National Workforce Survey for Parent, Family and Child Mental Health

Key findings from 2020-21

Emerging Minds.

National Workforce Centre for Child Mental Health

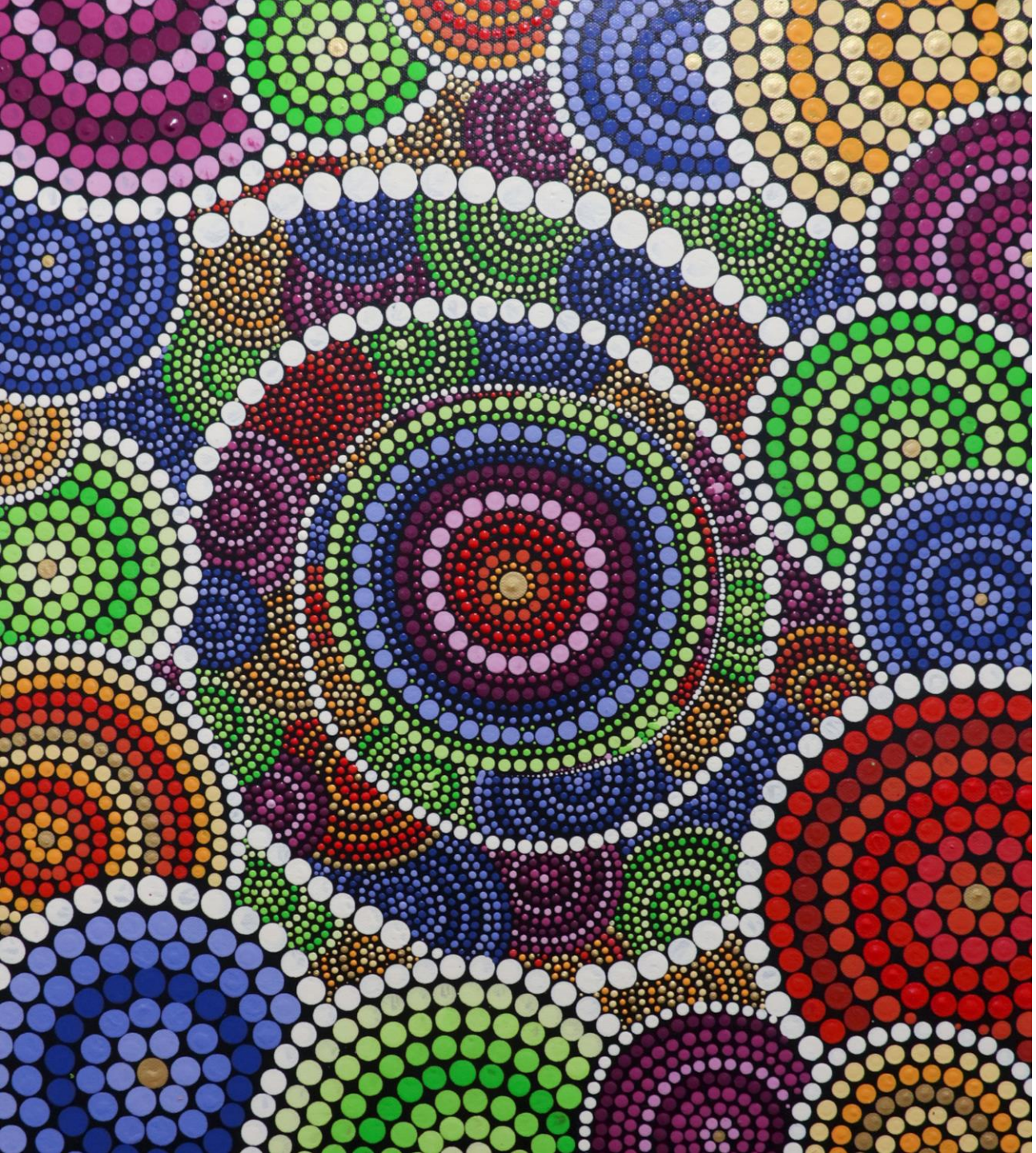
Australian Government
Australian Institute of Family Studies

Australian National University

RACGP

Parenting Research Centre
raising children well

emerging minds®



Acknowledgement of Country

We recognise the land on which we meet today and pay respect to Aboriginal and Torres Strait Island Peoples, their ancestors, the elders past, present and future from the different First Nations across this Country.

We acknowledge the importance of connection to land, culture, spirituality, ancestry, family and community for the wellbeing of all Aboriginal and Torres Strait Islander children and their families.

Today’s panel

Dan Moss
Facilitator
Manager, Practice Development
Emerging Minds

Claire Marsh
Senior research officer
Emerging Minds

Melinda Goodyear
Manager, Research and Evaluation
Emerging Minds

Ania Mazurkiewicz
Senior workforce advisor
Emerging Minds

About

National Workforce Centre for Child Mental Health

Funded by

- Department of Health and Aged Care (under the National Support for Child and Youth Mental Health Program – Workforce Initiative)

Emerging Minds

- Leads the National Workforce Centre for Child Mental Health with key partnerships
- Supports workforces to have knowledge, skills and resources to support children and families
- Assists organisations to implement activities that strengthen support for child mental health

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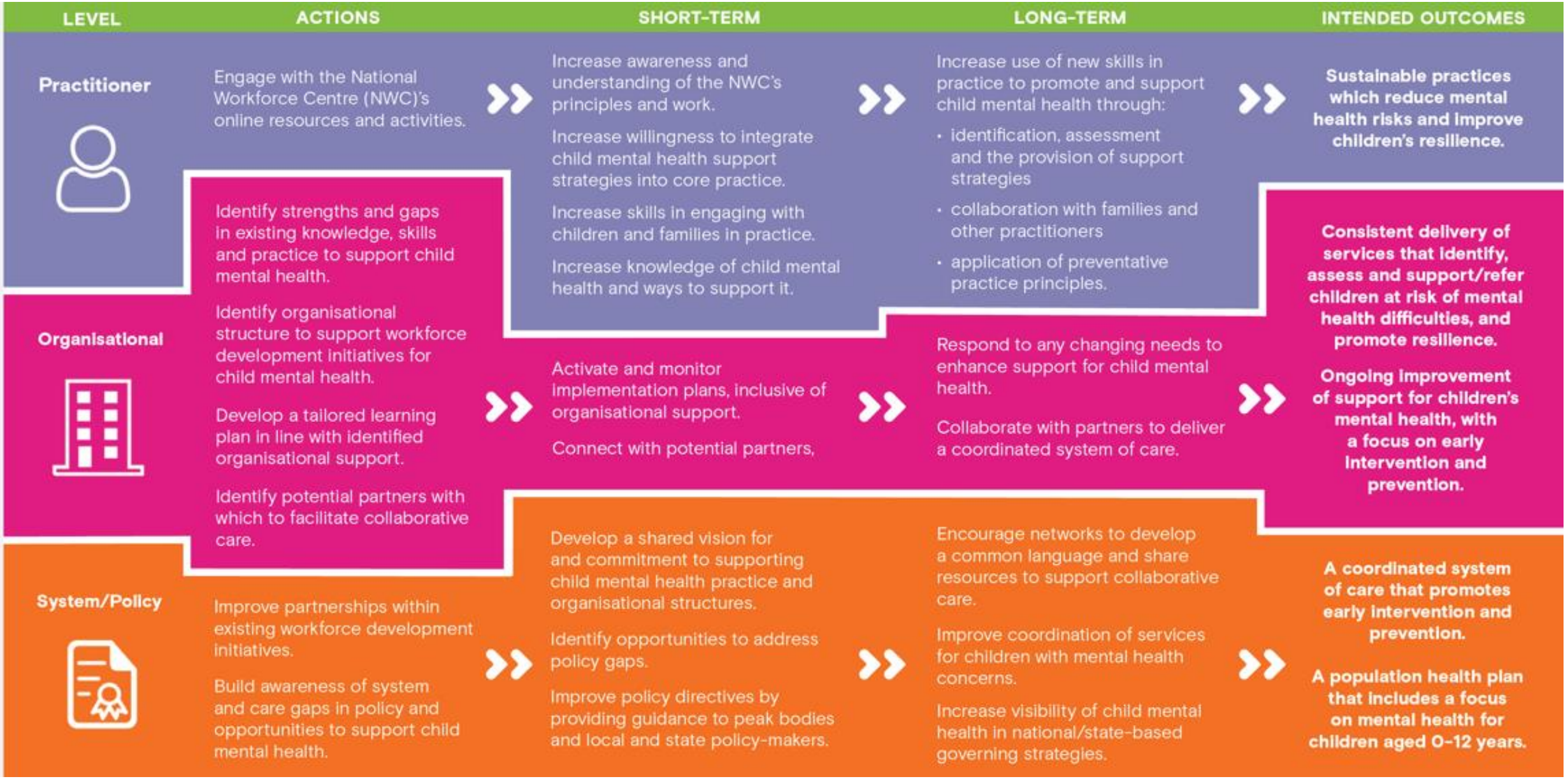
Program Logic



