

Maternal and child health nurses

Snapshot of findings

Maternal and child health (MCH) nurses rated themselves high in infant mental health capability, and moderately high in child mental health and trauma capability, with room for improvement in areas of child mental health practice.

This snapshot examines the results of **130** respondents who selected 'maternal and child health nurse' as their profession (falling into the 'Clinical health' profession category¹) from **1,518** health, social and community services workers who took the survey.

Aim of the survey

The biannual 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.

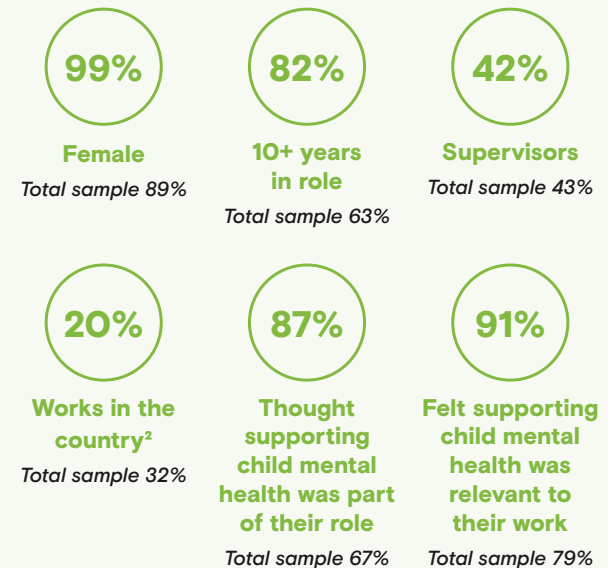
Method

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.

Maternal and child health (MCH) nurses in the 2020–21 survey were:



Top five sectors

- 1 Child and maternal health services 79%**
- 2 Parenting and family support 8%**
- 3 Aboriginal and Torres Strait Islander health services 5%**
- 4 Nursing and allied health services 4%**
- 5 Primary health 2%**

Where respondents work³



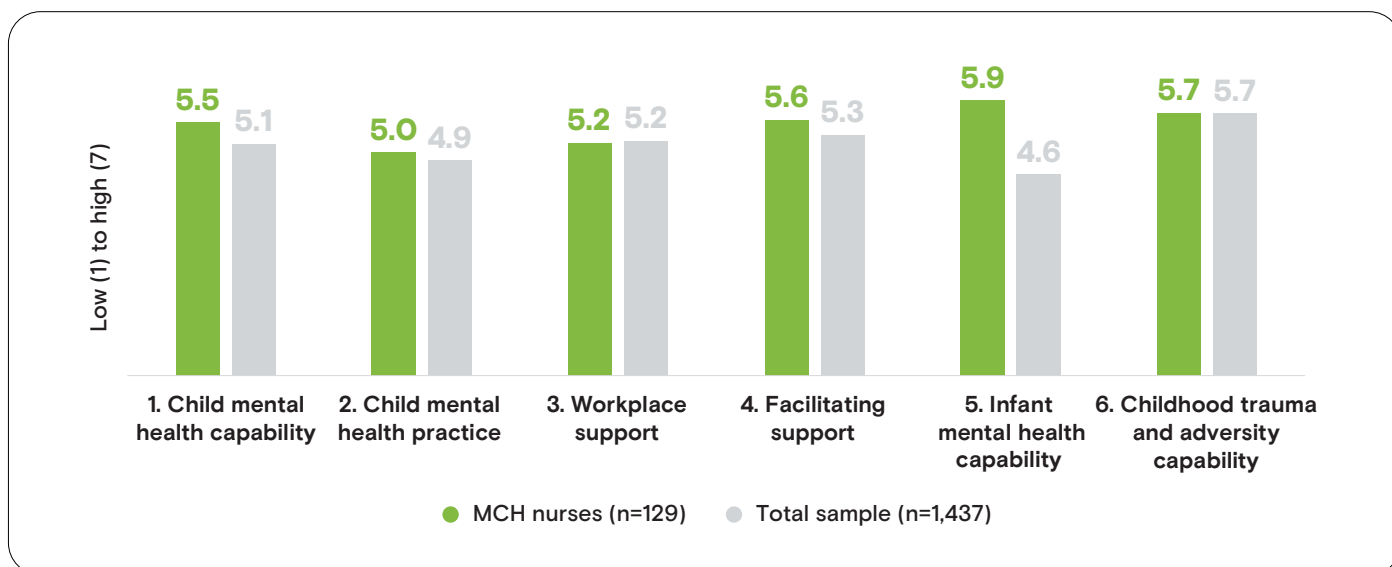
¹ Professions were grouped according to assumed similarities in their practice, focus and level of existing mental health expertise into five categories: Clinical health, education, social services, mental health and other.

