



AUSTRALIAN EDUCATION UNION

Victorian Branch

Address 126 Trenerry Crescent,
PO Box 363, Abbotsford 3067

Phone 03 9417 2822

Email melbourne@aeuvic.asn.au

Web aeuvic.asn.au

ABN 44673398674

Australian Education Union (Vic) Submission to the Royal Commission into Victoria's Mental Health System

Executive Summary

The Australian Education Union (Vic) represents more than 48,000 members working in Victorian public schools, early childhood, TAFE and adult provision. The AEU believes that the mental health of students in schools, preschools and TAFE institutions is as important as their physical health and that there is a clear connection between student wellbeing and learning progress. This means that public education institutions should be safe, supportive and inclusive learning communities with the necessary resources to effectively carry out this role. And because of the crucial part they play in the lives of children and young people, these institutions should continue to implement positive strategies to nurture mental health and to identify and support those students who are experiencing mental health issues. It is also important to recognise the need for healthy workplaces for those who are employed in education institutions and to ensure that the conditions of work and support structures are in place to promote the wellbeing of employees and support them when issues affecting their mental health arise.

The AEU submission to the Royal Commission into Victoria's Mental Health system draws on existing research and a survey of AEU members working in schools, early childhood settings and TAFE institutes. The survey, carried out in June of this year, received 2,972 completed surveys from teachers, principals and education support staff working in Victorian public schools, 272 from teachers and educators working in early childhood settings and 263 from teachers working in Victorian TAFE Institutes. The survey asked respondents about their awareness of student mental health issues in their institution, the impact of mental health issues on student learning, the level and accessibility of support – initial teacher education, professional development, employment of support personnel, access to mental health services – and mental health issues affecting employees.

The results of the survey highlight the major gap between the needs of the children and young people in Victoria's public education system and the resources required to meet those needs. This is particularly evident for students from disadvantaged backgrounds and those living in regional areas. Survey respondents expressed their concern and frustration at the difficulty in accessing the support and services to meet the growing incidence of mental health issues amongst the students they educate. The fact that government funding of Victorian public schools is the lowest in Australia, and

significantly below the Australian average¹, means that schools, and the public education system as a whole, endeavour to ensure that their students receive the additional support they need when they need it, despite the inadequacy of resources.

The survey results present a picture of high levels of observed characteristics related to student mental health concerns and a strong view that mental health issues are having a negative impact on student learning. Other important findings are the inadequate access (particularly timely access) to external services to meet identified student needs and the unmet demand for improved access to expertise within schools. A take-away message from the survey results is that the Department of Education and Training needs to move beyond acknowledging the importance of student mental health and wellbeing, and encouraging early intervention and access to specialised services when required, to filling in the resourcing gaps identified by survey respondents and so enable Department policies and schools, preschools and TAFE to effectively meet the needs of students. The survey also emphasised the findings of a range of research studies in this area that teaching can be a very stressful occupation which can contribute to significant mental health difficulties for some teachers. Ways of relieving teacher stress, often related to unsustainably high workloads, need to be clearly identified and acted upon in consultation with the AEU.

Recommendations

1. As part of a whole of government initiative, the Department of Education and Training should provide a Mental Health Service Access Guarantee which stipulates the right for Victorian students in public schools, preschools, and TAFE to access the support they need. The Guarantee would ensure:
 - availability of mental health services
 - timely provision of mental health services
 - ongoing provision of mental health services where required.

This should follow a detailed review of the current provision of school, preschool, and TAFE student access to mental health services. The review should cover:

- the level of unmet need for timely access to mental health services
 - strategies to improve access to Student Support Services in schools and its quality
 - unnecessary blocks and limitations in communication between mental health professionals and educators.
 - funding increases required to enable schools, preschools, and TAFEs to meet the needs of their students in a timely manner, with particular consideration for students from low socioeconomic status (SES) and non-metropolitan backgrounds.
2. All public schools should have dedicated funding in addition to the existing Student Resource Package to enable the provision of mental health support by the employment of:
 - Student Welfare Coordinators at each school and
 - extra qualified psychologists, mental health professionals, and social workers.

¹ Productivity Commission (2019), Report on Government Services, Table 4A.15
<https://www.pc.gov.au/research/ongoing/report-on-government-services/2019/child-care-education-and-training/school-education>

A ratio of public school students to psychologists, mental health professionals, and social workers should be established to determine the allocation of resources based on the needs identified in the review outlined in Recommendation 1.

3. Any new programs for schools should be assessed before they are implemented against a set of student wellbeing criteria based on principles that aim to safeguard the wellbeing and mental health of children and young people. The teaching profession should play a pivotal role in developing the criteria and be central to providing advice about the potential impact of the proposed program. Where concerns have been raised about existing programs they should also be subject to a similar review.
4. The Department of Education and Training should provide free relevant professional development to educators in how to identify and support students with mental health issues. Professional development should enable educators and mental health professionals to come together to enhance mutual understanding of their respective roles.
5. There should be a funded research program to better understand the impact of student mental health issues on learning and the curriculum and pedagogical support teachers need to provide.
6. All initial teacher education (ITE) courses should include compulsory content covering the knowledge and skills teachers need to support student wellbeing and mental health. Teachers in their early years of teaching should be provided with additional support and time to build on what is learnt through ITE.
7. The present NAPLAN whole cohort testing program should be abolished. Standardised testing of primary and secondary students for system quality assurance should be on a sample basis only. School-based formative assessment should be used to inform parents of student progress.
8. The Department of Education and Training should fund a review of the VCE and the ATAR system to recommend ways in which their negative impact on the wellbeing and mental health of students can be alleviated.
9. The Department of Education should further increase resources to support students from Aboriginal and Torres Strait Islander backgrounds who have mental health issues and do so in ways which support indigenous self determination, sovereignty, culture, and ways of knowing.
10. The Department of Education should expand programs to support young people with a greater likelihood of developing mental health issues, including young people:
 - who identify as LGBTIQ+
 - in 'out of home' care
 - with a disability
 - living in rural Victoria.
11. Given teachers are recognised by students with mental health issues as a significant source of support, the Department of Education and Training should employ additional teachers to reduce teacher-student ratios to better carry out this role.

12. The unsustainable workloads of staff in schools, preschools, and TAFE identified in this submission, resulting in high levels of stress, anxiety and other mental health issues, needs to be addressed. Measures including investment in more staff are critical to ensure the capacity of education professionals to carry out their work effectively and safely.

Schools

Introduction

Schools have been identified as both a significant source of stress for many young people, often leading to symptoms of depression, anxiety and stress outside the normal range, and as an important site for the promotion of mental health and wellbeing, including coping with stress.

They are the central point of contact with both those who are currently experiencing mental health difficulties and those who may be vulnerable to such difficulties in the future and are often where symptoms of mental disorder are first identified.²

The Black Dog Institute/Mission Australia 2012 – 16 surveys of young people aged 15-19 found that school or study problems ranked as the second most important issue of concern for those with a probable serious mental illness (behind coping with stress and ahead of depression). In 2016, 59.6 per cent of this group nominated school or study problems as something they were “very” or “extremely” concerned about. This was compared to 31.4 per cent of those who did not have a probable serious mental illness. The survey also found that young women (65.9%) had a greater prevalence of concern than young men (47.6%).³ In 2016, just under one in four young people aged 15-19 years who responded to the Youth Survey met the criteria for having a probable serious mental illness. This represented a significant increase in the proportion of young people meeting this criteria over the five-year period 2012 (18.7%) to 2016 (22.8%).⁴ In the most recent Mission Australia published survey (2018) of 15-19 year-olds, when asked to nominate the most important issue in Australia today, 43 per cent of the 28,000 respondents nominated mental health.⁵

While young people in the 15-19 age group have the highest likelihood of developing mental illness, and the proportion of those meeting the criteria for having a probable serious mental illness rising from 20.8% among 15 year-olds to 27.4% among 18/19 year-olds, it is now accepted that the underlying predispositions for mental disorders are shaped during childhood and that 50 per cent of mental health disorders begin before age 14 years and continue into early adulthood.⁶ It has also been found that some groups of children and young people are disproportionately affected by intentional self-harm and suicidal behaviour: Aboriginal and Torres Strait Islander young people, lesbian, gay, bisexual, transgender and intersex young people, young people in out-of-home care, young people with a disability, and young people living in rural and remote areas.⁷

The level of concern about the rising incidence of mental health problems among secondary students was highlighted by the response of principals to an *Age* inquiry at the end of 2018. One principal told the reporter that at their school the number of students presenting with depression or

² Mission Australia/Black Dog Institute (2017), Youth mental health report: Youth survey 2012-16, p.29

³ Ibid pp16-17

⁴ Ibid p.5

⁵ Carlisle, E., Fildes, J., Hall, S., Hicking, V., Perrens, B., and Plummer, J. (2018). *Youth Survey Report 2018*. Mission Australia. p.30 <https://www.missionaustralia.com.au/what-we-do/research-impact-policy-advocacy/youth-survey>

⁶ Department of Health and Human Services (2015), 10-year mental health plan technical paper, Victorian Government, pp1-2

⁷ Ibid p.2

anxiety rose from 285 in 2015 to 743 in 2017. The school also supported 298 students who were experiencing suicidal ideation or serious self-harm in 2017 compared to 47 in 2015.⁸ Untreated mental health issues were related to poor attendance, disengagement, and poor relationships at school and home.

