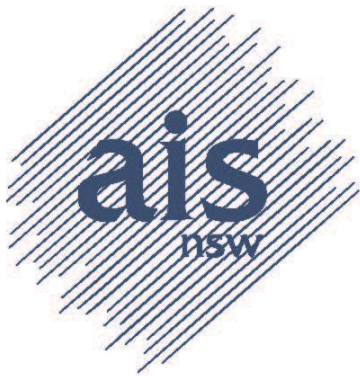


PREVENTION OF YOUTH SUICIDE IN NEW SOUTH WALES

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Date Received: 31 August 2017



Submission from the Association of Independent Schools of NSW

Inquiry into the prevention of youth suicide

31 August 2017

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Inquiry into the prevention of youth suicide

Submission from the Association of Independent Schools of New South
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This submission has been prepared by the Association of Independent Schools of NSW (AISNSW) in
its role as the peak body representing the diverse range of independent schools in New South Wales.

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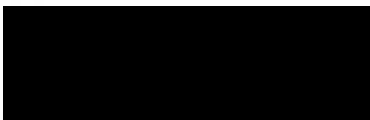
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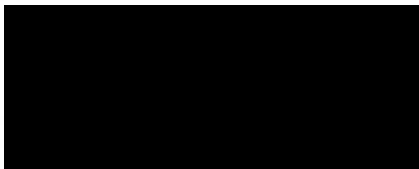
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The AIS will be pleased to elaborate on any aspects of this submission as required.

Yours sincerely,



Mr Michael Carr

Acting Chief Executive

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Introduction

The AISNSW is the peak body representing the independent schools sector in this State. The AISNSW represents more than 478 schools and campuses, enrolling more than 195,000 students and accounting for some 16% of NSW school enrolments.

The AISNSW acknowledges that suicide is the leading cause of death for school-aged children, and welcomes that the Committee on Children and Young People is undertaking an inquiry into the prevention of youth suicide. Independent schools work on an ongoing basis to support student wellbeing, and the AISNSW has a role in assisting schools implement evidence-based strategies and practices.

Independent schools are a diverse group of non-government schools serving a wide range of communities throughout NSW. Many independent schools are small with almost half enrolling fewer than 200 students, and approximately one-third enrolling fewer than 100 students.

Many independent schools provide a religious or values-based education. Others promote a particular educational philosophy or interpretation of mainstream education. Independent schools include:

- Schools affiliated with Christian denominations, such as Anglican, Catholic, Greek Orthodox, Lutheran, Presbyterian, Seventh-day Adventist and Uniting Church schools
- Non-denominational Christian schools
- Islamic schools
- Jewish schools
- Montessori schools
- Rudolf Steiner schools
- Schools constituted under specific Acts of Parliament, such as Grammar schools
- Community schools
- Schools that specialise in meeting the needs of students with disabilities and students at risk.

Independent schools are not-for-profit institutions founded by religious or other groups in the community and are registered with the regulatory authority, the NSW Education Standards Authority

(NESA). Most independent schools are set up and governed independently on an individual school basis. However, some independent schools with common aims and educational philosophies are governed and administered as systems, for example those within the Anglican Schools Corporation and Seventh-day Adventist systems.

Care for the health and wellbeing of students is a core priority for independent schools, which will have in place a range of support services for students and families to address mental health and youth suicide. These services may include on-staff counsellors and connections to health professionals, pastoral care strategies and school-based connections to external organisations such as *headspace*. The approach taken by schools will be developed with a view to the particular context of that school, informed by the philosophy of the school, the expectations of parents, and the needs of students.

As a requirement of registration with NESA, independent schools have in place policies and procedures to provide for the mental, physical and emotional wellbeing of students. In addition, the curriculum developed by NESA has mandatory content areas where schools can explore issues relating to mental health and wellbeing. This content is present in the Personal Development, Health and Physical Education (PDHPE) K-6 syllabus, the PDHPE 7-10 syllabus, the PDHPE Stage 6 syllabus, and the Community and Family Studies Stage 6 syllabus. Rather than focusing solely on 'Suicide Prevention' programs, this submission will also address those programs and processes in place within schools which more broadly address student wellbeing and mental health.

The AISNSW works in collaboration with independent schools to assist in addressing the needs of students whom may require additional planning, support and adjustments arising from:

- disability;
- additional learning support academic/curriculum;
- additional learning support for behaviour/social emotional development;
- mental health concerns;
- gender identity and gender expression;
- English as an additional language/dialect;
- or a combination of the above.

The AISNSW provides support to assist schools to apply their legal responsibilities as educators as outlined in the *Disability Standards for Education 2005*. Support includes a responsive component that involves assisting with attendance matters, undertaking risk assessments for vulnerable students and supporting schools in response to student suicide. More proactive support is focused on supporting schools with the establishment of sound whole-school processes that are underpinned by evidence-based practices to meet the individual needs of students.

The AISNSW also provides professional learning and advice to schools around student wellbeing, including fostering whole-school wellbeing practices, student wellbeing frameworks, and developing wellbeing programs.

