

School-Link

health and education working together

School-Link Training Program Evaluation Report

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A summary of this report, *School-Link: health and education working together The School-Link Training Program Evaluation. Summary of results and recommendations* (NSW Department of Health 2003) SHPN (CMH) 020162 is also available.

Further copies of these documents can also be downloaded from the NSW Health website: www.health.nsw.gov.au

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Foreword

Schools are key settings for promoting mental health, preventing the development of mental health problems and providing opportunities for early intervention and support for children and young people who have mental health problems. In the *National Survey of the Mental Health of Young People in Australia*, school-based counselling was the main source of help accessed by adolescents with mental health problems.

School-Link is an exciting and innovative collaboration between the health and education sectors to improve mental health and mental health care for children and young people in NSW. This is being achieved through: clearer pathways to care for adolescents with mental health problems; enhanced consultation, liaison, referral, support and training for school counsellors; and the expansion of prevention and promotion programs in mental health in schools.

Adolescence is a critical time for the development of mental health problems and disorders. Mid-late adolescence is the peak time for the initial onset of depression and related disorders.

The School-Link Training Program for school and TAFE counsellors and mental health workers has been an integral part of the School-Link initiative, focussing on collaborative approaches to assessment and management of depression and related disorders in adolescents. The School-Link Training Program has been highly successful in meeting its aims and has been a significant factor in establishing the credibility of the School-Link initiative.

The strong and effective partnership that has developed at all levels between education and health provides an excellent foundation and opportunity to enhance and embed the School-Link initiative.



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- The NSW School-Link Steering Committee for providing leadership, direction and approval for the School-Link Training Program.
- The School-Link Curriculum Development Advisory Working Group who contributed substantially to the actual content and design of the program.
- Wentworth Area Health Service, Mental Health Service and Greater Murray Area Health Service for the initial development and piloting of the School-Link Training Program.
- Area School-Link Coordinators for all their effort in the organisation and delivery of this program.
- The School-Link Statewide Trainers for the excellent delivery and continual quality improvement of the program.
- Management across the state who supported the roll-out and attendance of their staff in the School-Link Training Program.
- Health and education staff who participated in the Local Depression Action Plans for contributing to the local sustainability of School-Link beyond the School-Link Training Program.
- All NSW Department of Education and Training, mental health and other related staff who participated in the School-Link Training Program and completed the evaluation forms.

Contents

Foreword	i	Appendices	
Acknowledgements	ii	Appendix A – Generic job description for Area School-Link Coordinator	51
Executive Summary	1	Appendix B – School-Link Training Program Reference Group	52
Recommendations	3	Appendix C – School-Link Training Program Survey for school and TAFE counsellors and child and adolescent mental health workers.....	54
Glossary of Abbreviations	5	Appendix D – School-Link Curriculum Development Advisory Working Group	57
1. Introduction	7	Appendix E – School-Link Training Program calendar.....	58
2. Development of the School-Link Training Program.....	11	Appendix F – School-Link Training Program Evaluation Forms for days one and two and day three	59
3. Description of the School-Link Training Program.....	13	Appendix G – Job description for School-Link Training Program Coordinators	63
4. Implementation of the School-Link Training Program.....	17	Appendix H – List of Local Depression Action Plans by Area Health Services.....	66
5. Evaluation of the School-Link Training Program.....	20	Appendix I – Table of Local Depression Action Plans by Topic and Area Health Service.....	78
6. Local Depression Action Plans and other outcomes	37		
7. Future directions.....	39		
8. Recommendations.....	43		
9. References and Endnotes.....	49		

Executive summary

Introduction

The mental health of young people is a priority of the NSW Government. In any six-month period, 14 percent of children and adolescents in Australia will have experienced a mental health problem¹. Mental illnesses such as depression and related disorders, substance abuse, first onset psychosis and anxiety disorders pose a significant problem for young people and their families. Recent research suggests that up to 24 percent of adolescents experience depression by the time they are 18 years old², however, only one out of four young people with mental health problems receives professional help. In the adolescent age group these services are most commonly provided through counselling at school. This is consistent with international surveys that emphasise the key role of school-based services in providing help for children and adolescents with mental health problems³. For that reason, it is important to ensure that school counsellors are suitably trained in the assessment and management of young people's mental health problems and that they are closely linked to specialised mental health services⁴.

NSW School-Link Initiative

The NSW School-Link initiative is a ground-breaking approach to improving mental health care for adolescents. School-Link links counsellors from schools and TAFE with adolescent mental health workers, with a view to enhancing the promotion of mental health, the prevention of mental health problems and the identification of and support for adolescents with mental health problems. An integral part of the School-Link initiative is the School-Link Training Program.

NSW School-Link Training Program

The NSW School-Link Training Program is a statewide training course developed for school and TAFE counsellors and mental health workers. It was a unique approach which brought together staff from education and health in a way which had not been attempted before. It has been highly successful in meeting its aims and has been a significant factor in establishing the credibility of the School-Link initiative.

The overall aims of the School-Link Training Program were to:

- Improve the prevention, identification and management of depression and related disorders in adolescents.
- Develop and implement local pathways to care for adolescents with mental health problems, particularly depression.

The three-day program was structured into two consecutive days, an interim of six to eight weeks, then a third day. Days 1 and 2 focussed on the latest evidence-based information about depression and related disorders in adolescence, incorporating skill development in assessment and intervention strategies. Local pathways to care were explored and ways of improving collaborative practices were investigated. Local Depression Action Plans were developed, in which participants were asked to plan collaborative projects to enhance the service delivery to adolescents with depression through increased collaboration between school/TAFE counsellors and mental health workers.

Day 3 was dedicated to evidence-based interventions for depression in adolescents, particularly cognitive behavioural therapy. It provided participants with an opportunity to review the Local Depression Action Plans, including discussion of how best to sustain and progress the collaborative processes that were developing between agencies.

Forty-nine School-Link Training Programs were held throughout NSW in seventeen Area Health Services between July 2000 and December 2001. The School-Link Training Program was co-facilitated by two experienced trainers, using an adult learning model. Around 1,800 school and TAFE counsellors and mental health workers attended the training. Each training course was evaluated by participant questionnaires.

In summary, of the 1,800 participants trained:

- Over 95 percent reported that the School-Link Training Program would help them deliver a better service to their clients.
- 95 percent indicated they were *very satisfied* or *mostly satisfied* with School-Link training.
- 97 percent would recommend that a colleague participate in the program.
- 98 percent rated the trainers' delivery of the training as *excellent*, *very good* or *good*.
- Approximately 90% identified the training as *excellent*, *very good* or *good* in meeting its aims.

The many positive responses from participants that affirmed the organisation, structure, content and delivery of the training program indicated the training needs of participants were accurately targeted and appropriately addressed. This further validated the comprehensive strategy that underpinned the development of the training program.

A key outcome of the training program was the development of the Local Depression Action Plans. Over 170 Local Depression Action Plans were generated across NSW aimed at enhancing mental health service delivery to adolescents through increased collaboration between school/TAFE counsellors and mental health workers. The extensive range of these plans included, eg an Emergency Wheel developed by participants from Mt Druitt, as a tool for teachers working with students with special needs. It included indicators of depression and classroom strategies for the management of students with depression, anxiety, adjustment to loss, disruptive behaviours and substance abuse.

Participants from Bourke in the state's far west created an Adolescent Depression Quilt – similar to the AIDS Quilt. Young people produced panels containing artwork or text about depression and other mental health issues. The panels were sewn together into a large quilt which tours high schools and community events, such as agricultural shows, for display and as a trigger for discussion groups.

In the Northern Rivers Area Health Service, participants from the Grafton/Maclean district devised a specific school-to-health referral form. It includes a tracking mechanism used to review satisfaction with the referral process.

Many of these local plans continued, in some cases 18 months or more after the training program. This attests to the commitment of school/TAFE counsellors and mental health workers to sustaining interagency collaboration.

Future directions

To more effectively meet the demands of adolescents with mental health problems, school/TAFE counsellors need to be suitably trained in the assessment and management of young people's mental health problems and to be linked to mental health services⁵. The School-Link Training Program has been demonstrably successful in promoting this.

The following recommendations will help ensure these substantial new directions are sustained and progressed over the medium to long term.

Recommendations

The NSW School-Link Training Program was very successful in achieving its aims. The careful consideration and implementation of the following recommendations will help to ensure these new directions in mental health care for adolescents are maintained and progressed.

Strategic structures at the state level

Recommendation 1

Five-year plans to continue the NSW School-Link initiative

Five-year plans should be developed at the State and Area Health Service level to ensure the development and sustainability of School-Link and to further develop School-Link to include other relevant mental disorders.

Area Health Service Management in collaboration with local NSW Department of Education and Training services and School-Link committees should ensure that the plans cover the spectrum of mental health interventions including assessment, treatment, promotion, prevention and early intervention.

Recommendation 2

Written agreement between the NSW Department of Education and Training and the NSW Department of Health

The School-Link Steering Committee develops a Letter of Agreement for School-Link between the NSW Department of Education and Training and NSW Health. A subtitle for School-Link, such as 'health and education working together', should be adopted.

The School-Link information sheet should be updated and contain both the NSW Health and NSW Department of Education and Training logos.

Recommendation 3

Continue the School-Link Steering Committee and establish a NSW School-Link Advisory Group

The already established School-Link Steering Committee will continue to have management responsibility for implementing the School-Link initiative and set the overall direction and parameters for School-Link.

A NSW School-Link Advisory Group should be constituted with a membership which includes representatives from the NSW Department of Education and Training and NSW Health. Catholic and independent schools would also be invited to be represented. Functions of the advisory committee would include: overseeing the implementation of the recommendations of the *School-Link Training Program Evaluation* report; advising the School-Link Steering Committee on relevant matters; incorporating national and state initiatives; considering the annual local Area School-Link reports; and, generally to strengthen and progress the collaborative and educational functions of School-Link.

The Secretariat functions for the steering committee and the advisory group will be shared by NSW Health and the NSW Department of Education and Training.

Recommendation 4

Annual School-Link reporting process

Area School-Link Coordinators in conjunction with a nominee from the NSW Department of Education and Training and/or the Area School-Link steering committee provide a report annually on School-Link activities to the NSW School-Link Steering Committee.

Recommendation 5

Continued NSW School-Link Training

The NSW Department of Education and Training and NSW Health formulate an agreed approach to further School-Link related training, including:

- Annual updates of the NSW School-Link Training Program on depression and related disorders.
- The development and implementation of advanced School-Link Training modules.
- Attendance requirements at future School-Link training.
- Extending depression and related disorders training to other key personnel including school, health and related workers.
- Identifying processes for meeting the needs for training on additional topics, such as anxiety in primary school aged children.

Strategic structures at the Area level

Recommendation 6

Resourcing and sustaining School-Link

Area Health Services identify resources from within their budgets to develop and maintain School-Link at a level specified by the Centre for Mental Health. This includes a full-time Area School-Link Coordinator or equivalent plus associated expenses.

Working together

Recommendation 7

Continuing support for collaboration

The NSW Department of Education and Training, NSW Health and Area Health Service management continue to develop practices that emphasise the collaborative nature of School-Link, including:

- the use of logos of both the NSW Department of Education and Training and NSW Health on School-Link statewide documents
- the involvement of School-Link with relevant NSW Department of Education and Training and health committees.

Communication

Recommendation 8

School-Link website and transfer of information

The potential for establishing a School-Link website and electronic transfer of information will be considered. The possible role of the School-Link lead agency in this initiative will also be considered.

Evaluation

Recommendation 9

Ongoing evaluation of the School-Link initiative

The School-Link Advisory Group, in conjunction with the Centre for Mental Health and Area School-Link Coordinators, develops a process for systematic evaluation and review of the School-Link initiative in Area Health Services. The evaluations would be reported in the local Area annual School-Link reports and inform future plans and methods to progress School-Link.

Glossary of abbreviations

ACE	Adolescents Coping with Emotions
ADHD	Attention Deficit (Hyperactive) Disorder
AHS	Area Health Service
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CDAWG	Curriculum Development Advisory Working Group
CHC	Community Health Centre
DET	NSW Department of Education and Training
DoCS	Department of Community Services
JPET	Job Placement, Employment and Training
LDAP	Local Depression Action Plan
NHMRC	National Health and Medical Research Council
PDHPE	Personal Development, Health, Physical Education
RAP	Resourceful Adolescent Program
RAP-A	Resourceful Adolescent Program – Adolescent
RAP-P	Resourceful Adolescent Program – Parent
TAFE	Technical and Further Education

Introduction

Introduction

The NSW School-Link initiative is an innovative approach to improving mental health care for adolescents in NSW. It provides a framework and structure to support child and adolescent mental health services⁶ and schools to work collaboratively to promote mental health, prevent mental health problems and facilitate evidence-based identification, management and support of students with mental health problems. The NSW Government allocated \$5.5 million over five years from 1998/99 to establish School-Link throughout NSW.

The School-Link Training Program is a key component of the NSW School-Link initiative. During 2000–2001, approximately 1,800 school and TAFE counsellors and mental health workers across the state participated in the School-Link Training Program, focussing on working collaboratively to improve the understanding, recognition, management and prevention of depression and related disorders in adolescents.

The School-Link Training Program was a unique approach which brought together staff from education and health in a way which had not been attempted before. It has been highly successful in meeting its aims and has been a significant factor in establishing the credibility of the School-Link initiative.

Rationale for the School-Link Initiative

School-Link was developed as a collaborative initiative between NSW Department of Health and the NSW Department of Education and Training (DET). During 1997–98, there had been considerable concern and media attention about a gradual increase in suicide deaths among adolescent males. At that time, the evidence for the effectiveness of suicide prevention programs in schools was equivocal (eg Shaffer et al. 1990⁷). There was concern that such programs were not necessarily helpful, may give the wrong messages and could even cause harm. Depression, however,

was recognised as a very strong risk factor for suicide as well as being an important mental health issue among adolescents. Evidence was emerging for the effectiveness of appropriate early intervention, prevention and treatment of depression (eg Clarke et al. 1995⁸). A focus on better recognition, prevention and management of depression in young people provided an alternative approach to suicide prevention for young people.

The *National Mental Health Report* reported that in any six-month period, 14% of children and adolescents in Australia will have experienced a mental health problem⁹. Mental illnesses such as depression and related disorders, substance abuse, first onset psychosis and anxiety disorders pose a significant problem for young people and their families. Recent research suggests that up to 24 percent of adolescents experience depression by the time they are 18 years old¹⁰, however, only one out of four young people with mental health problems receives professional help¹¹. In the adolescent age group these services are most commonly provided by school counsellors, followed by family doctors then paediatricians. This Australian finding is consistent with the results of other international surveys¹² and it emphasises the key role school-based services play in providing help for children and adolescents with mental health problems.

National initiatives

In March 1997, the National Health and Medical Research Council released *Clinical Practice Guidelines: Depression in young people*, a series of publications^{13,14,15,16,17} for mental health clinicians, general practitioners and young people and their families. The guidelines are evidence-based and were prepared by a national working group chaired by Professor Beverley Raphael. They include an extensive literature review and a series of recommendations for improving the recognition, assessment, management and prevention of depression among 13–20-year-olds. The guidelines provided a solid foundation for evidence-based practice in adolescent mental health services.

The Centre for Mental Health, NSW Department of Health, established a position to implement the guidelines in NSW.

The release of the guidelines helped to highlight the link between depression and suicide and provided evidence for the effectiveness of interventions to prevent and treat depression in young people.

The development of the *Second National Mental Health Plan*¹⁸ in 1998 and the *Mental Health Promotion and Prevention National Action Plan*¹⁹ in 1999 helped to provide an impetus and framework for the development of initiatives such as School-Link. Priority areas identified in the Second National Mental Health Plan were promotion, prevention and early intervention, developing partnerships and quality and effectiveness of service delivery. Under the Second National Mental Health Plan, funding was made available to states and territories to facilitate its implementation. In the second plan, depression was identified as a primary focus under the National Health Priority Areas initiative, with efforts to be directed towards achieving gains across the whole continuum of the disorder.

Similarly, the *Mental Health Promotion and Prevention National Action Plan* identified partnerships with schools and relevant systems, prevention programs and promotion programs as national strategies for school-aged children and young people. Among the settings identified for interventions were schools and child and adolescent health and mental health services.

Two additional Commonwealth publications, the *National Health Priorities Areas report*. A report focusing on depression (1999)²⁰ and the *National Action Plan for Depression*²¹ provided a detailed profile of depression in Australia and outlined frameworks and opportunities for intervention in depression.

NSW Initiatives

In February 1999, the NSW Government released its strategy for child and adolescent mental health²². The strategy built on the overarching policy for mental health in NSW which had been published in 1998²³. It included five strategic directions:

1. Strengthening the structure and working together for child and adolescent mental health.
2. Mental health promotion, prevention and early intervention.
3. Better mental health care for children, adolescents and their families.
4. Crisis and emergency mental health response for children, adolescents and their families.
5. Quality and effectiveness in mental health care.

School-Link is a central initiative, extending across each of the five strategic directions, which is further supported by and linked with other significant NSW Health publications relating to early intervention and prevention in mental health for children and adolescents^{24,25} and working with schools²⁶.

Development of the School-Link framework

The School-Link framework was developed through a series of meetings between the Centre for Mental Health and the NSW Department of Education and Training (DET). In NSW, DET also includes TAFE (Technical and Further Education). Although the majority of students at TAFE are adults, it was estimated that approximately 20,000 young people under the age of 18 years attend TAFE colleges and institutes. Thus the School-Link initiative also accesses adolescents and young people in TAFE educational settings.

The population mental health approach provides a comprehensive framework that includes a spectrum of interventions (prevention to continuing care), covers the whole of the lifespan (infancy to old age), encompasses all levels of service and provides for interventions for population groups and individuals²⁷.

The Mental Health Intervention Spectrum (Figure 1), first described by Mrazek and Haggerty in 1994²⁸, is a framework or model for applying the whole of lifespan approach to the planning and provision of interventions, programs and services. The model assumes that there are different stages in the development of mental health problems and mental disorders, from no problems, through non-specific signs, to diagnosable mental disorders including chronic or recurrent disorders. There are actions or interventions for the different stages and across the different stages, which contribute, alone or in combination, to improve mental health outcomes.

School-Link covers the spectrum of interventions for mental health, including promotion, prevention, early intervention and treatment, with health and education sectors providing the interventions in partnership and linking with other sectors and services where appropriate. For example, the implementation of a universal prevention program for all Year 9 students in a school will involve trainers, group leaders (mental health workers, school counsellors, teachers), students (participating in the groups), the school administration (organising timetables to accommodate the programs, promoting the program to students, and other mental health promotion activities in

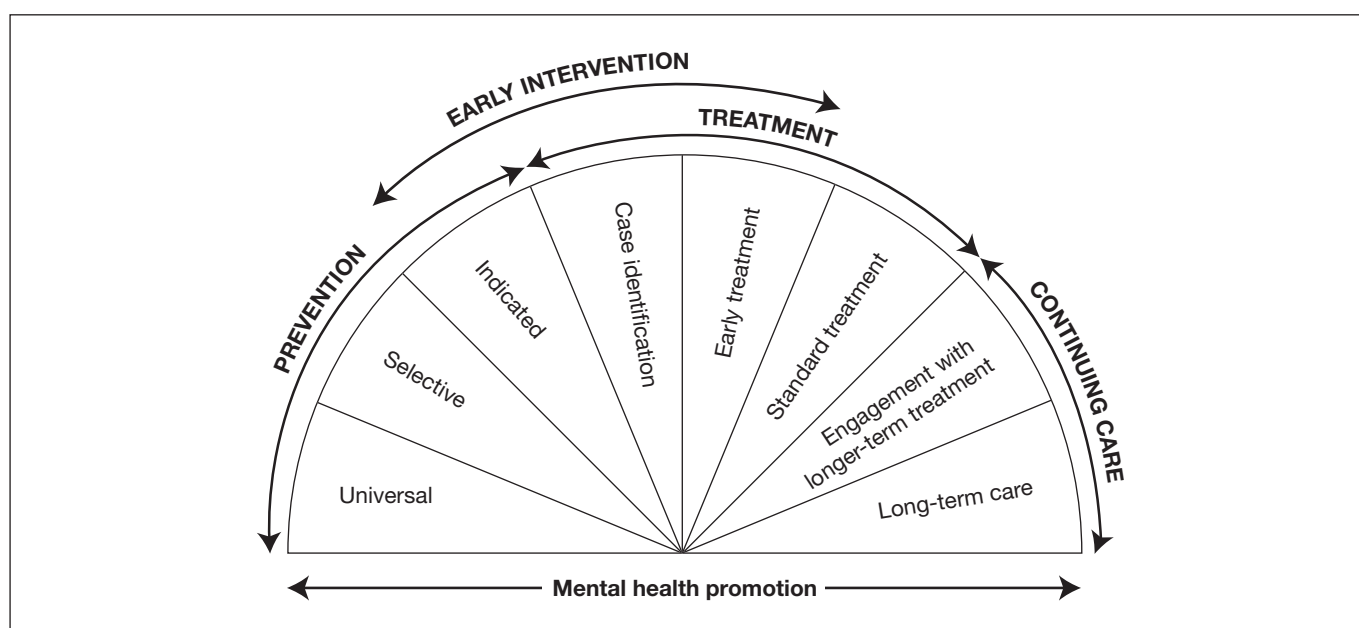
conjunction with the program) and youth health and child and adolescent mental health services (individual interventions and treatment, protocols relevant to interventions for young people identified as possibly having a mental disorder, liaison and consultation). All of these aspects and partners need to be addressed for the prevention program to be implemented successfully and effectively.

A number of Australian programs have been developed and evaluated which are being used as interventions across the spectrum to implement mental health promotion (such as MindMatters), universal prevention (such as the Resourceful Adolescent Program) and early intervention/indicated prevention (such as Adolescents Coping with Emotions).

School-Link coordination

The School-Link Steering Committee is responsible for the implementation of the School-Link initiative. It is a small group with high level representation from DET and NSW Health. School-Link is coordinated centrally by the Centre for Mental Health and implemented and coordinated locally by Area School-Link Coordinators who are employed by Area Health Services. The Area School-Link

Figure 1. The spectrum of interventions for mental health problems and mental disorders



Source: Commonwealth Department of Health and Aged Care (2000). *Promotion, prevention and early intervention for mental health – a monograph*. Canberra, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, p. 28.

Coordinator is responsible for establishing a comprehensive local approach to improve mental health and prevent the development of mental health problems in students and to facilitate early recognition and appropriate management of school students with mental health problems and disorders (see Appendix A). Central and local roles in the implementation and coordination of the School-Link Training Program are discussed in Section 4. Funding for Area School-Link Coordinators has been provided through NSW Health under the National Mental Health Reform Incentive Funding program. Wentworth Area Health Service has been designated as the lead agency for School-Link.

School-Link Training Program

Better understanding and recognition of mental health problems in children and young people needs to be linked with good practice in dealing with those problems. For children and young people, this means that school counsellors, TAFE counsellors and child and adolescent mental health and related workers need to be up to date and confident in their knowledge of and skills in evidence-based effective practice. Collaborative models, formal and informal links and clear, recognised pathways to care need to be established at a local level between schools/ TAFE and health for young people with mental health problems.

The School-Link Training Program was developed in response to these requirements, with a focus on depression and related disorders in young people. The development and implementation of the School-Link Training Program demonstrates the opportunities for success in good partnerships when a genuine consultative, collaborative approach is taken.

The School-Link Training Program was a three-day training program delivered across the state over an 18 month period from June 2000 to December 2001.

The training program aimed to:

- Improve the prevention, identification and management of depression and related disorders in adolescents.
- Develop and implement local pathways to care for adolescents with mental health problems.

Participants were state school counsellors, TAFE counsellors, child and adolescent mental health workers and other appropriate school counsellors and health workers where places were available. It was coordinated centrally by two dedicated trainers who travelled throughout NSW delivering the training program and was organised locally by the Area School-Link Coordinator.

Aims and purpose of this report

This report describes the School-Link Training Program, its background, development and implementation, and outlines factors which contributed to its success. The report describes issues which arose in the implementation of the training program and how these were addressed. Future directions are identified. The applicability to other training initiatives of the learning and experience gained in delivering the School-Link Training Program is discussed.

The report has been written to address the needs and interests of: Area Health Services, including Chief Executive Officers, Area Directors of Mental Health, Child and Adolescent Mental Health Coordinators, School-Link Coordinators, adolescent mental health workers and other health services which work with young people who have mental health problems; DET management and counselling staff and their counterparts in the Catholic and Independent school systems; course participants from health and education; and interstate and overseas agencies which may be interested in implementing similar programs.

Development of the School-Link Training Program

2

Introduction

The School-Link Training Program is a core component of the School-Link initiative.

A comprehensive process was undertaken to develop the School-Link Training Program, including needs analysis, widespread consultation, and accessing a range of expertise in writing and delivery.

School-Link Training Program Reference Group

The School-Link Training Program was developed through a process of consultation and expert input. Initially, a large representative reference group (School-Link Training Program Reference Group – Appendix B) met for a half-day workshop to discuss structures, format, content and delivery of the training program. A major recommendation of this group was that there should be consultation with potential participants about the content and emphasis of the training program.

Training needs assessment

Following on from the recommendation of the School-Link Training Program Reference Group, a brief training needs survey, designed in partnership by NSW Health and DET (Appendix C) was distributed to school and TAFE counsellors and child and adolescent mental health workers across NSW. Surveys were anonymous and there was a high response rate. Responses from school and TAFE counsellors were compiled by DET and provided to NSW Health. The survey process helped to publicise the training program to potential participants and to facilitate their early involvement. This also contributed to a sense of ownership of the program by participants.

School-Link Curriculum Development Advisory Working Group

To ensure the content and processes of the School-Link Training Program were relevant for the target audience and demonstrated current best educational practice, the School-Link Curriculum Development Advisory Working Group (CDAWG) was formed to oversee the development and writing of the School-Link Training Program. The CDAWG represented a wide range of interests in service delivery to adolescents with depression and related disorders and included representatives from the Centre for Mental Health, DET, TAFE, the NSW Aboriginal Education Consultative Group, the Transcultural Mental Health Centre, Area Health Services and the NSW Institute of Psychiatry (Appendix D). The CDAWG Terms of Reference were as follows:

- Facilitate ongoing collaboration between NSW Department of Health and the NSW Department of Education and Training, other education authorities and other relevant bodies represented on the working group.
- Oversee the development of the training package, including structure, content, format and delivery.
- Provide advice and support to the project officer in the development of the training package.
- In collaboration with the project officer, develop agreed time lines and stages for development, review, piloting and finalisation of the training package and implementation of the training program.
- Develop a framework and mechanism for ongoing review of the package to ensure that the content is current.
- Make recommendations about a framework for further training opportunities which use the modules and materials developed for the training package.
- Make recommendations about evaluation of the training program.

