

## Allied health professionals

### Snapshot of findings

Allied health professionals rated themselves high in child mental health and trauma capability, with room for improvement in area of infant mental health capability.

This snapshot examines the results of **566** respondents who selected 'chiropractor, counsellor, creative therapies (music/art/play) practitioner, occupational therapist, osteopath, physiotherapist, psychologist, social worker, speech pathologist, or other allied health professional' 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.

### Allied health professionals in the 2020–21 survey were:



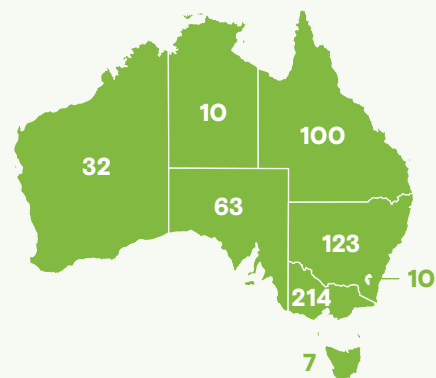
### Allied health profession

- 1 Social worker 33%**
- 2 Psychologist 31%**
- 3 Counsellor 15%**
- 4 Occupational therapist 11%**
- 5 Speech pathologist 7%**
- 6 Other 2%**
- 7 Allied health professional (other) 1%**
- 8 Physiotherapist, osteopath, or chiropractor 0.4%**

### Top six sectors

- 1 Child mental health 22%**
- 2 Adult mental health 19%**
- 3 Education 11%**
- 4 Parenting and family support 8%**
- 5 Disability 7%**
- 6 Nursing and allied health services 7%**

