

## **SUBMISSION TO THE SENATE SELECT COMMITTEE ON MENTAL HEALTH IN AUSTRALIA 2005**

### **The Australian Guidance and Counselling Association**

The Australian Guidance and Counselling Association (AGCA) is the national professional organization for people working as Guidance Officers, School Psychologists and School Counsellors in primary and secondary educational settings. It is the peak body for affiliated state and territory based associations representing the interests of these professionals.

AGCA members support schools in the provision of opportunities that promote the health and wellbeing of children and youth. Our members have frequent contact with students with mental health problems and mental illness. As a consequence our members become experienced at working with troubled and troubling students, their teachers, their families and the community agencies around them.

### **The National Mental Health Strategy**

The National Mental Health Strategy and its accompanying documents propose fine ideals about the care of individuals with mental health problems and mental illness in the community. The documents espouse what we recognise to be effective principles of health promotion, illness prevention and early intervention. A developed country like Australia needs a principled strategy like this. Yet the many sectors and levels of government in Australia can be confusing. We need a serious effort at consistency in relation to terminology, legislation and infrastructure around mental health in all states and sectors.

This submission argues that insufficient is being done to support the healthy development of children and youth in their journey from infancy to adulthood. The actual numbers of children and youth with latent mental health problems greatly exceeds the capacities of the current mental health services.

### **Terms of Reference**

This submission is primarily about mental health promotion, illness prevention and early intervention for children and youth. The submission relates to many of the terms of reference, in particular:

- a) the extent of the National Mental Health Strategy...
- c) opportunities for improving coordination...
- f) the special needs of children and adolescents...
- g) Primary Health Care...
- j) the overrepresentation of people with a mental illness in the justice system...
- h) the adequacy of education in destigmatising mental illness...
- p) the potential for new modes of delivery...

### **Why focus on children and youth in schools?**

Apart from the intuitive sense that the troubled children of today become the disturbed adults of tomorrow, there is mounting empirical evidence to support this. A

local example of this is provided in the 18-year longitudinal study by Margot Prior and colleagues in Victoria (*Pathways from Infancy to Adolescence: Australian Temperament Project 1983 –2000*).

To a considerable extent the determinants of adult mental health are laid down during the early years of development. The conduct disordered and behaviourally disturbed children are more likely to become clients of the justice system later in life. The anxious and unhappy children are more likely to become depressive and suicidal adults. Children from impoverished backgrounds and disadvantaged population groups are at greater risk of adult mental health concerns. There appears to be an inexorable link between childhood social circumstances, general health and success at school, which is inversely related to adult mental health and involvement with the justice system.

There is also solid evidence of the comorbidity of mental health problems, substance abuse and learning difficulties. This suggests that there should be a focus on early learning, particularly those skills relating to social competence, coping and help seeking, as one of the most important protective strategies for our young people.

In part this indicates that there needs to be a broad mix of mental health services available to the children and families of today. These services have to be accessible, developmentally and culturally appropriate, and provide a continuum of care across needs and lifespan. The focus of mental health care must go beyond individual adolescents and adults towards children and families as well. In part it indicates that the community should strive to inoculate today's children to equip them to cope with the travails of later life. Actions that would help this inoculation would include assisting children to form secure attachments, to develop their prosocial relationships and to build their effective coping skills.

Schools are an obvious location in the community for mental health promotion, illness prevention and early intervention. Most children and youth attend school daily. This makes access to the students and their families very simple and very commonplace. This would reduce the difficulties of transport and likelihood of stigma. Schools tend to be community focal points. This improves the likelihood of integrating the efforts of families, teachers, administrators and mental health service providers.

### **What could be done in schools about Mental Health Promotion, Prevention and Early Intervention?**

Schools already do a lot to educate and skill their students for their future lives as adults. Research has identified that many of the programs and processes that currently exist in schools act to build student's healthy development and resilience. However, there is considerable room for improvement in line with the National Mental Health Strategy.

Mental health promotion and illness prevention needs to be clearly built into the curriculum for teachers to afford it the same consistent attention they give to literacy and numeracy skills. Literacy and numeracy skills are reinforced year after year in school. All students need to develop resilience, social competence and coping skills. These abilities also need to be reinforced year after year in school. Students at-risk of

mental health problems require additional support in the form of more intensive or adapted interventions and more flexible curriculum alternatives to develop their competencies.

School policies and practices may need overhauling to ensure students with latent mental health needs are not viewed simply as misbehaving and dealt with in a punitive manner. The student's concerning behaviour is likely to indicate that an educative process needs to be implemented around the skills contributing to resiliency.

Early intervention could be more effectively pursued when the school has direct links to community agencies such as the local Divisions of General Practice, mental health agencies and other community agencies.

At a Federal level school systems should be encouraged to recognise the existence of latent mental health needs in their students. At this stage only some Education systems have provision to identify and fund support for students with a confirmed mental health diagnosis. In other systems these students are not consistently supported.

One of the areas our members are interested in developing is the use of e-technology for delivering support and advice to young people. There is increasing evidence that young males in particular do not seek help appropriately or early enough. They seek anonymity and avoid personal closeness. Hence the offering of services on the Internet has significant place in the mix of options for young people. It also provides a strategy for delivering services to young people in rural and remote Australia.

### **Student supports that may be developed**

#### **The MindMatters model including MindMatters Plus**

The Australian Government through the Department of Health and Ageing has funded the MindMatters project in secondary schools in the period 2000 – 2005. MindMatters is a Mental Health promotion initiative that provides whole school planning materials, curriculum materials and professional development in secondary schools.

The MindMatters Plus project is an important offshoot of MindMatters. This is a demonstration project for secondary students with high support needs in the area of mental health. As such it targets the students who are more likely to be at risk of mental health problems now and as adults. This is partnered with the MindMatters Plus General Practice project to develop pathways of care for secondary students with high support needs in the area of mental health.

The MindMatters model should be developed to embrace schools from Kindergarten to Year12.

MindMatters Plus should be developed to embrace the younger years of schooling.

MindMatters Plus should be extended to other significant at-risk populations such as students transitioning into alternative placements.

The MindMatters General Practice initiative should be extended to include paediatricians who are increasingly involved in the diagnosis and treatment of mental health disorders in children and youth.

### **The role of Guidance Officers, School Psychologists and School Counsellors**

The position of Guidance Officer, School Psychologist or School Counsellor in schools is instrumental in mental health promotion, illness prevention and early intervention. They are often the only professional based within many schools with training in psychology and learning development with experience of school systems and classroom environments. They use research and evidence based strategies to promote:

- Mental health
- Academic achievement
- Prosocial skills and behaviour
- Coping skills and help seeking behaviours
- Social inclusivity
- Safe and effective learning environments

These positions need to be valued and increased if the ideals of the National Mental Health Strategy are to be realised in practice.

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President

Australian Guidance and Counselling Association

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