Writing the program

A School-Link Depression Curriculum Development Officer was employed to write the curriculum. The project officer was a psychologist who had extensive experience in working with young people with mental health problems and also experience in adult education and training. The draft School-Link Training Program resource manual was developed for the trainers to refer to as they travelled around NSW delivering the program. It included background material for the trainers, handouts for participants and educator aids, including overheads. The draft training resource manual was reviewed by a wide cross-section of mental health professionals, revised, then piloted in Wentworth Area Health Service and Greater Murray Area Health Service. The piloting process and feedback from the early courses indicated some revision was needed, particularly to the third day of training. In collaboration with the Centre for Mental Health, the trainers revised this section of the course and continued to develop the course during the implementation period, based on continuous evaluation and in order to incorporate new research.

An advanced level course

In NSW, DET school and TAFE counsellors are usually either registered psychologists or are in the process of fulfilling the requirements for registration as psychologists. Counsellors in non-government schools are drawn from a range of relevant professional backgrounds. Child and adolescent mental health workers are also university graduates whose professions include psychology, social work, nursing and psychiatry. In order to be acceptable and appropriate for the participants, the School-Link Training Program needed to be written at a postgraduate level, utilise an adult learning model and involve collaborative learning experiences. Participants would be assumed to have experience in working with and engaging young people and a reasonable understanding of mental health issues, problems and disorders for children and young people.

It could not be assumed that participants had an understanding of each other's systems, protocols, policies, or jargon. The program needed to be structured to increase this understanding. The focus of the Training Program was depression and related disorders among adolescents and young people. The factual material in the Training Program included the most up-to-date information about depression and related disorders in young people. It was important for information to be kept up to date as the School-Link Training Program was delivered over an 18-month period across NSW. This was achieved by the trainers conducting an ongoing review of new research and incorporating this into the course where appropriate. In addition, the School-Link Training Program was also an avenue for explaining and promoting the population health approach in mental health, particularly including the concepts of prevention, promotion and early intervention alongside treatment and management as they relate to mental health.

The CDAWG recommended that for the School-Link Training Program to be delivered effectively and consistently, it would require two educators with a background in mental health and experience in teaching and training. Groups of participants would be limited to forty per group and the Training Program would be delivered at venues throughout NSW to facilitate attendance. Training groups would consist of school/TAFE counsellors and mental health workers from the same locations so that functional links and local collaboration would be enhanced.

Description of the School-Link Training Program

3

Introduction

The content and format of the School-Link Training Program are described in this chapter. The training methods used and the development of Day 3 are also discussed.

Aims and objectives of the School-Link Training Program

The overall aim of the School-Link Training Program was to improve access and service delivery to adolescents with depression and related disorders in NSW through improved collaboration between key service providers, particularly school and TAFE counsellors and adolescent mental health workers.

The objectives of the School-Link Training Program were to:

- Develop understanding of depression and related disorders in adolescents.
- Demonstrate early identification and assessment of mental health problems in young people, particularly depression.
- Outline appropriate intervention strategies, incorporating evidence-based practice.
- Assist in developing Local Depression Action Plans (LDAPs) relating to adolescents.
- Develop sustainable local, state and national support networks.

Training format and processes

The School-Link Training Program was a three-day training course, structured into a two + one-day format incorporating adult problem-based learning practices. Days 1 and 2 of training were consecutive and consisted of a combination of didactic input and problem-based group processes, concluding with the collaborative development of LDAPs. Day 3 was usually delivered six to eight weeks after Day 2.

This allowed for at least partial implementation of the LDAPs between Days 2 and 3 of training thereby providing opportunities for continuing the collaboration developed through Days 1 and 2.

Group processes were constituted to maximise interaction and to facilitate collaboration between school and TAFE counsellors and adolescent mental health workers. Each group was presented with details of a hypothetical adolescent client on Day 1 and continued to work with this client in subsequent group exercises and activities. The case scenarios incorporated a wide range of issues including cultural diversity, Aboriginality, same-sex attraction, comorbidity of drug and alcohol use with mental health issues, grief and loss and parental mental health issues. These dynamics were explored within the context of a variety of family and peer dynamics.

Development of Day 3

Feedback from the two pilot programs strongly indicated that participants wanted Day 3 to include significant input on the management of depression generally and in particular, the use of Cognitive Behavioural Therapy (CBT).

In response to this feedback and in view of the fact that CBT was the intervention with the most evidence of efficacy for depression in adolescents, the structure and content of Day 3 of the training course were re-developed by the trainers in collaboration with the Centre for Mental Health. A detailed description of the format of Days 1 and 2 and Day 3 follows.

Course content

A description of the course content is shown below.

DAY 1	
<p>Introduction</p> <ul style="list-style-type: none"> ● Introduction by Area School-Link Coordinator ● Overview of School-Link: <ul style="list-style-type: none"> – History of the development of School-Link. – Ground rules of training. – Introduction of participants. – Introduction of trainers. <hr/> <p>Overview of depression</p> <ul style="list-style-type: none"> ● Didactic input: <ul style="list-style-type: none"> – History of our understanding of mental illness in general and depression in particular. – Characteristics of major depressive disorder, dysthymia and elevated depressive symptomatology in adolescence. – Epidemiology of depression and related disorders in adolescents. – Comorbidity in depressive illness particularly for adolescents. – Disorders related to depression, including anxiety. – Risk and protective factors for adolescent mental health problems. – Early intervention for adolescent mental health problems. – Cultural and indigenous issues. 	<p>Pathways to care</p> <ul style="list-style-type: none"> ● Didactic input: <ul style="list-style-type: none"> – The concept of pathways to care was explained. ● Group process: <ul style="list-style-type: none"> – <i>Agency mapping exercise</i>: participants were divided into groups and given trigger questions designed to encourage exploration of the dynamics of local interagency collaboration. Discussion included agency roles and priorities, individual workers' roles, referral processes, strengths and weaknesses of current structures and functions. <hr/> <p>Assessment of depression</p> <ul style="list-style-type: none"> ● Group process: <ul style="list-style-type: none"> – Participants were divided into four heterogeneous groups. Each group was given brief information about a hypothetical adolescent and requested to develop initial formulations. ● Didactic input: <ul style="list-style-type: none"> – Participants were presented with a model for the assessment of depression, including a range of assessment tools, with particular emphasis on a psychosocial assessment process (HEADDs analysis²⁹) and a suicide risk assessment protocol. ● Group process: <ul style="list-style-type: none"> – Through a process of collaborative role play, participants in groups explored further the adolescent case assigned to them, guided in their questioning by the HEADS psychosocial analysis.

DAY 2***Gender differences in depression***

- Didactic input:
 - Exploration of various accounts of female over-representation in affective disorders in adolescence.
 - Exploration of the apparent gender ‘paradox’ of higher rates of depression in female adolescents but higher rates of suicide in male adolescents.

Clinician self-care

- Didactic input:
 - Discussion centred on caring for self and colleagues within the context of constant exposure to the distress of others.

Assessment of depression

- Group process:
 - Continuing with the case study from Day 1, groups used the suicide risk assessment protocol to discuss the level of suicidality of their adolescent client.

Service requests

- Didactic input:

The concept of service requests was expanded from the characteristic referral to include:

 - Indirect requests, such as consultation, supervision, education, where the other service doesn’t actually see the client or their family/support system.
 - Direct requests, such as joint assessment, second opinion, co-management or referral, where the other service does see the client and/or their family/support system.
- Group process:
 - Participants consider what service/s would be most appropriate for their adolescent client case study.

Diversity issues

- Didactic input:
 - Issues related to the identification and management of depression in indigenous and

same-sex attracted adolescents (cultural and gender issues are explored earlier in the course).

- Group process:
 - General group discussion.

Evidence based practice

- Didactic input:
 - *Clinical Practice Guidelines: Depression in young people* (NHMRC, 1997).
 - Levels of evidence.
 - Evidence-based treatment.

Planning interventions

- Didactic input:
 - Developing resilience in children and adolescence.
 - The International Resilience Project³⁰.
- Group process:
 - Developing resilience exercise – case studies.
 - Group feedback.

Local Depression Action Plans

- Didactic input:
 - Examination of national, statewide and local examples of depression initiatives.
 - Local needs analysis regarding services and support for young people, their families/ carers and workers: mapping exercise (Conflict Resolution Network).
- Group processes:
 - Participants divided into geographically appropriate groupings to develop LDAPs which could cover a range of aims, such as enhancing service delivery for adolescents with depression in the local area, promoting mental health, improving mental health literacy in adolescent depression and related disorders or preventing adolescent depression and related disorders.
 - Group feedback from smaller groups to large group.

Course evaluation

- Participants anonymously completed and returned evaluation questionnaires for Days 1 and 2.

DAY 3

Introduction

- Didactic input:
 - Review/preview of training from Days 1 and 2.

Good practice interventions

- Didactic input:
 - Review of *Clinical Practice Guidelines: Depression in young people* (NHMRC, 1997) and literature review in the guideline.
 - Update from NHMRC Guidelines – 1997 to present, including three forms of intervention: psychological/psychosocial, pharmacological and physical treatment.

Cognitive Behavioural Therapy

- Didactic input:

Introduction to Cognitive Behavioural Therapy (CBT):

 - Cognitive and behavioural components of CBT.
 - Cognitive triad.
 - Schemas.
 - Cognitive errors/automatic thinking.
- Group processes:
 - Skills rehearsal – identifying cognitive errors.
- Didactic input:
 - Challenging automatic thinking.
 - Ten key principals for working with adolescents.

- Video presentation:

The use of CBT tools:

 - Mood monitor.
 - Daily thoughts diary.
- Didactic presentation:
 - Making CBT protocols adolescent-friendly.
- Group process:

Skills rehearsal – collaborative role play:

 - Challenging automatic thinking.
 - Daily thoughts diary.
 - Group feedback.
 - Group discussion – CBT for adolescents with depression: when and for whom?

Local Depression Action Plans

- Group process:
 - Large group feedback of progress with LDAPs since Day 2.
 - Opportunity to review and develop existing or new LDAPs.
 - Group feedback.

Course evaluation

- Participants anonymously completed evaluation questionnaires for Day 3.

Implementation of the School-Link Training Program

4

Introduction

Implementing the School-Link Training Program was a complex undertaking. It involved considerable statewide and local coordination to facilitate two School-Link trainers travelling throughout NSW to make the training available to all DET school and TAFE counsellors and to adolescent mental health workers working in the NSW health system. There were many issues which had to be addressed in the planning and implementation of the School-Link Training Program, ranging from practical issues, like travel and accommodation, to system issues related to the different organisational structures and cultures within education and health.

Training calendar

The implementation of the School-Link Training Program began in June 2000 with pilots in the Greater Murray and Wentworth Area Health Services. Forty-nine local courses were delivered over an 18-month period (Appendix E). Two additional two-day courses (one rural, one urban) were offered in December 2001 for those who were not able to attend their local course. Considerable effort was made to accommodate local preferences for training dates. Training was limited to term time and school hours due to the availability of school staff.

Target group

A major challenge in implementing the School-Link Training Program was the combination of a large potential audience, limited time frame and finite resources. In order to keep the implementation manageable, it was decided to give first priority for attendance to DET school and TAFE counsellors and adolescent mental health workers in Area Health Services. The adolescent mental health workers were based in Adolescent Mental Health Services, or could be located in other relevant services such as Child, Youth and Family teams, Youth Health, Drug and Alcohol, Sexual Assault or Physical Abuse and Neglect

of Children (PANOC) services. The course was written at an advanced level, in keeping with the findings of the survey of counsellors' and mental health workers' learning needs. Feedback during the delivery of the program indicated this advanced focus met participants' needs (see Sections 2 and 5).

At a local level, when key workers had been accommodated, places could be offered to other workers who had a clinical or mental health and welfare role with adolescents and an assumed knowledge in adolescent depression, adolescent development and clinical practice issues. These included counsellors in the Catholic and Independent school systems, youth workers and Centacare social workers. The small number of participants who were not counsellors, mental health workers or others with a significant mental health and welfare role had difficulty understanding some of the content and they were not able to take part in group activities in an informed way. Attempts to meet their special learning needs during course time tended to detract from the time available to meet other participants' needs or to disrupt group dynamics during exercises.

The development of the School-Link Training Program took place over a period of time. Consequently, by the time the program was ready to be delivered, there had been a lot of discussion, publicity and networking between the health and education systems which helped to create a significant interest in participation, particularly amongst school counsellors. DET released school and TAFE counsellors for the three days to attend the training program and mandated the attendance of school counsellors. There had been recent experience in DET of mandating attendance of school counsellors at a three-day course on motivational interviewing. This helped pave the way for the decision to mandate attendance at the School-Link Training Program.

Area Health Services also released relevant workers to attend the training, however, their attendance was not mandated. In a small number of Area Health Services the attendance of health workers was low.

Rationale for two statewide School-Link trainers

Two trainers were employed: an adolescent mental health clinician/manager with extensive experience in adult education and an experienced school counsellor who also had experience in adult education and had recently completed a doctoral thesis on adolescent stress, depression and anxiety.

Both trainers were involved in the delivery of each course. The issues which shaped this decision included:

- the use of an adult learning model incorporating intensive use of group processes
- the relatively large number of participants per course given adult group learning methods were used
- the amount of travel involved over an 18-month period.

This co-training approach allowed the trainers to model collaboration between health and education. It also facilitated engagement with all sections of the audience and allowed an informed response to a wide range of questions and local issues from health and education perspectives.

Number of courses

To allow local workers to train together, several courses were needed in most Area Health Services. The number of courses in each Area Health Service varied from two to five depending on the number of local key workers to be trained. In the Far West Area Health Service two courses were provided because of the geographical distances participants would have had to travel. Training local workers together permitted the development of local pathways to care and promoted local collaboration and networking. Evaluation indicated that this strategy was highly valued by participants.

Statewide and local roles

The combination of statewide coordination and funding, together with local organisation and funding, promoted uniformity in the statewide implementation of the School-Link Training Program whilst encouraging local ownership and responsiveness to local issues.

The Centre for Mental Health provided the trainers, their travel and subsistence, PowerPoint projector and educator aids (written materials for the course exercises).

The Area School-Link Coordinator's role in organising the courses included arranging venues, advertising/promoting the courses, ensuring representation of school, TAFE and adolescent mental health and related health workers, organising catering, photocopying course handouts and slides, ordering materials for distribution during the course including *Deeper dimensions*³¹, *Getting in early*³², *Dumping depression resources*³³ and *The Intergalactic guide to relationships*³⁴.

Area School-Link Coordinators were given the option of contributing to the presentation of some sections of the training as a way of highlighting their role. This included the background and history of School-Link, overview of prevention and early intervention programs in mental health and review of the LDAPs.

Most Area School-Link Coordinators were able to arrange local funding to provide lunch and refreshments. In some areas participants contributed to this cost. School-Link Coordinators utilised health or DET venues, some of which were free of cost, or independent venues where there was no suitable local in-house venue. Participants commented that the provision of a suitable venue and refreshments contributed to a sense that the training and their role was valued by senior managers.

Learning to work together

NSW Health and DET have different cultures, use different language and have different organisational structures. These differences were addressed during the training course and had to be dealt with in organising the training.

Nature of the work

While the nature of the work of school counsellors, TAFE counsellors and adolescent mental health workers have common characteristics there are differences in focus and practice. School counsellors have responsibility for students from pre-school to Year 12 and their duties include assessment and management of educational and behavioural difficulties as well as a mental health and welfare role. In contrast, TAFE counsellors work with older adolescents (15 years and over) and adults and a substantial proportion of their role is career counselling. In TAFE, young people who need in-depth clinical counselling are generally referred to more specialist help, with the TAFE counsellors providing support in the longer term.

Adolescent mental health workers generally work with adolescents up to seventeen years of age, many work with families and some also work with younger children or older adolescents. Adolescent mental health workers generally have a high proportion of clients with severe mental health problems.

Policies

NSW Department of Health and DET are bound by certain state legislation such as the *Children and Young Persons (Care and Protection) Act (1998)* and the *Privacy and Personal Information Protection Act (1998)*. There are, however, procedural differences in handling the policies. Each department has devised its own procedures to meet these legislative requirements. Area Health Services and DET need to be aware of each other's procedures.

Settings

Adolescent mental health workers are generally located in teams where they have access to colleagues for support, supervision and reinforcement of

professional identity. There are exceptions to this in rural areas where they may work more in isolation. While DET school counsellors work in individual schools, they are linked in small groups with district guidance officers for support and supervision.

School, TAFE and health work different hours and have different holidays that create different rhythms and timing pressures. End of term is often a busy time for school and TAFE counsellors which can make referrals and addressing issues of risk more problematic, particularly as school counsellors are not available during the school holidays.

Professional backgrounds

Child and adolescent mental health teams tend to be multidisciplinary, drawing from the disciplines of psychology, clinical psychology, social work, occupational therapy, nursing and psychiatry. School counsellors have a background in psychology and education. TAFE counsellors have variable backgrounds, which must include psychology.

Mapping of school counsellors into Area Health Service boundaries

Health services in NSW (including mental health services) are provided through 17 Area Health Services, each of which is managed by a chief executive officer and a board. Each Area Health Service has a director of mental health, a child and adolescent mental health coordinator and a School-Link Coordinator/s. DET is divided into 40 districts across NSW, with each district having a district guidance officer who is responsible for the school counsellors at schools within that school district.

The 17 Area Health Services and 40 DET districts have different geographic boundaries. These had to be matched up locally to ensure that workers with functional links attended the same training course. DET undertook this task, crosschecking with relevant people and exploring the practical issues at a conference of their district guidance officers. This template provided a foundation for the effective delivery of the School-Link Training Program.

5

Evaluation of the School-Link Training Program

The context

The School-Link Training Program is a key component of the School-Link initiative. This chapter outlines the evaluation of the School-Link Training Program. While this evaluation may shed some light on the broader School-Link initiative, caution must be exercised in extrapolating these findings beyond the School-Link Training Program.

Methodology

A number of issues had to be addressed in selecting an appropriate methodology for evaluating the effectiveness of the School-Link Training Program. These issues included resources, priorities, ethics and the actual interpretation of the evaluation. A range of evaluation methods was considered. A written survey completed by participants was selected as the most appropriate, feasible methodology given the resources available and the ethical considerations involved.

A widely acknowledged difficulty with this self-report methodology is the subjectivity of participant responses. Self-report does not necessarily demonstrate actual changes in practice. It does, however, provide useful information, is a resource efficient way of gathering information and is ethically acceptable.

Other evaluation methods such as the use of pre- and post- interviews, surveys of clients and/or their family/carers, and measures of clinician knowledge and skills, are more costly and time-consuming and often involve complex ethical issues. A further disadvantage of this approach is that it is difficult to attribute an observable change solely, or directly, to training as many factors impact on clients and their family/carers and on clinician knowledge and skills. The latter is especially true over the medium and long term.

When the School-Link Training Program was piloted in June 2000 in the Greater Murray and Wentworth Area Health Services, different evaluation questions were trialed and feedback on the evaluation format was sought from participants. Verbal (focus group) evaluation sessions and formal written feedback responses were trialled. In response to participant feedback and consideration of these different approaches, a training course evaluation protocol was designed with two related forms, the first to be completed at the end of Day 2 (covering Days 1 and 2) and the second to be completed at the conclusion of Day 3 of training. These protocols required closed-ended as well as open-ended responses and were completed anonymously (Appendix F).

The Area School-Link coordinator collected and summarised the survey forms. Summaries and all completed protocols were subsequently returned to the trainers for analysis. No attempt was made to match individual survey forms completed on Day 2 and on Day 3. Each of the 49 School-Link Training Programs was evaluated.

Evaluation questions

The survey form completed on Day 2 obtained a workforce profile including information on occupation, place of work, years of experience, time spent each week working with adolescents and time spent working with adolescents with depression. The remaining questions were the same for the both survey forms.

- Questions 1 and 2 surveyed how well participants found the training course met its stated aims and how well it met the training needs of participants.
- Questions 3 and 4 surveyed, in open-ended format, the most and least useful aspects of training.
- Question 5 covered the accuracy and usefulness of the pre-course information participants had received about the School-Link Training Program.

- Question 6 requested participants to rate the trainers’ delivery of the program.
- Questions 7–9 surveyed general satisfaction with the training program (including whether participants felt the training program would help them deliver a better service to their clients).
- Questions 10 and 11 asked, in open-ended format, for any suggestions participants may have for improving the program and for any general comments.

Summary of responses

In summary:

- Over 95 percent of participants reported that the School-Link Training Program would help them deliver a better service to their clients
- 95 percent of participants indicated they were *very satisfied* or *mostly satisfied* with the School-Link training
- 97 percent of participants would recommend that a colleague participate in the School-Link Training Program
- 98 percent of participants rated the trainers’ delivery of the training as *excellent*, *very good* or *good*
- approximately 90 percent of participants identified the training as *excellent*, *very good* or *good* in meeting its aims.

The following graphs summarise participants’ responses recorded on the course evaluations.

Workforce profile

Occupation/profession of School-Link Training Program participants

Figure 1. Occupation/profession of School-Link Training program participants

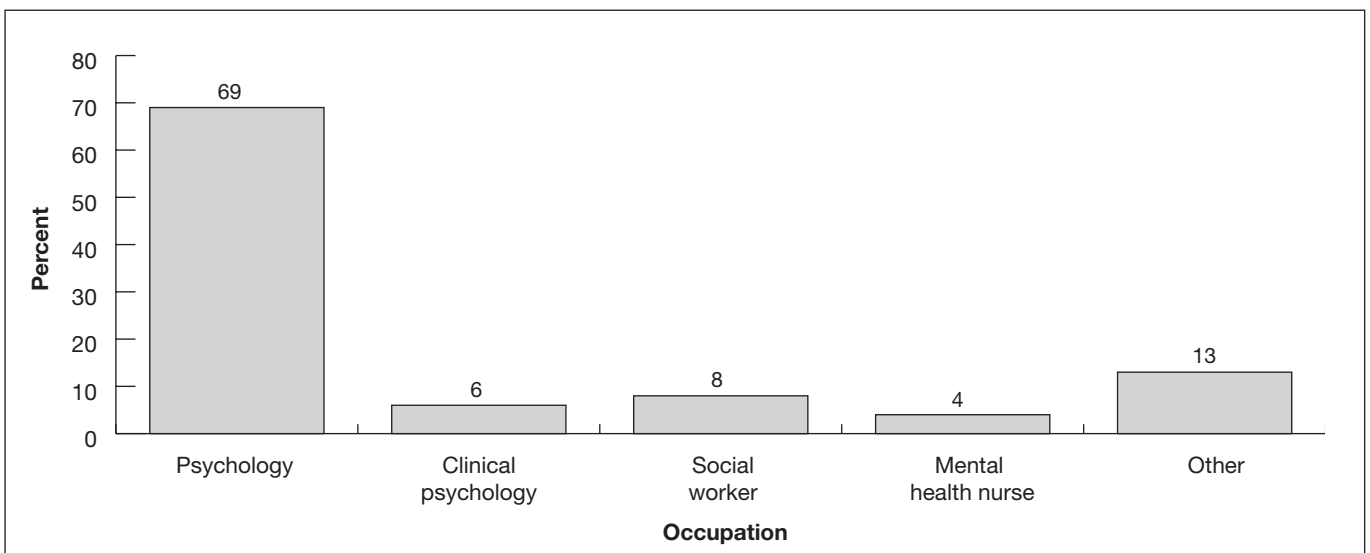
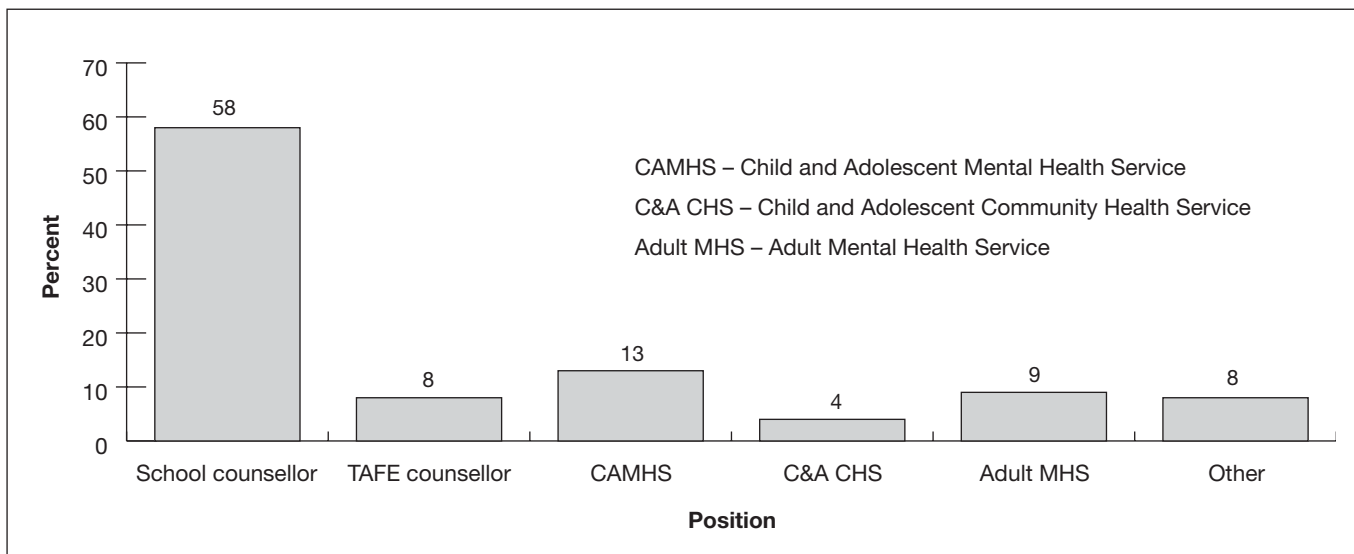


Figure 2. Position/agency of School-Link Training Program participants



Comment

Of the participants, 69% were working as psychologists. The ‘other’ category included youth workers, people who worked for the NSW Department of Community Services, medical practitioners, Aboriginal youth workers, child protection workers and school personnel other than school counsellors.

