

NSW School-Link Strategy and Action Plan

2014 - 2017



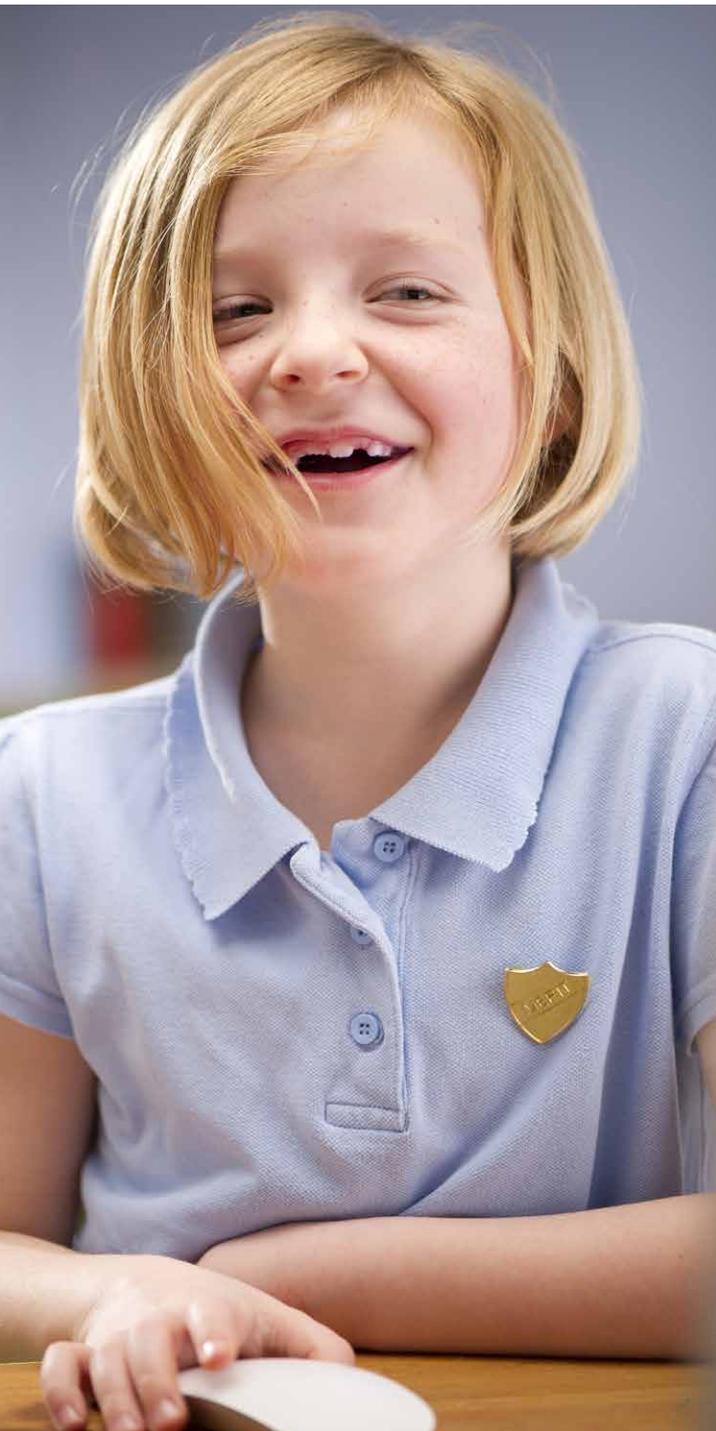


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Introduction

The NSW Government is committed to proactively caring for the mental health needs of children and young people and recognises the opportunity to identify these needs early in school and TAFE settings. Most children and young people in Australia between the ages of 4 and 17 years attend school or TAFE and approximately 14% of this group are reported to experience a mental health problem (Sawyer et al. 2000) .

Schools provide a venue where Health and Education working together can intervene early, or possibly prevent the onset of some mental health issues and support children and young people to manage any mental health issues that may emerge. Ensuring that mental health issues are identified early in the course of the illness reduces the potential burden and impact on quality of life for a young person and their family, and maximises their ability to live a meaningful and contributing life in a community of choice with or without the presence of mental health issues.

The NSW School-Link Initiative (School-Link) provides the capacity for NSW Health and the Department of Education and Communities (DEC) to work together to improve the mental health, wellbeing and resilience of children and young people in NSW. The NSW Ministry of Health funds Local Health Districts and Specialty Networks to employ School-Link Coordinators to implement the School-Link Initiative across approximately 3,000 NSW schools and TAFEs in partnership with teachers, school counsellors and specialist mental health staff. At a statewide level, the School-Link program is managed by MH-Children and Young People (MH-CYP), NSW Ministry of Health in partnership with DEC.

The School-Link Initiative is a mature partnership that has evolved over 14 years. During this time period, there has been significant growth in the provision of school-based mental health promotion programs including the emergence of new initiatives and organisations in the non-government sector such as headspace, KidsMatter and MindMatters. It is timely to review future directions for School-Link in the context of a changing environment with new

service providers and service partners to ensure a continuing, vital and relevant role for School-Link. This strategy reaffirms the significant role of the School-Link Initiative in the provision of specialist clinical mental health services by the public mental health service sector working in partnership with DEC.

