



**Mental Health
Australia**

Submission to the Evaluation of the National School Chaplaincy Program

14 September 2022

**Mentally healthy people,
mentally healthy communities**

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Introduction

Mental Health Australia welcomes the opportunity to provide input to the evaluation of the National School Chaplaincy Program.

The Productivity Commission Inquiry into Mental Health Final Report states “there is a clear case for investment in child mental health and wellbeing. Such investment would not only improve the wellbeing of children and their families, both immediately and in the future; it would also save significant future government expenditure by lowering the risk of children disengaging from their education and could reduce the need for more intensive medical care and other supports.”¹

Australia needs a comprehensive system of child and family supports, spanning the continuum from prevention and early intervention through to crisis responses and therapeutic interventions for those with established serious conditions. This system should address barriers to and build on protective factors for children’s mental health across the social determinants.

Wellbeing support provided through schools is an integral part of such a system. With 1 in 5 young people experiencing high or very high levels of psychological distress and more than one in 10 experiencing a mental disorder,² schools are important places to intervene early with the aim to reduce the impact of illness on the individual, family and community and avoid more costly interventions later in life. In this way, the National School Chaplaincy Program is an integral lynchpin between the education setting and the mental health support system for Australian children.

This submission discusses the need to reform the program both in name and nature to enable schools to engage secular wellbeing officers with appropriate qualifications in mental health. It also discusses the impact of the current requirement for religious affiliation of Chaplains on help seeking behaviour of children and young people who belong to vulnerable groups. This submission also highlights the now chronic underinvestment through this program to schools. It provides recommendations to address each of these issues, with the ultimate goal being to ensure children and young people are well supported and therefore resilient enough to meet contemporary challenges of life.

The program requires a shift in both name and nature

Mental Health Australia recommends that the National School Chaplaincy Program should be re-focused on delivering professional wellbeing support both in name and nature.

Given the vulnerabilities experienced by children and young people, noted above, it is Mental Health Australia’s view that any wellbeing support provided to children and young people be provided by a suitably qualified professional. In this context, Mental Health

¹ Productivity Commission, *Mental Health*, (2020), 195, <https://www.pc.gov.au/inquiries/completed/mental-health#report>

² Australian Institute of Health and Welfare, “Mental Illness,” accessed 9 September 2022, <https://www.aihw.gov.au/reports/children-youth/mental-illness>



Australia welcomes program requirements that Chaplains are currently required to have undertaken:

- i. a Certificate IV in Youth Work; or
- ii. a Certificate IV in Pastoral Care; or
- iii. a Certificate IV in Chaplaincy and Pastoral Care; or
- iv. an equivalent qualification (as determined by the States); and this Certificate or equivalent qualification must include competencies in 'mental health' and 'making appropriate referrals'.³

These minimum qualification requirements provide a good baseline for providing wellbeing support to children and young people, however they may also act to unintentionally exclude more highly trained mental health professionals with other relevant qualifications undertaking this role (unless the state they practice in determines their profession to be equivalent). There are a range of suitably qualified mental health professions with robust accountability mechanisms provided by professional bodies, such as registration, codes of conduct, standards of practice and requirements around professional supervision.

In addition, the Project Agreement between the Commonwealth and States and Territories for the National School Chaplaincy Program requires school Chaplains to be “recognised through formal ordination, commissioning, recognised religious qualifications or endorsement by a recognised or accepted religious institution”.⁴ As outlined in more detail below religious affiliation of a student wellbeing officer has the unintended consequence of creating barriers for some children seeking support, particularly those who belong to communities, which are over-represented amongst those with mental ill-health, for example LGBTIQ+, culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander communities.

The National School Chaplaincy program should be refocussed to secular wellbeing support to ensure every student has the opportunity to be supported.

