



Public submission made to the Review to Achieve Educational Excellence in Australian Schools

Submitter: Australian Psychological Society
Submitting as a: Peak body
State: Vic.

Summary

The Australian Psychological Society (APS) welcomes the opportunity to provide input into the Review to Achieve Educational Excellence in Australian Schools. The APS is the peak national body for the profession of psychology with over 22,000 members of registered psychologists. About 20 % of these psychologists work in schools.

The APS addresses the terms of the Review from the premise that a more favourable ratio of psychologists to students will enhance the potential for all students to achieve educational excellence because:

1. Good mental health is critical to success in school and life.

Schools are front line service providers for mental health and school psychologists are centrally placed to identify and assist children and young people with mental health and other psychological issues, including learning difficulties.

2. Psychologists bring evidence based knowledge and practice to supporting the psycho-emotional, learning and developmental needs of all students.

School psychologists are trained to provide services and to support mental health in the learning context. They are trained in school system functioning and learning and are experts in supporting the mental health of students as it affects their ability to be successful in school.

Recent Australian survey and census data highlights the importance of a well-resourced and highly trained school psychology workforce to provide prevention, early intervention and intervention for students at risk of mental health problems and disengagement from school.

The APS recommends that a ratio of one psychologist to 500 students is critical to meeting the needs of all students particularly given the estimated one in seven students who have been reported as having mental health

problems. Current ratios across Australian schools preclude psychologists from working effectively at all tiers of the Response to Intervention framework and leave many students at increased risk of mental health problems and disengagement from school.

Main submission

Educational success is dependent on students having the social and emotional skills to manage ongoing challenges and to relate well to others. (KidsMatter School Psychologists Survey: Summary Report of Findings, 2011 at <https://www.kidsmatter.edu.au/sites/default/files/public/KM-school-psychologists-survey-report-of-findings.pdf>)

This evidence base informs the APS position that success in schooling depends on children and young people having well-developed social and relationship skills and good mental health. With these attributes they are more likely to learn well, have friends, be happy at school and reach their educational potential. The APS is of the view that educational success for students and schools is embedded in:

- A positive school community engaged in mental health promotion, prevention and early intervention
- Early intervention for students experiencing mental health difficulties.
- Social and emotional learning for students
- Parenting support and education.

Access to adequate staffing of school-employed mental health professionals is essential to the quality and effectiveness of these services. School psychologists play a pivotal role in improving children's mental health and social and emotional wellbeing in the above key areas, and they also support the knowledge and capacity of parents and teachers to identify and support the mental health of children and young people. School psychologists support learning, which is the mission and purpose of schools. The consequences of not providing adequate psychological interventions and counselling support in schools are considerable and can place children and young people at greater risk of poor educational outcomes, poor attendance, poor retention and ultimately disengagement from school.

The APS contends that educational success is directly related to the following:

A) Good mental health

With good mental health children and young people can be more open to trying and learning new things. Schools are front line service providers for mental health services and school psychologists are centrally placed to identify learning difficulties and to assist children and young people with mental health and other psychological issues.

Whole-school mental health frameworks such as MindMatters, KidsMatter, School Wide Positive Behavior Support and Positive Psychology reflect the importance of the relationship between student well-being and educational outcomes. The support of the school psychologist in these interventions can be critical in their implementation and in sustaining their maintenance (McKenzie, Vidair, Eacott and Sauro, The Handbook of Australian School Psychology, 2016).

B) Enabling students to reach their educational potential by meeting their psycho-emotional, learning and developmental needs.

School psychologists are trained to provide services to support mental health in the school context. Parents, teachers, other professionals and students seek professional expertise from a school psychologist for the following reasons:

- Problems with the transition to school, or from one phase of education to another
- Separation anxiety or school avoidance
- Psycho-educational assessment
- Assessment, diagnosis and treatment of learning difficulties and disorders, giftedness and mental health problems
- Poor peer-relationships
- Behaviour problems and disorders
- Low self esteem
- Family relationship issues
- Physical or sexual abuse
- Whole school consultancy or intervention

C) Providing evidence based interventions and clinical expertise to support the mental health of young people

Current statistics about the mental health of young Australians highlight the importance of a well-resourced and highly trained psychology workforce in schools to provide prevention, early intervention and intervention support for students who are at risk of mental health problems and disengagement..