² Works in postcode/s outside of cities. Geographic remoteness determined by [Australian Bureau of Statistics' Australian Statistical Geography Standard \(ASGS\)](#).

³ There were no respondents from the Australian Capital Territory.

Capability

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



Engaging with children and families

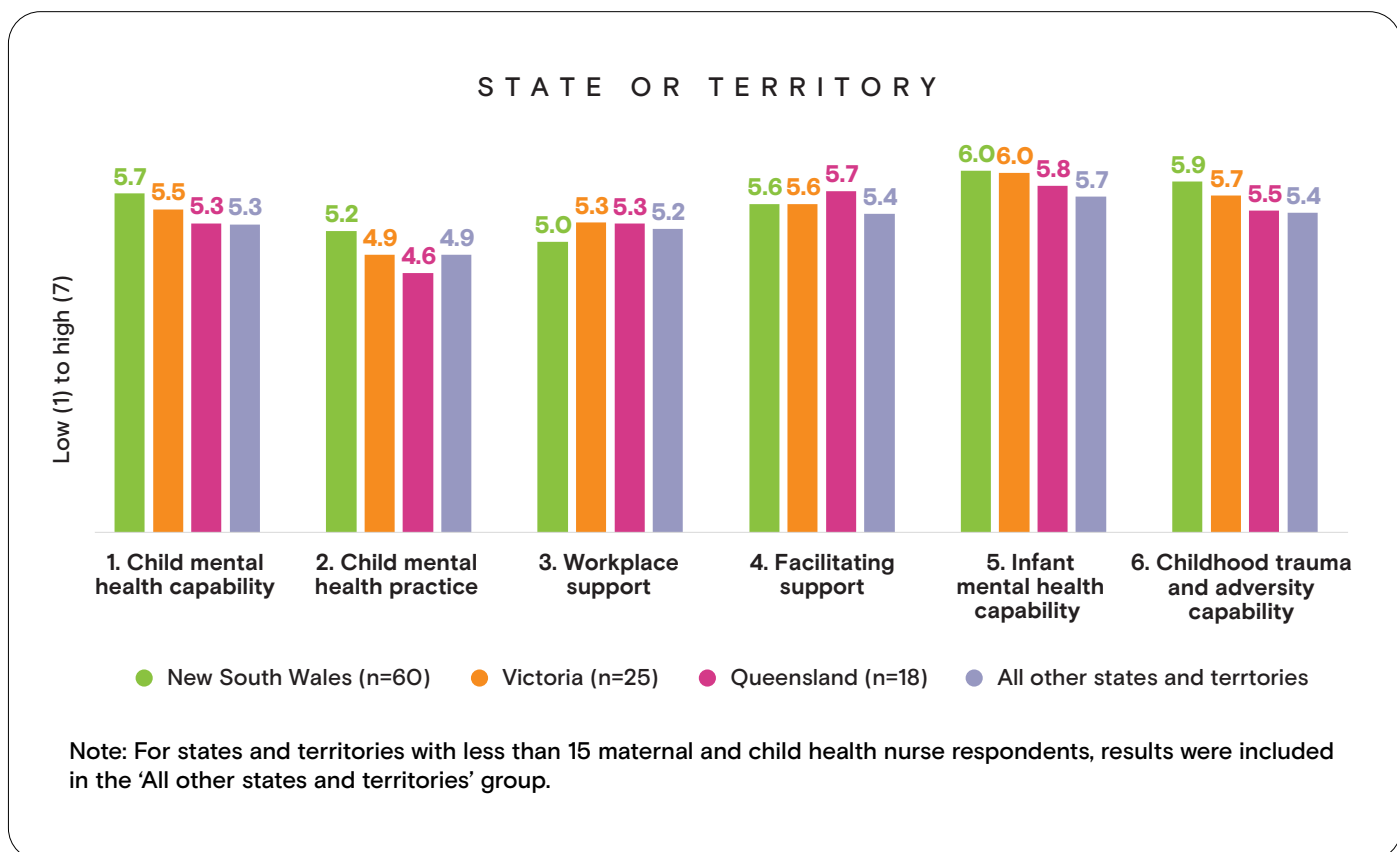
On average, the Australian workforce is more confident in knowledge and theory, than interacting with children and parents – how do **maternal and child health nurses** compare?

