



Inquiry into the Opportunities to Improve Mental Health Outcomes for Queenslanders

7 February 2022

Introduction

The Queensland Catholic Education Commission (QCEC) provides this submission to inform the *Inquiry into the Opportunities to Improve Mental Health Outcomes for Queenslanders*.

QCEC is the peak strategic body with state-wide responsibilities for Catholic schooling in Queensland. This submission is provided on behalf of the five Diocesan Catholic school authorities and 17 Religious Institutes and other incorporated bodies which, between them, operate a total of 313 Catholic schools that educate more than 156,000 students in Queensland.

Catholic education in Queensland is committed to the holistic development of each person's academic, spiritual, social, emotional and physical needs and seeks to create a synthesis of faith, culture and life. QCEC recognises that the most advantageous learning outcomes are achieved when mental health and wellbeing are optimised.

QCEC grounds this submission in an inherent belief in the dignity of every human person and in doing so, acknowledges the lived experience of the students, families and staff impacted by mental illness. Queensland Catholic schools welcome students with a range of abilities and diverse learners, and supports those who experience mental illness and recognises that a diagnosis alone does not provide a complete picture of the individual student, their capacity to learn, relate and contribute.

The economic and societal impact of mental illness in Queensland

Access to Education and Employment

Mental illness has the capacity to reduce a young person's functioning, including their attachment to, and attendance at school^{1 2 3}. The potential for mental illness to influence school refusal⁴ and engagement with learning is a challenge faced by many schools. Australian research suggests that there is no safe level

¹ <https://journals.sagepub.com/doi/pdf/10.1177/0004944118823576>

² <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/education/attendance-primary-school>

³ [Department of Health | 6.1 Peer and school risk and protective factors for young people](#)

⁴ <https://headspace.org.au/explore-topics/supporting-a-young-person/school-refusal/>

of school absence⁵. Whilst data for all school sectors indicates declining levels of attendance in recent years (2016-2019), data for the Queensland Catholic sector indicates an improvement in attendance during 2020 despite the disruptions brought about by COVID-19, perhaps highlighting the importance of connection and desire to belong to the school community.

QCEC recognises that mental illness experienced by a young person, and/or their parent or carer, can be a significant contributing factor as to whether the student attends school and their level of engagement. As such, Queensland Catholic schools seek to offer a range of programs and supports for students to encourage and promote their attendance and engagement with learning and extra-curricular activities. These programs seek to create a safe place for students, as well as promote and enable a sense of belonging and connection which is vital to a young person's positive wellbeing and mental health.

All Queensland Catholic schools deliver the national curriculum. However importantly, Queensland Catholic schools also provide an extensive range of pastoral programs and processes that sit alongside the academic curriculum which in turn, benefit a young person's academic achievement. These programs seek to provide a holistic education, recognising the integral nature between a young person's wellbeing and their capacity to meaningfully engage with their learning and extra-curricular opportunities, as a pathway to realise their potential. Examples of pastoral programs include [Peer Support Australia](#), [Youth Mental Health First Aid](#), [Teen Mental Health First Aid](#), [Blurred Minds Academy](#) (alcohol and drug education resources), [Stormbirds](#) and [Seasons for Growth](#) (loss and grief education programs), [Love Bites](#) (respectful relationship programs).

The academic and pastoral programs are delivered through a child-centred lens. This means that the safety and wellbeing of the young person is the starting point for all other activity. This approach is supported by robust child protection protocols as well as the provision of service-learning opportunities (e.g. St Vincent DePaul, Rosies, Orange Sky). The importance of service, such as through volunteering and assisting those less fortunate, is a key feature of Catholic education and contributes greatly to a person's sense of worth, esteem and positive mental health. The wellbeing effects of helping and serving others is well documented⁶ and is a key cornerstone of a Queensland Catholic education.