School-Link strengthens the early identification of mental health issues for children and young people, provision of evidence-informed early intervention programs in schools and TAFEs, early access to specialist mental health services and support for the recovery journey.

The Initiative equips school and TAFE staff to more confidently identify and manage emerging mental health issues in their students and to strengthen their understanding of where to refer young people for the help they need. School-Link helps staff to better understand what the young person and their family may be experiencing and provides support at school/ TAFE and referral to specialist mental health services.

"People with mental health problems want the same things as everyone else. A home, a decent education, good clinical treatment, a job or something meaningful to do, family, friends and healthy relationships, justice and rights."

**Ms Janet Meagher AM
National Mental Health Commissioner**

Strong partnerships and a coordinated approach

From strong partnership comes united action. Health and DEC have a long-standing partnership in this important work through the NSW School-Link Initiative, which commenced in 1999. This valuable Health and Education collaboration was formalised in 2009, through a Memorandum of Understanding (MoU) and both organisations continue to see School-Link as an essential platform for service delivery.

Whilst this plan focuses on the work of School-Link within a formal partnership with DEC, local Mental Health Services at times also partner with and provide services to Catholic and Independent Schools, where capacity allows.

Specialist mental health expertise

Specialist mental health expertise can be accessed through School-Link Coordinators; school and TAFE counsellors; private mental health service providers; primary health care providers such as General Practitioners and Medicare Locals; and public mental health services such as Child and Adolescent Mental Health Services (CAMHS).

The School-Link Initiative enhances access to specialist mental health expertise through creating and maintaining a network of collaboration with these experts.

Working with the diverse needs of children, young people and their families in educational settings

Working with children and young people in schools and TAFEs can be a unique and challenging experience. Few individuals have the opportunity to assist children and young people experiencing mental health issues, in the way that school staff do. School staff form strong mentoring relationships with children and young people and develop a detailed understanding of their individual personalities, strengths, vulnerabilities and behaviours by working with students regularly. Some children may have particular preferences when accessing support which should be considered, for example, Aboriginal students may relate better to Aboriginal staff in teaching or support roles.

Having well-established relationships with students, an understanding of mental health issues and relationships with specialist mental health services puts education staff in a unique and powerful position to identify mental health issues early, and support children and young people to access appropriate help.

Children and young people's development needs to be considered within a broad context of community, culture and spirituality. Particular challenges may result in disruption to the processes of normal development, including losses of or displacement from key relationships and places of meaning for children in out of home care and those experiencing cultural losses. Childhood and adolescence is not a universally acknowledged life stage and culture in itself may impact on psychosocial development through the timing of transitions

and expectations of how an individual will respond to developmental milestones.

Diversity exists amongst children and young people, families and communities in areas including class, gender, culture, religion, disability, age, power, status, sexual preference and value system. School-Link recognises the growing diversity within the population and the increasing numbers of children and young people who come from, or whose parents come from, countries whose history, culture, religion, political, legal and educational systems differs from that of Australia. There is an increasingly complex and multilayered matrix of meanings, beliefs and ideas around health, mental health and wellbeing both within the community and the workforce.

The subtle differences in expression of mental health symptoms may vary from individual to individual and are often further complicated in families from immigrant and refugee backgrounds. Particular challenges for children and young people from refugee backgrounds include interrupted or absent parenting, issues of attachment, separation of families, exposure to war and trauma (directly or indirectly) and interrupted education.

School-Link aims to meet the diverse needs of local communities including priority populations, groups disadvantaged by geographical location, socio-economic circumstances, disability or other limiting factors by building strong connections across systems to ensure early intervention across all population groups.

Trust is an important component in engaging children, young people and their families. The impact of intergenerational trauma and dislocation from places of meaning may make this more difficult. Working in partnership with culturally safe programs and services is important for School-Link, to reduce barriers and increase access to suitable care for children and young people.

Providing culturally sensitive mental health programs and responses for families from immigrant and refugee backgrounds is essential. School-Link Coordinators can help to achieve this by continuing to support pathways into and strengthening partnerships with specialist

mental health services, such as the Transcultural Mental Health Centre. School-Link Coordinators also work and consult with a broad range of service providers such as CAMHS, Aboriginal Mental Health Services, Aboriginal Community Controlled Health Services, private, primary care and non government organisations, dependent on the specific needs of the community. Both NSW Health and DEC are aware of these complexities and support their workforce, through targeted professional development, to deliver culturally sensitive services.

Purpose and scope of the Plan

The NSW School-Link Initiative Strategy and Action Plan provides direction for School-Link for 2014-2017 and outlines actions in the context of the broader system changes for DEC and Health, including the expansion of service providers such as the Black Dog Institute and headspace.

The content and directions of the Plan have been informed by the School-Link Evidence Check, completed in 2011 by the Sax Institute and other evidence-informed research and programs from local, national and international areas. The Evidence Check describes some recommended evidence-informed prevention programs for school settings and the optimal age of program delivery. In addition, the Check reviews some collaborative care models through which these school-based programs may be delivered. A summary of the Evidence Check is contained in Appendix A.

PricewaterhouseCoopers (PwC) conducted a School-Link Strategic Review in 2012 for the NSW School-Link Management Committee and relevant recommendations have also been incorporated in the Plan. A summary of these recommendations is contained in Appendix B.