There are a number of specific school-based factors which have been linked to student mental health issues. Of particular concern is the stress created by high stakes testing and examinations. The impact of high stakes whole cohort testing (NAPLAN) in primary schools (Years 3 and 5) and lower secondary (Years 7 and 9) has negatively affected the wellbeing of many students. The high stakes nature of the testing relates to the use of test results to publicly identify 'good' and 'bad' schools through such mechanisms as the government website 'My School' and in the media. The results influence: how the Department of Education and Training views schools and their principals, funds schools, and determines system intervention in selected schools; a concentration on 'teaching to the test' to improve results; and the production of a host of commercially produced on-line and hard copy materials aimed at parents to improve the test performance of their children.

A teacher who completed the AEU mental health survey in June expressed a common concern among primary school teachers about the effect of the testing on young children:

Students have asked me if NAPLAN will affect their high school applications and if it will affect their university applications. Many students lose sleep at night and I have had parents tell me that their children don't want to come to school during NAPLAN time. This is all during primary school years. News outlets also directly cause students to worry as they watch the news reports about NAPLAN data.

The Whitlam Institute/Melbourne University study of the impact of NAPLAN used a survey of 8,000 teachers across Australia to identify, among other things, the health and wellbeing issues for students involved in the testing. The study found that survey respondents stated that some of their students reported feeling stressed, a concern that they were too 'dumb', fear of parents' reaction to test scores, feeling sick before the test, freezing during the test, sleeplessness, and crying.⁹ These findings are consistent with a range of other studies of high stakes testing in Australia, the United States and the UK.

Some schools not only neglect students' health but may actively harm it. A systematic review of all qualitative research in this area suggests that in school systems that focus on narrow academic metrics, such as those in England and the United States, some schools respond by focusing on the more able students, and not engaging other students or recognising their efforts. This is associated with many students, especially those from disadvantaged backgrounds, disengaging from school and instead investing in "anti-school" peer groups and risk behaviours, such as smoking, taking drugs, and violence. Furthermore, research suggests

⁸ Henrietta Cook (2018), Labor plan for mental health in state schools, The Age, October 25, p.3

⁹ Nicky Duffer, John Polesel, Suzanne Rice (2012), The Impacts of High Stakes Testing on Schools, Students and their Families: An Educator's Perspective, Whitlam Institute

that “teaching to the test,” which commonly occurs in school systems with a narrow focus on attainment, can harm students’ mental health.¹⁰

The impact of the Year 12 examination system on student wellbeing and mental health has been an ongoing concern of teachers, parents and mental health professionals for a long time. Psychologists have pointed out the link between the timing of final exams and the age when teenagers are at their most vulnerable and often struggling with their mental health for the first time.

“We know two very important things. One is that this age is the peak onset period for mood and anxiety disorders and we also have robust evidence that shows the prevalence of depression is increasing in younger people. We also know that if someone already has mental health issues that acute stress can precipitate even more serious mental illness or a deterioration in their mental health. So, it would be great to see a consideration of other methods of assessment that reduces a really acute period of stress around exam times.”

- Associate Professor Chris Davey from Orygen, the National Centre of Excellence in Youth Mental Health¹¹

One former Year 12 student indicated the pressure felt by vulnerable students faced with the high stakes exam environment: *I felt like I'd failed at life. I contemplated suicide after I left school and really the only thing that kept me here was understanding what that would do to my parents.*¹² In 2017 the school exam authority in Victoria, the Victorian Curriculum and Assessment Authority, responded to evidence of the growing number of students suffering mental health harm because of acute exam stress by initiating a review of its policy and procedures relating to mental health conditions and special examination arrangements.¹³ While the review recommendations introduced in 2018 attempted to alleviate some of the stress experienced by students at the time of taking the exams, they did not address the fundamental issues and culture created by the very high stakes competitive exam and ATAR systems which circumscribe the nature of Year 12 for the majority of students. 67.8 per cent of respondents in the AEU mental health survey who were teaching VCE said that they had students with mental health issues in their classes and 85.2 per cent agreed or strongly agreed that mental health/wellbeing issues (identified in the survey) had negatively affected student learning at their school. One VCE teacher commented on the dilemma that they faced in 2018 which had implications for their own mental health as well as that of the students in the class.

Last year, in one VCE class, I had 16 out of 20 kids on recognised mental health plans. It was overwhelming to deal with the volume of these students during a 'stressful' year. I nearly left teaching and for the first time in my career (28 years) was diagnosed with Anxiety. Teaching is such a different landscape and mental health issues are appearing in far greater numbers than ever before.

The Survey

The AEU mental health survey carried out in June 2019 was designed to identify public school employees’ views about:

- the incidence of student mental health issues in Victoria’s public schools,

¹⁰ Chris Bonell, Neil Humphrey, Adam Fletcher, Laurence Moore, Rob Anderson, Rona Campbell (2014), Why schools should promote students’ health and wellbeing, *BMJ* 2014;348:g3078 doi: 10.1136/bmj.g3078

¹¹ Rachel Wells (2019), Stressful VCE could be making depression, anxiety worse among kids: psychologist, *The Age*, May 7.

¹² Tracy Bowden (2017), Year 12 exams — are they worth the stress? 7.30 ABC, 11 October

¹³ Wells (2019) Op cit

- the impact of student mental health issues on student learning,
- the level and nature of support inside and external to schools for students with mental health issues,
- the pre-service and in-service training and professional development for employees in student mental health/wellbeing issues,
- employee mental health/wellbeing issues and
- suggestions for improvements.

The survey was structured to identify responses from the following demographic classification groups:

- different categories of school staff (e.g. principal, teacher, education support, student welfare);
- different roles within school staff categories (e.g. VCE teacher, home room teacher, psychologist, counsellor, student welfare coordinator),
- different types of schools (primary, secondary, special) and
- a series of overarching variables applying to all of the school categories (e.g. SES, location, enrolment size).

The schools survey received 2,972 completed responses. Survey questions can be found in Appendix A of this submission.

Incidence of mental health/wellbeing issues identified by survey respondents

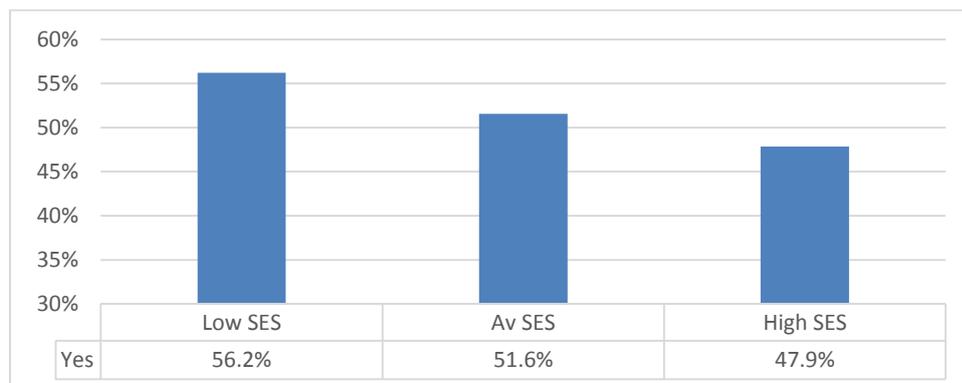
More needs to be done in the primary sector. I feel as though a lot of support is going into high schools and I do understand the need there, however early intervention is key. In the last 9 years I have seen a huge increase in students presenting in primary school with anxiety, self-harm and suicide ideation. This is not ok and access to support is always dragged out.
(Metro primary school)

Respondents were asked whether over the past year they were aware of students *at their school* who have mental health issues. A very high proportion of teachers said 'yes' to this question: 94.1 per cent in primary schools, 97.6 per cent in secondary schools, 96.1 per cent in primary-secondary schools and 93.1 per cent in specialist schools.

A second part of this question asked teachers, principals and support staff whether they had students with mental health issues *in the classes they were teaching*. The 'yes' responses for each school sector were: 41.2 per cent primary schools, 65.6 per cent secondary schools, 49.6 per cent primary-secondary schools, 40.5 per cent specialist schools.

Teachers from low SES schools were more likely to report students with mental health issues in their classes over the last year (Figure 1).

