headspace
National Youth Mental Health Foundation

Final Evaluation Report: Casey Cardinia Suicide Postvention Project

A headspace Suicide Recovery Project

Acknowledgements

The successful completion of this Project would not have been possible without the openness and support of many individuals and organisations.

The Project Team would like to thank all secondary schools in Casey and Cardinia; the City of Casey Youth Suicide Steering Committee and Youth Mental Health Network; youth services in Casey and Cardinia; child and family services (Windermere, Connections); Independent Schools Victoria; the Catholic Education Office and the Department of Education and Early Childhood Development; South Eastern Melbourne Medicare Local; the Department of Health and Human Services; Monash Health Early in Life Mental Health Service; **headspace** Dandenong; and **headspace** School Support.

Final project evaluation report: Casey Cardinia suicide postvention project was prepared by Ann-Siobhan Connolly with **headspace** School Support.

The Casey Cardinia Suicide Postvention project was funded by the Victorian State Government, through the Department of Health and Human services.

Foreword

I am pleased to present the *Final evaluation report: Casey Cardinia suicide postvention project, a* ***headspace*** *suicide recovery project.* The suicide of a young person has a long and lasting impact on their friends and peers, their families, schools and communities. In 2011 and 2012 the Casey and Cardinia region experienced a high number of suicides that understandably caused significant concern throughout the community. **headspace** was funded by the Victorian Department of Health and Human Services to deliver a specialised suicide recovery project over two years with a focus on schools and their communities. This project worked closely with **headspace** School Support, the national suicide postvention program assisting Australian secondary school communities to prepare for, respond to and recover from the death of a student by suicide.

The evaluation findings outlined in this report commend the intensive and specialised work of the Project and there are important learnings and recommendations that will be invaluable for communities facing emergent suicide exposure and contagion in the future.

In addition to these findings, this Project produced a practical set of risk management tools for use by education and health services in the Casey Cardinia region. These clinically sound tools assist with the assessment, management and referral of suicidal young people. Please see: www.headspace.org.au/schools.

headspace would like to thank the Casey Cardinia Project team, school staff, parents and students who participated in the Project, for their significant contribution to the safety, health, and wellbeing of young people and their school communities.

I encourage all those who work in suicide prevention and postvention in school communities to consider these findings and recommendations.

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CEO **headspace**
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Executive Summary

This report provides a description, findings and recommendations of a suicide recovery project conducted by headspace following a cluster of suicides in an outer suburban area of Victoria.

Background

During 2011 and 2012, twelve young people died by suicide in the Casey Cardinia region in south-east Victoria. The deaths, many of which affected school-aged youth, caused significant anxiety across the entire community and led to schools and local services being overwhelmed.

In response to the deaths and ongoing anxiety in the region, in March 2013, the Victorian State Government, through the Department of Health and Human Services funded **headspace** to deliver a specialist suicide postvention project in the region combining gatekeeper training for school wellbeing staff, tools for identifying 'at-risk' students and specifically targeted interventions for those 'at-risk' in conjunction with clinical back up.

Building on existing structures and services in the region, the broad aims of the Casey Cardinia Project were to enhance the strength, resilience and capacity of the local community, reduce suicide risk among high school students and to promote recovery across the region. The project adopted a Community Development framework to focus on developing skills within the community so that the processes, relationships and support networks formed during the Project might be more sustainable.

The Project was implemented in three stages between March 2013 and August 2015 and a program logic model was adopted to deliver on the project objectives. The program evaluation adopted a pragmatic, mixed methods approach. Evaluation data was gathered and a number of conclusions have been drawn about the overall impact of the Project on the Casey Cardinia community.

Key Findings

The Project played a significant role in raising awareness among relevant Government Departments, local politicians, service providers, community leaders and schools of the needs and availability of resources within the Casey Cardinia community for coping with youth suicide. The Project was also instrumental in leading activities to address any shortfalls revealed through consultations and needs assessments of the schools.

Over the course of the Project, 15 professional development workshops were delivered to 2585 school and service agency staff and over 120 secondary consultations were carried out by the Project staff across 14 secondary school wellbeing teams and/or individual school staff.