National Workforce Survey for Parent, Family and Child Mental Health

A bit about you (12 questions)

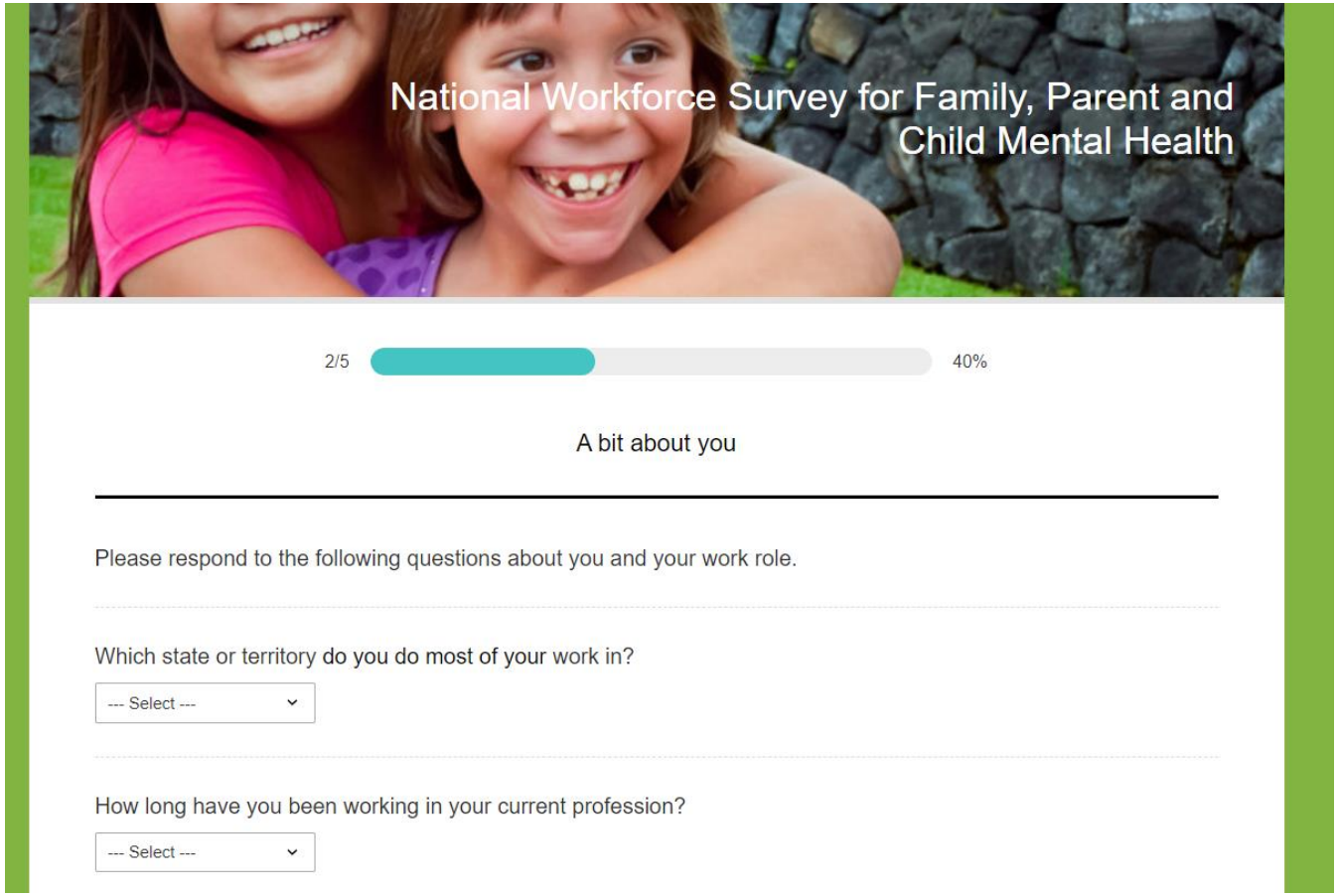
- Gender, postcode, profession, sector, role, Aboriginal identity etc.

Parent, Family and Child Mental Health Survey (41 questions)

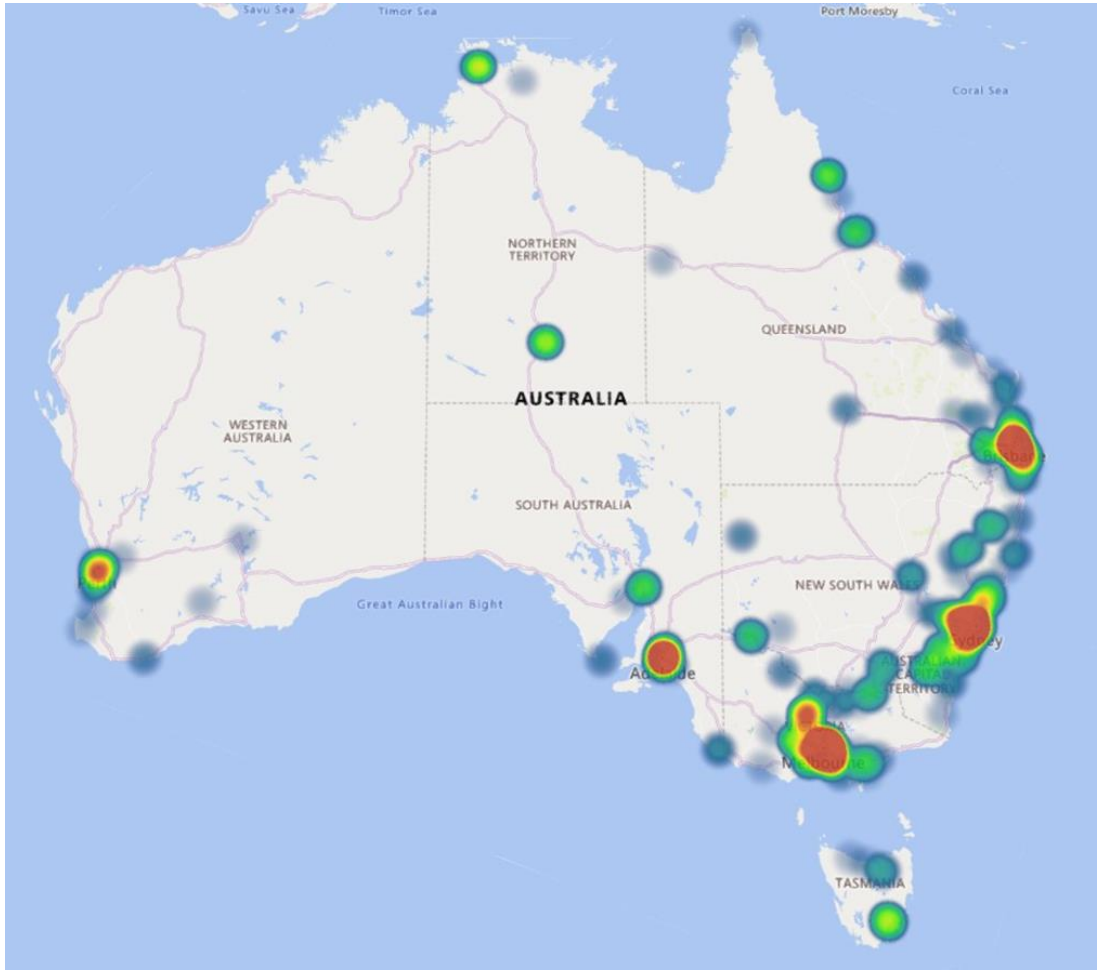
- 41 statements measuring self-reported capabilities in child mental health 1=strongly disagree, 7= strongly agree

A bit about Emerging Minds (15 questions)

- Awareness, access, relevance, applicability to work, suggestions for improvement etc



Who responded to the survey?