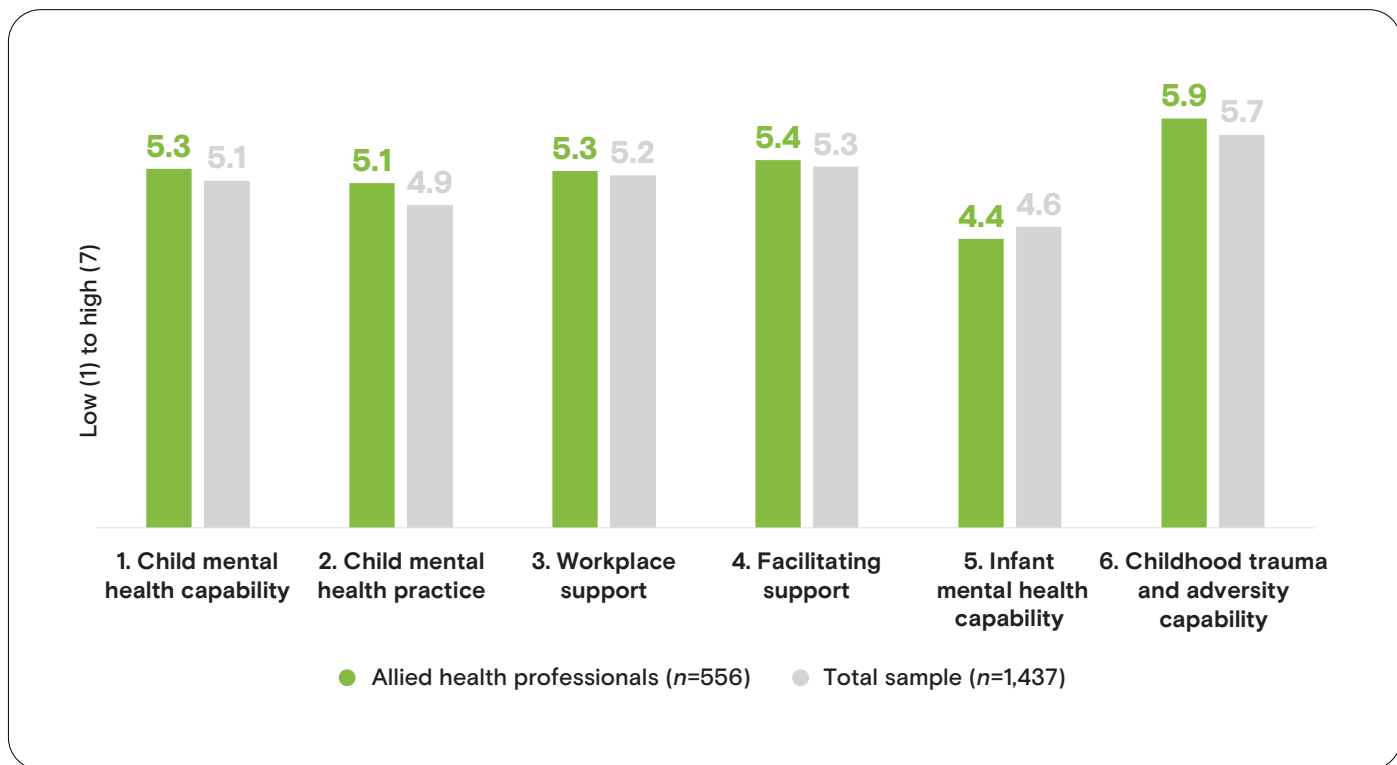
### Where respondents work



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

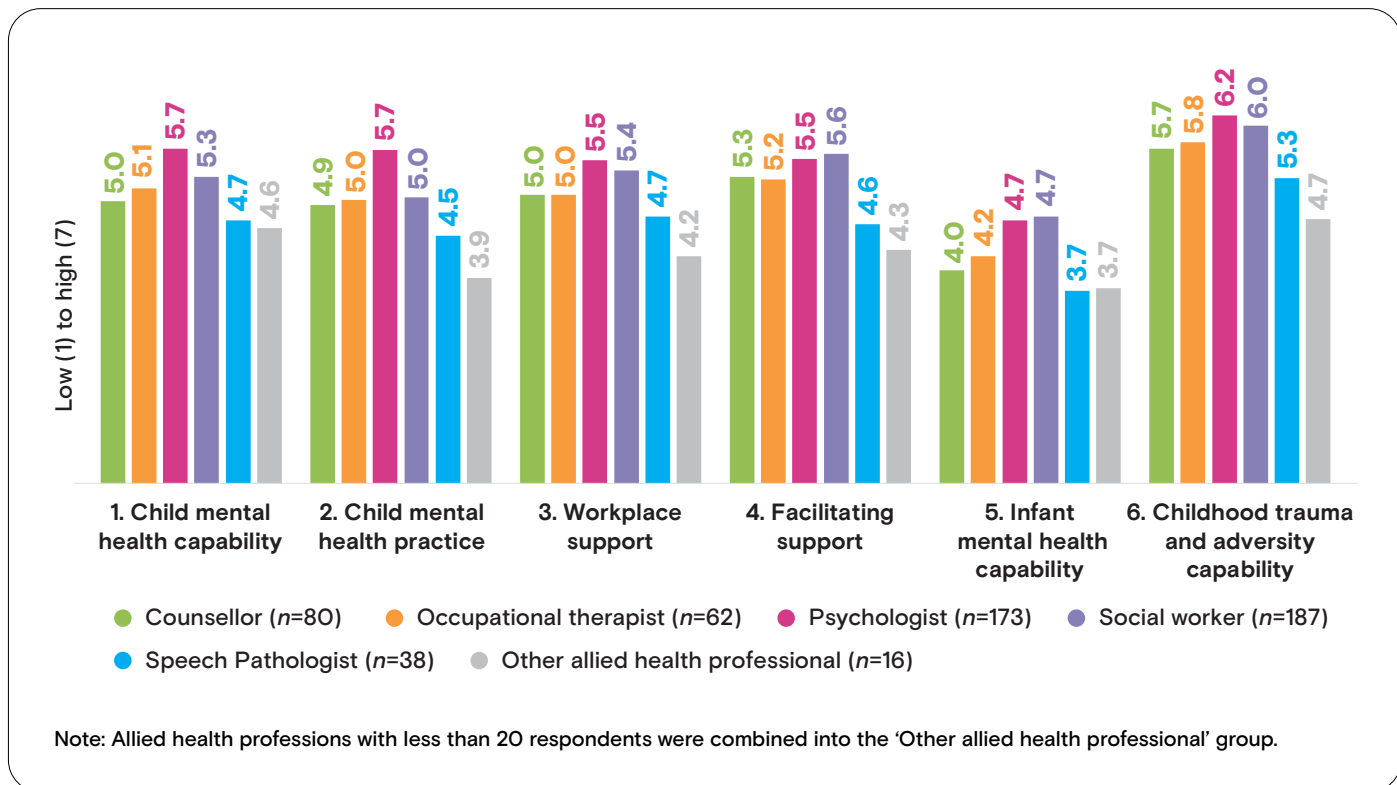
## Capability

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



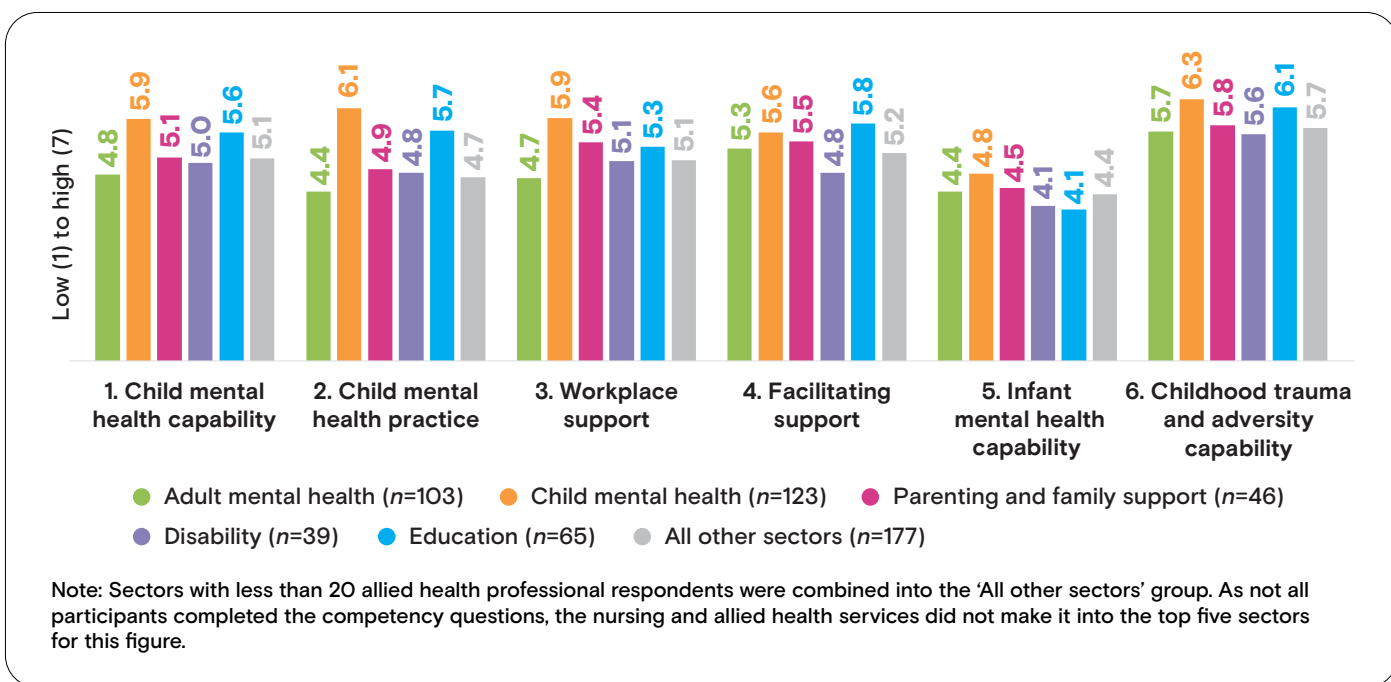
## Profession

How do **allied health professionals** rate their child mental health capability by profession?



<sup>2</sup> 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.

Do **allied health professionals** rate themselves differently by the top five sectors?



