Nurses and midwives

Snapshot of findings

Nurses rated themselves high in child mental health and trauma capability, with room for improvement in areas of child mental health practice. Nurses and midwives rated lower than average for workplace support suggesting that an increase in organisational leadership around child mental health would help nurses and midwives to translate their knowledge to practice.

This snapshot examines the results of **298** respondents who selected 'maternal and child health nurse, midwife or nurse–midwife, mental health nurse, or other nurse' as their profession from **1,518** health, social and community services workers who took the survey.

Aim of the survey

The biennial National Workforce Survey for Parent, Family and Child Mental Health (NWS) provides a snapshot of Australian workforce capability. It informs Emerging Minds' workforce development strategies and helps planners, professions, sectors, and policymakers build capacity in workforces supporting children and families.
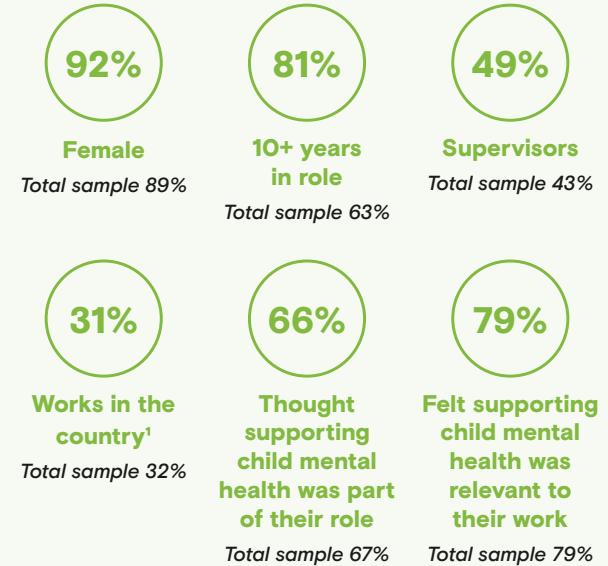
Method

The online survey was shared across Australia by Emerging Minds, government departments, peak bodies, and participating organisations. Workers rated their agreement to 41 statements describing capabilities, and asked respondents about themselves, their work, and their engagement with Emerging Minds.

Statistical analyses grouped survey items into subscales representing six domains of child mental health capability:

1. **Child mental health capability:** Knowledge, confidence, and skills
2. **Child mental health practice:** Behaviours and strategies
3. **Workplace support:** Organisational attitudes, policies, and leadership
4. **Facilitating support:** Referring and collaborating with external service
5. **Infant mental health:** Understanding and support in the perinatal period
6. **Childhood trauma and adversity:** Understanding impacts and responses.

## Nurses and midwives in the 2020–21 survey were:

92%
Female
Total sample 89%

81%
10+ years in role
Total sample 63%

49%
Supervisors
Total sample 43%

31%
Works in the country[1]
Total sample 32%

66%
Thought supporting child mental health was part of their role
Total sample 67%

79%
Felt supporting child mental health was relevant to their work
Total sample 79%

Nursing professions

1. **Maternal and child health nurse 44%**
2. **Mental health nurse 32%**
3. **Midwife or nurse–midwife 9%**
4. **Other nurse 16%**

Top five sectors

1. **Child and maternal health services 39%**
2. **Adult mental health 16%**
3. **Child mental health 7%**
4. **Nursing and allied health services 7%**
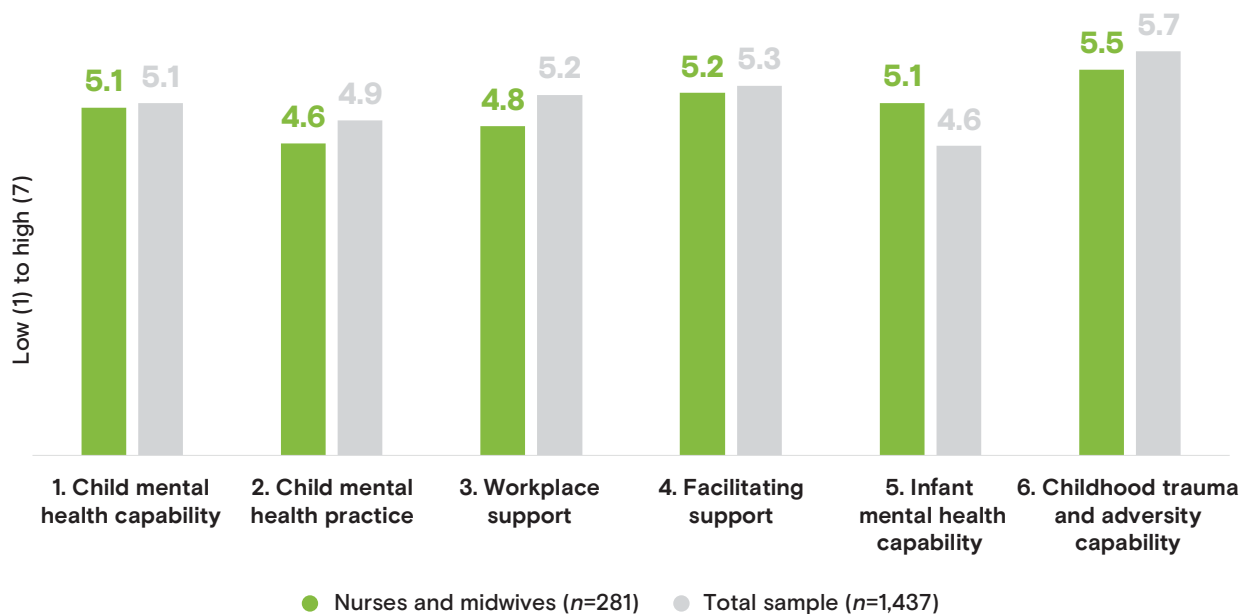5. **Primary health 7%**