As a result of this education and training, school wellbeing staff claimed to have a greater awareness of suicide risk, knowledge of a shared language for discussing levels of risk and safety plans and an increase in their capacity to correctly identify vulnerable young people and to have them assessed and referred to specialist support as quickly and effectively as possible. Tertiary services staff reported that the increase in education and training in schools had led to their services receiving more accurate risk assessments and more appropriate referrals. These factors combined have led to an overall increase in the efficiency and availability of immediate assessments for young people 'at-risk' throughout the region.

School needs assessments identified a need for evidence-based emotional resilience programs in schools and, by project's completion, 1213 primary and secondary school students had completed the My Friends Youth resilience workshop and 94 parents in the region had completed the complementary adult resilience workshop. While assessing the impact of these workshops lay beyond the scope of the Project, anecdotal evidence would suggest that the workshops have assisted in changing the narrative in the community from one of risk to one with a greater focus on resilience.

School wellbeing staff emphasised the direct access to the **headspace** Project workers as one of the outstanding benefits of the Project. Prior to the Project, the majority of wellbeing staff in the region had scant opportunity for debriefing, in-reach support or secondary consultations and they reported to have benefited enormously from the emotional, psychological and physical back-up the Project provided, particularly during critical incidents.

Stakeholders stressed that many of the successes of the Project were made possible because of the strength of the relationships the Project workers had enabled within the community. The information exchanged through these partnerships enhanced collaboration and created a sense of shared responsibility for every child's wellbeing.

The Project increased liaison between schools and local mental health services, implemented suicide information and intervention skills development to school staff across the region and drove the development of a shared assessment process across schools and services. Each of these factors has contributed to ensuring that 'at-risk' young people in the region are identified, referred and assessed as quickly and as easily as possible through a consistent, collaborative and streamlined process.

Recommendations

The recommendations are in two parts, firstly for Casey Cardinia to further the impact of the Project and to address the challenges identified in this evaluation and secondly for future suicide recovery projects in other locations.

Casey Cardinia

Recommendation 1: The collaborative all agency approach to responding to youth issues, in particular youth suicide be continued in the Casey Cardinia region. This would include distribution and support for the use of specifically developed resources.

Recommendation 2: Schools and agencies to establish sustainable information sharing protocols to ensure continuity of care for vulnerable young people.

Recommendation 3: School leaders to establish formal and informal means of communicating students' death by suicide and young people at risk of suicide, including supporting and tracking students in transition between schools.

Recommendation 4: Schools individually and collectively to prioritise strategies to develop staff capacity in mental health inclusive of whole school approaches, prevention activities, Mental Health First Aid, gatekeeper training and mental literacy.

Recommendation 5: Schools and agencies to address non suicidal self-harm by implementing programs such as SAFEMinds (developed by the Victorian department of health and **headspace**) and developing school policy underpinned by evidence and best practice.

Recommendation 6: Schools and agencies to establish effective strategies to engage parents, particularly with regard to developing mental health care plans for at risk students.

Recommendation 7: Agencies and local government to work with schools to develop strategies for reaching young people disconnected from school.

Future suicide recovery projects

Specialist projects introduced into a community ollowing a significant number of youth suicides should include collaborative, considered and evidence based interventions.

Recommendation 1: A uniform risk assessment tool be agreed upon and training implemented across the community to ensure a shared language between the education and health sectors.

Recommendation 2: Secondary consultations be provided during the containment and risk intervention stages ensuring vulnerable young people are promptly identified and referred to specialist support.

Recommendation 3: Interim in-reach clinical support is necessary initially until a wider support structure is identified.

Following a reduction in the immediate crisis, resources should be used to build skills and capacity in school staff and local agencies to lieu of ongoing clinical support.

Recommendation 4: Targeted training be provided to staff regarding postvention, intervention, risk assessment and broad mental health.

Recommendation 5: Formal structures be established for debriefing, reflection and ongoing professional supervision for school staff.

During a postvention response, the disposition of the school community should be consistently monitored and used to guide the project's focus and timing of key activities.

Recommendation 6: During targeted prevention, the focus to be on building capacity and integrating processes across all levels of care.