Background and policy context

Early identification of mental health problems and early access to specialist mental health services are the cornerstones of the School-Link Initiative. School-Link is one of a range of initiatives that was launched in 1999 to improve the mental health of adolescents and young people in NSW.

It has now operated for 14 years as a collaboration between NSW Ministry of Health and the NSW DEC.

The School-Link model was based on research identifying schools as an appropriate setting for the prevention of and early intervention in mental health issues in young people. Its implementation has now built a foundation of organisational support and infrastructure to achieve its objectives. The work of School-Link continues to align with National and State policies for Health and Education, which includes those identified below.

4th National Mental Health Plan: an agenda for collaborative government action in mental health 2009-2014

Priority Area Two in the 4th National Mental Health Plan identifies a commitment to implement targeted prevention and early intervention programs for children and their families. This includes programs completed through partnerships between mental health, schools and other related organisations.

The Roadmap for National Mental Health Reform Strategy 2012-2022

The work of School-Link is consistent with the following National Mental Health Reform strategies:

Strategy 4:

Support integrated and recovery-oriented approaches to service delivery, including through the Mental Health Recovery Framework, to help reduce the recurrence of mental illness and, where possible, prevent future episodes of such illness.

Strategy 20:

Better equip early childhood and education workers and institutions to support and assist children and young people who may be at risk of developing mental illness and their families.

Strategy 23:

Improve the mental health awareness and competency of frontline professionals (including in health, education, the justice sector and community services) to identify and respond to the early signs of mental health issues and refer people to appropriate services and supports, including for people from culturally and linguistically diverse backgrounds.

Strategy 26:

Build the competency of early childhood and education workers and institutions to identify and respond effectively to early signs of mental health issues.

Strategy 28:

Expand screening activity at key life transition points and for at risk populations, with referral pathways to appropriate follow-up services and supports.

Strategy 42:

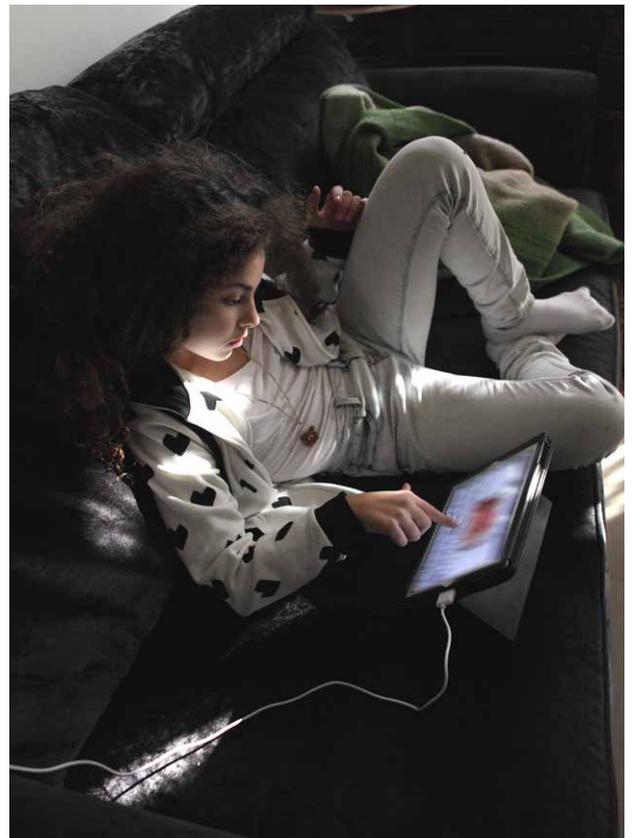
Improve the awareness of and coordination among service providers to ensure that the education and employment needs and potential of those with mental health issues are identified, recognised and realised.

NSW State Plan: NSW 2021

NSW 2021, a plan to make NSW number one is a 10-year plan to rebuild the economy, return quality services, renovate infrastructure, restore accountability to government, and strengthen our local environment and communities. NSW 2021 highlights a focus on illness prevention, including a strong focus on mental health, in order to reduce the burden of chronic disease on the health system and keep our community active and healthy. The work of School-Link aligns with this State plan focus through the early identification and access to treatment for mental health problems.

Department of Education and Communities Student Welfare, Good Discipline and Effective Learning - Student Welfare Policy

This policy articulates priorities in the areas of student wellbeing, health and child protection. It informs how staff members engage with programs and strategies that promote wellbeing, positive relationships and resilience of every student including vulnerable and at-risk students.



NSW School-Link Strategy 2014-2017

Vision

Children and young people in NSW achieve mental health and wellbeing through access to the right mental health treatment at the right time.

Mission

To provide a platform for collaboration where mental health professionals and educators work together, in partnership with children, young people and their families, to achieve optimal mental health, wellbeing and resilience for children and young people through the early identification of mental health issues and early access to specialist mental health services.

Aims and Objectives

Aim 1: Early identification of mental health issues

Objectives:

- 1.1 Children and young people experiencing mental health issues are identified early by schools and TAFEs and referred for specialist mental health care within primary health care, private and public mental health settings.
- 1.2 Prioritise the identification of children and young people experiencing developmental transitions and target problems that are likely to persist without intervention and where evidence-informed early intervention programs are available, for example, anxiety disorders and disruptive behaviour disorders.

