



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON EDUCATION, EMPLOYMENT AND YOUTH AFFAIRS
Mr Michael Pettersson MLA (Chair), Mrs Elizabeth Kikkert MLA (Deputy Chair)
Ms Elizabeth Lee MLA

Submission Cover Sheet

Inquiry into Youth Mental Health in the ACT

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ACT GOVERNMENT SUBMISSION

TO THE

INQUIRY INTO YOUTH MENTAL HEALTH IN THE ACT

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EXECUTIVE SUMMARY/ FOREWORD

The mental health and wellbeing of children and young people is a focus of the ACT Government and the community. With 50% of all mental health conditions arising before the age of 14 years, and 75% before the age of 25¹ it is imperative that we focus on the challenges and issues facing children and young people.

The recent draft report from the Productivity Commission on Mental Health highlighted the needs of children and young people. The report makes several recommendations, including improving the early detection of risk factors for mental illness, expanding early intervention and enhancing the prevention and promotion for children and young people².

The ACT Government provides services from prevention and early intervention through schools and targeted services, through to the delivery of acute clinical services. As outlined in this submission, the support required ranges through the continuum of care and understands the needs of our community when planning the appropriate supports or services for children and young people. We know that the first 1000 days are crucial to ensure every child has the best start to life, as is the critical role of parents and carers in their ongoing development. We know that schools provide a platform to provide mental health and wellbeing support to children and young people, but we also know how important it is for the community to wrap the system around children and young people to enable them to thrive. The ACT Government's Future of Education Strategy provides a policy foundation for how this is done for all students in all ACT public schools.

A recent review of the mental health and wellbeing of children and young people in the ACT was completed in December 2019 and heard from the voices of young people and their families and carers. Over 800 responses were recorded through a co-design process involving young people, families and service providers. The process was a true reflection of collaboration across community, government, non-government and service providers to understand how best to support the needs of the children and young people in our community.

¹ WHO, Available at: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

² Productivity Commission., Mental Health Draft Report., 2019

1. MENTAL HEALTH CHALLENGES AND NEEDS OF YOUNG PEOPLE IN THE ACT

The mental health and wellbeing of young people in the ACT remains a priority for the ACT Government. To ensure the voices from young people in the ACT are heard, the ACT Government actively engages with the community to ensure initiatives are in line with the needs of our community so that all children and young people have the support required to live meaningful and fulfilling lives.

The Office for Mental Health and Wellbeing – Mental Health and Wellbeing: Review of Children and Young People in the ACT

The Office for Mental Health and Wellbeing (the Office) was established to drive better coordination and integration across mental health services, provide system wide oversight, drive opportunities for quality improvements and create a more person-centred approach to mental health and wellbeing in the ACT. Following the development of the Office Work Plan in February 2019, the Office committed to undertaking a review of children and young people in the ACT to understand the challenges and issues facing our younger community and to make recommendations to government to improve the outcomes for the ACT community.

The review commenced in June 2019 and was completed in December 2019 and involved over 800 people from the community with over 300 from young people under the age of 25. Throughout the consultation we heard that children and young people want to understand what they are experiencing and want the skills and knowledge to assist not only themselves but also their peers. We heard that young adults want to be able to access the right services at the right time, and that services need to be affordable and well resourced.

Anxiety/stress (coping) was identified as the highest issue by not only children and young people under the age of 25, but also for the Parent/Carer/Service Provider cohort. There are a range of issues that children and young people are dealing with, including experiencing bullying, peer pressure and family issues. The ACT Government is committed to working with the community to ensure young people are provided with support and services to reduce this level of anxiety. As a result of the review, the Office has committed to undertake a number of projects with a focus on supporting children and young people in our community from prevention and early intervention through to those requiring more support related to their mental illness. Further information about these projects is outlined in this submission and is also available on the ACT Health website at www.health.act.gov.au/OMHW

A Picture of Children and Young People in the ACT (March 2019)

A Picture of Children and Young People in the ACT (A Picture) is a whole of government data report highlighting the progress of the health and wellbeing, learning and development of children and young people between the ages 0-25 years in the ACT. The report provides an evidence base and early identification of emerging trends to inform planning, policy and integrated service delivery across human services programs to improve life outcomes of our children and young people. Young people who experience mental health issues are also at risk of poor health and wellbeing outcomes and the specific indicators relating to mental and psychological distress enable us to track progress, identify

possible early trends, and adapt service responses as required. In addition, data collected across each of the Outcomes Framework domains provides an opportunity to better understand the impact of other factors such as income levels, adequate housing, family stability, physical health and connection to community on children and young people's mental health and wellbeing.

A Picture also provides an important policy context alongside the data, to highlight how the ACT Government is using these insights to improve service offerings. For example, the 2018 publication reported that ACT Health continues to invest in child and adolescent mental health services and Headspace as part of government initiatives to provide support and increase accessibility to mental health services for children and families. Under the ACT Budget 2018–19, the Government committed an additional \$1.3 million to further fund headspace over the next three financial years. The funding aims to support headspace's ability to offer additional initial assessments for mental health treatment plans and reduced wait times. ACT Health also continues to work closely with the Capital Health Network to develop a Regional Mental Health Plan. This initiative will increase effective access and integration of mental health services across the system and promote the importance of mental health and wellbeing while achieving cross sectoral collaboration.

The Australian Early Development Census (AEDC)

The *Australian Early Development Census* (AEDC) is one indicator reported in *A Picture*. The AEDC is a population-based measure of how children in Australia have developed by the time they start their first year of full-time schooling. The census is collected every 3 years, starting in 2009 with the latest results in 2018 there is now trend data available.

Teachers complete a research tool, the Australian version of the Early Development Instrument for each child in their class. The Instrument measures five key areas, or domains, of early childhood development: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based) and communication skills and general knowledge. These areas are closely linked to the predictors of adult health, education and social outcomes. Data is used to determine whether children are developmentally 'on track', 'at risk' or 'vulnerable', across the five AEDC domains. Data is available publicly at national, state and territory, regional and suburb levels.

The Council of Australian Governments (COAG) has endorsed the AEDC as a national progress measure of early childhood development in Australia. The AEDC highlights what is working well and what needs to be improved or developed to support children and their families by providing evidence to support health, education and community policy and planning. AEDC data linkage show early risk and protective factors that can be used to identify children and families who have elevated risk of experiencing poor developmental or educational outcomes. Research using AEDC data has identified association between social-emotional functioning in the AEDC and early-onset mental health conditions. In this way, AEDC results can support communities to understand the degree and concentration of developmental vulnerability, including monitoring of social-emotional functioning that is associated with mental health diagnosis between ages 6 and 14 years.

Results from the 2018 AEDC show the ACT had participation of 100 per cent of schools and 98.7 per cent of children. Around one in two ACT children are developmentally on track in all five AEDC domains, around one in four ACT children are developmentally vulnerable in one or more AEDC domain(s), around one in eight ACT children are developmentally vulnerable in two or more AEDC domains. In 2018, the ACT experienced statistically significant increases in children developmentally vulnerable in the social competence and emotional maturity domains of the AEDC.

Stigma

The stigma associated with mental illness remains a key challenge for young people both nationally and in the ACT and was identified in the review but was also one of the top three barriers for young people seeking help in the recent Mission Australia and Black Dog Institute Report on mental health³. We also know that stigma is a real concern for Aboriginal and Torres Strait Islander people, those of Culturally and Linguistically Diverse (CALD) background and LGBTIQ communities and the impact mental health issues can have on these communities. The ACT Government is committed to working with key services and government organisations to ensure there is a consistency in the way we support Aboriginal and Torres Strait Islander people, people of CALD background and anyone that identifies as LGBTIQ.

Aboriginal and Torres Strait Islander Young People

According to a 2018 report by the Australian Institute of Health and Welfare (AIHW) titled 'Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018', at a national level, most Indigenous people aged 15–24 (67 per cent) experienced low to moderate levels of psychological distress in the previous month, while 33 per cent experienced high to very high levels. For the ACT, 53 per cent experienced some form of distress.

Some of the factors that assist Aboriginal and Torres Strait Islander youth to cope with pressure is the connection to country. The AIHW report stated that in the ACT 68 per cent of Aboriginal and Torres Strait Islander youth recognise their homeland or traditional country, 55 per cent identified with a clan, tribal or language group but only 59 per cent participated in cultural activities.

ACT Aboriginal and Torres Strait Islander Agreement 2019-2028

The *ACT Aboriginal and Torres Strait Islander Agreement 2019-2028* strongly focusses on Cultural Integrity, where we have a society that supports the aspirations of all Aboriginal and Torres Strait Islander peoples and contributes to the building of respectful, fair and sustainable communities; and Children and Young People, where Aboriginal and Torres Strait Islander children and young people grow up safely and in their communities.

The social, economic, environmental and technological changes that have occurred in recent decades mean that young people now face issues that previous generations may not have experienced. Young Aboriginal and Torres Strait Islander people may face additional obstacles in making a successful transition to adulthood. The effect of inter-generational trauma, racism and prejudice, and socioeconomic disadvantage are all relevant in understanding the experiences of young Indigenous people today.

The Agreement is a whole of government framework which will address ten focus areas to improve the lives of members of the Aboriginal and Torres Strait Islander community. Key to this is the central focus of 'Strong Families'. Aboriginal and Torres Strait Islander children and young people's health and wellbeing is crucial in the realisation of the Agreement's commitment to equitable outcomes for Aboriginal and Torres Strait Islander people in the ACT.

The implementation of the Agreement will have a positive impact for Aboriginal and Torres Strait Islander Canberrans as well as the broader community. The Agreement is centred on a principle of self-

³ Mission Australia., Black Dog Institute., (2019) Can we Talk? Seven year youth mental health report 2012-2018 Youth Survey

determination, which outlines that the ACT has been occupied, used and enjoyed since time immemorial by Aboriginal peoples in accordance with their traditions.

The Agreement recognises Aboriginal and Torres Strait Islander peoples as Australia's first people. First people have the right to self-determination which is an ongoing process of choice to ensure that Aboriginal and Torres Strait Islander communities are able to meet their social, cultural and economic needs.

Lesbian, Gay, Bisexual, Trans, Intersex & Queer (LGBTIQ+) people

While Canberra is becoming increasingly inclusive, the health disparities between LGBTIQ+ communities and the wider population remain. LGBTIQ+ people are more likely than the wider population to experience poor mental and physical health, unemployment, poverty, homelessness, and social exclusion, and they are more likely to use alcohol and other drugs. Importantly, this is not due to some inherent feature of their gender identity, sexual orientation, or sex characteristics, but because of their exposure to stigma, discrimination, and marginalisation.