Recommendation 7: A comprehensive plan to be developed for responding and recovering including the school's return to long term wellbeing and optimal functioning in consultation and collaboration with stakeholders.

In the case of a region experiencing a significant number of youth suicides a Project team may be established. This Project team will require a high level of skill in building relationships, strong clinical knowledge and the capacity to apply clinical principles and execute decisions to promote systems change.

Recommendation 8: Project staff need to be supported and sufficiently resourced to maintain their effectiveness within the community.

Recommendation 9: Retention of staff for the duration of the intervention is crucial as building trust and credibility in a community experiencing high levels of distress is challenging and time consuming.

It is crucial that schools, local agencies and local government are supported and guided strategically by an overarching body dedicated to steering the region through a crisis such as that experienced in Casey Cardinia.

Recommendation 10: The state or federal government to nominate a designated lead to be responsible for allocating resources and coordinating agencies and services during a crisis situation.

Introduction

Suicide is the most frequent cause of death among Australian youth (ABS, 2016). In 2014 suicide accounted for approximately 35% of deaths among 15-24 males and approximately 30% of deaths among 15-24 females (Mindframe, 2016) in Australia.

Suicide-related behaviours, including suicide attempts and suicidal ideation are also prevalent, though more difficult to measure. Suicide clusters are not uncommon among young people, especially in school settings (Cox, et al., 2012). They are particularly concerning and require a highly coordinated and contained response that not only minimises the distress associated with past deaths but that also reduces the risk of further suicides (Cox, et al., 2012).

The pathways to suicide-related thoughts and behaviours are complex and multi-faceted, and as such require a strategic multi-level response. In Australia, the approach to reducing youth suicide, including suicide clusters, combines community capacity building and the provision of evidence-based support and interventions to those 'at-risk' (Centre for Health Policy, 2012).

Schools have long been considered an obvious and accepted setting for delivering suicide recovery programs to young people (Hawton, Rodham, & Weatherall, 2002; Robinson, et al., 2010; Lake & Gould, 2011), and **headspace** School Support has been developed specifically for this purpose.

This report provides a description, findings and recommendations of a suicide recovery project conducted by **headspace** following a cluster of suicides in an outer suburban area of Victoria.

Background

The City of Casey and the Shire of Cardinia are located in Victoria, approximately 42 kilometres south east of Melbourne. During 2011 and 2012, the City of Casey and Cardinia Shire experienced an elevated frequency of youth suicide, many of which were young people who had been attending local schools, and this met the US Centres for Disease Control and Prevention's definition of a suicide cluster[1]. In 2011, the frequency and rates of suspected suicide[2] in both the City of Casey and the Cardinia Shire were elevated when compared against previous years. In the City of Casey, the rate of suspected suicide per 100,000 population in 2011 was 10.3 as compared to 1.7 in 2010, 5.3 in 2009 and 3.7 in 2008. In the Cardinia Shire, the rate of suspected suicide in 2011 was 24.5 per 100 000 population as compared to 6.3 in 2010 and 13.2 in 2009 (Jamieson, 2015). These deaths caused significant anxiety, shock and hyper-vigilance in the region and impacted the whole community.

As a result of these deaths, and in the absence of an identifiable lead agency, a number of strategies were developed by the local authorities that aimed to define the problem, respond to incidents and share information across the community. These strategies were overseen by a steering committee brought together via a number of community meetings facilitated by local government. The steering committee was made up of representatives from emergency services, the education sector, tertiary mental health services and local government. This committee gathered information, developed action plans and worked on collaborative service responses to incidents of risk or death. However, despite the establishment of this committee, there continued to be a sense of fatigue and anxiety throughout the community.

Project Rationale

In 2011, the Federal Government funded **headspace**, the National Youth Mental Health Foundation, to develop and deliver a specialist suicide postvention program, **headspace** School Support, which was targeted at secondary schools across Australia. This program was based on international best practice and evidence indicating that a coordinated multi-level approach combining high quality school staff gatekeeper training with early detection and intervention programs is the most effective methodology for suicide postvention (Robinson, et al., 2012).