Where respondents work

24

3

39

19

115

3

82

8

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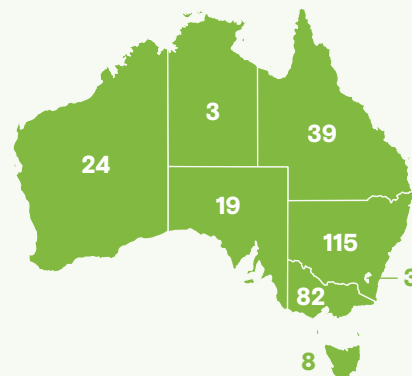
[1] Works in postcode/s outside of cities. Geographic remoteness determined by Australian Bureau of Statistics' Australian Statistical Geography Standard (ASGS).
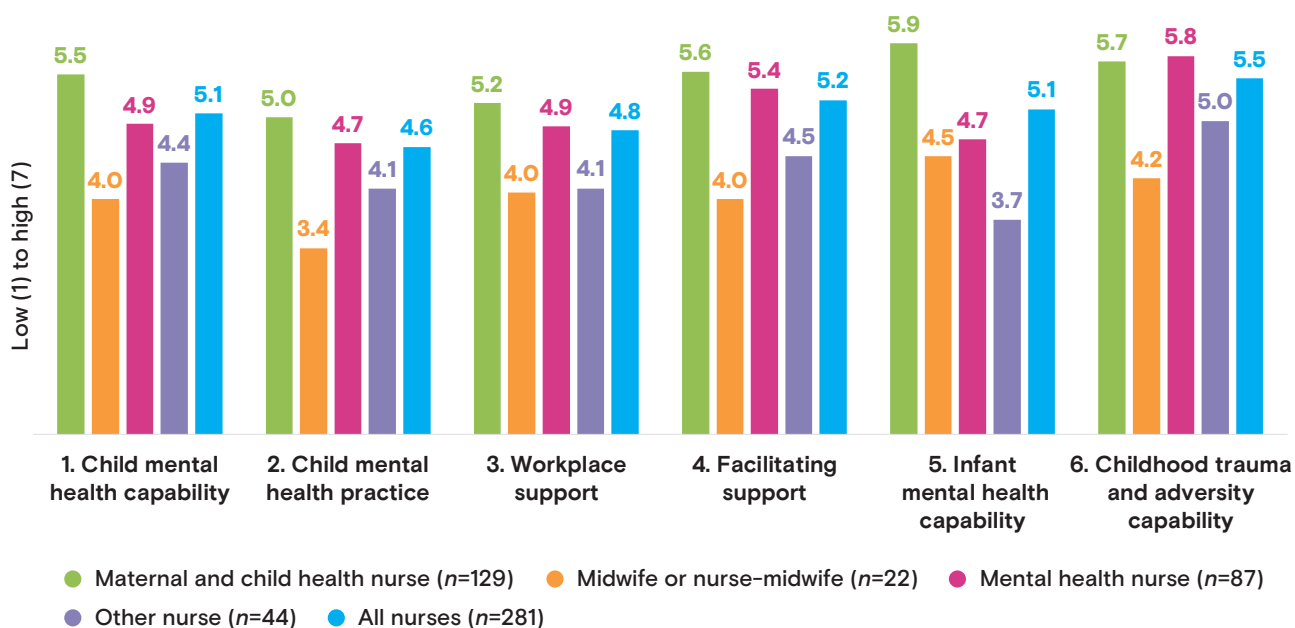
Capability

How do **nurses and midwives** rate their child mental health capability compared to other health, social and community services workers?

Low (1) to high (7)

Category	Nurses and midwives (n=281)	Total sample (n=1,437)
1. Child mental health capability	5.1	5.1
2. Child mental health practice	4.6	4.9
3. Workplace support	4.8	5.2
4. Facilitating support	5.2	5.3
5. Infant mental health capability	5.1	4.6
6. Childhood trauma and adversity capability	5.5	5.7