Aim 2: Provide access to evidence-informed mental health early intervention programs in schools and TAFEs

Objectives:

- 2.1 Children and young people have access to evidence-informed targeted early intervention programs.
- 2.2 The workforce delivering specialist mental health programs in schools and TAFEs is competent and supported.

Aim 3: Early access to specialist mental health services

Objective:

- 3.1 Children and young people experiencing mental health issues, and their families, are informed of the range of treatment options available, and are supported to choose the option that best suits their needs, including access to specialist mental health services when required.

Aim 4: Support for the recovery journey

Objectives:

- 4.1 Children and young people experiencing mental health issues have access to holistic, person centred care.
- 4.2 Children and young people experiencing mental health issues are engaged in education and other meaningful life roles.
- 4.3 Children and young people experiencing mental health issues have access to specialist support during times of transition.

Strategic Focus – Early intervention and prevention of enduring mental health issues

School-Link has developed a broader focus since its inception when the high school population was prioritised. The focus has:

- Broadened to include younger children because the evidence shows that there are clear opportunities for earlier intervention and improved outcomes (Durlak, J.A., 1998) .
- Sharpened to particular times of vulnerability for children and young people such as developmental transitions which present opportunities to detect and respond to problems before they become entrenched. For example, early childhood transitions can be an opportune time to detect and address anxiety disorders and disruptive behaviour disorders often emerge in middle childhood. The adolescent periods of developmental transition may be associated with vulnerability to a variety of mental health issues, including the emergence of mental illness.

- Evolved to include a mixture of evidence-informed responses to individuals and programs to groups with target mental health issues.

School-Link resources will continue to be prioritised based on local needs balanced with the development of statewide programs consistent with evidence-informed practice.

Governance

Figure 1 outlines the governance structure for School-Link. The *Health and Education CAMHS Steering Committee* comprises MH-Children and Young People (MH-CYP) (Secretariat), consumer and carer and DEC representation. This committee will oversee CAMHS and Education partnership initiatives and report via MH-CYP to the statewide Child and Adolescent Mental Health Subcommittee, which is a subcommittee of the NSW Mental Health Program Council.

The Health and Education CAMHS Steering Committee will identify key projects and areas of focus for action locally or via time-limited working groups. Working group representatives will be nominated by the Child and Adolescent Mental Health Subcommittee and Psychological Counselling Services, DEC. The role of working groups will be to address particular items requiring statewide input and development.

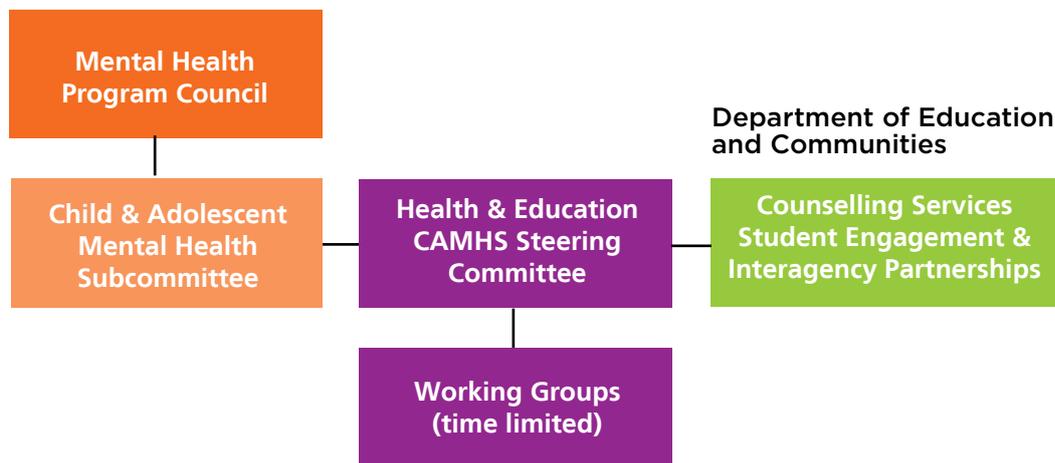


Local governance structures within each Local Health District provide direction and guidance for the implementation of School-Link. Carer and consumer involvement and feedback in local School-Link service governance, planning, development and monitoring is essential to ensure services reflect the needs of target populations.

Routine activity reporting against the Strategy and Action Plan objectives will ensure a consistent approach to delivering School-Link across NSW.

Figure 1: CAMHS and Education Partnership Governance Structure

NSW Health



Communication

For School-Link to assist children and young people to achieve wellbeing and resilience, the aims and objectives of the initiative need to be clearly communicated to staff working with this population in schools, TAFEs and CAMHS. The roles and responsibilities of NSW Health and NSW DEC partners in the prevention and treatment of mental illness in children and young people must also be clearly conveyed. The pathway defined in Figure 2 illustrates the consistent two-way flow of information between key School-Link stakeholders to ensure the effective implementation of the Initiative across NSW.

Statewide branding such as the use of a consistent logo will ensure a universally recognisable School-Link brand across NSW. Effective and consistent promotion of the aims and objectives of School-Link to stakeholders is essential and will be supported by the use of standardised resources such as a School-Link brochure and PowerPoint presentation.