In response to the deaths and heightened concern in the Casey Cardinia region, the Victorian State Government funded **headspace** to deliver a similar specialist program of work in this region, referred to as the Casey Cardinia **headspace** Project.

The Casey Cardinia Project commenced in March 2013 and a project team was funded to sit alongside **headspace** School Support to enhance the delivery of intensive and specific interventions in the area. The central components of the Project included gatekeeper training for school wellbeing staff; the identification of students 'at-risk' via mental health and well-being check-ups; and specific interventions designed to be delivered early and in conjunction with an enhanced program of clinical back up.

The Local Context

The City of Casey is located in the outer south-eastern suburbs of Melbourne. In 2014, Casey was the third fastest-growing municipality in Victoria, with a population of approximately 283,000. In the 10 years between 2001 and 2011, Casey's population grew by an average of 43.9% or 7,300 people per year. It is projected that by 2036 Casey will have a population of 459,000. Currently 118 people (on average 40 new households) move into Casey every week. In 2011 there were 23,656 secondary school aged young people residing in the City of Casey (ABS, 2015).

The Shire of Cardinia borders the City of Casey and is a rapidly developing municipality located on the south east fringe of Melbourne. Cardinia Shire contains the urban growth areas of Beaconsfield, Officer and Pakenham. In 2014, Cardinia had a population size of 84 065 and is forecast to grow to 175,562 by 2036. In 2011 there were 6,705 secondary school aged young people residing in Cardinia (ABS, 2015).

Demographics

The Casey and Cardinia areas are rapid urban growth areas and depict the characteristics synonymous with this: (1) high population under the age of 50; (2) high numbers of families with primary school children through to young adults; (3) a lack of service infrastructure to support the growth of the community; and (4) high numbers of daily commuters. Both Casey and Cardinia have mid-range SEIFA index of disadvantage ratings compared with other Victorian regions. There are 53 schools in the area (ABS, 2015).

[1] A group of suicides or acts of deliberate self-harm that occur closer together in space and time than would normally be expected on the basis of statistical prediction and/or community expectation (Centres for Disease Control, 1994).

[2] Formally confirming a death as a suicide can take some time. The term suspected suicide is used prior to confirmation by the Coroner.

Project Overview

Aims and Objectives

Building on previous interventions and existing structures, the broad aims of the Casey Cardinia Project were to:

Enhance the strength, resilience and capacity of the local community (with a focus on schools) in order to reduce suicide risk among high school students and to promote recovery across the region.

Broadly speaking, it was intended that these aims would be achieved via a systemic and coordinated process of building capacity among local service providers, and through the provision of greater direct service provision to young people and their families.

Specific Project objectives were devised and included:

- Enhancing community capacity, strength and resilience;
- Implementing tools that assist in determining levels of psychological distress and appropriate referrals for those identified as 'at-risk';
- Increasing the skills and confidence of school wellbeing staff to assess and respond to risk;
- Increasing service provision to support 'at-risk' young people and respond to help seeking behaviours by young people; and
- Enhancing the capacity of the school community to build resilience and strengths in young people.

Project Approach

The **headspace** Project team invested 3 staff members and 6 months' work establishing partnerships across the Casey Cardinia region. The Project adopted a Community Development framework to focus on developing skills within the community so that the processes, relationships and support networks they had initiated might be more sustainable and remain intact.

They chose to implement a program logic in order to provide scaffolding for delivering on the Project objectives. The program logic model they developed comprised activities, outputs, and outcomes. Activities referred to the basic actions that needed to occur in order for the Project to be operational, for example, the recruitment of staff or the development of appropriate resources. Outputs included the actual delivery of the service, for example, the delivery of training programs to school staff or the provision of in-reach services in schools. And Project Outcomes referred to the effects the program intended to produce, for example, increased confidence or skills for those who received professional development training. See Appendix 1: Mapping activities, outputs and outcomes against the Program Logic.

Given it is not always possible, in brief evaluations, to measure the high level impacts (for example, reduced rates of youth suicide), the program logic model makes a series of assumptions, namely, that if each of the lower level (more measurable) steps occur effectively, there is an increased likelihood of the program achieving its higher end goals.