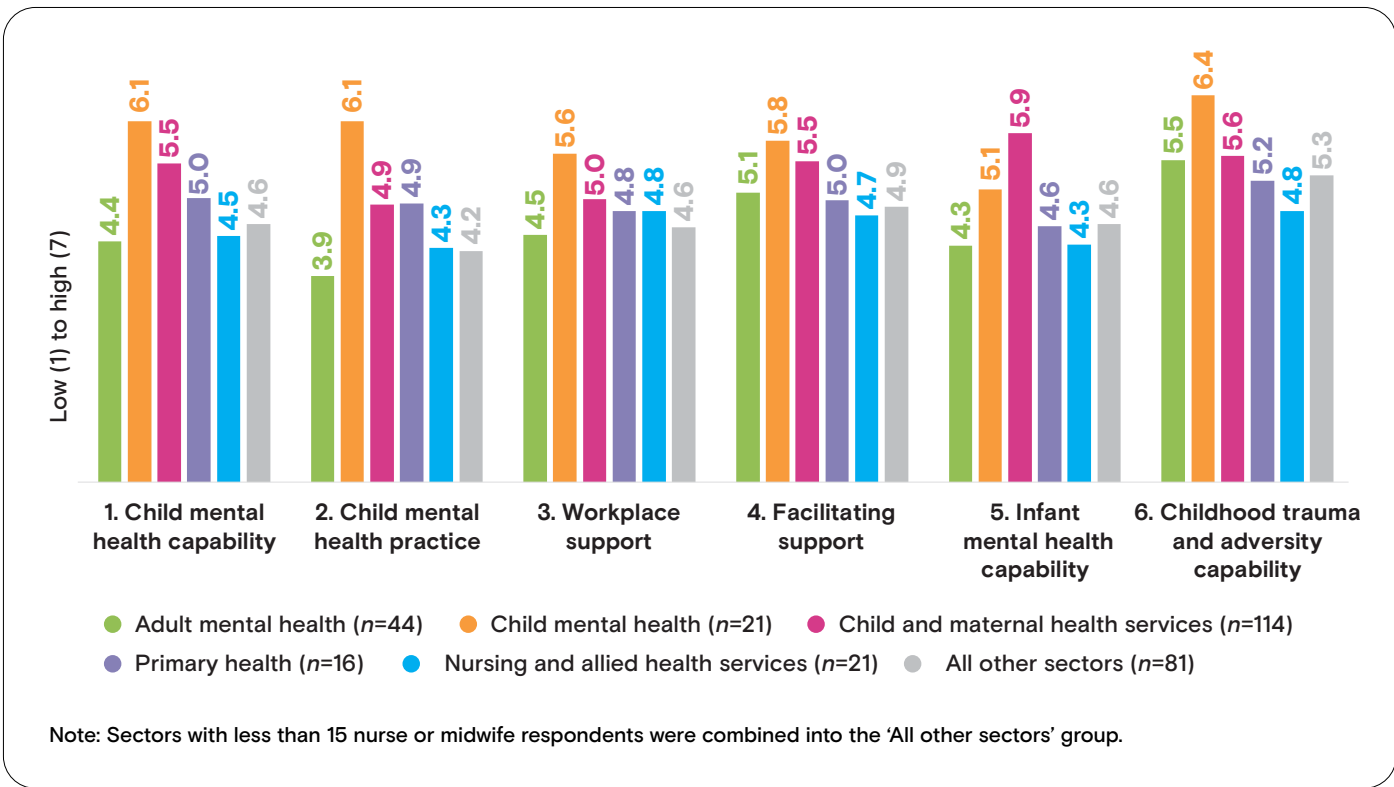● Nurses and midwives (*n*=281)   ● Total sample (*n*=1,437)

Note: For '1. Child mental health capability', the scores were different between groups, however when rounding up, it becomes 5.1. Column heights reflect non-rounded figure.

Profession

How do **nurses and midwives** rate their child mental health capability by nursing profession?

Low (1) to high (7)

Category	Maternal and child health nurse (n=129)	Midwife or nurse-midwife (n=22)	Mental health nurse (n=87)	Other nurse (n=44)	All nurses (n=281)
1. Child mental health capability	5.5	4.0	4.9	4.4	5.1
2. Child mental health practice	5.0	3.4	4.7	4.1	4.6
3. Workplace support	5.2	4.0	4.9	4.1	4.8
4. Facilitating support	5.6	4.0	5.4	4.5	5.2
5. Infant mental health capability	5.9	4.5	4.7	3.7	5.1
6. Childhood trauma and adversity capability	5.7	4.2	5.8	5.0	5.5

● Maternal and child health nurse (*n*=129)   ● Midwife or nurse-midwife (*n*=22)   ● Mental health nurse (*n*=87)
● Other nurse (*n*=44)   ● All nurses (*n*=281)

Do **nurses and midwives** rate themselves differently by the top five sectors?

1. Child mental health capability
- Adult mental health: 4.4
- Child mental health: 6.1
- Child and maternal health services: 5.5
- Primary health: 5.0
- Nursing and allied health services: 4.5
- All other sectors: 4.6

2. Child mental health practice
- Adult mental health: 3.9
- Child mental health: 6.1
- Child and maternal health services: 4.9
- Primary health: 4.9
- Nursing and allied health services: 4.3
- All other sectors: 4.2

3. Workplace support
- Adult mental health: 4.5
- Child mental health: 5.6
- Child and maternal health services: 5.0
- Primary health: 4.8
- Nursing and allied health services: 4.8
- All other sectors: 4.6

4. Facilitating support
- Adult mental health: 5.1
- Child mental health: 5.8
- Child and maternal health services: 5.5
- Primary health: 5.0
- Nursing and allied health services: 4.7
- All other sectors: 4.9

5. Infant mental health capability
- Adult mental health: 4.3
- Child mental health: 5.1
- Child and maternal health services: 5.9
- Primary health: 4.6
- Nursing and allied health services: 4.3
- All other sectors: 4.6

6. Childhood trauma and adversity capability
- Adult mental health: 5.5
- Child mental health: 6.4
- Child and maternal health services: 5.6
- Primary health: 5.2
- Nursing and allied health services: 4.8
- All other sectors: 5.3

Low (1) to high (7)

Legend:
- Adult mental health (*n*=44)
- Child mental health (*n*=21)
- Child and maternal health services (*n*=114)
- Primary health (*n*=16)
- Nursing and allied health services (*n*=21)
- All other sectors (*n*=81)

Note: Sectors with less than 15 nurse or midwife respondents were combined into the 'All other sectors' group.