The disparity between the mental health of LGBTIQ+ people and the wider community is a direct result of LGBTIQ+ people's exposure to multiple, interconnected, and recurring forms of discrimination, marginalisation, stigma, social exclusion, abuse, and violence. The compounding impact of these experiences is known as minority stress. Minority stress increases the risk of mental health disorders, including depression, anxiety disorders, self-harm, and suicide and has been associated with a range of physical health conditions, including influenza, viral infections, cancer, and hypertension.

Some members of LGBTIQ+ communities carry a disproportionately large share of the burden, including trans and gender diverse people, bisexual people, young LGBTIQ+ people, and people with intersex variations. It is important to note that these identities often overlap; lesbian, gay and bisexual people may also be transgender or gender diverse or may have an intersex variation.

Mental health disparities between LGBTIQ+ people and the wider population are more pronounced in younger age groups. LGBTIQ+ young people aged 16-24 have the highest levels of psychological distress across all age groups.

LGBTIQ+ people are coming out at earlier ages, but they are facing damaging exposure to discrimination and violence, with an increased risk of poor health and wellbeing outcomes. Suicide and self-harm are among the most significant dangers they face, with The National LGBTI Health Alliance reporting that LGBTI young people aged between 16 and 27 were five times more likely to attempt suicide in their lifetimes than the rest of the population. The 2013 Growing Up Queer report found that approximately 75% of young intersex and gender diverse people had thoughts of self-harm, 60% had self-harmed, 65% had thoughts of suicide, and 40% had attempted suicide.

Young LGBTIQ+ people are more likely to experience, and are more vulnerable to, family and peer rejection or a lack of understanding of their identities. A lack of parental support was also found to align with higher rates of suicidality in young people, as well as an increased risk of homelessness. Parental, familial, and peer support helps young LGBTIQ+ people to develop resilience and promotes better mental and physical health. Parents and peers need to be supported to understand gender diversity and to expand their understandings of sexuality, gender, and sex.

Access to education and a safe and supportive school environment is impeded by discrimination against LGBTIQ+ youth. One study conducted in Australia in 2016 found that 25% of trans and gender diverse participants avoided school because they did not feel supported to express their gender identity, 65% had experienced verbal abuse from classmates, and 21% had experienced physical abuse.

The Capital of Equality Strategy sets the ACT government's agenda for Canberra to be Australia's most LGBTIQ+ inclusive city by establishing whole of government direction and priority actions for supporting LGBTIQ+ Canberrans including in health and education settings. Priority actions due for completion in 2020 include the development of a gender affirming standard of care for psychologists and mental health professionals working with trans and gender diverse people; making sure Canberra schools get good guidance about supporting students who are affirming their gender; and a major scoping study to analyse and identify barriers to LGBTIQ+ people accessing health services.

Domestic and Family Violence

Exposure to domestic violence has a significant impact on children's mental health. Many studies have found strong links with poorer educational outcomes and higher levels of mental health problems for young people exposed to domestic violence.⁴ A meta-analysis of 118 empirical studies published between 1978 and 2000⁵ found that 67 per cent of children exposed to domestic and family violence were at risk of a range of developmental and adjustment problems and fared worse than other children, in terms of academic success, cognitive ability, mental health and wellbeing.⁶

A 2017 meta-synthesis conducted by the Institute of Child Protection Studies, Australian Catholic University, found that children who had lived with domestic violence said that they needed:

- adults to provide consistent opportunities for them to talk
- help addressing their immediate and long-term safety needs
- help to repair significant family relationships.⁷

Despite the significance of domestic and family violence on the mental health and wellbeing of young people, "it is only recently that children have been included in research that seeks to understand the impacts that domestic and family violence may have on their lives".⁸ In 2018 the Domestic Violence Prevention Council (DVPC), held an Extraordinary Meeting to discuss the needs of children and young people affected by domestic violence, and concurred with the urgent need to hear from children and young people themselves.

In response to the DVPC's recommendations, the ACT Government allocated funding to enable the Coordinator-General for Family Safety, in partnership with the Children and Young People Commissioner to consult and engage with young people. An expert reference group was established to guide this work, and over 20 young people were involved in designing the project and establishing the priorities to focus on. Young people were clear that any project listening to young people's experiences of domestic and family violence needed to lead to real change.

Nearly 70 young people have taken the opportunity to have a say, many sharing their personal stories of living with violence in their families. Their stories show us just how hard young people work when they are living with violence: deciding who to trust, who not to trust, what to say, what not to say, where to be, where to hide, when to intervene. It is exhausting and takes a huge physical, mental and emotional toll. Young people are grappling with complex thoughts, feelings and emotions and need to be supported, not judged. They carry guilt, shame, defensiveness, anger, despair, love and hate, often all together. Our responses to family violence for children and young people need to encompass so much more than the physical aspects of safety.

⁴ UK Mental Health Foundation

⁵ Kitzmann, Gaylord, Holt, & Kenny, 2003

⁶ Australian Institute of Family Studies. Australian Government CFCA Paper No. 36 – December 2015

⁷ Noble-Carr, McArthur & Moore, April 2017

⁸ Noble-Carr, McArthur and Moore, 2017

The Family Safety Hub and Children and Young People Commissioner will be sharing messages from this project over coming months and moving forward to co-design responses in the new financial year.

ACT Youth Assembly

In 2018, the ACT Government partnered with the ACT Youth Advisory Council (the Council) to host the 2018 ACT Youth Assembly (the Assembly) on 28 September 2018 at the ACT Legislative Assembly. The Assembly provided a platform for 116 young people from diverse backgrounds, ages and life experiences to share their thoughts and have their voices heard.

The Assembly was a deliberative democratic process to draw out key ideas, policy recommendations, and encourage the direct participation of young Canberrans aged 12 to 25 to engage in forums with the four contemporary issues identified as important to them:

- Youth Mental Health;
- Homelessness and Young People;
- Youth Civic Participation; and
- Equality and Equity for Aboriginal and Torres Strait Islander Young People.

Council Members co-facilitated each forum to explore creative solutions to each issue, through group work and discussions. Participants explored the key issues and developed recommendations for the ACT Government's consideration. The Council compiled a 2018 ACT Youth Assembly Report (the Report) which includes information and recommendations gathered from the discussion groups.

The Youth Mental Health Forum aimed to improve, promote and advocate on the health and wellbeing of young people in Canberra. The forum explored a broad range of issues including current service provisions and the need to ensure services are developed with a focus on being youth friendly and diversity-friendly services. The forum provided a way to engage with youth who provided feedback to encourage the design of services that have an online aspect, no significant waiting times, more casual than formal places, sharing of mental health records between services, establishment of a hub for young people, and implementing compulsory mental health training for police and other frontline workers.

A copy of the 2018 ACT Youth Assembly Report and the ACT Government response can be found on the Community Services Directorate website at:

<https://www.communityservices.act.gov.au/youth/youth-interact/consultation>.

2. ACCESS TO MENTAL HEALTH SUPPORTS

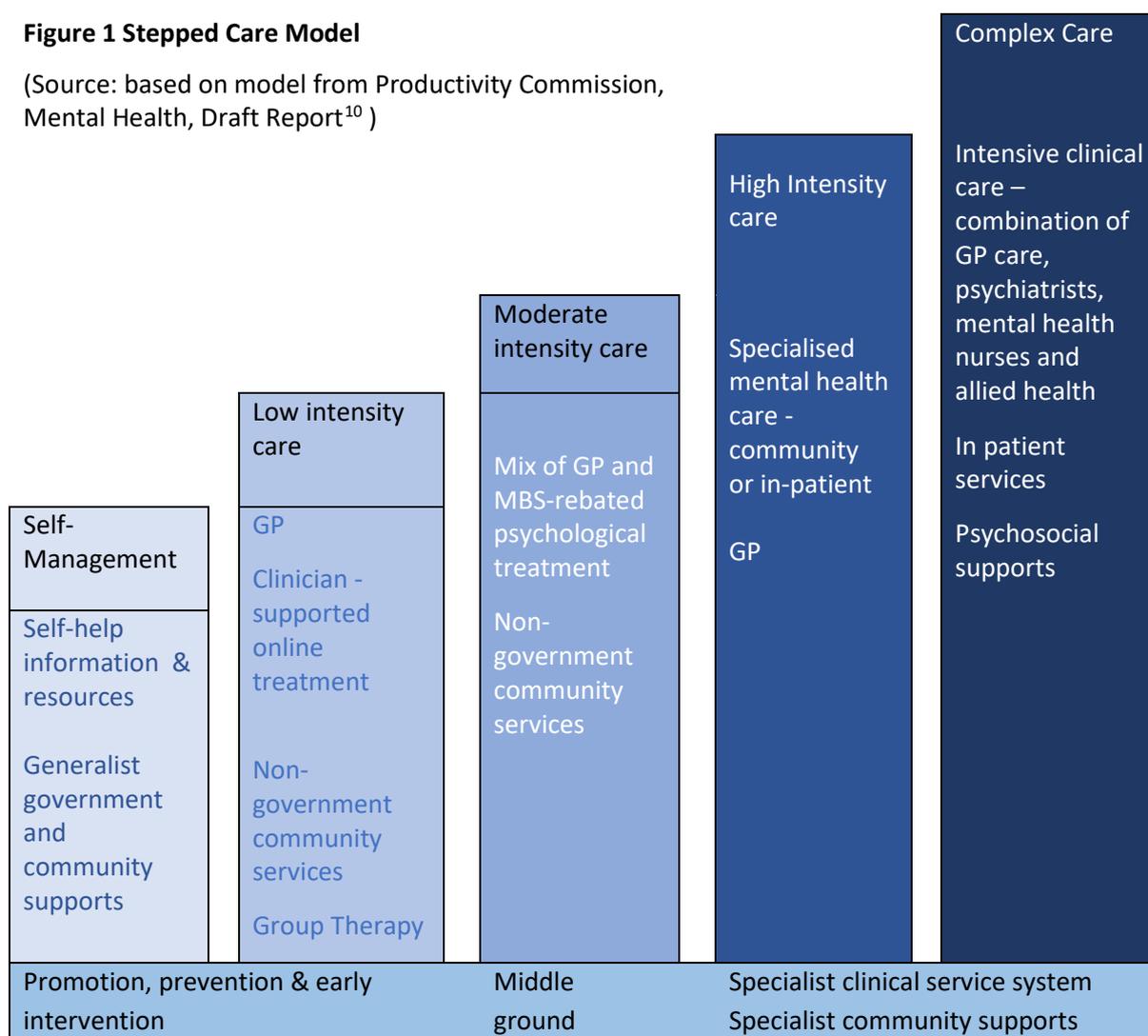
Understanding the complexity of the mental health services system – the Stepped Care Model

The mental health and wellbeing of our children and young people is determined by a complex interplay of factors. These factors include people’s genetic disposition to developing mental illness, the nature of the place in which they live, what happens in their life, the lives of those close to them and to their wider community.