1,518 Total responses

Most identified as female **89%**

Located mainly **Victoria 32%** **NSW 27%** **QLD 18%**

Most had more than 10 years experience **63%**

Most worked in a major city **68%**

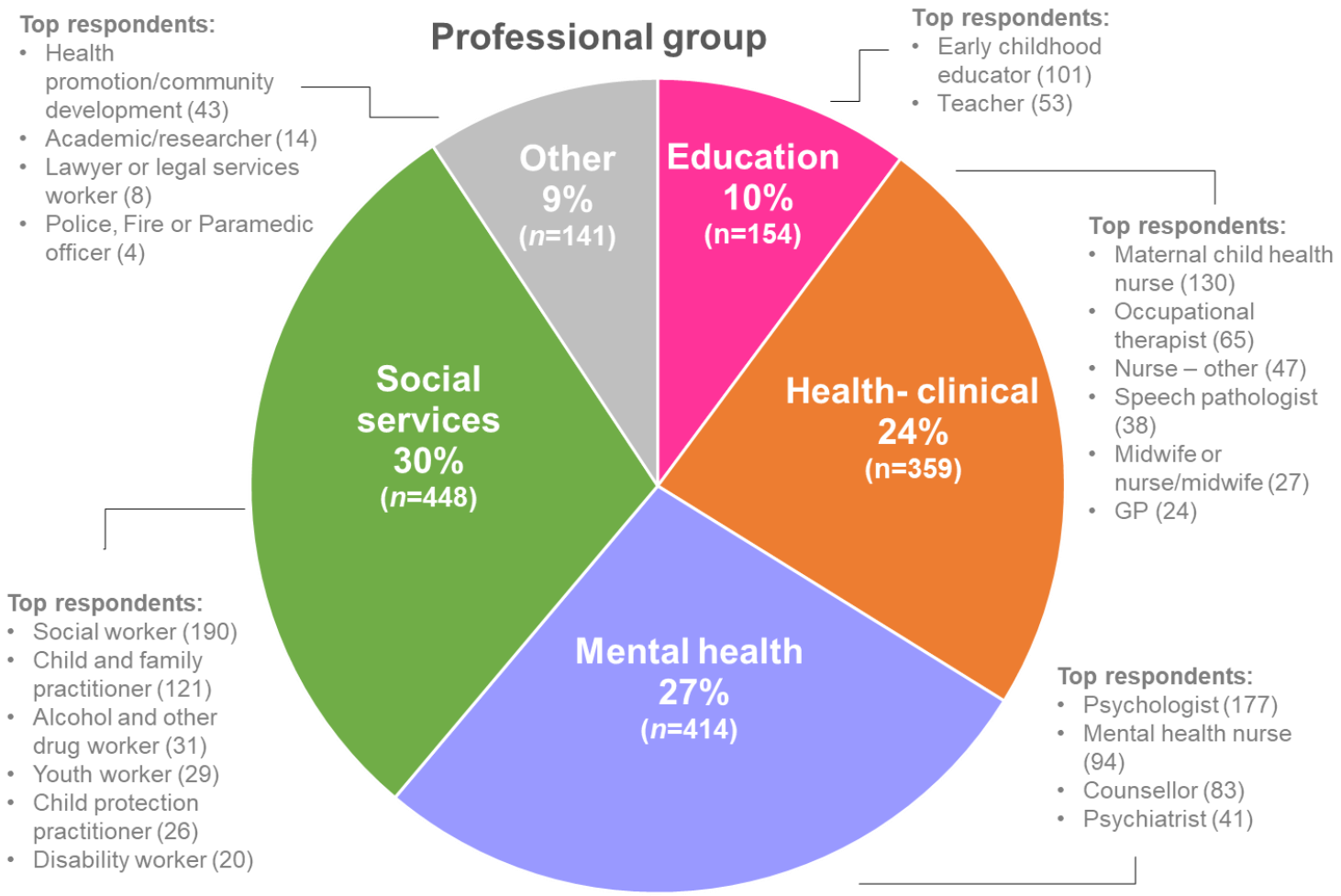
Equitable Representation across: **states** **areas of disadvantage** **metro vs rural**

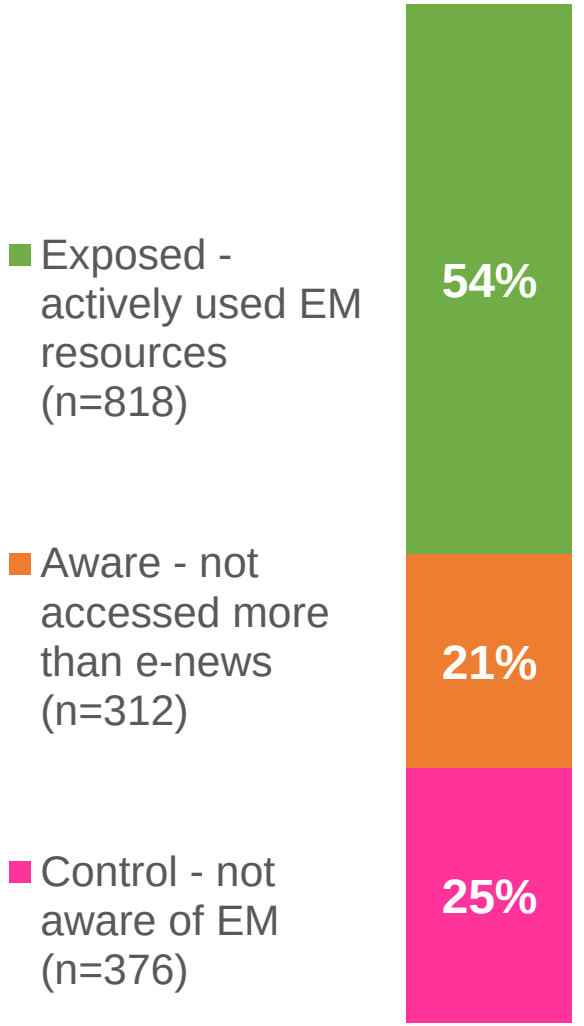
Most identified as Not Aboriginal or Torres Strait Islander **68%***

Less than half supervised other staff **43%**

Most felt supporting child mental health was part of their role **91%**

Who responded to the survey?





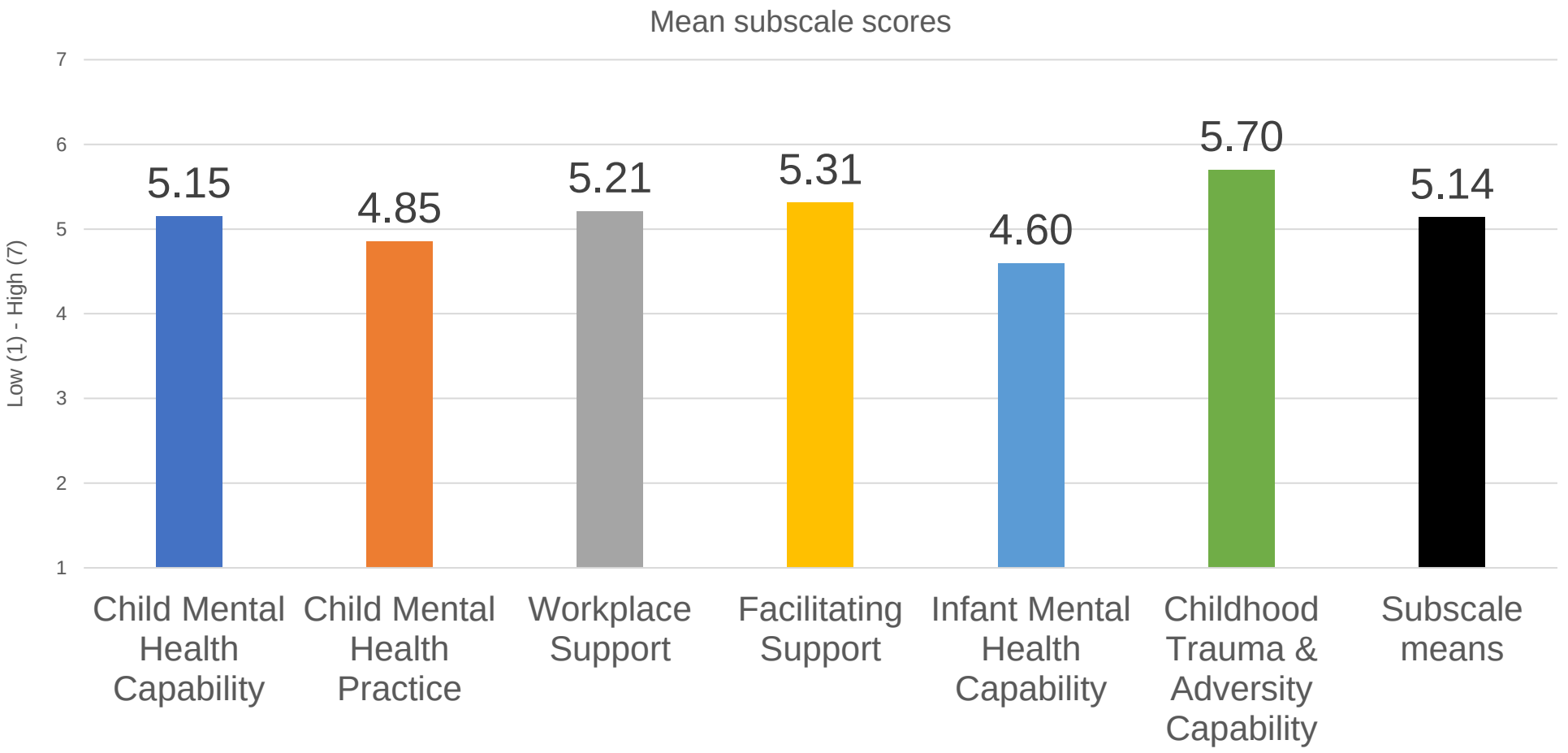
Survey respondents by exposure level

Developing subscales

The 41 capability questions statistically grouped together to form 6 subscales.