How does the **clinical health** (in which nurses and midwives make up 56%) and **mental health** (in which nurses and midwives make up 22%) **profession groups** rate their child mental health capability and practice compared to other professional groups?[2]

- Clinical health (*n*=346): 5.0 / 4.6
- Mental health (*n*=397): 5.4 / 5.3
- Education (*n*=150): 5.1 / 4.7
- Social services (*n*=436): 5.2 / 4.9
- Other (*n*=106): 4.5 / 3.8

Low (1) to high (7)

Legend:
- 1. Child mental health capability
- 2. Child mental health practice

Note: The 'Clinical health' professional group includes maternal and child health nurses, midwives or nurse–midwives and other nurses. The 'Mental health' group includes mental health nurses.

[2] Professions were grouped according to assumed similarities in their practice, focus and level of existing mental health expertise into five categories: clinical health, education, social services, mental health and other. Mental health nurses were assigned to the mental health profession group, while all other nurses and midwives were assigned to the clinical health profession group.

Engaging with children and families

On average, the Australian workforce is more confident in knowledge and theory, than interacting with children and parents – how do **nurses and midwives** compare?
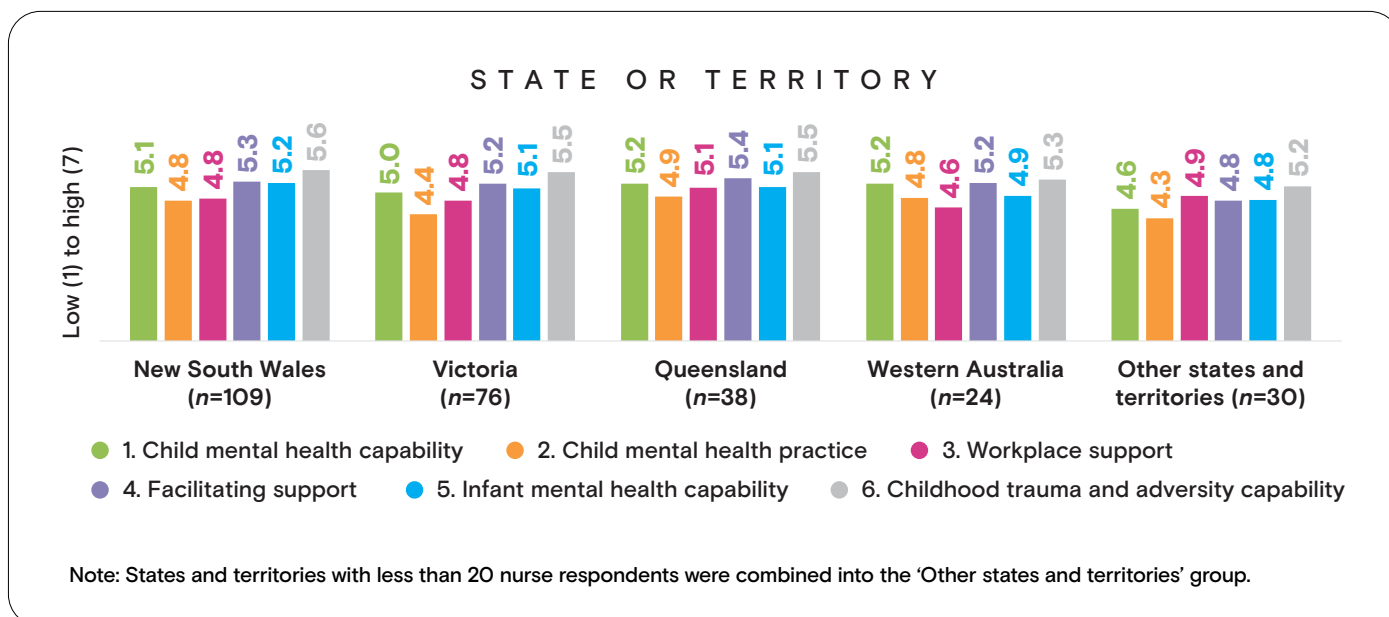
Client interactions questions	Nurses and midwives mean scores (*n*=282)	Total sample mean scores (*n*=1,437)
Q31. I am confident in responding to children that have experienced trauma and adversity.	4.6	5.2
Q6. I know how to recognise early signs of mental health symptoms in children (aged 2–12 years).	4.7	4.9
Q21. I regularly talk to parents to discuss the impact of mental health and other issues on their parenting.	5.0	4.9
Q24. I regularly talk with children about their social and emotional wellbeing.	4.1	4.8
Q14. I regularly work with children to address issues impacting on their mental health.	4.0	4.5
Q7. I know how to recognise early signs of mental health symptoms in infants (aged 0–2 years).	4.5	3.9

