

**MIND MATTERS PLUS PROGRAMS ACTIVITY REPORT AS AT****02/11/05****FINAL****School Name: Coombabah, QLD****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**

Coombah State High school, situated in outer suburban Gold coast, with a transient population of 30%,has a population of 1,050 students of whom 1-2..% are indigenous, 3-4% have been ascertained with learning disabilities,and 3-4 .% are from a CALD background, seeks to

- provide continuing whole staff development in resilience curriculum and help – seeking behaviours ( N= 70+ )
- implement a process of identifying students with high needs in the first year of high school (N=197 (2003),220 (2004),250 (2005)
- provide targeted programs for the identified students in year 9 ( N= 50 per year which is 25% of year 9 population )
- provide universal program ( RAP –A) for all year 9 PEH students( total N= 767 from2002 to 2005)
- provide alternative pathways to care for all students using on- line facilities ( N= 12 trial commenced jan 2005 )

Through an audit of all year 8 and 9 student mental health needs in 2002 , this project focuses on providing students with the capacity to manage any situation which may arouse anxiety and for a targeted group of students with high support needs in mental health, the capacity to manage chronic and acute anxiety , feelings of loss and grief which are causing high levels of distress and depression resulting in inability to cope with every day school life.

Complementing the introduction of targeted programs are strengthened links with the local division of General practitioners allowing faster and more appropriate access to counselling from a psychologist.

Male students and those with physical and learning disabilities ( currently 1-2% of school population) have been targeted for less public access to counselling support through on-line counselling using a web based interface.

**Intended Project Outcomes:**

- All staff have access to professional and personal development around resilience curriculum and help seeking behaviours
- All students with high needs are identified in their first year of attendance at Coombabah HS.
- All identified students with high needs have access to participation in targeted programs
- All students and particularly those with speech, language and physical impairment and boys at Coombabah HS have improved access to on line counselling facilities

**Sustainability plan ( link to system indicators)**

*The project is premised on the hypothesis that staff well being must be attended to in order to best support and promote well being of young people in their care. Therefore a program of continued staff development to ensure well being and resilience is built into the school plan with adequate resourcing to ensure access to targeted PD opportunities.*

*The student mental health needs identification process introduced in 2002 has been refined and a manual written so that all year 8 and 9 staff, students and parents and caregivers expect to be involved and the identification process forms a part of the school well being strategy. .*

*To ensure that al students and particularly those who may feel reluctant to make first contact with counselling and support services have alternative options to access counselling, an on-line web based counselling interface is being trialled and improved.*

*Access to valid and reliable psychological programs targeted at grief and loss, anxiety and depression have acted as a catalyst for embedding the above strategies into the mental health and well being plan for the school*

*A strategy to licence those schools such as Coombabah to access selected programs through the local Guidance and counselling service rather than directly to program providers needs to be developed between the AGCA and Program providers in order to ensure on going student, staff and parent access to programs..*

All yr 8 (MM-PE )				Targeted Yr 9			
ID	----	ACE	----	SfG	Friends	RAP-A	----
1	2	3	4	1	2	3	4
Targeted Yr 10				Yr 11 & 12			
----	SfG			SfG	ACE		
(	respond to needs)			(	level 6)	Re-group (yr 11&12)	
1	2	3	4	1	2	3	4

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Significant Milestones	Deliverables (dated) Achieved Against Each Milestone ( include quantitative data)
<p>Ongoing mental health promotion strategy and early identification and intervention strategy in place for staff and students</p> <p><b>(Level 1, WHO) organisational ethos</b></p>	<ol style="list-style-type: none"> <li>1. Mind matters introductory training provided to selected staff ( <b>Dec 2002</b> ) <b>N=6</b></li> <li>2. New Staff attend refresher MM training with State based MM Officer (MM conference July 2003)</li> <li>3. PE staff provided with TRS time to review mental health curriculum (<b>Dec 2003</b>) <b>N=8</b></li> <li>4. Interested staff invited to participate in MMplus training ( <b>Dec 2003</b> ) <b>N=12</b></li> <li>5. Mental Health awareness provided for all staff( <b>Dec 2003</b> ) <b>N=70+</b></li> <li>6. Local community members and parents have access to MM + training ( <b>Dec 2003</b> ) <b>N= 20</b></li> <li>7. New and current staff have access to refresher MM training though MM website and school internet ( Dec 2004 ) <b>N= 70 +</b></li> <li>8. New and current staff have access to MM training with State based MM Officer and offered opportunities for further training in resilience programs ( MM conference March 2005)</li> <li>9. Sharing our Learning session (<b>May 2005</b>) <b>N= 10 secondary schools and 132 participants including 10 staff members</b></li> <li>10. Mental health promotion strategy reviewed continuously as part of school development plan( by Dec 2005)</li> </ol>
<p>Early identification strategy in place for all year 9 students</p> <p><b>(Level 2, WHO) (curriculum, teaching and learning)</b></p>	<ol style="list-style-type: none"> <li>1. Potential targeted incoming Year 9 students from year 8 2002 cohort nominated by teachers and support staff ( Feb 2003)</li> <li>2. Panel selects targeted yr 9 students ( March 2003)</li> <li>3. Parents of potential targeted yr 9 students interviewed to access parental consent , provide information and gather data ( April 2003)</li> <li>4. Self report questionnaires administered to selected students ( May 2003)</li> <li>5. identification manual developed and available to all participating staff for training (Dec 2004)</li> <li>6. Cycles of steps 1-4 repeated from Feb 2004 to April 2004</li> <li>7. Cycles of steps 1-4 repeated from Feb 2005 to April 2005</li> </ol>