Subscale name	Capability description
1: Child Mental Health Capability **(9 questions)**	Broad professional attributes which prepare the worker to promote and support child mental health, including knowledge and confidence in areas of child development, risks and protective factors for mental health problems, and the potential to provide support families and children. (10 items)
2: Child Mental Health Practice **(9 questions)**	Undertaking observable behaviours in the course of work with children, adults or families to apply child mental health knowledge and skills, advance understanding of the mental health and circumstances of children and providing support to children and their families. (9 items)
3: Workplace Support **(6 questions)**	The degree to which the environment in which work is undertaken positively influences the chances of providing child mental health-promoting and family-focused practice. This includes workplace attitudes, culture, policies and administrative structures which influence the capacity of workers to self-initiate or be directed to improved child mental health practice. (6 items)
4: Facilitating Support **(6 questions)**	Capacity and capability to source and provide mental health support to children and families outside of their immediate scope of practice, and determine when this is appropriate, including connection and referral with external service providers. (6 items)
5: Infant Mental Health **(5 questions)**	A solid grounding in the theory and precedents of infant mental health, in assessing the parent-child relationship, and capability to source and provide support to families in the perinatal period. (5 items)
6: Childhood Trauma and Adversity **(4 questions)**	A solid grounding in the theory of trauma responses and the impact of adversity on child development and mental health, as well as confident application of trauma-informed care principles to interactions with children and families. (4 items)

On average, Australian health and human services workers rate themselves as moderately capable of supporting child mental health.

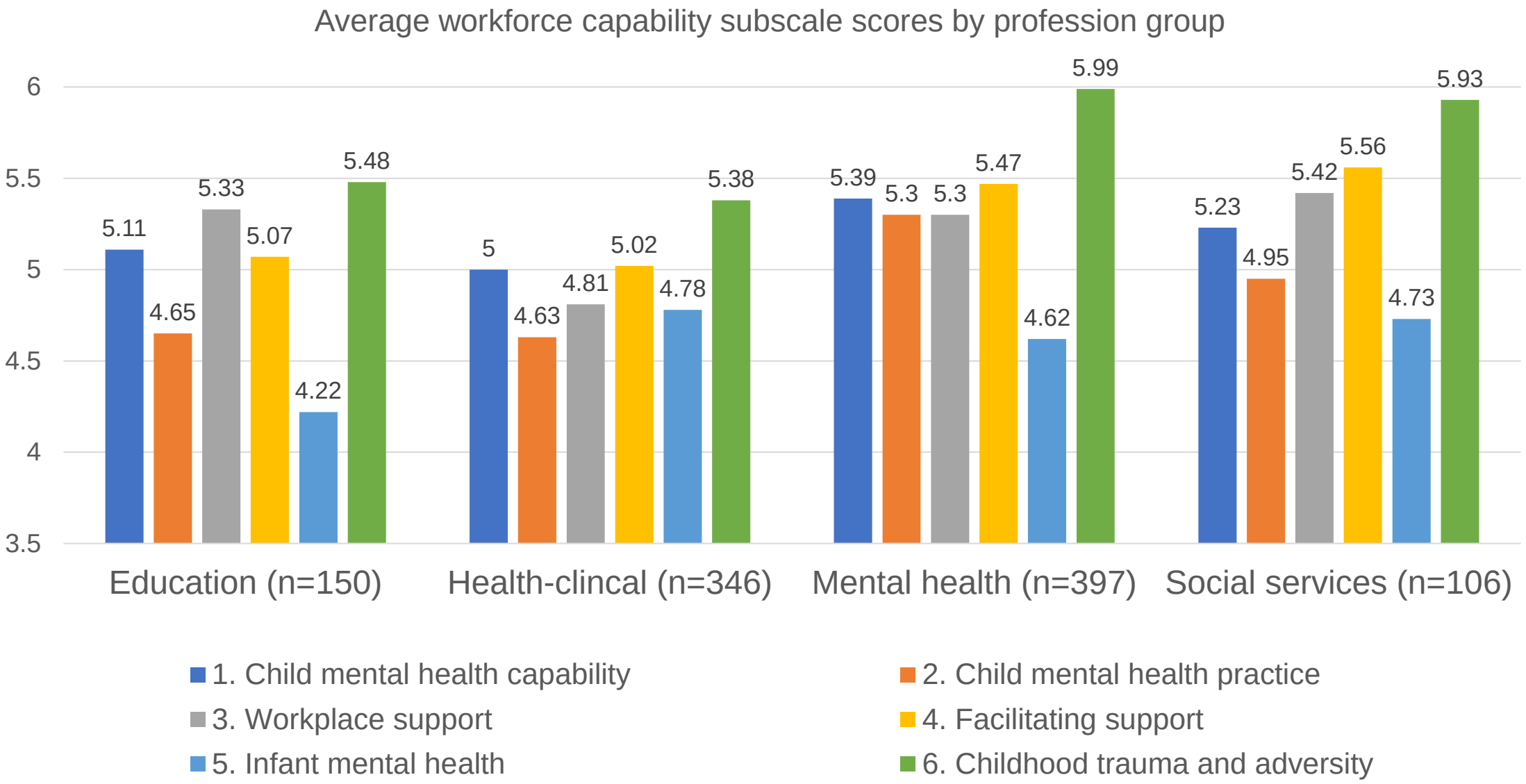


Interpreting scores

Scale: 1= Strongly disagree to 7= strongly agree

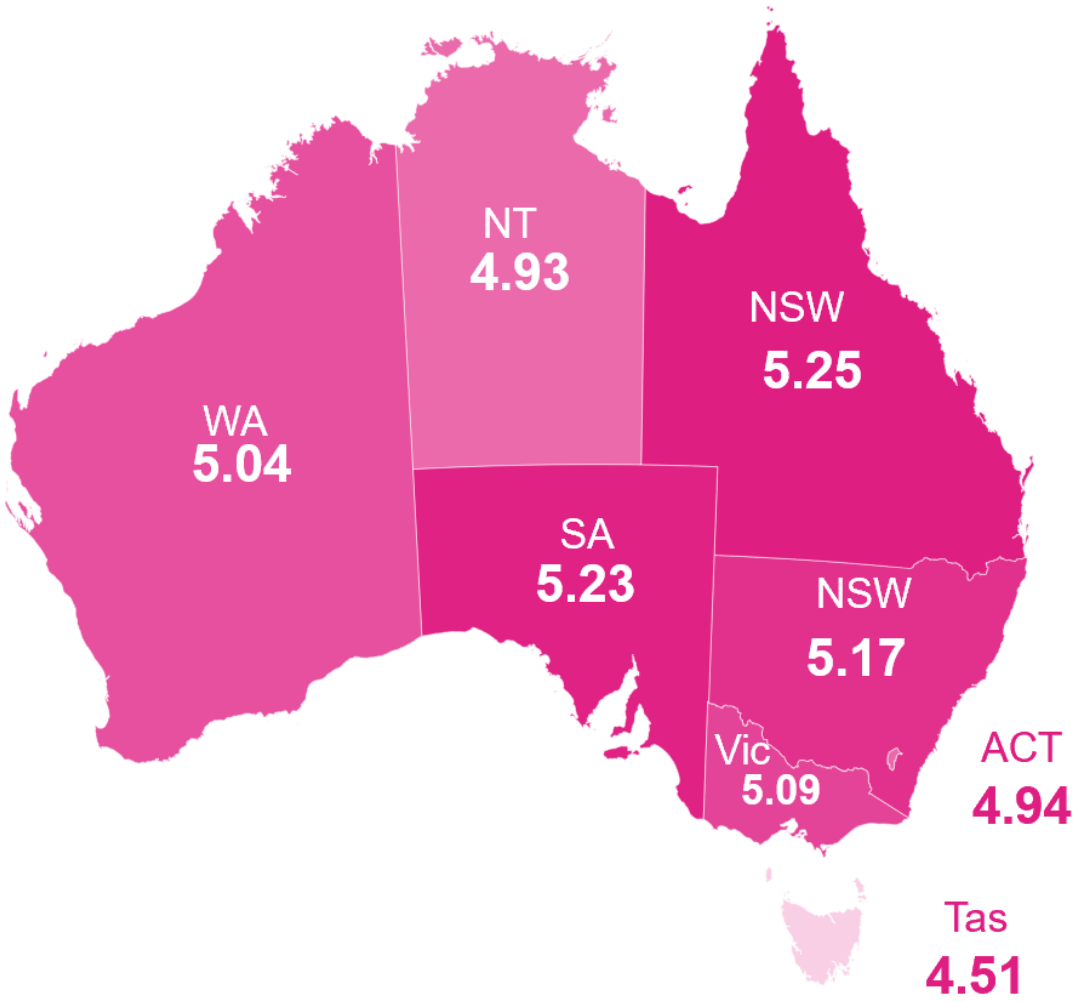
- 6-7 higher levels of competence.
- 5-6 aligns 'slightly agree to agree', - moderate level of capability, with room for improvement.
- 4 aligns with a centre point of the scale, meaning 'neither agree nor disagree' or 'neutral' – not really demonstrating confidence in their capabilities.
- Below 4 aligns with varying degrees of disagreement, demonstrating a workforce with low capability.

Were there differences in capability across profession groups?



Were there differences in capability by geography?