Project Establishment

Significant work was needed in the region in the first six months of the Project in order to build trust and acceptance of the Project and its staff members. Project staff understood that it may have appeared as though 'outsiders' were entering the community during their period of vulnerability to 'fix' the problem and those in the region who had been working in this area since the crisis occurred may have been understandably defensive. Respecting this, a community development approach was undertaken which entailed spending time building relationships with key stakeholders, listening with respect to their story and experiences, asking community members to assist with Project development and giving due respect to the work that had already been carried out in the region.

Project Methodology

The content for the Project drew on the best available evidence, international best practice and on local need. Key components included education and training, early detection and intervention strategies and clinical input, however, the support provided by **headspace** was necessarily flexible and tailored to each school's individual needs.

The Project was implemented in three stages.

Stage one was delivered between March 2013 and 31 December 2013 and included:

- Stakeholder engagement;
- Building a service system to support referrals by coordinating and liaising between schools, local mental health services and community services in the region.
- Needs assessments of six prioritised schools and postvention plans;
- Delivery of 12 parent and 12 school staff workshops across the region;
- Suicide risk management training; and
- Secondary consultations with wellbeing staff members to discuss students who were identified as directly and/or indirectly impacted by youth suicide and/or who were demonstrating suicidal behaviours identified by risk assessments.

Stage two was delivered between January 2014 and 31 December 2014 and included:

- Ongoing stakeholder management;
- Needs assessments of a further six prioritised schools; and
- Facilitating and/or delivering a further 18 parent workshops and 18 training sessions for school communities.

Stage three was delivered between January 2015 and 31 August 2016 and included:

- Capacity building activities;
- Delivering My FRIENDS Youth and Adult Resilience for Life facilitator training to school and community staff; and
- Encouraging the delivery of the FRIENDS resilience workshops to school students, staff and parents throughout the region.

Key elements of the service model included:

Community participation and partnerships

1. Participation in the City of Casey Suicide Steering Committee and (former) Advisory Group;
2. Provision of information and advice on needs in Casey and Cardinia to the Steering Committee, the Department of Health and Human Services and the Department of Education and Early Childhood Development;
3. Co-ordination and liaison between schools, local mental health services (particularly Early in Life Mental Health Service and the Psych Triage Service) the Casey/Cardinia community and youth suicide advisory groups and other community services, in order to support referrals, linkages and sustained service delivery;
4. Developing linkages and connections between parent support services and schools, in order to promote referrals of distressed or anxious parents and facilitate appropriate interventions;

Education and training

5. Delivery of tools and information to aid in suicide recovery and suicide intervention and prevention with community agency staff, teachers, school wellbeing staff, parent agencies and others in the community[3];
6. Delivery of parent information sessions and workshops that aim to support parents to enhance protective factors in young people;

Risk identification and referral

7. Implementation of processes for identifying suicide risk and psychological distress;
8. Follow-up risk assessments for young people identified as being 'at-risk';
9. Development of a matrix of referral points for schools that match risk assessment outcomes with appropriate services for on-going support and intervention;
10. Provision of psycho-education, assessment of risk and the facilitation of referrals to local, or on-line, services for young people requiring support;

Enhanced clinical input

11. Provision of in-reach services, including clinical intervention, tailored to the needs of 12 prioritised schools over 2 years;
12. Provision of secondary consultation services to school wellbeing staff, in order to assist them to conduct rigorous risk assessments;
13. Provision of a range of therapeutic interventions to young people 'at-risk' (either face-to-face or online), or who were unable to access other services.

[3] It is important to note that by the time **headspace** started working in this region, many agencies had facilitated general suicide information sessions and the Project felt it was time to shift the 'narrative' in the community in order to avoid an information overload or saturation. As a result, the Project was very specific about the type of suicide information it provided – focusing less on generic information and more on preventative measures – such as, STORM risk assessments, help-seeking for students, My FRIENDS Youth resilience training.

Evaluation Methods

Aims and Research Questions

The research questions were closely aligned to the aims of the Project, which were to enhance the strength, resilience and capacity of the local community, promote recovery and reduce suicide risk among secondary school students.

