

# INQUIRY INTO PREVENTION OF YOUTH SUICIDE IN NEW SOUTH WALES

## SUPPLEMENTARY QUESTIONS

### QUESTION 1

The NSW Mental Health Commission notes in its submission to this inquiry that there is currently no state-wide postvention program following the suicide of a student. Given that clusters of deaths are more common in young people, what is the role of the Department of Education following the death of a student or an attempted suicide?

### ANSWER

Research on suicidal behaviour in young people has shown that exposure to suicide can trigger suicidal behaviours in others. The Department of Education works closely with schools and key agencies to support postvention responses and guidance for schools as they respond to student suicide or attempted suicide. The department's procedures and strategies ensure rapid response and support to schools following suicide or suicide attempts that address the impact on the school community and are aimed at reducing the likelihood of suicide contagion.

In 2015, the department of Education's Health and Safety, Legal Services, Learning and Wellbeing, and Communications and Engagement (Media Unit) Directorates, in collaboration with the NSW Ministry of Health (NSW Health) and headspace, released the resource *Responding to Student Suicide - Support Guidelines for Schools*. These departmental directorates and agencies work together with schools when there has been a suicide attempt or suicide of a student. This enables a comprehensive and timely response and facilitates wrap-around support for the entire school community.

Since late 2015, the department has been providing professional learning seminars for school leaders on strategies to prevent and respond to youth suicide including implementation of the Guidelines. These seminars have been established to equip school leaders and other key departmental staff with an understanding of self-harm, attempted suicide, suicide, and suicide contagion, and the supports available for them and their school communities should this occur. To date these seminars have been held in Ryde, Wollongong, Coffs Harbour, Dubbo, Wagga Wagga Bankstown and Newcastle. Representatives from headspace School Support, NSW Health's School Link and CAMHS, as well as other external experts in mental health, self-harm and suicide prevention have played an integral and important role in these seminars. To date, 733 school leaders have attended the seminars.

All public schools in NSW are required to have emergency management plans. In the event of an emergency, including suicide, attempted suicide and/or self-harm, schools will implement a coordinated response in line with their emergency management plan. The department's *Responding to Student Suicide - Support Guidelines for Schools* provides guidance for schools in responding to and recovering from suicide.

Although schools already have access to the *Responding to Student Suicide - Support Guidelines for Schools*, in the event of a suicide in a school, a copy of the Guidelines is provided to the principal. The relevant Director, Public Schools NSW, is notified as are staff in other areas of the department who provide support to schools including Learning and Wellbeing, Legal Services, School Services and the Media Unit. This notification process facilitates coordinated support for the school.

Where there has been a suicide, schools and in particular school counselling staff, all of whom are qualified in psychology, identify, assess, support and refer students identified at risk as part of their postvention response. The school counselling service assists a school's emergency management team in the postvention response to a student's death by suicide and is crucial in managing the psychological support response. School counselling support is tailored to the school's needs and is planned with the principal and emergency management team.

The Senior Psychologist Education works with local school counsellors and school psychologists who are mobilised to attend the school and provide assistance and additional support as needed. The school counselling service also provides support and advice to the school community on the psychological aspects of a response, including strategies to minimise contagion.

As part of the postvention response, schools work closely with their school community including parents. Communication materials have been developed to support schools in informing parents and students about the suicide of a student. This information includes information aimed at increasing help seeking, supporting a friend in need, and tips for parents to support their child. Where the need for additional support is identified, senior counselling staff coordinates a rapid response and also work in partnership with other agencies including NSW Health (for example CAMHS) and headspace.

In addition to the local partnerships with government and non-government agencies, the Department of Education, NSW Health, and headspace School Support have an agreed process to notify each other when advised of a student suicide. This process alerts specialist staff from each agency, for example CAMHS teams to a potential increase in risk to vulnerable children and young people in the community and the possibility of increased demand for services. It also facilitates headspace School Support in reaching out to the principal to offer support in developing and implementing the postvention response.