BY STATE AND TERRITORY



BY REMOTENESS

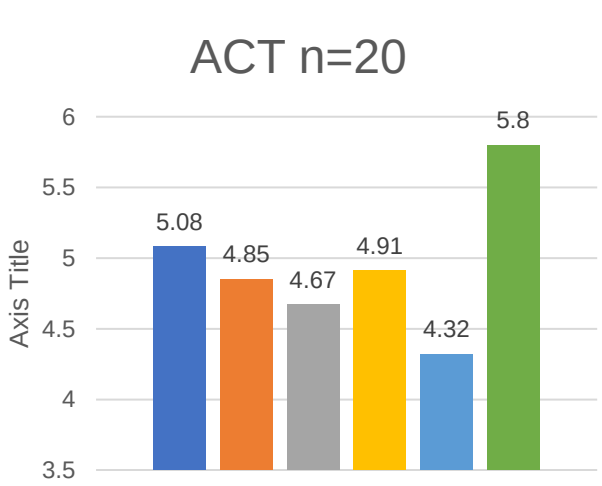
Major cities	Inner regional	Outer regional	Remote*	Very remote*
5.13	5.18	5.01	5.02	5.44

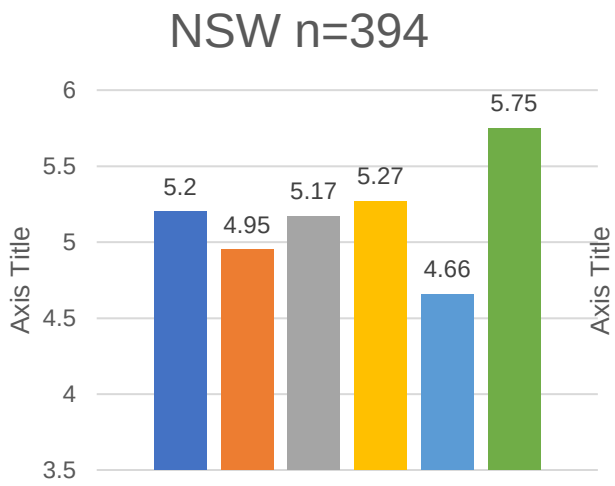
Non-city locations **5.13**

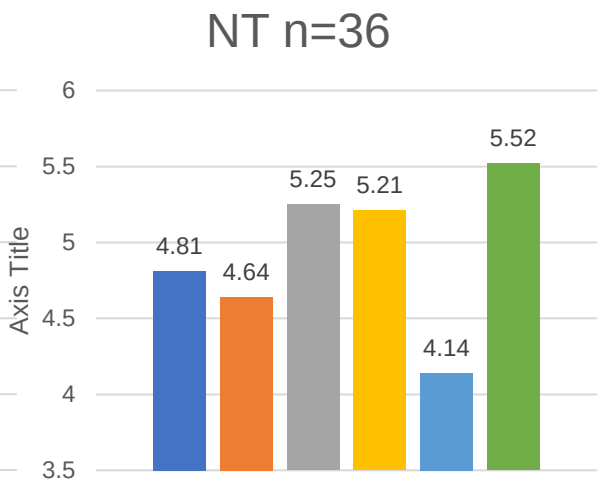
BY DISADVANTAGE

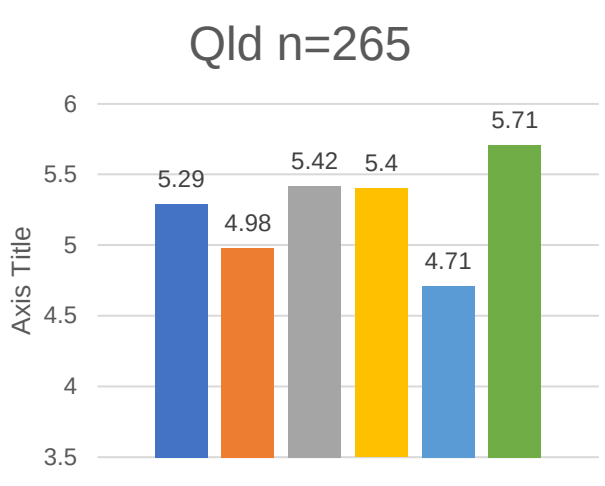
Most	Middle level	Least
5.11	5.22	5.02

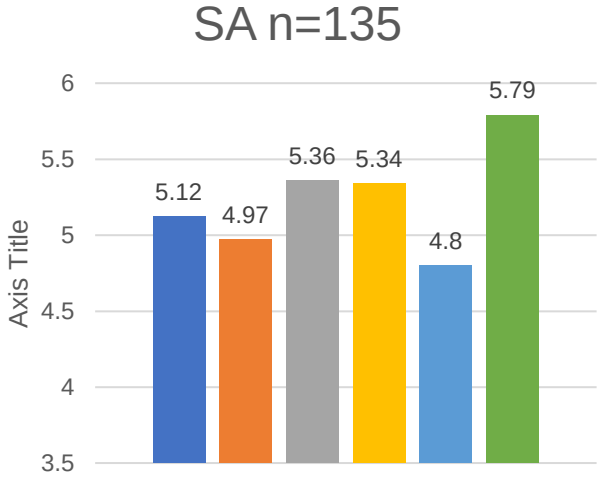
*small numbers

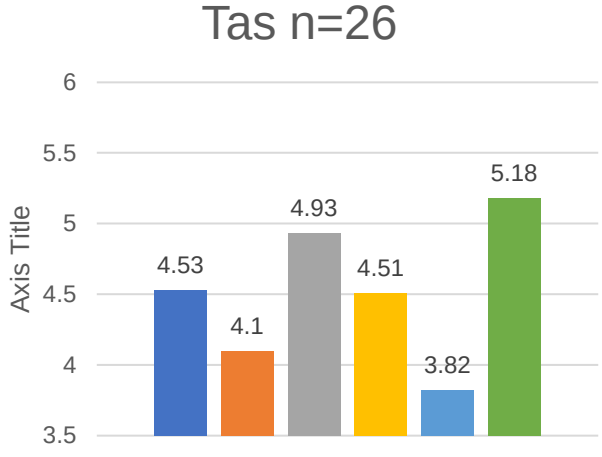


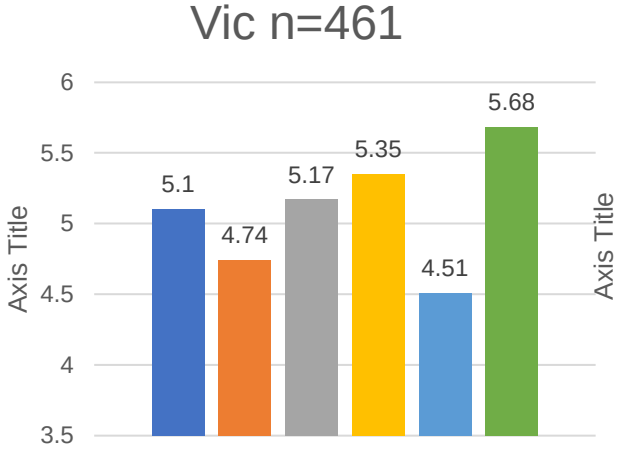


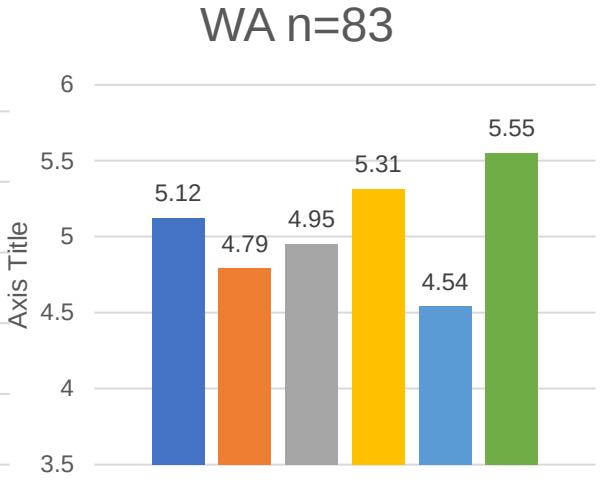












- **All states followed similar patterns**
- **ACT, NT and Tas reported lower self-rated capability, but *caution* because the numbers of responses are smaller**

