

**National Mental Health Commission**  
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# Review of the National School Reform Agreement



**Australian Government**  
**National Mental Health Commission**

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**Academic outcomes can be improved by improving student wellbeing. The Commission recommends an increased focus on mental health and wellbeing to be included in the National School Reform Agreement (NSRA).**

## About the National Mental Health Commission

The National Mental Health Commission (the Commission) provides cross-sectoral leadership on policy, programs, services and systems that support better mental health and social and emotional wellbeing in Australia. There are three main strands to the Commission's work: monitoring and reporting on Australia's mental health and suicide prevention system; providing independent advice to government and the community; and acting as a catalyst for change.

The Commission's underpinning principle is the Contributing Life Framework. This framework acknowledges that a fulfilling life requires more than just access to health care services. It means that people who experience mental ill health can expect the same rights, opportunities, physical and mental health outcomes as the wider community.

The Commission launched the National Children's Mental Health and Wellbeing Strategy in October 2021. It provides a framework to guide critical investment in the mental health and wellbeing of children and families and contains recommendations for the education sector. Some of these recommendations have been funded, such as the establishment of a national minimum dataset on student wellbeing, but there are a significant number that have not yet been addressed. The Commission supports the review of the National School Reform Agreement (NSRA), and advocates for a stronger focus on mental health and wellbeing.

There is a cyclical relationship between mental health and education outcomes, where people with poorer mental health are more likely to have poorer education outcomes and vice versa. Intervening early and actively promoting wellbeing can reduce stigma and prevent poor mental health from impacting academic performance. This is particularly important for students more at risk of disengaging from education. Our submission below highlights the evidence that we must support children and young people's mental health and wellbeing to improve school engagement and achieve better education outcomes.

## Response to the request for information

### Information request 1: Drivers of student outcomes

- a. What does the evidence suggest are the key drivers of student outcomes across the three key NSRA domains — academic achievement, engagement, and skill acquisition?
- b. Are there barriers that disproportionately impact outcomes for specific cohorts of students?
- c. Which of these drivers or barriers can governments change or influence?
- d. Have these drivers changed over the past decade or over the life of the NSRA?
- e. Looking forward, are there changes in the external environment or policy context that will affect these drivers?

### The Commission's response

The NSRA states that reform directions will be progressed nationally through policy initiatives that concentrate reform efforts on the key enablers that drive improvement in educational outcomes (NSRA, s.43, p.8). Mental health impacts on both educational outcomes and engagement with schooling, as children and young people with positive mental health achieve better academic outcomes compared to those with poor mental health. Examples of Australian research that link academic outcomes and mental health include:

- The longitudinal Childhood to Adolescence Transition Study, which reported that students who experience persistent depressive or anxiety symptoms in primary school were around 1 year behind their peers academically by the time they were in Year 9.<sup>1</sup>
- A representative study of Australian children found that children's mental health at school entry was associated with children's academic achievement in Year 3. This relationship continued over a 3-year period and was evident across a range of academic skills.<sup>2</sup>
- An analysis of educational outcomes from the Young Minds Matter: the second Australian Child and Adolescent Survey of Mental Health and Wellbeing Australian study, compared NAPLAN scores for students with diagnosed mental health conditions against those without. This survey found that students with a diagnosed mental health condition in Year 3 were 7 to 11 months behind those without. By Year 9, the gap was 1.5 - 2.8 years. Students with mental health conditions also had significantly more absences and reduced engagement compared to those with positive mental health.<sup>3</sup>
- A population-based cohort study of young people under 18 who had been hospitalised for a mental illness in NSW found that both young males and females with an illness had around a three times higher risk of not completing high school compared to peers.<sup>4</sup>
- Stigma and discrimination can also contribute to the relationship between academic outcomes and mental health. A 2014 survey found that disclosure of mental ill-health to teachers was associated with discrimination, with those who had previously experienced past discrimination in education more likely to avoid entering future education and training.<sup>5</sup>

These studies begin to demonstrate the relationship between mental health and wellbeing and academic achievement and engagement across all students. The National Children's Mental Health and Wellbeing Strategy notes that there are certain cohorts at increased risk of mental ill-health, including:

- Children in out-of-home care or in contact with the child protection systems
- Aboriginal and Torres Strait Islander children
- Children from refugee and migrant backgrounds
- Children with a disability
- Children in the youth justice system
- Children who identify as LGBTIQ+ or who have family who identify as LGBTIQ+.