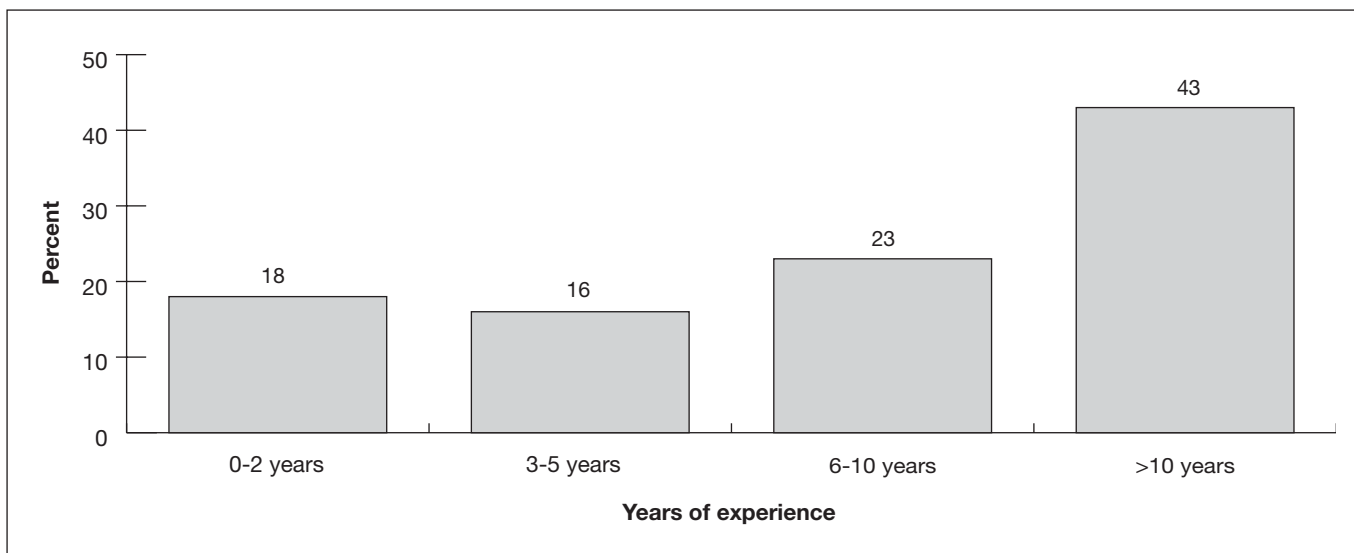
Over 50% of participants were working in schools as school counsellors.

Years of experience in position of participants in School-Link Training Program

Comment

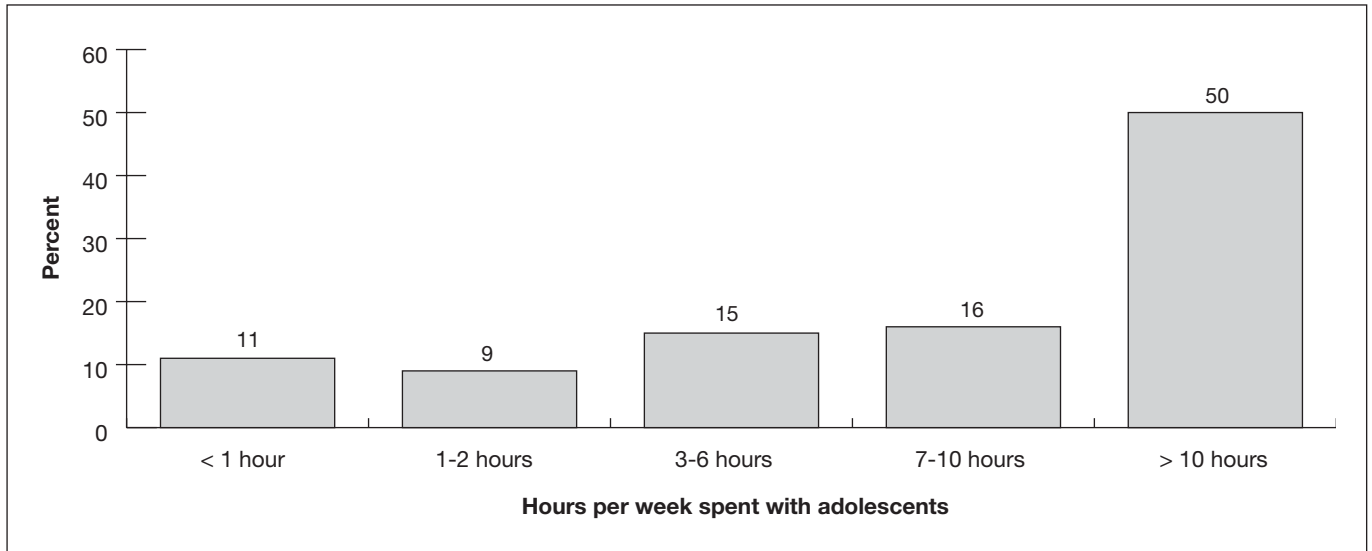
Sixty-six percent of participants had spent more than five years in their present position. However, there was wide variation across Area Health Services. For example, in the Far West Area Health Service only 40 percent and in Central Sydney Area Health Service more than 70 percent of participants had spent more than five years in their present positions. Seventy-six percent of school counsellors and 55 percent of CAMHS workers had spent more than five years in their present position.

Figure 3. Years of experience in position of School-Link Training Program participants



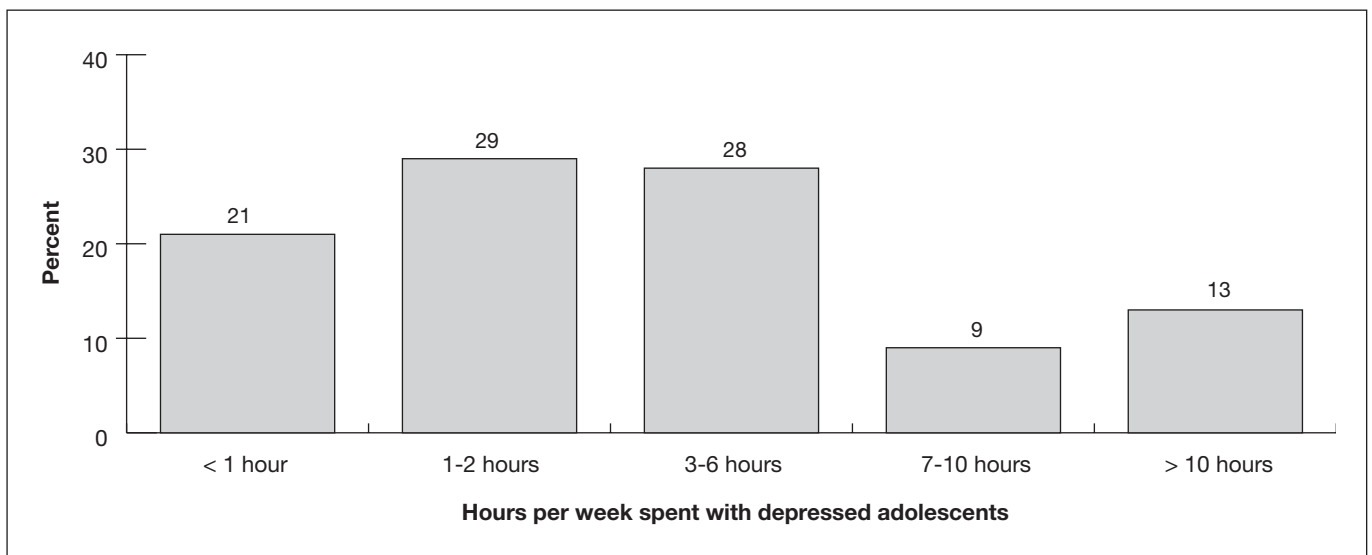
Time spent working with adolescents by participants in School-Link Training Program

Figure 4. Time spent working with adolescents (hours per week) by School-Link Training Program participants



Time spent working with adolescents with depression by participants in the School-Link Training Program

Figure 5. Time spent working with adolescents with depression (hours per week) by School-Link Training Program participants



Comment

Sixty-six percent of participants were spending more than six hours per week with adolescent clients generally. Twenty-two percent were spending more than six hours per week with adolescents with depression.

Further examination of the data showed that 17 percent of school and 10 percent of TAFE counsellors spent more than six hours per week

working with adolescents with depression, while 38 percent of participants from health spent at least six hours per week with adolescents with depression. This included 45 percent of CAMHS workers, 26 percent of Child and Adolescent Community Health workers and 26 percent of Adult Mental Health workers. Among participants who were clinical psychologists, 45 percent spent at least six hours per week with adolescents with depression.

There are a number of factors which may influence this difference between school and TAFE counsellors and mental health workers:

- Many of the participants do not work exclusively with adolescents – most school counsellors also work with infants/primary school children, TAFE counsellors also work with adults and many health workers work with younger children and parents.

- School counselling generally takes place only during school hours and school terms.
- Counselling in TAFE mostly occurs during the semesters.
- A number of workers in DET and health work part-time.

Evaluation responses for Days 1 and 2

How well were the objectives of the School-Link Training Program met?

Question 1. How well have Days 1 and 2 met the School-link Training Program aims?

Figure 6. Responses of School-Link Training Program participants to Objective 1: Develop an understanding of adolescent depression and related disorders

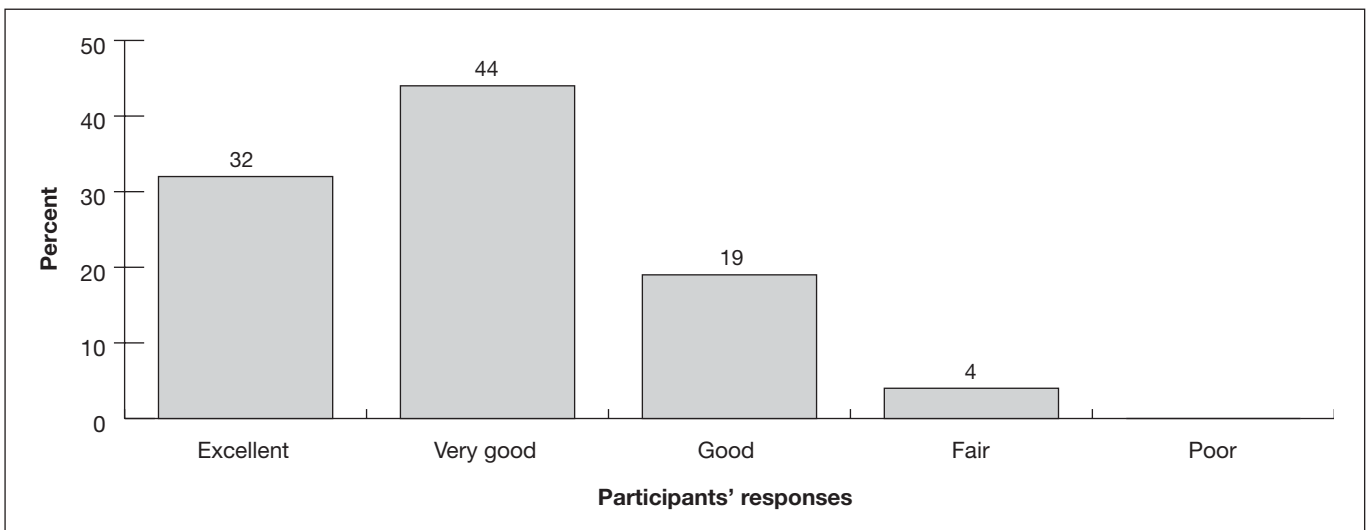


Figure 7. Responses of School-Link Training Program participants to Objective 2: Demonstrate early identification and assessment

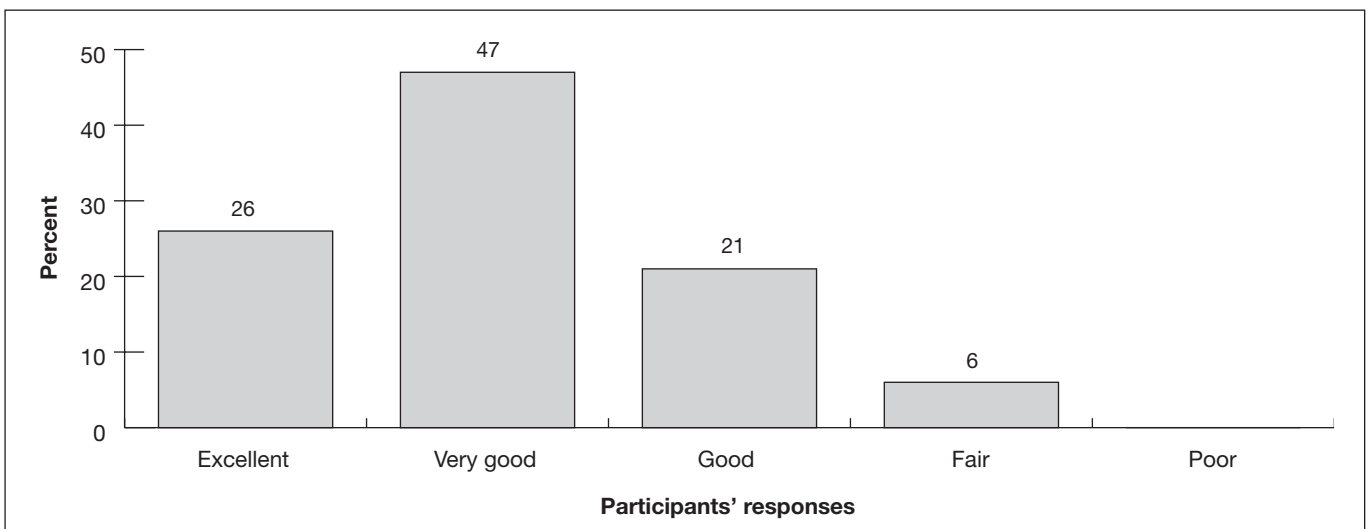


Figure 8. Responses of School-Link Training Program participants to Objective 3: Outline appropriate intervention strategies incorporating evidence-based practice

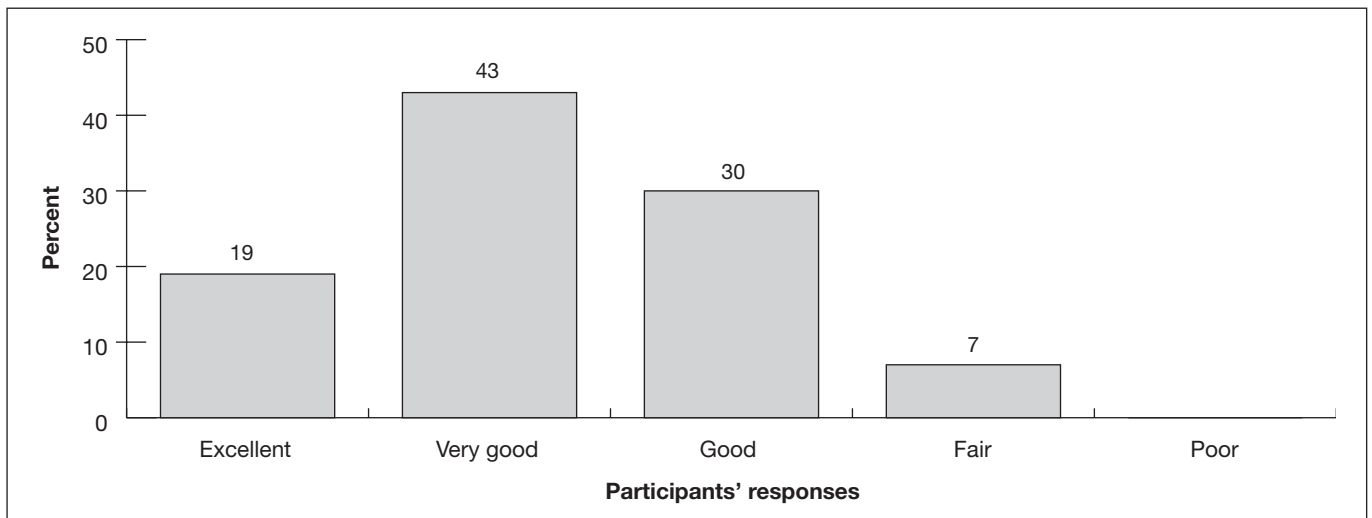


Figure 9. Responses of School-Link Training Program participants to Objective 4: Assist in developing Local Depression Action Plans and pathways to care

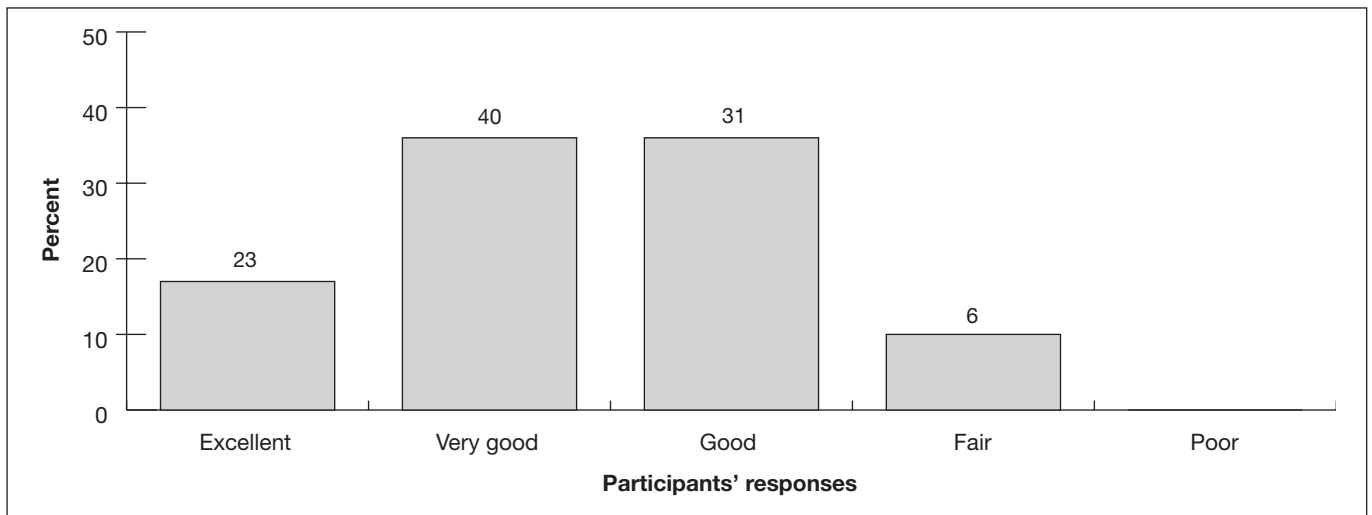
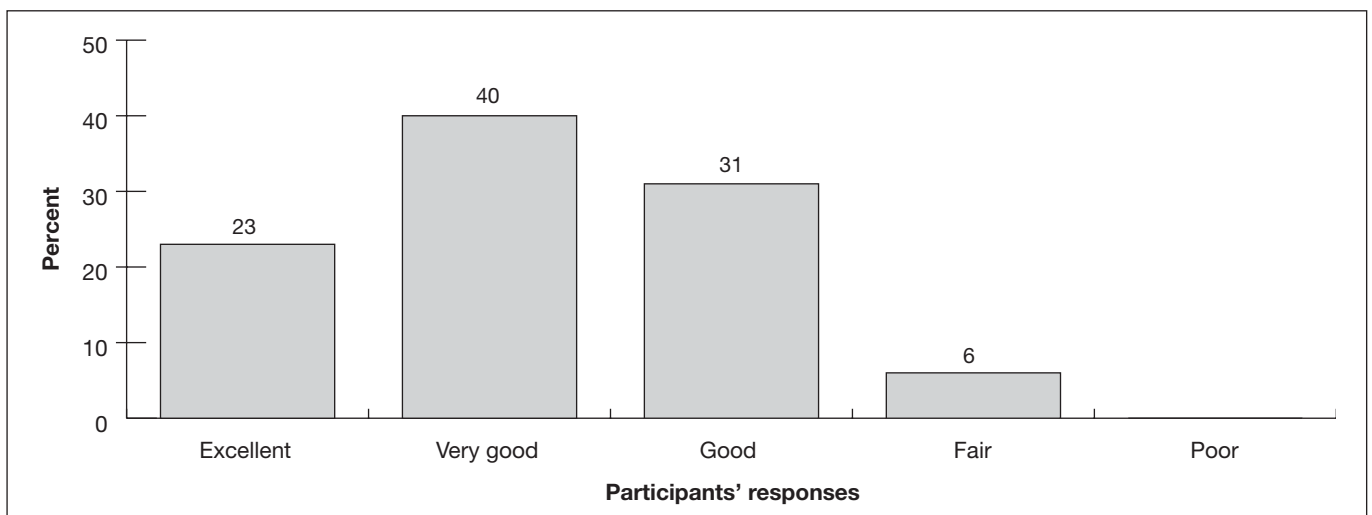


Figure 10. Responses of School-Link Training Program participants to Objective 5: Develop opportunities for local collaboration



Comment

The first three objectives of the training program were content-oriented while the fourth and fifth objectives were related to the development of sustainable collaborative processes.

The data indicated that all objectives were adequately met on Days 1 and 2. Achievement of each objective was rated as *excellent*, *very good* or *good* by over 90 percent of participants.

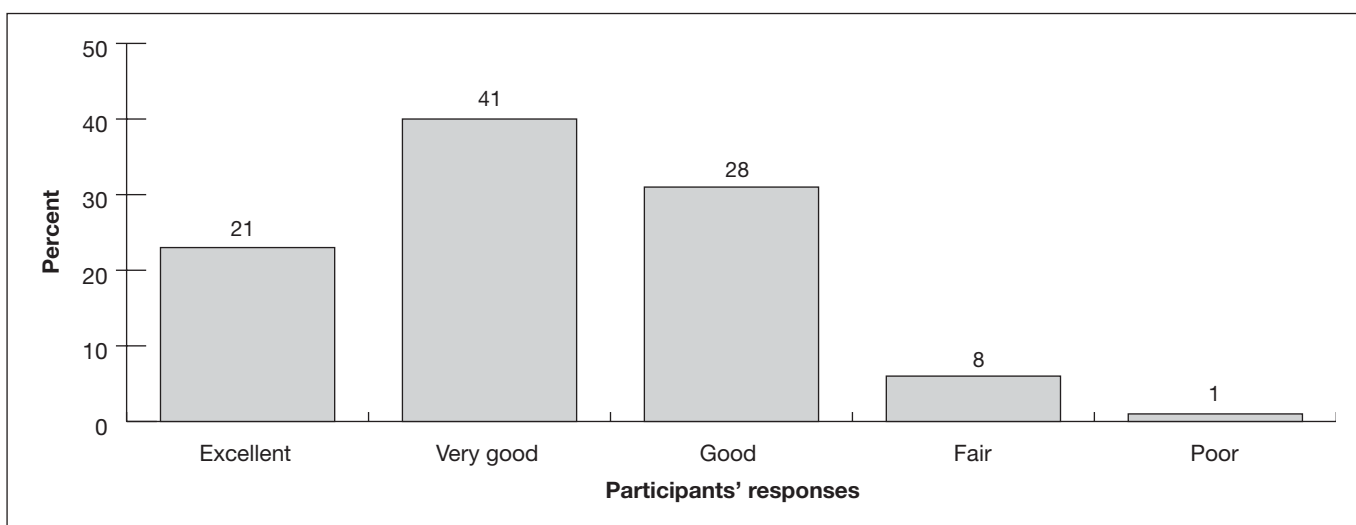
Participants rated achievement of the three content objectives more highly than the two process objectives. One possible explanation is that the development of sustainable collaborative processes was affected more by factors outside of training and it was more difficult for training to influence

the process objectives. Participants brought with them to the training course a history of the interactions from within and between the agencies that were represented. For some groups, these interactions had been positive, with clear communications between colleagues. In other groups, this positivity and clarity of communication did not exist to the same extent. Issues such as these may have influenced participants’ responses to the tasks aimed at enhancing collaboration, particularly the development of the LDAPs.

Another contributing factor in a small number of Areas was the low attendance rates of health workers relative to other Areas and consequent under-representation in LDAPs.

Meeting the needs of participants

Figure 11. Responses of School-Link Training Program participants to Question 2: To what extent is the Training Program meeting your needs?



Comment

Around 90% of participants rated the training program as meeting their needs as *excellent*, *very good* or *good*.

This profile held for all subgroups of participants except clinical psychologists, 70 percent of whom rated the training program as meeting their needs as excellent, very good or good. This probably reflects

the difficulties of structuring a course for participants with varying levels of experience and training. Participants’ responses to this question support the decision to exclude non-clinicians from the School-Link Training Program and for any subsequent School-Link Training modules to be targeted at an advanced level.

Most useful aspects of the School-link Training Program

Participants were asked in an open-ended format what was most useful for them in the Training Program. Participants' comments generally fell into the following categories (in descending order of frequency):

- Networking.
- Depression information.
- Practical strategies.
- Assessment information.
- Resilience.
- General presentation.
- Handouts.
- All aspects.
- Case studies/role plays.
- Aboriginal issues.

Least useful aspects of the School-Link Training Program

Participants were asked what was least useful for them in the Training Program. The majority of responses to this question indicated that participants were satisfied with the course the way it was.

A small number of participants made comments indicating aspects of the course they found least helpful. These included:

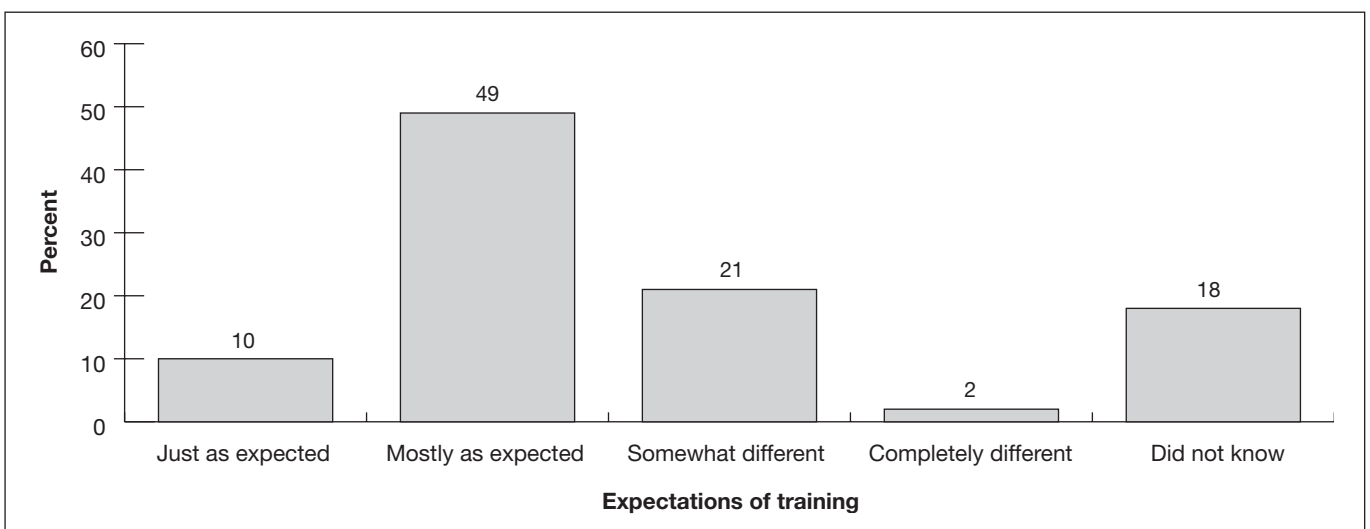
- Need more local participants, eg health (generally where the attendance of health workers was low), DoCS and other school welfare staff as well as counsellors.
- Problems with groups, eg:
 - groups were too large or too small
 - group process was too long
 - discussions were dominated by individuals
 - lack of flexibility of group processes.
- Didactic input – too much in too short a time.