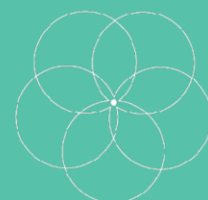
Recommendation 1: The Australian Government should remove reference to Chaplains in the name of the program to acknowledge a more secular approach to supporting student wellbeing and to create universal access, which is currently not available.

Recommendation 2: The Australian Government should change the function of the Program to enable schools to engage secular wellbeing support officers.

Recommendation 3: The Australian Government should investigate whether the current minimum qualification requirements act to unintentionally exclude mental health professionals with other relevant qualifications to undertake a wellbeing support officer role.

³ Australian and State and Territory Governments, *Project Agreement for the National School Chaplaincy Program* (2019), 8, <https://federalfinancialrelations.gov.au/agreements/national-school-chaplaincy-program>

⁴ Australian and State and Territory Governments, *Project Agreement for the National School Chaplaincy Program* (2019), 8



Religious affiliation can create barriers for vulnerable children and young people

Religious affiliation can create barriers for some children and young people to access support. This section outlines barriers faced in particular by children and young people from LGBTIQ+, CALD and Aboriginal and Torres Strait Islander communities as examples.

LGBTIQ+ populations are more likely to experience a mental health disorder, attempt suicide, and complete suicide than the rest of the population.⁵ LGBTIQ+ Health Australia states that “These health outcomes are directly related to experiences of stigma, prejudice, discrimination and abuse on the basis of being LGBTIQ+”.⁶

Some religious institutions have openly perpetuated stigma and discrimination of the LGBTIQ+ community. People who are a part of this community may not feel safe engaging with a school Chaplain who is affiliated with a particular religious institution.

In addition, “some trans and gender diverse individuals express gender diverse behaviour from a very young age, whilst others do not express a trans or gender diverse identity until adolescence or adulthood. The clinical needs of these groups are inherently different...”⁷ This makes it even more important that school wellbeing officers are adequately trained and secular professionals.

Recommendation 4: Wellbeing support provided through schools should be openly supportive of and safe for members of the LGBTIQ+ community.

There is limited data on CALD mental health however “immigrants and refugees are likely to experience higher rates of mental illness if exposed to trauma in their country of origin.”⁸ In addition children and young people from CALD communities face unique barriers to accessing the service system. These include poor English proficiency, lack of familiarity with the Australian health system, and fear about confidentiality. With this context in mind, some children from CALD communities may not be comfortable seeking support from people who openly identify as being of a particular faith. The unintended consequence is that some children are passively excluded from receiving wellbeing support through their school.

Ensuring the National School Chaplaincy Program adopts the **Framework for Mental Health in Multicultural Australia** is a good starting place to build culturally appropriate wellbeing support through schools.

Recommendation 5: the National School Chaplaincy Program should encourage participating schools to adopt the Framework for Mental Health in Multicultural Australia.

Aboriginal and Torres Strait Islander people experience higher rates of mental ill-health than non-Indigenous Australians.⁹ Strategies to address Aboriginal and Torres Strait Islander

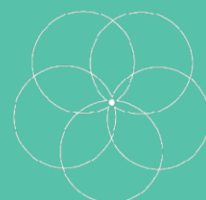
⁵ LGBTIQ+ Health Australia, *Snapshot of mental health and suicide prevention statistics for LGBTIQ+ people* (2021), <https://www.lgbtiqhealth.org.au/statistics>

⁶ LGBTIQ+ Health Australia, *Snapshot of mental health and suicide prevention statistics for LGBTIQ+ people* (2021), 1

⁷ Royal Children’s Hospital, Melbourne. *Australian Standards of Care and Treatment Guidelines For trans and gender diverse adolescents and children*, (2017), 9, <https://www.rch.org.au/uploadedFiles/Main/Content/adolescent-medicine/australian-standards-of-care-and-treatment-guidelines-for-trans-and-gender-diverse-children-and-adolescents.pdf>

⁸ Productivity Commission, *Mental Health*, 146

⁹ Productivity Commission, *Mental Health*, 413



child and young person wellbeing should be designed and implemented by Aboriginal and Torres Strait Islander people. In particular, it is important to explore with Aboriginal and Torres Strait Islander people to what extent the religious affiliation of school chaplains creates barriers for Aboriginal children seeking help, due to particular religious institutions connections with intergenerational trauma experienced by Aboriginal and Torres Strait Islander communities.