These children are also likely to face additional barriers to education, which may contribute to a cycle of poorer wellbeing and poorer academic performance. In addition to facing stigma and discrimination, the conditions in which people are born, grow, work, and live, and the wider set of forces and systems shaping the conditions of daily life ('social determinants'), can articulate some of these barriers. For example, access to healthcare, safe and secure housing, and good nutrition, can impact students' ability to engage with and achieve at school, and their mental health. These facets should be considered as part of broader wellbeing.

Research undertaken by the Commission indicates mental health has been declining for young people over the last 15 years according to indicators of psychological distress including self-reported measures, Emergency Department presentations, crisis line usage, MBS mental health service usage, and first-hand reports from service providers. The following statistics highlight some of this data:

- Analysis of findings from the Household, Income and Labour Dynamics in Australia (HILDA) survey shows that the proportions of Australians in 'high' or 'very high' risk of psychological distress are much higher among younger age groups compared to older age groups. A consistently higher proportion of people in the 15 to 24 age group were in distress, and distress rose in prevalence over time, with 21.2% in distress in 2007 compared to 30% in 2019; an increase of almost 9 percentage points.<sup>6</sup>
- Between 2008-09 and 2019-20, the rate of self-harm hospitalisations for females aged 14 years and younger doubled, from 19.1 to 40.7 per 100,000. Rates also rose for females aged 15–19, from 374 to 552 hospitalisations per 100,000 across the same period. The rates of intentional self-harm hospitalisations for males have also increased over this period, but to a smaller degree.<sup>7</sup>

- Young people's distress increased over the course of the COVID-19 pandemic, while it remained relatively stable for older age groups. In a 2020 survey of 25,800 young people aged 15 to 19, approximately one in four young people said that they were experiencing mental health “challenges.” The survey indicated that more than one in four young people met the criteria for experiencing psychological distress – an increase of 8% since 2012 (18.6% in 2012 vs. 26.6% in 2020).<sup>8</sup>
- From 2013-14 to 2019-20, prescriptions for antidepressants increased by 55.4% for those aged 18-24 years, and by 71.6% for those aged 12-17 years. These increases are notably higher than those seen in the general population (21%).<sup>7</sup>

While data specifically relating to children under the age of 12 are lacking, this decline in mental health is impacting high school aged students and is likely to be impacting younger cohorts. Given this decline, and the impact of mental health and wellbeing on academic outcomes, mental health should be a priority for schools nationally. Governments can support this at a Commonwealth level by increasing measurement of, and accountability, for student wellbeing.

### Information request 2: Assessing the appropriateness of the National Policy Initiatives

- The NSRA (s. 43) provides some guidance on the nature of national initiatives. Are there other principles that should be applied when identifying NPIs suitable for inclusion in a national agreement? What should these be?
- What policy areas are best suited to national collaboration and why? Of those, which are best pursued through the NSRA?
- Are there ways to maximise the benefits of national collaboration?
- Are the three reform directions — supporting students, student learning and student achievement; supporting teaching, school leadership and school improvement; and enhancing the national evidence base — still the best statement of priorities for reforming schools?
- Do the NPIs align well with the reform directions and are they the best opportunities for collaborative reform?
- Is there any unfinished business associated with implementing the NPIs that would justify including additional actions in the next national school reform agreement?
- Are there other initiatives that would better address key needs or government priorities for schooling?
- What policy initiatives (or actions) would be appropriate to include in the next national school reform agreement? Why?

### The Commission's response

The Commission has not identified any additional principles that should be considered for assessing NPI suitability but suggests that mental health and wellbeing should be an explicit component of the 'supporting students, student learning and student achievement' NPI. The Commission's view is that this meets the requirement of an NPI given there is a strong evidence base for the impact of mental health and wellbeing on academic outcomes, and that nationally coordinated effort is required.