Client interactions questions	MCH nurses mean scores (n=129)	Total sample mean scores (n=1,437)
Q31. I am confident in responding to children that have experienced trauma and adversity.	4.8	5.2
Q6. I know how to recognise early signs of mental health symptoms in children (aged 2–12 years).	4.9	4.9
Q21. I regularly talk to parents to discuss the impact of mental health and other issues on their parenting.	5.7	4.9
Q24. I regularly talk with children about their social and emotional wellbeing.	3.8	4.8
Q14. I regularly work with children to address issues impacting on their mental health.	4.2	4.5
Q7. I know how to recognise early signs of mental health symptoms in infants (aged 0–2 years).	5.6	3.9
Knowledge and theory questions		
Q11. I understand how adult problems can have an impact on child mental health.	6.7	6.5
Q2. I am knowledgeable about strengths and vulnerabilities that impact on children's mental health.	6.2	5.9
Q29. I am knowledgeable of the risks to children's mental health associated with adverse childhood experiences (ACEs).	6.0	5.5
Q22. I have a good understanding of signs of optimal child (cognitive and emotional) development.	6.3	5.5
Q26. I am knowledgeable about the key things that parents can do to maintain the wellbeing (and resilience) of their children.	5.7	5.5

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

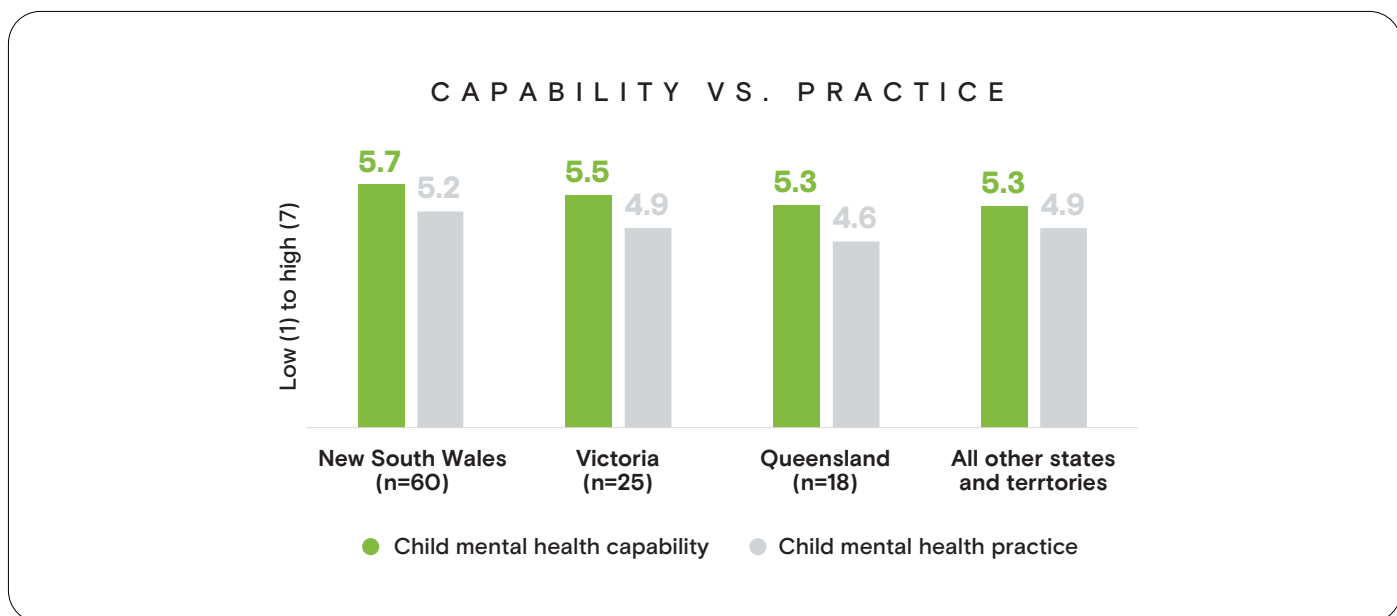
Location

Do **maternal and child health nurses** rate themselves differently by geographical location?

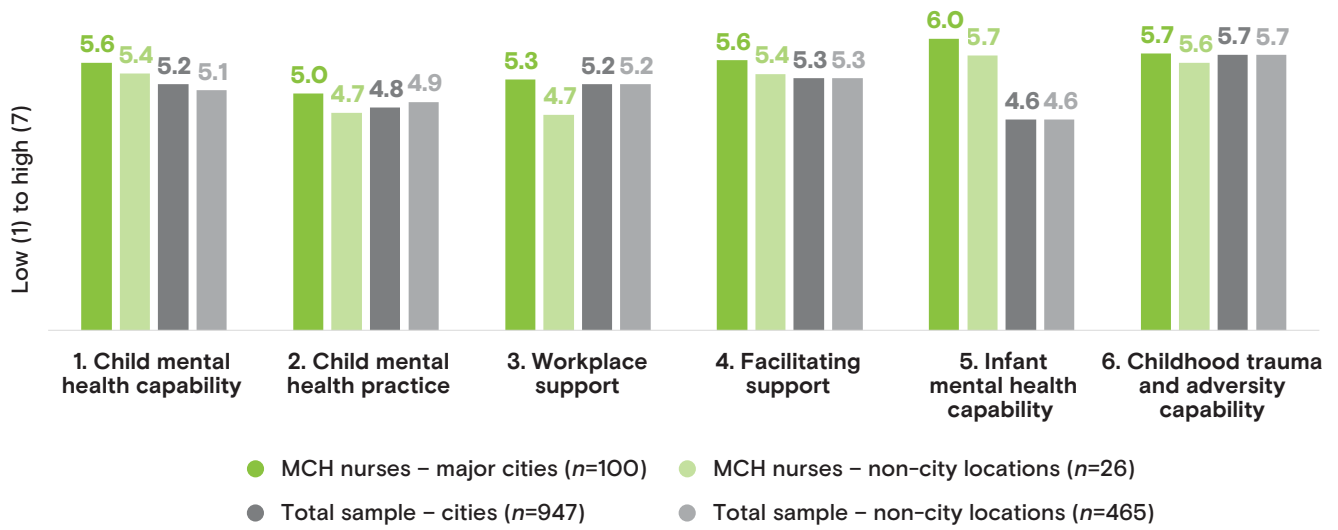


Differences between geographical location are minor, with the largest disparity in scores being 0.6 for the 'Child mental health practice' subscale.