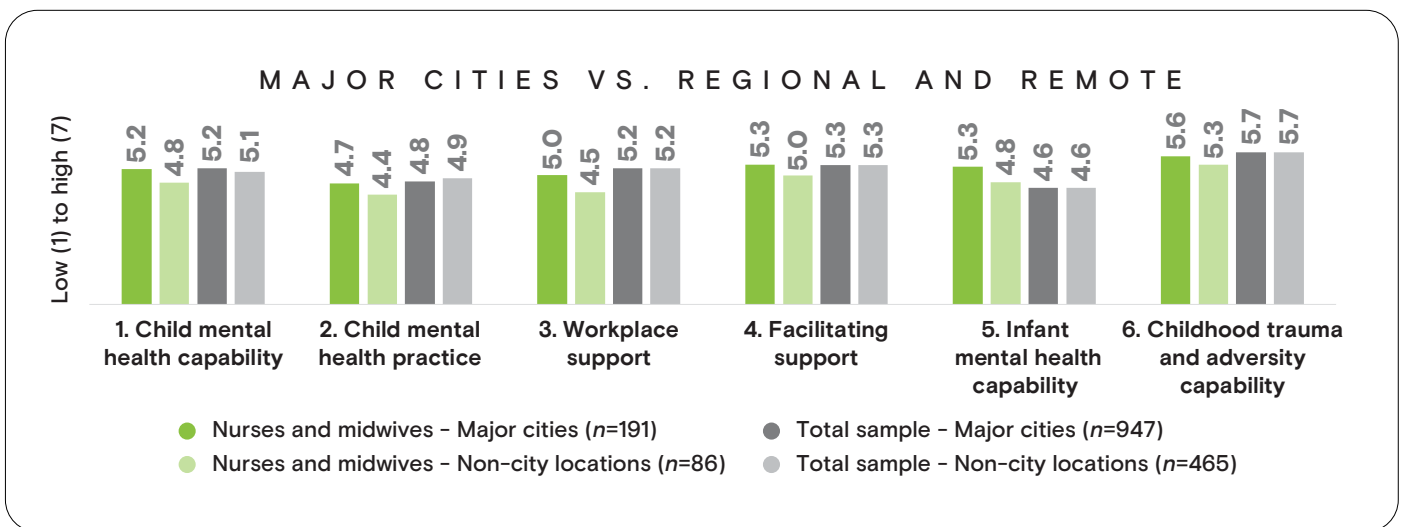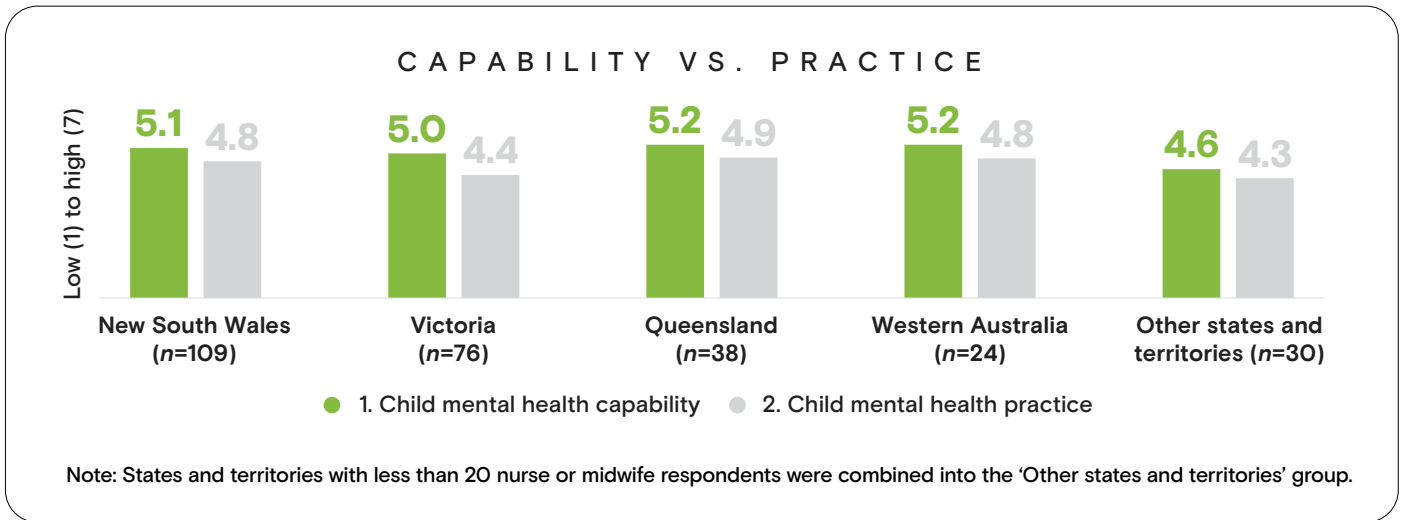| Knowledge and theory questions		
Q11. I understand how adult problems can have an impact on child mental health.	6.5	6.5
Q2. I am knowledgeable about strengths and vulnerabilities that impact on children's mental health.	5.8	5.9
Q29. I am knowledgeable of the risks to children's mental health associated with adverse childhood experiences (ACEs).	5.6	5.5
Q22. I have a good understanding of signs of optimal child (cognitive and emotional) development.	5.4	5.5
Q26. I am knowledgeable about the key things that parents can do to maintain the wellbeing (and resilience) of their children.	5.3	5.5