The current needs of and impacts on the mental health service system in Queensland

Impacts of Current Services

QCEC acknowledges and appreciates the close working relationship we share with a range of services that work in partnership with our Catholic School Authorities. These include Child and Youth Mental Health Services, Headspace, Hospital and Health Services, University clinics, plus an extensive list of private practitioners and non-government organisations. We also acknowledge the valuable contribution made by Be You and the Statewide Ed-LinQ program in supporting our early learning services and schools. The work of providers who provide culturally sensitive assessments, interventions and support is also highly valued. The impact of these services is significant, life-giving and life-changing. The challenge experienced by some of our Queensland Catholic schools is the ability to access these services, particularly those in rural and remote locations and more disadvantaged areas. At times, these services are simply not available and even in metropolitan locations, the need can be so great that the providers simply do not have the capacity to meet the demand. As such, Queensland Catholic schools continue to explore new and innovative partnerships and where possible, work with our colleagues in other sectors to capitalise on service availability and provision.

⁵https://www.researchgate.net/publication/254863068_Student_Attendance_and_Educational_Outcomes_Every_Day_Counts

⁶ Mayo Clinic, September 2021: [Helping People, changing lives: 3 health benefits of volunteering](#)

The Need for Mental Health Support in Schools

QCEC is of the view that the provision of mental health support in schools should incorporate adequately funded positions that ensure students in need of mental health support, can at the very least, access a level of support within the safety of the school environment. Recognising that suicide remains the leading cause of death for young people aged 5-17 years⁷, specialised mental health practitioners in schools can ensure that reactive work such as responses to self-harm and suicidal ideation, are sensitive and timely. In addition, there is a role for proactive work that includes early intervention seeking to limit intergenerational transmission of trauma, substance use, domestic and family violence, and mental illness. At present, school counsellors are experiencing an increase in demand for their services and cases are becoming not only greater in number but also in complexity. Added to this challenge, is that attraction and retention of school counsellors is increasingly difficult as these professionals are highly sought after across a range of fields in both the public and private sectors. Workforce challenges in attracting and retaining appropriately qualified staff such as school counsellors, chaplains and student welfare workers is felt keenly across the state, particularly in rural and remote settings. These challenges are exacerbated by issues such as high staff turnover in some locations and the consequent impact upon those students whose lived experience, or illness, impacts their ability to form trusting relationships.

Queensland Catholic schools, like other schools, support a number of students who face complex challenges and present with dual diagnosis by way of mental illness and a dependency on alcohol or other drugs. Supporting young people through these challenges is becoming increasingly complex and costly. It also brings to the fore the important role schools play in working in partnership with key community and health organisations to educate young people and their families about the risks associated with substance use and the negative impact on their physical and mental wellbeing. Acknowledging that Medicare is a federal government responsibility, it is worth noting that feedback from our qualified practitioners indicate the need for the creation of a dedicated Medicare item number that can be used by both medical and allied health practitioners when working together to support a young person experiencing mental illness.

Opportunities to improve economic and social participation of people with mental illness through comprehensive, coordinated, and integrated mental health services

Queensland Catholic Schools seek to promote a learning environment that supports all students to access a high-quality, empowering education so that they can positively and meaningfully engage with the daily life of the school and curriculum, demonstrate their knowledge and strengths, and maximise participation through quality learning opportunities. A key enabler for schools to provide this opportunity for all students, including those with mental illness, has been the funding provided through the student with disability loading (informed by the Nationally Consistent Collection of Data) and the State student with disability resource allocation. Importantly, the Queensland Catholic sector has been able to use this funding to support students with social and emotional disorders, who are often experiencing mental ill-health leading to disability.

In addition to maintaining the above funding, opportunities to improve the social and education participation of young people would be improved through greater funding for critical supports such as access to General Practitioners (as available in the State sector), increased number of places within education Day Programs (such as Jacaranda Place) and additional funding to enable widespread access to staff professional development such as STORM/SAFEMinds as offered by Headspace Schools. The demand for these vital services that provide support for young people with mental illness far exceeds availability and current service capacity. QCEC respectfully suggests an increase in funding to enable broader service provision of these existing providers, with equitable opportunities for access across all schooling sectors,

⁷ [Statistics - Beyond Blue](#)

would be a very welcome, efficient and effective means of improving the lives of young people with mental illness.