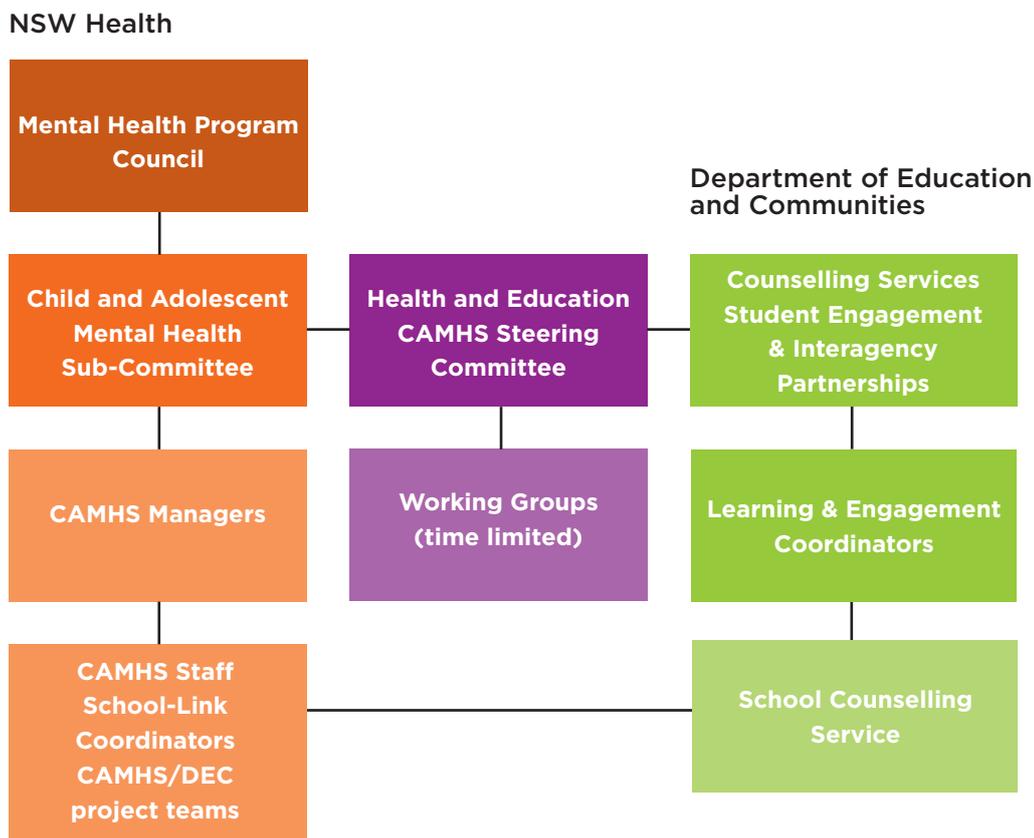
Workforce

School-Link Coordinators are Specialist Mental Health consultants and form the backbone of the NSW School-Link Initiative. A skilled School-Link Coordinator workforce with specialist knowledge and expertise to support schools, TAFEs and CAMHS to assist children and young people with mental health issues is fundamental to the success of the initiative.

The NSW School-Link Initiative will be strengthened locally through actively promoting School-Link as a specialist mental health service by:

- incorporating the work of School-Link as part of core CAMHS business;
- including School-Link Coordinators in local mental health service development and planning;
- supporting the participation of School-Link Coordinators in professional development activities relevant to their role, including professional development in lived experience narratives; and

Figure 2 - School-Link communication pathways



- ensuring School-Link Coordinators have a good understanding of the relevant DEC policies, structures, practices and the ethos of schools and their systems.

The development of a comprehensive induction package for School-Link Coordinators at the statewide level will provide additional support for both School-Link Coordinators and their managers. The package coupled with the NSW CAMHS Competencies Framework and supporting tools will assist to further develop the knowledge and skills of the workforce and enhance service provision. Implementing culturally safe practice is a core component of working effectively with children, young people and their families and an essential element of a School-Link Coordinator's professional development.

School-Link forums and communication involving DEC and Health partners will facilitate evidence-informed progression of the Initiative through the dissemination of research, resources, information on best practice and contemporary policy directions.

References

Sawyer, M. G., Arney, F. M. and Baghurst, P. A. 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.

Durlak, J.A. (1998). Primary prevention mental health programs for children and adolescents are effective. *Journal of Mental Health*, 7, 463-469.