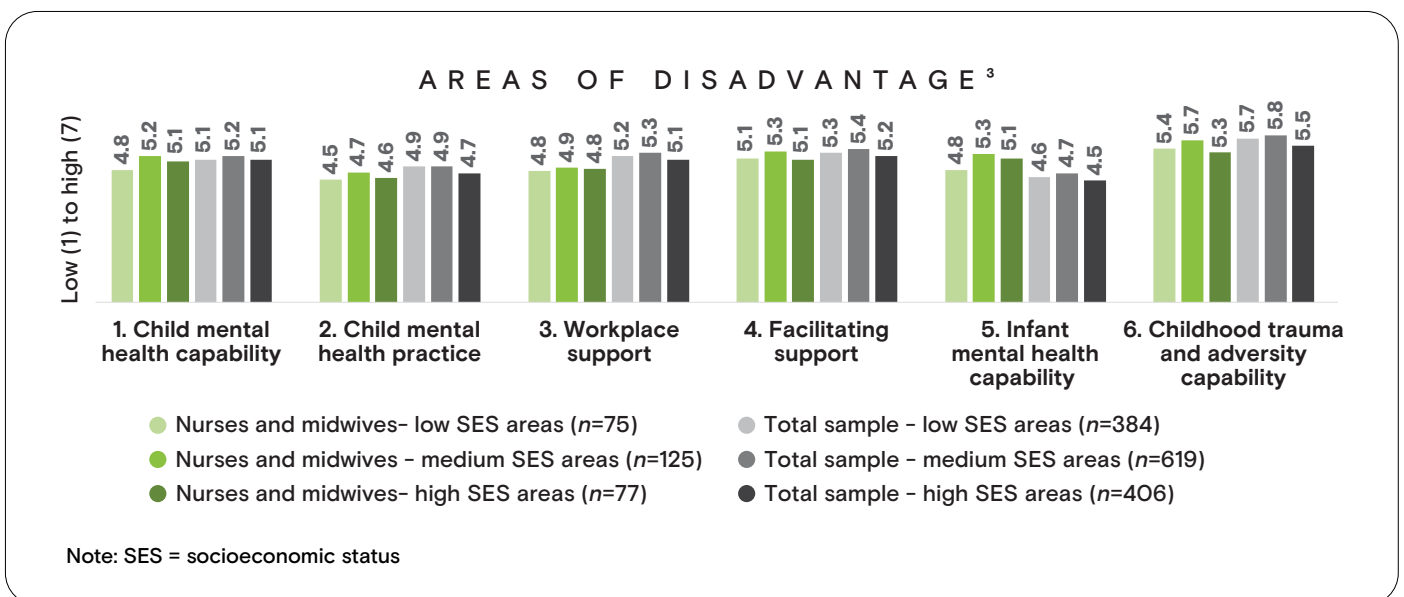Note: Scores from responses to a 7-point Likert scale (1=strongly disagree to 7 = strongly agree)

Location

Do **nurses and midwives** rate themselves differently by geographical location?

STATE OR TERRITORY

Low (1) to high (7)

New South Wales (*n*=109): 5.1, 4.8, 4.8, 5.3, 5.2, 5.6
Victoria (*n*=76): 5.0, 4.4, 4.8, 5.2, 5.1, 5.5
Queensland (*n*=38): 5.2, 4.9, 5.1, 5.4, 5.1, 5.5
Western Australia (*n*=24): 5.2, 4.8, 4.6, 5.2, 4.9, 5.3
Other states and territories (*n*=30): 4.6, 4.3, 4.9, 4.8, 4.8, 5.2

● 1. Child mental health capability   ● 2. Child mental health practice   ● 3. Workplace support
● 4. Facilitating support   ● 5. Infant mental health capability   ● 6. Childhood trauma and adversity capability

Note: States and territories with less than 20 nurse respondents were combined into the 'Other states and territories' group.

Notably, there was a lower capability for behaviours and strategies concerning child mental health (practice) compared to knowledge and confidence (capability) for all states and territories:

CAPABILITY VS. PRACTICE

Low (1) to high (7)

	New South Wales (*n*=109)	Victoria (*n*=76)	Queensland (*n*=38)	Western Australia (*n*=24)	Other states and territories (*n*=30)
1. Child mental health capability	5.1	5.0	5.2	5.2	4.6
2. Child mental health practice	4.8	4.4	4.9	4.8	4.3

● 1. Child mental health capability   ● 2. Child mental health practice

Note: States and territories with less than 20 nurse or midwife respondents were combined into the 'Other states and territories' group.

MAJOR CITIES VS. REGIONAL AND REMOTE

Low (1) to high (7)

	1. Child mental health capability	2. Child mental health practice	3. Workplace support	4. Facilitating support	5. Infant mental health capability	6. Childhood trauma and adversity capability
Nurses and midwives – Major cities (*n*=191)	5.2	4.7	5.0	5.3	5.3	5.6
Nurses and midwives – Non-city locations (*n*=86)	4.8	4.4	4.5	5.0	4.8	5.3
Total sample – Major cities (*n*=947)	5.2	4.8	5.2	5.3	4.6	5.7
Total sample – Non-city locations (*n*=465)	5.1	4.9	5.2	5.3	4.6	5.7

● Nurses and midwives – Major cities (*n*=191)   ● Total sample – Major cities (*n*=947)
● Nurses and midwives – Non-city locations (*n*=86)   ● Total sample – Non-city locations (*n*=465)

Do **nurses and midwives** rate themselves differently when working in varying areas of relative socio-economic disadvantage?