Figure 1: Percentage of school staff who report students in their class with health issues according to SES



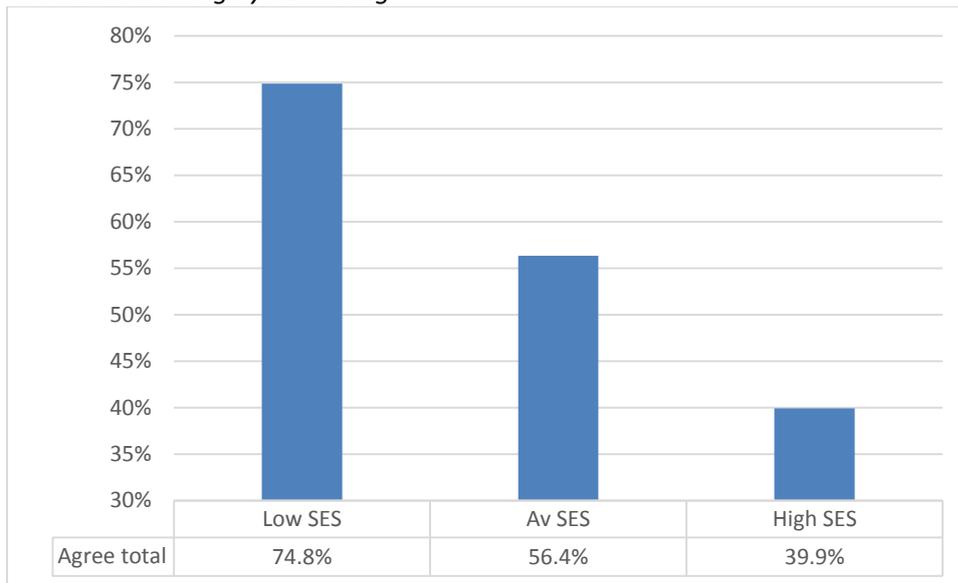
Respondents were further asked to indicate whether a series of specific issues related to mental health had affected student wellbeing at their school. The percentages of respondents either agreeing or strongly agreeing were:

- Anxiety 95.7%
- Challenging behaviours 92.7%
- Family and/or parenting concerns 90.2%
- Friendship and peer relationships 89.3%
- Self-esteem 86.4%
- Anger management 84.4%
- Trauma 72.9%
- Depression 71.4%
- Bullying 67.6%
- Child safety and protection 61.5%
- Self-harm 51.7%
- Drugs and alcohol 44.2%

There was a significant difference in most of these areas between low and high SES schools.

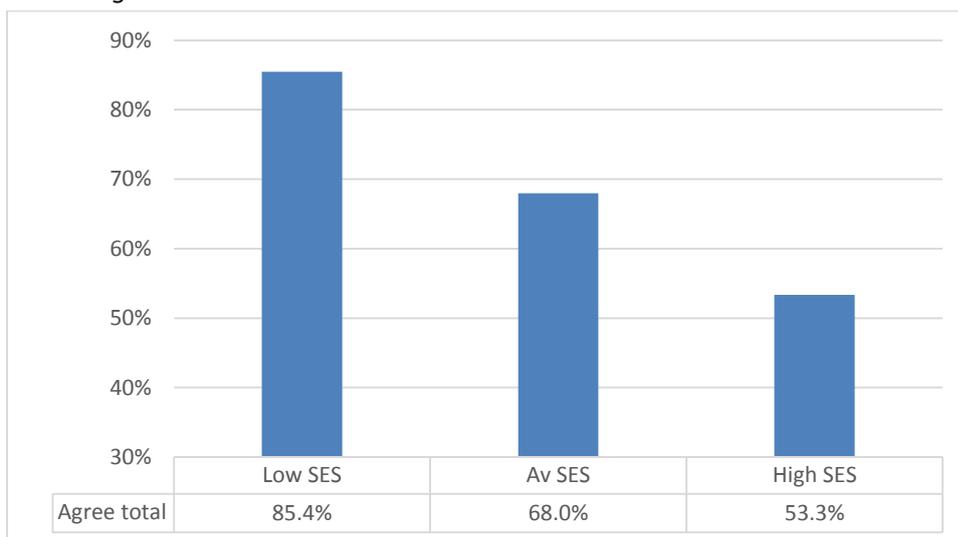
Figure 2 shows that staff from low SES schools were more likely to agree that *child safety and protection issues* have affected student well-being at their schools over the last year.

Figure 2: Percentage of school staff who report child safety and protection issues have affected student well-being by SES rating



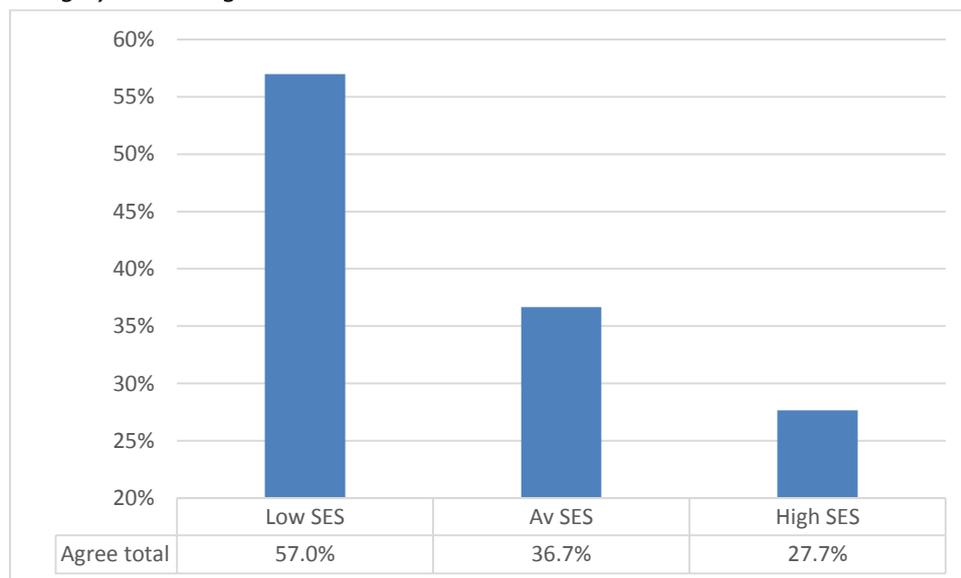
The gap between low and high SES schools was 32 per cent for *trauma* affecting student wellbeing over the past year (Figure 3)

Figure 3: Percentage of school staff who report trauma issues have affected student well-being by SES rating



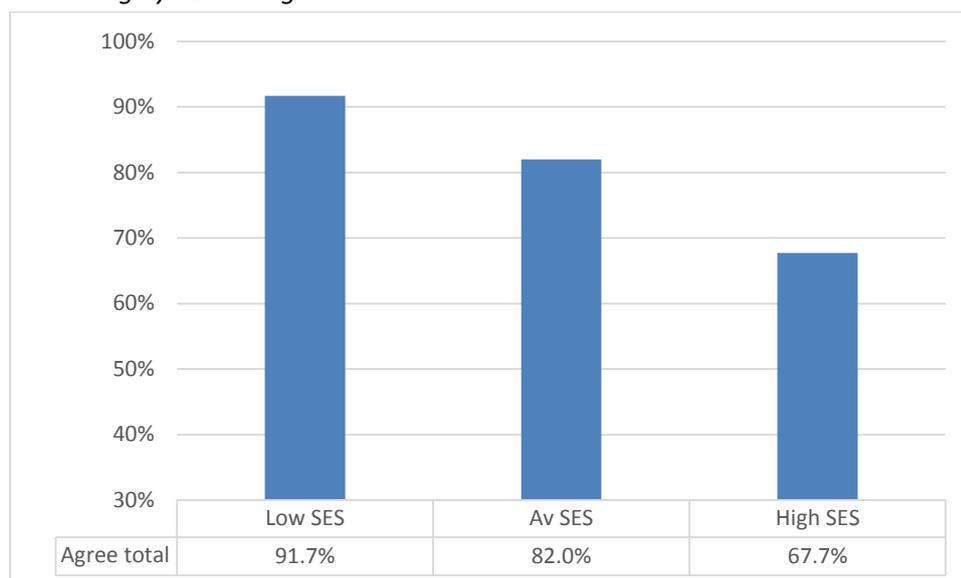
There was a 30 per cent difference between the impact of *drugs and alcohol* on low SES schools compared to high SES schools (Figure 4).

Figure 4: Percentage of school staff who report drugs and alcohol issues have affected student well-being by SES rating



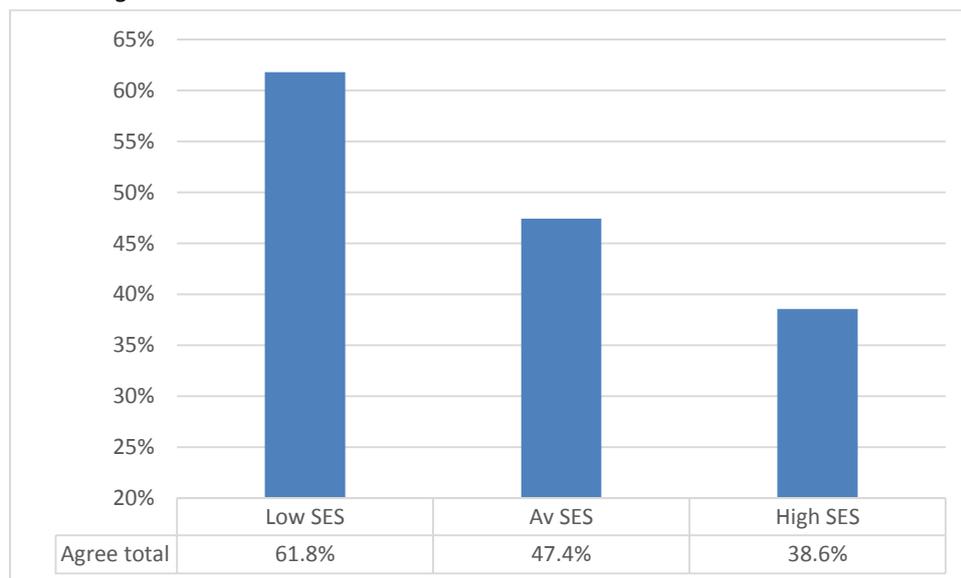
There was a 25 per cent difference between the reported incidence of *anger management issues* in low SES schools compared to high SES schools as shown in Figure 5.