There is a need for a range of services across the whole spectrum of mental health care as well as broader community based responses. This includes the provision of services from mental health promotion, prevention of mental illness and early intervention, at the low severity end of the spectrum, through to inpatient and acute services for more severe cases. The need for an integrated system designed to enable people to ‘step up’ or ‘step down’ into the appropriate services as their condition worsens or improves has been identified and is set out in the national Stepped Care Model⁹.

Figure 1 Stepped Care Model

(Source: based on model from Productivity Commission, Mental Health, Draft Report¹⁰)



⁹ Capital Health Network, What is Stepped Care – available at <https://www.chnact.org.au/what-is-stepped-care>

¹⁰ Productivity Commission 2019, *Mental Health*, Draft Report, Canberra

Most of the mental health care funded in the ACT is a shared responsibility between the Capital Health Network (CHN), which is the ACT's Primary Health Network, Canberra Health Services (CHS) and the ACT Health Directorate (ACT Health). The Commonwealth Government makes significant investment into mental health service provision in the ACT, as a funder of the CHN, the Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS). The ACT Government provides clinical mental health services, which are complemented by funded mental health programs provided by non-government organisations. In addition, services are provided to people in the ACT through one private psychiatric inpatient facility and highly specialised mental health facilities interstate.

The aspects of the stepped-care system being undertaken by the ACT Government includes a range of promotion, prevention and early Intervention programs, government funded and delivered community services, investment in non-government services, school interventions through to Canberra Hospital Services community outreach services, emergency department and inpatient care. Each of these aspects are addressed in the following sections of this submission.

Barriers to Access

As part of the Review, young people and their families reported significant challenges in accessing the right support at the right time. This issue is a known challenge in the mental health system more broadly and was discussed extensively in the Productivity Commission Report on Mental Health¹¹ and by Mission Australia¹² and the Blackdog Institute in their recent report on youth mental health in Australia

Mental health is the most common reason people present to general practitioners in Australia. A significant barrier to people accessing primary and early intervention care is out-of-pocket cost. The ACT has the second highest percentage of people deferring visits to GPs due to cost (7.1 per cent compared to the national average of 4.1 per cent). Individuals requiring a Mental Health Treatment Plan can access Medicare rebates for up to 10 sessions of psychological therapy per year, however they must pay gap payments to access this early intervention care. These gap payments are significant, over \$40 per visit per GP appointment and up to \$100 per session with a psychologist. These out-of-pocket costs are greatly increased as individuals attend more frequent GP and psychologist appointments. If individuals are not able to pay these costs they are unable to access this primary mental health treatment.

ACT Government is committed to working towards improving access for young people. The Office for Mental Health and Wellbeing commenced scoping the requirements of a Mental Health and Wellbeing Online Navigation Portal. This portal will provide individual online and phone services to young people, their friends and family, or other professionals seeking access and assistance to obtain support in relation to mental health concerns in the ACT. This service will provide a consolidated and coordinated approach for young people and will link with existing services within the Canberra region. This type of service will also allow for a more efficient service delivery, as the initial triage function will be managed online, eliminating the need for young people, their family or friends to make contact with a wide variety of supports or services that may not be suitable.

In addition, access to services for young people experiencing moderate to severe mental illness has also been raised as a concern. This is a well identified need nationally, with young people identifying that they are not able to access the care they require through the primary mental health system and are not acutely unwell enough to access services for severe mental illness¹³. Currently, ACT Health and the Capital Health Network fund services in this space, however the range and scope of these supports needs

¹¹ Productivity Commission 2019, *Mental Health*, Draft Report, Canberra

¹² Mission Australia., Black Dog Institute 2019, *Can we Talk? Seven year youth mental health report 2012-2018 Youth Survey*

¹³ Orygen 2019, The National Centre of Excellence in Youth Mental Health, Productivity Commission's Inquiry into Mental Health

further detailed analysis. The Office for Mental Health and Wellbeing has committed to undertake a co-design consultation process with key providers and relevant stakeholders in the ACT to identify potential solutions and additional support to enable young people experiencing moderate to severe mental illness have access to the support they require.

3. PREVENTION AND EARLY INTERVENTION OF MENTAL HEALTH AND ADDICTION STRATEGIES

The ACT Government submission to the Productivity Commission earlier this year made reference to the Human service Cluster Early Support Initiative and the importance of taking a multi-directorate approach, working with families and individuals to design and develop holistic services which improve long-term life outcomes and wellbeing. The mental health promotion, prevention and early intervention of mental illness and addiction requires an approach across the lifespan and provides the level of support required from perinatal through to adulthood.

To ensure children and young people have the skills required to understand and manage themselves and others when mental health challenges arise, it is crucial to ensure they are provided with the skills and knowledge to understand their emotions, build resilience and know that support is available when needed. The ACT Government is committed to working with community organisations to ensure successful mental health promotion that helps to build healthy environments and a strong sense of community and that prevention and early intervention strategies are in place to support the mental health and wellbeing of children and young people.

Early Support: Changing Systems, Changing Lives

Early Support: Changing Systems, Changing Lives (Early Support) is a ten-year initiative by the ACT Government to transform the human services system from a crisis, deficit focus into one enabling earlier assistance and improved well-being outcomes for Canberrans.

Support provided early in the life of a person or early in the life of an issue, is widely understood to be the most effective way of supporting people to improve outcomes and long-term life trajectories. It is also more cost effective for Governments, as supporting people before they reach crisis achieves better outcomes and diverts people from needing high cost crisis and tertiary services.

The current ACT service system remains heavily focused on crisis services, with limited targeted investment in earlier support or targeted prevention services. The system is also heavily focused on deficit, with people needing to reach crisis point before they can get access to services and support. ACT Government has acknowledged these issues and agreed to fundamentally change the human service system through a ten-year transformation of the service system so that it has greater capacity for early support and adopts a well-being focus through the *Early Support* initiative.

Early Support System Change

Early Support involves Health, Education, Justice and Community Safety and Community Services directorates working together with community sector partners. This collaborative and collective approach recognises no single organisation acting alone can improve outcomes for Canberrans experiencing multiple vulnerabilities.

While it has discrete components as workstreams, *Early Support* should also be thought of as a deliberate lens put over all aspects of the human services system with the intent of embedding an early support approach across human services at a system, service and practice level.

Early Support has implications for all parts of the service system, including statutory and tertiary services. Both government and non-government services are in-scope across the four human services areas of health, education, justice and community services. The collaborative and collective way of working are critical in driving systemic change and focusing on positive outcomes for children and families.

When early support is effective, and there are better pathways across the human services to provide holistic, and early services before people have contact with statutory or crisis services - there will be less demand for statutory services. This means that tertiary and statutory services will have greater capacity to support the families they are working with. Over time, statutory and tertiary services may have increased capacity to shift their focus to increased diversionary and early support services. Gradually this will free up additional resources to further reinvest in early support.

Early Support Service Change

By changing the service system, people's lives can be changed for the better. *Early Support* will involve redesigning current services to remove the barriers to people accessing services and will ensure services are targeted to people before they reach crisis. There will also be changes to the mix of services; while ensuring crisis services are maintained, there will be targeted strategic investment in early support and prevention services. Initially, this will take a Try, Test and Learn approach to understand what works in the ACT context. This will be done through four Implementation Initiatives, with each Directorate to identify and lead an initiative. Currently, those initiatives include:

- A Health-led sustained nurse home visiting program
- A JACS-led data collection and infrastructure project to maximise opportunities for working in innovative ways with JACS clients in the context of their families
- An Education-led initiative for flexible learning options for students at risk of disengaging from school
- A suite of policy and practice reforms, and service redesign focused on keeping Aboriginal and Torres Strait Islander families safe and together, led by CSD.

While not specifically focused on youth mental health; all four implementation initiatives will contribute in different ways to the health and wellbeing of Canberra's youth.

Early Support Practice Change

A key component of *Early Support* will be the co-production and co-implementation of a shared practice framework across the human services.

A shared practice framework will be developed for the human services to support ways of working which:

- supports children in the context of their family
- furthers self-determination of Aboriginal and Torres Strait Islander peoples and communities
- enables intergenerational well-being
- is restorative and trauma informed

While there is significant work to be undertaken to further develop this, feedback from stakeholders has indicated fundamental ways of working which need to be integral to how all parts of the system work together to achieve results and outcomes.

The Best Start for Canberra’s Children: the first 1000 days Framework

As part of the *Early Support* initiative, Health and CSD are leading the development of a Framework to drive collective and coherent action to ensure Canberra’s children get the best start in life. This includes bringing together initiatives and reforms currently being delivered or developed by ACT Govt under a galvanising approach.

Early Support - Best Start for Canberra’s Children: the first 1000 days

Vision

Canberra's children get the best start in life so that they have the best possible health and wellbeing, with supports that enable them to achieve the goals they set now and into their future. If we do this, we shape a Canberra which is more equitable, smarter, healthier, more productive and fairer.

Draft Focus Areas* of Framework:

- Aboriginal and Torres Strait Islander expertise is recognised and privileged
- Awareness raising
- Children in the context of families
- Inclusive universal supports
- Targeted, holistic supports for health and wellbeing
- Integrated, inclusive strengths-based practice
- Social and cultural determinants of health are prioritised
- Change is managed, monitored, and effective

*Note: still in development

The Framework is expected to also identify priority action areas and where wrap around services for families will establish strong foundations for whole of life success. The focus on holistic approaches and working with children in the context of the family seeks to ensure that all family needs, including the needs of parents (such a mental health supports), are addressed, and there is broad recognition of their role in whole of family, long term well-being.

Community Based Early Intervention Services

The ACT Government has a strong history of partnering with the community sector to deliver community-based mental health services to help provide wrap-around support for individuals. Primary care and community-based programs are an essential part of the wrap-around care and form the foundations of the stepped care continuum. Examples of several NGOs funded by the ACT Government for prevention and early intervention in mental health are listed below:

Perinatal Wellbeing Centre

The Perinatal Wellbeing Centre provides a range of services which support, educate and inform families in the Canberra and ACT region who are experiencing Antenatal Depression, Postnatal Depression or Anxiety. The Perinatal Wellbeing Centre are funded to provide self-help groups providing support for women and their families suffering from ante and/or postnatal mental illness. In addition, they provide education and information services around ante and/or postnatal mental illness to the community mental health sector including GPs. This is complementary to the service provision of the Canberra Health Services Perinatal Mental Health Consultation Service. This community based non-government organisation, primarily funded by ACT Health, assists families on their pathway to

recovery, works with the community to reduce stigma and benefits the wider society. This good quality early intervention service aims to support and protect the long-term mental health of mothers, fathers, babies and families.

Mental Illness Education ACT (MIEACT)

MIEACT provides evidence-informed mental health and wellbeing education programs to community groups, primary schools and secondary schools in the ACT. MIEACT incorporate lived experience stories that increase mental health literacy, promote early intervention, reduce stigma and emphasise recovery. MIEACT currently receives funding from the ACT Government to deliver a range of programs across the community and has recently partnered with the Office for Mental Health and Wellbeing to undertake the Mental Health and Wellbeing Review of Children and Young People in the ACT.