Comment

The low number of participants indicating that they found some aspect of the course least helpful is consistent with the high level of participant satisfaction reported in this evaluation. Comments about problems with groups were reported less frequently after the initial few courses. The group process was fine-tuned in response to these early comments and the consequent evaluations indicated that participants preferred the amended format.

Precourse information

Figure 12. Responses of School-Link Training Program participants to Question 5: Based on the advance information you received, how well has the content and format of the Training Program matched your expectations

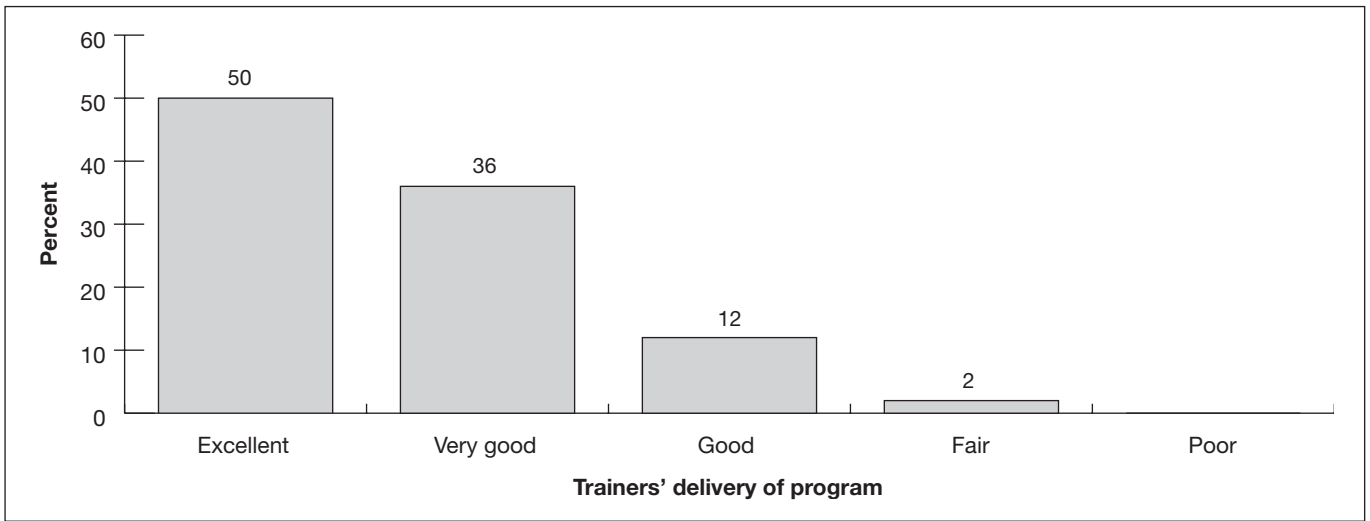


Comment

There was a wide range of responses to this question, which may reflect, among other things, varying forms of pre-training publicity. A small number of Areas did not have an Area School-Link Coordinator employed during the lead up period to the School-Link Training Program and this may have impacted negatively on the flow of information.

Trainers’ delivery of the School-Link Training Program

Figure 13. Responses of School-Link Training Program participants to Question 6: How would you rate the trainers’ delivery of the Training Program?

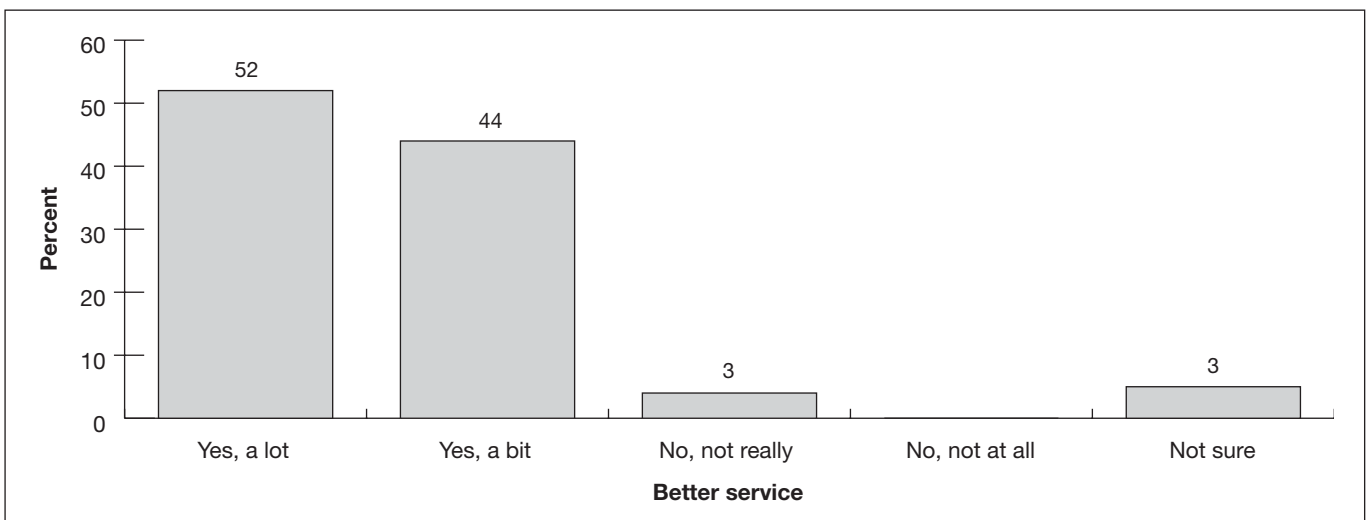


Comment

Ratings of the trainers’ delivery of the training program were positive throughout the period of delivery. It is noted that there was an improvement in participants’ ratings as training progressed. This occurred simultaneously with the trainers constantly modifying the course to take into account comments and evaluations from previous courses and incorporating information on depression and related disorders as it became available.

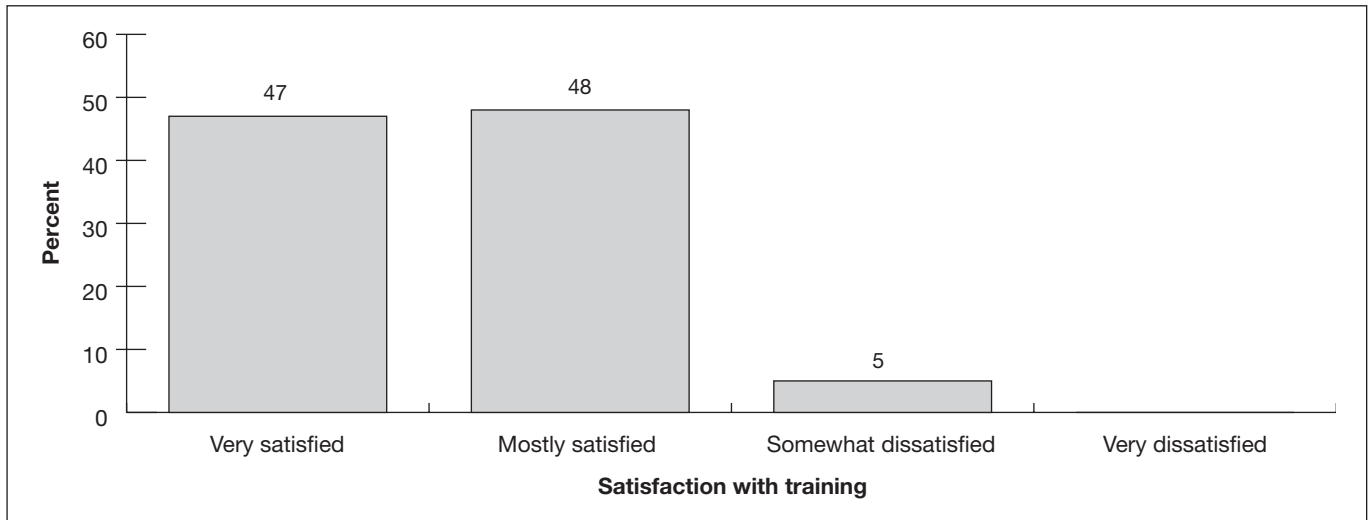
Contribution of the School-Link Training Program to improving service delivery

Figure 14. Responses of School-Link Training Program participants to Question 7: Do you think the Training Program will help you deliver a better service to your clients?



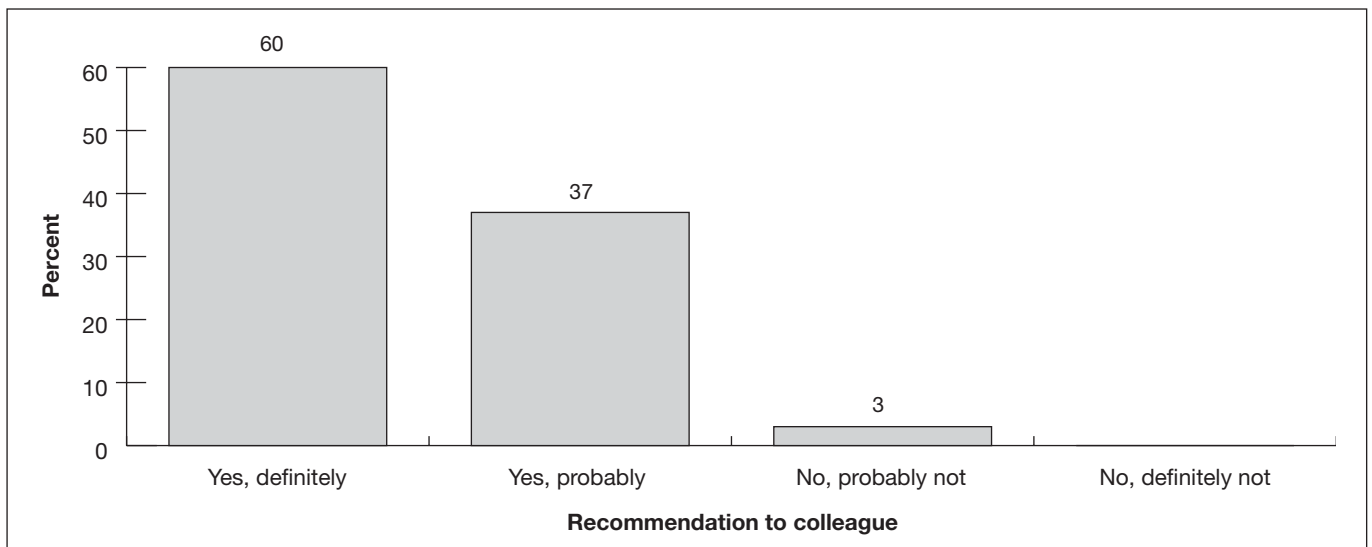
Satisfaction with the School-Link Training Program

Figure 15. Responses of School-Link Training Program participants to Question 8: Overall, how satisfied are you with the School-Link Training Program?



Recommendation to a colleague to attend

Figure 16. Responses of School-Link Training Program participants to Question 9: Would you recommend a colleague attend the Training Program?



Comment

Responses to Questions 7, 8 and 9 indicated an overall high level of satisfaction with Days 1 and 2 of the School-Link Training Program. Ninety-six percent of participants felt the training would assist them to deliver a better service to their clients, 95% were very or mostly satisfied with the training and 97% indicated that they would definitely or probably recommend that a colleague attend the course. Among the 3% who would not recommend that a colleague attend the training, some commented that this was because of competing work pressures rather than a criticism of the course. The high level of satisfaction with the training program was consistent across subgroups of participants (school counsellors, CAMHS workers, TAFE counsellors).

Suggestions to improve the School-Link Training Program

Participants were asked how they thought the School-Link Training Program could be improved. Their responses can be grouped into the following categories (in decreasing order of frequency):

- Excellent as it is.
- More training – make sure training continues.
- Inclusion of other professionals (eg Child, DoCS and Youth and Family officers, indigenous workers, other school personnel).
- More use of expertise of participants.
- Develop additional materials, eg teacher package, parent package, whole school package, school executive package.
- Provide more detailed information on:
 - general depression
 - comorbidity
 - assessment
 - cognitive behavioural therapy/interpersonal psychotherapy
 - systems issues
 - engagement with adolescents
 - diversity issues.
- Course content should be more advanced.
- Include younger age group as well as adolescents.
- Three days is too long.
- Three days is not long enough.
- Day 3 should be closer to Days 1 and 2.

Comment

Participants generally found the course valuable and had no suggestions for improvement. The number of participants making suggestions for improving the course was relatively small.

Further comments on the School-Link Training Program

Participants were asked for any further comments (including venue, food, content). Comments about venue and the food varied from excellent to inadequate.

Other comments included:

- Course excellent.
- Handouts excellent.
- Presenters excellent.
- Role plays excellent.
- Would like more of the same please.
- Many ‘thank you’ comments.

Comment

A substantial number of comments were made about venues and catering, indicating that these factors were relatively important to participants.

Evaluation responses for Day 3

Workforce profile

Workforce profile information for School-Link participants has been presented in Workplace profile (p 21).

Most helpful aspects of Day 3

Participants were asked to write what they found the most helpful aspects of Day 3 of the School-Link Training Program. Responses have been summarised into the following categories (listed in descending order of frequency):

- CBT – training/outline/theory/history.
- CBT – practice/role play.
- Handouts.
- Networking.
- Recent research.
- Recent developments in interventions including Interpersonal Psychotherapy with Adolescents (IPT-A).

Least helpful aspects of Day 3

Participants were also asked what they found to be least helpful on Day 3. Responses have been summarised into the following categories (in descending order of frequency):

- Nil.
- Time away from work.
- LDAP review.
- CBT theory.
- CBT practice.

Comment

The majority of participants recorded some ‘most helpful’ comments about Day 3 of training while a small number recorded least helpful comments. Participants who were highly experienced in CBT may have found the content very familiar, although some of these participants commented on the value of reconnecting with the theoretical and philosophical foundations of CBT.

Trainers’ delivery of the School-Link Training Program

Figure 17. Responses of School-Link Training Program participants to Question 3: How would you rate the trainers’ delivery of the School-Link Training Program?

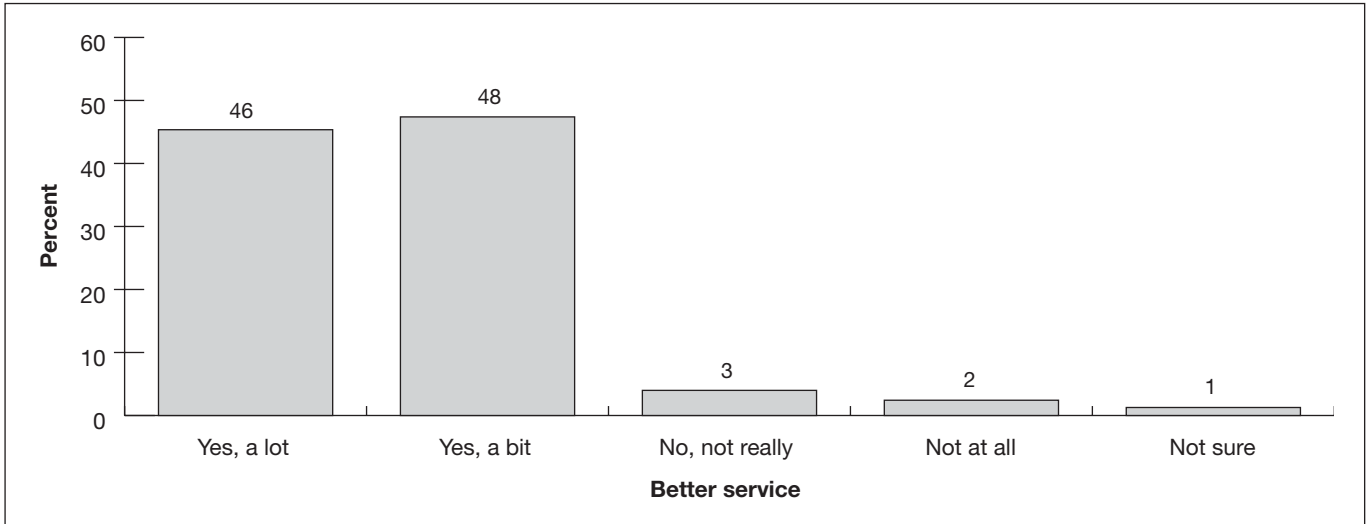


Comment

Most (97%) participants rated the trainers’ delivery of the training course as excellent, very good or good. Many responses to the open-ended questions and unsolicited comments that appeared on the evaluation sheets supported this.

The contribution of the School-Link Training Program to improving service delivery

Figure 18. Responses of School-Link Training Program participants to Question 4: Do you think the Training Program will help you to deliver a better service to your clients?



Comment

The remainder of the evaluation replicated the form participants completed at the conclusion of Day 2 of training.

How well were the objectives of the School-Link Training Program met?

The five parts of Question 5 surveyed how well the participants thought the whole School-Link Training Program (Days 1, 2 and 3 together) met its objectives. These responses are reported below.

Figure 19. Responses of School-Link Training Program participants to Objective 1: Develop understanding of adolescent depression and related disorders

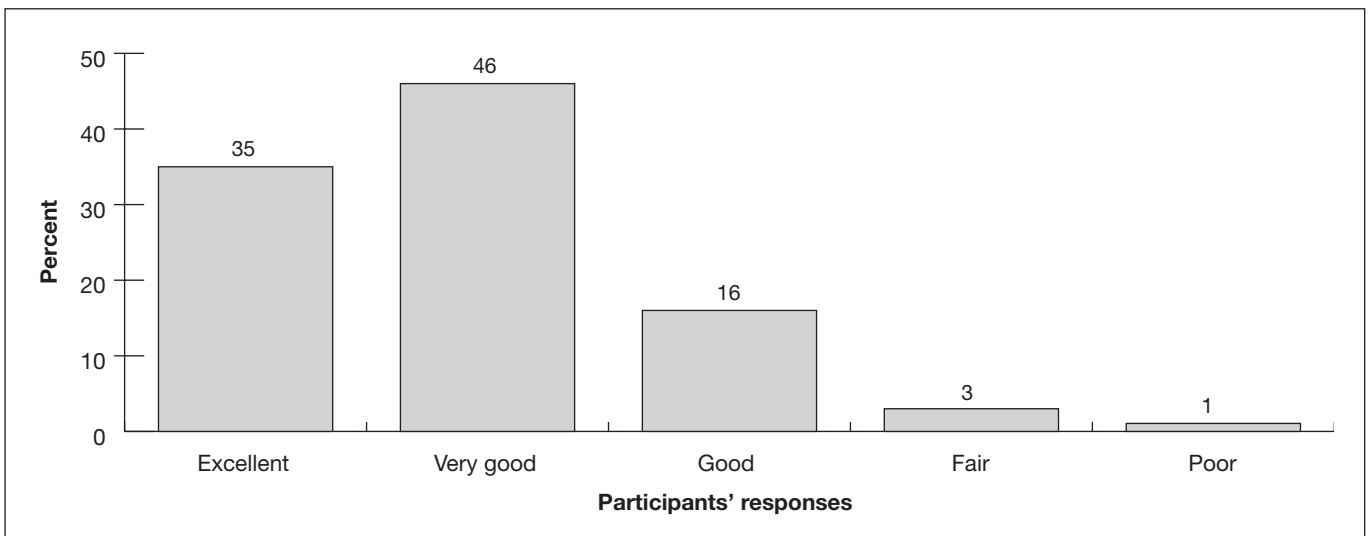


Figure 20. Responses of School-Link Training Program participants to Objective 2: Demonstrate early identification and assessment

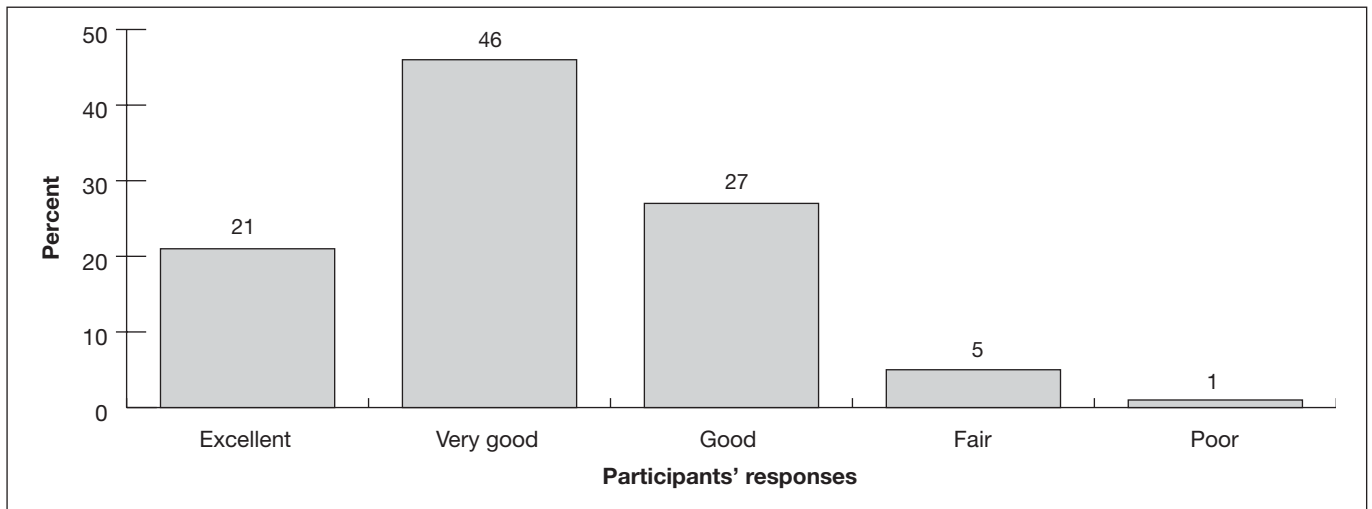


Figure 21. Responses of School-Link Training Program participants to Objective 3: Outline appropriate intervention strategies incorporating evidence-based practice

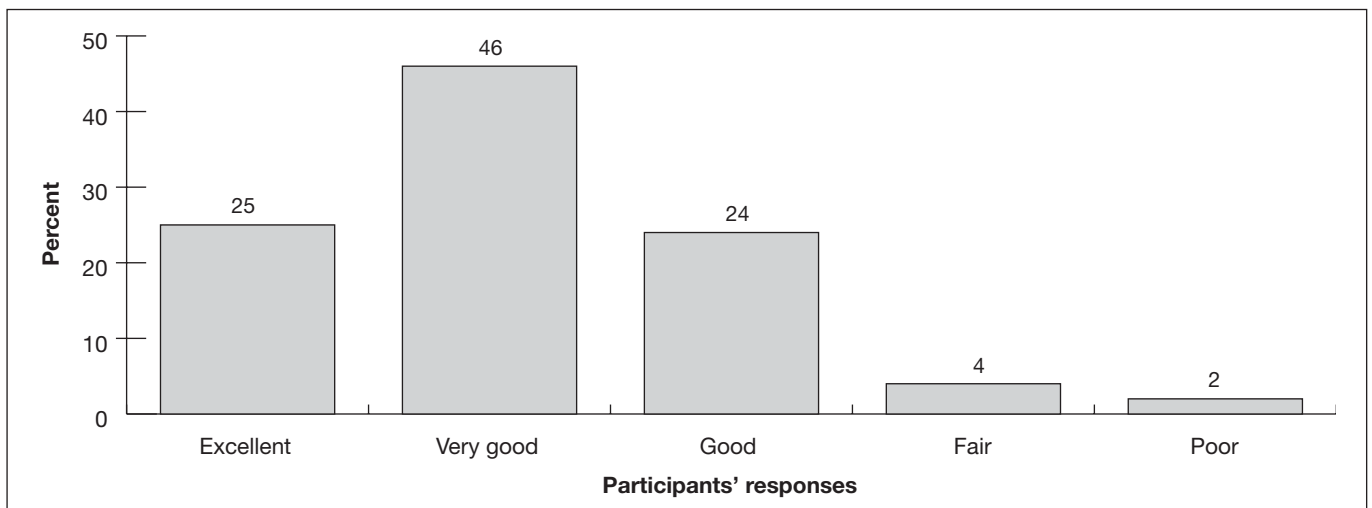


Figure 22. Responses of School-Link Training Program participants to Objective 4: Assist in developing Local Depression Action Plans and pathways to care