As noted, the Commission launched the National Children's Mental Health and Wellbeing Strategy in October 2021. The Strategy is a call to action for a fundamental, cultural shift in the way we think about mental health and wellbeing for children. This shift includes thinking more broadly about children's experiences along a wellbeing continuum. Children's emotional experiences cannot always be distinctly defined as 'well' or 'unwell', as there are varying levels of mental health and wellbeing. Therefore, it is more accurate to describe emotional experiences as falling along a continuum (see Figure 1).

The Commission advocates for language that recognises that mental health is experienced on a continuum, and that a diagnosis should not be a prerequisite to supporting children who are struggling with their mental health and wellbeing. In

fact, the Strategy recommends a shift in focus from symptoms to functioning, such that the supports provided are based on needs rather than whether a child meets diagnostic criteria.

Aligned with this, the Commission suggests that there is an opportunity for the National School Reform Agreement to contain a commitment to the adoption of the Wellbeing Continuum (as well as the broader Strategy) across the education sector. This would recognise that schools and educational organisations are not restricted only to those children with mental ill health. This would recognise that schools and educational activities contribute to mental health promotion and prevention.



Figure 1: A wellbeing continuum

The new National Mental Health and Suicide Prevention Agreement has also included two actions related to education. These are:

- Consider approaches to improve school aged children’s social and emotional wellbeing (to align with current work under the National Schools Reform Agreement (NSRA) and to inform the next agreement)
- Identify and share best practice examples of mental health supports and suicide prevention across all education settings to encourage implementation of evidence-based approaches across jurisdictions. (The Mental Health in Primary Schools (MHIPS) project being implemented in Victoria is perhaps a good example of this.)

These actions highlight the need to consider mental health and wellbeing as part of all education reform, as education is considered as part of mental health reform.

Building on this, the Commission would like to highlight the critical contribution that schools and education settings play in the prevention of suicide – across a range of actions including building relationships with and between students, emotional care and support and in critical incident response and postvention. The Commission requests that the National School Reform Agreement include a statement to formally recognise the potential that schools and educational settings have to contribute to suicide prevention and a commitment, therefore, that all educational bodies will identify suicide prevention as a function to be performed, drawing on evidence-based programs and activities. This Commitment would align with National Mental Health and Suicide Prevention Agreement.

### Information request 3: Assessing the effectiveness of the National Policy Initiatives

- a. Is there evidence that the NPIs have achieved expected short- or medium-term outcomes (such as States and Territories, schools or teachers using resources produced by the NPIs)?
- b. Are there any major barriers to realising the benefits of the NPIs (including barriers to finalising implementation)? If so, how could governments address these?
- c. Are the NPIs (likely to be) equally effective for all student cohorts, including equity cohorts, or are more tailored measures required?
- d. Taken as a whole, are the reforms set out in the NSRA likely to improve student outcomes in the future?

### The Commission's response

While the Commission has not been involved in considering the effectiveness of the NPIs, the ability to work across portfolios and jurisdictions is a common barrier to implementing national reform. The NSRA's ability to facilitate governments working together across these facets to improve academic outcomes is critical, with connections with the health and social service systems vitally important for improving mental health and wellbeing. Initiatives highlighted in the National Children's Mental Health and Wellbeing Strategy, such as the introduction of wellbeing coordinators, will not be possible without meaningful collaboration across governments. Targeted strategies for priority populations are generally required to achieve the improved outcomes for these groups.

### Information request 4: Measurement Framework and performance indicators

- a. Does the performance reporting framework in the National School Reform Agreement (NSRA) embody the 'right' mix of objectives, outcomes, targets and sub-outcomes for inclusion in a future agreement?
- b. Do the objectives, outcomes, targets and sub-outcomes in the NSRA align with the aspirations set out in other key documents such as the Alice Springs (Mparntwe) Education Declaration?
- c. Does the Measurement Framework for Schooling in Australia provide a relevant, reliable and complete picture of progress towards achieving the outcomes of the NSRA?
- d. Are there performance indicators not included in the Measurement Framework that would help provide a more relevant, reliable and complete picture of student outcomes, both as identified within the NSRA and more broadly?
- e. Are there impediments to governments adopting these indicators (for example, data availability, cost)?
- f. What are some current or planned national data projects that might be relevant to measuring progress against the outcomes of the NSRA?