4. RESPONDING TO YOUNG PEOPLE WITH MENTAL HEALTH AND ADDICTION CHALLENGES

The ACT Government is committed to ensuring that there is an appropriate range of services for young people in the ACT. This commitment has been enshrined in a range of documents and workplans produced by the ACT Government, including the Government responses to the Productivity Commission, the Office for Mental Health and Wellbeing Workplan and in the Regional Mental Health and Suicide Prevention Plan currently being finalised.

Broader government and community services

Specialist Homelessness Services

In 2019-20, the ACT Government is allocating \$5.5 million to eight programs within the ACT Specialist Homelessness Sector that support young people. Programs include crisis accommodation, transitional housing, counselling and living skills.

Youth services in the ACT Specialist Homelessness Sector have extensive experience and expertise in supporting the unique needs of young people aged 16 to 25 years. Support services provide young people with life skills training, advocacy, mentoring, encouragement and support to participate in education, training, employment and community; and support to obtain/sustain private rental tenancies.

Services include:

- The Barnardos Friendly Landlord Service (ages 16-25 years)
- Barnardos - Youth Identified Accommodation and Support Program (YIASP) (ages 15-19 years)
- Barnardos - Our Place: Youth Integrated Education and Accommodation Service (ages 16-21 years)
- CatholicCare - Youth Housing Support Service (ages 15-25 years)
- The Conflict Resolution Service – “Family Tree House” Crisis Mediation Service (ages 13-20 years) which provides crisis mediation focused on resolving family conflict and keeping young people at home if safe to do so

Collectively, these programs provide 242 support places and 112 accommodation places at any one time. In addition to these programs, Gugan Gulwan Youth Aboriginal Corporation, will receive funding to support up to six young Aboriginal or Torres Strait Islander people at any one time.

Public Housing

Housing ACT has a specialised Youth Team which works with young people aged between 16 and 25 years. Young people are assessed on an individual basis and allocation to the Youth Team is based on a client's specific needs. However, Care and Protection involvement (including out of home care) and /or incarceration normally provide automatic access to the Youth Team. The Youth Team provides one point of contact for young people and the Youth Housing Manager will undertake the assessment of housing application; connection with services to support the holistic needs of the client; and the provision of advice on Housing ACT policies, processes and procedures with the young person. When a young person signs up for a tenancy with Housing ACT, the Youth Housing Manager will remain the young person's point of contact until they are 25 years of age and sometimes longer.

The Program supported 406 young people to sustain tenancies throughout 2018-2019. In addition to managing these tenancies, 29 youth housing assistance assessments were undertaken with the aim of providing safe and secure accommodation into the future for young people.

Safe and Connected Youth

The Safe and Connected Youth trial was funded following the identification of a service gap for children and young people aged 8-15 at risk of or experiencing homelessness. This issue was brought to the forefront by a wide range of community sector stakeholders, with reports of rising numbers of referrals for homeless children and young people under the age of 16 over the past few years.

Research undertaken in 2018 by CSD and the Australian Catholic University (ACU) has found that homelessness amongst under 16 year olds is usually the consequence of other unmet support needs elsewhere in the service system. Furthermore, becoming homeless at such a young age has an extremely negative impact on healthy child development, often leading to poor mental and physical health, emotional wellbeing, educational attainment and social skills.

The evidence suggests that applying purely a homelessness lens to this issue is inadequate and that at-risk children and young people aged 8-15 require longer term, trauma-informed and therapeutic interventions that provide a holistic and sustainable response.

The trial service model comprises outreach, therapeutic casework, family mediation and access to respite accommodation options, with the overall aim of reconnecting families and improving family functioning, where possible. This offers a longer term, more holistic and wellbeing focused response differing from conventional crisis interventions provided by child protection, youth justice or homelessness services.

Early results from the trial have been promising. Clients are reporting improved family relationships and parents have reported that the service has provided a valuable support for their families. Only 11 young people and their families have participated in the trial so far, and of those, four have been identified as requiring mental health support.

Case Study

Nat is 15 years old and lives with a family friend, Sophie. Nat started living with Sophie following a family breakdown related to her mother's mental health. After an incident with the police, Nat and Sophie's relationship became fractured. A Therapeutic Case Worker (TCW) became involved to support Nat to make safer choices as well as to maintain a positive relationship with Sophie. The TCW attended three positive mediation sessions with Sophie and Nat at the Conflict Resolution Service. Nat reported that the attendance of the TCW at these sessions helped her to feel more supported.

As Nat and the TCW built rapport, they identified the need for additional mental health support. The TCW liaised with CAMHS to arrange an appointment within the next week. Following an incident with a peer, Nat experienced suicidal thoughts and was admitted to The Canberra Hospital and then referred to the STEPS youth mental health residential program. The TCW supported Nat to engage with and transition to the STEPS program, where she received mental health support from a clinician, while continuing case management through the S&CY Project.

Nat wants to start rebuilding her relationship with her mother and father, following their visit to her in hospital. The TCW is supporting Nat and her mother to engage constructively with each other and to work together to identify solutions as issues arise.

This case study demonstrates how the service has interacted with the mental health system whilst providing continuity for the client through the therapeutic case worker. Other cases have intersected with the education, police, child protection, and youth justice systems.

Melaleuca Place

Melaleuca Place, a trauma recovery centre commenced operation on 1 July 2014. Melaleuca Place provides high-quality, trauma-informed therapeutic services to children from birth to age 12, who have experienced abuse and neglect, and who are current clients of Child and Youth Protection Services. A consideration for better mental health outcomes is how to continue improving the way the broader health and human services system meets the needs of children and young people who have experienced trauma.

As at 24 January 2020, 117 children have so far received intervention from Melaleuca Place; 48 were from an Aboriginal and Torres Strait Islander background. Currently there are 25 active clients who are being supported by Melaleuca Place; of these 7 are from Aboriginal and Torres Strait Islander background. Melaleuca Place has serviced an additional 31 families (22 kinship carers and 9 foster carers) through the Connect Program, which is a nine-week attachment-based parenting group program.

Integrated Service Response Program

The Office for Disability's Integrated Service Response Program (ISRP) provides short term case coordination for people with disability, who have complex supports needs, who are risk of crisis. ISRP has provided case coordination for young people with disability, who have a mental health diagnosis or emerging mental health needs, and who have experienced trauma.

ISRP's experience of providing case coordination for these young people is complicated by a siloed response to identified needs. ISRP notes there is complex interplay between disability, mental health and trauma, and take the approach that it is preferable to adopt a holistic approach to a person's needs which will lead to better outcomes for the young people and their families. This is particularly true when there is a known trauma background and child protection involvement.

When working with mental health services, ISRP has experienced a general lack of understanding of disability and the National Disability Insurance Scheme (NDIS). There is often an expectation that NDIS

funding should and can be used to address all needs. More work is being needed to ensure that a multiagency response is coordinated to meet all the needs of the individual and their families and this project is in its early stages.

Addiction Services

The comorbidity, or co-occurrence, of mental illness and substance abuse disorders are prevalent in Australia. The Standing Committee is right to highlight this as an important area because of the impact of substance abuse on the developing minds of young people, particularly when comorbid with mental illness.

There is a wide range of publicly funded alcohol and other drug services accessible for adolescents and young people in the ACT. Critically, these services are available across the spectrum of Alcohol and Other Drug (AOD) addiction. These services range from the Counselling and Treatment; and Police and Court Drug Diversion Services operated by CHS to a range of residential programs operated by NGO services.

These NGO services includes two residential rehabilitation services operated by the Ted Noffs Foundation for young people aged 13-17, the Adolescent Drug Withdrawal Unit and the Program for Adolescent Life Management (PALM). In addition to this, Ted Noffs also offers an aftercare service for young people who have completed the PALM program for up to 3 years. The ACT Government also provides funding to the Gugan Gulwan Youth Aboriginal Corporation for a Drug and Alcohol Program for young Aboriginal and Torres Strait Islander people aged 12 to 25 years.

In addition to these significant investments, the ACT Government is committed to ensuring that information about these services is accessible and understandable. The Alcohol Tobacco & Other Drug Association ACT (ATODA) is funded by the ACT Government to provide a Service Directory describing the range of AOD services accessible in the ACT, as well as a phone line available 24/7. This Directory describes the range of services available for people under 18, in addition to those available for adults over 18. This is an important service to ensure that AOD services in the ACT are approachable for people of all ages, ensuring that people can seek services appropriate to their level of need.

Specialist mental health services for Children and Young People

Canberra Health Services: Mental Health, Justice Health and Alcohol and Other Dugs (MHJHADS)

Child and Adolescent Mental Health Services (CAMHS) is part of the Division of MHJHADS and is a service for children and adolescents with moderate to severe mental illness. CAMHS staff are qualified social workers, mental health nurses, psychologists, child psychiatrists, occupational therapists and other technical, teaching and administrative staff. CAMHS is led by the Operational and Clinical Directors and 1 x senior Manager.

CAMHS consists of a number of teams as per below:

CAMHS Northside and Southside are our Community Teams and are based at Belconnen Community Health Centre (Northside) and Callam Offices, Easty St Woden. The teams are led by 1 x Clinical Team Manager each and 1 x Operational Team Manager who sits across both teams. Within these teams there are also several specialist liaison positions:

- CAMHS Headspace Liaison
- CAMHS STEPS Liaison
- CAMHS YSUSD Liaison

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- CAMHS Crisis Response Clinician

Specialist Youth Mental Health Outreach (SYMHO) provides clinical case management to adolescents and young adults up to the age of 25 years old that suffer from first episode/early onset psychosis. SYMHO is a seven day service, providing services during business hours and extended hours including weekends and public holidays. SYMHO is based at Callam Offices, Easty St, Woden. This team is led by 1 x Team Manager and 1 x Nurse Practitioner. (7 days business hours)

CAMHS Perinatal Mental Health Consultation Service (PMHCS) provides services to women during the period from conception to 12 months post partum and is based at Callam Offices, Easty St Woden. This team is led by 1 x Team Manager.

CAMHS The Cottage is a therapeutic Day Program and is based at Calvary Hospital Campus, Corner of Mary Potter and Haydon Dr, Bruce. This team is led by 1 x Team Manager.

CAMHS DBT provides specialist Dialectical Behaviour Therapy for children and young people with Borderline Personality Disorder particularly those individuals with self harm and/or suicidal urges and is based at Calvary Hospital Campus, Corner of Mary Potter and Haydon Dr, Bruce. This team is led by the Team Manager of The Cottage program.