Strategy and Action Plan

Aim 1: Early identification of mental health issues

OBJECTIVES

ACTIVITIES

Local Health		Local DEC	State Partnership
1.1 Children and young people experiencing mental health issues are identified early by schools and TAFEs and referred for specialist mental health care within primary health care, private and public mental health settings.	1.1.1 Provide expert mental health advice to schools who are seeking to implement evidence-informed mental health awareness campaigns and resources, such as, beyondblue Fact Sheets or ReachOut resources.	Support and/or disseminate and display evidence-informed mental health information in schools e.g. pamphlets and posters.	Support School-Link Coordinators to identify organisations and resources which provide evidence-informed information about mental health issues, resilience and recovery in children and young people. Develop strategic partnerships with organisations, such as headspace to facilitate the provision of evidence-informed information.
1.1.2 Deliver specialist mental health psychoeducation using recovery and resilience oriented language for teachers and other relevant non-clinical school and TAFE staff on identifying and responding to mental health issues in children and young people. This should include information about family and carer needs and support available to them. This may include the use of a standardised presentation and involve young people with lived experience through programs such as The Black Dog Institute's Insight program.	1.1.2 Deliver specialist mental health psychoeducation using recovery and resilience oriented language for teachers and other relevant non-clinical school and TAFE staff on identifying and responding to mental health issues in children and young people. This should include information about family and carer needs and support available to them. This may include the use of a standardised presentation and involve young people with lived experience through programs such as The Black Dog Institute's Insight program.	Support, promote and deliver (where appropriate) psychoeducation activities for teachers and other relevant school and TAFE staff e.g. allocating staff meeting time or professional development days for staff to attend mental health professional development.	Develop a standardised package for school non-clinical staff (including evaluation tools) on identifying and responding to mental health issues in children and young people that may be used by School-Link Coordinators, School and TAFE Counsellors.

Aim 1: Early identification of mental health issues

OBJECTIVES

1.2 Prioritise the identification of children and young people experiencing developmental transitions and target problems that are likely to persist without intervention and where evidence-informed early intervention programs are available, for example, anxiety disorders and disruptive behaviour disorders.

1.2.1 Prioritise the identification of children and young people experiencing transitions (e.g. developmental, contextual or environmental) and target problems that are likely to persist without intervention and where evidence-informed early intervention programs are available, for example, anxiety disorders and disruptive behaviour disorders.

ACTIVITIES

Local Health

Support early identification of emerging mental health issues and targeted interventions which require collaborative intervention across settings, such as the disruptive behaviour disorders.

Local DEC

Support early identification of emerging mental health issues and targeted interventions which require collaborative intervention across settings, such as the disruptive behaviour disorders.

State Partnership

Promote programs and interventions with best-available evidence base, for example, the pilot Getting on Track in Time - Got It! program.

Aim 2: Provide access to evidence-informed mental health early intervention programs in schools and TAFEs

2.1 Children and young people have access to evidence-informed targeted early intervention programs.

2.1.1 Support schools and TAFEs to comprehensively implement statewide postvention guidelines following the suicide or attempted suicide of a member of the school/TAFE community.

Locally implement statewide postvention guidelines following the suicide of a member of the school/TAFE community.

Develop and review statewide DEC postvention guidelines and formalise CAMHS, DEC and key partner roles and responsibilities in postvention responses.

Aim 2: Provide access to evidence-informed mental health early intervention programs in schools and TAFEs continued

OBJECTIVES

ACTIVITIES

	Local Health	Local DEC	State Partnership
2.1 Continued - Children and young people have access to evidence-informed targeted early intervention programs.	2.1.2 Disseminate current research to schools, TAFEs and CAMHS staff on evidence informed prevention and early intervention programs including links to research symposiums and relevant events when available.	Encourage consultation with the School-link Coordinator when embarking on school or TAFE based mental health prevention and intervention programs.	Disseminate current research to School-link Coordinators and CAMHS managers on evidence-based prevention and early intervention programs including links to research symposiums and relevant events when available.
2.1.3 Facilitate access to expert advice when asked by school/TAFE re mental health prevention and intervention programs.			
2.1.4 Deliver school-based evidence-informed early intervention programs prioritised for statewide rollout in partnership with DEC.		Support local implementation of evidence-informed early intervention programs.	Identification of evidence-based programs, identification of resources required and assistance with local implementation.
2.2 The workforce delivering specialist mental health programs and services in schools and TAFEs is competent and supported.	2.2.1 Ensure all School-Link staff have completed the School-Link DVD training program and the Mental Health Professional Online Development (MH-POD), including modules on recovery, recovery-based practice and carer participation.	Continue to endorse completion of DVD modules for DEC counsellors.	Ensure supply of the School-Link Training DVD program or future equivalent/s.
2.2.2 Facilitate access of relevant staff (Health and DEC) to evidence-informed programs identified for implementation, e.g. FRIENDS Program Training.		Facilitate access of relevant staff (Health and DEC) to evidence-informed programs identified for implementation e.g. FRIENDS Program Training.	Identify and support training needs where evidence-informed programs are identified for implementation e.g. FRIENDS Program Training.

Aim 2: Provide access to evidence-informed mental health early intervention programs in schools and TAFEs continued

OBJECTIVES

ACTIVITIES

	Local Health	Local DEC	State Partnership
2.2 Continued - The workforce delivering specialist mental health programs and services in schools and TAFEs is competent and supported.	2.2.3 Provide a comprehensive induction for School-Link Coordinators at the local level.	Orient and update as required, School-Link Coordinators to DEC staff, systems and processes.	Develop a comprehensive induction package for School-Link Coordinators.