A recent example of cross agency collaboration as part of a postvention response included:

- cross-agency planning meetings
- co-facilitation of parent information sessions
- co-facilitation of teacher information sessions
- increased availability of counselling services
- collaborative case coordination and case plans for students identified at risk
- facilitation of gatekeeper training

headspace School Support also works with the school counselling service, school executive and school emergency management teams in postvention planning workshops to prepare schools, should there be a death of a student by suicide.

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#### QUESTION 2

The NSW Mental Health Commission submission also says that NSW should consider developing guidelines for school principals similar to the Victorian Department of Education's *Guidelines to assist in responding to the attempted suicide or suicide of a student*. We understand from the NSW Government submission that NSW already has guidelines called *Responding to Student Suicide - Support Guidelines for Schools*. Could you provide us with a copy of the guidelines?

#### ANSWER

In 2015 the NSW Department of Education developed and distributed guidelines to support schools in responding to suicide or suicide attempts. A copy of these guidelines, *Responding to Student Suicide - Support Guidelines for Schools* is attached. They were developed in consultation with NSW Health, headspace School Support and principals from schools that had been impacted by the suicide of a student.

The guidelines are published on the department's intranet site and following the suicide of a student, or suicide attempt a copy is forwarded to the relevant principal for guidance during a challenging time for the school community. Professional development seminars have been provided for school leaders across the state to support implementation of the guidelines and their localised postvention responses.

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#### QUESTION 3

How often are the NSW guidelines *Responding to Student Suicide - Support Guidelines for Schools* complied with by schools following a suicide or suicide attempt? Who monitors compliance with the guidelines?

#### ANSWER

Schools are required to report every incident of suicide, suicide attempt and self-harm to the Department of Education's Health and Safety Directorate. Following the notification of a suicide or suicide attempt, schools are forwarded a copy of the document, *Responding to Student Suicide - Support Guidelines for Schools*. This resource is also published on the department's intranet and is easily accessible for schools.

Each incident requires a tailored response and the local Director, Public Schools NSW, works with the principal and school executive to support the response, including implementing the guidelines. The relevant Senior Psychologist Education also works with the school, the local counselling team and other agencies including headspace School Support and NSW Health to implement postvention plans and support.

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### QUESTION 4

The 2016 Orygen report *Looking the Other Way: Young People and Self-Harm* observes that a high percentage of young people who self-harm never seek help. That report also notes that there is a need to develop evidence-based guidelines and fund programs which support schools to respond effectively to young people who are self-harming. What policies and procedures are currently in place if a teacher or school learns that a student is self-harming?

### ANSWER

The Department of Education's *Incident Notification and Response Policy* includes self-harm. The policy outlines the role of the principal and employees including coordinating support for students and staff. Key personnel that support schools respond to incidents of self-harm are members of the school counselling service and the school's learning and support team.

The department has in place specific post incident support services which support staff responding to traumatic incidents. This service is activated immediately when a report is received of an attempt or student suicide.

In addition, in NSW, the Mandatory Reporter Guide for child protection concerns also has a decision tree titled *Child/Young Person is a danger to self and/or others*. This decision tree provides guidance for mandatory reporters in making decisions about appropriate actions and supports, including for self-harming behaviours.

In 2016, the department partnered with University of Wollongong and NSW Health for an initiative called Project Air for Schools. Project Air for Schools, is a 4 hour registered professional learning package to increase the capacity of school staff to implement evidence informed responses to young people with complex mental health issues including responding to suicidal behaviours and self-harm. The resource materials include information to guide schools in responding to young people who are self-harming. The department has trained more than 100 school counselling staff to deliver the registered course across NSW.

In 2017, the department introduced Youth Aware of Mental Health in partnership with the Black Dog Institute. This is an evidence based mental health and suicide prevention program specifically for young people, aged 14-16 years. One of the aims and outcomes of this program is increased help-seeking by young people. Sixteen positions have been specifically established to implement this program in government high schools across NSW.

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### QUESTION 5

The NSW Government submission refers to School-Link, a Departmental program which aims to ensure the early identification of mental health issues for children and young people and the provision of services to these students. Could you please describe how this program works? How many School-Link coordinators exist in NSW and how many are funded?