The mental health needs of people at greater risk of poor mental health

Child and Youth – Access to Services

Access to vital child and youth mental health services is a challenge experienced across the state, particularly in rural and remote locations. This in turn has led to an increase in the demands placed on school counsellors who at times, are the only support or allied health professional available in a region. Generally, school counsellors support students facing additional social or emotional challenges, to maximise their engagement with school and learning. Whereas larger metropolitan high schools might employ a small team of counsellors, smaller schools often share one full-time position amongst multiple campuses, making the ratio of counsellor to students drastically different compared to a community mental health clinic. As a result, school counsellors typically adopt a triage model that assesses student need, provide specialised support for a short period of time and when appropriate, available and affordable, work with parents and carers to access specialised external support. At present, availability and accessibility of community mental health services means that school counsellors are attending to an increasing volume and complexity of caseload that is beyond the intended scope of these roles.

Child and Youth Mental Health Service (CYMHS) provide specialised assistance for young people up to the age of 18 years who have complex mental health needs⁸. However not all young people with mental illness who have a need for this type of support, will meet the admission criteria for these fee free services. Queensland Headspace services provide support for young people aged 12-25, however clinics are predominantly clustered along the coast. This presents an additional challenge in accessing these vital services for many young people in regional, remote and very remote communities who experience a higher rate of death due to suicide, compared to less remote contexts⁹. QCEC strongly supports an expansion of the capacity of community mental health services, as well as increased diversity of their outreach such that all young people experiencing mental illness receive the support they require in a timely and appropriate manner.

Access to community mental health support is further limited by financial and wait list considerations. Bulk billing practitioners are faced with excessive demand for services and many families are challenged to afford the initial fee outlay (which can be significant for some specialised assessments), prior to receiving the Medicare rebate. Accessing private mental health providers frequently incurs an out-of-pocket expense, thus reducing the accessibility of this vital support for many young people and their families. The oversubscription of bulk billing services highlights the importance of an adequately resourced National Disability Insurance Scheme.

Both public and private sectors report long wait lists which not only increase the distress of the individual patient but also place greater demand upon their support networks and contribute to disengagement from education. QCEC would welcome investments in mental health services that reduced waiting lists for young people seeking to access medical practitioners (psychiatrists, general practitioners) and allied health professionals (social workers, psychologists, mental health nurses, family counsellors, occupational therapists, speech therapists, dieticians). Accessibility of community mental health services is paramount when considering that students with mental illness require specialised and regular interventions that exceed the scope of the school counsellor.

⁸ <https://www.childrens.health.qld.gov.au/service-mental-health-community-clinics/>

⁹ [Suicide by remoteness areas - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/reports/mental-illness/suicide-by-remoteness-areas)

How investment by the Queensland government and other levels of government can enhance outcomes for Queenslanders requiring mental health treatment and support

General Practitioners In Schools

QCEC is aware that the State Government has recently expanded its General Practitioners in schools pilot program from the originally announced 20 schools to 50 schools across the state¹⁰. As mentioned previously, QCEC would greatly welcome the expansion of this funded initiative to all school sectors given the need is felt keenly by students at all schools.

Service safety and quality, workforce improvement and digital capability

COVID-19 has impacted all sectors of society, and as schools are often the cornerstone of a community and functioning economy, the impacts of the shift to online learning created a unique and for most, an unprecedented acceleration of digital capability. Within Queensland Catholic schools, this created both challenges and opportunities. A significant number of students and schools were well placed to deal with these challenges and in some instances for students experiencing certain types of mental illness, the flexibility to learn from home was of significant benefit. It also provided an opportunity to develop and exert agency over one's learning and choosing how and when to engage with certain subject areas and peers. Whilst this was the experience of some, there are also a considerable number of students (and staff) for whom the challenges in using technology and engaging through a screen, exacerbated their mental ill health and impacted negatively on their wellbeing.

Multiple pieces of research commissioned by the Australian Government identified that "nearly half of the national school student population are vulnerable to negative impacts from learning at home, due to their age, social disadvantage, specific needs (including physical or psychological needs or language support) or family employment context"¹¹. Queensland Catholic schools and students have been fortunate in that the duration of remote learning has been significantly less than that experienced by peers in other states. Throughout the pandemic Queensland Catholic schools have recognised the important link between school connectedness and student mental health¹² and welcomed vulnerable children who would benefit from onsite learning. Schools are alert to reports from some students that remote learning played to their strengths, or accommodated their illness (in particular, anxiety disorders). However, other students experienced the onset or exacerbation of mental illness during lockdown (for example, eating disorders¹³). The capacity to recognise the impact of amotivation, impaired concentration, excessive worry or irritability upon a student's engagement with online learning would be improved through adequate professional development for teaching and wellbeing staff, as well as funding to employ specialist mental health staff.

