

NSW School-Link initiative

In February 1999, the NSW Government launched School-Link as one of a range of initiatives to improve the mental health of children, adolescents and young people in NSW.

School-Link is a key initiative in NSW Health policies and strategies:

- NSW Health Department (1999) *NSW Strategy: Making Mental Health Better for Children and Adolescents*
- NSW Health (2001) *Getting in Early: A framework for early intervention and prevention in mental health for young people in New South Wales.*

The NSW School-Link initiative is a collaborative partnership between the NSW Department of Education and Training and NSW Health that is being implemented Statewide and locally to promote mental health and improve prevention, treatment and support for adolescents with mental health problems.

Depression has been identified as one of the major health problems worldwide.

- Up to 24% of young people experience depression by the time they are 18 years of age.
- Mid-late adolescence is the peak time when depression is first experienced.
- Depression is a major risk factor for suicide.
- Adolescents with depression report a high rate of suicidal behaviour and health-risk behaviours, such as smoking, drinking and drug use.
- Depression tends to be a recurring illness.^{1,2}

The National Survey of the Mental Health of Young People in Australia³ found that:

- Only 25% of children and adolescents who had mental health problems sought help from specialised services.
- Among the adolescents who did seek help, more than 60% accessed school-based counselling.

Aims

- Collaborate to strengthen local pathways to care for adolescents with mental health problems.
- Enhance consultation, liaison, referral and support for school counsellors concerning clinical mental health issues.
- Facilitate continuing education about child and adolescent mental health issues for school counsellors and other relevant groups, including the Statewide School-Link Training Program.
- Facilitate the implementation of programs in schools aimed at promoting mental health, preventing mental health problems, intervening early for adolescents with signs and symptoms of mental health problems and disorders and supporting students at critical transition times (such as, from primary to secondary school).
- Focus on improving the identification, treatment and prevention of depression and related disorders in adolescents, including suicide prevention.

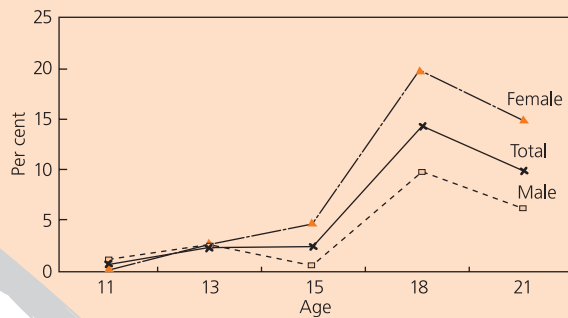
Why we are doing this

Many mental health problems and disorders have their onset during mid-late adolescence. Childhood emotional and behavioural problems are risk factors for the development of mental health problems and disorders in adolescence.

Early intervention for adolescents with depressive symptoms can lead to better outcomes by:

- lessening the severity and duration of symptoms
- decreasing the likelihood that a depressive illness will develop
- reducing the risk of suicide
- reducing the incidence of depression in adults
- reducing the risk of relapse and continuing depressive illness.

Development of new cases of clinical depression by gender and age



Source: Hankin, B.L., Anderson, L.Y., Moffitt, T.E., Silva, P.A., McGee, R., Angell, K.E. (1998), Development of Depression from Preadolescence to Young Adulthood: Emerging Gender Differences in a 10-year Longitudinal Study, *Journal of Abnormal Psychology*, Vol. 107, pp.128-140.

Comorbidity, that is having more than one disorder or illness at the same time, is frequently found among young people with mental disorders. **Comorbidity considerably increases the burden experienced.**

- Depression and **substance misuse** often co-occur in adolescence, resulting in additional health and social consequences, such as overdose, psychosis, school failure, family dislocation, unemployment, homelessness, imprisonment and the greater likelihood of other risky behaviours.⁴
- **Anxiety** and depression often occur at the same time. It can be difficult to differentiate between anxiety and depression in adolescents. Anxiety disorders in childhood increase the risk for depression in adolescence. Prevention and early intervention for childhood anxiety disorders may reduce depression in adolescence.⁵

Schools are key resources

School-based services have a key role in identifying children and adolescents at risk of developing mental health problems and integrating promotion, prevention and early intervention strategies into their structures, ethos and curricula.

All students in State schools and many students in other schools have access to a school counsellor and other welfare networks within the school. It is important that school and TAFE counsellors are trained in the assessment and management of young people's mental health problems and are closely linked to specialist mental health services.

What has been achieved

The NSW Government committed \$5.5m to Area Health Services to establish School-Link, from 1998/99 for five years.

Organisation of School-Link

- School-Link is guided by the NSW School-Link Steering Committee.
- The Centre for Mental Health, NSW Health in collaboration with the NSW Department of Education and Training provides statewide coordination and leadership.
- Area School-Link coordinators based in the 17 Area Health Services implement School-Link locally in collaboration with schools and local education authorities.

School-Link training – Phase 1

The three-day **NSW School-Link Training Program** was developed by health and education in partnership, involving an extensive process of consultation with potential participants and mental health and education services and workers, expert input and piloting. This is the first training program in Australia that set out to systematically educate health and education personnel together.

Aims of the School-Link Training Program

- Develop an understanding of depression and related disorders in adolescents.
- Demonstrate early identification and assessment of mental health problems in young people, particularly depression.
- Outline evidence-based intervention strategies.
- Assist in developing Local Depression Action Plans.
- Develop sustainable local and State support networks.

