

MIND MATTERS PLUS AGCA PROGRAMS ACTIVITY REPORT AS AT**02/11/05****FINAL****School Name: Taminmin High School, NT****Objectives: (commonwealth requirements)**

- Information gained from the MM Plus initiative is widely disseminated at national, state and local levels and within the three education sectors to increase the number of MindMatters Plus schools and promote the initiative as “ best practice” approach for supporting students with high support needs in mental health.
- Stronger partnerships are developed between schools, AGCA and APAPDC and organisations and activities which support greater youth participation in mental health promotion in secondary schools such as AICAFMHA
- Current and useful Information about mental health intervention strategies and programs and good practice in application is available on the internet.
- A sustainable plan for universal and targeted mental health promotion and suicide prevention is developed by each demonstration school with support from APAPDC and AGCA
- Elements of MindMatters Plus good practice are embedded into school policies, practices and structures, learning and curriculum areas and their broader community partnerships to ensure sustainability.
- All students with high support needs in mental health have access to timely and accessible support within schools including appropriate referral pathways to service providers

Brief Project description and target groups:

Taminmin High School, a rural school, situated south of Darwin, NT with a feeder area of 7,500 sq kms, a population of 620 students of whom 12 % are of indigenous. 12% are from a CALD background, seeks to:

- build on peer skills to promote Internet resources and increase mental health literacy using ACE with selected students
- extend programs to address bullying and harassment to Year 8
- train staff in issues around youth suicide, using ASSIST
- trial [Seasons for Growth](#) to determine efficacy with students
- link with community agency to undertake [Triple P](#) program
- promote [Heart Masters](#) to feeder schools.

Intended Project Outcomes:

- Ensure students who are entering high school have developed skills in resiliency through introduction of HeartMasters to feeder Primary schools.
- Enable staff, students and school community to develop understandings and strategies to better cope with loss and grief and change
- Enable improved access to information for parents and improved communication around mental health issues affecting their children
- Students have experienced a greater sense of connectedness with school students, staff and community as a result of involvement in peer relationships
- Students are better equipped to accurately identify the range of emotions they might be feeling

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<p>Sustainability plan</p> <p>Used a community development model and a health promoting school model to establish a health and well being framework across the whole of the school community. Training for programs has deliberately been conducted from the inception of MM Plus with a variety of people (in school teachers, support (front office administration, gardener..., inclusion support assistants), local pastors, curriculum services , local youth agencies,the GP. The school has purchased resources as class sets so they can be reused.</p>

Significant Milestones (dated)	Deliverables Achieved Against Each Milestone (include quantitative data)
<p>Universal Mental health promotion strategy in place for staff and students (by Dec 2002)</p> <p>Level 1, WHO; organisational ethos</p>	<ol style="list-style-type: none"> 1. Universal Mind Matters training provided to all staff, community members and two students (Dec 2002) 2. School counsellor, school nurse, and health teacher invited to participate in MM Plus training (Dec 2002) 3. Staff audit (ACER)of capacity of school to address the needs of students and staff conducted (Jan, 2003) 4. Local community members including GP and parents have access to MM training (Nov 2003) 5. Health promotion strategy reviewed continuously
<p>Early identification strategy in place for all year 8 –12 students (by end Dec 2003)</p> <p>Level 3, WHO; Teaching, learning curriculum</p>	<ol style="list-style-type: none"> 1. Potential targeted students nominated by teachers and support staff (Feb 2003) 2. Use of student engagement tool (ACER) to help teachers identify concerns to develop a list of at risk students (2003) 3. Well being team uses la Trobe (key components) to focus conversations with teachers (2005) 4. Students monitoring sheet used to track progress of selected students to decide which students need to be targeted to which program (2003, 2004, 2005)
<p>Strategy to embed student well being within curriculum (by Dec 2003)</p> <p>Level 2, WHO; Teaching, Learning and curriculum</p>	<ol style="list-style-type: none"> 1. All teachers at the school have participated in Mental Health needs audit (2003) 2. All parents at the school have ongoing access to PPP programs and resources- by telephone, pamphlets, hone visits(2003, 04,05) N= approximately 500 yearly 3. All teachers at the school and feeder schools have access to Heartmasters programs and resources 2003,04,05 N= approximately 50 yearly

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<p>Target programs implemented on an ongoing basis</p> <p>Level 3, WHO; Curriculum</p>	<ol style="list-style-type: none"> 1. Programs are selected (by Dec 2002) (draft) 2. Teachers are invited through expression of interest to participate in training and implementation of programs with students (Jan 2003) N= 3 3. 3 students attended “Reach Out” training (2003) plus whole staff and all students N=550 4. ACE training provided for teachers, community , curriculum services (DEET) (2003) N=16 5. Seasons for Growth training provided for teachers, community , curriculum services (DEET) N=20 (2003) 6. Parents, under school community and staff attended ASIST awareness raising about suicide N= 100 (2003) 7. Selected staff trained in suicide first-aid ASIST (N=9 staff, 2 groups of students N=16) (2003) 8. Student leaders selected by their peers trained in KHL peer skills (N= 40), 2003 9. Staff trained in Triple P to support year 7 parents N=2 staff (2003) 10. Seasons for Growth implemented with 2 groups of students (2004) N=15 11. Parents on going access to PPP programs and resources (2004,05) N= 600+ 12. Student leaders from 2003 implement KHL peer skills (N= 40), 2004 13. ACE implemented 1:1 with targeted students by welfare team trained in 2003 14. Re connector suicide prevention training implemented with students 15. Staff trained in mental health first aid and workshop run for 12 students (N=3 staff ,N=12 students) (2005) 16. Staff trained in Peer skills (N=3 staff) (2005)
<p>Strengthened links with community agencies and AGDP</p> <p>Level 4, WHO: outside services</p>	<ol style="list-style-type: none"> 1. Liaison with Anglicare and local division GP (2003,04,05) 2. Liaison with uniting church and Catholic Church pastors 3. Pathways to better health bus tour (03,04,05) 4. Targeted referral process (N=10 students to GP 2005) 5. Mental health forum N=60 students 2005) 6. Adolescent mental health screening (N=25 students 2005) 7. Development of Indigenous mental health screening tool – GP available for r4eferrals 8. Development of card to access services for young people. Undergraduate nursing student to assist with this development.

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<p>Stories & emerging themes Community Capacity building</p>	<p>Financial Report: Expenditure to date:</p> <p>2004-05: \$ 18,000</p>
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