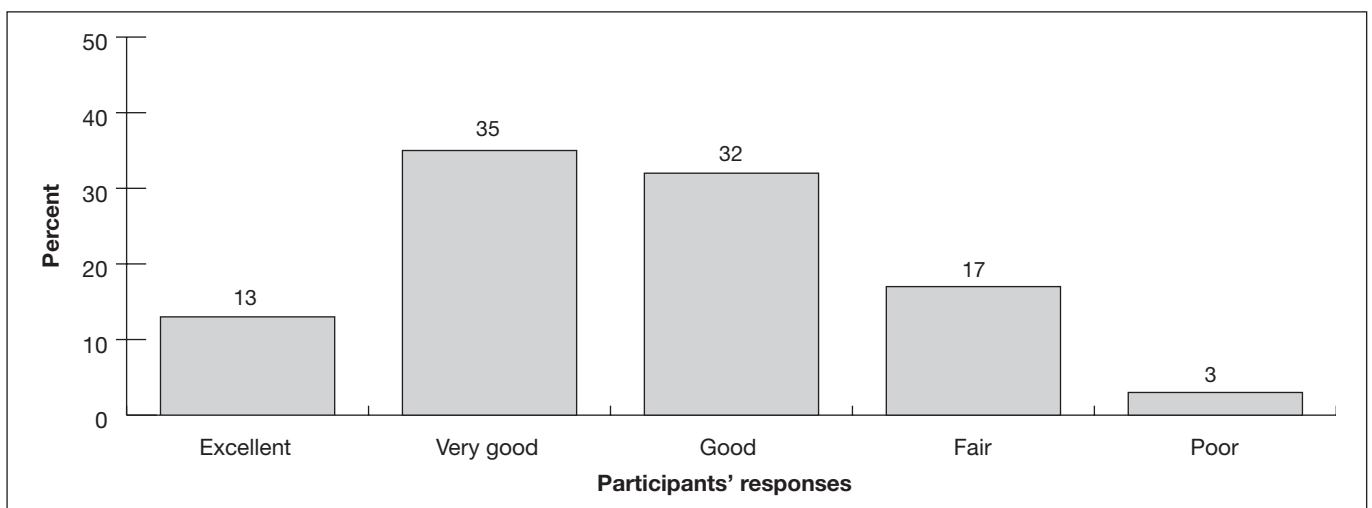
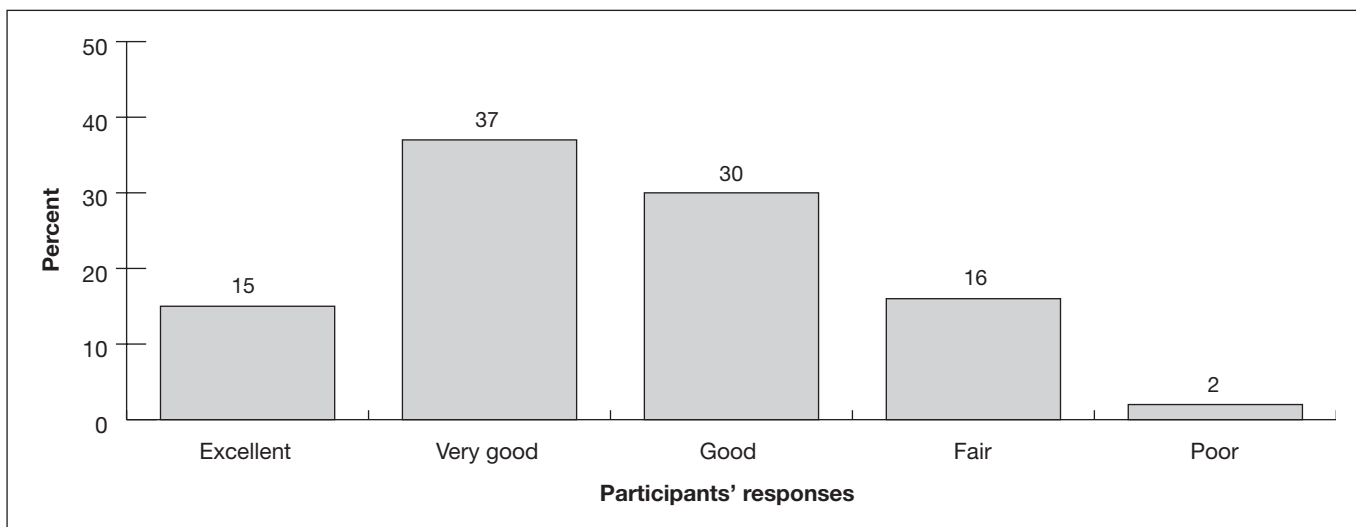


Figure 23. Responses of School-Link Training Program participants to Objective 5: Develop opportunities for local collaboration

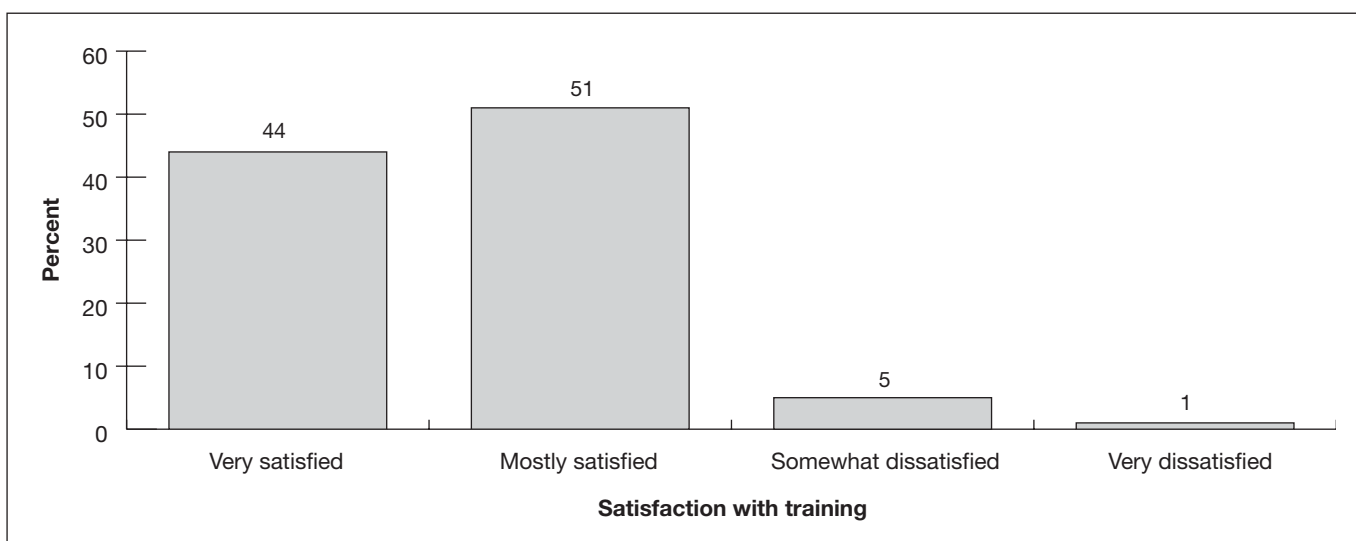


Comment

Similarly to Days 1 and 2, the content objectives (adolescent depression identification, assessment and intervention, Objectives 1, 2 and 3) were perceived by participants to be more successfully achieved than the process objectives (interagency collaboration, Objectives 4 and 5). There was a small but observable decline in participants' rating of Objectives 4 (assist in developing Local Depression Action Plans) and 5 (develop opportunities for local collaboration) from Days 1 and 2 to Day 3. In this interim, participants were encouraged to progress the LDAP (see section 6) that their groups began developing on Day 2. In some Areas these plans developed well, and generated considerable enthusiasm amongst group members. In other Areas the task showed little progress. Positive evaluation of the achievement of interagency collaboration appeared to be directly related to the degree of interagency involvement in the development of the LDAPs.

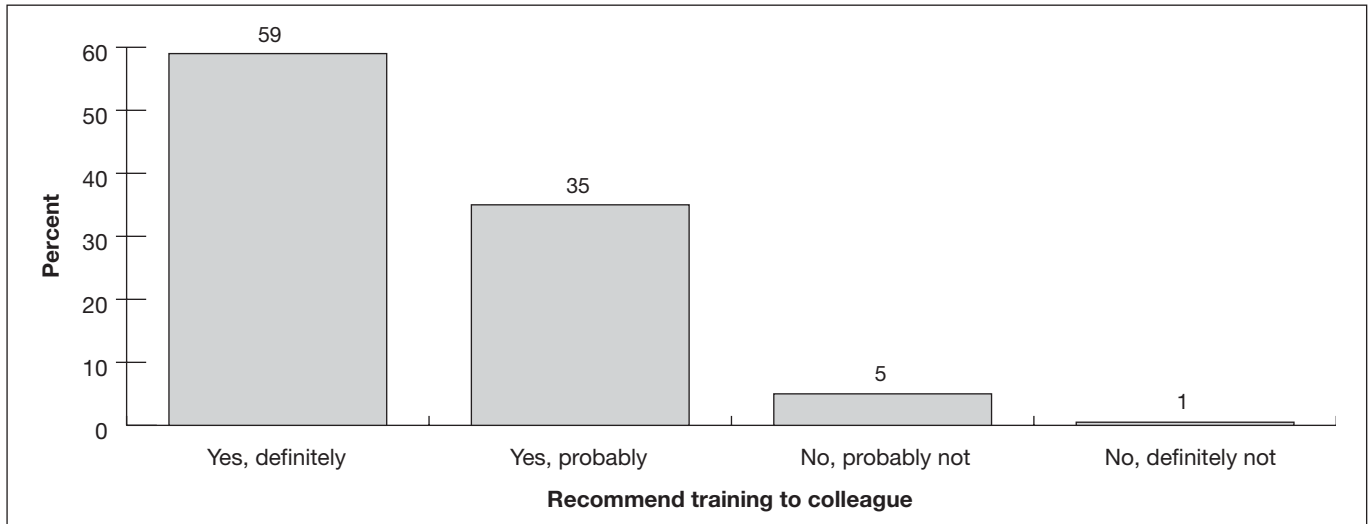
Satisfaction with the School-Link Training Program

Figure 24. Responses of School-Link Training Program participants to Question 6: Overall, how satisfied are you with the School-Link Training Program?



Recommendation to a colleague to attend

Figure 25. Responses of School-Link Training Program participants to Question 7: Would you recommend a colleague take the School-Link Training Program



Comment

The high level of satisfaction with the School-Link Training Program indicated in responses to Questions 4, 6 and 7 was consistent across subgroups of participants (school counsellors, TAFE counsellors, CAMHS workers).

Suggestions to improve the School-Link Training Program

Participants' suggestions to improve the School-Link Training Program were (in descending order of frequency):

- Excellent as is.
- More time to consolidate.
- Follow-up courses each year, ongoing training in this format.
- More:
 - didactic presentation
 - practical skills demonstrations
 - video examples
 - focus on skills development for working with adolescents with mental health problems
 - case studies
 - exercises
 - use of audience expertise.

Comment

As with the evaluation of Days 1 and 2, most participants had no suggestions for improvement and the number of participants making any suggestions for improving the course was relatively small.

Further comments on School-Link Training Program

Further written comments on the School-Link Training Program included:

- Content excellent.
- Trainers excellent.
- Comments about venues, food, etc.
- Many 'thank you', 'brilliant' etc comments, such as, 'Another excellent, professional, well presented day! Thank you to the presenters-Well done!'.

Discussion of responses to the evaluation of Day 3

The School-Link Training Program was consistently evaluated highly. However, responses for Day 3 were slightly less positive than the responses for Days 1 and 2. Several factors may have contributed to this difference. The major component of Day 3 was CBT. Whilst this was included in response to participant feedback to the pilot courses and was generally highly valued by the majority of participants, some participants had an antipathy to this approach. Others had already had some training in CBT and would have liked this introductory presentation to be pitched at a more advanced level. Some participants with prior training in CBT commented that they found Day 3 a clear and concise summary and a useful refresher.

Day 3 also reviewed progress of the LDAPs. In the relatively small number of Areas that did not embrace this initiative Day 3 was evaluated less positively.

Evaluation of the impact of School-Link at the local level

Many Area Health Services had existing links in place before the School-Link Training Program began and were already involved in prevention and early intervention programs in addition to their direct work with clients with mental health problems and disorders.

Broader evaluations of the NSW School-Link initiative have been implemented at a local level by two Area Health Services (Central Sydney and Western Sydney Area Health Services). These evaluations are designed to measure the impact of the local implementation of the first three years of the School-Link initiative generally, rather than focussing on training in particular. They are intended to be completed in 2003.

The Central Sydney Area Health Service evaluation is divided into three focus areas: prevention, early intervention and service access. The methodology includes audits of training in and implementation of mental health programs in schools, evaluation of the impact of school-based prevention programs, focus groups of school and TAFE counsellors and mental health workers and feedback forms for referrals. The evaluation is expected to provide useful information about the effects of School-Link and may help to gauge the success of the School Link Training Program in meeting some of its aims over the medium term. In particular, it will reflect on the general effectiveness of the School-Link Training Program in improving collaboration between school and TAFE counsellors and adolescent mental health workers. The Central Sydney Area Health Service evaluation of School-Link will also report on how well the training has assisted participants to conduct or support appropriate prevention and early intervention programs.

Local Depression Action Plans and other outcomes

6

Collaboration between health and education through Local Depression Action Plans

A primary focus of the School-Link Training Program was to foster interagency collaboration between health and education to produce the best outcomes for adolescents with depression and their families/carers. The training process promoted this in a number of ways including:

- Delivery of the training to local groups.
- Teaching processes which developed cross-agency understanding including an awareness of each other's systems, local resource issues, priorities and organisation.
- The trainers modelling health-education collaboration.
- Opportunities for networking.

As a way of building on the good interagency work which occurred within the training and which was already occurring before the training, participants were asked to plan a collaborative project between health and education called the Local Depression Action Plan (LDAP). The aim was for groups to begin implementing these LDAPs between Day 2 and Day 3 of training (usually a 6-8 week interval). The Area School-Link Coordinator supported and helped coordinate these initiatives and progress was reviewed on Day 3 of the training.

The LDAP process has generated 170 local initiatives to improve services for depressed young people and their families/carers. The LDAPs cover a range of creative and imaginative approaches tailored to suit local conditions and skills and have reached varying levels of completion. They fall into three groups:

- **Improving teachers' and parents' ability to recognise the early signs of depression and to respond appropriately.** Examples include: education sessions for parents and teachers; development of helpful tools and materials, such as information on recognising early warning signs of depression; and tips and catchy messages in school newsletters and in local newspapers.

- **Improving access to services for young people** by developing information websites, cards, leaflets, bookmarks, stickers, posters, card games, screen savers and good news stories about young people. These initiatives aim to provide accessible information about depression and related conditions, to de-stigmatise mental health issues for young people and to show how to access help.
- **Improving interagency collaboration** in the delivery of mental health services to young people through enhanced interagency communication and understanding. Examples include: developing written pathways to care which map local arrangements, making these transparent and more readily understood by young people, families and workers; and local interagency forums and tools to facilitate more seamless delivery of services to individual young people and their families where multiple agencies are involved.

The full list and a brief description of LDAPs are included in Appendix H. The list is organised by the Area Health Service and the locality or district of each LDAP is shown. Appendix I provides a table that summarises the LDAP information.

Other improvements in collaboration associated with the School-Link Training Program

The School-Link Training Program has been associated with a range of positive developments in the way education and health work together, in addition to the LDAPs.

Local improvements in contact between health and education staff

Area School-Link Coordinators and the two School-Link trainers have received considerable unsolicited feedback from participants about the ways in which their day-to-day contact with each other has improved following the School-Link Training Program. The following comments are illustrative:

- *“We have noticed that since the training there has been an increase in the number of young people our service is managing in conjunction with school counsellors. I’ve had school counsellors ask to remain involved so they can provide the counselling whilst we provide assessment and psychiatric management, which is great!”*
Adolescent mental health worker, Western Sydney Area Health Service
- *“This has been the best year for contact and working together with mental health since I have been a school counsellor. The regular meetings have really opened up the channels of communication and helped me get to know the workers at CAMHS.”*
School counsellor, Southern Area Health Service.
- *“School-Link fosters excellent interagency collaboration which will no doubt lead to better mental health outcomes for the young people in our area.”*
CAMHS worker, Southern Area Health Service.
- *“The regular meetings mean we have a chance to catch up about mutual clients more often, and this has been very useful. We are able to help the school counsellors understand what kind of information we need and what sort of work we can do. This has streamlined the referral process, helping us to deliver a quick and appropriate response to clients and saving considerable time for workers in contacting each other to clarify information.”*
CAMHS worker, Southern Area Health Service.
- *“The training made a real difference. We now regularly have face-to-face meetings with health to discuss cases and invite other agencies to be involved when appropriate.”*
School counsellor.
- *“As a result of the training I feel a lot more confident phoning the adolescent mental health service to discuss cases and more confident in my own ability to manage complex cases. Knowing I have reliable access to consultancy from health allows me to continue to work with clients whom I previously would have referred on... it’s better for the young people and I’m enjoying this type of work.”*
School counsellor.
- *“School counsellors are giving us more of the information we need on referral which reduces our need to call them back, often a time-consuming task as they move from school to school and often have back-to-back appointments.”*
Health worker.

- *“School counsellors are giving us valuable lessons in the effective management of groups of students.”*
Health worker.

Establishing the Area School-Link Coordinator’s role

The School-Link Training Program was very timely for many Area School-Link Coordinators who were new in the position. The timing of the delivery required the Area School-Link Coordinators to meet and negotiate with key local people regarding a credible and highly regarded initiative, that is, the School-Link Training Program. This helped to rapidly create a positive profile for them locally and established a productive momentum to the whole School-Link initiative. The goodwill generated through the training contributed to interest and involvement in prevention and promotion programs and in other School-Link activities that further enhanced the profile and the implementation of School-Link across the state.

School-Link conferences

Area School-Link Coordinators, in response to a need identified by school counsellors, have jointly organised several School-Link conferences and forums for school counsellors and mental health workers which have enhanced and supported the School-Link Training Program and the collaborative health-education model.

A wide range of topics has been covered including psychosis, anxiety, children of parents with a mental illness, resilience, ADHD, boys’ mental health and a population approach to mental health. The programs for the conferences have been based on requests arising during the School-Link Training Program and local needs assessments of school counsellors and child and adolescent mental health workers. The consultative and cooperative approach used by the Area School Link Coordinators ensures a program that is relevant to the audience.

The events have been very well attended and have been evaluated very positively by participants, who have also indicated that they would like to attend further similar conferences and forums.

Future directions

Introduction

The School-Link Training Program was highly successful in achieving its aims and contributed to a range of other positive results. Clinicians' skills, knowledge and awareness were enhanced and numerous opportunities were created for networking and building interagency collaboration. The approach taken in developing and delivering this training has generated goodwill amongst education and health staff across NSW. The School-Link Training Program has played a key role in establishing the credibility of the overall School-Link initiative.

The School-Link Training Program also provided a unique opportunity to canvass opinion from participants and to form perceptions about how School-Link can continue to contribute to the provision of mental health care for adolescents with depression and related disorders throughout NSW.

A range of factors influenced participants' ability to effectively utilise, in the workplace, the knowledge, skills and interagency relationships developed through the training. Some of these factors relate directly to training and others relate to School-Link overall. This chapter addresses structures and practices to sustain and progress the aims of the School-Link Training Program over the medium and longer term. Recommendations are made in relation to the overall School-Link initiative and to School-Link training specifically.

Summary of the key elements of the School-Link training model

The success of the School-Link Training Program was due to many factors. The innovative process that guided the development of the training program played a significant role in its success. A summary of the key elements of the approach is presented below.

Strategic support at a statewide level

The School-Link Steering Committee, the NSW Department of Education and Training and NSW Department of Health were committed to

the successful implementation of the School-Link Training Program and provided statewide support and encouragement. A letter of agreement was provided between the NSW Department of Health and the NSW Department of Education and Training.

Locating training within a strategic framework

Incorporating the training within the strategic framework provided by School-Link aided uptake and sustainability. The network of Area School-Link Coordinators was able to effectively publicise the course locally and ensure that key local people were invited. Their local knowledge helped ensure that training groups were selected to maximise representation from relevant agencies and between workers with functional links with each other. Other School-Link activities, such as information dissemination, meetings and prevention and promotion activities indirectly contributed to demand for the course. Similarly, the training helped publicise and connect relevant people with these activities. Area School-Link Coordinators were also able to support and coordinate LDAPs.

Consultation with key organisations

The School-Link Reference Group, which included widespread representation from key players, was consulted early about the content and format of the training.

Learning needs assessment

Conducting a learning needs assessment of the target group served several purposes. It ensured that the course content matched participants' needs, whilst contributing to a sense of commitment to, and involvement in, the course for participants. It also provided useful advance publicity for the course and contributed to uptake.

Expert advisory group and writer

The supervisory role of a curriculum development advisory group, the composition of which reflected the diversity of the target group, and a writer with relevant expertise, helped ensure that the course was up to date, relevant and appropriate.

Adult learning principles

A key principle of all training is that the training methods used should match the aims and objectives of the course. In the case of the School-Link Training Program, adult learning principles, in particular group based problem-solving activities, were particularly appropriate. They acknowledged participants' existing expertise and allowed them to build on this, created opportunities to practice skills and contributed to networking and collaboration.

Staff who work together trained together

Training staff together who share functional links facilitated the development of collaborative interagency work practices. Workers from the targeted agencies shared their skills, knowledge, practices and ideas over the three days of training. The inclusion of an actual task (the LDAPs) provided a focus for practicing the collaboration.

Two trainers with appropriate expertise

The use of two trainers to deliver each course was important given the relatively large numbers of participants (40 per course) and for the interactive training methods used. This helped maintain high standards of facilitation of the complex content and group dynamics. It also permitted mutual support, which was significant in respect of the often intense training calendar and large amount of travel required. The trainers had experience and expertise in clinical work, research and the application of adult learning principals and came from backgrounds in health and education. This helped to give them credibility with participants from both health and education.

Mandated attendance

The mandated attendance of DET staff effectively promoted uptake and seemed to be regarded as appropriate by the vast majority of participants.

Central and local responsibilities

Shared responsibility for the training with clear roles for the Centre for Mental Health and Area School-Link Coordinators meant that the training was smoothly and strategically rolled out across the state and was effectively targeted and promoted locally. Local involvement in organising the training contributed to local demand and uptake.

Continued School-Link training

During the School-Link Training Program ongoing and additional training needs were identified that could be addressed within the School-Link context. A number of categories of training needs were identified.

New staff

There is benefit in newly appointed school/TAFE counsellors and adolescent mental health workers completing the School-Link Training Program. Two possible models are suggested:

- An annual update of the training modelled on the two-day training course offered to participants who were unable to attend local courses. The uptake of the course would be maximised if it were fully funded. This model may not offer experiential processes with local colleagues, however, it can include principles and practice of collaboration, in addition to the information and skills related to assessment and management of adolescents with depression.
- Area School-Link Coordinators or selected others could provide training to local groups. This could overcome the lack of experiential processes with local colleagues, however, there may be small numbers of people attending (particularly among health workers) which could reduce the key learning opportunities from interagency and cross-discipline exchanges and preclude the use of group processes in training which are an integral part of the current training course. It should be noted that not all Area School-Link Coordinators have an interest or expertise in delivering training of this nature.

Advanced modules

It was recognised at the outset of the development of the School-Link Training Program that there would be a need for training to be extended in some core areas. The development of a series of advanced modules was proposed, to be delivered in a similar interagency format to the initial training. In addition to addressing content issues, this process would provide further opportunities to build on the links between education and health already developed

in the initial training. Completion of the initial School-Link Training Program, or equivalent, would be a prerequisite to attendance. The attendance of non-clinicians at advanced modules would not be considered appropriate.

Four advanced modules are proposed for development, building on the theme of depression and related disorders in adolescence. They will be of half- to one-day duration. Comorbidity of drug and alcohol with mental disorders will be addressed in each module. The topics are:

- Adolescent depression and related disorders – further issues in **assessment, treatment and management**.
- Adolescent depression and related disorders – working with **young people from culturally and linguistically diverse backgrounds**.
- Adolescent depression and related disorders – working with **same-sex attracted young people**.
- Adolescent depression and related disorders – working with **young Aboriginal people**.

The Transcultural Mental Health Centre has been commissioned to develop the module on cultural and linguistic diversity. The NSW Institute of Psychiatry will develop the remaining three modules. The two trainers employed to deliver the initial School-Link training have been appointed to develop these three advanced modules, providing useful continuity. As far as possible, the processes utilised in developing the initial School-Link Training Program will be used in developing the advanced modules: the target group will be consulted about their training needs, an expert reference group will be constituted to consult with the course writer and expert writers will be employed. Development of the advanced modules commenced in 2002.

The issue of attendance requirements at these advanced modules must be negotiated with DET and NSW Health management. Mandatory attendance, as occurred for school and TAFE counsellors in initial School-Link training, may assist counsellors in negotiating attendance at the training courses with school principals. It should also be considered as a strategy for health workers in order to maximise attendance and collaborative processes.

There will be a series of factors that need to be addressed in deciding whether to mandate attendance:

- Personal views of the participant to particular topics could cause resentment at being forced to attend.
- Unwilling participants could have a significant impact on group dynamics and on the learning of other participants (which will require a high level of skill in the trainers delivering these modules).
- Allowing participants to select which modules they attend based on personal attitudes or preferences would not be appropriate if the topic covered in a module is considered to cover essential competencies.
- Some workers might not prioritise training in these subjects if they do not perceive a local need. However, issues of diversity can be found in any locality.
- The workforce is a mobile one and the skills may be required at a later stage.

The School-Link Training Program alone cannot be relied on to ensure staff operate at high standards of practice. Supervision, management and policy/guidelines also play important roles. This is especially true in relation to anti-discriminatory practice in diversity issues. It is important that staff are aware of professional and agency requirements in these matters. These requirements need to be disseminated and in some cases further developed to cover the range of issues and circumstances encountered in working with young people with mental health problems.

Training for education and health staff and the community

The School-Link Training Program targeted school counsellors effectively. However, it is the school executive that makes decisions affecting whether prevention and promotion activities will proceed in their schools. Providing relevant information and education about adolescent mental health issues to Superintendents, Principals and other members of the school executive would assist them in making these decisions.

Home School Liaison Officers and behaviour and welfare teachers often play an important role in assisting young people with depression and other mental health problems. Similarly, other teachers, parents, carers and the wider community, including youth workers, have a key role in supporting adolescents. Their effectiveness in this role may be enhanced by relevant education about assisting adolescents experiencing depression or other mental health conditions.

Frameworks such as MindMatters³⁵ and Health Promoting Schools³⁶ should be highlighted as strategic whole of school approaches to delivering mental health promotion/prevention as part of the core business of schools.

Other specific training

Additional training needs for school and TAFE counsellors and adolescent mental health workers have been identified by Area School-Link Coordinators and by service managers during the implementation of the School-Link Training Program. The training needs most frequently identified were:

- Identification and management of depression in younger children.
- Identification and management of anxiety, particularly in primary school aged children.
- Effective supervision of mental health practitioners in DET and health.
- Evidence-based management of serious incidents in schools, as the evidence regarding the effectiveness of interventions following trauma and disasters has undergone significant recent changes³⁷. DET policy regarding the management of serious incidents has been revised consistent with this new evidence.
- Transition programs, addressing issues such as anxiety, bullying and harassment and anxiety in school transition phases – infants to primary, primary to secondary, secondary to beyond schooling.

A number of Areas are addressing some of these training needs locally, as is DET, by developing and delivering presentations to appropriate audiences. The network of Area School-Link Coordinators will facilitate the efficient collation and dissemination of these processes statewide.

Recommendations

Strategic structures at the state level

Strategic structures at the state level will play a key role in sustaining School-Link.

Five-year plans to continue and sustain NSW School-Link

The need to continue the NSW School-Link initiative is reinforced by recent research highlighting the key role schools play in providing help for children and adolescents with mental health problems³⁸. A five-year planning process would provide a means for ensuring the continuing development and sustainability of School-Link. Such plans should be developed at the state level by the School-Link Steering Committee and at the Area Health Service level by each School-Link Coordinator with appropriate senior level involvement from DET and local School-Link steering committees. The plans will need to be responsive to local needs and structures and emerging research to continue to achieve the objectives of School-Link.

The plans need to reflect the spectrum of mental health interventions including assessment and treatment, promotion, prevention and early intervention. The formal recognition of these activities will provide health managers and School Principals with the opportunity to develop guidelines for allocating staff resources to a full range of mental health activities and to balance promotion and prevention activities with the demands of treatment and continued care.