## 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 **allied health professionals** compare?

### Client interactions questions

Question	Allied health professional mean scores (n=556)	Total sample mean scores (n=1,437)
Q31. I am confident in responding to children that have experienced trauma and adversity.	5.4	5.2
Q6. I know how to recognise early signs of mental health symptoms in children (aged 2–12 years).	5.1	4.9
Q21. I regularly talk to parents to discuss the impact of mental health and other issues on their parenting.	5.1	4.9
Q24. I regularly talk with children about their social and emotional wellbeing.	5.1	4.8
Q14. I regularly work with children to address issues impacting on their mental health.	4.8	4.5
Q7. I know how to recognise early signs of mental health symptoms in infants (aged 0–2 years).	3.6	3.9

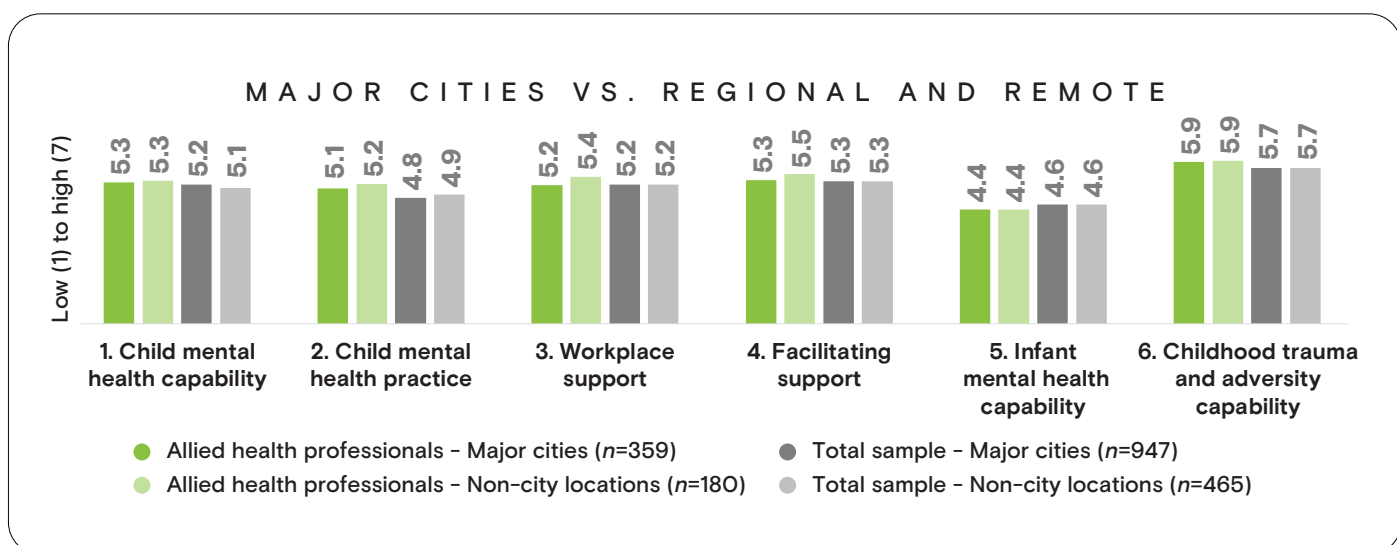
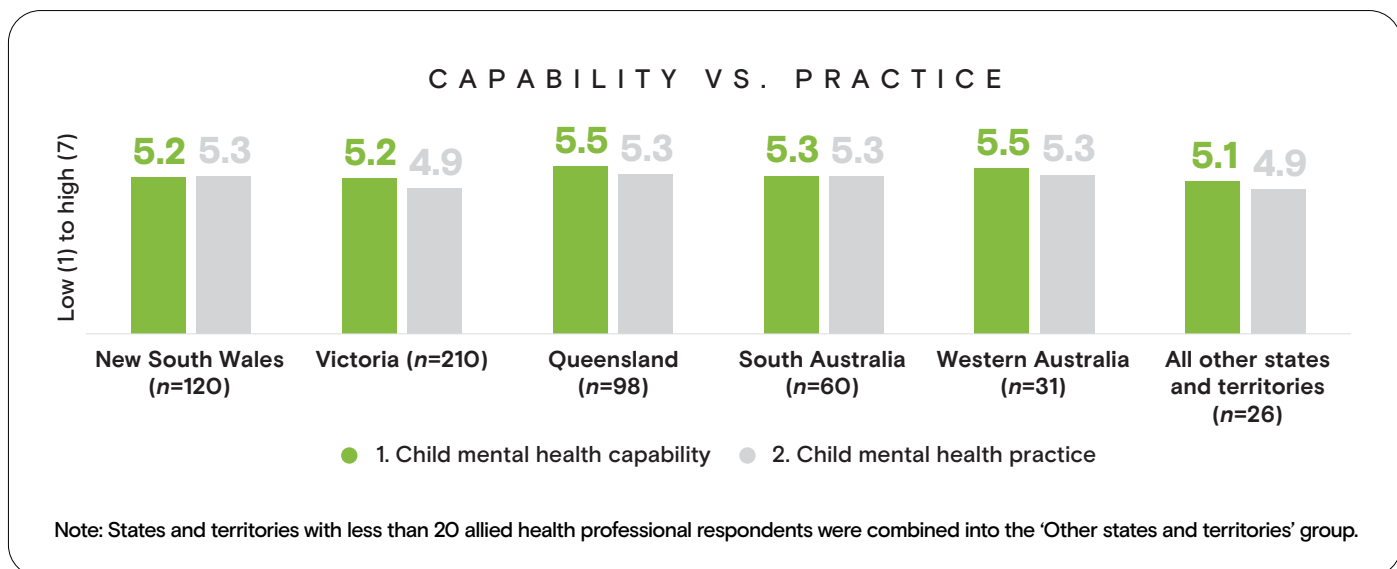
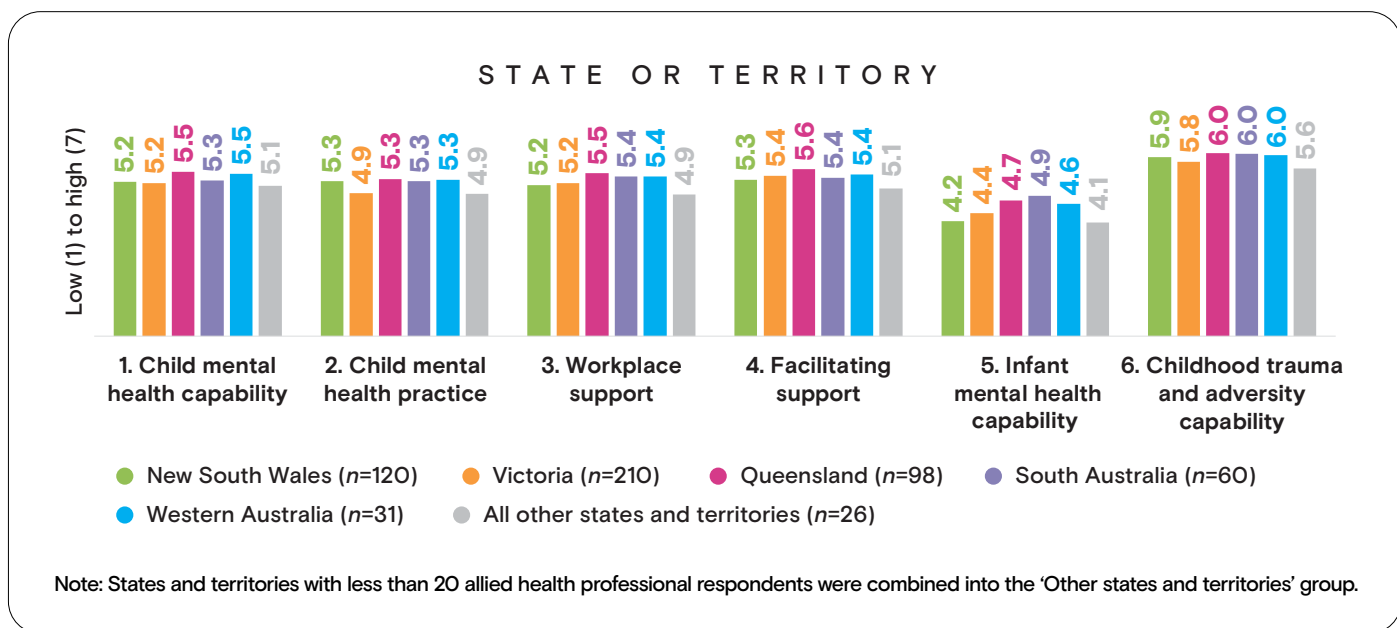
### Knowledge and theory questions