CAMHS Eating Disorders Program (EDP) provides comprehensive assessments and treatment programs for people with a primary diagnosis of an eating disorder and is based at Phillip Medical Centre, Corner of Corrina and Keltie Sts, Woden. This team is led by 1 x Team Manager. (5 days business hours)

Childhood Early Intervention Team (CEIT) provides child focussed interventions through group work with both parents and children to children with emerging mental illness or mental disorder. Additional services include Secondary Consultation based on priority areas and Education Sessions by request. CEIT is based at the Tuggeranong and West Belconnen Child and Family Centres and is led by 1 x Team Manager. (5 days business hours)

CAMHS Hospital Liaison Team (CAMHS HLT) provides consult liaison to the Emergency Department, Paediatric Wards and other wards of The Canberra Hospital for children and adolescents (up to age 18yrs). CAMHS HLT is based at the Centenary Hospital for Women and Children and is led by 1 x Team Manager. (7 days business hours)

Adolescent Mobile Outreach Service (AMOS) provides assessment and treatment for adolescents aged 13-18 years with moderate to severe mental illness who experience barriers to accessing mainstream services or require intensive outreach support. This team is led by 1 x Team Manager. (7 days business hours)

Home Assessment and Acute Response Team (HAART) offer a free service to all residents of the ACT who are experiencing an acute exacerbation of a mental illness and/or severe psychological or emotional distress. This service is not a youth specific service but does provide support to young people when required.

PACER Trial is partnership with AFP policing ambulance service and CHS involves a mental health clinician, police officer and paramedical co responding to crisis mental health incidences – Thurs, Fri Sat and Sun – hours 2pm to 12am. Although this is not a specialist service for youth, it is intended that young people can seek mental health support through this service.

CAMHS routinely work with young people who have both a mental illness and drug and/or alcohol problem. This is not an unusual presentation. They provide psychoeducation, motivational interviewing and work therapeutically with the young person. Staff are trained in YASSIST.

MHJHADS Youth Drug and Alcohol Program provide longer term therapy for young people engaged in their service. They are also working with families which is an effective evidence-based model but more intensive. This team has two full time positions.

Eating Disorders

The ACT Government has invested significantly in the further development of services for eating disorder services in the ACT, which are most commonly occur in people aged 12 to 25¹⁴. This has included the development of an Eating Disorders Position Statement, in response to a community petition from a young woman in the ACT community requesting further investment in these services.

This Position Statement outlines a focus of ensuring that there are appropriate eating disorders services across the whole continuum of care, from mental health promotion through to more acute services. This is an important element for identifying the range of needs for young people with eating disorders in the ACT. This also then led to the announcement, in the 2019-20 ACT Budget, of \$2.2 million over four years to expand the range of eating disorder services available. Included in this funding is the announcement of community-based early intervention support.

In addition, the ACT Government has received a commitment from the Commonwealth Government to establish a community-based Residential Eating Disorder Treatment Centre. The ACT Government and the Commonwealth Government are currently negotiating the arrangements for this project.

5. SUPPORT FOR THE FAMILIES OF YOUTH FACING MENTAL HEALTH CHALLENGES

A well-functioning mental health system has the potential to significantly reduce the burden of care that carers and family members experience. The ACT Carers Strategy highlights how carers often neglect caring for themselves because their caring role leaves them with little capacity to search for support services for themselves.

A key component of the review for children and young people through the Office for Mental Health and Wellbeing, was the inclusion of parents and carers and their views on the challenges they see in relation to the mental health and wellbeing of children and young people in the ACT. The feedback from this cohort outlined that parents and carers want the knowledge and understanding of mental health issues and how they can support the children and young people in their care. The Office for Mental Health and Wellbeing is working with government directorates to advocate for parenting programs that provide information to support families with children and young people, including the focus of mental health and wellbeing.

In addition to the services listed below, there are a range of non-government organisations that provide support for families in relation to mental health and wellbeing.

¹⁴ The National Eating Disorders Collaboration. (2013). *Eating Disorders Explained: Myths*. Available at: <https://www.nedc.com.au/eating-disorders/eating-disorders-explained/myth/>

Child and Adolescent Mental Health Services (CAMHS) – Support for families

CAMHS work with families and encourage families to participate in the child/ young person's care, psychoeducation and group programs. For example, CAMHS cottage program, running tunning into teens for parents. The AMOS provide 7 day a week coverage to engage parents more actively with the care of their young person,

CAMHS childhood early intervention program runs group work programs for parents with children at risk of developing poor mental health outcomes, they provide individual sessions and single session interventions for parents.

The Eating Disorders Program, within CAMHS, also provides Maudsley Family-Based Therapy for people up to age 18 presenting with eating disorders. This Family-Based model allows parents to play an active and positive role in helping their child to manage their eating disorder. This has the benefit of empowering parents to understand their child's condition and address any 'family problems' that may have been part of the aetiology of the illness. This is an important part of CAMHS' approach to including parents in eating disorders care.

Community Organisations

Community based non-government services are an important part of the mental health system, for how they support families with youth who have mental health challenges. In addition to Carers ACT, who were crucial in the development of the ACT Carers Strategy, the ACT Government also funds a number of NGOs for family-based supports.

Examples of this includes organisations such as Marymead, who are funded for programs aimed directly at parents and caregivers. This includes Marymeads program called Circle of Security, which is a parent education program for caregivers who are experiencing behavioural or emotional struggles with their children aged 0 to 8. Circle of Security is a group course designed to provide parents and caregivers with a framework for understanding their children's behaviour and supports relationships to alter negative patterns.

However, these NGO investments also include services that are targeted more specifically at providing treatment and support for the individual but that also include support for parents. This includes examples like CatholicCare's Supporting young people Through Early intervention and Prevention Strategies (or STEPS) program. As part of this voluntary mental health residential program for young people aged 13-17, there is also support provided for parents to understand how the program has supported them in their relationships with their child.

Healthy Canberra ACT Preventative Health Plan 2020-2025

The Healthy Canberra Plan sets the foundations for reducing the prevalence of chronic disease and supporting good health across all stages of life. A key focus area of this plan is the support for children and families and includes key actions of optimising the healthy development of children during the first 1,000 days and to build and strengthen information systems and data to better inform evidence-based practice to support the health and wellbeing of children and families. Further information about the is available on the ACT Health website at <https://www.health.act.gov.au/about-our-health-system/population-health/act-preventive-health-plan>

ACT Aboriginal and Torres Strait Islander Agreement 2019-2028

The *ACT Aboriginal and Torres Strait Islander Agreement 2019-2028* (the Agreement) provides the foundation for supporting Aboriginal and Torres Strait Islander families in the ACT. The Agreement commitment will ensure that Aboriginal and Torres Strait Islander communities are able to meet their social, cultural and economic needs. By enabling Aboriginal and Torres Strait Islander peoples to exercise self-determination and have the ability and resources to provide their own solutions, acknowledging that Aboriginal and Torres Strait Islander leadership is central to the process of ensuring the long-term emotional and physical wellbeing of Aboriginal and Torres Strait Islander communities.

Functional Family Therapy

Gugan Gulwan Youth Aboriginal Corporation, in partnership with OzChild, delivers the Functional Family Therapy – Child Welfare (FFT-CW) program for Aboriginal and Torres Strait Islander families. FFT-CW is an evidence-based program that specifically targets families with children and young people aged 0-17, at risk of entering the out of home care system and to support re-unification of a child or young person from care to family. The aim of the program is to reduce the number of Aboriginal and Torres Strait Islander children and young people entering, or remaining in out of home care, through interventions that strengthen families and communities.

Digital Solutions

There are a range of online supports for families in relation to child and youth mental health that the ACT Government encourages including Lifeline, Reach Out, Beyondblue and the Kids Helpline. In addition, the Office for Mental Health and Wellbeing are currently scoping the requirements for an online youth navigation portal which will incorporate a range of online support options for parents and carers and will link to existing online resources.

6. YOUTH SUICIDE PREVENTION AND SUPPORT

LifeSpan Integrated Suicide Prevention Framework

The ACT Government established a pilot version of the Black Dog Institute's LifeSpan Integrated Suicide Prevention Framework in the ACT from 2018-19. LifeSpan is an evidence-based approach to integrated suicide prevention which combines nine strategies that have strong evidence for suicide prevention into one community-led approach incorporating health, education, frontline services, business and the community. One of the nine strategies targets the promotion of help-seeking, mental health and resilience in schools.

The inclusion of the voice of lived experience of suicide is a key priority under the LifeSpan framework, for all suicide prevention activity targeting young people. Lived experience representation is included in all the governance structures and consultation forums of ACT LifeSpan to ensure that the voice of those with lived experience of suicide, including young people, is included.

Suicide prevention programs in the school setting are an important element of the Lifespan framework. ACT Health works closely with the ACT Education Directorate (ACTED) on these programs. The flagship program in schools is the Youth Aware of Mental Health Program (YAM). This program is outlined in section 6 – Services Available in ACT schools.

Question, Persuade, Refer (QPR)

The ACT Government is working with Black Dog Institute, ACT Health and Capital Health Network to provide free Question, Persuade, Refer (QPR) training to school staff and the broader school community. QPR is a suicide prevention intervention that teaches lay and professional gatekeepers to recognise and respond positively to someone exhibiting suicide warning signs and behaviours. QPR training is designed to detect persons who are in the thinking or ideational phase of a suicide plan. QPR training may also enable natural helpers to identify people at risk who have already made one or more non-lethal attempts.

Way Back Support Service

The ACT Government and the Commonwealth funds the Way Back Support Service developed by Beyond Blue. This program is a non-clinical suicide prevention service to provide follow-up support to people for up to three months, after they have attempted suicide and is available for young people between 18 to 25 years of age.

Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS)

Within MHJHADS including the child and adolescent mental health context each person accessing the service is routinely screened for suicidal ideation- suicidal thought and lethality of intent. Depending on the assessment of this a formulation of clinical care is made. All clinical staff are trained in suicide assessment and respond according to a triage scale. Emergency appointments are available as well as weekend coverage

There is a focus on suicide prevention amongst service providers and schools. Consultant liaison services within the hospital and proactive outreach service from CAMHS and MHJHADS connect with services such as Way Back and Next Step (through Catholic Care).

7. SUPPORTS FOR STUDENT MENTAL HEALTH AND WELLBEING IN ACT PUBLIC SCHOOLS

Schools play a critical role in providing access to supports and intervention in the mental health and wellbeing of youth in the ACT. The role schools play in our community has evolved. Schools are increasingly viewed as a safe and secure base from which to deliver interventions that promote the mental and physical health of children and young people as well as centres for academic attainment. ACT public schools provide a wide range of health and wellbeing supports to ACT students within schools, across Government services and working with the broader Canberra community.

ACT public schools are responding to the needs of young Canberrans by providing a wide range of supports in schools, through multidisciplinary teams, and facilitating strong partnerships with mental health providers to promote wellbeing, address issues early and promote assistance seeking by reducing stigma associated with mental health. ACT public schools use evidence based practice to build school environments where students feel connected to others and experience safe and trusting relationships, thereby enhancing the wellbeing of children and young people and optimising learning outcomes.

