media Centre. <https://ministers.education.gov.au/clare/boost-student-wellbeing-south-australian-schools>