In order to determine the extent to which the Project had realised its objectives, a series of key evaluation questions were devised to assess both their delivery and impact. Key questions were:

- To what extent did the Project fill an identified service gap and reach its intended target population?
- To what extent were key elements of the service delivered?
- Were stakeholders satisfied with the services provided through the Project and with their interactions with Project staff?
- Did the Project improve the knowledge, skills and capacity of secondary school staff in managing issues relating to suicide?
- To what extent did the Project equip secondary schools to identify and mitigate suicide risk in young people?
- To what extent did the Project help secondary schools to improve links with their local services and supports, in order to enable appropriate and timely referrals for young people 'at-risk' of suicide?

In addition to these questions, a number of questions were developed specifically to inform qualitative data collection (including focus groups and individual interviews). These included the following:

- What were some of the overall strengths and drawbacks of the Project?
- How effective were secondary consultations in assisting wellbeing staff make informed risk assessments?
- Did the provision of in-reach services within schools lead to more timely support of 'at-risk' youth?
- Did the Project enhance the resilience of young people in the Casey Cardinia catchment?
- How did stakeholders perceive they would manage once the Project ceased to operate in the region? And who, if it all, did they feel should be responsible for governing similar crises in the future?

Approach

The evaluation adopted a mixed methods approach to ensure the research process was as robust as possible and to strengthen the validity and reliability of the results. It examined both the Project 'activities' and 'outputs' as well as the medium or longer-term 'outcomes' or 'impacts' of the service. Activities appraised included the extent to which key processes, structures and partnerships were established so that the Project might reach its target audience, while impact measures included assessing increases in capacity of school staff and changes in risk identification and management strategies across participating schools.

Setting and Participants

The Project targeted the South East Metropolitan region in Victoria which includes the

Municipalities of the City of Casey and Shire of Cardinia. The Project operated from Dandenong, Narre Warren and **headspace** National Office.

Participants in the Project included:

- The Project Coordinator and Project Clinician;
- Members of the Casey Steering Committee and Advisory Group;
- Staff from local youth services;
- Executive and wellbeing staff across the targeted schools;
- Students from the catchment schools (aged 12-18 years);

Overall Sample and Recruitment

The evaluation involved participants from the Project team, including the Project coordinator and Project clinician; members of the Steering Committee and Advisory Group; targeted school leadership, wellbeing, year level and administrative staff; and students from the catchment/priority schools who participated in resilience training.

These participants were known to the Project team and, with their permission, their contact details were provided to the consultant researcher/evaluator who then contacted them independently to seek their participation in the evaluation.

Participants who took part in professional development or general training sessions were issued with pre and post training survey sheets. Return of completed surveys denoted implied consent.

Focus group participants were issued with explanatory statements.

Appendix 2: Participant Information Sheet) and consent forms prior to participating in the focus groups and all consent forms were signed and returned prior to participation.

Data Collection and Analysis

A range of data collection methods were adopted to answer the evaluation questions and included the appraisal of a specifically developed database used to record service contacts and outputs; the distribution of feedback surveys following professional development and youth resilience training programs; and holding semi-structured focus groups with a broad range of stakeholders.

Database review

A comprehensive database was maintained by Project staff throughout the Project to record service contacts and outputs. These included participant numbers at professional development and youth education programs, along with the frequency of school needs assessments, clinical risk assessments, secondary consultations and debriefing sessions conducted within targeted schools over the course of the Project.

Professional Development and Training surveys

Pre and post course professional development/training surveys were carried out to examine the efficacy of professional development and resilience training and facilitator workshops. 300 questionnaires were undertaken following the 15 suicide information and intervention skills professional development workshops; 251 following resilience facilitator training sessions; and a further 202 surveys were conducted before and after the youth and adult resilience workshops.

Focus Groups

Semi-structured focus groups were held with key stakeholders during August and September 2014 and they were facilitated by the evaluation consultant. The focus group interview guides (Appendix 3: Interview Guide (sample)) were developed with reference to the Project's aims and objectives and examined outcomes, such as, whether capacity had increased among school staff and whether there had been changes in risk identification and management strategies across participating schools.