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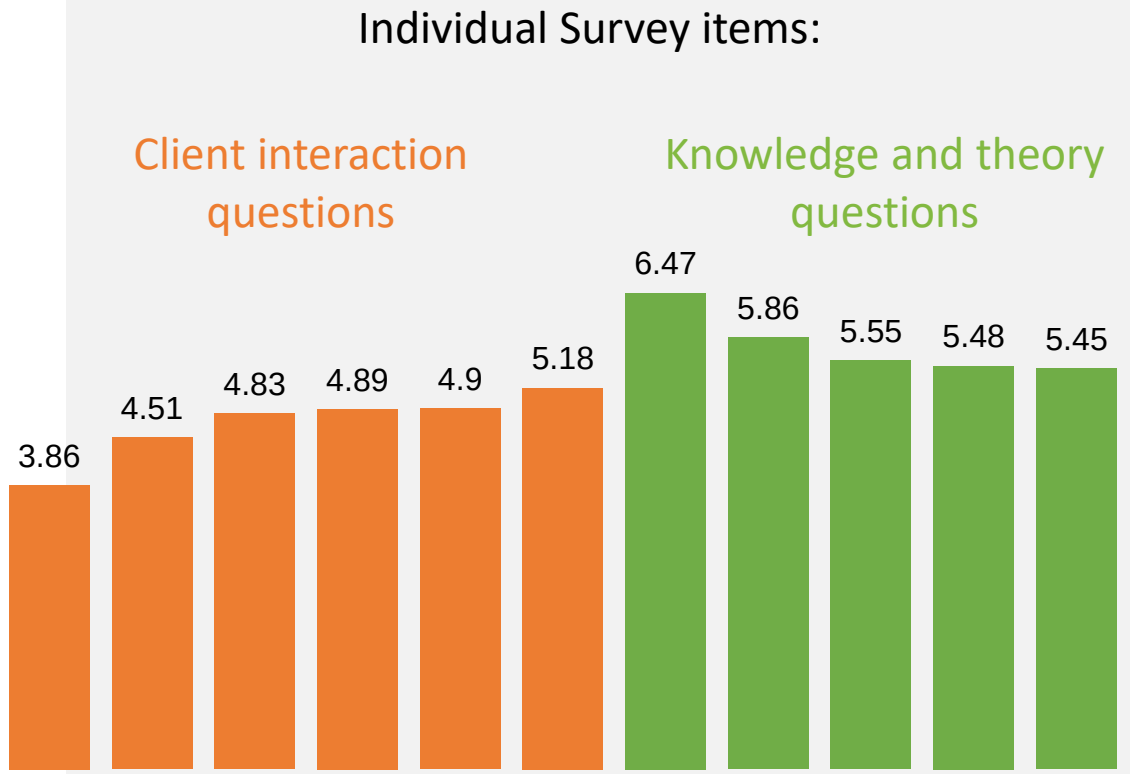
- Child mental health capability (knowledge, confidence, skills)
- Child mental health practice
- Workplace support
- Facilitating support
- Infant mental health
- Childhood trauma and adversity

KEY FINDING:
There is a gap between knowledge and practice in child mental health

1. Knowledge, confidence and skills scores *(subscale 1)* were consistently higher than child mental health practice scores *(subscale 2)*

- Across professions, sectors, years in role etc.
- Even among individual questions about interacting with clients tended to score lower than questions about knowledge and theory.
- Workers are more likely to understand but less likely to do



2. Trauma and adversity scores were always higher than child mental health knowledge

- Possible disconnect between knowledge of the concepts of Trauma with managing it as a mental health issue?
- Workers are likely able to understand, but less likely to know what to do next
- Explore understandings of trauma, systemic or other barriers to acting upon the knowledge workforces have.

KEY FINDING:
Infant mental health as a workforce competency is in its infancy

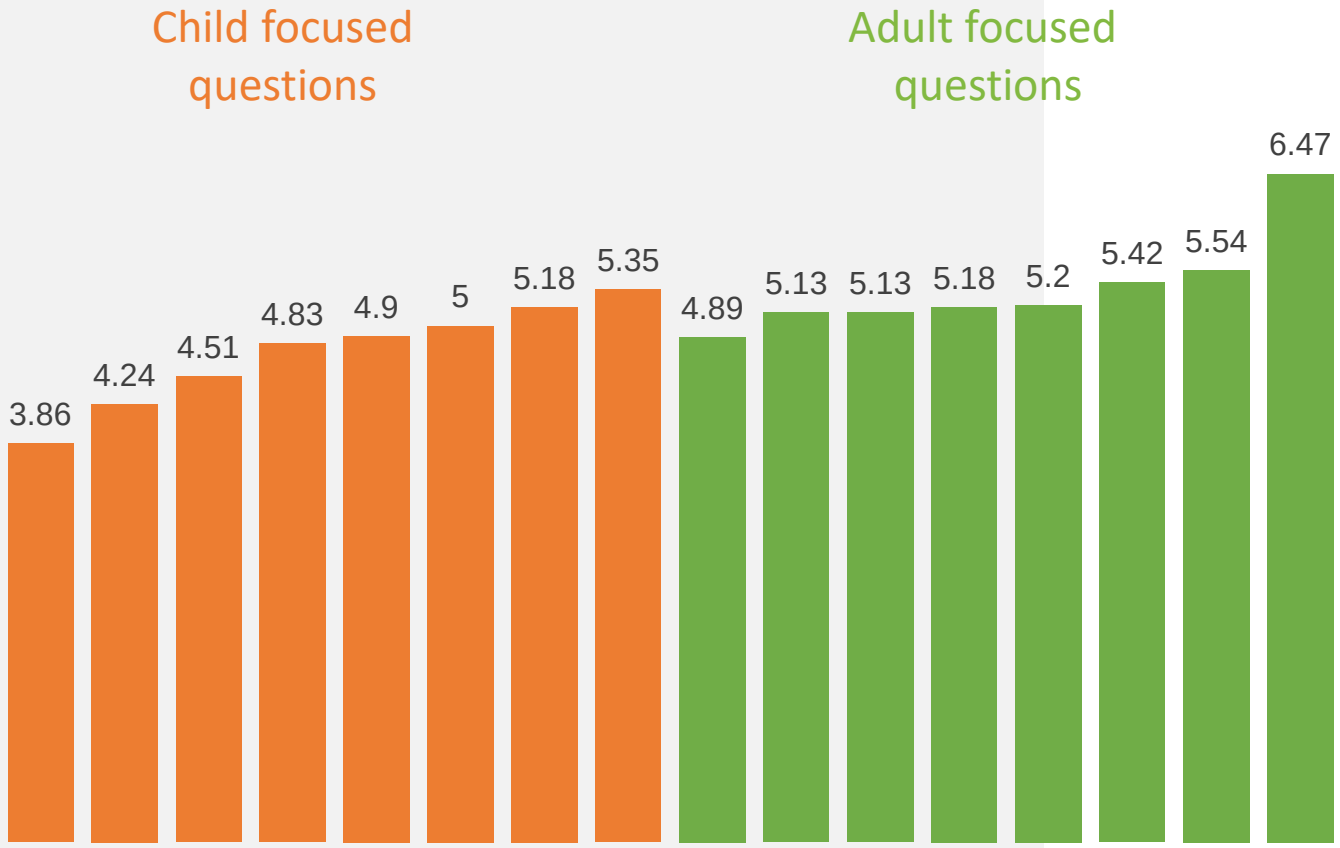
1. Infant mental health capability *(subscale 5)* was on average low across the board

- However, broad range of scores shows how variable it is.
- Particular groups with high expertise as expected – e.g. maternal and child health nurses, child and family practitioners, child protection.
- Other workforce groups well placed to support families, showed low confidence in their capabilities in infant mental health
- The importance of multidisciplinary approaches in the first 1000 days reinforces the need to build these specific workforce capabilities across a range of roles and sectors.

6-7: High | 5-6: Moderate | 4 and below: Low

Moderate	
Maternal and child health nurses	5.93
Psychiatrists	5.79
Child and family practitioners	5.23
Child protection practitioner	5.1
Low	
Parenting and family support workers	4.93
GPs	4.87
Psychologists	4.68
Early childhood educators	4.53
Midwives	4.51
Very Low	
Adult mental health workers	4.29
Youth mental health	3.8
Other nurses	3.71
Alcohol and other drugs workers	3.56

Individual Survey items:



2. Australian workers are more confident considering child mental health from the perspective of adults than from the perspective of children.

- Questions that asked about talking to parents, referring parents, or understanding the impact of challenges from the parent perspective (and sometimes about working with adult colleagues or professional peers) had higher average scores than those about talking to children, providing information to, or referring children, and recognising early signs in children and infants.

KEY FINDING:
Most workers felt confident facilitating support through referrals, collaboration or providing information but indicated a lack of services to refer to

1. Questions on Facilitating support *(subscale 4)* were mostly moderately scored (between 5.31-5.68)

- *Q20 Local support services are available to refer parents or their children in need of additional support*, average score 4.60