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.	6.0	5.9
Q29. I am knowledgeable of the risks to children's mental health associated with adverse childhood experiences (ACEs).	5.8	5.5
Q22. I have a good understanding of signs of optimal child (cognitive and emotional) development.	5.6	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

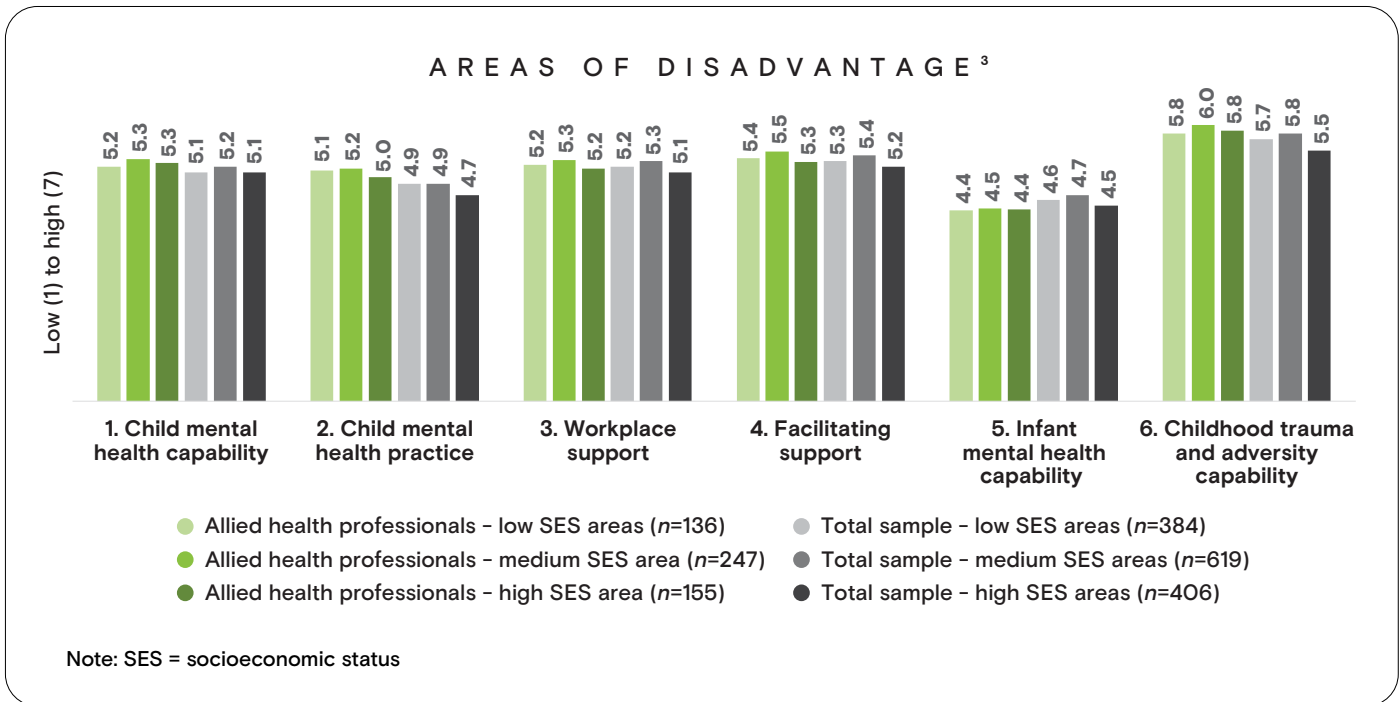
Note: Scores from responses to a 7-point Likert scale (1=strongly disagree to 7 = strongly agree)

## Location

Do allied health professionals rate themselves differently by geographical location?



Do **allied health professionals** rate themselves differently when working in varying areas of relative socio-economic disadvantage?