Survey results released in the report of The Second Australian Child and Adolescent Survey of Mental Health and Wellbeing (the Report) by the Department of Health and the University of Western Australia, 2015, detail the extent of mental health problems in Australian schools. The Report highlights the prevalence and type of

mental health problems of children and young people aged 4 -17 years and the impact of those problems on families and young people themselves and the role of health and education services in providing assistance. It details:

- That almost one in seven students had been assessed as having mental disorders in the previous 12 months.
- That schools provided services to 40.2% of the children and adolescents with mental disorders.
- Mental health disorders such as anxiety, depression and behavioural and emotional problems have a significant effect on the emotional wellbeing, social functioning and academic achievement of children and young people. Schools play a major role in supporting these young people.. They provide a first response for mental health problems because often young people in distress are first identified by a teacher or school psychologist. School psychologists can offer continuity of support which allows students to receive continuing care and management on site.
- That an estimated 246,000 children and adolescents who were assessed as having a mental disorder had not used any support services in the previous 12 months.
- About one third of parents and carers identified that their children did not receive help for their mental health problems because of issues to do with the accessibility of services, specifically problems in getting to a service, not being able to afford the service, or not being able to get an appointment. This underpins the APS belief that well resourced, free and accessible school psychology services are critical to educational success for all students.
- That schools play a major role in supporting young people with emotional and behavioural problems and are often where symptoms of mental disorders are first identified. The survey data showed that;
 - One in nine students had used a school service for emotional or behavioural problems in the previous 12 months.
 - Of the four disorders affecting children and young people major depressive disorder had the greatest impact on school attendance. Students with this disorder averaged 20 days absent from school in the previous 12 months due to their symptoms.

These snapshot prevalence statistics indicate that many students in schools experience severe difficulties that affect academic achievement. The APS strongly believes that there is a compelling need for more specialised psychological support for children and adolescents in schools.

Further evidence to support this belief comes from the most recent Australian Early Development Census (AEDC) 2015, (AEDC study). Data from the AEDC study showed that around 1 in 5 children in their first year of school are developmentally vulnerable on one or more of the following domains:

- Physical health and wellbeing
- Social competence
- Emotional maturity
- Language and cognitive skills
- Communication skills
- General knowledge.

Again, the pivotal role of psychologists in identification and early intervention with children with these vulnerabilities in the early years is critical to improving their chances of success at school

Social and emotional learning (SEL) is a prerequisite for students achieving future success. School psychologists are highly trained in interventions to promote SEL and they can advocate with school leadership for SEL programs for all students.

Psychologists:

- Are trained to plan, deliver and evaluate SEL programs to referred students as well as broader student cohorts.
- Incorporate SEL training in treatment plans and delivery and offer teacher professional learning for the delivery of SEL programs.

School quality and educational success should be measured, in the first instance by a decrease in the incidence of the risks as outlined by the AEDC study. Tailored SEL programs have been shown to address such problems (KidsMatter: Evaluation Final Report, 2009 at:

<https://www.kidsmatter.edu.au/sites/default/files/public/kidsmatter-full-report-web.pdf>

Success will be evidenced by improved school engagement as measured by increased attendance and retention rates and decreases in the incidence of anti-social behaviour and other behaviours of concern, harm to self and others and the incidence of mood disorders and other mental health issues in children and young people.

The APS highlights three areas for improvement:

1. Establish a more favourable psychologist to student ratio in schools

Students in Australian government schools currently have reduced access to psychological support for learning and mental health issues, and teachers currently have reduced access to training in the understanding of mental health issues affecting young people.