### ANSWER

School-Link is a long standing partnership between the NSW Ministry of Health and the Department of Education and provides an effective platform for collaboration where mental health professionals and education staff work together. A Memorandum of Understanding between the NSW Department of Education and the NSW Ministry of Health (NSW Health) and the *NSW School-Link Strategy and Action Plan 2014-2017* guides this work.

At the state-level, the *Health and Education CAMHS Steering Committee* comprises senior staff from Health and Education, carer and consumer representatives. This committee oversees the state-wide partnership initiatives and identifies key projects and areas of focus.

At the local level, School Link Coordinators work with school staff within each Local Health District to strengthen the early identification of mental health issues for children and young people and assist with referral pathways and access to mental health services for students with complex mental health issues.

School-Link Coordinators are employees of the Local Health Districts. In terms of number of School-Link Coordinators state-wide, that information is best provided by NSW Health as the issue of funding School-Link Coordinators falls within the portfolio responsibilities of NSW Health.

An example of how School-Link is operationalised is outlined below.

The *Health and Education CAMHS Steering Committee* has prioritised the importance of early identification of mental health issues, capacity building of school staff and access to evidence-informed mental health early intervention programs in schools. The Department of Education and NSW Health partnered with University of Wollongong for the Project Air for Schools initiative. This project, informed by current research has developed and disseminated new resources through face-to-face training and online access, to assist school staff to identify, support and refer school students with complex mental health problems including self-harm, suicidal behaviours and emerging personality disorder.

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### QUESTION 6

How do schools work with local service providers and families to support students? What are the opportunities for improvement?

### ANSWER

Every NSW public school has a learning and support team. Learning and support teams play a key role in ensuring that the specific needs of students with additional learning and support needs are met. Learning and support team composition may vary and are comprised of members according to the individual needs of the student. An important role for the learning and support team is to develop strong and collaborative partnerships with parents, carers and other professionals to support students' learning and support needs, including mental health issues.

All NSW public schools have access to the school counselling service. School counselling staff work closely with local service providers and families. The school counselling service provides support to students and families for a range of mental health, wellbeing and psychological needs. Students may refer themselves to a school counselling staff member or seek an interview at the suggestion of a teacher, parent or carer.

School counselling staff are active participants in each school's learning and support team, and collaboratively monitor, review and refer students for additional supports. They liaise with external agencies to facilitate coordinated supports for students in schools.

All school counselling staff are qualified in psychology. They are able to assess, support and intervene with students presenting with mental health problems including those students who may be at risk of suicide or self-harm.

A student or young person's mental health needs may require support additional to the expertise of school based personnel. In such cases, the expertise of non school-based personnel, such as networked specialist centre facilitators and school services teams, as well as external agencies and service providers can be sought.

Examples of how schools have drawn in local service providers are outlined below.

- Got-IT is a specialist mental health early intervention service for children in Kindergarten to Year 2 who display emerging conduct problems. A Got-It Steering committee with local Education and Health representatives typically oversee the implementation in a local area. The program includes screening for child conduct problems, specialist assessment referrals and a 10 week targeted clinical program for children with identified problems and their parents/carers.
- Collaboration between the School Link Coordinator and Networked Specialist Centre Facilitator identified a need to strengthen the partnership between Education and Hunter New England Health.

An Education/CAHMS executive network group was established in 2017 to enhance support for students with complex mental health needs in the Newcastle Hunter area. A professional learning opportunity was recently provided and attended by 200 health and education professionals. This was an opportunity to enhance collaborative care planning, networking and information sharing. This ongoing partnership will continue to explore further opportunities for improvement in service provision.

- Coordination of care for young people experiencing mental health problems is an important suicide prevention strategy. The transition from Nexus adolescent mental health inpatient unit to schools was identified as an area requiring enhanced coordination. Following a review of processes in 2016, new communication systems and information sharing protocols were established in 2017. These changes have been supported by professional learning in understanding adolescent distress, self-harm and suicidal behaviours as well as training in collaborative care and safety planning. Feedback from Health and Education has indicated the new communication systems and processes have resulted in more timely and coordinated support for families and students.
- High school year advisors play a vital role in communicating with parents and carers, other teaching staff and mental health professionals about the wellbeing of students.