Aim 3: Early access to specialist mental health services

3.1 Children and young people experiencing mental health issues, and their families, are informed of the range of treatment options available, and are supported to choose the option that best suits their needs, including access to specialist mental health services when required.	3.1.1 Facilitate and map local partnerships with relevant primary health, private and other public providers to promote referral pathways, ease of access and minimise risk of loss to follow-up, maintaining currency of contact information. This should include culturally specific services and Aboriginal Services such as Aboriginal Medical Services and Aboriginal Child and Family Centres.	Ensure dissemination of referral map and contact information.	Develop a Pathways and Transitions Guide in consultation with consumers and carers to assist in smooth referral pathways between DEC and mental health service providers.
3.1.2 Provide timely, specialist mental health consultation to schools and TAFEs regarding referral of students experiencing complex mental health issues.	Encourage consultation with School-Link Coordinator or local CAMHS team as appropriate, when referring students with complex mental health issues.		Develop a statewide picture of how School-Link is assisting early access to specialist mental health services for children and young people.

Aim 3: Early access to specialist mental health services continued

OBJECTIVES

ACTIVITIES

	Local Health	Local DEC	State Partnership
3.1 Continued - Children and young people experiencing mental health issues, and their families, are informed of the range of treatment options available, and are supported to choose the option that best suits their needs, including access to specialist mental health services when required.	3.1.3 Provide timely, specialist consultation to school and TAFE's regarding the management of students experiencing complex mental health issues in Educational settings. Facilitate collaborative care and recovery planning with the student, their family and school/TAFE staff where appropriate.	Encourage consultation with School-Link Coordinator when assisting student to manage complex mental health issues in school and TAFE settings.	

Aim 4: Support for the recovery journey

OBJECTIVES

ACTIVITIES

	Local Health	Local DEC	State Partnership
4.1 Children and young people experiencing mental health issues have access to holistic, person centred care.	4.1.1 Provide clinical services and training which focus on holistic care of children, young people and their families in the context of biopsychosocial, cultural and environmental needs. In the context of working with Aboriginal children and young people, training should recognise the family structure may be different when working with this population.	Support and promote training which focuses on holistic care of children, young people and their families in the context of biopsychosocial, cultural and environmental needs. In the context of working with Aboriginal children and young people, training should recognise the family structure may be different when working with this population.	Disseminate information on available evidence informed training which focuses on holistic care of children, young people and their families in the context of biopsychosocial, cultural and environmental needs. In the context of working with Aboriginal children and young people, training should recognise the family structure may be different when working with this population.
	4.1.2 Facilitate referrals for children and young people with mental health issues to other relevant services to address broader needs such as employment, accommodation, physical health and social and community engagement.	Facilitate referrals for children and young people with mental health issues to other relevant services to address broader needs such as employment, accommodation, physical health and social and community engagement.	Statewide guidance will reflect a holistic and integrated approach to the care of children and young people with mental health issues and their families/carers, and recognise and embrace the possibilities for recovery and wellbeing created by their inherent strength and capacity.
	4.1.3 Facilitate referrals for children and young people with mental health issues to relevant agencies that provide culturally safe services, including Transcultural Mental Health Services and Aboriginal services such as Aboriginal Medical Services and Aboriginal Child and Family Centres.	Facilitate referrals for children and young people with mental health issues to relevant agencies that provide culturally safe services, including Transcultural Mental Health Services and Aboriginal services such as Aboriginal Medical Services and Aboriginal Child and Family Centres.	Statewide guidance will promote cultural safety for children and young people with mental health issues and their families/carers. Work in partnership with key stakeholders such as the Transcultural Mental Health Centre and the Aboriginal Health & Medical Research Centre.

Aim 4: Support for the recovery journey

OBJECTIVES

ACTIVITIES

	Local Health	Local DEC	State Partnership
4.2 Children and young people experiencing mental health issues are supported to participate in education, the community and other meaningful life roles.	4.2.1 Facilitate collaborative care planning with the student, family and relevant staff which support integrated care and optimum engagement in and mastery of developmentally appropriate activities, such as; education, sport, social and community participation.	Participate in collaborative care planning with the student, family and relevant staff which support integrated care and optimum engagement in and mastery of developmentally appropriate activities, such as; education, sport, social and community.	
4.3 Children and young people experiencing mental health issues have access to specialist support during times of transition.	4.3.1 In partnership with other specialist mental health service staff, act as a specialist resource to support transitions for the child or young person between educational and health settings (inpatient, day patient) ensuring clear delineation of roles within the mental health service. The development of return to school plans need to balance health and educational needs of students.	Seek the support of the School-Link Coordinator to develop local procedures and resources to facilitate the smooth reintegration back to Education of children and young people who have experienced a severe mental health episode.	Develop guidelines to assist schools in transitioning students who have experienced a severe mental health episode back to Education settings.

Appendix A – School-Link Evidence Check 2011 Summary

The School-Link Evidence Check, (Christensen et al. 2011), completed by the Sax Institute describes recommended evidence informed prevention programs for school settings and the optimal age of program delivery. In addition, the Check reviews collaborative care models through which these school based programs may be delivered.