Models for incorporating a comprehensive population health approach as part of mental health service delivery should continue to be disseminated by the Centre for Mental Health, in particular through the Area School-Link Coordinator and Child and Adolescent Mental Health Coordinator networks.

When school-based prevention, early intervention and promotion activities are located in strategic structures such as Student Welfare Policies, MindMatters and Health Promoting Schools, the likelihood is increased that they will be well targeted, coordinated and sustained.

Recommendation 1

Five-year plans to continue the NSW School-Link initiative

Five-year plans should be developed at the state and Area Health Service level to ensure the development and sustainability of School-Link and to further develop School-Link to include other relevant mental disorders.

Area Health Service management in collaboration with local NSW Department of Education and Training services and School-Link committees should ensure that the plans cover the spectrum of mental health interventions including assessment, treatment, promotion, prevention and early intervention.

Agreement between the NSW Department of Education and Training and NSW Health regarding School-Link

A new agreement between DET and NSW Department of Health regarding School-Link should be developed. The agreement would reflect the implementation of the School-Link Training Program and future shared training initiatives and the successful establishment of School-Link across NSW.

It can incorporate more recent national and state initiatives as well as current research. The Catholic and Independent schools systems should be invited to participate in developing a similar agreement.

The title ‘School-Link’ does not mention Health or TAFE. This sometimes creates confusion amongst those unfamiliar with the initiative. Options should be considered for modifying the name, such as adding a subtitle, eg School-Link: health and education working together. Using DET, TAFE and NSW Department of Health logos on School-Link statewide documents, such as the School-Link information sheet, may contribute to a more equal sense of ownership of School-Link.

Recommendation 2

Written agreement between the NSW Department of Education and Training and the NSW Department of Health

The School-Link steering committee develops a Letter of Agreement for School-Link between the NSW Department of Education and Training and NSW Department of Health. A subtitle for School-Link, such as ‘health and education working together’, should be adopted.

The School-Link information sheet should be updated and contain both the NSW Health and NSW Department of Education and Training logos.

NSW School-Link Advisory Group

The already established School-Link Steering Committee has management responsibility for implementing the School-Link initiative. This high level group sets the overall direction and parameters for School-Link. NSW Health currently provides the secretariat for the School-Link Steering Committee. A larger School-Link Advisory Group should be established to consider the detail of implementing this direction. It would allow the views and expertise of a wide range of stakeholders to inform the many complex decisions needed to further progress and sustain School-Link. It could include representatives from DET (eg TAFE and DET management, Primary and Secondary Principals’ Council, counselling and welfare staff), NSW Department of Health (eg Centre for Mental Health, Area Mental Health management and Area School-Link Coordinators) and Catholic and Independent schools.

Recommendation 3

Continue the School-Link Steering Committee and establish a NSW School-Link Advisory Group

The already established School-Link Steering Committee will continue to have management responsibility for implementing the School-Link initiative and set the overall direction and parameters for School-Link.

A NSW School-Link Advisory Group should be constituted with a membership which includes representatives from the NSW Department of Education and Training and NSW Health. Catholic and Independent schools would also be invited to be represented.

Functions of the advisory committee would include: overseeing the implementation of the recommendations of the *School-Link Training Program Evaluation Report*; advising the School-Link Steering Committee on relevant matters; incorporating national and state initiatives; considering the local Area School-Link reports provided annually (see Recommendation 4); and, generally to strengthen and progress the collaborative and educational functions of School-Link.

The secretariat functions for the steering committee and the advisory group will be shared by NSW Department of Health and the NSW Department of Education and Training.

Annual School-Link reporting process

An annual reporting requirement that would include activity statements, outlining the progress of School-Link locally, will assist plans to advance School-Link during the ensuing 12 months and in the longer term. Included in this reporting process would be evaluation strategies and outcomes for the various components of School-Link.

These reports would reflect the collaborative nature of School-Link if they were prepared jointly by the Area School-Link Coordinator and a nominee from DET/Area School-Link committee in each Area Health Service. The reports would be presented to the School-Link Steering Committee annually. The School-Link Advisory Group (see Recommendation 3) could advise on dissemination of the collated information provided in the reports.

Recommendation 4

Annual School-Link reporting process

Area School-Link Coordinators in conjunction with a nominee from the NSW Department of Education and Training and/or the Area School-Link steering committee provide a report annually on School-Link activities to the NSW School-Link Steering Committee.

Future School-Link training

During the School-Link Training Program, ongoing and additional training needs were identified that could be addressed within the School-Link context. The workforce is not static and therefore previous training needs to be offered to new staff as well as continuing to extend professional development in advanced modules.

Recommendation 5

Continued NSW School-Link training

The NSW Department of Education and Training and NSW Department of Health formulate an agreed approach to further School-Link related training, including:

- Annual updates of the NSW School-Link Training Program on depression and related disorders.
- The development and implementation of the advanced School-Link training modules.
- Attendance requirements at future School-Link training.
- Extending depression and related disorders training to other key personnel including school, health and related workers.
- Identifying processes for meeting the needs for training on additional topics, such as anxiety in primary school aged children.

Strategic structures at the Area level

School-Link funding

To assist with the establishment of School-Link, \$5.5 million non-recurrent funding was allocated to Area Health Services, in particular for the appointment of a School-Link Coordinator in each Area Health Service. The Area School-Link Coordinator has had a critical role in establishing the School-Link initiative principles at a local level through: improving links, consultation and liaison between schools, TAFE and mental health; developing improved pathways to care; and working within educational settings to implement evidence-based promotion and prevention programs in mental health.

Improving young people's mental health is a continuing process that is core business for child and adolescent mental health services. Most children and adolescents are at school and a significant number of adolescents and young people attend TAFE colleges and institutes. It is within these age groups that risk factors increase and mental health problems most commonly emerge. Schools and TAFE are key settings for focussing efforts on early identification and management and prevention in mental health.

It is intended that School-Link should become an integral part of mental health services and systems for children and young people. The Centre for Mental Health is committed to continuing overall management and support for School-Link centrally. The establishment funding for Area School-Link coordination will continue for Area Health Services until 30 June 2004.

From 1 July 2004, Area Health Services will be required to incorporate their School-Link coordinator position, or equivalent, into the Area Mental Health recurrent budget and provide sufficient recurrent funds for a full-time position, or equivalent, at a suitable grade, including allowance for travel and other expenses associated with the continued implementation of School-Link locally.

The timing of the take-up by the Area Health Service should ensure continuity of School-Link implementation. Area Health Services will be required to report activities and outcomes associated with School-Link in the routine data reporting systems progressively being established.

Recommendation 6

Resourcing and sustaining School-Link

Area Health Services identify resources from within their budgets to develop and maintain School-Link at a level specified by the Centre for Mental Health. This includes a full-time Area School-Link Coordinator or equivalent plus associated expenses.

Working together

During the School-Link Training Program, health and education personnel engaged in structured and unstructured dialogue aimed at developing an understanding of the agencies represented by participants. Participants were able to contribute to discussions regarding their own and each other's systems and explore issues such as referral criteria, agency priorities and requirements and organisational structures.

These processes facilitated a greater understanding by participants of the organisations and agencies that were offering services to the adolescent clients in the local area, as well as providing participants with the opportunity to locate expertise residing in these organisations. This new knowledge and understanding will promote increased efficiencies in the delivery of mental health care to the shared client group.

The benefits that derive from health and education working together also impact on workers from both organisations. The School-Link Training Program provided participants with the opportunity to develop networks of mutual support and professional supervision, which in many cases, have continued to exist after the training. These links can improve

outcomes for clients through appropriate interagency communication, enhanced awareness about mental health problems and disorders and skill development of workers through structured contact with colleagues from other agencies.

Nurturing and sustaining the many interagency links forged during the process of the School-Link Training Program remains a major challenge of School-Link and a primary task of the Area School-Link Coordinators.

Opportunities for enhancing collaboration

Some opportunities for enhancing sustainability were identified during the School-Link Training Program. It will be essential to address these to ensure continuity of interagency collaboration in the medium to long term. Opportunities for enhancing collaboration identified by participants included:

Implementing the population health model

Participants from DET and NSW Department of Health acknowledged the importance of adequate staffing levels to cover the full spectrum of care from treatment to promotion, prevention and early intervention. As the population health model is applied in Area Health Services, health and education managers will work together to decide how best to use their resources to implement the model locally while continuing to provide good mental health care for adolescents with mental health problems and disorders.

Appointment of a full-time Area School-Link Coordinator

Area School-Link Coordinators have been progressively appointed across the state. As the positions were filled in ways that suited local conditions, their key role in establishing local structures to enhance interagency collaboration, was highlighted in each Area. There is a need for a full-time Area School-Link Coordinator, or equivalent, in each Area Health Service.

Identifying DET equivalent to Area School-Link Coordinator in DET systems

Area School-Link Coordinator positions are based in Health. There are 17 Area School-Link Coordinators. Within DET there are six Principal Education Officers covering the state. Area School-Link Coordinators are encouraged to liaise with their Area School-Link steering committees to enhance the knowledge and understanding of, and participation in, School-Link.

Clarifying and managing inter-departmental differences

Some differences in policy, processes and practice between DET and NSW Health were identified during the School-Link Training Program, such as notification policies (eg client disclosure of drug use) and varied use of terminology (eg 'pathways'). Clarifying these differences is important to avoid misunderstandings and further strengthen School-Link collaboration. Area School-Link committees could assist with this process.

Supporting staff participation in training

A relatively small number of staff did not attend the School-Link Training Program, left early, or for other reasons were not involved in the development of the LDAPs. While involvement in the development and implementation of these plans was not essential for effective interagency collaboration, it was a first step in this process. Many reported that their active involvement in this process and the tangible outcomes achieved produced useful momentum and motivation. Management support for the participation of those who have not already become involved is important.

TAFE involvement in School-Link

As TAFE counsellors have been relatively recently included within DET and their numbers are low in comparison to school counsellors, there is a concern that some TAFE counsellors may be overlooked in future School-Link activities. Many TAFE Outreach programs are keen to promote resilience within the often high-risk young people they target which provides an opportunity for School-Link involvement that should be further explored. School-Link could also provide support and networking for TAFE support workers and teachers.

Recommendation 7

Continuing support for collaboration

The NSW Department of Education and Training, NSW Health and Area Health Service management continue to develop practices that emphasise the collaborative nature of School-Link, including:

- the use of logos of both the NSW Department of Education and Training and NSW Health on School-Link statewide documents; and
- the involvement of School-Link with relevant NSW Department of Education and Training and health committees.

Communication

During the School-Link Training Program, much opinion was canvassed and many formal and informal discussions were held about how to best to facilitate effective communication between health and education. Websites and list serves are common ways of accessing information, especially for large initiatives.

The establishment of a School-Link website would assist with the transfer of information across the state and could include:

- Updated School-Link initiatives.
- Activities and news.
- Ideas and resources developed through the LDAPs.
- The exchange of other information, including related initiatives and relevant research.

The website would need to be established with an approved system for responsibility and for ongoing maintenance. Responsibilities for location, development and maintenance of the site would need to be identified.

Recommendation 8

School-Link website and transfer of information

The potential for establishing a School-Link website and electronic transfer of information will be considered. The possible role of the School-Link lead agency in this initiative will also be considered.

Recommendation 9

Ongoing evaluation of the School-Link initiative

The School-Link Advisory Group, in conjunction with the Centre for Mental Health and Area School-Link Coordinators, develops a process for systematic evaluation and review of the School-Link initiative in Area Health Services. The evaluations would be reported in the local Area annual School-Link reports and inform future plans and methods to progress School-Link.

Evaluation

Ongoing review and evaluation of policy, procedure, practice and outcomes is important to monitor the progress of an initiative and provide direction for sustaining, modifying and enhancing the initiative. A process of methodical review and evaluation of School-Link will help to establish an evidence base for continuing development and implementation of School-Link and related initiatives. It will also assist in prioritising future School-Link activities so that limited resources are used optimally.

The evaluations currently underway in Central Sydney and Western Sydney Area Health Services (see Section 5) will provide valuable baseline and follow-up data that will be useful in gauging the success of School-Link in those Areas and may also be applicable to other Area Health Services. Local evaluations should endeavour to identify and measure the implementation and impact of different elements of School-Link, such as the School-Link Training Program, other initiatives to improve schools' understanding of health's role and prevention programs, as well as the general impact of the whole program. Central Sydney and Western Sydney Area Health Services could be assisted with collection, analysis and reporting of their local evaluations and with assessing the statewide applicability of the evaluations. The assistance could be provided by the lead agency or other Area Health Services under the guidance of the Centre for Mental Health, the School-Link Advisory Group and the School-Link Steering Committee.

References and Endnotes

- 1 Commonwealth Department of Health and Aged Care (2000). National Mental Health Report 2000: Sixth Annual Report. *Changes in Australia's Mental Health Services under the First National Mental Health Plan of the National Mental Health Strategy 1993-98*. Commonwealth Department of Health and Aged Care, Canberra.
- 2 National Health and Medical Research Council (1997). *Clinical Practice Guidelines: Depression in young people*. Australian Government Publishing Service, Canberra.
- 3 Verlhust FC, van der Ende J. (1997). Factors associated with child mental health service use in the community. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36: 910-919.
- 4 Sawyer MG, Arney FM, et al. (2000). *The Mental Health of Young People in Australia*. Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra.
- 5 Sawyer MG, et al. (2000). op. cit.
- 6 Throughout this report these services are generically referred to as Adolescent Mental Health Services and the workers who provide these services are referred to as adolescent mental health workers. Many Area Health Services use this title for their relevant services, others do not have services or workers with this specific title. In these Areas this work is undertaken by services based in Community Health which deal with a range of adolescent emotional, behavioural and social health issues. Their names include Child, Youth and Family Service; Child and Adolescent Service; or Youth Health Service. In some areas adult mental health workers provide services to older adolescents.
- 7 Shaffer D, Vieland V, Garland A, et al. (1990) Adolescent suicide attempters. Response to suicide-prevention programs. *Journal of the American Medical Association*, 264: 3151-3155.
- 8 Clarke GN, Hawkins W, Murphy M, et al. (1995). Targeted prevention of unipolar depressive disorder in an at-risk sample of high school adolescents: A randomised trial of a group cognitive intervention. *Journal of the American Academy of Child Adolescent Psychiatry*, 34: 312-321.
- 9 Commonwealth Department of Health and Aged Care (2000). op. cit.
- 10 National Health and Medical Research Council (1997). op. cit.
- 11 Sawyer MG, et al. (2000). op. cit.
- 12 Verlhust FC, van der Ende J. (1997). Factors associated with child mental health service use in the community. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36: 910-919.
- 13 National Health and Medical Research Council (1997). op. cit.
- 14 National Health and Medical Research Council (1997). *Clinical Practice Guidelines: Depression in young people. A guide for mental health professionals*. Australian Government Publishing Service, Canberra.
- 15 National Health and Medical Research Council (1997). *Clinical Practice Guidelines: Depression in young people. A guide for General Practitioners*. Australian Government Publishing Service, Canberra.
- 16 National Health and Medical Research Council (1997). *Blue Daze. A comic book for young people*. Australian Government Publishing Service, Canberra.
- 17 National Health and Medical Research Council (1997). *Getting Up from Feeling Down. Young people and depression*. Australian Government Publishing Service, Canberra.
- 18 Australian Health Ministers (1998). *Second National Mental Health Plan*. Mental Health Branch, Commonwealth Department of Health and Family Services, Canberra.

- 19 Commonwealth Department of Health and Aged Care (1999). *Mental Health Promotion and Prevention National Action Plan*. Commonwealth Department of Health and Aged Care, Canberra.
- 20 Commonwealth Department of Health and Aged Care and Australian Institute of Health and Welfare (1999). *National Health Priority Areas Report, Mental Health. A Report Focusing on Depression*, Commonwealth of Australia, Canberra.
- 21 Commonwealth Department of Health and Aged Care (2000). *National Action Plan for Depression*. Mental Health and Special Programs Branch, Canberra.
- 22 NSW Health Department (1999). *NSW Strategy: Making Mental Health Better for Children and Adolescents*. NSW Health Department, Sydney.
- 23 NSW Health Department (1998). *Caring for Mental Health. A Framework for Mental Health Care in NSW*. NSW Health Department, Sydney.
- 24 NSW Health Department (2000a). *Prevention initiatives for Child and Adolescent Mental Health. NSW Resource Document*. NSW Health Department, Sydney.
- 25 NSW Health Department (2001). *Getting in Early: A framework for early intervention and prevention in mental health for young people in NSW*. NSW Health Department, Sydney.
- 26 NSW Health Department (2000b). *Health Promotion with Schools – a policy for the health system*. NSW Health Department, Sydney.
- 27 Raphael, Beverley (2000). *A population health model for the provision of mental health care*. Commonwealth Government, Canberra.
- 28 Mrazek PJ, Haggerty RJ (eds) (1994). *Reducing Risks for Mental Disorders: Frontiers for preventive intervention research*. National Academy Press, Washington DC.
- 29 Goldenring JM, Cohen E (1988). Getting into adolescents' heads. *Contemporary Pediatrics*, 5: 75-90.
- 30 Grotberg EH (1998). *The International Resilience Project*. Published on ResilienceNet www.resilnet.uiuc.edu/library.html
- 31 Bashir M, Bennett D (eds) (2000). *Deeper Dimensions – Culture, Youth and Mental Health*. NSW Transcultural Mental Health Centre, Parramatta, NSW
- 32 NSW Health Department (2001). op. cit.
- 33 YPPI Centre, Central Coast Area Health Service (1999). *Dumping Depression resources*, YPPI Centre, Central Coast Area Health Service, Gosford, NSW. A set of five postcards, five booklets, pocket size cards and a poster. (The postcards and booklets were distributed to all participants in the School-Link Training Program).
- 34 YPPI Centre, Central Coast Area Health Service (2001) *The Intergalactic Guide to Relationships*, YPPI Centre, Central Coast Area Health Service, Gosford, NSW. A set of three resources developed by and for young people comprising a booklet for young people, a fact sheet for workers and a fact sheet for young people. It includes positive messages about same-sex attraction.
- 35 Sheehan M, Cahill H, Rowling L, et al. (2002). *Establishing a role for schools in mental health promotion: the MindMatters project*. Mental health promotion concepts and practice young people. McGraw Hill, Sydney.
- 36 NSW Health Department (2000b). op. cit.
- 37 NSW Health Department (2000). *Disaster Mental Health Response Handbook: An educational resource for mental health professionals involved in disaster management*. NSW Health Department, Sydney.
- 38 Sawyer MG, et al. (2000). op. cit.

Appendix A – Generic job description for Area School-Link Coordinator



Salary level: Approximately \$50,000 – \$60,000

Responsible to: Area Child and Adolescent Mental Health Coordinator

Managed by: Area Child and Adolescent Mental Health Coordinator

Funded by: National Mental Health Reform Incentive Funding through Area Directors of Mental Health

General introduction

The Area School-Link (Mental Health) Coordinator will be responsible for establishing a comprehensive approach to improve mental health and prevent development of mental health problems in students and facilitate early recognition and appropriate management of school students with mental health problems and disorders. They will be a part of the Area structure for child and adolescent mental health services.

The Area School-Link (Mental Health) Coordinator will:

- Develop and establish formal links between child and adolescent mental health services and schools, particularly school counsellors and District Guidance Officers.
- Coordinate identification of local pathways to care for children and adolescents with mental health problems and the roles and responsibilities of various workers in the pathways to care.
- Facilitate consultation for school counsellors concerning clinical mental health issues, including referral, ongoing support and management.
- Facilitate continuing education for school counsellors and other relevant identified groups or workers, regarding mental health issues.
- Facilitate and coordinate implementation of collaborative programs aimed at promoting mental health and/or preventing mental health problems in schools, such as Resourceful Adolescent Program, MindMatters, Adolescents Coping with Emotions.
- Monitor the implementation of local School-Link initiatives and coordinate evaluation of the initiatives.
- Provide regular progress reports to Area Child and Adolescent Mental Health Coordinator, Area Director of Mental Health and Centre for Mental Health of implementation of School-Link program.

Criteria

1 **Essential:**

- 1.1 Tertiary qualifications in behavioural, social or clinical sciences.
- 1.2 Demonstrated clinical experience in working with children and adolescents with mental health problems, preferably in a community service context.
- 1.3 Understanding of and experience in working with schools.
- 1.4 Demonstrated ability to work collaboratively with and within a multi-disciplinary team, liaise and consult with health and education staff, manage a high volume of work and meet deadlines.
- 1.5 Demonstrated experience in project management.
- 1.6 Understanding of the use of pathways to care for children and young people with mental health problems.
- 1.7 Working knowledge of the concepts of promotion, prevention and early intervention and evidence-based practice in mental health.
- 1.8 Current driver's license.
- 1.9 Understanding of EEO, OH&S and Ethnic Affairs Policies.

2. **Desirable:**

- 2.1 Postgraduate qualifications in a relevant discipline.
- 2.2 Working knowledge of NSW mental health services and school welfare system.
- 2.3 Working knowledge of evidence-based guidelines and programs in mental health, such as the NHMRC Clinical Practice Guidelines: Depression in young people or the Resourceful Adolescent Program.

B

Appendix B – School-Link Training Program Reference Group

Steve Allen
Team Leader
Adolescent Mental Health Service
Illawarra Area Health Service

Assoc. Prof. Bryanne Barnett
Area Director of Paediatric Mental Health
South Western Sydney Area Health Service

Warren Bartik
Area Program Manager
New England Child and Adolescent
Mental Health Program
New England Area Health Service

Simone Caynes
Youth Suicide Prevention Project Worker
Northern Rivers Health Service

Edwina Champain
Coordinator of Child and Adolescent Mental Health
Queanbeyan Mental Health Service
Southern Area Health Service

Eamonn Corvan
Area Coordinator, Adolescent Mental Health
Macquarie Health Service

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Hunter Area Health Service

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Chief Education Officer
NSW Department of Education and Training

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South Eastern Sydney Area Health Service

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Policy Development Division
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Hunter Area Health Service

Deb Howe
Child & Adolescent Coordinator
Central Coast Area Health Service

Rae Hussey
Student Services & Equity Coordinator
NSW Department of Education and Training
Albury

Judy Jones
NSW Coordinator, Depression
Centre for Mental Health
NSW Department of Health

Rob McAlpine
School Counsellor
Dungog High School

David McKie
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NSW Department of Education and Training

Gesina Meerman
NSW Department of Education and Training (TAFE)

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Northern Sydney Area Health Service

Ros Montague
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NSW Institute of Psychiatry

Judy Scott
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Mental Illness Education – Australia

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C

Appendix C – School-Link Training Program Survey for school and TAFE counsellors and child and adolescent mental health workers

School-Link – Helping Adolescents with Depression and Related Disorders Survey of mental health and other appropriate health workers

NSW Health and the Department of Education and Training are collaborating on a project to improve the identification, assessment, support and prevention of depression and related disorders in adolescents at schools and TAFE colleges in NSW. This includes the development of the formal and informal links which enhance the support of adolescents with depression and related disorders, particularly links between mental health, schools and TAFE.

A major part of the project is the development and implementation of a shared education and training program focussing on adolescent depression and related disorders. The course which is being built is intended to provide up-to-date information so that a common knowledge and skills base is established among those who work with adolescents with mental health problems, particularly depression.

The aims of the education and training program are to ensure that participants:

- have current information about depression and related disorders in adolescents
- can recognise, identify and screen for depression and related disorders in adolescents
- have the skills to manage and support adolescents with depression and related disorders
- appropriately access referral, consultation and support networks and services (pathways to care) for adolescents in their local area.

The training program will be offered throughout NSW to all school and TAFE counsellors, child and adolescent specialist mental health workers and other appropriate health workers. It is intended to be held over three days in two blocks 5-6 weeks apart, during 1999-2000.

A large representative reference group met in October 1998 to discuss the content, structure and implementation of the training program. The reference group strongly recommended that a survey be conducted of school counsellors, TAFE counsellors, adolescent mental health workers and other appropriate health workers to provide information about the emphasis, content and level of the training program.

The survey is anonymous and should only take a few minutes to complete. The information that you and other respondents provide will be reviewed and used in developing the course content, emphasis and level. I have asked Area Mental Health Directors to arrange for distribution and return of survey forms to the Centre for Mental Health. If you have any queries, please contact Judy Jones on phone: (02) 9391 9180 or Email: jjone@doh.health.nsw.gov.au

Thank you for your help in developing this important training program.



Professor Beverley Raphael
Director, Centre for Mental Health

School-Link: Helping Adolescents with Depression and Related Disorders Training Program Survey

The following questions are not intended to identify anyone individually. They will be used to help assess the likely educational level and experience of people who will be attending the Helping Adolescents with Depression and Related Disorders Training Program.

1. What is your main field of work at present? (*circle*)

- | | | |
|-------------------------------|--------------------------|---------------------|
| Mental health nurse: | Adolescent mental health | Adult mental health |
| Psychologist: | Adolescent mental health | Adult mental health |
| Clinical Psychologist: | Adolescent mental health | Adult mental health |
| Psychiatrist: | Adolescent mental health | Adult mental health |
| Social Worker: | Adolescent mental health | Adult mental health |
| School Counsellor | | |
| TAFE Counsellor | | |
| Youth health worker | | |
| General Practitioner | | |
| Other (<i>specify</i>) | | |

2. What age group do you usually work with?

3. How long have you worked with adolescents with mental health problems? (*circle*)

Not at all < 1 year 1-2 years 3-5 years >5 years

4. What is your highest level of training? Please specify the actual qualification and year awarded
(*eg Bachelor of Social Work, 1987; Masters in Counselling, 1993*)

Qualification:	Year awarded
----------------	--------------

5. Do you have any other training in mental health? (*please specify*)

6. In which Area Health Service do you work? (Circle)

Central Coast	Hunter	Mid North Coast	South Western Sydney
Central Sydney	Illawarra	New England	South Eastern Sydney
Far West	Macquarie	Northern Rivers	Southern
Greater Murray	Mid Western	Northern Sydney	Wentworth
			Western Sydney

7. Content of education and training program

For all of the topics listed below, please indicate (*circle*) how much emphasis you think each should have in the Depression and Related Disorders Training Program.