### The Commission's response

The NSRA notes that the "wellbeing of all students is fundamental to successful education outcomes" and also highlights "the crucial role that teachers play in preparing young people to lead successful and productive lives". This reflects growing expectations for the Australian education system to support students' emotional and mental wellbeing. In response to mental health concerns among young Australians, and subsequent impacts on their education, government policies and initiatives have sought to address students' mental health issues within school environments. The 2022-23 Budget includes an announcement for \$9.7 million over 3 years from 2022-23 for nationally consistent mechanisms to better manage mental health and wellbeing concerns in schools, including a national measure of student wellbeing. While this represents a step forward, the NSRA performance reporting framework should enhance these efforts by identifying student wellbeing as a key outcome of high quality and equitable education.

The Productivity Commission's Mental Health Inquiry Report recommends that the NSRA be updated to include 'improvements in student wellbeing' as one of its outcomes along with the development of associated targets and measures (Action 5.3 — Wellbeing in the Education System) (PC 2020, p. 64). This aligns with the Alice Springs (Mparntwe) Education Declaration, which sets a goal for the education community to support young Australians in becoming "confident and creative individuals who ... have a sense of self-worth, self-awareness and personal identity that enables them to manage their emotional, mental, cultural, spiritual and physical wellbeing" (Goal 2: All young

Australians become confident and creative individuals, successful lifelong learners, and active and informed members of the community) (Council of Australian Governments Education Council 2019, p. 6). Specific wellbeing outcomes will clarify and guide the strategic direction of government policies that aim to improve students' mental health and wellbeing.

Further to its recommendation, the Productivity Commission also highlights the need to address existing data gaps to enable meaningful monitoring and evaluation of its proposed wellbeing outcomes. This includes the development of a "new national minimum dataset, to be collected by all schools on the wellbeing of their students and be included in schools' performance monitoring and reporting" (Figure 5.2 – A national agreement can facilitate better wellbeing outcomes) (PC 2020, p. 219). This national dataset will ensure that wellbeing metrics are consistent across jurisdictions and serve as a standardised evidence base against which to measure progress.

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<sup>1</sup> Mundy LK, Raniti M, Husin H, Canterford L, Allan E, O'Connell M, Sawyer SM, Patton GC (2019) Mental health in the middle years: consequences for later mental disorders and educational outcomes. Melbourne: Victorian Department of Education and Training.

<sup>2</sup> O'Connor, M., Cloney, D., Kvalsvig, A. and Goldfeld, S. (2019) Positive mental health and academic achievement in elementary school: new evidence from a matching analysis. *Educational Researcher*, 48(4), pp.205-216.

<sup>3</sup> Goodsell B, Lawrence D, Ainley J, Sawyer M, Zubrick SR, Maratos J (2017) Child and Adolescent Mental health and educational outcomes. An analysis of educational outcomes from Young Minds Matter: the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Perth: Graduate School of Education, The University of Western Australia

<sup>4</sup> Mitchell RJ, McMaugh A, Schniering C, et al. (2021) Mental disorders and their impact on school performance and high school completion by gender in Australia: A matched population-based cohort study. *Australian & New Zealand Journal of Psychiatry*.

<sup>5</sup> Reavley NJ, Jorm AF (2015) Experiences of discrimination and positive treatment in people with mental health problems: Findings from an Australian national survey. *Australian & New Zealand Journal of Psychiatry*. 2015;49(10):906–913.

<sup>6</sup> Wilkins R, Vera-Toscano E, Botha F, Dahmann SC (2021) The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 19. Melbourne Institute: Applied Economic and Social Research, the University of Melbourne.

<sup>7</sup> Australian Institute of Health and Welfare (2022) Intentional self-harm hospitalisations by age groups.

<sup>8</sup> Brennan, N., Beames, J.R, Kos, A., et al. (2021) Psychological Distress in Young People in Australia Fifth Biennial Youth Mental Health Report: 2012-2020. Mission Australia: Sydney, NSW.