Future of Education

The government's *Future of Education Strategy*¹⁵, launched in August 2018, is a ten-year roadmap for education in the ACT based on principles of equity, student agency, access and inclusion. The *Future of Education Strategy* has at its core an acknowledgement of the diversity amongst students and supporting and valuing teachers as expert professionals who are highly skilled at working with students on their learning journey.

The foundations of the strategy are to:

- place students at the centre of their learning
- empower teachers, school leaders and other professionals to meet the learning needs of all students
- build strong communities for learning
- strengthen systems to focus on equity with quality

ACT public schools are committed to fostering physically and psychologically safe and supportive learning environments. The Directorate is deeply focused on ensuring the wellbeing of students and staff in ACT public schools. It is well established that truly inclusive educational environments deliver better academic, social and wellbeing outcomes for all students and are a key part of making our schools safer. The four foundations of the *Future Education Strategy* provide a platform for how we achieve this in ACT public schools and our policy framework is established to support this.

Policy Framework

Student mental health and wellbeing is supported through several policy frameworks, including the national Australian Student Wellbeing Framework, the ACT *Safe and Supportive Schools* policy and the *Continuum of Educational Support* for students in high school.

Australian Student Wellbeing Framework

The Australian Student Wellbeing Framework (ASWF) supports Australian schools to provide each and every student with the strongest foundation possible for them to reach their aspirations in learning and in life. The national Framework is based on evidence that demonstrates the strong association between safety, wellbeing and learning¹⁶. The ACT Education Directorate aligns wellbeing policy frameworks with the ASWF, a framework that has been endorsed by all Australian states and territories.

Safe and Supportive schools

The Safe and Supportive Schools policy¹⁷ provides guidance to all ACT public schools on establishing a universal culture of respect, equality and support. It requires schools to adopt whole of school approaches to positive behaviour support, such as the Positive Behaviour for Learning Framework. Building on these strong foundations and guided by relevant learning areas and general capabilities in the Australian Curriculum, schools implement a range of programs and initiatives aimed at building respectful and strong relationships to ensure students feel a sense of belonging. The policy requires schools to intentionally develop students' social and emotional skills through social and emotional

¹⁵ <https://www.education.act.gov.au/our-priorities/future-of-education>

¹⁶ Australian Student Wellbeing Framework, accessed at https://studentwellbeinghub.edu.au/media/9310/aswf_booklet.pdf

¹⁷ https://www.education.act.gov.au/publications_and_policies/School-and-Corporate-Policies/wellbeing/safety/safe-and-supportive-schools-policy

learning programs. Social and emotional learning programs enable students to acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage their emotions, set and achieve positive goals, understand and show empathy for others, establish and maintain positive respectful relationships, and make responsible decisions.

The policy also requires schools to have processes and procedures in place to manage and minimise behaviours of concern and to prevent bullying, harassment and violence. The policy requires each school to identify at least two Safe and Supportive Schools Contact Officers (SASSCOs), one male and one female to respond to incidents occurring in the school setting SASSCOs have a proactive role in ensuring school environments are places where young people and their families feel valued and connected to their school and are a dedicated staff member that provides support to students if they are experiencing issues relating to bullying and harassment. The policy and associated procedures encourage critical evaluation of the effectiveness of social and emotional learning approaches which contribute to the development and maintenance of safe and supportive school environments. The ACT's Safe and Supportive Schools Policy and procedures align with the Australian Student Wellbeing Framework.

Continuum of Educational Support

The implementation of Continuum of Educational Support (CES) involves the provision of alternative education programs and/or other flexible learning options for students at risk of disengaging from secondary school.

The Continuum of Educational Support Model responds to individual student needs through three components:

- a) Tier 1 Universal: Implementing core elements important for all high school students, including adolescent centred practice, effective transitions, social and emotional wellbeing support, quality teaching, parent engagement and community involvement.
- b) Tier 2 Selected: Identifying supports for some students who are at risk of disengaging, including wellbeing supports, flexible learning programs and pedagogies.
- c) Tier 3 Targeted: Providing intensive targeted support for students who have disengaged from their learning and require high levels of holistic support to re-engage them in their learning that cannot be provided in a mainstream classroom, including in-school and out-of-school options.

An additional component of the CES is the Flexible Education Team who provide Tier 2 and 3 support to students across a range of settings including the Murrumbidgee Education and Training Centre, Hospital School, The Cottage (CAMHS Program), Off Campus Flexible Learning Program (Muliyan), and Distance Education. This multidisciplinary team support students with significant social, psychological, wellbeing and academic needs. They construct personalised learning plans, which includes both academic and wellbeing goals, and ensure wrap around service provision. The team provides personalised education programs to students who, at a point in time, cannot access education at their enrolled school.

Understanding School Climate

School climate is based on patterns of students, parents and school personnel's experience of school life; it also reflects norms, goals, values, interpersonal relationships, teaching and learning practices, and

organizational structures¹⁸. Schools are an important environment to build positive futures for young people. In collaboration with ACT Education, Australian National University has been studying school climate in ACT schools for the last 10 years. A sustained positive school climate promotes students' social, mental and emotional development, and behavioural and learning outcomes, while guaranteeing both physical and social safety¹⁹. Some of the benefits of a positive school culture for students include²⁰:

- Improved academic achievement and performance;
- Adaptive psychosocial adjustment;
- Satisfaction with school;
- Sense of belonging;
- Academic value;
- Self-concept;
- Motivation to learn;
- Decreased behavioural problems; and
- Overall positive health and wellbeing.

Students who feel connected, safe and secure are more likely to be active participants in their learning and to achieve better physical, emotional, social and educational outcomes. Students are central to creating a school climate of respect and inclusion. Authentic student participation is also one of the five key elements of the Australian Student Wellbeing Framework, with the key principle that 'students are active participants in their own learning and wellbeing, feel connected and use their social and emotional skills to be respectful, resilient and safe. The Education Directorate uses the annual School Climate Survey to provide data to enable schools to assess and monitor the learning and wellbeing environment they provide for their students. The Survey assists with continuous cultural and climatic improvement in schools.

Mental Health supports available in schools– universal, targeted and selected

Good mental health is critical to a child's success in school and life. Research demonstrates that students who receive social-emotional and mental health support achieve better academically. School climate, classroom behaviour, on task-learning, and students' sense of connectedness and wellbeing all improve as well.

Schools offer a unique context for prevention, intervention and positive development for students. Mental health professionals working in schools such as school psychologists, social workers, school youth health nurses know the students, parents, and other staff, which contributes to accessibility of services. Research has shown that students are more likely to seek counselling when services are available in schools²¹.

School based mental health professionals are inducted to provide services in the learning context. With professional experience, they also acquire expertise in school system functioning and learning, as well as students' behaviours and mental health impacts on their learning. Comprehensive mental

¹⁸ National School Climate Center <https://www.schoolclimate.org/about/our-approach/what-is-school-climate>

¹⁹ Zullig, K. J., Koopman, T. M., Patton, J. M., & Ubbes, V. A. (2010). School climate: Historical review, instrument development, and school assessment. *Journal of Psychoeducational Assessment*, 28(2), 139-152 and Loukas, A. & Robinson, S. (2004). Examining the moderating role of perceived school climate in early adolescent adjustment. *Journal of Research on Adolescence*, 14(2), 209-233.)
20 (Cross, D and Lester L. 2016, accessed at <https://www.teachermagazine.com.au/articles/school-climate-the-effect-on-transition>).

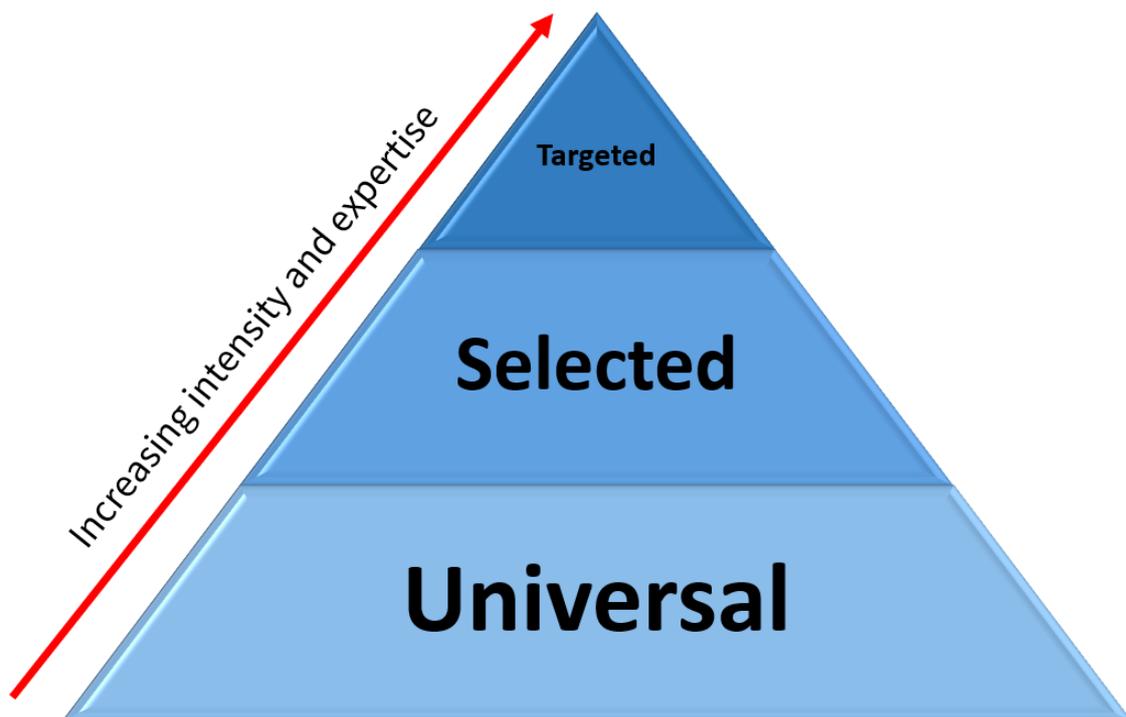
²¹ <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/mental-health/school-psychology-and-mental-health/school-based-mental-health-services>

ACT GOVERNMENT RESPONSE to the INQUIRY INTO YOUTH MENTAL HEALTH IN THE ACT

health services are most effective when provided through a multitiered system of supports, which encompasses the continuum of need, enabling schools to promote mental wellness for all students, identify and address problems before they escalate or become chronic, and provide increasingly intensive, evidence informed services for individual students as needed. Meeting the full continuum of student needs is also dependent on collaboration with community mental health providers as community providers offer supplementary or intensive service that go beyond school capacity.