Topic	Emphasis in training program (<i>circle</i>)		
Recognising and identifying depression and related disorders in adolescents	low	med	high
Assessing and diagnosing depression and related disorders in adolescents	low	med	high
Managing and supporting adolescents with depression and related disorders	low	med	high
Prevention of depression and related disorders in adolescents	low	med	high
Risk factors for depression and related disorders in adolescents	low	med	high
Gender issues in depression and related disorders in adolescents	low	med	high
Issues relating to depression and related disorders in Aboriginal and Torres Strait Islander adolescents	low	med	high
Issues relating to depression and related disorders in adolescents from culturally and linguistically diverse backgrounds	low	med	high
The evidence for effective treatment and management of depression and related disorders in adolescents	low	med	high
Pharmacological treatment of depression in adolescents	low	med	high
Suicidal behaviour in adolescents	low	med	high
Assessing suicide risk	low	med	high
Prevention of suicide in adolescents	low	med	high
Identifying, assessing and managing anxiety disorders in adolescents	low	med	high
Anger management	low	med	high
Bullying	low	med	high
Life events and stresses in adolescence	low	med	high
The development of mental health problems	low	med	high
Engaging adolescents in the counselling/therapeutic relationship	low	med	high
Confidentiality and disclosure issues when working with adolescents	low	med	high
Building resilience in adolescents	low	med	high
Local referral, consultation and support networks and services (pathways to care) for adolescents with depression and related disorders	low	med	high
Mental health services and Department of Education and Training protocols and policies, and mental health legislation	low	med	high

8. Please add any other topics not listed above that you think should be included in the training program and whether they should have low, medium or high emphasis.

Please feel free to add any other comments.

Thank you for completing the survey

Appendix D – School-Link Curriculum Development Advisory Working Group



Agnes McMillan
Deputy Director Mental Health
Wentworth Area Health Service

Ann Wignall
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Child & Adolescent Psychiatry,
Northern Sydney Area Health Service

Anthony Critchley
Depression Curriculum Development Officer
Wentworth Area Health Service

Bevellie Mulholland
NSW Aboriginal Education Consultative Group

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NSW Department of Health

Maria Cassaniti
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Robyn Whalan
Student Welfare Consultant
Fairfield District
NSW Department of Education and Training

Ros Montague
Program Director
NSW Institute of Psychiatry

Terry Murphy
District Guidance Officer
St George District
NSW Department of Education and Training

E

Appendix E – School-Link Training Program calendar

School-Link training program calendar for 2000

Course No.	Days 1 & 2	Day 3	Location – Area Health Service
1	Jul 31, Aug 1	Nov 8	South East Sydney
2	Aug 7, 8	Oct 23	Greater Murray
3	Aug 10, 11	Nov 9	South East Sydney
4	Aug 14, 15	Oct 25	South East Sydney
5	Aug 17, 18	Oct 30	Hunter
6	Aug 21, 22	Nov 6	Southern
7	Aug 23, 24	Nov 7	Southern
8	Sep 4, 5	Nov 13	Central Coast
9	Oct 9, 10	Dec 14	Northern Rivers
10	Oct 12, 13	Dec 15	Northern Rivers
11	Oct 17, 18	Nov 30	Mid Western
12	Oct 19, 20	Dec 1	Mid Western
13	Oct 26, 27	Dec 8	Hunter
14	Nov 14, 15	Mar 8	Central Coast
15	Nov 16, 17	Jun 29	Macquarie
16	Nov 27, 28	Apr 9	Northern Sydney
17	Dec 4, 5	Apr 10	Northern Sydney
18	Dec 11, 12	Mar 26	Western Sydney

School-Link training program calendar for 2001

Course No.	Days 1 & 2	Day 3	Location – Area Health Service
19	Feb 6, 7	May 2	South Western Sydney
20	Feb 8, 9	Apr 6	Central Sydney
21	Feb 12, 13	May 7	Far West
22	Feb 15, 16	May 9	Far West
23	Feb 19, 20	May 4	Central Sydney
24	Mar 12, 13	Aug 10	Wentworth
25	Mar 15, 16	May 3	Western Sydney
26	Mar 19, 20	Jun 25	Mid North Coast
27	Mar 21, 22	Jun 26	Mid North Coast
28	Mar 27, 28	May 11	South Western Sydney
29	Apr 2, 3	Jun 27	New England
30	Apr 4, 5	Jun 28	New England
31	Apr 11, 12	Jul 5	Western Sydney
32	Jul 2 & 3	Sep 12	Illawarra
33	Jul 24, 25	Sep 11	Central Coast
34	Jul 26, 27	Sep 10	South Western Sydney
35	Jul 30, 31	Oct 24	Northern Sydney
36	Aug 1, 2	Oct 25	Northern Sydney
37	Aug 6, 7	Oct 26	Central Sydney
38	Aug 8, 9	Oct 29	Western Sydney
39	Aug 13, 14	Oct 30	South Western Sydney
40	Aug 15, 16	Nov 1	Illawarra
41	Aug 20, 21	Nov 6	Western Sydney
42	Sep 6, 7	Nov 30	South Western Sydney
43	Sep 17, 18	Nov 26	South Western Sydney
44	Sep 19, 20	Nov 9	Hunter
45	Oct 17, 18	Nov 28	Mid North Coast
46	Oct 22, 23	Nov 29	Illawarra
47	Sep 4, 5	Nov 5	Western Sydney and Central Sydney
48	Dec 3, 4		Statewide located at Enmore
49	Dec 6, 7		Statewide located at Yass

Appendix F – School-Link Training Program Evaluation Forms for days one and two and day three



School-Link Training Program Evaluation – Days One and Two

Area: _____

Location (town or suburb): _____

Training Program Dates: _____ to _____

Demographic Information

Occupation/Profession:

- Psychologist
- Clinical psychologist
- Social worker
- Mental health nurse
- Other (please specify): _____

Position/Agency:

- School Counsellor
- TAFE Counsellor
- Child & Adolescent Mental Health Service
- Child & Adolescent Community Health Service
- Adult Mental Health Service
- Other (please specify): _____

Years of experience in position:

- 0-2 years
- 3-5 years
- 6-10 years
- More than 10 years

Over the past six months, on average how many hours per week have you spent working with adolescents?

- < 1 hour
- 1-2 hours
- 3-6 hours
- 7-10 hours
- More than 10 hours

Over the past six months, on average how many hours per week have you spent working with adolescents with depressive disorders?

- < 1 hour
- 1-2 hours
- 3-6 hours
- 7-10 hours
- More than 10 hours

Feedback on the School-Link Training Program

1. How well have Days One & Two met the School-Link Training Program aims?

Develop understanding of adolescent depression and related disorders

- Excellent
- Very good
- Good
- Fair
- Poor

Demonstrate early identification and assessment

- Excellent
- Very good
- Good
- Fair
- Poor

Outline appropriate intervention strategies incorporating evidence-based practice

- Excellent
- Very good
- Good
- Fair
- Poor

Assist in developing Local Depression Action Plans and pathways to care

- Excellent
- Very good
- Good
- Fair
- Poor

Develop opportunities for local collaboration

- Excellent
- Very good
- Good
- Fair
- Poor

2. To what extent is the Training Program meeting your needs?

- Excellent
 - Very good
 - Good
 - Fair
 - Poor
-

3. What has been most useful for you in the Training Program?

4. What has been least useful for you in the Training Program?

5. Based on the advance information that you received, how well has the content and format of the Training Program matched your expectations?

- Just what I expected
- Mostly what I expected
- Somewhat different from what I expected
- Completely different from what I expected
- Did not know what to expect

6. How would you rate the trainers' delivery of the Training Program?

- Excellent
- Very good
- Good
- Fair
- Poor

7. Do you think the Training Program will help you to deliver a better service to your clients?

- Yes, it will help a lot
- Yes, it will help a bit
- No, it won't really help
- No, it won't help at all
- Not sure

8. Overall, how satisfied are you with the School-Link Training Program?

- Very satisfied
- Mostly satisfied
- Somewhat dissatisfied
- Very dissatisfied

9. Would you recommend a colleague take the Training Program?

- Yes, definitely
 - Yes, probably
 - No, probably not
 - No, definitely not
-

10. How could the Training Program be improved?

11. Any further comments on any aspect of the Training Program? (including the venue, food, content). Please continue on reverse if necessary.

School-Link Training Program Evaluation – Day Three

Location (town or suburb): _____

Training Program Dates: _____ to _____

Demographic Information

Occupation/Profession:

- Psychologist
- Clinical psychologist
- Social worker
- Mental health nurse
- Other (please specify): _____

Position/Agency:

- School Counsellor
- TAFE Counsellor
- Child & Adolescent Mental Health Service
- Child & Adolescent Community Health Service
- Adult Mental Health Service
- Other (please specify): _____

Years of experience in position:

- 0-2 years
- 3-5 years
- 6-10 years
- More than 10 years

Feedback on day three of the School-Link Training Program

1. What has been most useful for you in Day Three?

2. What has been least useful for you in Day Three?

3. How would you rate the trainers' delivery of Day Three?

- Excellent
- Very good
- Good
- Fair
- Poor

4. Do you think Day Three will help you to deliver a better service to your clients?

- Yes, it will help a lot
- Yes, it will help a bit
- No, it won't really help
- No, it won't help at all
- Not sure

Feedback on the whole School-Link Training Program

5. How well has the School-Link Training Program met its aims?

Develop understanding of adolescent depression and related disorders:

- Excellent
- Very good
- Good
- Fair
- Poor

Demonstrate early identification and assessment

- Excellent
- Very good
- Good
- Fair
- Poor

Outline appropriate intervention strategies incorporating evidence-based practice

- Excellent
- Very good
- Good
- Fair
- Poor

Assist in developing Local Depression Action Plans and pathways to care

- Excellent
- Very good
- Good
- Fair
- Poor

Develop opportunities for local collaboration

- Excellent
- Very good
- Good
- Fair
- Poor

6. Overall, how satisfied are you with the School-Link Training Program?

- Very satisfied
- Mostly satisfied
- Somewhat dissatisfied
- Very dissatisfied

7. Would you recommend a colleague attend the Training Program?

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not

8. How could the Training Program be improved?

9. Any further comments on any aspect of the Training Program? (including the venue, food, content)

10. Please number the following draft list of possible advanced modules of the School-Link Training Program according to your preferences/need (1 = highest priority)

- A Comprehensive assessment for young people with complex case presentations
- B Management of young people with complex case presentations
- C Working with depression in culturally and linguistically diverse communities
- D Working with depression in indigenous communities
- E Working with depression in same-sex attracted young people
- F Enhancing resilience
- G Substance use
- H Prevention and early intervention

11. List of other requests

Appendix G – Job description for School-Link Training Program Coordinators



Primary objective:

1. Manage the implementation of the School-Link Training Program (*Adolescents with Depression and Related Disorders*) through extensive liaison with the NSW Department of Education and Training and in collaboration with Area Health Services.
2. Manage and deliver the School-Link Training Program (*Adolescents with Depression and Related Disorders*) over a 12-month period in all of the 17 Area Health Services in NSW to achieve the objectives of the training program. The aim of the School-Link Training Program is to educate and motivate school and TAFE counsellors and mental health and related workers to support young people with mental health problems more effectively and collaboratively.
3. Ensure that the quality and integrity of the School-Link Training Program (*Adolescents with Depression and Related Disorders*) is maintained through consistent and skilled delivery in different local settings across NSW and for approximately 1,200 participants.

Organisational environment:

The Centre for Mental Health is located in the Policy Division of the NSW Department of Health. It is responsible for developing, managing and coordinating NSW Department of Health policy in relation to mental health services.

Key policy initiatives of the Centre include supporting the development of comprehensive mental health services across the life-span, with an emphasis on mental health promotion, prevention of and early intervention in mental illness, enhanced services for children and adolescents, culturally appropriate services for Aboriginal and Torres Strait Islander people and people from culturally diverse backgrounds, and specific strategic initiatives in suicide prevention.

The Prevention Unit in the Centre for Mental Health develops, maintains and supports the implementation of policy frameworks for programs and services which promote mental health and prevent and intervene

early in the development of mental health problems and disorders.

Responsibilities of the Prevention Unit include a strong focus on improving the mental health of children, young people and their families and include:

- assisting in progressing the development of child and adolescent mental health services
- prevention, early intervention and effective treatment of depression and related disorders in young people
- early intervention and effective treatment of early psychosis and related disorders in young people
- suicide prevention initiatives
- the School-Link initiative.

School-Link is a key initiative outlined in *Caring for Mental Health and NSW Strategy: Making Mental Health Better for Children and Adolescents* which is progressed through collaboration between NSW Health and the Department of Education and Training. \$5.5 million National Mental Health Reform Incentive Funding has been allocated to Area Health Services for School-Link over 5 years.

The initiative has three significant elements:

- appointment of a School-Link Coordinator in each Area Health Service
- School-Link Training Program (*Adolescents with Depression and Related Disorders*)
- facilitation of mental health resilience and prevention programs in schools.

The School-Link Training Program Coordinator positions will be responsible for managing all aspects of implementing the School-Link Training Program, from the planning stage through to delivering and reviewing the training program materials and presentation. The position will also have to liaise closely with the NSW Department of Education and Training (Central Office, districts and schools), as well as Area Health Services and relevant mental health staff.

The School-Link Training Program is a postgraduate level program. It is designed for school counsellors,

child and adolescent mental health professionals, other relevant health professionals and TAFE counsellors.

It will be conducted in two blocks, separated by approximately six weeks. At least 1,200 school counsellors, TAFE counsellors and appropriate health workers will participate in the School-Link Training Program as it is implemented across NSW. To strengthen the impact of the Training Program on effective collaborative support of young people, education, TAFE and health workers will participate together. Extensive travel throughout NSW will be involved for the Training Program Coordinators.

Major accountabilities:

- Collaborate with the Centre for Mental Health, the NSW Department of Education and Training, School-Link Steering Committee, Area Health Services and Area School-Link Coordinators to plan the implementation of the School-Link Training Program (*Adolescents with depression and related disorders*) in 17 Area Health Services across NSW. This will also involve liaison with Area Health Services, NSW Department of Education and Training districts and other relevant organisations. School-Link is a collaborative initiative between NSW Health and the NSW Department of Education and Training.
- Represent the Centre for Mental Health, NSW Department of Health and fulfil a public relations role for the NSW School-Link Training Program to an extensive audience in NSW from senior levels of management in NSW Health and the NSW Department of Education and Training, to Area Health Service management and staff.
- Manage and coordinate the implementation of the School-Link Training Program in all Area Health Services.
- Deliver the School-Link Training Program throughout NSW in collaboration with Area Health Services, Area School-Link Coordinators, Area Mental Health Services and the NSW Department of Education and Training including extensive travel (which includes driving) throughout NSW.
- Work with Area Health Services and Area School-Link Coordinators to develop Area pathways to care for young people with mental

health problems, for use in the School-Link Training Program sessions.

- Participate in review, revision and evaluation of the School-Link Training Program.

Key communications:

The School-Link Training Program Coordinators will work closely with the Manager, Prevention and the NSW Depression Coordinator. To ensure the comprehensive implementation of the School-Link Training Program, the Coordinators will liaise, collaborate and negotiate extensively with:

- NSW Department of Education and Training staff from management levels to school and TAFE counsellors from 40 Districts
- NSW Department of Health particularly management and senior policy analyst levels
- 17 Area Health Services particularly Area School-Link Coordinators, Area Child and Adolescent Mental Health Coordinators, Area Directors of Mental Health and other relevant staff including management and clinicians
- other health professionals, such as general practitioners, private psychologists or other relevant agencies, such as the Catholic Education Commission and the Association for Independent Schools.

These positions will also involve delivering the educational program to a mix of education (school and TAFE counsellors) and health staff (child and adolescent mental health, community health, youth health, general practitioners).

Challenges:

- Managing a complex statewide project and facilitating collaboration between the NSW Department of Education and Training, Area Health Services and different health sectors. This will involve developing an implementation strategy to ensure that all school counsellors and relevant Area Health Service staff participate in the training sessions.
- Implementing the project in Area Health Services whilst being sensitive and responsive to the different philosophies, culture and organisation of the NSW Department of Education and Training.

- Developing a manageable schedule that is sensitive to education and health priorities and fits with school terms and Area Mental Health Service requirements. Meeting tight deadlines and being able to concurrently organise training in different Area Health Services. The Coordinators will have to travel extensively to deliver the training.
- Ensuring that the core components of the School-Link Training Program are communicated effectively. Having the depth of knowledge and understanding to be able to respond to issues raised by the participants. Many of the participants will have a high level of clinical experience and postgraduate qualifications (with more than half being registered psychologists).
- Maintaining high quality and consistency in the delivery of the training materials in different settings and over the 12-month period. At the same time, the School-Link Training Program Coordinators have to gain and keep the interest and motivation of the participants.
- Understanding and accommodating the different perspectives, understanding, knowledge and skills of the people participating in the education sessions. Being flexible in delivering the training without compromising quality.
- how to deliver the School-Link Training Program to ensure quality, consistency and integrity for diverse audiences in each of the 17 Area Health Services over a 12-month period, including decisions relating to the most effective means of presenting the training material for each individual group and how best to respond to questions and issues raised throughout each of these sessions.

Decisions made the by the supervisor include:

- initiation of new policy
- major changes in the School-Link Training Program
- any new projects arising.

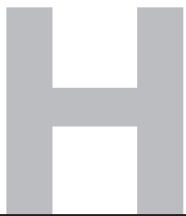
Knowledge, skills and experience:

- Ability to coordinate and manage a statewide health and/or education initiative, preferably focussing on mental health.
- Ability to work with and consult a range of health and education staff at different levels in organisations, to manage a high volume of work and meet deadlines.
- Experience in organising and delivering professional development and education programs on mental health and related issues and achieve pre-determined educational objectives.
- Experience in working with adolescent mental health issues, particularly depression and including community mental health service delivery.
- Working knowledge of the concepts of evidence based practice, promotion, prevention and early intervention in mental health, particularly in relation to depression and related disorders in young people.
- Understanding of issues in adolescent development and their practical application in mental health.
- Experience in developing and using pathways to care for young people with mental health problems.
- Working knowledge of mental health services and school welfare system, preferably in NSW.
- Tertiary qualifications in behavioural, social or clinical sciences are desirable.
- Working knowledge of the NHMRC *Clinical Practice Guidelines: Depression in young people* is desirable.
- Experience in implementing evidence-based mental health care or guidelines is desirable.
- Current NSW driver's licence would be preferred.

Decision making:

This position will be responsible for the following decisions:

- planning the implementation of the School-Link Training Program in collaboration with NSW Department of Education and Training and Area Health Services, which will also involve making decisions regarding all of the logistical issues in scheduling implementation within a 12-month period
- how to prioritise and respond appropriately to issues which arise in the implementation of the School-Link Training program
- how to best implement the School-Link Training program with regard to the sensitivities of different organisations, their cultures and personalities
- how to resolve conflicts which may arise during the implementation of the School-Link Training Program



Appendix H – List of Local Depression Action Plans By Area Health Services

Introduction

A primary focus of the NSW School-Link Training Program was to foster interagency collaboration between Health and Education to produce best outcomes for depressed adolescents and their families/carers. One of the ways in which this was achieved was by asking participants to plan a collaborative project between Health and Education called the Local Depression Action Plan. The aim was for groups to begin implementing these Local Depression Action Plans between Day 2 and Day 3 of training (this was usually a 6-8 week interval). The Area School-Link Coordinator supported and helped coordinate these initiatives and progress was reviewed on Day 3 of training.

To date the Local Depression Action Plan process has generated 170 local initiatives to improve services for depressed young people and their families/carers.

Local Depression Action Plans are listed by Area Health Service in this appendix. Locality or district is indicated for each plan where available. Within each Area the same topic subheadings used in Section 6 are used.

A table which summarises the Local Depression Plans by Area and topic is included in Appendix J. It is hoped that these appendices will assist readers to locate and make contact with relevant workers thus facilitating the exchange of ideas and the dissemination of materials produced. Each Local Depression Action Plan is numbered for convenience. Not all of the initiatives have been fully achieved to date. These are all local initiatives and inclusion in this appendix does not imply that they are endorsed by NSW Health or the NSW Department of Education and Training. Area School-Link Coordinators can supply more detailed information and local contacts.

Central Coast Area Health Service

Improving teachers' and parents' ability to recognise early signs of depression and to respond appropriately

Local Depression Action Plans	Locality or district
1. <i>Building resilience</i> in year 6 and 7 students – <i>presentations for parents</i>	Individual schools

Improving access to services for young people

2. <i>Sticker</i> with helpful hints about depression and local service contacts to be placed in <i>school diaries</i>	DET Central Coast District
3. Youth information card created by/for young people	Areawide
4. <i>Easy Access: Support services contact numbers</i> on back of <i>school library card</i>	DET Central Coast District
5. <i>How to recognise depression in your friends</i> – information to assist young people in helping their peers	Areawide
6. <i>Touchscreen</i> with <i>adolescent depression program</i> in <i>school library</i>	DET Central Coast District
7. <i>Screen saver</i> for young people with <i>ReachOut website</i>	Individual schools
8. Junior Dumping Depression resources covering areas of <i>conflict resolution, bullying, making friends, stress and anger management</i> being used as part of orientation programs for <i>Year 7</i> students starting High School	Henry Kendall High School
9. Re-establishment of the 'Making Waves' <i>Youth Expo</i> – an event for <i>Year 8</i> students to inform/meet main youth related agencies on the Central Coast in a festival like atmosphere, aimed at promoting resilience, help seeking and social connectedness	Areawide
10. Recognition and management of <i>early psychosis</i> identified as a training priority for School Counsellors as follow on from School-Link Training Program.	Areawide

Central Sydney Area Health Service

Improving teachers' and parents' ability to recognise early signs of depression and to respond appropriately

Local Depression Action Plans	Locality or district
11. <i>Articles on depression</i> to insert in high school newsletters.	Broadway CHC and Port Jackson District
12. <i>Training materials</i> for presentation to <i>whole school staff</i> on depression and related issues.	Canterbury CHC, Marrickville CHC, St George District and Port Jackson District

Improving access to services for young people

13. <i>Local service information card</i> to distribute to students.	Burwood CHC and Independent schools
14. Build bridges between TAFE and Adolescent Health Services – investigate prevention and/or early intervention programs for <i>at-risk adolescents in TAFE</i> as a possible joint initiative.	Areawide
15. <i>Joint review of existing screening and identification tools</i> for depression between health and education.	Canterbury CHC and Granville District

Improving interagency collaboration

16. Resurrection of <i>regular meetings</i> between two Child and Family teams and their local school counsellors.	Marrickville CHC, Broadway CHC and Port Jackson District
17. A system to provide <i>routine written feedback to school counsellors</i> (with client permission) and a brief outline of the treatment plan.	Marrickville CHC

Far West Area Health Service

Improving teachers' and parents' ability to recognise early signs of depression and to respond appropriately

Local Depression Action Plans	Locality or district
18. <i>Professional development sessions for teachers</i> regarding depression in young people.	Dareton
19. <i>Depression information</i> program as part of regular session by Mental Health and Counselling Team on <i>local community radio</i> .	Lightning Ridge

Improving access to services for young people

20. ' <i>Chillin' with the boys</i> ' – a song previously developed by and for <i>young Aboriginal people</i> containing supportive messages about depression and mental health issues. It is now available on CD. It will be broadcast regularly on <i>local radio and Aboriginal radio</i> , and used as a trigger for discussion groups.	Bourke
21. <i>Adolescent Depression Quilt</i> – similar to the AIDS Quilt, <i>young people produce panels</i> containing art work or writing about depression and mental health issues in young people. The panels are sewn together into a large quilt which <i>tours high schools and community events</i> , such as agricultural shows, for display and as a trigger for discussion.	Bourke
22. <i>Intra school video broadcasts</i> of appropriate information for young people about depression, resilience and accessing help.	Broken Hill

Improving interagency collaboration

23. School-Link has been <i>incorporated into existing</i> Child Mental Health <i>interagency contact</i> .	Areawide
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Greater Murray Area Health Service

Improving teachers' and parents' ability to recognise early signs of depression and to respond appropriately

Local Depression Action Plans
24. Local <i>newspaper articles</i> on depression, mental health, or local health issues.
25. Mental health information in <i>parents' newsletters</i> .
26. Invite agencies to <i>address school assemblies</i> .

Improving access to services for young people

27. <i>Touchscreen with Dumping Depression information</i> installed at TAFE.
28. Address local council about the needs of local young people (previously the council had been unaware and unsympathetic to young people's needs). The first step is <i>researching needs</i> with young people and key stakeholders.
29. Schools and TAFE Colleges to display (eg in a pamphlet rack in library): <i>pamphlets</i> on local health services; <i>brochures</i> on a range of mental health problems; an information sheet on depression, which includes local services for parents, teachers and students.

Improving interagency collaboration

30. Increase counsellors' knowledge, skills and confidence in the use of CBT with adolescents by reviewing <i>CBT information</i> , <i>jointly attending telemedicine</i> lecture and possibly a joint <i>inservice</i> .