Mental health funding models in Australia

Mental Health Treatment Plans

QCEC acknowledges the significant and positive impact created by the introduction of mental health treatment plans. In response to the COVID-19 pandemic the federal government funded ten additional mental health sessions for patients already holding a mental health treatment plan¹⁴ as well as the option

¹⁰ [GPs in schools | Queensland Mental Health Commission \(qmhc.qld.gov.au\)](https://www.qmhc.qld.gov.au/gps-in-schools)

¹¹ [Australia's youth: COVID-19 and the impact on young people - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/australia-s-youth-covid-19-impact)

¹² [School Connectedness Still Matters: The Association of School Connectedness and Mental Health During Remote Learning Due to COVID-19 \(nih.gov\)](https://www.nih.gov/school-connectedness-still-matters)

¹³ [InsideOut - New research shows escalation of eating disorder symptoms during COVID-19 wave and low rates of treatment \(insideoutinstitute.org.au\)](https://www.insideoutinstitute.org.au/insideout-new-research-shows-escalation-of-eating-disorder-symptoms-during-covid-19-wave-and-low-rates-of-treatment)

¹⁴ [http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/240DC3AF97EEAF79CA2585BC00827909/\\$File/Factsheet-Practitioners-Mental-Health-Services-COVID-19.pdf](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/240DC3AF97EEAF79CA2585BC00827909/$File/Factsheet-Practitioners-Mental-Health-Services-COVID-19.pdf)

for telehealth services. QCEC acknowledges that both initiatives are positive and have been well received. However, whilst the intention behind providing an additional ten mental health sessions was to support vulnerable Australians, in practice this risked consuming the availability of general practitioners and other medical practitioners, psychologists, occupational therapists and social workers with additional sessions for the same cohort of patients. As a result, waitlists for students who were new to seeking psychological services were increased, with a consequent negative impact upon student functioning and an increased workload for school counsellors. QCEC urges strong consideration be given to additional dedicated funding to enable access to critical mental health services for young people, particularly those at risk of suicide and suicidal ideation.

Relevant national and state policies, reports and recent inquiries including the Productivity Commission Mental Health Inquiry Report

QCEC recognises that the [Productivity Commission: Mental Health Inquiry Report](#) highlighted that “There is no clear policy framework that defines the role that teachers, principals and the education system more broadly are expected to play in supporting mental health and wellbeing, and what outcomes they are expected to achieve.” Within the Queensland Catholic sector, schools are committed to recognising and promoting the dignity of every human person, in line with the foundational principle of Catholic social teaching. Mental wellbeing is acknowledged as being fundamental to student success and critically, to their perception of success. Support for the young person living with mental illness involves a systemic approach in which schools work in partnership with the student, their personal support network and the professionals tasked with guiding their treatment, recovery and maintenance. QCEC welcomes further consideration of those recommendations outlined by the Productivity Commission in its Mental Health Inquiry Report, particularly guidelines to support initial teacher education programs to incorporate social and emotional development and mental health (Actions 5.3, 5.4), national guidelines for the accreditation of social and emotional learning programs delivered in schools (Action 5.5) and the collection and use of data to inform mental health services and school mental health programs (Action 5.7). QCEC acknowledges that considerable work in these areas is already being progressed by all schooling sectors, however as yet, there is no consistent, co-ordinating framework that assures school providers that the programs and supports they offer are evidence-based, robust and appropriate.

Summary

Queensland Catholic schools continue to strive to deliver education that is socially just, equitable, inclusive, educationally sound and suited to their particular context. QCEC is committed to maintaining a holistic view of each individual student and prioritising pastoral care for all students. There is an urgent requirement for adequate funding to provide all students in need with appropriate, accessible and affordable pathways to access mental health services. This may include the provision of proactive mental health support programs within schools and where required, sensitive and timely responses to students experiencing distress. QCEC welcomes consideration of the resourcing of mental health services targeting children, young people and their families to enable all children and young people to fully engage with education and realise their potential.

Thank you for consideration of this submission. Should you wish to discuss any aspect of the responses, please contact Shannon O’Gorman, Education Officer, [REDACTED]

Dr Lee-Anne Perry AM
Executive Director