

Committee Secretary
Senate Select Committee on Mental Health
Department of the Senate
Parliament House
CANBERRA ACT 2600
Email: mental.health@aph.gov.au

Dear Committee Secretary

SUBMISSION TO THE SENATE SELECT COMMITTEE ON MENTAL HEALTH

Position Statement

The Department of Education and Training, Western Australia, first formally identified mental health and wellbeing as a key area for action in 1998 in recognition of the significant impact it has on student outcomes.

Subsequent work undertaken by the Department is predicated on a population health or ecological approach that proposes mental health is influenced by a complex interplay of intrinsic and extrinsic variables, including those found within the socialising environments experienced by individuals and groups. The Department is advocating the adoption of the Health Promoting School Framework, which provides a comprehensive and practical approach to supporting and strengthening a school's capacity for health promotion.

Within this context, the Department has drawn on research that shows schools and school personnel are among the most protective factors for children and young people, particularly those experiencing stress and family dysfunction. Positive school experiences, especially encouraging relationships with school staff, safe and supportive environments and a sense of belonging to a school community, play a critical role in mental health promotion and illness prevention. Schools also provide positive models for the broader community and act as instruments for social change.

The Department is encouraging schools to implement evidence based approaches to promoting the social and emotional competence of children and adolescents, as a means to improving educational outcomes, and developing resilient young adults.

Schools cannot do it alone, however, particularly given finite funding intended for teaching and learning programs. The responsibility for instituting promotion, prevention and early intervention approaches is a shared one, requiring collaborative and consistent action in concert with families, mental health services and other sectors of the community. Such collaboration requires significant commitment and resourcing in order to achieve equitable mental health outcomes across population groups, including children, adolescents, Aboriginal and Torres Strait Islander people, geographically isolated people and those experiencing co-morbid conditions.

Achievements

- The Department of Education and Training, Western Australia, has collaborated with and participated in the *Western Australian Child Health Survey* and the more recent *Western Australian Aboriginal Child Health Survey*. Data from the former have informed the policy directions and resource development undertaken by the Department, and it is anticipated that the latter will have a similar impact.
- This collaboration and the Department's own research resulted in a strategic plan for the improvement of mental health and wellbeing in school communities across Western Australia. Outcomes of this plan have differed across Western Australia and have included increased awareness of the interface between mental health and educational outcomes; improved mental health literacy; increased capacity in schools to promote mental health; enhanced partnerships with other service providers; and an increased awareness of the importance of referral pathways and systems of care for students experiencing mental health problems and severe mental disorders.
- Each education district in Western Australia hosts a Student Services team, responsible for supporting schools to more effectively meet the needs of students experiencing difficulties in learning, behaviour and mental health. These teams typically comprise school psychologists, behaviour consultants and retention and participation officers, and may include social workers and other support personnel.
- The Department's focus on mental health and wellbeing, coupled with the work of Student Services teams has seen an immense growth in the uptake of a range of evidence-based approaches targeting mental health, social competence, behaviour and school attendance. These include:
 - initiatives developed overseas, such as *Communities That Care* and *Promoting Alternative Thinking Strategies*;
 - adapted programs, such as *Aussie Optimism* (based on the Penn Depression Project); and
 - locally developed approaches, such as the *Positive Parenting Program*, *MindMatters*, *MindMatters Plus* and *Friendly Schools and Families*.
- Additionally, the Department is implementing or collaborating in a number of other initiatives which include mental health promotion, illness prevention and/or early intervention in their objectives. These include:
 - a range of specialised alternative education programs for alienated youth;
 - 'full service school' pilot projects that provide a range of prevention and early intervention services on the school site;
 - strong Families;
 - GP Plus and Youth Friendly GPs;
 - Children in Care Case Management Trial with the Department for Community Development (child and family services);
 - the Early Years Strategy;
 - over thirty Promoting Positive Parenting program sites in identified areas of need;
 - Supported Accommodation Assistance Program protocols, developed in collaboration with the Department for Community Development and the Department of Justice;
 - trial of the draft Protocol to Enhance Interagency Responses for Children of Parents with a Mental Illness;
 - services and support to students who have experienced torture and trauma;
 - Countering Bullying in Schools professional learning and related curriculum programs, such as *Friendly Schools and Families*; and
 - interagency violence intervention Memoranda of Understanding.