Figure 5: Percentage of school staff who report anger management issues have affected student well-being by SES rating



The levels of *self-harm* by students having occurred in schools over the last year (51% for all schools) as reported by school employees was one of the more disturbing findings from the survey. This was significantly greater for secondary schools (71.8%). Once again there was a significant difference between the incidence of self-harm in low SES schools and high SES schools (Figure 6).

Figure 6: Percentage of school staff who report self harm issues have affected student well-being by SES rating



Other differences, as a percentage, between low and high SES schools are outlined in Table 1 below.

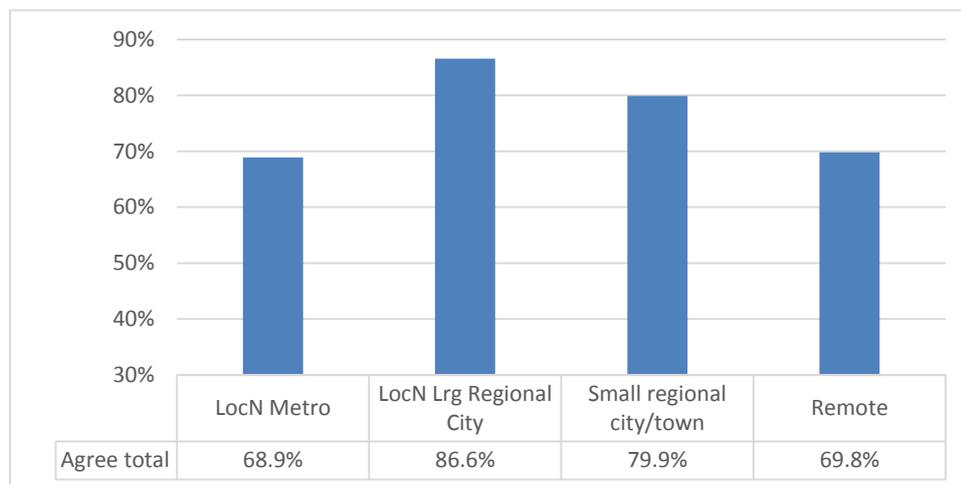
Table 1: Percentage of school staff who report mental health issues have affected student well-being by SES rating

	Low SES	Average SES	High SES
Bullying	72.5	64.6	57.7
Depression	77.5	68.4	64.6
Challenging Behaviours	94.1	89.1	84.4
Student friendships Peer relationships	48.6	38.9	39.5
Self-esteem	89.4	84.3	82.3

Another significant variation in the reported incidence of mental health issues between schools was their location. This applied particularly to differences between schools in large regional centres and schools in metropolitan Melbourne.

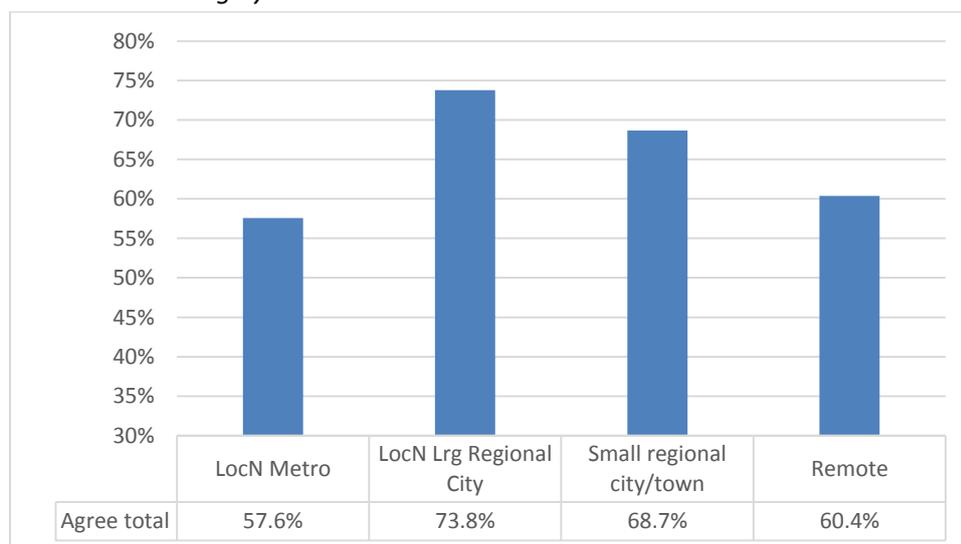
Staff in schools in large regional centres were more likely to report *trauma* affected student wellbeing than staff in metropolitan schools over the past year (Figure 7).

Figure 7: Percentage of school staff who report trauma issues have affected student well-being by location



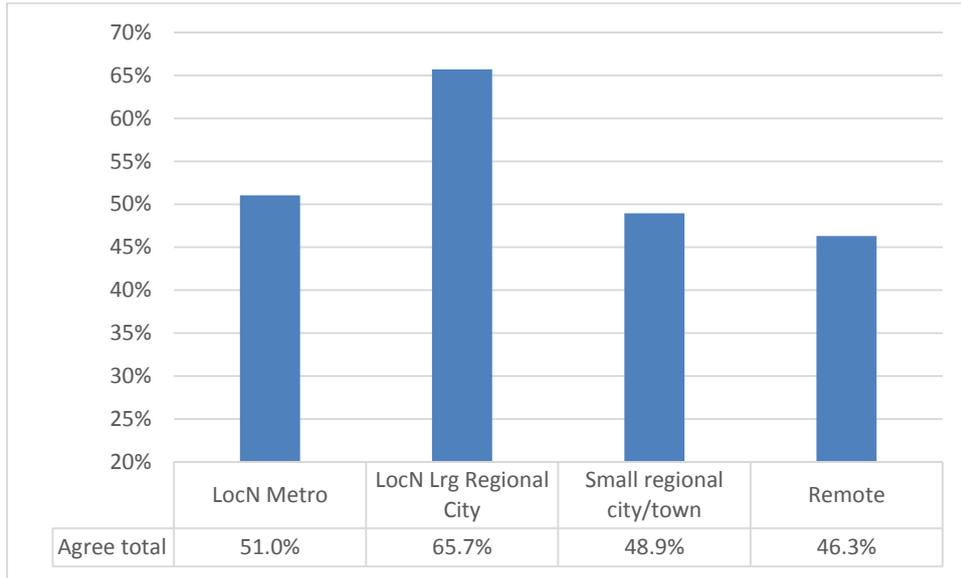
Staff in schools in large regional centres were more likely to report that *child safety and protection issues* affected student wellbeing than staff in metropolitan schools (Figure 8).

Figure 8: Percentage of school staff who report child safety and protection issues have affected student well-being by location



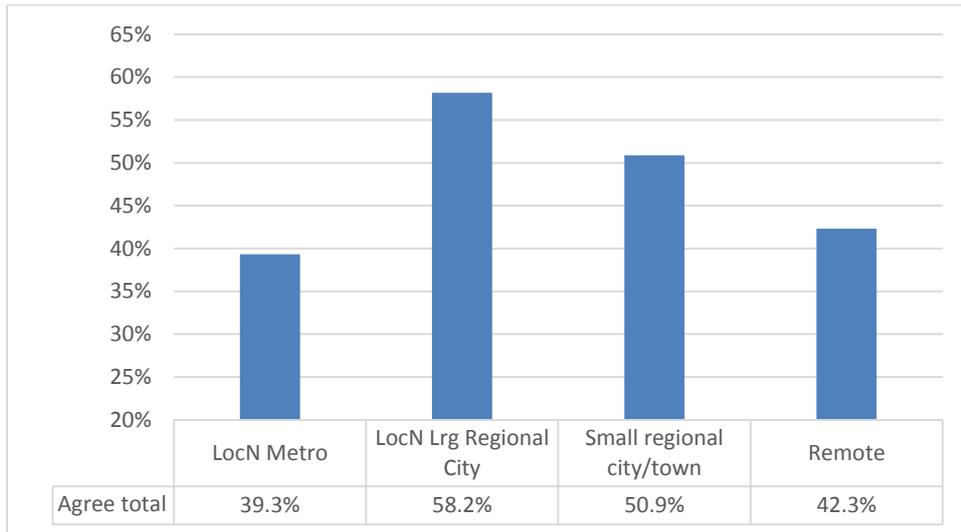
Staff in large regional centres were also far more likely to agree that student *self-harm* affected the wellbeing of students at their schools compared to staff in metropolitan schools (Figure 9).