## Benefits

How can **allied health professionals** benefit from engaging with Emerging Minds?

**60% of allied health professionals in the survey had already engaged with Emerging Minds, while 20% were aware but had not used resources yet.**



**Learned something new**  
Total sample 83%



**Could apply learning at work**  
Total sample 56%



**I have incorporated ideas from podcasts about narrative therapy and supporting regulation. For example, we now ask children about their understanding of their diagnoses and how they feel about them - and whether they would describe their experiences in another way**

ALLIED HEALTH PROFESSIONAL, 2020-21 SURVEY

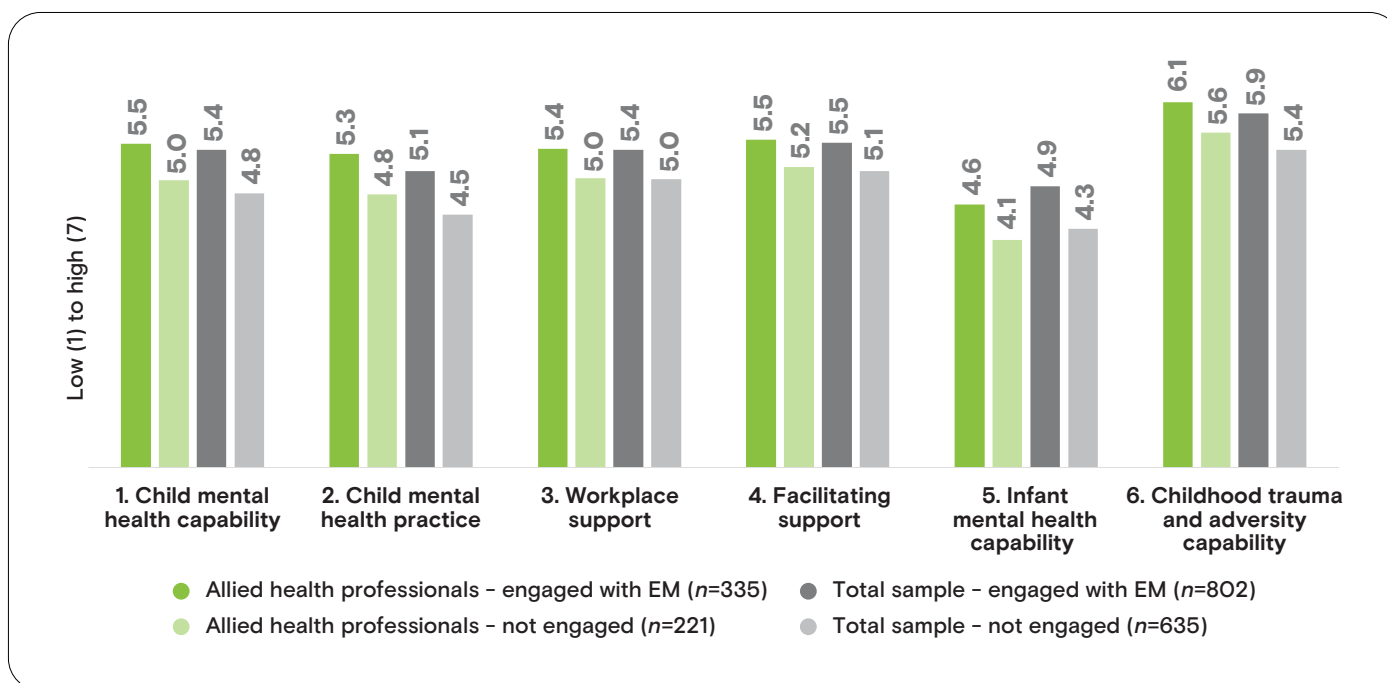
<sup>3</sup> Calculated by SEIFA IRSD

How survey respondents said they had engaged with Emerging Minds.