The Black Dog Institute is partnering with past and current year advisors to establish an advisory group to develop an evidence-based mental health professional learning package for high school teachers. This package will enhance the knowledge and capacity of year advisors to promote positive mental health, resilience and help seeking behaviours in students.



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### QUESTION 7

Everymind's submission recommended that the fundamentals of mental health promotion be included in pre-service teacher education. What training is currently provided to teachers at the pre-service and in-service stages?

### ANSWER

#### **Training for pre-service teachers**

Training in mental health promotion is currently provided to graduates of primary teacher education programs and secondary Personal Development, Health and Physical Education (PDHPE) programs.

One of the NSW Education Standards Authority's (NESA) requirements for NSW initial teacher education programs to be accredited is the explicit preparation of graduates to teach NESA syllabuses.

The current K-Year 6 PDHPE syllabus is based on a broad notion of health that encompasses all aspects of an individual's wellbeing, inclusive of social, mental, physical and spiritual health. The current Years 7-10 PDHPE syllabus addresses the background to and strategies for supporting student wellbeing including mental health promotion. A new draft K-Year 10 PDHPE syllabus, in consultation phase, aims to further strengthen this approach and includes mental health and wellbeing as one of the contemporary health and physical activity concepts through which the syllabus content can be taught.

NSW initial teacher education programs are also required by NESA to include a dedicated unit of special education study. Severe student mental health issues and strategies for dealing with them can be addressed within this unit.

#### **Training for practising teachers**

Practising teachers in schools are able to access a wide range of professional development courses and programs that focus on student wellbeing and mental health. One of NESA's requirements for accredited teachers maintaining their accreditation is to undertake at least 100 hours of professional development over each five year period. NESA has accredited a large number of providers and courses and programs designed to support teachers to meet student wellbeing needs

The Department of Education's Resource Allocation Model gives principals greater flexibility to support local decision making about how to implement local initiatives and professional learning to meet the wellbeing needs of students in their schools.

The department has devoted considerable planning and resources to support schools to broaden their focus to support the development of the whole child, and in 2015 released the Wellbeing Framework for Schools for implementation in all government schools across NSW. The Framework is prosocial and strengths based and assists schools in their work as they support students to be strong, confident and achieving contributors to their school and community.

All public schools in NSW are required to have a planned approach to wellbeing. In 2017 a wellbeing self-assessment tool and professional learning package was provided to assist schools assess current wellbeing approaches, and identify areas for future growth.

Examples of registered professional learning for teachers developed by the Department of Education supporting mental health include:

- *Project Air for Schools*, a 4 hour registered professional learning package and resources to increase the capacity of school staff to implement evidence informed responses to young people with complex mental health issues including responding to self-harm.
- *Teaching Students who have Experienced Trauma*, a 150 minute registered professional learning program delivered by the school counselling service. It increases knowledge and understanding of the impact of trauma on brain development, a student's ability to learn, capacity to regulate their emotions, their attachment to others and their ability to develop relationships

In addition, the department has partnered with the University of Melbourne to provide scholarships for school leaders and school counselling staff to complete the *Professional Certificate in Positive Education*. This course provides a foundation in the science of positive psychology and its application in education settings. The course promotes learning environments that mobilise individual strengths and enhance student wellbeing and performance. Participants have acknowledged the quality of this training.

Examples of external mental health initiatives that support training for teachers include:

- *MindMatters*, a mental health initiative for secondary school students that provides structure, guidance and support while enabling schools to build mental health strategies to suit their unique circumstances.
- *KidsMatter*, an Australian mental health and wellbeing initiative delivered in primary schools and early childhood education and care services
- *Youth Mental Health First Aid* course. This training gives participants (for example, school teaching staff) skills and knowledge to recognise the early signs of mental illnesses affecting young people and to assist in supporting and directing them to appropriate care.