Figure 9: Percentage of school staff who report self harm issues have affected student well-being by location



Drugs and alcohol was a fourth area where there was a significant difference between schools in large regional centres and metropolitan schools (Figure 10).

Figure 10: Percentage of school staff who report drugs and alcohol issues have affected student well-being by location



Other differences, as a percentage, between schools according to location are outlined in Table 2 below.

Table 2: *Percentage of school staff who report mental health issues have affected student well-being by location*

	Metro	Large reg. city	Small reg. city/town	Remote
Bullying	64.9	75.2	68.7	67.9
Anger management	81.3	91.2	89.1	85.2
Student friendships/peers	87.6	94.8	90.6	94.4
Family/parenting	88.7	94.3	93.3	94.5

Impact on learning

The high incidence of student mental health/wellbeing issues in schools reported by survey respondents is not only of major concern in its own right but also raises questions about how these issues are affecting student learning. The survey asked school staff to respond to the following statement:

Over the last year student well-being issues have negatively affected student learning at my school. (Strongly disagree, Disagree, Neutral, Agree, Strongly agree)

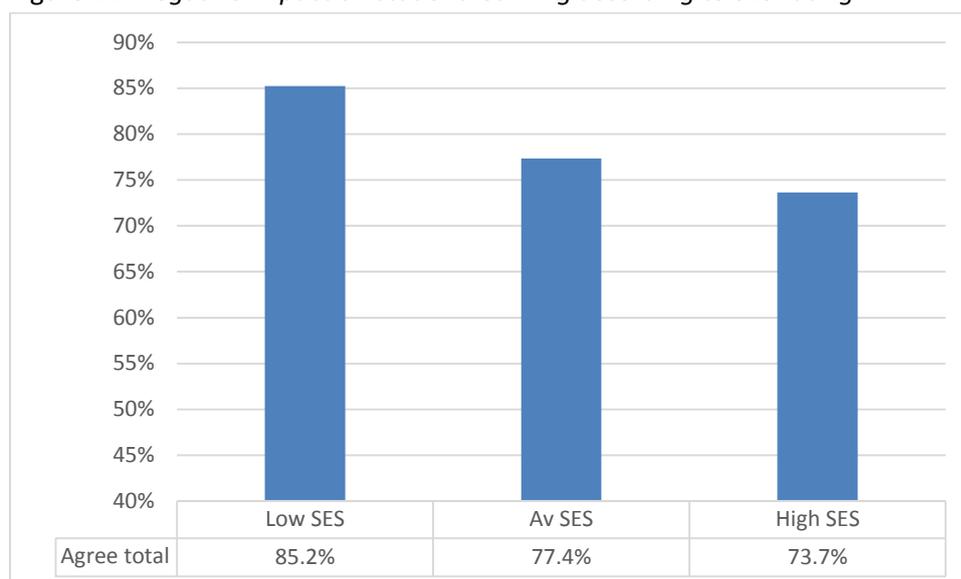
The percentage of survey respondents who agreed or strongly agreed with the statement for each school category was very high - around or above 80%:

- All schools 80.1%
- Primary schools 78.6%
- Secondary schools 81.7%
- Primary-secondary schools 79.0%
- Specialist schools 81.5%

VCE teachers as a separate group in secondary schools had the highest level of agreement (85.1%) that mental health issues were affecting student learning.

The impact on student learning of mental health issues differed according to the SES background of the school as shown in Figure 11.

Figure 11: Negative impact on student learning according to SES rating



There were also some differences in terms of the impact of mental health issues on student learning between schools according to where they were located:

- Metro 79.5%
- Large regional 82.8%
- Small regional 81.9%
- Remote 74.5%

The role of the classroom teacher and their training and professional development

I believe that the teachers have a great deal of information about students. Initially the classroom teacher fills out paperwork and then if and when children go to private doctors or paed's or psychologists, teachers' views are not taken into account. Reports are not written or if they are, they are not passed onto the schools. Also I don't believe that medical specialists and teachers understand each other's jobs and communication is lacking. As I said before, teachers - esp. primary teachers know a great deal about their students and early intervention is always a winner but many primary school children leave Year 6 without the professional help they need. (Metro primary school)

Classroom teachers play a crucial role in the lives of the children and young people they work with on a day-to-day basis. They become a source of support for their students through relationship development and the building of trust and, particularly at the primary level, have a knowledge of and links to their families. They form the front-line in terms of identifying and supporting students with mental health issues at both primary and secondary schools. The Mission Australia/Black Dog Institute analysis of the 2016 survey results of 15-19 year-olds with probable serious mental illness found that 30.2 per cent said they would go for help to a teacher and 30.5 percent to a school counsellor. In addition, 37.9 per cent of young people without a serious mental illness said that they would go to a teacher for help while 31.3 per cent would go to a school counsellor.¹⁴

Because of the central role played by classroom teachers in identifying and supporting students with mental health issues, the survey asked respondents questions about the content of their initial

¹⁴ Mission Australia/Black Dog Institute (2017) p.23

teacher education qualification and opportunities for professional development as part of their employment.

In terms of initial teacher education only 7.2 per cent of school staff agreed with the statement: *My initial teacher education prepared me to effectively identify and support students with mental health issues*. This result is of real concern given the findings in this and other surveys about the high incidence of mental health issues in school-age children and young people who the class room teacher works with on a day-to-day basis.

A second question asked respondents about their access to relevant professional development in their school. 49.7 per cent of school staff agreed that: *My school supports my participation in professional development/training that helps staff effectively identify and support students with mental health issues*. This view was fairly uniform across all types of school. The worry is that 28.6 per cent of respondents disagreed or strongly disagreed despite the potential levels of student need in every classroom. The one group which had a significantly lower level of agreement (34.7%) was casual relief teachers who generally find that access to professional development is difficult because of the nature of their employment.

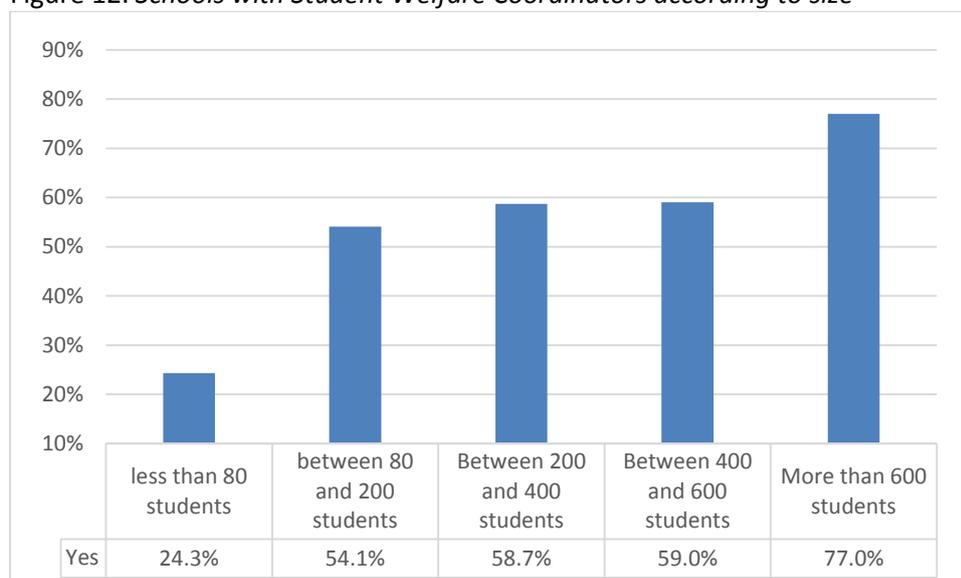
Specialists employed in schools

The most common form of in-school specialist support for student wellbeing and mental health is Student Welfare Coordinators. Some schools also employ qualified psychologists or counsellors (including those who are Commonwealth-funded as chaplains).

64.9 per cent of survey respondents said that their school employed a Student Welfare Coordinator (SWC). 83.9 per cent of secondary schools had an SWC compared to 48.3 per cent of primary schools and 56.6 per cent of specialist schools. 38.1 per cent were employed full-time and 54.7 per cent were employed at a time fraction of 0.5 or greater.

The findings indicated that the level of student enrolments was linked to the employment of an SWC – the larger the school the more likely they were to have an SWC.