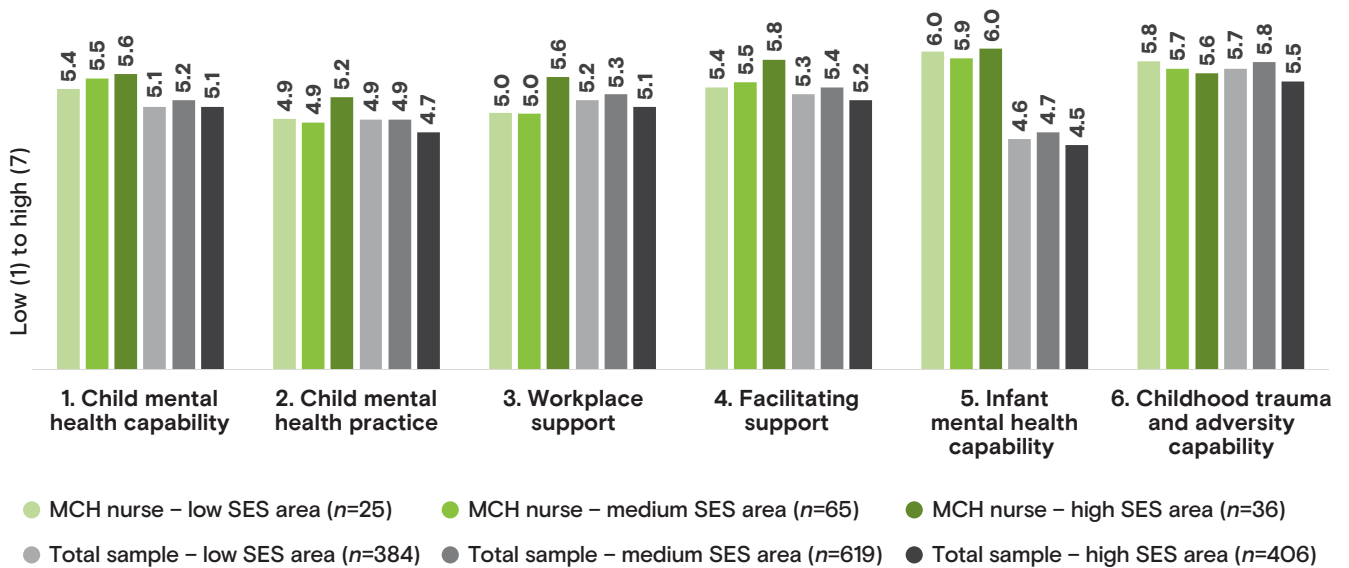
Notably, there was a lower capability for behaviours and strategies concerning child mental health practice compared to knowledge and confidence (capability) for all states and territories.



MAJOR CITIES VS. REGIONAL AND REMOTE



AREAS OF DISADVANTAGE⁴



Note: SES = socioeconomic status

⁴ Calculated by SEIFA IRSD

Benefits

How can **maternal and child health nurses** benefit from engaging with Emerging Minds?

60% of maternal and child health nurses in the survey had already engaged with Emerging Minds, while 22% were aware but had not used resources yet.