Five focus groups were conducted with stakeholders, including school executives and wellbeing staff, steering committee representatives and community services staff members. Focus groups lasted from 80-120 minutes and were audio recorded and transcribed verbatim.

Data Analysis

NVIVO, version 10, 2014 was used to store and organise the qualitative data that was collected. Qualitative data was prepared for analysis by entering transcripts, recordings and site profiles into the NVIVO software program. Analysis was an iterative process of exploring new and unanticipated research questions and developing and testing various ways of interpreting the data. Transcripts were read several times to acquire an overall sense of the data. Emergent and recurrent issues were noted alongside the reading and issues associated with the Project impact were identified and thematically analysed, with particular attention paid to the Project objectives.

Limitations of the evaluation

There are a number of limitations that need to be acknowledged.

In 2012 and 2013, the rate of suspected suicides in the Casey Cardinia catchment had reduced slightly from 2011 figures but remained higher than in 2009 and 2010 in both Local Government Areas (LGAs)[4]. The City of Casey recorded 6.8 suicides per 100 000 population in 2012 and 6.7 in 2013 while in the Cardinia Shire suicide rates measured 17.7 in 2012 and 17.1 in 2013 (Jamieson, 2015). By comparison, in 2012 and 2013, the suicide rates for 15-24 year olds in Victoria measured 8.3 in 2012 and 8.6 in 2013 (ABS, 2016), however, given potential underreporting of suicide and inconsistencies in suicide reporting practices amongst states and territories, we are unable to directly attribute any changes in the number of suicides across the region to the Project.

Similarly, it is recognised that interpretation of a Project's impact needs to take into consideration the environment in which the service is implemented, events that take place during the life of the evaluation, and the natural (i.e. incidental, non-service related) changes experienced by participants over time (Rossi, Lipsey, & Freeman, 2004). Again, this means that we could never be certain if any observable changes in outcomes of interest were directly attributable to the Project.

This evaluation relied on data sources such as the opinions of Project staff, school staff and other key stakeholders rather than examining suicide-related outcomes (e.g. ideation and / or behaviour) among young people themselves.

Despite these limitations, evidence from the evaluation provides a portrayal of the experiences and perceived impacts this Project has had upon the Casey Cardinia community and is of value to comparable communities throughout Australia.

Ethics Approval

Ethical approval was obtained from the Bellberry Human Research Ethics Committee (HREC), the Department of Education and Early Childhood Development (DEECD) and the Catholic Education Office (CEO). The Bellberry HREC reviewed the study in accordance with the National Health and Medical Research Council's National Statement on Ethical Conduct in Human Research (2007, incorporating all updates as at March 2014) and all focus group participants were provided with information regarding appropriate sources of support they could access if they found participation in the interviews distressing.

All data was de-identified and stored securely and only aggregate and/or anonymous data was retained.

[4] The City of Casey recorded 6.8 suicides per 100,000 population in 2012 and 6.7 in 2013 while in the Cardinia Shire suicide rates measured 17.7 in 2012 and 17.1 in 2013.

Findings

Key Objectives and outcomes

This chapter presents the findings of the Casey Cardinia **headspace** Project arranged into five sections based on the program objectives:

1. Enhancing community capacity, strength and resilience;
2. The provision of tools to assist in determining levels of psychological distress and the issuing of appropriate referrals for those identified as 'at-risk';
3. Increasing the skills and confidence of school wellbeing staff to assess and respond to risk;
4. Increasing service provision to support 'at-risk' young people and respond to help seeking behaviours by young people; and
5. Enhancing the capacity of the school community to build resilience and strengths in young people.

Each program objective was then broken down into a series of activities with corresponding outputs and outcomes.

Enhance community capacity, strength and resilience (Objective 1)

A key activity of the Casey Cardinia Project was the development and implementation of initiatives which build the capacity, strength and resilience of school personnel, support staff and community agencies through sustainable means.

Project staff to revise mental health care structures and resources

At the commencement of the Casey Cardinia Project, Project staff reviewed the mental health care structures and resources available in the Casey/Cardinia region with a view to improving the existing structures and thus the capacity of the community to safeguard its youth. They consulted with both the community and service sectors to increase awareness of the region's needs and resource shortfalls.