1,800 school and TAFE counsellors and child and adolescent mental health workers completed the School-Link Training Program during 2000 and 2001.

An evaluation of the School-Link Training Program found that:

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

Over 170 Local Depression Action Plans

have been generated collaboratively by local health and education staff to:

- improve teachers' and parents' ability to recognise the early signs of depression and to respond appropriately
- improve access to services for young people
- improve and enhance inter-agency collaboration in the delivery of mental health services to young people.

Local Depression Action Plans – some examples

- *Emergency Wheel* (Mt Druitt) – for teachers working with students with special needs, which includes indicators of depression and classroom strategies for the management of students with depression, anxiety, adjustment to loss, disruptive behaviours and substance abuse.
- In Bourke, in the State's far west, an *Adolescent Depression Quilt* was created. Young people produced panels containing artwork or text about depression and other mental health issues, which were sewn together into a large quilt that tours high schools and community events, 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.

Enhancing understanding of mental health problems

School-Link has provided a strategic approach for disseminating information and resources about mental health problems and disorders to young people and their parents, schools, teachers and other health workers.

Examples of these approaches are: *Dumping Depression* resources to enhance recognition and understanding of depression in young people; the *Family Help Kit*, which helps families to understand about mental health problems and how and where to get help; and *An Intergalactic Guide to Relationships* for young people and workers to help them understand issues for young people about sexuality and relationships, with particular relevance for same-sex attracted young people.

Promotion and prevention programs in mental health

- *MindMatters* is a whole-of-school approach to mental health promotion. All schools in NSW have access to a MindMatters resource kit. (<http://online.curriculum.edu.au/mindmatters>)
- The *Resourceful Adolescent Program* is a universal depression prevention and resilience-building program for secondary students that has been conducted in schools right across NSW. (www.gu.edu.au/school/psy/rap)
- *Adolescents Coping with Emotions* is an indicated prevention program for adolescents experiencing depression that has been conducted in schools across NSW and is being trialled in New Zealand schools. (www.auseinet.flinders.edu.au/stateinfo/wotru/index.php)

Promotion and prevention programs in schools

Area School-Link coordinators work closely with schools to help them to implement appropriate promotion and prevention programs in mental health.

Programs include *MindMatters*, the *Resourceful Adolescent Program* and *Adolescents Coping with Emotions*.

Future directions

Phase 2 will focus on setting up structures and processes to ensure the sustainability of School-Link and to embed it in the system. This includes: developing and implementing long-term strategic plans; maintenance and support of School-Link coordinating positions by Area Health Services; setting up statewide formal structures to oversee and steer School-Link; and implementing a process of systematic review and evaluation.

Statewide and Area policy, planning and implementation

- A representative NSW School-Link Advisory Group will be established to advise the NSW School-Link Steering Committee and oversee the implementation of recommendations.
- A new School-Link agreement between health and education will be prepared to reflect the new strategic structures and set up frameworks to sustain School-Link.
- Statewide and Area Health Service five-year plans will be developed to implement Phase 2 of the School-Link initiative. A five-year planning process will provide a means for ensuring the continuing development and sustainability of School-Link.
- Continuing Area School-Link Coordinator (or equivalent) positions will be established in Area Health Services to continue to implement and develop School-Link at the local level, in collaboration with the NSW Department of Education and Training.

Evaluation and monitoring

An evaluation and review of School-Link will be conducted to review progress and establish systems for regular review and evaluation that are linked with system-wide data collections, such as the Mental Health Information Collection.

Education and training

Four advanced modules on adolescent depression and related disorders will be developed and delivered to school and TAFE counsellors and mental health workers. Drug and alcohol issues will be included in each module. The advanced modules are:

- further issues in assessment, treatment and management
- working with same-sex attracted young people
- working with young Aboriginal people
- working with young people from culturally diverse backgrounds.

References

- 1 National Health and Medical Research Council. (1997), *Clinical Practice Guidelines: Depression in young people*. Australian Government Publishing Service, Canberra.
- 2 NSW Health Department. (2001), *Getting in Early, A framework for early intervention and prevention in mental health for young people in New South Wales*. NSW Health Department, Sydney.
- 3 Sawyer, M.G., Arney, F.M., Baghurst, P.A., Clark, J.J., Graetz, B.W., Kosky, R.J., Nurcombe, B., Patton, G.C., Prior, M., Raphael, B., Rey, J., Whaites, L.C. and Zubrick, S.R. (2000), *The Mental Health of Young People in Australia*. Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra.
- 4 Commonwealth Department of Health and Aged Care. (2000), *Promotion, Prevention and Early Intervention for Mental Health – A Monograph*. Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra.
- 5 Commonwealth Department of Health and Aged Care and Australian Institute of Health and Welfare. (1998), *National Health Priority Areas Report. Mental Health. A Report Focusing on Depression*. Commonwealth Department of Health and Aged Care, Canberra.

This publication is one of a series of brochures on promotion, prevention and early intervention initiatives in NSW. The other titles in the series are available on the NSW Health website www.nsw.health.gov.au:

- Improving mental health and wellbeing in NSW
- Integrated Perinatal and infant Care (IPC)
- NSW Parenting Program for Mental Health
- Children of parents with mental illness
- NSW Early Psychosis Program
- Suicide prevention in NSW