AREAS OF DISADVANTAGE [3]

Low (1) to high (7)

	1. Child mental health capability	2. Child mental health practice	3. Workplace support	4. Facilitating support	5. Infant mental health capability	6. Childhood trauma and adversity capability
Nurses and midwives – low SES areas (*n*=75)	4.8	4.5	4.8	5.1	4.8	5.4
Nurses and midwives – medium SES areas (*n*=125)	5.2	4.7	4.9	5.3	5.3	5.7
Nurses and midwives – high SES areas (*n*=77)	5.1	4.6	4.8	5.1	5.1	5.3
Total sample – low SES areas (*n*=384)	5.1	4.9	5.2	5.3	4.6	5.7
Total sample – medium SES areas (*n*=619)	5.2	4.9	5.3	5.4	4.7	5.8
Total sample – high SES areas (*n*=406)	5.1	4.7	5.1	5.2	4.5	5.5

● Nurses and midwives – low SES areas (*n*=75)   ● Total sample – low SES areas (*n*=384)
● Nurses and midwives – medium SES areas (*n*=125)   ● Total sample – medium SES areas (*n*=619)
● Nurses and midwives – high SES areas (*n*=77)   ● Total sample – high SES areas (*n*=406)

Note: SES = socioeconomic status

[3] Calculated by SEIFA IRSD

Benefits

How can **nurses and midwives** benefit from engaging with Emerging Minds?

48% of nurses and midwives in the survey had already engaged with Emerging Minds, while 23% were aware but had not used resources yet.

80%
Learned something new
Total sample 83%

57%
Could apply learning at work
Total sample 56%

> **When dealing with Aboriginal clients I reflect on the course work I have completed through emerging minds on how I can continue to support cultural needs.**
>
> NURSE OR MIDWIFE, 2020–21 SURVEY

> **[How have you used EM resources?] "Building capacity of junior staff in discussing Importance of Perinatal Mental Health with families for the future health and learning outcomes of their children. As well as reducing the stigma attached to mental illness.**
>
> NURSE OR MIDWIFE, 2020–21 SURVEY

How survey respondents said they had engaged with Emerging Minds.

		Nurses and midwives	Total sample
Not engaged	**Control** Not aware of Emerging Minds (EM) or the National Workforce Centre (NWC) prior to the survey	**88 (30%)**	**377 (25%)**
	Aware Aware of EM and/or the NWC, but has not 'actively' accessed resources, courses or been in contact with a consultant	**67 (23%)**	**312 (21%)**
Engaged	**Exposed** Aware of EM and/or the NWC, and have accessed a course, resource[4], and/or has been in contact with a consultant	**143 (48%)**	**829 (55%)**

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4 'Active' access to a resource was classified as downloading/streaming/accessing a short article, research paper, webinar, podcast, or toolkit. Only viewing the website or receiving e-news was not included as an 'active' access to a resource.

Nurses who engage with Emerging Minds resources and learning have higher capabilities across all domains.

Y-axis: Low (1) to high (7)

Domain	Nurses and midwives – engaged with EM (n=138)	Nurses and midwives – not engaged (n=144)	Total sample – engaged with EM (n=802)	Total sample – not engaged (n=635)
1. Child mental health capability	5.5	4.6	5.4	4.8
2. Child mental health practice	5.0	4.3	5.1	4.5
3. Workplace support	5.0	4.6	5.4	5.0
4. Facilitating support	5.5	4.9	5.5	5.1
5. Infant mental health capability	5.6	4.7	4.9	4.3
6. Childhood trauma and adversity capability	5.9	5.2	5.9	5.4

Legend:
- Nurses and midwives – engaged with EM (*n*=138)
- Nurses and midwives – not engaged (*n*=144)
- Total sample – engaged with EM (*n*=802)
- Total sample – not engaged (*n*=635)

Summary

– For most domains, nurses and midwives scored generally lower than the general workforce, with the exception being infant mental health. However, this was highly influenced by the infant mental health expertise of maternal and child health nurses, while mental health nurses, midwives and other nurses showed low confidence in infant mental health.

– Overall, nurses and midwives demonstrated high levels of understanding of childhood trauma and adversity, followed by child mental health capability and infant mental health capability.

– Nurses and midwives returned low scores for child mental health practice across all states and territories.

– Nurses and midwives also reported lower levels of workplace support than the general workforce.

– Results showed rural nurses and midwives scored lower capability on all domains compared to city nurses. Nurses working in more disadvantaged areas and those working in regional and rural areas may need some support to build their capacity in child mental health.

– Nurses working in the adult mental health sector showed low confidence across multiple child mental health capabilities and may benefit from support to incorporate more child-focused, parent-sensitive practice into their work with adults who are parents. To perform such practices nurses may also require supportive organisational and systems environments.

– Survey results indicate the nurse workforce could strengthen their support for children by more often incorporating child mental health in their interactions with parents or families.

– Nurses exposed to Emerging Minds resources reported higher capability in all subscales when compared to nurses not exposed to Emerging Minds resources.

