Attention: The Committee Secretary, Standing Committee on Health, Ageing, Community and Social Services
Legislative Assembly for the ACT
GPO Box 1020
CANBERRA CITY ACT 2601
By email: committees@parliament.act

Dear Committee Secretary

Thank you for the opportunity provided to the AEU ACT Branch to make a written submission to the Enquiry into Youth Suicide and Self Harm in the ACT.

The AEU will in this submission make comment on the roles and responsibilities in regard to youth mental health and suicide that schools psychologists play within ACT Public Schools.

The AEU is committed to the social and emotional wellbeing of students in ACT Government Schools. The AEU is interested in working with the ACT Government to develop standards and quality for early intervention and prevention of suicide and self-harm.

The AEU object to the attached submission being made public due to the confidential nature of the case studies contained in the submission.

The AEU are available to discuss this submission further.

Kind regards

Glenn Fowler

AEU ACT BRANCH

SECRETARY

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Australian Education Union ACT Branch Written Submission to Standing Committee on Health, Ageing, Community and Social Services for the Inquiry into Youth Suicide and Self Harm in the ACT

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The Australian Education Union is the union that represents almost 3500 Australian Capital Territory Principals, Teachers, and School Assistants in ACT Government Schools and CIT.

1. Introduction

The Australian Education Union ACT Branch (AEU) has reviewed the terms of reference for the *Enquiry into Youth Suicide and Self Harm in the ACT*.

In this submission the AEU will make comment on the roles and responsibilities in regard to youth mental health and suicide that schools psychologists play within ACT Public Schools. The AEU will make particular comment about the need for early intervention and prevention strategies and the unique position that school psychologists are in to provide this service.

This submission will also make comment on the gaps that currently exist in school psychologist services.

The AEU acknowledges that according to the 2013 ABS data on 'Causes of Death', one third of young people aged between 15 – 25 who died in the ACT, died as a result of suicide, and that intentional self-harm is one of the leading causes of death among Australian children and young people aged 15 – 24.

The AEU submits that there needs to be some quantitative data collection for suicide and self-harm incidents specific to school aged children. Some School Psychologists have noted that self-harm incidents have occurred in students as young as 9 years of age.

2. Guiding Principles

a) The AEU promotes a need to develop and implement early intervention and prevention strategies for suicide and self-harm risks in children and adolescents.
b) The AEU notes that, currently, the workload and under-resourced school psychologists' service too often limits school psychologists from playing an fully effective role in early intervention and prevention strategies for self-harm and suicide risks in children and adolescents.

c) That the number of School Psychologists in ACT Government Schools be increased to meet the ratio of 1:500.[1]

3. Background

Suicide and self-harm rates rise through the teenage years.[2] There is a critical need in the ACT to improve mental health among children and adolescents. Early intervention and prevention programs will result in decreased risks of self-harm and suicide incidents.

School based programs are important in the area of early intervention and prevention. Schools are uniquely positioned due to their access to large groups of students and are well placed to provide early intervention and prevention services in relation to suicide and self-harm. School psychologists currently provide some early intervention and prevention services, but are often diverted to more reactive responses to critical incidents.

Early intervention is targeted towards identifying and treating risk factors and can be used to identify symptoms of emotional or behavioural disturbances that may lead to or be associated with mental illnesses in children or adolescents. Prevention programs can include coping skills training, suicide awareness, small groups on managing strong emotions, friendship building skills, mindfulness, anger management and building resilience.

Suicide rates amongst First Nation People are twice that of non-First Nation people. These rates are contributed to by a complex set of risk factors that are impacted by social, economic and historic circumstances.[3]

The Federal Government has developed a separate suicide prevention strategy for First Nation Communities. There are six goals that underpin the overarching strategy which is to *'reduce the cause, prevalence and impact of suicide on individuals, their families and communities'.*

The AEU commends and supports the National Aboriginal and Torres Strait Islander Suicide Prevention strategy.