Figure 12: Schools with Student Welfare Coordinators according to size

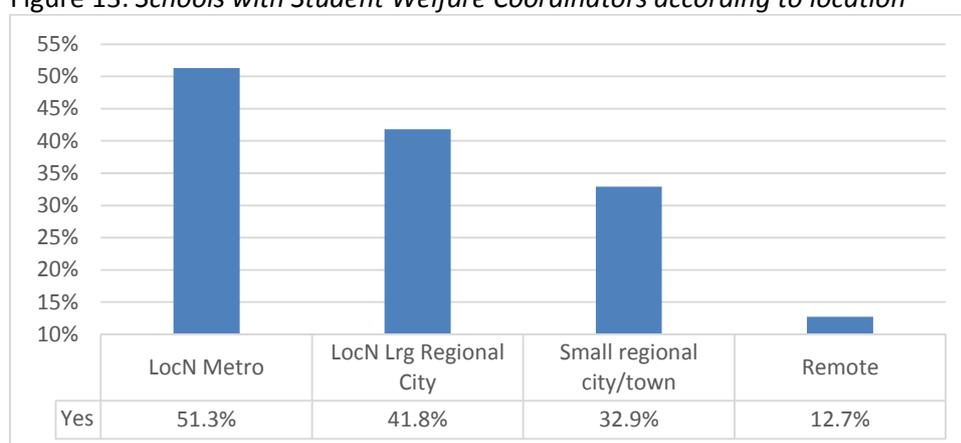


The employment of an SWC was also linked to the school's SES category. 71.6 per cent of low SES schools, which the survey findings showed have the greatest need for in-house specialist support, had an SWC compared to 62.1 per cent of average SES schools and 52.3 high SES schools.

41.5 per cent of respondents said that their school employed a qualified psychologist/counsellor. The figures for each school sector were: 34.9% of primary schools, 57.4% of secondary schools, 36.9% of primary-secondary schools and 47.3% of specialist schools. There was no real difference between school SES – 46.6% low SES, 44.0% average SES, 46.3% high SES.

Figure 13 shows that schools in Melbourne were significantly more likely to have employed a psychologist/counsellor than those in regional centres despite the survey findings about the incidence of student mental health needs in regional schools.

Figure 13: Schools with Student Welfare Coordinators according to location



In response to the comment question *What additional resources are required to improve support for your students' mental health* many survey respondents replied that they would like to have the resources to employ more qualified psychologists to meet the identified needs of students.

Access to student mental health services

The support services provided by the department are poor - the staff members constantly change, don't know our school, and demonstrate little understanding of how schools actually operate and end up adding to our workload. (Regional low SES secondary school)

The children I referred for MHP [Mental Health Practitioners] are waiting 6 months plus for an appointment with a psychologist or mental health professional outside school. MHP needs to work closely with schools and parents to support children. Schools are often the first to notice a change in the children but after initial referral there is no follow up to guide staff on the best way to support the child and their family. (Metro primary school)

We did have headspace come, but they are cutting back their hours. Interestingly, the criteria they use to work with students is rigid. They won't take on students who are 'too complex' and these kids are left with the limited support that my social worker & Diploma qualified counsellor can offer. This is hardly adequate. (Regional low SES secondary school)

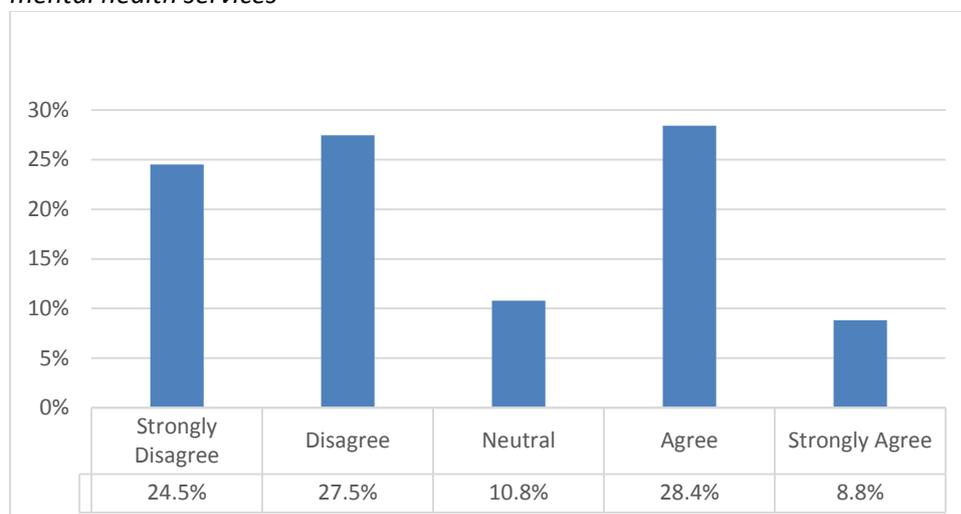
Many survey respondents were very critical of the existing access schools have to mental health services. This was the major area of dissatisfaction emerging from the survey findings. The dissatisfaction covered both the psychologists provided by the Department of Education and Training through their student support services and the external services such as Headspace and

private psychological providers. Some respondents, particularly in rural areas, indicated that they virtually had no support while others said that the waiting periods for support undermined their usefulness and left the school to their own devices to meet urgent student needs.

47.9 per cent of all respondents agreed with the statement: *Students at my school have access to appropriate mental health services.*

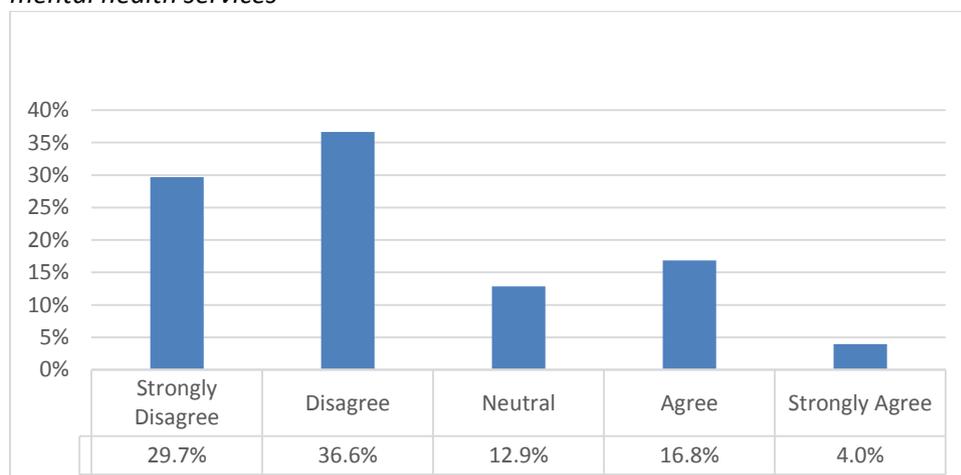
This fell to 37.2 per cent when principal responses were separated out from those of teachers and education support staff. Principals and assistant principals are generally the key contact at the school for liaison with mental health services (Figure 14).

Figure 14: *Percentage of Principals reporting that “Students at my school have access to appropriate mental health services”*



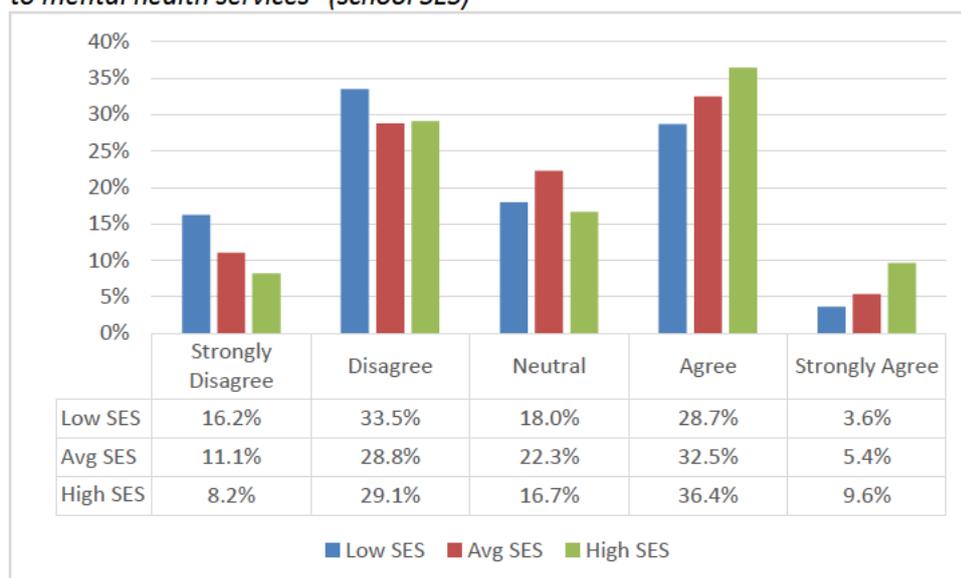
When the survey question was asked again with the word “timely” inserted the agreement level for all staff fell to 36.6 per cent and to 20.8 per cent for principals (Figure 15).