The APS believes that a more favourable psychologist to student ratio in schools is integral to successfully addressing the barriers to learning and to good mental health. There is a compelling need for more specialised psychological intervention and support for children and adolescents who are experiencing mental health disorders. One effective means of assisting schools to manage mental health disorders and learning disabilities is to increase the psychologist to student ratio.. Recommended ratios vary between international authorities but the National Association of School Psychologists in America recommends one psychologist to 500-700 students. (Terjesen, M, 2013).

Across Australia in government schools the ratio is reported to be 1:1455 (Jimerson, 2007). The APS currently recommends a ratio of one school psychologist per 500 students (in line with the recommendations of the NSW Coroner, recommendation 168, in response to a student suicide at school, 2010, at, <http://www.psychology.org.au/Assets/Files/NSW%20School%20Counselling%20Review%20Final.pdf>).

A more favourable ratio of school psychologists to students (particularly in government schools which have historically employed fewer psychologists than in independent schools), is critical to meeting the needs of all students and particularly the estimated one in seven students with mental health problems. A more favourable ratio will also enable earlier identification and support for disengaged and marginalised young people.

2. Use school psychologist expertise more extensively in systemic responses to wellbeing and mental health problems

The APS believes that schools should be supported by school psychologists at a clinical and face-to-face level as well as at a systemic level. The impact of school psychology on systemic approaches to mental health and wellbeing cannot be underestimated. Not only can psychologists provide comprehensive individual counselling services they can influence the wellbeing of students, families and the school community in broader systemic ways such as:

- Leading the implementation of SEL programs
- Responding to critical incidents and providing postvention support
- Supporting transition programs

- Supporting the integration of mental health literacy
- Providing mental health literacy training to parents and the wider school community to reduce stigma, increase awareness and facilitate appropriate early referral pathways or intervention
- Developing formalised referral pathways for internal referrals (e.g., to school psychologist) or external referrals (e.g., to community agencies)
- Educating teachers about mental health disorders to encourage appropriate referral to specialised psychological assessment and early intervention
- Developing processes to detect the early warning signs of young people at risk
- Providing psychology specific professional development to One of the greatest strengths of any well-functioning school psychology service is that the service attaches no stigma or other barriers to children and adolescents receiving a service. This will occur particularly where the school psychologist is a highly integrated and normalised part of the school community, rather than a network or contracted visitor to the school on a weekly or fortnightly roster. For many students and their families within the government system in particular, the school psychology service may be the only accessible psychological service or professional mental health service, and therefore is an integral part of maintaining optimal student welfare.

3. Address the barriers to learning for children and young people with learning disabilities or academically advanced abilities

After mental health concerns the second major barrier to educational success at school is learning difficulty. In Australia it is estimated that two to three children in each classroom will experience problems with learning. Psychologists who work in schools have expertise in education theory, cognitive assessment, educational assessment, developmental delay, the identification of specific learning disorders and teaching and learning styles. Many psychologists are also teacher trained. They play a significant role in the assessment and identification of students with additional learning needs and they provide schools with recommendations and strategies to support students in both mainstream and specialist settings.

Students with high intellectual potential (or gifted students) also have additional support needs. These students have particular social and emotional vulnerabilities and learning styles. Gifted students are often misunderstood by teachers. The unique developmental trajectory of the gifted student means they are particularly vulnerable and require modifications in parenting, teaching and counselling in order for them to develop optimally. Again, school psychologists are integral to the

support of these students. They are trained in clinical interpretation of cognitive assessment and in the implications of educational and intellectual assessment for classroom practice. Psychologists can improve teaching and learning outcomes in schools by supporting staff in evidence based practice and research.