Independent schools and the AISNSW do not have a role in relation to all of the Committee's Terms of Reference for this Inquiry. For that reason, not all Terms of Reference have been addressed in this submission.

A. Any gaps in the coordination and integration of suicide prevention activities and programs across all levels of government

In a school context, it is essential that:

- the external mental health support and suicide prevention activities and programs which may be accessed by schools are of a high-quality; and
- there is capacity within schools to implement evidence-based and rigorous processes to support student wellbeing (such as through delivery of the curriculum or as part of pastoral care and student wellbeing processes).

While there are a range of entities which operate in the areas of youth mental health, wellbeing and suicide prevention, there appears to be limited coordination around the implementation of suicide prevention activities, programs and support for schools. Feedback from schools has indicated that the quality of advice and support provided by external organisations to schools as part of suicide prevention programs can be varied both in quality and in whether the program is evidence-based.

Schools currently have limited ability to know with confidence that an external presenter or speaker is operating according to best-practice. An ongoing concern raised with the AISNSW relates to lived-experience speakers, and the level of support and guidance provided to schools to appropriately prepare and support their students before, during and after such visits. There is currently limited understanding within schools as to the appropriateness of such visits in the context of the current evidence-base.

In addition, while there exists a range of suggested educational adjustments to support students at risk, these adjustments vary in their specificity and are not accompanied by a structured process for implementation and fidelity monitoring.

The AISNSW would welcome the development of additional resources to support schools implement evidence-based processes, so as to guide schools in the selection of external providers of activities or programs.

Schools are an important part of the support network which young people will turn to, and play a key role in developing students' awareness of their wellbeing. Research indicates the best-practice for the delivery of sensitive and controversial topics in schools is by a teacher who knows the students and the school context, as well as a body of evidence supporting positive relationships, connectedness and a sense of belonging as key factors in increasing student wellbeing and the prevention of mental health issues. The stigma and nature of suicide can prevent some teachers and schools providing education themselves in this area, instead accessing external providers, whose effectiveness and quality differs enormously. It is important that schools and organisations like the AISNSW have access to the latest research, information and best practice in relation to suicide prevention and student/teacher education in order to best support students.

The AISNSW supports all teachers being effectively trained on issues relating to student wellbeing and mental health. Accredited Initial Teacher Education Programs should have processes in place so that graduate teachers are able to support students' wellbeing, and the *Australian Professional Standards for Teachers* includes standards relating to the creation of supportive and safe learning environments.

It is important that all teachers are able to update and strengthen their knowledge of the latest research and evidence around student wellbeing including youth suicide in order to effectively serve their students. It is critical that ongoing professional learning opportunities on these issues are developed collaboratively, and made available to all schools.

C. Provision of services in local communities, particularly in regional and rural areas

Access to ongoing specialist support for at-risk students remains limited in regional and rural areas.

Schools have reported to the AISNSW that wait times to access specialised support are often lengthy, and as a result, families may consider options available in metropolitan areas. The cost involved and travel required for regional and rural families to access specialist services in metropolitan areas is often prohibitive.

There are a number of organisations which provide resources which are available to schools and communities across NSW, including Mindframe, the Hunter Institute for Mental Health, and *headspace* School Support.

For schools in rural and regional areas, opportunities to collaborate across sectors are important.

Opportunities to access professional learning or specialist support may not be viable when demand is limited to a single school in a regional area, but can become possible when a number of schools work together. When a young person attempts to or takes their own life, the school and the broader school communities are impacted, and this is equally true in regional areas and rural areas.

G. Approaches taken by primary and secondary schools

Schools are able to access a range of tools to proactively address the prevention of youth suicide, including whole-school student wellbeing initiatives and the delivery of NESA syllabus content related to mental health and wellbeing (relevant sections of syllabus content at **Appendix A**). The exact approach taken by a school will vary according to the philosophy of the school, the expectations of parents, and the circumstances of the cohort they serve. Examples of some of the approaches taken by schools include the development of wellbeing scope and sequences, mental health first aid training for staff and students, collaboration with parents, and access to external resources and frameworks such as KidsMatter, MindMatters or *headspace* School Support.

The terminology 'suicide prevention' is usually not explicitly used in schools. Most work in this area within the curriculum or cross curriculum (for example in pastoral care/wellbeing programs), refers to mental health and/or student wellbeing which comes from a strengths-based rather than deficit approach.

The AISNSW supports school through a range of methods, including professional learning, conferences, and targeted in-school consultancies. AISNSW consultants run specific professional learning for schools to build awareness of the appropriate planning and adjustments required to support students with a range of mental health issues. Conferences are organised through the year to reach a wide-ranging audience of school staff. Broadly speaking, the conference themes focus on whole-school proactive student wellbeing initiatives, as well as evidence-based approaches to support schools respond to individual student matters.

The AISNSW, in partnership with *headspace* School Support, provides professional learning for Principals and school teams. A two day workshop supports school communities to prepare for, respond to and recover from student death by suicide through focusing on postvention planning and capacity building of staff. An optional follow-up school visit is offered to assist with finalising the postvention plan and the opportunity to engage in further professional learning for staff that may focus on a broad range of areas, including but not limited to identifying risks and warning signs, understanding suicide and/or self-care for staff. Further down the track, the AISNSW can also provide broad, proactive wellbeing and PDHPE support for schools.