- The Emergency Management policy was developed in recognition of the impact emergencies can have on the mental health of students and staff. The policy is accompanied by a Student Services Critical Incident Management Competency Framework which allows staff to be accredited to provide quality professional support for students and school communities. The Department is well connected with emergency management arrangements at the State level and collaborates with a wide range of agencies to support the mental health of students and the broader community. Currently, the Department is developing a Memorandum of Understanding with the Department for Community Development, and the Director General has just endorsed an interagency, whole of community disaster counselling framework providing for the mental health and wellbeing of children and adults across Western Australia.
- The Department's inclusive education agenda has resulted in a *Schools Plus* initiative, which provides additional Departmental resources to students when it is apparent that a disability or disorder (including severe mental disorders) is impacting on their educational profiles.
- Recently, the Department has undertaken a review of services to students with severe mental disorders. The recommendations of this review are currently under consideration.
- Through an improved understanding of the causal pathways to and indicators of, mental health problems and mental illness, many Western Australian public schools are taking a more holistic and proactive approach to managing students presenting with serious behaviour problems. This work is being recognised and supported at a system level.
- Since the early 1990s the Department has been working collaboratively with the Ministerial Council for Suicide Prevention implementing a Schools Strategy for the prevention of suicide and self-harming behaviours. This Strategy involves a well respected professional learning program known as Gatekeeper, which is delivered by regional and metropolitan based trainers. It provides school and district staff with the procedures and skills to detect, assess and appropriately manage young people at risk. Extensive internal and external evaluation has determined that the Strategy has been very effective in up-skilling Departmental employees and has contributed to a state wide reduction in suicide rates among young people. Schools also access programs and support from private providers such as Youth Focus.

Issues

- All public schools in Western Australia have access to support from Student Services teams, which are resourced to provide short to medium term support to schools managing less complex mental health problems, and to act as referral agents to other service providers for the more acute and chronic problems. However, frequently there is a shortfall in mental health service provision, which is particularly apparent in rural and remote areas of Western Australia. In these areas schools are the only support to students experiencing mental health problems and mental illness, and as a consequence, many individuals and families never receive appropriate treatment for these problems. They do, however, see the local school as a central point for support and advice relating to a range of family and home issues.
- In metropolitan and regional centres, where mental health services are located, it is usual for there to be a six month delay before children and adolescents with acute or chronic mental health problems can be assessed and treated. In some locations, this timeline may be extended due to a lack of personnel trained to work with children and

adolescents. In these circumstances, schools frequently attempt to support these children and families whilst still engaging in their core business of teaching and learning.

- There is a critical lack of secure facilities for those young people who pose a very serious risk to themselves and/or others.
- For children in care, case management is frequently 'at a distance' and is insufficient to monitor their needs or implement programs to meet these needs.
- When children and adolescents present with co-morbid conditions, services frequently become unavailable as there are claims and counter claims about which agency or provider is responsible. This is especially the case for students with an intellectual disability and a mental health problem/mental illness, and for those presenting with substance abuse and a mental health problem/mental illness.

Recommendations

The *National Mental Health Plan 2003-2008* and the *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000* identify schools as having a key role in mental health promotion, illness prevention and early intervention. The Department of Education and Training, Western Australia, has an excellent track record for engaging in activities that are consistent with this. It has, however, been doing this work within its existing resources and requires adequate resourcing in order to achieve what is possible and necessary for the wellbeing of the entire community. Hence, it is recommended that the Commonwealth Department of Health and Ageing provide the Department of Education and Training, Western Australia with funding for:

- the Department of Education and Training and Department of Health to collaboratively undertake work aimed at more effectively meeting the needs of students with mental health problems and mental illness
- full-service school arrangements, adequately resourced to provide mental health services for school communities, with priority given to locations with significant identified need; and
- promoting social competence, mental health literacy and resilience across all school communities

Further, it is recommended that funding:

- be tied to partnership arrangements to better ensure that mental health services to children and adolescents more adequately reflect the holistic and lifespan approach advocated by the *National Mental Health Plan 2003-2008*; and
- be provided to improve the emergency response to and ongoing provision for extremely vulnerable young people.

Yours sincerely

PAUL ALBERT
DIRECTOR GENERAL