The Education Directorate follows a multitiered system of approach to support student's wellbeing. The model is based on a range of people working collaboratively, using a range of knowledge, resources and skills to support the diverse needs of students and their families. This approach is especially pertinent for suicide prevention and early intervention.. The Directorate's Suicide Prevention, Intervention and Postvention programs provide a cohesive strategy to prevent and respond to student suicide in ACT public schools. This approach, (universal, selected and targeted), aligns with the model advocated by Suicide Prevention Australia, 2010 and is consistent with the LIFE: A framework for prevention of suicide in Australia.

Supporting student wellbeing and engagement requires high quality responsive services and strategies that are tiered into *universal, selected and targeted* -



- Universal strategies are designed for all students and staff, in all settings to help schools create inclusive and supportive whole school environments. Prevention is the focus.
- Selected strategies complement universal strategies and provide additional support for some or groups of students with particular needs. Early intervention is the focus.
- Targeted strategies are designed for a small numbers of students identified as requiring tailored or wrap-around support to engage successfully in education. Early intervention is the focus.

Universal Supports

Universal programs and supports focus on all members of the ACT community or members of the whole school community.

Student Wellbeing Teams

Every school has a School Wellbeing Team. These teams may include deputy principal, executive teacher, Disability Education Coordinator, Learning Difficulties Representative, school psychologist, nurse, youth support worker and pastoral care coordinator. In addition to this, some schools have community coordinators or wellbeing support workers and some schools work with Indigenous Education Officers. These roles ensure schools are inclusive and understanding of the needs of their local community. Schools have flexibility in how School Wellbeing teams operate to ensure they meet the unique needs of the students and school community over time. These teams develop and deliver a range of programs and activities that support the social and emotional wellbeing of students and school communities. These teams develop individual learning and wellbeing plans for students, ensuring transition plans are in place for some students, providing targeted support for specific students and delivering programs and activities that support student's physical and emotional needs, nurturing student engagement and resilience and strengthening social development. It can also include coordinating volunteering activities and support, breakfast clubs, lunch time activities, activities and parent/carer workshops.

Network Student Engagement Teams (NSETs)

NSETs assist schools to build capability and capacity to ensure students at risk of disengaging with education have the required supports to assist them to access learning, and where necessary have appropriate referrals made for additional external support (in consultation with parents/ carers). The NSET multidisciplinary team is made up of specialist teachers and allied health professionals (senior psychologist, occupational therapist, speech pathologist, social worker). NSET provides the following universal supports to assist schools to:

- make reasonable adjustments to ensure all students can access and participate in learning
- Provide professional learning to:
 - embed whole of school systems in the use of help scripts and de-escalation strategies - through Team Teach professional learning
 - ensure quality teaching through coaching and mentoring executive teams to build their capacity to develop the classroom teacher pedagogy
- ensure whole of school processes are in place to be compliant with the support safe and supportive schools' policy. This includes:
 - behaviour management protocols
 - reporting systems e.g. SAS and Riskman
 - student plans

Safe and Inclusive schools

ACT GOVERNMENT RESPONSE to the INQUIRY INTO YOUTH MENTAL HEALTH IN THE ACT

The Safe and Inclusive Schools Initiative²² is designed within the context of the Safe and Support Schools Policy. The initiative works with ACT schools and education programs to build on their capacity to ensure learning environments are safe and inclusive for all students regardless of their gender presentation/identity, intersex status or sexual orientation.

The goal of the Initiative is that school and educational programs within the ACT are safe, inclusive environments for all students regardless of their gender presentation/identity, intersex status or sexual orientation. For schools in the ACT, this includes building the capacity of school staff to support individual student needs, welcoming and celebrating community and family diversity, and building school cultures where prejudice, discrimination, harassment or violence is unacceptable on the basis of gender presentation/identity, intersex status or sexual orientation.

The Initiative works with schools in a flexible way that is responsive to the needs and cultural contexts of particular school environments. The Initiative offers a range of supports that schools can select and tailor to their particular needs including meeting with school staff, parents and students to discuss needs and priority issues and develop an understanding of existing school environments and planning processes. The Initiative supports schools through:

- professional learning for staff;
- expert advice and support;
- the sharing of high-quality teaching and learning resources and
- the development of networks and process to share good practice.

Safe and Supportive Schools Contact Officers (SASSCOs)

The Safe and Supportive Schools Policy requires each school identify at least two Safe and Supportive Schools Contact Officers (SASSCOs), one male and one female. A SASSCO is a teacher or executive teacher designated to support and respond to students who may be experiencing bullying, racial or sexual harassment. SASSCOs participate in training and are a resource to other member of school staff.

Schools are required to have clear procedures for staff to address bullying (including cyber bullying), harassment and violent behaviours. Each school will determine how their SASSCO role will work to support students and how the duties of the role articulate with the duties of other roles such as School Executive.

SASSCOs assist by:

- Providing support to students who may be experiencing bullying.
- Responding to complaints about bullying and harassment, including when it relates to sexism or racism.
- Collecting data on incidents of bullying and harassment to inform the development of strategies and procedures used at the school.
- Developing proactive strategies and supports to counteract bullying and harassment in the school.

- Promoting an inclusive environment for all students, regardless of their background, including same sex attracted, gender diverse and intersex students.
- Contributing to the Social and Emotional Learning programs of the school.
- Registering and organising school activities for the National Day of Action against Bullying and Violence

School Youth Health Nurse Program (SYHN)

With a strong focus on health promotion and early intervention, the School Youth Health Nurse Program supports the health and wellbeing of students in secondary schools as they transition to adulthood. The objectives of the program are to promote positive health outcomes for young people and their families and to provide an opportunity to access a health professional in the school setting. Nurses are often the first point of contact for health matters and play an important role in referring to appropriate health care providers.

School Youth Health Nurses:

- provide individual health consultations for students
- support health promotion activities in the school setting
- provide health promoting small group work
- are a resource for teachers teaching the health curriculum
- provide consultation for families and the school community for health information, advice and support.

The School Youth Health Nurse Program is delivered in ACT high schools in partnership with Canberra Health Services.

Positive Behaviours for Learning (PBL)

The Education Directorate is following a Positive Behaviour for Learning (PBL) approach to support social and emotional learning in ACT public schools. PBL is an internationally adopted, evidence-based whole school approach that aims to improve learning, behaviour and social outcomes for all students. PBL facilitates students, teachers and the school community to identify the positive behaviours and values that are expected in their school. The values and behavioural expectations are taught, reinforced and celebrated both within and outside a classroom setting. PBL is a structured approach, with a strong focus on data to plan areas of focus in learning, wellbeing and engagement. Schools are supported in implementing the PBL by external PBL Coaches and a Senior Psychologist from the Education Directorate.

PBL establishes a continuum of support that helps students with diverse academic and social needs. The continuum is aligned with Trauma and Neuroscience Informed Education practices. All students receive supports that are for everyone, some students need additional support with specifically designed strategies and a few students need intensive wrap-around support to help them to engage at school.

PBL has a longitudinal research base in achieving positive outcomes for students and school (and system) improvement. Specific outcomes are:

- enhanced school climate
- increased student engagement in learning with improved learning outcomes

- lower rates of minor and major inappropriate behaviours
- increased attendance rates
- greater connection with key stakeholders (students, staff and community).

When PBL is implemented successfully, teachers and students have more time to focus on relationships and classroom instruction. Students and staff benefit from:

- increased time focused on instruction
- improved social-emotional wellbeing
- positive and respectful relationships among students and staff
- reduced inappropriate behaviour
- better support for teachers to teach, model and respond effectively to student needs
- a predictable learning environment where staff and students know what is expected.

Social and Emotional Learning

The development of personal and social capability is a foundation for learning and for active citizenship. Schools are required to teach social and emotional learning programs. Social Emotional Learning (SEL) is the process through which students acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage their emotions; understand and show empathy for others; establish and maintain positive respectful relationships; set and achieve positive goals and make responsible decisions. Schools have the flexibility to select SEL approaches that suit their school community, and how these are the SEL approach is taught

Social and Emotional Learning (SEL) may include young children learning through modelling and coaching to recognise their own feelings and the feelings of others, which can assist to develop empathy. SEL approaches can be used to explicitly teach children and young people skills to navigate interactions and social situations and build resilience to address challenging situations relevant to their age and stage.

A review of the research literature²³ indicates that students receiving a multiyear, integrated effort in quality SEL instruction demonstrated an improvement in their academic functioning, reduction in interpersonal violence, improved attitude and behaviours, reduced emotional distress and reduced drug and alcohol use and school dropout.

Youth Aware of Mental Health

Youth Aware of Mental Health (YAM) is a universal evidence-based promotion program for 14-16-year-olds. The roll out of Lifespan in the ACT enabled the implementation of this program in ACT schools from Term 1 2020.

YAM attempts to put young people in focus by highlighting problems important to young people. YAM invites debate and a more fluid approach to mental health topics through role plays picked and enacted by participants. Also providing support to YAM, is a designated Suicide Prevention Officer funded by ACT Health. They work across ACT Education and the Office of Mental Health and Wellbeing to support the delivery of the LifeSpan youth focussed strategy of *'promoting help-seeking, mental*

²³ Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D. & Schellinger, K. B.. 2011. The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions. Child Development, Vol 82, No 1, pg 405-432)

health and resilience in schools'. Overall, it provides a hands-on approach to mental health issues such as stress, crisis, depression and suicide. The delivery partner for this program is Mental Illness Education ACT (MIEACT).

Menslink

A number of ACT Schools partner with Menslink who deliver a range of services and programs to help promote the value, wellbeing and social participation of young men in the ACT. Of note is the support these services can provide particularly for disadvantaged and disconnected young men. Their programs in schools can include:

- Silence is Deadly – a presentation often delivered to school assemblies from year 5 onward, with key messages that it's okay to seek help and take care of your mental health;
- PRIDE – a small group 8-week program focused on teaching self-esteem, values, positive relationships and anger management;
- Youth Counselling – counselling for young men aged 10 and above to explore options to solve personal challenges; and
- Youth mentoring – a mentoring program that pairs male volunteers with young men aged 10-18 aimed at building resilience, confidence and enhancing positive potential.

The services provided by Menslink provide another option for students while also complementing and interlinking with the school's broader approach to supporting student wellbeing and provision of social and emotional learning. This includes promoting help seeking behaviour and integrating referrals to school wellbeing teams and existing wellbeing supports. Schools also work with Menslink to adapt programs to priorities or specific needs of the school community where necessary.

Be You (Suicide Prevention and Postvention Modules)

Be You, the National Education Initiative, aims to transform Australia's approach to supporting children's and young people's mental health in early learning services and schools. Be You promotes mental health and wellbeing, from the early years to senior secondary, and offers educators and learning communities' evidence-based online professional learning, complemented by a range of tools and resources to turn learning into action. Be You also supports the health and wellbeing of educators and the school and early childhood setting communities.