The AISNSW also assists schools with undertaking appropriate planning processes for supporting vulnerable students. This is a collaborative process whereby issues relating to a student's ability to access and participate at school as well as other broader opportunities provided by a school are identified and adjustments to facilitate greater access and participation are determined. In the case of students with mental health diagnoses the collaborative planning process will often include supporting links with appropriate external professionals and undertaking appropriate risk assessment.

AISNSW and *headspace* School Support work collaboratively to assist schools in the event of student death by suicide. This support includes:

- liaison with school and other local schools;
- coordination of professional support services;
- support with design and implementation of risk assessments;
- associated school and individual student planning; and
- ongoing wellbeing initiatives.

H. Any other related matters

AISNSW has developed a process for supporting schools in response to a student death by suicide. The document at **Appendix B** outlines the processes enacted internally as well as detailing the access to external specialist support.

The AISNSW notes that, at a time when young people are particularly vulnerable in Years 11 and 12, there is no mandated curriculum content in NSW or delivery of consistent mental health information across all school sectors. Rather, this is left to the individual school or sector to support students and varies from context to context. Schools could benefit from additional guidance and assistance, consistent across all school sectors, to support students during this time.

Concluding Remarks

The AISNSW thanks the Committee for the opportunity to provide this submission. Schools play a critical role in the promotion of student wellbeing which incorporates the prevention of youth suicide, and postvention when required. School leaders and teachers want to have access to up to date and evidence-based resources. A coordinated approach to the provision of any programs and services in collaboration with education sectors is vital. It is important that the schooling sector be considered when developing strategies to address youth suicide, and that stakeholders be included and heard when such strategies are planned to ensure they are relevant to all sectors and schools.

Appendix A: NESA syllabuses: Relevant sections relating to mental health.

K-6 PDHPE

In K-6 PDHPE, the following topics and themes relating to mental health and wellbeing include:

- Interpersonal relationships
- Growth and development
- Safe living
- Personal health choices

7-10 PDHPE

The range of outcomes in the 7-10 PDHPE syllabus relating to mental health and wellbeing include:

- 4.2 identifies and selects strategies that enhance their ability to cope and feel supported
- 4.6 describes the nature of health and analyses how health issues may impact on young people
- 4.7 identifies the consequences of risk behaviours and describes strategies to minimise harm
- 4.8 describes how to access and assess health information, products and services
- 4.12 assesses risk and social influences and reflects on personal experience to make informed decisions
- 4.16 clarifies the source and nature of problems and draws on personal skills and support networks to resolve them
- 5.2 evaluates their capacity to reflect on and respond positively to challenges
- 5.6 analyses attitudes, behaviours and consequences related to health issues affecting young people
- 5.7 analyses influences on health decision making and develops strategies to promote health and safe behaviours
- 5.8 critically analyses health information, products and services to promote health
- 5.12 adapts and applies decision making processes and justifies their choices in increasingly demanding contexts

Students gain knowledge, skills and understanding through the content of PDHPE which includes the following protective factors: changes and challenges, connectedness, seeking help, caring and respectful relationships, bullying and harassment, factors that affect health, mental health specifically, exploring risk, strategies to manage harm, personal safety, accessing health information products and services, assessing health information products and services, components of a balanced lifestyle, the interdependence between a sense of self and health and wellbeing, supporting yourself, strengthening resiliency, developing equal and respectful relationships, planning for safety or seeking help, the

importance of support and updating adult support networks, affirming diversity, discrimination vilification and harassment, drug use, influences on healthy decision-making and risk behaviours, empowering individuals and communities, factors influencing access to health information, products and services by young people.

Stage 6 PDHPE

In Years 11 and 12 PDHPE the following critical questions relate to mental health:

- What does health mean to individuals?
- What influences the health of individuals?
- What strategies help promote the health of individuals?
- How are priority issues for Australia's health identified?
- What are the priority issues for improving Australia's health?
- What role do health care facilities and services play in achieving better health for all Australians?
- What actions are needed to address Australia's health priorities?
- What is good health for young people?
- To what extent do Australia's young people enjoy good health?
- What skills and actions enable young people to attain better health?
- Why do inequities exist in the health of Australians?
- What inequities are experienced by population groups in Australia?
- How may the gap in health status of populations be bridged?

Stage 6 Community and Family Studies

In Years 11 and 12 Community and Family Studies (CAFS), the following topics are covered that address mental health and wellbeing:

- wellbeing and factors affecting wellbeing;
- needs and wants;
- access to support;
- personal management skills;
- group formation and factors contributing to group roles e.g. sense of belonging;
- social factors;

- decision making;
- specific groups in the community and issues of concern for those group. In addition, factors affecting access to services for those groups; and
- protecting children including the community's role in supporting young people.

Appendix B: AISNSW Support for Student Suicide