Figure 15: *Percentage of Principals reporting that “The students at my school have **timely** access to mental health services”*



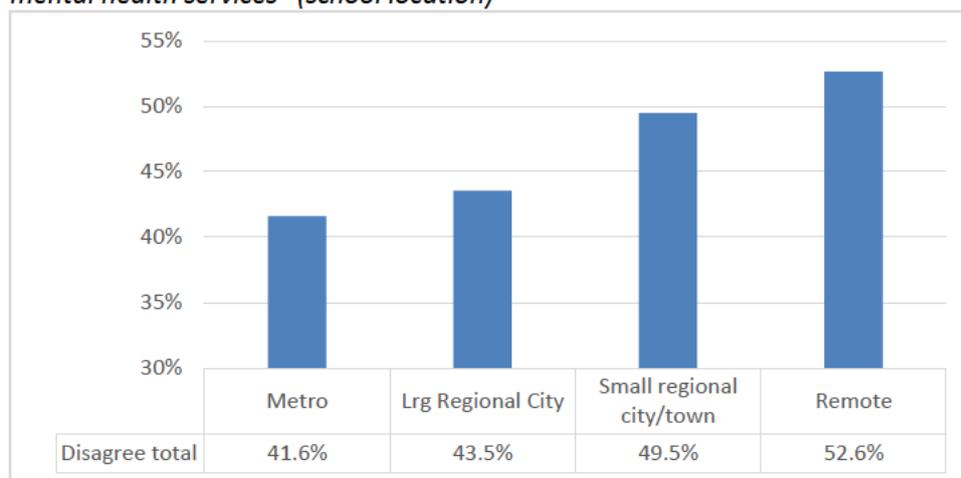
Significant differences emerge when all staff responses to *timely access* are separated into school SES and location. Figure 16 shows that low SES schools which have the greatest need for these services exhibit the greatest level of dissatisfaction with access to them.

Figure 16: Percentage of school staff who report that “The students at my school have *timely access to mental health services*” (school SES)



Schools in small regional centres and remote locations had less access to services than those in metropolitan Melbourne and large regional centres (Figure 17).

Figure 17: Percentage of school staff reporting that “The students at my school have *timely access to mental health services*” (school location)



Living in a small regional town our students don't have adequate access to mental health professionals or facilities. Wait times are extremely long for specialist services, and often an hour of travel time or more, each way, away from their home. (Regional low SES primary school)

The general finding from the survey is that there is a large and growing need for specialist support for students experiencing mental health issues and a lack of resources in schools and in the system to meet those needs.

Staff Wellbeing

There have been a number of recent studies of the wellbeing of staff working in schools in Victoria and nationally. A 2015 Monash University study of Victorian teachers found that 55 per cent of all respondents reported that they had experienced injuries or illnesses in the past year that were either work-related stress or another mental health issue.¹⁵ The 2016 ACER workload study¹⁶ of Victorian teachers, principals and education support staff received over 13,000 completed survey responses. A significant majority of teachers reported that they were experiencing high levels of stress at work. In response to the question: *In the last month, how often have you felt stressed by work?* 72.3% of primary teachers said 'very often/fairly often' compared to 73.0% of secondary teachers and 66.7% of special school teachers.¹⁷ A further question asked whether their workload affected their health. 35.4% of primary teachers said 'often/nearly always/always' compared to 37.5% of secondary teachers and 36.1% of special school teachers.¹⁸

A 2019 study into bullying of teachers¹⁹ found that survey respondents experienced high levels of parent and student bullying. Parent bullying was most common for teachers working in the primary sector, with 62.9% of primary school teachers having experienced bullying or harassment from a parent in the 12 month period preceding the survey. Student bullying was most common for secondary teachers with 77.6% reporting being bullied or harassed by a student in the last 12 months. The latest annual survey of principal occupational health, safety and wellbeing (2019)²⁰ found that 41 per cent of Victorian principals experienced threats of violence in 2018. This was up from 37.6 per cent in 2011. 34 per cent of Victorian principals experienced physical violence in 2018, up from 25 percent in 2011.²¹ The survey also found that school leaders reported 1.6 times the rate of burnout compared to the general population, 1.7 times the rate of stress, 2.2 times the rate of sleeping troubles and 1.3 times the rate of depressive symptoms.²²

The AEU mental health survey carried out in June 2019 asked school employees whether the staff at their school were affected by a list of seven mental health related issues. The percentage of respondents either agreeing or strongly agreeing

- Stress 96.8%
- Anxiety 87.9%

¹⁵ De Cieri, H., Shea, T., Donohue, R., Sheehan, C. & Cooper, B. (2015), Leading indicators of occupational health and safety: A report on a survey of Australian Education Union (Victorian Branch) members. ISCR report number: 045-0415-R07. Monash University

¹⁶ Paul Weldon and Lawrence Ingvarson (2016), School Staff Workload Study: Final Report, ACER-AEU https://www.aeuvic.asn.au/sites/default/files/School%20Staff%20Workload%20Study_%20Final%20Report%20to%20the%20Australian%20Educa.pdf

¹⁷ Ibid p.46

¹⁸ Ibid p.39

¹⁹ Paulina Billett, Rochelle Fogelgam and Edgar Burns (2019), Teacher targeted bullying and harassment by students and parents: Report from an Australian exploratory study, La Trobe University <https://www.ttbhau.com/past-projects.html>

²⁰ Philip Riley (2019), The Australian Principal Occupational Health, Safety and Wellbeing Survey 2018 Data, ACU

²¹ Ibid p.86

²² Ibid pp73-74

- Depression 62.9%
- Bullying and harassment 43.5%
- Loss and grief 42.5%
- Family violence 14.6%
- Domestic violence 14.6%

Staff, particularly teaching staff are required to do more and more outside of just teaching. Dealing with emotional issues of students and parents, increasing individual learning plans, filling in assessments for families seeking funding, differentiated learning, managing increasing behaviours whilst teaching large classes. Where do I stop. (Metro primary school)

A second question asked staff whether they had been *personally affected* by any of the seven listed issues. The percentage of respondents who answered always or most of the time.

- Stress 58.3%
- Anxiety 41.3%
- Depression 19.8%
- Bullying and harassment 14.3%
- Loss and grief 7.3%
- Family violence 2.6%
- Domestic violence 2.2%

The expectations are so high with so little time allowed for the work and on tough days with the kids it leaves you feeling awful and burnt out. (Metro secondary school)

Respondents were also asked whether any of the listed issues had affected their professional performance over the past year (Table 3).

Table 3: *Impact of mental health issues on professional performance*

Never	10.3%
Once in a while	48.9%
About half the time	21.0%
Most of the time	14.4%
Always	5.5%

The support for staff welfare and wellbeing was patchy across the state. While some respondents reported that their school had good structures and procedures with a preventative approach to support all staff and effective assistance to those needing mental health support, others indicated that their workplace had nothing in place and staff were left to deal with their problems by themselves. The most common cause of negative influences on wellbeing cited by staff was workload and the expectations built into this. The Department of Education and Training's Employee Assistance Program designed to support individuals experiencing mental health issues received a mixed reception as to its value and quality.

Staff wellbeing as a concept needs to be acknowledged in the first place. Following that, discussions regarding appropriate wellbeing support for staff might be considered. EAP

[Department of Education and Training Employee Assistance Program] is completely inadequate for the stress experienced by school staff. (Metro secondary school)

Early Childhood

We are seeing a lot more children with mild /severe anxiety. Parents do not always understand what it is. Having access to a professional who can discuss and advise (not necessarily diagnose) children's behaviour and provide strategies would be very useful. Some parents are in denial, some lack the skills and confidence. Positive assistance and feedback would improve support. Professionals who see children one on one need to understand that children behave differently within a larger group of children. 20 minutes is not enough to see how they behave when they are in a preschool session between 2 and 7 hours. They also should communicate with the teachers about their diagnosis and strategies, not just rely on parents' opinions and expectations that they will share these with the teacher. (Preschool teacher)

Sometimes some of these children are so aggressive and disruptive that they affect the wellbeing of the rest of the children and so we need to be looking at the majority of children's wellbeing instead of placing support and focus solely on the child with issues. (Preschool teacher)

272 staff working as teachers and educators in preschools and long day care centres across Victoria completed the AEU mental health survey. 83.8 per cent indicated that they were teaching children (predominantly 4 year-olds) who had mental health issues.

Respondents were asked whether any of a range of issues linked to mental health concerns had affected the wellbeing of their students over the last year. The following percentages for each issue were the proportion of respondents who agreed or strongly agreed that student wellbeing had been affected.

- Challenging behaviours 93.0%
- Family and/or parenting concerns 88.9%
- Anger management 84.3%
- Friendship and peer relationships 76.3%
- Self-esteem 71.3%
- Trauma 60.0%
- Child safety and protection 55.0%
- Anxiety 41.4%
- Bullying 28.2%
- Drugs and alcohol 28.0%
- Depression 26.3%
- Self-harm 8.4%

73.2 per cent of early childhood teachers and educators strongly agreed or agreed that these wellbeing issues had negatively affected student learning at their preschool.