Emerging Minds recommendations for this group

– The *Supporting parents to promote children's social and emotional wellbeing* course explores opportunities for conversations between practitioners and parents which offer support, reassurance, guidance, information and resources to assist parents in promoting positive mental health in their child.

– Nurses and midwives can learn more about the role of family history of adversity in the *Intergenerational mental health* course.

– While some nurses felt confident in infant mental health, others reported low confidence. This knowledge can be refreshed or built up with the *Keeping the infant and toddler in mind* course, exploring skills in the *Practice strategies for infant and toddler assessment* course and building parental capabilities with the *Promoting infant and toddler mental health with parents* course.

– Nurses and midwives may also be interested to hear about perinatal practice in our podcasts.

– Services and managers can boost workplace support for nurses, by selecting from a range of resources for organisation leaders and to support implementation of child aware practices in their services they can refer to this practical checklist for organisations.

– Find out more about creating supportive organisational and systems, or policy to improve child aware and family focused practice by contacting our Partnerships and Implementation team at info@emergingminds. com.au.

Check out the Emerging Minds website for the many free child mental health courses and practice resources, or to see the full summary of survey results. For questions or a copy of the detailed NWS report contact the Research and Evaluation team. To stay up to date subscribe to our e-news.

The National Workforce Survey of Parent, Family and Child Mental Health 2020–21 – all items

Questions (ordered highest to lowest for total sample)	Nurses and midwives (*n*=282)	Total sample (*n*=1,437)
I understand how adult problems can have an impact on child mental health.	6.5	6.5
Supporting child mental health is a relevant part of my work.	5.9	5.9
I am knowledgeable about strengths and vulnerabilities that impact on children's mental health.	5.8	5.9
My current organisation is supportive of practices to promote children's mental health.	5.2	5.7
If I needed to refer a parent for additional mental health support, I am confident I would know when and how to do so.	5.9	5.7
I am confident that I can identify children at risk of experiencing mental health issues.	5.5	5.6
I demonstrate trauma-informed care in my practice with children and/or parents.	5.2	5.6
I am knowledgeable of the risks to children's mental health associated with adverse childhood experiences (ACEs).	5.6	5.5
I am confident in talking to parents about risk factors to their children's mental health.	5.4	5.5
Most others in my organisation demonstrate the belief that incorporating a child's perspective in our work is the right thing to do.	5.2	5.5
I know the steps involved to access resources to support parents who need additional support.	5.5	5.5
I have a good understanding of signs of optimal child (cognitive and emotional) development.	5.4	5.5
I am knowledgeable about the key things that parents can do to maintain the wellbeing (and resilience) of their children.	5.3	5.5
I regularly work collaboratively with other professionals or co-workers to support child mental health in my work.	5.2	5.4
I am aware of support services available to refer parents or their children in need of additional support.	5.2	5.4
I know the steps involved to access resources to support children who need additional mental health support.	5.2	5.4
If I needed to refer a child for additional mental health support, I am confident I would know when and how to do so.	5.1	5.3
Most others in my organisation demonstrate consideration for the impact of parent, child and family factors on children's mental health.	5.0	5.3
I feel equipped to be able to provide support to a parent and/or family to help promote the resilience of their children.	4.9	5.2
The way my organisation operates enhances my capacity to operate in a trauma-informed, child-focused way.	4.7	5.2
I regularly discuss strategies with parents and/or families to support their children's mental health needs.	5.1	5.2
I am confident in responding to children that have experienced trauma and adversity.	4.6	5.2
I regularly work collaboratively with parents to support child mental health in my work.	5.0	5.1
I am able to determine the quality of attachment/bond that parents have with their infants or children.	5.3	5.1
I know how to assess children's strengths and vulnerabilities.	4.7	5.1
I am knowledgeable about approaches to assess the impact of risk factors to a child's mental health.	4.9	5.0
I am confident in working with children aged 0–12 at risk of mental health issues and their families.	4.8	5.0
I know how to recognise early signs of mental health symptoms in children (aged 2–12 years).	4.7	4.9
I regularly record information about a family's strengths and vulnerabilities that might impact on children's mental health.	5.0	4.9
I regularly talk to parents to discuss the impact of mental health and other issues on their parenting.	5.0	4.9
I feel supported in my workplace to implement new practice approaches to better support children's mental health.	4.4	4.9
I regularly talk with children about their social and emotional wellbeing.	4.1	4.8
I know the steps involved in connecting family members with appropriate support services during the perinatal period.	5.3	4.7
My organisation has a shared language around child and infant mental health.	4.5	4.7
I know of strategies to support the mental health and wellbeing of parents during the perinatal period.	5.3	4.7
I am confident I can identify the impact of perinatal mental health issues on parenting, infants and children.	5.2	4.6
Local support services are available to refer parents or their children in need of additional support.	4.5	4.6
When I assess the mental health of children I regularly use evidence-based assessment tools.	4.8	4.6
I regularly work with children to address issues impacting on their mental health.	4.0	4.5
I regularly provide information about mental health issues to children.	3.6	4.2
I know how to recognise early signs of mental health symptoms in infants (aged 0–2 years).	4.5	3.9

Note: Average score out of 7 (1 = strongly disagree to 7 = strongly agree).

- 🟢 Workforce score is higher than total average score
- 🟠 Workforce score is lower than total average score
- ⚪ Workforce score is equal to total average score

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