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[1] Expert Panel: Students with Complex needs and Challenging Behaviour, *Schools FOR ALL Children and Young People, November 2015*

[2] The Royal Australian and New Zealand College of Psychiatrists: Report from the Faculty of Child and Adolescent Psychiatry. *Prevention and Early Intervention of Mental Illness in Infants, Children and adolescents; Planning Strategies for Australia and New Zealand,* 2010.

[3] Australian Government Department of Health and Ageing, *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* May 2013

Suicide and self–harm rates among same sex attracted, intersex and gender diverse communities are higher than among non-same sex attracted, intersex and gender diverse populations.[4]

The AEU ACT Branch values and strongly supports the Safe Schools Program as one that significantly and effectively contributes to prevention of suicide and self-harm amongst our same sex attracted, intersex and gender diverse students. Suicide Prevention Australia notes that the management of risks around suicide and self-harm for same sex attracted, intersex and gender diverse people is complex and is compounded by stigma, discrimination and minority stress.

The National Safe Schools Framework aims to build safe schools which value diversity and minimise risk of all types of harm.[5] The recent Federal Government changes to Safe Schools would result in a less effective suicide and self-harm prevention program for our same sex attracted, intersex and gender diverse students.

4. Role of School Psychologists in ACT Government Schools

School psychologists are in a unique position. They understand the individual complexities of the school and the students within that school. They have developed relationships with the school community and the students and are respected in the school community as experts in mental health.

The role of the School Psychologist is:

> *School Psychologists provide a psychological and counselling service to enhance student learning and engagement and to facilitate the development of competent and resilient children and young people. School Psychologists not only work with the student but with all parts of the student's life to support their learning and the development of competence and resilience. School Psychologists seek to intervene early in the development of student difficulties and in doing so they draw upon educational, community and counselling psychology approaches. They apply their psychological and educational expertise to support students to achieve academic success, psychological health, and social and emotional well-being. This is achieved through the delivery of preventative and point of need services directly to*

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[4] Suicide Prevention Australia: *Position Statement Suicide and self-harm among Gay, Lesbian, Bisexual and Transgender Communities, Suicide Prevention* Australia August 2009

[5] *Safe schools do better. Supporting sexual diversity, intersex and gender diversity in schools.* Joel Radcliffe, Roz Ward, Micah Scott Safe Schools Coalition Australia

students, parents and teachers, and through consultative processes as well as program delivery in individual school and school networks.[6]

The above role statement acknowledges the need for school psychologists to provide early intervention and prevention services, however school psychologists point out that workload and resource constraints mean that they have limited time to devote to early intervention and prevention services.

School Psychologist members of the AEU agree that it is their role to provide early intervention and prevention services and they acknowledge that this could be better delivered. The biggest barrier to providing early intervention and prevention for self-harm and suicide within ACT Schools is resource allocation.

Most ACT Government schools do not have a 'suicide response plan'. Deaths by suicide usually fall under the critical incident policy at the site.

School psychologists in high schools work closely with the well-being team which consists of an Executive Teacher (Pastoral Care), year coordinators and the school psychologist. In some schools there may also be a youth worker or chaplain. It is common that the only trained mental health professional on the well-being team is the school psychologist. The other members are not health professional and are not trained in risk assessments or intervention to support students at risk of suicide or self-harm. Most school psychologists split their time between different school sites.

I work at a high school 2.5 days a week, which means that for 2.5 days that service (risk assessments and intervention) is not available at the school and there is nobody on site qualified to do thorough risk assessments or provide support and advice to staff. Of course I become available if it is urgent, however this is at the detriment of my other school where I have to leave to attend urgent cases.

School Psychologist AEU Member 2016

AEU School Psychologist Members are extremely good at response intervention to an incident of self-harm or suicide, however this is often at the expense of their other responsibilities. For example, school psychologists mostly work across more than one site. If they are required to respond to a critical incident at one of their sites there is no back up available at their other site. This means that the second site may be un-serviced. If there is a critical incident at the second site the school psychologists will ask colleagues to fill the gap for them but again this means that there is a gap at another site, or at management level if a Senior Psychologist is made available.

