

Productivity Commission, Mental Health Inquiry .

Reform area 1: prevention and early intervention for mental illness and suicide attempts

Submission: representing the School Nurses of South Australia (SASNA)

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School Nursing exists as an essential component in the sustainable long-term reform of generational mental health management. This specialty area of the nursing profession provides a critical resource for the prevention, early detection, intervention and referral of child and adolescent mental illness and associated suicide attempts. School nursing provides professional expertise which complements the vital services offered by multidisciplinary mental health professionals.

Australian school nurses maintain persistence in raising awareness of this national nursing resource within school communities, strategically positioned as an essential child and adolescent primary health professionals. Providing a central point of contact for students, families and school staff, school nurses adequately trained and equipped, embedded in school communities, exist as appropriate facilitators of the relationships necessary to address the social determinants of health, including mental health, for Australian school-age children. Access to school nurses provides opportunities for screening, identifying mental health concerns and facilitating interdisciplinary collaborative coordination of mental health intervention, support and management.

The National Association of School Nurses (National Association of School Nurses (NASN) 2018) in the United States of America (USA), identify that professional registered school nurses fulfil a critical primary and preventative role in school communities, 'promoting positive behavioral health outcomes in students', through evidence-based programs and curriculum. NASN goes on to state:

School nurses are critical to the school mental health team in that they can help address and reduce the stigma of a behavioral health diagnosis, decrease fragmentation of care, and remove barriers to behavioral health services. School nurses, because of their regular access to students and their experience with care coordination, are also uniquely equipped to assist school and community-based behavioral health professionals in providing services including prevention, assessment, early identification/intervention, and treatment of mental illness and substance use disorders (NASN 2018).

Suciu (2018) discusses a study, reported in *The Journey of School Nursing*, which delves into the role of the school nurse. The report identifies that "Students often report to the school nurse with somatic complaints, which are physical symptoms for which no medical cause can be identified," noting that "Symptoms of anxiety and depression are common in children with somatic complaints."

Bohnenkamp, Stephan, and Bobo (2015) support the critical role outworked by school nurses' in the provision of mental health services. Their investigation into improving student

wellbeing and 'positive school climates' recognised the value school nurses play in coordinated student mental health teams, holding the expertise to navigate complicated educational and health care systems. The report estimated that school nurses in the USA spend 33 per cent of their time addressing student mental health issues. School nursing across Australia varies with accessibility to students, with roles diversifying from funded screening services to schools independently funding on-site nurses. Currently, South Australian (SA) school nurses, employed by a small number of schools, work consistently within individual school communities. These roles involve the development of client/health professional relationships and reliable access to a qualified nurse for general and mental health-related needs. SA school nurses informally report mental health as a rapidly growing area of care provision. This informal reporting is consistent with statistics from Beyond Blue (2019) being 'Almost one-fifth of all young people aged 11 to 17 years experience high or very high levels of psychological distress' and Mission Australia (2019) reporting students 15 to 19 years state their top three concerns are 'coping with stress 45%', 'school or study problems 34%', and 'mental health 33%'. Such statistics support the need for intentional, direct and immediate access to mental health support, with a health professional being the most appropriate provider of health-related care.

The Productivity Commission draft report recommends training for teachers regarding child social and emotional development and outreach services for students disengaged with school because of mental illness. The multi-lateral action of school nursing services directly complements these considerations and exceeds the scope of the recommendation through primary health guidance to accessible mental health strategies by a qualified health professional. Multi-lateral mental health strategy considerations, delivered by qualified school nurses, include:

- provision of health and wellbeing education addressing the social determinants of health and ineffective understanding of health issues, developmental stages, and related service availability;
- timely physical access to reliable and expert nursing services for patients and carers;
- improved health service experience through client-nurse relationships;
- family support networks;
- identifying and facilitating language and cultural barriers;
- lowered costs associated with service delivery, accessible infrastructure and equipment.

The Department of Health National Strategic Framework for Rural and Remote Health (Department of Health 2011, p. 17, 25) supports multi-lateral considerations.

The Productivity Commission draft reports 'there is no single measure that would prevent suicides but reducing known risks (for example, through follow-up of people after a suicide attempt) and becoming more systematic in prevention activity are ways forward'. Ginsburg et al. (2019) completed a feasibility study evaluating the impact of 'brief school nurse-administered interventions for reducing anxiety'. The study reported on school nurses delivering Child Anxiety Learning Modules (CALM) to students with symptoms of anxiety and or disorders of anxiety. The study outcomes reflected significant reductions in anxiety and related symptoms. The positive findings of the study reportedly extended to improved student functioning. To effectively utilise the fundamental resource of school nurses, government-funded mental health education, within the scope of practice of professional school nurses, is necessary. Additionally, developing collaborative mental health information sharing and referral pathways between school nurses and multidisciplinary mental health care professionals will positively impact the mental health care outcomes for Australian school-age children.

The 2016 SA census (Australian Bureau of Statistics 2016) revealed 58.1 per cent of SA families consist of at least one child under eighteen years of age. The analysis determines a significant portion of the SA population currently have or are likely to have, direct contact with a school-based community. Review of the SA Health Strategic Plan 2017-2020 (SAHSP) (SA Health 2017) effectiveness in providing health services for school-aged children, six to eighteen years, within the school-based sector, reveals that the Government is yet to utilise specialised health clinicians, appropriately positioned to address the social determinants and inequity of child and adolescent health. The SAHSP, as a platform for SA Health interventions and policymakers, holds key elements aligning to the delivery of school-based services. Such services would reduce generalised health and mental health system burdens through unnecessary hospital admissions, quality, timely and responsive support, and specialised delivery of accessible, supported discharge care.

The World Health Organisation identifies that health and education sectors benefit from 'intersectoral dialogue for the attainment of mutual goals: disease prevention, and improved health and educational outcomes' (WHO 2017). Cross-jurisdictional South Australian departments, Women's and Children's Health Network (WCHN) and Department for Education (DECD), support such outcomes providing intersectoral collaboration, specialised health clinicians and a framework to support a school-based health service. The Child and Family Health Service (CaFHS) model for the birth to five-year-old age group provides evidence that specialised childhood services benefit health determinants. Professional registered school nurses are strategically positioned to support CaFHS nurses to meet the reform recommendation of providing 'consistent screening of social and emotional development' as part of the 'existing early childhood physical development checks to enable early intervention'. The Well Being Trust, in the USA, is dedicated to the prevention, treatment and rehabilitation of mental health-related issues. Benjamin Miller, the chief strategy officer for the Trust, in Rosenfeld (2018), supports the belief that if "there is an opportunity for early intervention, we are more likely to see people improve their outcomes and even recover from their problems." School nurses are strategically placed to implement the triage and early intervention required for child and adolescent mental health concerns.

Equitable health care is a fundamental right of all Australian citizens (Attorney-General's Department n.d.). The SA Health Strategic Plan 2017-2020 (SAHSP) (SA Health 2017) emphasises the benefits of collaboration between diverse partnerships to achieve specialised care in addressing the social determinants of health. Compulsory attendance at school provides a conduit between the community and educational environments, allowing such partnerships to provide timely and effective, child and adolescent, specialised health services and, more specifically, mental health care. Further in-depth investigation and research into SA school-based health care for children aged six to eighteen is warranted. Emphasis on the foundational strategies of multi-dimensional thinking regarding school nursing services is vital in addressing the social determinates of child and adolescent mental health care. Further consideration regarding the associated effective delivery of complex care management, jurisdictional consultation, multisectoral partnerships and innovative planning will positively impact generational child and adolescent mental health outcomes.

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