Learned something new
Total sample 83%



Could apply learning at work
Total sample 56%



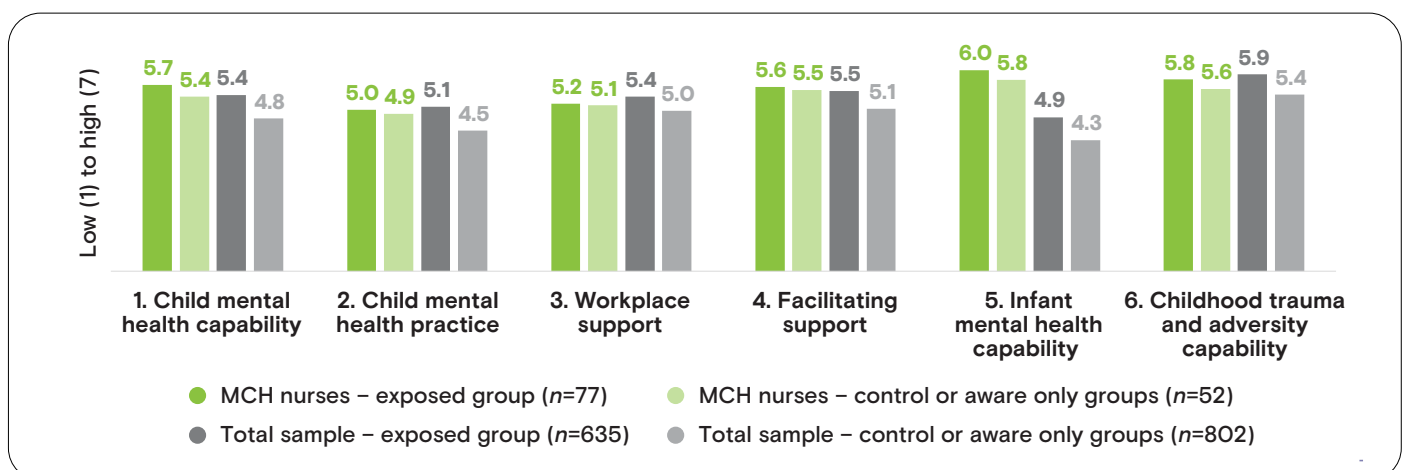
I strongly believe that empowering families through education to address challenges is key. Emerging Minds resources reinforces prior learning. As such, I have confidence in recommending Emerging Minds to colleagues.

MATERNAL AND CHILD HEALTH NURSE, 2020-21 SURVEY

How survey respondents said they had engaged with Emerging Minds.

		MCH nurses	Total sample
Not engaged	Control Not aware of Emerging Minds (EM) or the National Workforce Centre (NWC) prior to the survey	23 (18%)	377 (25%)
	Aware Aware of EM and/or the NWC, but has not 'actively' accessed resources, courses or been in contact with a consultant	29 (22%)	312 (21%)
Engaged	Exposed Aware of EM and/or the NWC, and have accessed a course, resource ⁵ , and/or has been in contact with a consultant	78 (60%)	829 (55%)

Maternal and child health nurses who engage with Emerging Minds resources and learning have higher capabilities across all in child mental health.



⁵ '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.

Summary

- Maternal and child health nurses exposed to Emerging Minds reported higher capability in all subscales when compared to maternal and child health nurses not exposed to Emerging Minds.
- Highest scores were reported for infant mental health capability which is notably higher than the general workforce.
- Other highly rated capabilities were for skills in child mental health capability and facilitating support. And while maternal and child health nurses demonstrated high levels of understanding childhood trauma, they scored their capability to respond to children who have experienced trauma lower, on average, than the general workforce.
- Maternal and child health nurses were also more likely to have engaged with Emerging Minds learning activities than the average worker.
- Maternal and child health 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. Rural maternal and child health nurses especially report lower levels of workplace support for practice which promotes child mental health.
- Survey results indicate the maternal and child health nurse workforce could strengthen their support for children by incorporating child mental health in their interactions with families more often.

Emerging Minds recommendations for this group

- While maternal and child health nurses felt very confident in infant mental health, they may enjoy refreshing their knowledge with the [Keeping the infant and toddler in mind](#) course, exploring skills in [Practice strategies for infant and toddler assessment](#) course and building parental capabilities with the [Promoting infant and toddler mental health with parents](#) course.
- The [Engaging children](#) series of courses are a great way for maternal and child health nurses to build capability in interacting with children, which may include older siblings in the families they work with.
- Maternal and child health nurses can learn more about the role of family history of adversity in the [Intergenerational mental health](#) course and how to respond to trauma in the [Supporting children who have experienced trauma](#) course.
- Maternal and child health nurses may also be interested to [hear about perinatal practice in our podcasts](#).
- To support implementation of child-aware practices, services and managers can select from a range of [resources for organisation leaders](#) and can refer to this practical [checklist for organisations](#).
- Find out more about working with organisations, systems, or policy to improve child-aware and family-focused practice [by contacting the Partnerships and Implementation team at info@emergingminds.com.au](#).