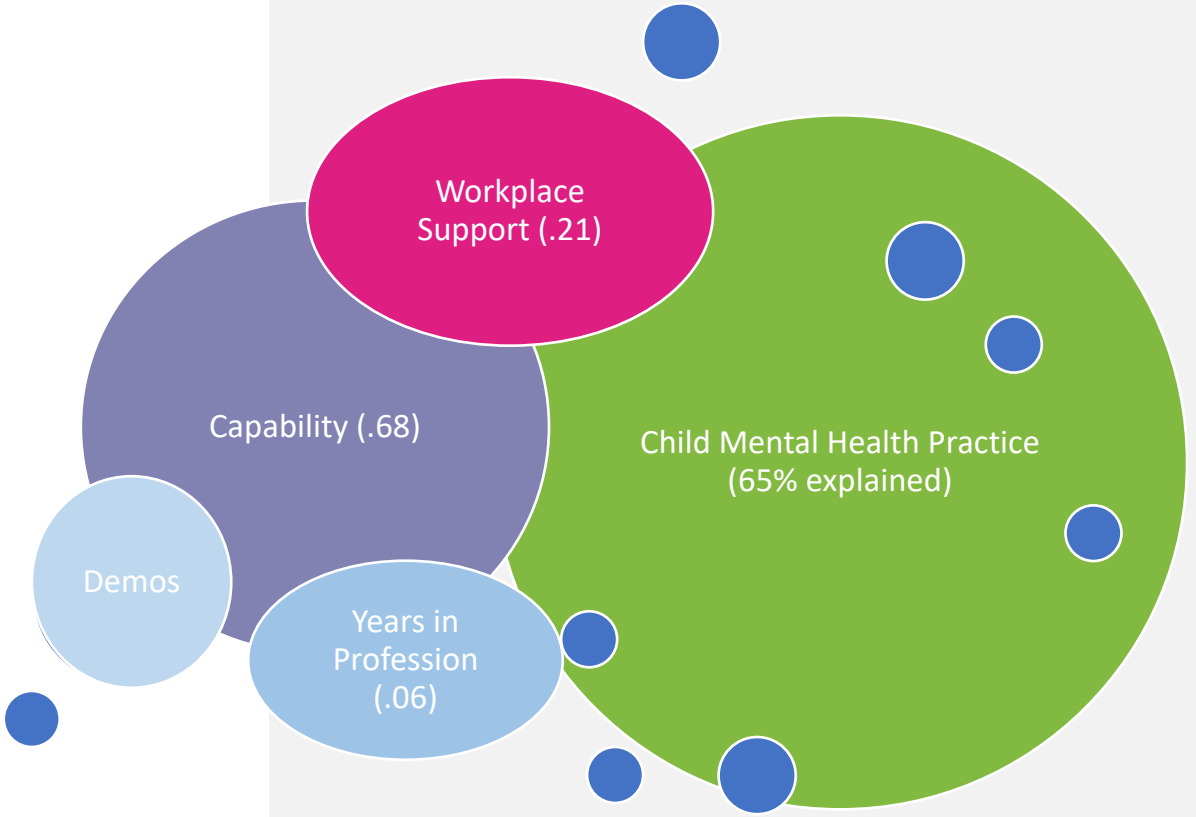
- Equip workers in a range of settings to provide support to children, parents or families within the scope of their role

KEY FINDING:
Learning can help bridge the knowledge-practice gap

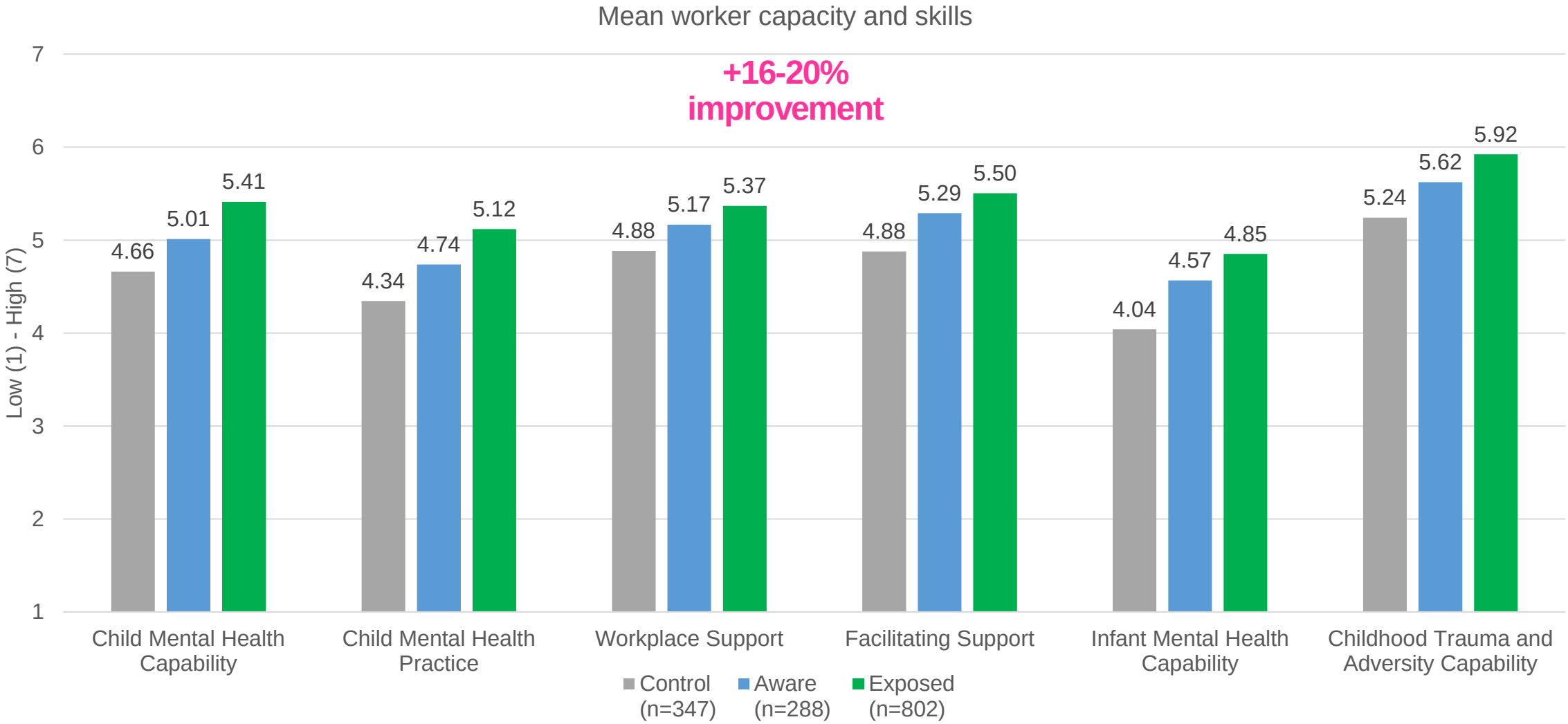
1. Knowledge, confidence and skills *(subscale 1)* was the greatest predictor, by far, of child mental health practice *(subscale 2).*

- *Knowledge is the foundation of doing practice*
- Workplace support (systems, culture) must be wrapped around to help translate knowledge to practice
- These are things that can be learned and installed

What predicts child mental health practice?