Further training needs to be done in children's psychology and teachers need further training in order to best support children with mental health problems. More resources are needed to support children's emotional health and expression and for children to develop social skills

and prosocial behaviours. Child psychologists should be doing regular visits to preschools just in the same way a child's physical health is monitored or accessed so too should their mental health. (Preschool teacher)

Early childhood teachers were only slightly less negative than school teachers about the impact of their initial teacher education course on their capacity to address mental health issues in their preschools. Only 15.2 percent (schools 7.2%) agreed that their course had effectively prepared them to identify and support students with mental health issues. They were far more positive about support from their preschool for them to participate in professional development and training in this area. 68.5 per cent of respondents said that their preschool supported their participation in professional development aimed at effectively identifying and supporting students with mental health issues.

Appropriate support from the department (Education and DHS) is needed. We face the issue of a lack of support to deal with children suffering from mental health issues and the process is so hectic that it takes most of our energy and time. That results in other children lacking quality time with teachers. (Preschool teacher)

Better access to support services in a more timely manner. Support from external services is often a long and lengthy process of applications when the child needs support here and now to give best possible outcomes for their preschool year and future life. (Preschool teacher)

Professional therapy is not always affordable. Often the children who need it the most can't afford it, long waiting lists mean they often don't get help until they are at school. Also many parents are in denial, if there was someone they could chat to without asking for a "label" or charge a fee they may be more inclined to listen. (Preschool teacher)

Early childhood teachers appear to be in a significantly more difficult situation than school teachers in terms of access to specialist support for mental health issues. Because of their relative size they do not have specialist support people on site. They also indicate that they have even more limited access to external mental health services than schools. Only 30.6 per cent (schools 47.9%) agreed/strongly agreed they had access to appropriate mental health services. In the follow-up question about *timely* access the agree total fell to 21 per cent (37.2% in schools).

Early childhood staff indicated that working in a preschool could have detrimental effects on their wellbeing and mental health. 63.6% said that they had personally been affected (always/most of the time) by stress, 42.3% by anxiety, 16.5% by depression and 9.6% by bullying and harassment. In the follow-up question 17.7% said that (always/most of the time) these issues had affected their professional performance.

I have had a mental breakdown, that had accumulated over a number of years in a stressful work environment. I was crying on my way to work most days and putting on a smile when staff, children and families arrived. I did some serious damage to my self-worth and am not yet better. I wish I had recognised what I was doing to myself. (Preschool teacher)

First we have to improve the mental health of our educators and lessen the day to day stress that is now a daily part of our work. You can't teach wellbeing if you aren't feeling it yourself. (Preschool teacher)

TAFE

The AEU received 263 completed surveys about student and staff well-being and mental health from TAFE members. Responses were received from 17 TAFEs from across Victoria, including: 58% from metropolitan Melbourne, 28.5% from large regional cities, 10.4% from small regional cities/towns, 0.8% from remote locations, 2.3% other.

Around half of the TAFE teachers that we surveyed were aware of at least one student in their classes with mental health issues over the past year (50.6 per cent). Less than half of the respondents agreed that students had timely access to appropriate mental health services when required (40.3 per cent) and this proportion was smaller for TAFEs outside of metropolitan Melbourne (36.9 per cent).

High proportions of respondents agreed that that student well-being had been affected by anxiety (88.8 per cent) and depression (80.7 per cent) over the past year. Many respondents also identified well-being issues associated with homelessness and refugee experiences among their students. As one teacher from a metropolitan TAFE reported:

My students are refugees from Iraq, Syria. Sri Lanka, Somalia. They tell me the biggest trauma for them is dealing with the inhumanity of Centrelink and their job networks. There is no counselling available for them because the college underquoted to run the AMEP [Adult Migrant English Program] program and couldn't afford to keep them.

Around two-thirds of the TAFE educators surveyed (67 per cent) agreed that student well-being issues had negatively affected student learning at their TAFEs over the past year.

Very few respondents felt that their educational qualifications adequately prepared them to identify and support students with mental health or well-being issues (13.8 per cent) although around half agreed that their TAFE supported participation in professional development to identify and support these students (48.6 per cent).

APPENDIX A

Mental Health in Schools Survey

You are invited to participate in our survey on mental health in schools. It will take approximately 5-10 minutes to complete the questionnaire. Your participation in this study is completely voluntary. There are no foreseeable risks associated with this project. However, if you feel uncomfortable answering any questions, you can withdraw from the survey at any point. It is very important for us to learn about your opinions. Your survey responses will be strictly confidential and data from this research will be reported only in the aggregate. Your information will be coded and will remain confidential.

My Workplace

1. Primary
2. Secondary
3. Primary and Secondary
4. Specialist School
5. CRT
6. Other _____

Role - please select all that apply

1. Principal/Assistant Principal
2. Teacher
3. Education Support
4. I have a dedicated student welfare/pastoral role at my school
5. Paraprofessional
6. Other _____

Principals please select all that apply

1. Principal
2. Assistant Principal
3. Small School Teaching Principal
4. Executive Principal
5. Liaison Principal
6. Specialist School Principal
7. Specialist School Assistant Principal
8. Principal - Other _____

Teacher - select all that apply

1. Homeroom teacher
2. Year level coordinator
3. Leading teacher
4. Learning specialist
5. VCE teacher
6. Primary teacher
7. Secondary teacher
8. CRT primary
9. CRT secondary
10. Work with ungraded students
11. Other _____

Education Support - select all that apply

1. Student/teacher support
2. Ed support - admin/operations
3. Ed support - technical
4. Ed support - professional services
5. Other _____

Welfare roles - select all that apply

1. Welfare Coordinator
2. Primary Welfare Officer
3. Counsellor
4. Tertiary qualified psychologist
5. Tertiary qualified psychologist with school or child-development specialisations
6. VET level counselling qualifications
7. Other _____

Time fraction (e.g. one day per week = .2, two days =.4, etc. Please round to the nearest fraction)

Which description best describes the socioeconomic status (SES) profile of the students at your school (schools you work with)?

1. Low SES school
2. Average SES school
3. High SES school

Which description best describes the cultural and language diversity (CALD) profile of the students at your school (schools you work with)?

1. Low CALD school
2. Average CALD school
3. High CALD school

Enrolments at your school

1. less than 80 students
2. between 80 and 200 students
3. Between 200 and 400 students
4. Between 400 and 600 students
5. More than 600 students

Which of the following best describes your school's location?

1. Metropolitan Melbourne
2. Large regional city
3. Small regional city/town
4. Remote

School sub-region

Students at my school (schools I teach at/work with) have access to appropriate mental health services.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

Students at my school (schools I teach at/work with) have timely access to appropriate mental health services when required.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

Over the past year have you been aware of students in your school(s) who have mental health issues (select all that apply)?

1. Yes
2. No
3. Yes - in my classes

Over the past year the following issues have affected student well-being at my school (schools I teach at/work with):

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Anxiety	<input type="checkbox"/>				
Challenging behaviours	<input type="checkbox"/>				
Family and/or parenting concerns	<input type="checkbox"/>				
Friendship and peer relationships	<input type="checkbox"/>				
Anger management	<input type="checkbox"/>				
Bullying	<input type="checkbox"/>				
Self-esteem	<input type="checkbox"/>				
Child safety and protection	<input type="checkbox"/>				
Depression	<input type="checkbox"/>				
Trauma	<input type="checkbox"/>				
Drugs and alcohol	<input type="checkbox"/>				
Self-harm	<input type="checkbox"/>				
Other	<input type="checkbox"/>				

Over the last year student well-being issues have negatively affected student learning at my school (schools I teach at/work with).

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

My initial teacher education prepared me to effectively identify and support students with mental health issues.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

My school (schools I teach at/work with) supports my participation in professional development/training that helps staff effectively identify and support students with mental health issues

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

The following issues are affecting staff at my school (schools I teach at/work with):

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Stress	<input type="checkbox"/>				
Anxiety	<input type="checkbox"/>				
Depression	<input type="checkbox"/>				
Bullying and harassment	<input type="checkbox"/>				
Loss and grief	<input type="checkbox"/>				
Family violence	<input type="checkbox"/>				
Domestic violence	<input type="checkbox"/>				
Other	<input type="checkbox"/>				

Over the past year have you personally been affected by any of the following at your school (schools you teach at/work with)?:

	Never	Once in a while	About half the time	Most of the time	Always
Stress	<input type="checkbox"/>				
Anxiety	<input type="checkbox"/>				
Depression	<input type="checkbox"/>				
Bullying and harassment	<input type="checkbox"/>				
Loss and grief	<input type="checkbox"/>				
Family violence	<input type="checkbox"/>				
Domestic violence	<input type="checkbox"/>				
Other	<input type="checkbox"/>				

Have any of the issues identified above affected your professional performance over the last year?

1. Never
2. Once in a while
3. About half the time
4. Most of the time
5. Always

What support is made available by your employer for staff well-being?

What support should be made available by your employer for staff well-being?

Does your school employ a qualified psychologist/counsellor?

1. Yes
2. No
3. Don't know

Does your school employ a Student Welfare Coordinator (SWC)?

1. Yes
2. No
3. Don't know

If you answered 'yes' to the previous question, at what time-fraction is your school's SWC employed?

What additional resources are required to improve support for your students' mental health?

Any other comments?