Hunter Area Health Service

Improving teachers' and parents' ability to recognise early signs of depression and to respond appropriately

Local Depression Action Plans	Locality or district
31. <i>Training teachers, parents and/or young people</i> about identification of depression in young people.	Areawide
32. <i>Project Blue</i> – raise awareness within schools and the wider community about mental health issues affecting young people.	Lake Macquarie

Improving access to services for young people

33. <i>Needs assessment for boys</i> .	Areawide
34. <i>ERIK: Building resilience in Kids</i> – identifying <i>Year 5 and 6 young people at risk</i> and develop school-based resilience programs.	Raymond Terrace and Taree
35. <i>Identifying depression in Adolescents</i> – identifying depression in <i>Year 9-12</i> and providing appropriate support.	Wallsend/Muswellbrook/ Singleton/Upper Hunter
36. <i>Youth Information Card produced by young people for young people</i> and parents with service information and helpful ideas.	Dungog, Raymond Terrace and Areawide

Improving interagency collaboration

37. <i>Health workers attending school counsellor meetings</i> and talking about their service referral criteria, methods of working with clients, current and future activities.	Areawide
38. Attendance at existing <i>interagency meetings</i> .	Cessnock/Kurri
39. <i>Case conferencing forum</i> including school and TAFE counsellors and health staff. Meeting each term to network increase skills, discuss cases and increase information about services.	Maitland
40. <i>Annual regional meeting</i> for school, TAFE and Health workers to meet and network.	Areawide

41. <i>Resource folder for school and TAFE counsellors and Health workers including pamphlets from all relevant health services and health funded non-government organisations and contact lists.</i>	Areawide
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Illawarra Area Health Service

Improving teachers' and parents' ability to recognise early signs of depression and to respond appropriately

Local Depression Action Plans	Locality or district
42. <i>Review 'Sad not Bad Strategy' and/or 'Glad We're not Bad Strategy' (from Mid West Area) for possible presentation to staff local high schools and TAFE.</i>	Shellharbour District
43. <i>'Teach the Teacher – Depression and Resilience' staff development session to be prepared and presented (by school counsellors and adolescent mental health personnel) to staff at 2 local high schools to raise awareness of adolescent depression and resilience.</i>	Shellharbour District

Improving access to services for young people

44. <i>Local website for young people.</i>	Shellharbour District
45. <i>Review websites which may be suitable for schools to make available to students and to recommend to parents. A list of user-friendly websites to provide information/support re adolescent mental health.</i>	Bateman's Bay District
46. <i>Education and health personnel meet to review available prevention programs to become familiar with them and discuss implementation in schools.</i>	Wollongong District

Improving interagency collaboration

47. <i>Regular Education and Health meeting over lunch (to be called 'FOOD' – Facilitating Organisation of Depression) to strengthen contacts between agencies, discuss systems issues, share resources and enhance collaboration with a focus on adolescent mental health.</i>	Wollongong District
48. <i>'Accessing services' project where education counsellors become familiar with (meet and invite to talk) services, agencies and workers in their local area to enhance service delivery for adolescents at risk of depression.</i>	Shellharbour District
49. <i>'SCAT' (Shoalhaven Consultancy Advisory Team) to be formed by school counsellors and mental health workers with the aim of providing clinical support and also interagency collaboration and information transfer.</i>	Shellharbour District
50. <i>School-Link Forum – a half-day meeting each school term for school counsellors and adolescent mental health workers to discuss issues, share and review resources, develop skills and discuss systems issues.</i>	Bateman's Bay District

Macquarie Area Health Service

Improving teachers' and parents' ability to recognise early signs of depression and to respond appropriately

Local Depression Action Plans	Locality or district
51. <i>Training teachers, parents and/or young people about identification of depression in young people.</i>	Areawide
52. <i>Raising awareness of services for young people in the Mudgee local government area using the interagency program already in place. This is complemented by the local Drug Action Team's interagency work.</i>	Mudgee area

Improving services for young people

53. Foldout <i>cartoon</i> on depression in young people.	Areawide
54. <i>Youth mental health expo</i> held before Mental Health Week.	Areawide
55. A joint Health – Education approach taken to <i>staff training</i> (where relevant).	Areawide

Improving interagency collaboration

56. <i>Website</i> being developed including individual profiles of workers, message board and links to other sites.	Coonabarabran area
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Mid North Coast Area Health Service**Improving teachers' and parents' ability to recognise early signs of depression and to respond appropriately**

Local Depression Action Plans	Locality or district
57. <i>Presentations to High Schools</i> by Mental Health Workers on depression and drug use (for boys) and depression and eating disorders (for girls). Student feedback is used to guide topics for future presentations.	Port Macquarie
58. A planning morning with a <i>Catholic high school</i> to develop units within the Year 9 Personal Development, Health and Physical Education (PDHPE) program (complementing MindMatters) to <i>address resilience and healthy relationships</i> at school, in families and the wider community during first semester. Second semester to focus on raising awareness of mental illness and developing help seeking behaviours for themselves, a friend or family member.	Coffs Harbour

Improving access to services for young people

59. <i>Develop a unit on sexual diversity and anti-discrimination</i> within the Crossroads section of the curriculum.	Kempsey
60. Development (through the 'Get a Grip' project) of a <i>CD ROM for young people</i> focussing on suicide prevention and alternative coping strategies to destructive behaviours such as drug use and violence. In an interactive environment young people can undertake activities which will <i>include exploring feelings, developing stress management skills</i> , identifying avenues for <i>support</i> and identifying appropriate <i>local role models</i> . Distribute to Youth centres, Youth Refuge, employment agencies, Centrelink, welfare services, health services etc. The CD ROM will also include the development of promotional posters for community wide distribution. Each school will also receive a free pack of CDs, which will include lesson plans and tools for use in the classroom as part of the PDHPE (and MindMatters if in use) curriculum.	Port Macquarie
61. Depression Action Group is currently developing a <i>video for young people</i> on depression and suicide prevention. This will link the resources of local health and education services, while also involving local young people to speak about their experiences with mental illness. To be launched through local media outlets.	Forster
62. Develop a system (possibly a card) for <i>children whose parents have a mental illness</i> , whereby the child or young person would <i>alert the school that their parent is unwell</i> and that there may be behavioural, social and academic difficulties associated with this. To be developed by <i>consumer advisory group</i> for mental health and the School-Link network.	Port Macquarie
63. Currently plans are underway to ascertain the interest in the <i>Adolescents Coping with Emotions (ACE) program</i> and if this proves successful, training will be made available, if indicated, to interested staff across the Mid North Coast Area.	Areawide

Improving interagency collaboration

64.	Regular <i>School-Link meetings</i> . Action groups to develop projects, case discussion on clinical issues and general sharing of information on programs already being implemented. In the areas of Coffs Harbour and Taree these formal networks have proved difficult to maintain due to staffing changes, however, progress is underway to revive these networks as meetings on a regular basis.	Kempsey, Port Macquarie and Forster
65.	A visit from the school counsellors in the area to the new Coffs Harbour Health Campus. This will involve <i>all relevant services</i> for children and adolescents on the campus and culminate in a meeting of mental health staff and school counsellors to <i>discuss the future direction of the School-Link forum</i> .	Coffs Harbour
66.	<i>Meetings</i> involving mental health, education and eventually representatives from the Department of Community Services.	Nambucca
67.	Area School-Link coordinator conducted a short <i>survey</i> of school counsellors and Child and Adolescent Mental Health staff across the Mid North Coast Area Health Service to ascertain the progress and directions for the coming year. The results of this survey will be fed back to both health and education at each School-Link meeting according to network in which the services are located.	Areawide
68.	Develop a comprehensive <i>pathways to care</i> document.	Coffs Harbour
69.	A bi-annual local <i>School-Link Newsletter</i> to be distributed across the Mid North Coast Area to all schools and Child and Adolescent Mental Services.	Areawide

Mid Western Area Health Service**Improving teachers' and parents' ability to recognise early signs of depression and to respond appropriately**

Local Depression Action Plans	Locality or district
70. 'Sad not Mad Strategy': <i>Awareness raising</i> about adolescent depression. This will include training <i>school staff</i> and preparing <i>an article for local newspapers</i> .	Peak Hill
71. 'Sad not Mad or Bad Strategy': Local <i>awareness raising</i> about adolescent depression targeting one high school, commencing with preparation of an article for <i>school newsletter</i> and <i>information for school staff</i> .	Condobolin
72. 'Glad we're not Bad Strategy': <i>Awareness raising</i> in several high schools tapping into existing Assist forum and developing a <i>staff survey</i> for use next term.	Cowra

Improving access to services for young people

73. <i>Implement Resourceful Adolescent Program (RAP)</i> in local high schools.	Trundle, Tullamore, Peak Hill, Quandialla, Molong, Oberon, Orange and Bathurst
74. An <i>annual open day</i> at Bathurst Health Centre and Mental Health Service for <i>Year 9 students</i> as part of their PDHPE studies. This is designed to raise <i>awareness of youth services</i> and promote <i>help seeking</i> behaviours amongst young people.	Bathurst

Improving interagency collaboration

75. <i>Operation Connect</i> : Aims to provide professional support and development via <i>resource sharing</i> and <i>case discussions</i> , meeting twice a term and involving <i>both government and private schools</i> .	Orange
76. <i>Interagency Link</i> will report back on <i>School-Link to local interagency network</i> , will update mailing list and attempt to promote prevention programs such as RAP.	Bathurst

New England Area Health Service

Improving access to services for young people

Local Depression Action Plans	Locality or district
77. 'Brand.ED' (<i>Building resilience not depression; Education</i>) Art competition. Aims to celebrate and develop resilience of young people in rural areas. Art competition based on I have, I am, I can (Photo, Drawing and Painting).	Tamworth, Quirindi and Gunnedah
78. <i>Poster</i> for high schools and TAFE Colleges on depression with information on what to do and who to contact, designed by young people.	Tamworth
79. <i>Stress card</i> and <i>Youth Information card</i> . Two separate local cards developed. Implementation involved interactive mental health promotion, such as daily announcements, and an evaluation.	Glen Innes/Tenterfield (Armidale District)
80. <i>Service directory</i> for use in schools, Health and local service providers, focusing on services for young people.	Tamworth, Quirindi and Gunnedah

Improving interagency collaboration

81. Workers to be more involved in <i>existing youth interagency meetings</i> .	Moree, Boggabilla, Mungindi, Walgett and Narrabri
82. Education and Health <i>morning tea meeting</i> as a forum to network and consider initiatives.	Armidale, Uralla and Guyra
83. Regular meetings <i>between the School Counsellors and Child and Adolescent Community Health Team each term 'Partnership Plus'</i>	Armidale, Uralla and Guyra
84. Joint in-service sessions for <i>DET Counsellors and Mental Health staff</i> .	Moree, Armidale and Tamworth Districts

Northern Rivers Area Health Service

Improving teachers' and parents' ability to recognise early signs of depression and to respond appropriately

Local Depression Action Plans	Locality or district
85. <i>Training teachers, parents and young people</i> about identification of depression in young people	Areawide
86. <i>Promote a resilience perspective</i> within local schools.	Ballina/Byron/Mullumbimby
87. Various <i>information sessions</i> and formal staff presentations provided to local high school staff.	Grafton/Maclean, Lismore/Casino
88. <i>Information distributed to all secondary schools and Parents and Citizens Association</i> regarding School-Link and child and adolescent mental health.	Grafton/Maclean

Improving access to services for young people

89. Develop <i>Health Information Sites for students in high schools</i> . Construct an accessible site for students offering a range of useful information covering health, welfare, and recreational and vocational information, possibly including a question and answer facility.	Ballina/Byron/Mullumbimby
90. <i>Transition to TAFE Program</i> : Involving workers from Health, TAFE and JPET (Job Placement Education and Training) in developing a process to support students at risk of early school departure or difficulty.	Ballina/Byron/Mullumbimby
91. <i>Brochure outlining services</i> available for high school students experiencing mental health problems distributed to local secondary schools.	Grafton/Maclean
92. <i>Service information brochures</i> developed for secondary schools.	Casino/Kyogle

Improving interagency collaboration

93. <i>Education and Health</i> morning tea/lunch/afternoon tea meeting as a <i>forum</i> to network and consider initiatives.	Areawide
94. <i>Adolescent Case Review</i> – reviewing shared casework.	Tweed/Murwillumbah, Ballina/Byron/Mullumbimby, Lismore/Casino
95. Targeting of broad <i>youth service network</i> to promote coordination in working with schools via an Interagency Forum.	Lismore/Casino
96. <i>Service Providers Coordination Network</i> : to discuss coordination issues and increase awareness and understanding of roles.	Lismore/Casino
97. <i>Email list</i> for the Ballina Mental Health, Education and Youth Service Network.	Ballina/Byron/Mullumbimby
98. <i>School to Health Referral Form</i> : A specific referral form and tracking mechanism to review <i>referral satisfaction</i> with the referral process.	Grafton/Maclean
99. Greater school counsellor <i>and school staff access to, and participation in, telepsychiatry sessions and other</i> adolescent mental health education and training events.	Grafton/Maclean

Northern Sydney Area Health Service**Improving teachers' and parents' ability to recognise early signs of depression and to respond appropriately**

Local Depression Action Plans	Locality or district
100. Develop a <i>tool for teachers</i> to assist with <i>early recognition of depression and referrals</i> – poster, including flowchart and statistics.	Ryde and Lower North Shore

Improving access to services for young people

101. Inviting <i>young people consultants</i> from a local program to conduct <i>audits of local schools and TAFEs about youth friendliness and accessibility</i> . Also awareness-raising on these issues through presentations.	Hornsby area
102. <i>Sticker for school diaries of websites</i> with useful information/support for young people in relation to depression and other emotional wellbeing.	Hornsby area
103. <i>Information nights for parents and young people</i> on depression to be held in service clubs (to increase accessibility).	Northern Beaches and Hornsby areas
104. <i>Support needs of young people already identified</i> by local council youth worker.	Ryde area
105. <i>Good news stories about young people</i> to counter negative media portrayals – consult local young people and workers.	Areawide

Improving interagency collaboration

106. <i>Website for workers</i> . Extend Lower North Shore Interagency website (currently for young people) to include information relevant for workers.	Lower North Shore
107. <i>Local service directory</i> listing services for adolescents.	Hornsby area

South Eastern Sydney Area Health Service

Improving teachers' and parents' ability to recognise early signs of depression and to respond appropriately

Local Depression Action Plans	Locality or district
108. Local <i>newspaper articles</i> and <i>advertisement</i> on depression/mental health/local health issues.	Sutherland District
109. <i>Create community awareness about depression and local services.</i> Schools and TAFE Colleges to have/display (eg in a pamphlet rack in school and TAFE library): <i>pamphlets</i> on local health services; <i>brochures</i> on a range of mental health problems; an information sheet on depression, which includes local services for parents, teachers and students and will also be included in <i>school newsletters</i> .	Sutherland District

Improving access to services for young people

110. <i>Poster for high schools and TAFE Colleges</i> on depression with information on what to do and who to contact, designed by young people.	St George District
111. List of relevant <i>internet sites</i> for young people and local resources.	St George District
112. ' <i>Yellow ribbon program</i> ' – promote community awareness of the need to offer support for young people experiencing difficulties and a support card system for use by identified young people (suicide prevention program). (Note that programs such as the 'Yellow ribbon' should be placed in the context of a strategic approach to identifying and responding to mental health needs of young people, eg as one of a range of ways of accessing help).	St George District

Improving interagency collaboration

113. Increased awareness/contact between TAFE Counselling Service, School Counsellors and Adult Mental Health Services through the <i>TAFE Counsellors' meeting</i> with each of these other services.	St George and Sutherland District
114. <i>Regular meetings</i> between the <i>School Counsellors and Child and Adolescent Community Health Team</i> each term.	Areawide
115. Regular meetings between the School Counsellors and Health Teams with a <i>focus on case discussion and clinical issues</i> .	St George District
116. Information on Health, TAFE Counselling and School Counselling <i>services and staff details exchanged between services</i> .	Areawide
117. <i>Exchange of information form</i> for use by School Counsellors and Health Services to <i>facilitate referral and feedback</i> .	Bondi District

South Western Sydney Area Health Service

Improving teachers' and parents' ability to recognise early signs of depression and to respond appropriately

Local Depression Action Plans	Locality or district
118. <i>Promoting Resilience through Parenting</i> – collating resources; training in RAP; distributing information to parents (newsletters, groups etc.). Centacare, DET, schools, and local agencies are involved.	Macarthur

Improving access to services for young people

119. <i>Short Film Competition</i> on depression in young people with a prize of the film being professionally produced (by local TAFE) and then distributed to schools to be used as a trigger for discussion and use in Physical Development/Health/Physical Education (PDHPE).	Liverpool
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120. Lobby for a <i>24-hour Adolescent Service</i> – review service models in other areas and prepare a proposal/submission.	Liverpool
121. Develop a <i>website for young people and their workers</i> detailing resources and services in the Campbelltown area.	Macarthur
122. <i>Anti-depression card game</i> for adolescents to be distributed widely through schools.	Bankstown
123. Education Awareness in <i>Health Literacy</i> – agencies address <i>Year 9</i> students about their <i>services and how to access them</i> .	Bankstown
124. <i>Adolescent Depression Resource File</i> – collating and sharing resources to support clinical work and develop staff competencies.	Macarthur

Improving interagency collaboration

125. <i>Agencies connect</i> meetings between Health and School and TAFE counsellors twice yearly to strengthen interagency links.	Bankstown
126. <i>Promoting Partnerships</i> – Health and Education meeting to discuss common concerns, future directions and to share expertise.	Fairfield
127. <i>Operation Resilience</i> – meeting between Community Health and Education to discuss referral processes for schools to train Health on MindMatters, RAP and ACE.	Fairfield

Southern Area Health Service

Improving teachers' and parents' ability to recognise early signs of depression and to respond appropriately

Local Depression Action Plans	Locality or district
128. Involve <i>local media</i> (papers, radio and television) to promote School–Link and mental health generally.	Queanbeyan/Monaro, Young/Goulburn/Braidwood
129. <i>Training teachers, parents and/or young people</i> about identification of depression in young people.	Queanbeyan/Monaro, Young/Goulburn/Braidwood
130. <i>Educate school staff, parents and young people</i> about School–Link through contributions to newsletters and education of executive teaching staff.	Queanbeyan/Monaro, Young/Goulburn/Braidwood
131. <i>Survey</i> (anonymously) students and staff in a high school using the Depression Awareness Scale (DAS) as an awareness raising exercise. Careful consideration was given to student support issues. (Note that universal screening for depression in a school would not generally be recommended as it is not an effective use of resources and there may be ethical issues.)	South Coast District
132. Offer <i>resources on bullying</i> and support from Child and Adolescent Mental Health to help schools deal with their local issues.	Queanbeyan/Monaro
133. <i>Educate the community, schools, DET and Health</i> staff about depression and mental health issues.	South Coast District
134. Reorient DET and CAMHS workplaces to a <i>population/whole of school approach</i> .	South Coast District
135. Offer <i>training for teachers</i> on particular issues as requested/required.	Queanbeyan/Monaro

Improving access to services for young people

136. <i>Poster</i> for high schools and TAFE Colleges on depression with information on what to do and who to contact, designed by young people.	Queanbeyan/Monaro, Young/Goulburn/Braidwood
137. Use winners from local <i>art and writing competition</i> to produce postcards with <i>local information similar to 'Dumping Depression'</i> .	Queanbeyan/Monaro

138. <i>Implement RAP-A and RAP-P</i> in several schools across the area. Train school and health staff in these programs.	Queanbeyan/Monaro
139. Trial <i>MindMatters</i> in a large school and RAP in a small school (reflecting limited local resources) and compare outcomes.	Queanbeyan/Monaro, Young/Goulburn/Braidwood
140. Involve local <i>high schools in Mental Health Week activities</i> .	Queanbeyan/Monaro
141. Coordinate services to <i>participate in a 'Welfare' day</i> for high school students including sessions on accessing services, problem solving and self-esteem.	Queanbeyan/Monaro
142. 'Come and meet the health people' <i>information displays on depression</i> provided at local secondary schools throughout the year.	Young/Goulburn/Braidwood
143. Hold a <i>competition for young people to design a logo for School-Link</i> then produce <i>free post cards</i> to promote awareness.	Young/Goulburn/Braidwood
144. Initiate projects to <i>enhance emotional wellbeing and mental health</i> of children and adolescents.	South Coast District
145. <i>Link a mental health worker with each school</i> . Explore the possibility of having a health worker based in school for a set period of time each week.	Queanbeyan/Monaro, Young/Goulburn/Braidwood

Improving interagency collaboration

146. <i>Local School-Link Task Force</i> (with representatives from Health, Education and other local government and non-government services that work with young people) to plan and implement School-Link Activities.	Queanbeyan/Monaro, Young/Goulburn/Braidwood, South Coast
147. <i>CAMHS participation</i> in existing youth <i>interagency and counselling service meetings</i> .	Young/Goulburn/Braidwood
148. Regular <i>meetings with Community Health and Adult Mental Health</i> .	Young/Goulburn/Braidwood
149. <i>Common referral form</i> for Health and Education.	Queanbeyan/Monaro, Young/Goulburn/Braidwood
150. <i>Local memorandum of understanding between Health and Education</i> regarding referral between services and principles for working together with mutual clients.	Queanbeyan/Monaro, Young/Goulburn/Braidwood
151. In an area with many new staff members, Education and Health will jointly find out about <i>local resources</i> .	Queanbeyan/Monaro
152. <i>Local area action group forum</i> used to provide regular information exchange between Child and Adolescent Mental Health Services, DET and TAFE.	Young/Goulburn/Braidwood

Wentworth Area Health Service

Improving teachers' and parents' ability to recognise early signs of depression and to respond appropriately

Local Depression Action Plans	Locality or district
153. ' <i>Media' releases in school newsletters</i> compiled and shared by local school counsellors.	Blue Mountains

Improving access to services for young people

154. Ongoing <i>training and professional development</i> between counsellors and CAMHS workers, once per term.	Areawide
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Improving interagency collaboration

155. Education and Health <i>morning tea/lunch/afternoon tea meeting</i> as a forum to network and consider initiatives, interagency information and resources.	Areawide
156. <i>Personal profiles</i> of Education and Health workers to <i>facilitate networking</i> .	Areawide

157. <i>Collaborative Consultation committee</i> between counsellors (TAFE and school, both government and non government sector) and adolescent mental health workers to look at <i>referral procedures and better ways of working together</i> .	Areawide
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Western Sydney Area Health Service

Improving teachers' and parents' ability to recognise early signs of depression and to respond appropriately

Local Depression Action Plans	Locality or district
158. <i>'Parent Power'</i> – providing primary schools with brief (catchy) messages to place in weekly newsletters. The messages will have positive/ inspirational themes or contain significant data on depression.	Blacktown District
159. <i>'Emergency Wheel'</i> – An easy to use guide for teachers. It includes indicators and classroom strategies for management of students with depression, anxiety, adjustment to loss, disruptive behaviours and substance abuse and depression.	Mt Druitt District
160. <i>Mental Health information in School Newsletters</i> – Disseminate information regarding services and mental health issues to families of adolescents, translated into community languages. The group will liaise with Transcultural Mental Health Service regarding translations into Arabic, Turkish and Cantonese.	Auburn District

Improving access to services for young people

161. <i>Resilience Bookmark</i> – information about resilience.	Blacktown/Mt Druitt District
162. <i>Youth information card</i> – created by/for young people.	Blacktown/Mt Druitt District
163. <i>Diary insert</i> – information for high school students regarding where they can seek help. Publish <i>sticker or page</i> that can be inserted into student diaries.	Hills District

Improving interagency collaboration

164. Education and Health <i>morning tea/lunch/afternoon tea meeting</i> as a forum to network and consider initiatives.	Areawide
165. <i>Liaison project</i> – consider expanding the Mental Health-Education network to include private school counsellors and other health professionals.	Hills District
166. <i>Continuity of care</i> – increase networking between education and health and promote collaboration to improve management of clients.	Hills District
167. <i>HELP: Health Education Liaison Parramatta</i> – a 'Meet and Greet' to continue regular communication, share resources, introduce new staff, and to conduct joint professional development.	Parramatta District
168. <i>Promoting resilience in adolescents in schools</i> – a planning meeting with Health and Education stakeholders.	Parramatta District
169. <i>Merrylands Network Meeting</i> – Health and Education colleagues exchange information on services, referral processes and programs, such as MindMatters, RAP and ACE.	Merrylands District
170. <i>ExChange</i> – Community Health, Education, Mental Health and adolescent community organisations meet once a term. Organising committee to plan each session. Aim to provide information, professional development and a light lunch to facilitate networking.	Merrylands District
171. <i>Pathways to Care</i> – develop information package on local child and adolescent mental health services including referral processes and criteria.	Merrylands District
172. <i>AAS – Access to Adolescent Services</i> – a <i>flow chart of adolescent services</i> in the Blacktown area.	Blacktown District

Appendix I – Table of Local Depression Action Plans by Topic and Area Health Service

A description of each Local Depression Action Plan (identified by the numbers used in the table below) is included in Appendix H.

	Area Health Service			
	Central Coast	Central Sydney	Far West	Greater Murray
1. Improving teachers' and parents' ability to recognise early signs of depression and to respond appropriately:				
Articles for school newsletters or local papers		11		24, 25
Professional development for school staff		12	18	26
Parent/carer and/or community education	1		19	
Other initiatives				
2. Improving information and services for young people:				
Information card	3	13		
Sticker or page in school diaries	2			
Leaflets, brochures,	8			29
Posters				
Develop or implement school/TAFE based program		14		
Websites				
Film, video or CD Roms				
Special events	9			
Addressing issues of diversity			20	
Professional development for school and TAFE counsellors and adolescent mental health workers	10	15		30
Other initiatives	4, 5, 6, 7		21, 22	27, 28
3. Improving interagency collaboration:				
Meetings		16	23	
Resources inc. contact lists, referral/feedback forms		17		

	Area Health Service			
	Hunter	Illawarra	Macquarie	Mid North Coast
1. Improving teachers' and parents' ability to recognise early signs of depression and to respond appropriately:				
Articles for school newsletters or local papers				
Professional development for school staff	31, 32	42, 43	51, 52	57, 58
Parent/carer and/or community education	31, 32		51, 52	58
Other initiatives				
2. Improving services for young people:				
Information card	36			
Sticker or page in school diaries				
Leaflets, brochures,			53	
Posters				
Develop or implement school/TAFE based program	34, 35	46		
Websites		44, 45		
Film, video or CD Roms				60, 61
Special events			54	
Addressing issues of diversity	33			59
Professional development for school and TAFE counsellors and adolescent mental health workers		50	55	63
Other initiatives				62
3. Improving interagency collaboration:				
Meetings	37, 28, 39, 40	47, 48, 49		64, 65, 66
Resources inc. contact lists, referral/feedback forms	41		56	67, 68, 69

	Area Health Service			
	Mid Western	New England	Northern Rivers	Northern Sydney
1. Improving teachers' and parents' ability to recognise early signs of depression and to respond appropriately				
Articles for school newsletters or local papers	71, 72			
Professional development for school staff	71, 72		85, 86, 87, 88	100
Parent/carer and/or community education			88	103
Other initiatives				
2. Improving services for young people:				
Information card		79		
Sticker or page in school diaries				102
Leaflets, brochures,			91, 92	
Posters		78		
Identifying depressed or at risk young people				
Develop or implement school/TAFE based program	73		90	
Websites				102
Film, video or CD Roms				
Special events	74			
Addressing issues of diversity				
Professional development for school and TAFE counsellors and adolescent mental health workers		84	99	
Other initiatives		77, 80	89	101, 104, 105
3. Improving interagency collaboration:				
Meetings	75, 76	81, 82, 83, 84	93, 94, 95, 96, 99	
Resources inc. contact lists, referral/feedback forms	75, 76		97, 98	106, 107

	Area Health Service				
	South Eastern Sydney	South Western Sydney	Southern	Wentworth	Western
1. Improving teachers' and parents' ability to recognise early signs of depression and to respond appropriately:					
Articles for school newsletters or local papers	108,		128	153	158, 160
Professional development for school staff	109		129-135		159
Parent and/or community education	109	118	129, 130, 133		
Other initiatives			135		
2. Improving services for young people:					
Information card					162
Sticker or page in school diaries					163
Leaflets, brochures,			142		
Posters	110		136		
Develop or implement school/TAFE based program		123	138, 139		
Websites	111	121			
Film, video or CD Roms		119			
Special events			140, 141		
Addressing issues of diversity					
Professional development for school and TAFE counsellors and adolescent mental health workers		127	138	154	
Other initiatives	112	120, 122, 124	137, 143, 144, 145		161
3. Improving interagency collaboration:					
Meetings	113, 114, 115	125, 126, 127	145, 146, 148, 152,	155, 157	164-170
Resources inc. contact lists, referral/feedback forms	116, 117		149-151	156	171, 172