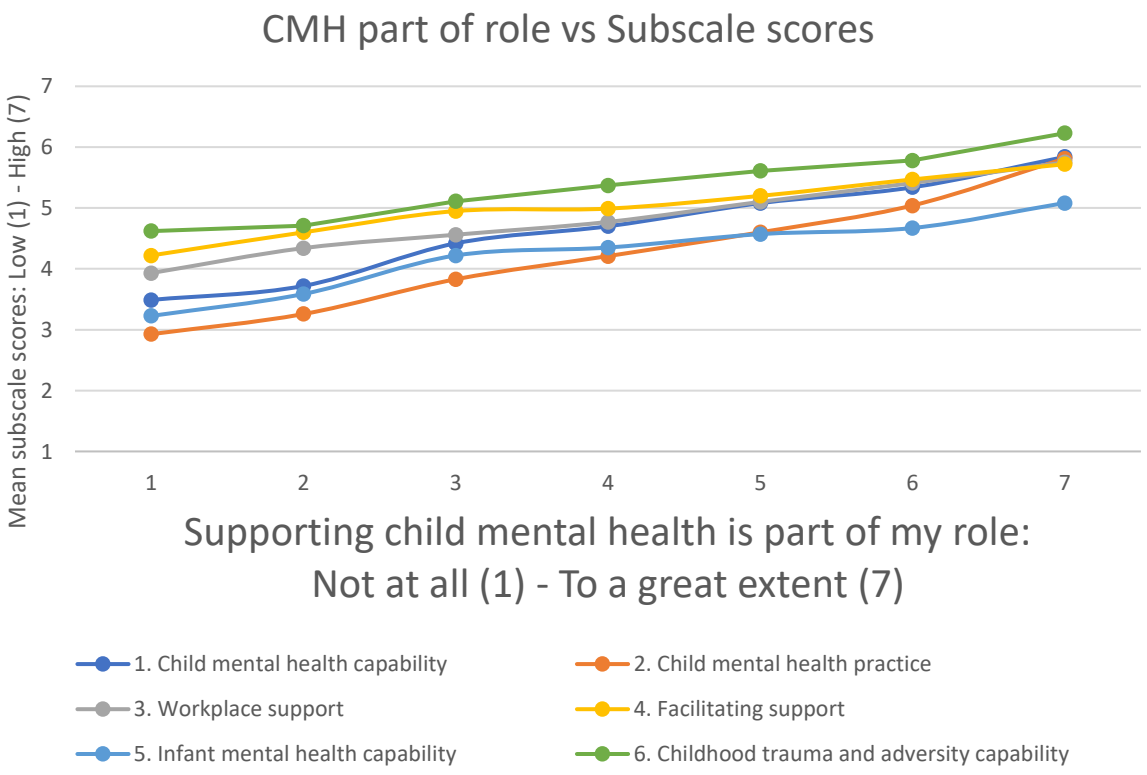


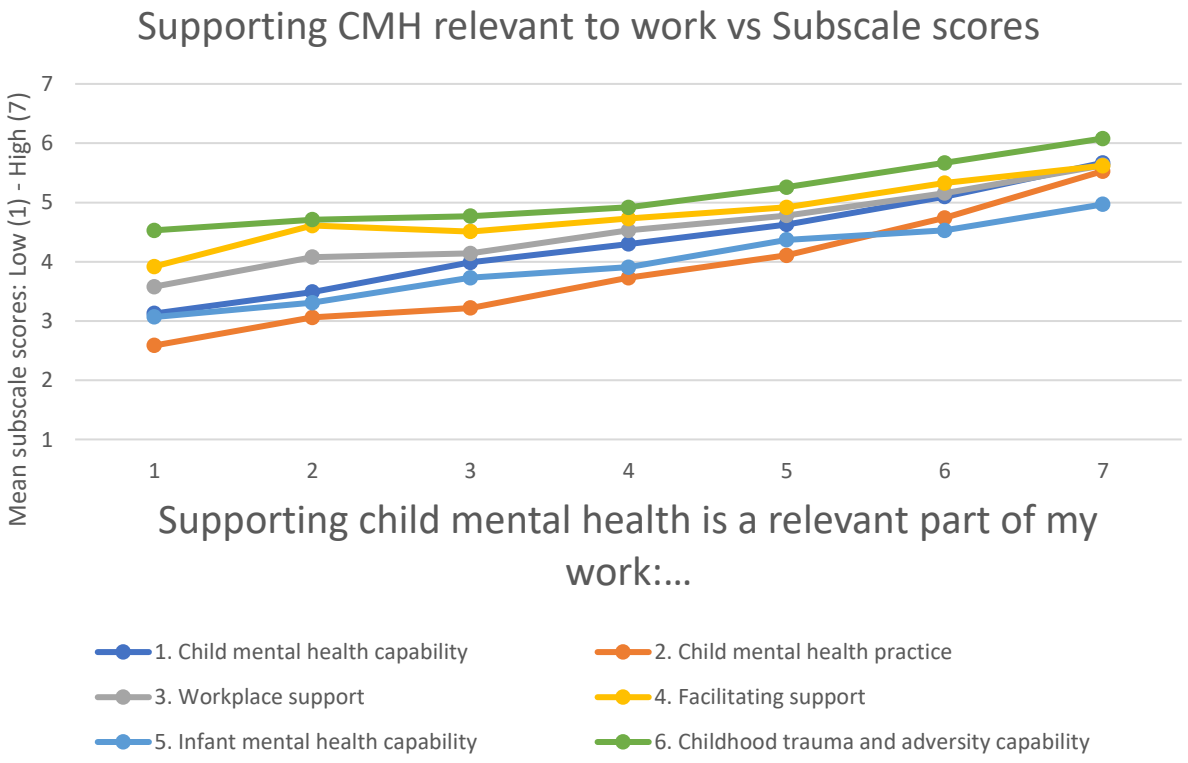
2. Workers who engage with Emerging Minds resources and learning have higher capabilities across all facets of child mental health measured.



3. Perception of relevance and responsibility are strongly linked to increased workforce capabilities in child mental health.

Higher scores in subscales coincide with higher scores for relevance and a role in supporting child mental health.





What are some solutions from our Partnerships and Implementation team?

Emerging Minds

National online hub

- Child and infant mental health
- Trauma-informed practice
- Parent and child engagement
- Training and tools for general practitioners
- Community trauma
- Child and parent participation
- Resources for families
- Organisational resources

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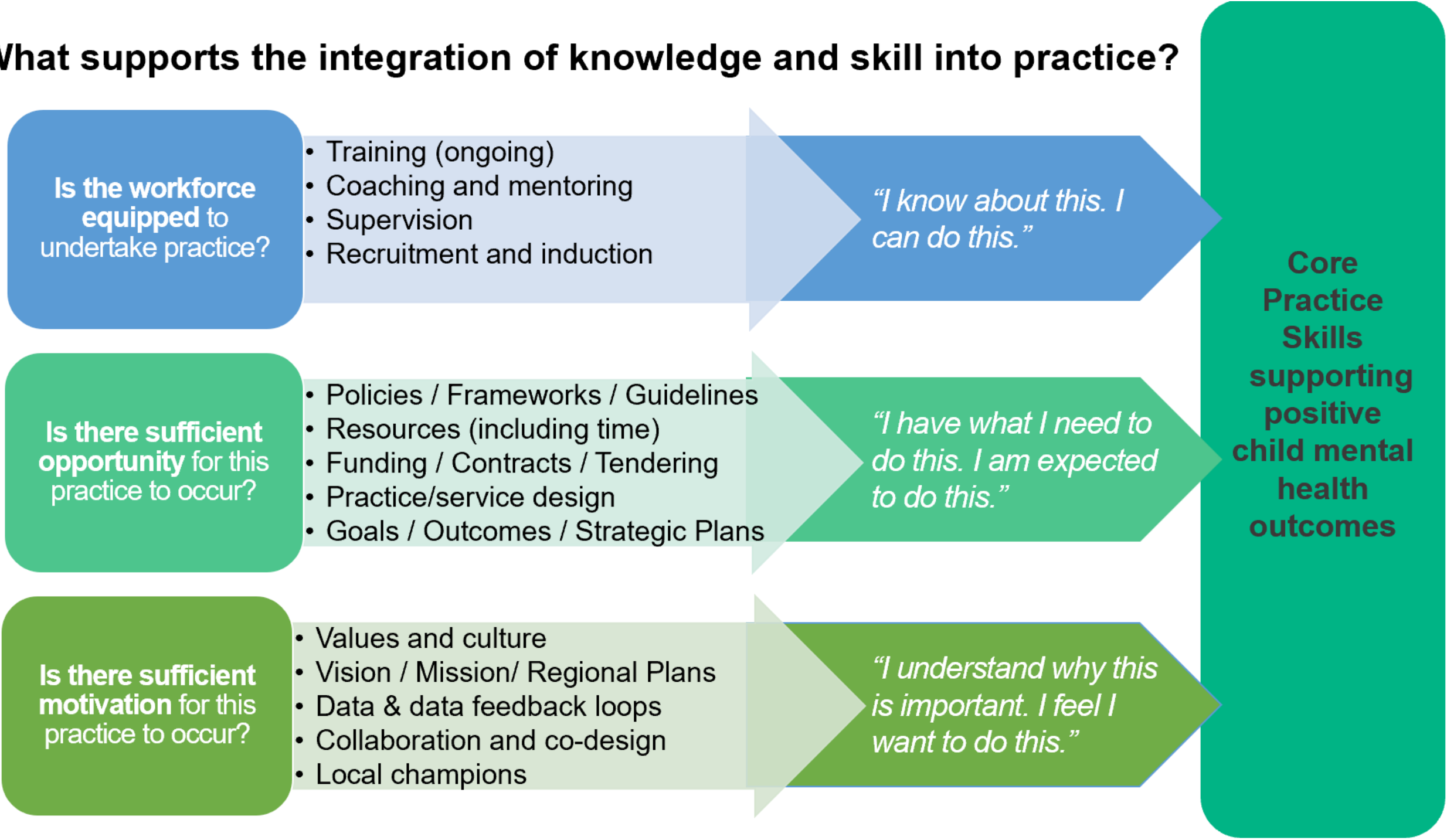
Active change

"…a ***continuous process*** that includes ***active, deliberate, purposeful*** *and* ***specified set of activities*** *to support practitioners and organisations use innovations in their practice"* (Fixsen et al., 2005)

Shift from *"letting change happen"* to ***"making change happen"***

What supports the integration of knowledge and skill into practice?



How can you support practice change

- **Thinking about capacity building as more than just training**
    - Increasing awareness, knowledge and skills on all levels (including parents and children)
    - Ensuring practitioners feel supported in applying the practice
    - Culture of safety (it's ok not to get it right straight away)
- **Collaboration and working together**
- **Consistency and alignment** (team/ service/ organisation/ region)
- **Contractual agreements, job descriptions etc**

How can you support practice change

- **Passionate and visible leadership**

    - Leads by example
    - Actively seeks and uses feedback
    - Problem solving and motivating
    - Highlights achievements

- **Co-design** to help create a shared vision, innovative solutions and authentic evaluations to supporting children's mental health in your communities

How do families know this is a family-focused and child-centred organisations?

- **Time investment to start with**

Q & A

National Workforce Survey Round 2 COMING SOON! In 2023

- Keep an eye out for releases from the survey and info about the next survey:
  - podcast episode
  - Webpage summary
  - Request the report
- Updates for next time:
  - More occupations captured
  - Working with Aboriginal and Torres Strait Islander families
  - Community trauma and natural disaster
  - Child Mental Health Practice Competencies
- Boost number of respondents in non-infant/child wellbeing focused work
- Be a dissemination partner – help us share the link with your networks, in your newsletters etc

Reminder – please leave us some reflections in the post-webinar survey

Thank you.

Please let us know if you have any questions or comments on the presentation. We appreciate your feedback.

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The National Workforce Centre for Child Mental Health is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program.

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