Check out the Emerging Minds website for the many [free child mental health practice courses and resources](#). For questions or a copy of the detailed 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)	Maternal and child health nurses (n=129)	Total sample (n=1,437)
I understand how adult problems can have an impact on child mental health.	6.7	6.5
Supporting child mental health is a relevant part of my work.	6.4	5.9
I am knowledgeable about strengths and vulnerabilities that impact on children's mental health.	6.2	5.9
My current organisation is supportive of practices to promote children's mental health.	5.5	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.	6.3	5.7
I am confident that I can identify children at risk of experiencing mental health issues.	5.7	5.6
I demonstrate trauma-informed care in my practice with children and/or parents.	5.3	5.6
I am knowledgeable of the risks to children's mental health associated with adverse childhood experiences (ACEs).	6.0	5.5
I am confident in talking to parents about risk factors to their children's mental health.	5.7	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.	5.6	5.5
I know the steps involved to access resources to support parents who need additional support.	6.0	5.5
I have a good understanding of signs of optimal child (cognitive and emotional) development.	6.3	5.5
I am knowledgeable about the key things that parents can do to maintain the wellbeing (and resilience) of their children.	5.7	5.5
I regularly work collaboratively with other professionals or co-workers to support child mental health in my work.	5.6	5.4
I am aware of support services available to refer parents or their children in need of additional support.	5.6	5.4
I know the steps involved to access resources to support children who need additional mental health support.	5.5	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.	5.3	5.3
Most others in my organisation demonstrate consideration for the impact of parent, child and family factors on children's mental health.	5.3	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.	5.3	5.2
The way my organisation operates enhances my capacity to operate in a trauma-informed, child-focused way.	5.0	5.2
I regularly discuss strategies with parents and/or families to support their children's mental health needs.	5.8	5.2
I am confident in responding to children that have experienced trauma and adversity.	4.8	5.2
I regularly work collaboratively with parents to support child mental health in my work.	5.6	5.1
I am able to determine the quality of attachment/bond that parents have with their infants or children.	6.0	5.1
I know how to assess children's strengths and vulnerabilities.	5.2	5.1
I am knowledgeable about approaches to assess the impact of risk factors to a child's mental health.	5.3	5.0
I am confident in working with children aged 0–12 at risk of mental health issues and their families.	5.2	5.0
I know how to recognise early signs of mental health symptoms in children (aged 2–12 years).	4.9	4.9
I regularly record information about a family's strengths and vulnerabilities that might impact on children's mental health.	5.8	4.9
I regularly talk to parents to discuss the impact of mental health and other issues on their parenting.	5.7	4.9
I feel supported in my workplace to implement new practice approaches to better support children's mental health.	4.6	4.9
I regularly talk with children about their social and emotional wellbeing.	3.8	4.8
I know the steps involved in connecting family members with appropriate support services during the perinatal period.	6.0	4.7
My organisation has a shared language around child and infant mental health.	5.0	4.7
I know of strategies to support the mental health and wellbeing of parents during the perinatal period.	6.1	4.7
I am confident I can identify the impact of perinatal mental health issues on parenting, infants and children.	6.0	4.6
Local support services are available to refer parents or their children in need of additional support.	4.7	4.6
When I assess the mental health of children I regularly use evidence-based assessment tools.	5.3	4.6
I regularly work with children to address issues impacting on their mental health.	4.2	4.5
I regularly provide information about mental health issues to children.	3.2	4.2
I know how to recognise early signs of mental health symptoms in infants (aged 0–2 years).	5.6	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