		Allied health professionals	Total sample
Not engaged	<b>Control</b> Not aware of Emerging Minds (EM) or the National Workforce Centre (NWC) prior to the survey	<b>120 (21%)</b>	<b>377 (25%)</b>
	<b>Aware</b> Aware of EM and/or the NWC, but has not 'actively' accessed resources, courses or been in contact with a consultant	<b>111 (20%)</b>	<b>312 (21%)</b>
Engaged	<b>Exposed</b> Aware of EM and/or the NWC, and have accessed a course, resource <sup>4</sup> , and/or has been in contact with a consultant	<b>339 (60%)</b>	<b>829 (55%)</b>

Note: The rounding of percentages may cause the total to be greater than 100%.

Allied health professionals who engage with Emerging Minds resources and learning have higher capabilities across all domains.



## Summary

- Allied health professionals exposed to Emerging Minds resources reported higher capability in all subscales when compared to allied health professionals not exposed to Emerging Minds resources.
- Although scores varied for profession type and sector, the highest scores were reported for childhood trauma and adversity capability. Other highly-rated capabilities were for skills in facilitating support, child mental health capability, having workplace support and child mental health practice. These were usually rated equal to or higher than the general workforce. Allied health professionals rated infant mental health capability lowest, scoring lower than the general workforce.
- There were only minor differences between states and territories, with the largest disparity in scores being 0.8 for the 'Infant mental health capability' subscale. Similarly, there was low variation for workers in major cities compared to a regional or remote locations. Capability scores by different areas of disadvantage did not vary greatly.

<sup>4</sup> '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.

## Emerging Minds recommendations for this group

- While maternal and child health allied health professionals 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 the [Practice strategies for infant and toddler assessment](#) course or building parental capabilities with the [Promoting infant and toddler mental health with parents](#) course.
- Allied health professionals may also be interested to hear about [perinatal practice in our podcasts](#).
- The [Engaging children](#) series of courses are a great way for allied health professionals to build capability interacting with children, which may include older siblings in the families they work with.
- Services and managers can select 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 working with organisations, 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)	Allied health professionals (n=556)	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.	6.0	5.9
I am knowledgeable about strengths and vulnerabilities that impact on children's mental health.	6.0	5.9
My current organisation is supportive of practices to promote children's mental health.	5.8	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.	5.7	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.	5.9	5.6
I am knowledgeable of the risks to children's mental health associated with adverse childhood experiences (ACEs).	5.8	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.	5.5	5.5
I know the steps involved to access resources to support parents who need additional support.	5.6	5.5
I have a good understanding of signs of optimal child (cognitive and emotional) development.	5.6	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.	5.5	5.4
I am aware of support services available to refer parents or their children in need of additional support.	5.5	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.	5.5	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.	5.5	5.2
The way my organisation operates enhances my capacity to operate in a trauma-informed, child-focused way.	5.3	5.2
I regularly discuss strategies with parents and/or families to support their children's mental health needs.	5.5	5.2
I am confident in responding to children that have experienced trauma and adversity.	5.4	5.2
I regularly work collaboratively with parents to support child mental health in my work.	5.5	5.1
I am able to determine the quality of attachment/bond that parents have with their infants or children.	5.2	5.1
I know how to assess children's strengths and vulnerabilities.	5.4	5.1
I am knowledgeable about approaches to assess the impact of risk factors to a child's mental health.	5.2	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).	5.1	4.9
I regularly record information about a family's strengths and vulnerabilities that might impact on children's mental health.	5.1	4.9
I regularly talk to parents to discuss the impact of mental health and other issues on their parenting.	5.1	4.9
I feel supported in my workplace to implement new practice approaches to better support children's mental health.	5.0	4.9
I regularly talk with children about their social and emotional wellbeing.	5.1	4.8
I know the steps involved in connecting family members with appropriate support services during the perinatal period.	4.4	4.7
My organisation has a shared language around child and infant mental health.	4.6	4.7
I know of strategies to support the mental health and wellbeing of parents during the perinatal period.	4.4	4.7
I am confident I can identify the impact of perinatal mental health issues on parenting, infants and children.	4.5	4.6
Local support services are available to refer parents or their children in need of additional support.	4.6	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.	4.8	4.5
I regularly provide information about mental health issues to children.	4.6	4.2
I know how to recognise early signs of mental health symptoms in infants (aged 0–2 years).	3.6	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