<p>Strategy to embed student well being within curriculum</p> <p><b>(Level 2, WHO) (Curriculum teaching and learning)</b></p>	<ol style="list-style-type: none"> <li>1. All teachers at the school have ongoing annual access to training in RAP-A and RAP –P programs to be implemented in YR 9 PEH.( by June 2003) N=8 per year</li> <li>2. All parents at the school have ongoing annual access to RAP-A and RAP – P programs ( by June 2003) N= 20 per year</li> <li>3. All year 8 PE teachers at the school have ongoing annual access to Heartmasters programs to be implemented in YR 8 PEH.( by June 2003) N= 12</li> <li>4. Above steps reviewed and implemented on an annual basis ( 2004,2005)</li> </ol>
<p>Target programs implemented on an ongoing basis</p> <p><b>(Level 3, WHO) (Curriculum teaching and learning)</b></p>	<ol style="list-style-type: none"> <li>1. Programs are selected ( by Dec 2002)</li> <li>2. All teachers are invited to participate in training and implementation of programs with students ( Jan 2003) N= 70 + staff,</li> <li>3. ACE implemented with 15 year 9 students (2003) N=15</li> <li>4. RAP – A ( universal) implemented with 206 year 9 students (2003)N=206</li> <li>5. RAP- P ( targeted) implemented with 8 year 9 students ( 2003)N=8</li> <li>6. Seasons for Growth implemented with 16 year.9.students ( 2003)N=16</li> <li>7. worry busters implemented with 8 year 9 students ( 2003)N=8</li> <li>8. ACE implemented with 30 year 9 students (2004) N=30</li> <li>9. RAP – A implemented with 197 year 9 students (2004)N=197</li> <li>10. RAP- P ( targeted) implemented with 12 parents of year 9 students ( 2004)N=12 parents</li> <li>11. Seasons for Growth implemented with 18 year9.students ( 2004)N=18 students</li> <li>12. Seasons for Growth implemented with 6 year.9 students ( 2005)N=6 students</li> <li>13. Target programs implemented on an annual basis by trained teacher</li> <li>19. N= 10 teachers trained (2003), N = 6 teachers trained ( 2004), N teachers trained ( 2005)</li> <li>14. Training for additional teachers provided on going basis.(2004,2005)</li> </ol>
<p>Implementation of alternative pathways to care</p> <p><b>(Level 4, WHO) (partnership and services)</b></p>	<ol style="list-style-type: none"> <li>1. Redevelopment of school website to allow portal for student interface( Dec,2004)</li> <li>2. Links to appropriate MM websites for young people established and maintained ( ongoing 2004,2005)</li> <li>3. Training of invited teachers and personnel from outside agencies in Kids help Line on-line counselling techniques scheduled for ( July 2005)</li> </ol>

<p>Implementation of referral pathways</p> <p><b>(Level 4, WHO) (partnership and services)</b></p>	<ol style="list-style-type: none"> <li>1. 130 members of the Gold Coast Division General Practitioners contacted ( 2003)</li> <li>2. 5 GP's linked to Coombabah HS (2004)</li> <li>3. Each young person referred eligible for 6 free visits to psychologist ( N=12 students referred 2004,2005)</li> <li>4. Links with community health Agencies and Child and Youth Mental Health strengthened.</li> </ol>
<p>Staff Well being plan linked to Mind Matters and Mind Matters plus</p> <p><b>(Level 1, WHO) organisational ethos</b></p>	<ol style="list-style-type: none"> <li>1. survey of staff wellbeing conducted (2003)</li> <li>2. Staff well being strategy developed which includes regular staff activities and processes for acknowledging work of staff such as dinners, and access to further training and development</li> <li>3. Full day training with Andrew Fuller (RAP) 2004 N=70+</li> </ol>

**Comment and Analysis re results/ barriers/ delays/ issues/ ideas/ unexpected outcomes:**

The Mental health strategy has unexpectedly supported those young people who are part of the transient population. Even though students have left the school since the introduction of MM and MMplus there is a higher return rate for informal visits particularly amongst those young people identified as disconnected.

It would be useful to track destination including function of school as a connection point in more detail

**Emerging Themes/stories**

On line counselling/access to counsellor appointments. impact on disengaged young men

Early identification process