Headspace School Support Services: Postvention

Headspace postvention School Support Services is an Australian Government funded program to support secondary schools to develop suicide postvention plans and to provide support in the medium and long term to schools after a suicide. The postvention plan provides guidance for school leadership teams in dealing with the whole school community (including parents) as well as groups and individuals in the event of a suicide. Headspace staff also work with senior school psychologists in providing advice and guidance to the school leadership immediately after a suicide. Headspace staff do not provide direct support to staff and students, this support is provided by the school psychology service for students and Employee Assistance Program (EAP) for staff.

Question, Persuade, Refer (QPR)

QPR is a suicide prevention online intervention tool that supports, teachers, school staff and parents to recognise and respond positively to someone exhibiting suicide warning signs and behaviours. As part

of LifeSpan, Black Dog Institute have worked with QPR Institute to tailor the program for Australian Audiences. The Education Directorate has bought licenses which can be used by anyone in the school community, including parents.

Teacher Professional Learning and Coaching

The ACT Education Directorate recognises the importance of providing appropriate training to teaching and learning staff which builds their capability and confidence to support students with mental health and wellbeing concerns.

Be You, the National Education Initiative, aims to transform Australia's approach to supporting children's and young people's mental health in early learning services and schools. Be You uses a continuous improvement framework and involved agencies (Beyond Blue, Early Childhood Australia, headspace and Emerging Minds) continue to provide additional training opportunities associated with Be You, through both face-to-face and webinar delivery. Topics include Trauma Informed Practice and Supporting Children and Young People with Complex Needs. There are also specific modules within the Be You program that provide mental health first aid training that can be used by all school staff.

As part of the National Education Initiative, Beyond Blue is currently investigating ways to increase the inclusion and coverage of mental health and suicide prevention content in preservice education through the tertiary and vocational education training sectors for teachers and early learning staff. Strategy is being developed to engage with appropriate associations and individual learning facilities to promote Be You.

Be You engagement and implementation is gaining momentum and growing across Australia. Data from September 2019 revealed that 91% of all ACT schools had registered with Be You.

In addition to Be You, there are several other training programs available to educators:

- Trauma Informed Practice – provides an understanding for educators on the impact of abuse and neglect on the developing brain and ways to assist this group of children with their learning and wellbeing.
- Neuroscience in Education (NeuEd) - in this training Neuroscience principles are explored and applied to teaching practice. It also imparts understanding of NeuEd and its relationship to students who have experienced abuse and neglect as well as other adversities.
- Protective Behaviours- provides resources to teachers on safety promoting messages to include in their teaching programs. The messages empower children to speak up and speak out their safety; to other identified safe adults in their lives whether they are home, at school or in the community.

Selected Supports

Selected interventions focus on groups of students who are at risk, or students who staff identify may be vulnerable to mental distress. At this level the intervention response involves school staff identifying students at risk and taking appropriate action to assist these students.

Network Student Engagement Teams (NSETs)

In addition to whole school supports, NSET also completes selected and targeted casework with specific students to support schools to meet student needs. This can include case management,

community liaison and referral, observations, support writing plans, professional learning and, in special circumstances, direct therapeutic support and assessment. NSET provides the following selected interventions:

- classroom observations
- coaching and mentoring staff
- environmental assessments supported by an Occupational Therapist
- language assessments and recommendations by a Speech Language Pathologist
- small group setting supports
- referrals to external agencies i.e PCYC programs

School psychologists

School psychologists are available to be accessed by all students, parents/carers and school staff in ACT Public Schools. School psychologists work across behavioural, social, emotional and learning domains to support a student's wellbeing. School psychologists work is informed by an early intervention and prevention model which is ecologically informed. This means that all parts of a student's life (family, classroom, peers etc.) can be included to address student wellbeing concern.

School psychologists form an important part of the mental health approach in the community as the school environment is often where a student's mental health concerns are first identified. School psychologists support students mental health and wellbeing through identification of personal difficulties early in the life of the problem, responding to immediate crisis, working with school staff to put in preventative strategies at the whole school level and referring students to other specialist agencies when a more specialised and ongoing intervention is required.

School psychologists work with school staff to implement universal wellbeing promotion and prevention strategies within schools for students and their families, including providing information and referrals to community based mental health support services and programs.

Early Intervention (EI) team of school psychologists

The Early Intervention (EI) team of school psychologists provides small group therapeutic interventions for students in public high schools and colleges. The aim is to increase students' capacity to engage in strengths-based behaviours and manage psychological distress more effectively by targeting students in the mild to moderate range of distress, or students identified as particularly vulnerable to psychological distress. The EI team works with the school psychologist and Student Wellbeing & Support teams to identify students who would benefit from the evidence-based groups.

ASIST

ASIST is a two-day interaction workshop in suicide first aid. It teaches participants to recognise when someone may be at risk of suicide and work with them to create a plan that will support their immediate safety. This training is targeted at student welfare/services and leadership staff with an aim to provide them with skills to respond to an at-risk student who is contemplating suicide.

Youth in Distress

Youth in Distress is a professional development program that is made available to psychologists in schools. The focus of this training is to develop skills in undertaking risk assessments and safety planning for youth in distress.

Targeted Level

Targeted intervention focus on individuals at high risk, or who are exhibiting early signs of mental health problems or suicidal behaviour. Such interventions are designed to reduce the level of risk and promote adaptive functioning through specific skill building and social and environmental restructuring.

School Psychologists

Drawing on the foundation of supports described in the selected level of supports, school psychologists then focus in on providing assessment and counselling for students presenting with specific mental health challenges such as suicide ideation. School psychologists initiate referrals, work alongside other mental health professionals, co-ordinate crisis response, and follow up and support impacted families. In those tragic cases when a suicide occurs, school psychologists can coordinate postvention activities. Throughout all phases of prevention and intervention, collaboration with other professionals is a critical part of their role, as it increases shared responsibility and ensures a thorough and informed response to the young person.

Network Student Engagement Teams

NSETs provides the following targeted interventions:

- case management approach in collaboration with external agencies and Occupational Violence and Complex Case Management Team (as appropriate)
- targeted Team Teach training when identified as an additional control in a student plan
- reviewing and updating plans at high and extreme risk level
- therapeutic interventions and referrals
- critical incident management
- flexible learning options

Occupational Violence and Complex Case Management Team

The multi-disciplinary Occupational Violence and Complex Case Management (OVCCM) team includes allied health professionals, business and data analysts, administration support and WH&S officers. The team offer support, advice and direction to ACT public schools working directly with students and staff following incidents of occupational violence. As part of the case management role, the team develop and review student occupational violence risk assessments to determine if the supports in place are appropriate, have been implemented and are working. These assessments are incorporated into student behaviour plans (described below) that are managed by the school and when risk ratings are medium or high the school is further supported by the OVCCM team.

Individual Learning Plans

Individual Learning Plans (ILP) identify the personalised adjustments required for a student to access, participate and achieve in learning. It identifies a student's individual needs, pathways, goals and priorities for learning. An ILP is developed by a collaborative team consisting of parents/associates, the student where possible, the school principal or delegate, educators and other relevant professionals and agency representatives. The ILP articulates long and short term goals which are Specific, Measurable, Achievable, Relevant and Timely (SMART) and is monitored and evaluated regularly and reviewed at least six monthly.

Individual Behaviour Plans

Occasionally, students may behave in a way that threatens the safety of themselves or others. Incidents involving violent or dangerous behaviour can cause distress and physical injury for the students involved or witnessing the incident, their parents or carers and staff members. Students who have demonstrated a pattern of behaviour that requires individualised planning and strategies to support their behaviour in the school environment should have a Positive Behaviour Support Plan developed. Staff with appropriate skills, expertise and experience are involved in developing Positive Behaviour Support Plans for individual students. In addition to involving parents/ carers, planning could include a psychologist, an appropriate Network Student Engagement Team member, and other professionals as required. The Plan explicitly describes proactive strategies that school staff and the student can use to help develop positive behaviours as well as de-escalation strategies to safely respond to challenging behaviour.

Muliyani

Muliyani is a future focused learning hub that offers holistic, trauma informed education for a small group of young people with complex needs who, at a point in time, cannot access education in a mainstream school setting. Students of Muliyani have a plethora of challenging experiences that prevent their access to mainstream schooling such as sexual assault, family dysfunction, Child Youth Protective Services (CPYS) engagement or orders, Youth Justice intervention, domestic violence, physical and mental illnesses. Transitions and personalised learning are prioritised at Muliyani and a small multidisciplinary team provide 'wrap-around' supports for young people. A cross directorate Intake Panel assesses student referrals. Students engaged in this program have demonstrated improved learning and wellbeing outcomes resulting in them remaining engaged, and in most cases returning to mainstream schooling.

StandBy for Families

The StandBy Response Service is a suicide postvention service. In the ACT this service is available through Support Link. The service supports families and individuals who have lost a loved one to suicide.

Canberra Institute of Technology (CIT)

The availability of effective and accessible mental health supports is as important for students in tertiary education as it is for students in primary and secondary. The CIT, which is a TAFE-equivalent for the ACT that provides vocational education, has a number of examples of these supports.

CIT provides support services for a wide range of students, which includes those with mental health needs. CIT Counselling staff and Disability staff regularly work with students to provide reasonable

adjustments to assist students to continue their studies. In particular, where students' mental health conditions may worsen and require hospitalisation, CIT works to ensure they can return to study when well without penalty.

The Counsellors work to assist students to address issues they may have, develop strategies to reduce the impact of any conditions and we also provide online and hardcopy wellbeing fact sheets for students and resources with links to apps for mental health, links to services relating to mental health.

In addition to counselling support, CIT offers a range of courses that aim to educate students how to understand and support the mental health of others. Key among these are the Mental Health First Aid (MHFA) courses, which are delivered by an accredited MHFA Australia instructor and provide students with strategies to provide first aid to people who are development mental health problems or experiencing mental health crisis. This includes an Aboriginal and Torres Strait Islander MHFA course that is offered by CIT Yurauna, which is the CIT's dedicated Aboriginal and Torres Strait Islander Centre of Excellence.

CONCLUDING REMARKS

The ACT Government funds a large range of supporting programs and organisations across the community to compliment this important work. As outlined in the submission, the ACT Government will continue to listen and engage with the community and with the needs of our community to ensure every child and young person has the best start to life.

Schools play a central role in providing mental health and wellbeing responses to students. Positive mental health in the school context is characterised by students meeting their learning potential, coping with normal stresses, and connecting to community and friends. While schools continue to provide mental health supports this needs to be done in partnership with the health system and the broader school community.

As evident from this submission, the ACT Government is committed to supporting children and young people through a wide range of supports and services in relation to their mental health and wellbeing. The voices of children, young people, parents and carers, and from service providers are crucial to understanding the needs of our younger community.



ACT
Government

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