There is potential for strong growth and influence by school psychologists at the three levels of the Response to Intervention (RTI) framework. Psychologists bring evidence based research and clinical skill to support teachers and school leadership teams at the three tiers of intervention in the following ways:

- a) At the Tier 1 level psychologists use evidence based research and implement preventative or universal interventions directed at whole school populations. As integral players in school leadership and welfare teams they can influence policy to help create school environments that promote positive mental health..
- b) At the Tier 2 level psychologist interventions target students who are vulnerable to risk factors or who are exhibiting early signs of difficulty. They work with children, parents and external agencies in a Team Around the Learner model of support for individuals or small groups of students.
- c) At the Tier 3 level psychologists work with the most vulnerable students with complex needs to support learning, engagement and connectedness.

The current difficulty across all school systems is that there are not enough psychologists to work across prevention and early intervention and at the three tiers of influence. With the existing high ratios of psychologists to students, psychologists cannot provide a continuum of mental health services to schools. The APS National Survey of School Psychologists, 2012, (the Survey), was the largest survey of school psychologists undertaken in Australia. Data from the Survey was presented at the APS Cairns National Conference in 2013. The Survey found that Australian school psychologists work mainly at the Tier 3 level providing individual assessment and therapy. The Survey reported that heavy workload and time constraints mean that the work of psychologists in schools is reactive rather than proactive. Eckersley and Deppeler, 2013, in their study, Mapping the practice of psychologists in schools in Victoria, found that school psychologists are primarily engaged in client-centred approaches and that there is a high demand from schools for diagnostic assessment. Similarly, Bell and McKenzie, 2013, found that the demand for assessment services tends to limit the development of systemic and preventative practices in the work of school psychologists.

As proposed earlier in this submission the APS believes that school funding could be used more efficiently at the classroom, school and system level by increasing the number of psychologists in schools. A higher ratio would allow school psychologists to more easily shift their influence from work at the Tier 3 level of individual

diagnostic work to also encompass the Tier 1 level of influence where they bring educational and developmental training in evidence based research and practice to school communities to enhance for all students.

The APS believes that the barriers that need to be addressed before these improvements can be successfully implemented include:

- a. An increase in community understanding of the role of school psychology.

Bell and McKenzie, 2013, Perceptions and Realities, the role of school psychologists in Melbourne Australia, investigated the role of school psychologists as perceived by parents and teachers compared with the roles identified by practitioners. They found that parents and teachers often have a constrained view of the role of psychologists. They are generally unclear as to what services a school psychologists can provide and the breadth of their understanding about the learning and development of children. This means that the work of psychologists can be unwittingly restricted to minimal or baseline activities in schools.

- b. Improving processes for identifying students who require extra supports

The APS has concerns about the Nationally Consistent Collection of Data (NCCD) process, and the way in which students with additional needs will be funded in future. This will affect outcomes for these students, and the way school psychologists work around Australia. If students are not resourced equitably, outcomes suffer. If funding decisions are inconsistent there will be implications for equitable resourcing and the workload of psychologists across Australia.

The document, 2016 Emergent data on Nationally Consistent Collection of Data for School Students with a Disability (NCCD data) at, <http://www.educationcouncil.edu.au/site/DefaultSite/filesystem/documents/Accessible%20version%20of%20Improving%20educational%20outcomes%20report.pdf>, emphasises that there are marked differences between what is reported in different states within Australia. The data collection process involves teachers using their professional judgement to capture information on the level of adjustment that students with disability are being provided to enable them to participate equitably in education. This is further refined in light of the broad category of disability under which each student best fits, whether physical, cognitive, sensory, or social/emotional.

One of the strengths of this process is that it is designed to collect information on the full range of students receiving adjustments to support their access and participation in learning because of disability, not just those who have a medical diagnosis. However, the work of school psychologists as scientist-practitioners is predicated on translating the science into practice. The science of how to help children with developmental delays, with disabilities, or with mental health problems is consistently based upon clear diagnosis, and diagnostic categories,

because this is the only way within a medical model that treatment efficacy can be determined. There is currently a disconnect between the largely medical frameworks psychologists work under, and the NCCD's different focus. Until the national data on students with disabilities is consistent, there will be inequalities in the support provided by psychologists to students who have been assessed as having a disability.