Recommendation 6: Approaches to addressing Aboriginal and Torres Strait Islander child and young people wellbeing in schools should be designed and implemented by Aboriginal and Torres Strait Islander people.

Program funding is insufficient

The Commonwealth contributes \$61.4 million per year to the States and Territories, which administer the National School Chaplaincy Program.¹⁰ Participating schools receive up to \$20,280 in metropolitan areas and \$24,336 in remote or very remote areas.¹¹ This per school funding amount is insufficient to hire dedicated full-time resources to focus on student wellbeing. This issue was raised as early as 2017 in an independent evaluation of the program.¹²

By way of comparison, the Victorian Government has invested \$200 million to boost mental health support at 1800 government and low-fee non-government primary schools.¹³ Some schools will use the funding to enhance existing mental health roles and others would create new positions. The intention is that trained teachers will receive support and guidance from the Murdoch Children's Research Institute and the University of Melbourne.

There is a need for a complimentary, adequately funded, national, comprehensive, secular school wellbeing program.

Recommendation 7: The Australian Government should scope the cost of implementing a national, comprehensive, secular school wellbeing program.

Conclusion

This submission has argued for a fundamental shift in the school chaplaincy program to one which is secular and enables schools to engage suitably qualified student wellbeing officers. It also argues for adequately funded, safe and engaging services that ensure those who are most at risk of poor mental ill-health have no barriers to accessing support. Such an approach would help to ensure emerging mental ill-health is addressed through early

¹⁰ Department of Education, "National School Chaplaincy Program", accessed 12 September 2022, <https://www.education.gov.au/national-school-chaplaincy-program-nscp>

¹¹ Department of Education, "National School Chaplaincy Program", accessed 12 September 2022, <https://www.education.gov.au/national-school-chaplaincy-program-nscp>

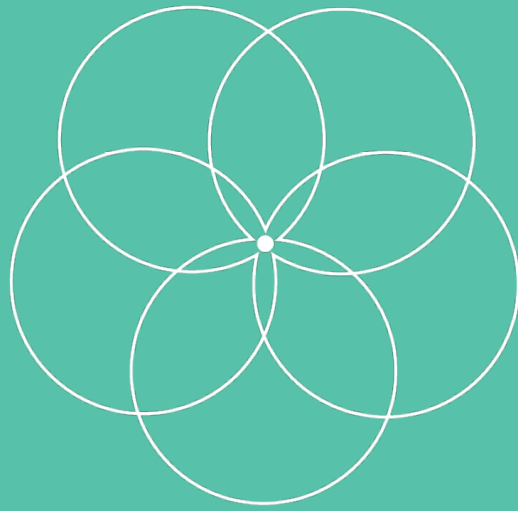
¹² Kantar Public, *National School Chaplaincy Programme Evaluation (2017)*, 9, <https://www.education.gov.au/national-school-chaplaincy-program-nscp/resources/national-school-chaplaincy-programme-evaluation-report>

¹³ Marta Pascual Juanola and Madeleine Heffernan, "Victoria announces \$200 million boost for mental health support in primary schools," *The Age*, June 21, 2022, <https://www.theage.com.au/politics/victoria/victoria-announces-200-million-boost-for-mental-health-support-in-primary-schools-20220621-p5av9d.html>



intervention, avoiding more costly intervention later in life. It would also help to ensure Australian schools become thriving and diverse communities, built to meet contemporary challenges of growing up in Australia.





Mental Health Australia

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mentally healthy communities

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Mental Health Australia is the peak independent national representative body of the mental health sector in Australia.

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