[6] ACT Government Education and Training Directorate; *School Counselling a Guide for School Communities*

The pressure on resources is becoming more difficult due to the increase of self-harm and suicide incidents at ACT Government Schools as well as the contagious effect of these incidents.

I work across a high school and a primary school. I have definitely seen an increase in self-harm and suicidal ideation at the primary school site. I have worked in primary schools for three years and in my experience students are engaging in self harm and expressing suicide ideation at younger ages. Last year I worked with a student in grade 1 who was expressing suicide ideation. That's very young.

As for high school, over the last 18 months the incidence (of suicide and self-harm) has been high, and it has definitely been the focus of my work. I certainly saw an increase in self-harm and serious suicidal ideation during the period following a student dying by suicide in 2014.

Throughout the 12 months following that (suicide) we saw a huge spike in self-harm and suicidal ideation particularly in students who were connected in some way to the student who died. Managing this, and supporting students and staff throughout the postvention was the primary and overwhelming focus of myself and the wellbeing team last year. We are still working with students and staff impacted by this, and it certainly impacted on staff resilience and morale.

School Psychologist AEU Member 2016

Suicide Prevention Australia (SPA) claims to be the only national body active in suicide prevention in Australia.[7] School psychologists can make referrals to other stakeholders but reliability can be inconsistent. Headspace is one of the reliable services, however they are only located in Bruce and Queanbeyan so access can be difficult. They also have limited capacity to follow up at schools. Besides Headspace no other referral service in the ACT works in the area of prevention and early intervention.

Due to resourcing constraints ACT Government School Psychologists have prioritised critical incidents. Prioritising critical incidents which includes responding to suicide incidents in schools results in gaps in all other areas of school psychologist practice and specifically in prevention and early intervention services.

We do our best to respond to critical incidents and always prioritise them. I don't think my ability to respond is compromised, however all other work I

[7] Suicide Prevention Australia: *Position Statement Suicide and self-harm among Gay, Lesbian, Bisexual and Transgender Communities, Suicide Prevention* Australia August 2009

need to do does get compromised because I am constantly prioritising incidents.

Last year I worked at a high school of about 400 students. I was at the school for two days per week. The year before a student died by suicide, and so the school needed lots of support in that space. There is no support in our system to top up schools when they need extra support without taking the support from somewhere else.

I was doing risk assessments and referrals to CAMHS every single day I was at that school.

School Psychologist AEU Member 2016

5. Recommendations

Recommendation 1

That the ACT Government budget to ensure that the Ratio of School Psychologists to students in ACT Government Schools is 1:500.

Recommendation 2

That the ACT Government develop a Mental Health Strategy to guide prevention and early intervention programs in ACT Government Schools.

Recommendation 3

That the ACT Government formulate a Mental Health prevention and early intervention strategy that coordinates all stakeholders. That this Mental Health Strategy be inclusive of the following, but not limited to:

- An overriding body to implement the strategy;
- Targeted suicide and self-harm prevention and early intervention strategies that recognises and utilises school psychologists in ACT Government Schools;
- A coordinated approach to prevention and early intervention that includes all stakeholders;
- Data collection and dissemination of information; and
- Supporting government departments in formulating suicide response plans.

Recommendation 4

That the ACT Government develop a system of data collection for incidents of suicide and self-harm for ACT Government school aged students.

Recommendation 5

The AEU recommend that the ACT Government adopt and implement the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy.

Recommendation 6

That the ACT Government ensure that funding for the Safe Schools Program continues and that the role out of Safe Schools be across all ACT Government Schools.

Recommendation 7

That all ACT Government Schools develop and implement a 'Suicide Response Plan.'

Recommendation 8

That the ACT Government commit to developing a cross-sector co-ordinated, comprehensive approach to ensure access for students and families to social and emotional support to improve their education attainment in diverse settings and outside of school hours and school terms.