Prevention programs

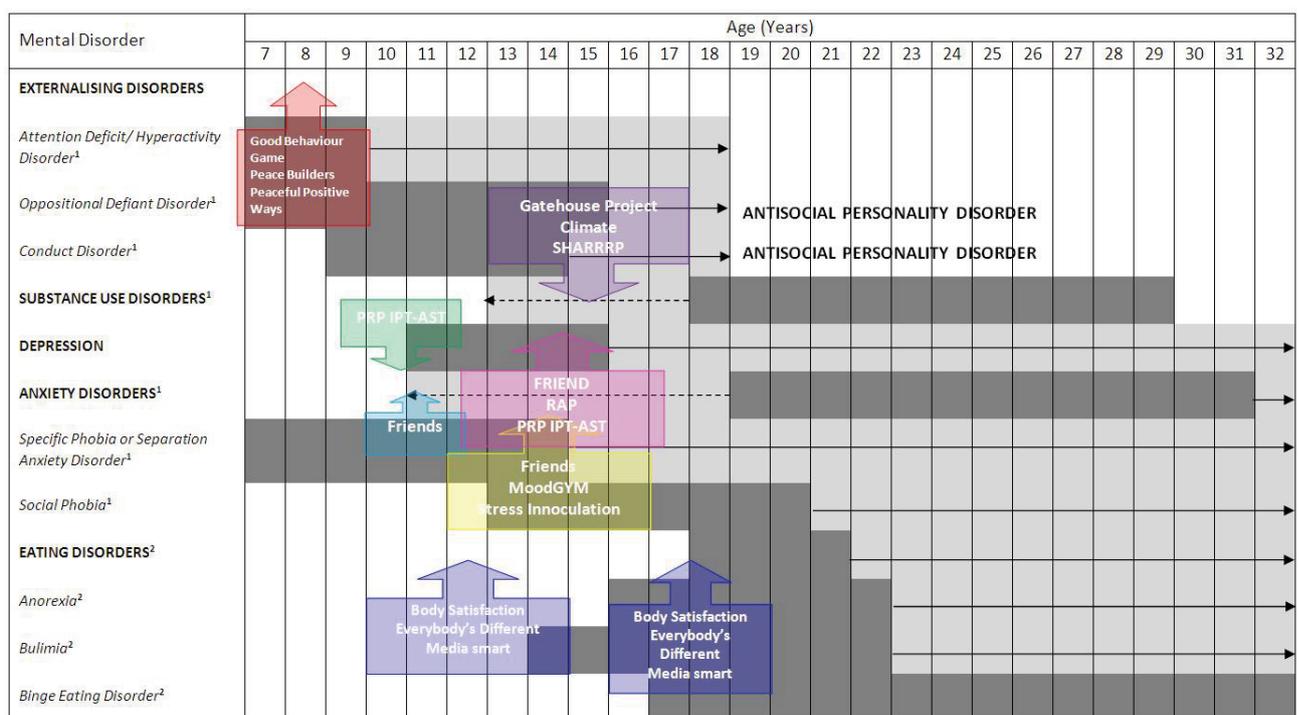
The Sax Institute findings suggest that there are effective prevention programs that can be introduced into schools to prevent the onset of mental disorders. The report identifies that these programs can be offered to prevent externalising disorders (such as Attention Deficit Hyperactivity Disorder, Conduct Disorder and Oppositional Defiant Disorder), substance abuse, depression, anxiety, social phobia and eating disorders.

Figure 1 below provides a summary of recommended programs and the age at which they have been found to be effective.

Shared Care Collaborative Models

The report identified a range of programs that included a component aimed at assisting young people in need of clinical mental health services. At this stage, the findings have been very limited on the success of these programs in reducing mental ill health in those at risk of a disorder.

Figure 1: Recommended programs and optimal point of delivery



Data from Hudson, Hiripi, Pope, & Kessler, 2007; Kessler, Berglund, Delmer, Jin, et al., 2005; Kovacs, Obroksy, Gatonis, & Richards, 1997; Lewinsohn, Clarke, Seely, Rhode, 1994 Median Range 2 Interquartile Range

Appendix B – School-Link Strategic Review 2012 Summary of Recommendations

PricewaterhouseCoopers (PwC) conducted a School-Link Strategic Review (PwC, 2012) for the NSW School-Link Management Committee. Broad stakeholder consultation was undertaken across Health, DEC and the community managed sector.

The Management Committee supported the following summarised recommendations and incorporated these into the 2014-2017 NSW School-Link Strategy and Action Plan:

- Review School-Link governance structures
- Clarify the role of School-Link in the context of the current NSW Government priorities
- Develop a Strategic Plan which articulates the aims and objectives of School-Link and describes communication pathways
- Use consistent language in describing the activities of School-Link such as prevention and early intervention
- Explore the need to provide support for the early years and population transitioning
- Develop and translate School-Link evidence summaries into practice
- Establish relevant measures of success
- Routinely conduct basic program reporting
- Maintain the current platform of collaboration and explore opportunities for further linkages

Within the new School-Link governance structure, time limited working groups will complete discreet pieces of work for the Initiative. These groups will cover further recommendations made in the Review related to:

- The development of statewide guidance, tools and resources
- Workforce development

References

Christensen, H., Calear, A., Tait, R., Gosling, J., Griffiths, K., Murray, K. School based intervention programs and shared care collaborative models targeting the prevention of or early intervention in child and adolescent mental health problems: An *Evidence Check* rapid review brokered by the Sax Institute for the NSW Ministry of Health, 2011.

(<http://www.saxinstitute.org.au/contentUploadedByEWeb/Files/Adolescent%20Mental%20Health%20Report.pdf>)

Price Waterhouse Coopers (2002) *Strategic Review of the NSW School-Link Initiative*. Review conducted by pwc for the NSW Ministry of Health.