Part of this process included a review of the role, function and membership of the Youth Suicide Steering Committee and the former Advisory Group. Project staff provided input on any gaps and service needs revealed by their review and assisted in the formation of a new action plan to shape the future activities of both groups.

Further to this, they carried out needs assessments in 18 secondary schools across the region and facilitated schools in reviewing their policies and processes; restructuring their wellbeing teams; increasing their wellbeing staff numbers; and identifying further needs such as postvention preparedness planning.

Project Outcomes

The Project played a significant role in raising awareness among relevant Government Departments, local politicians, service providers, community leaders and schools of the needs and availability of resources within the Casey Cardinia community for coping with youth suicide. The Project was also instrumental in leading activities to address any shortfalls revealed through consultations and needs assessments.

Aided by the Project staff, the Casey Cardinia Youth Suicide Steering Committee reviewed and, ultimately, narrowed its role and function within the region. It was determined that the need in the community was for a small and focused group of personnel to meet in the immediate period following a death by suicide in order to share information and plan strategies for containment.

In addition, it was agreed that the members of the Committee would participate in other forums which focus on suicide prevention and mental health promotion and the group agreed to continue collaborating on specific projects in areas of possible suicide contagion.

Once the suspected contagion experienced in Casey and Cardinia had been contained, the Project determined that the 'suicide heightened' narrative and perspective of the previous two years needed to change. As a result, the (Youth Suicide) Advisory Group rebranded itself as the Youth Mental Health Network and broadened its scope to become a prevention focused group.

Identified service gap

It should be noted that, while desirable, there are no mandatory mental health qualifications or training required in order for school personnel to take up a position within a school's wellbeing team. During focus groups with school staff, school executives emphasised the region's haphazard dedication to student wellbeing prior to the Project and claimed that the Project had been a rare opportunity for their schools to receive expertise and support in this area, allowing them to upskill their staff and improve their competence in managing youth mental health issues. Similarly, wellbeing staff made multiple references to the "ad hoc" development of student wellbeing services within schools and to the detrimental impact this has had in terms of developing resources in the area in a systematic and consistent manner.

Project staff to coordinate and liaise between schools, services and the Casey/Cardinia community

After reviewing the mental health care structures and resources available within the Casey Cardinia region, the Project identified system and service gaps which increased risk for young people and worked collaboratively with schools and services to strengthen linkages and pathways of support. Some of these strategies included:

- working closely with Psychiatric Triage Service (PTS) to facilitate feedback of referral information to schools;
- supporting Early in Life Mental Health Service (ELMHS) Stepping Stones teachers and clinicians in the development of return to school plans;
- directly contacting ELMHS with additional information about 'at-risk' students when received from wellbeing teams; and
- sending copies of completed risk assessment templates to PTS, with a goal to reduce waiting times in Emergency Departments[5].

[5] There are specific examples of reduced waiting times for a number of high-risk students, however, as the Project did not apply for ethics clearance to obtain data from hospital emergency departments, no quantitative data is available to support these assertions.

Further activities were carried out by the Project to enhance linkages and collaboration between schools and community agencies, including:

- working with ELMHS and the local **headspace** centre to facilitate Student Wellbeing Clinical Network meetings with school wellbeing staff throughout the region;
- driving the development and implementation of a shared assessment form and referral process in partnership with School Focused Youth Service, South Eastern Melbourne Medicare Local (SEMML), and the City of Casey;
- collaborating with the Casey Steering Committee to develop a resource pack for school wellbeing staff; and
- negotiating with services including the Department of Education and Early Childhood Development (DEECD), Catholic Education Office (CEO), ELMHS and Cardinia Shire Council for the provision of both a youth and parent focused resilience program to be rolled out in schools throughout the region.

Project Outcomes

Coordination and collaboration with other programs and agencies

ELMHS commended **headspace** for their collaboration with services across the region and felt that the partnerships they had established with tertiary and emergency services, local government and the school sector had been pivotal in containing the community. Rather than just one agency attempting to meet the needs of the community, there had been "coordination and communication between all of the agencies" and a clear delineation of roles and responsibilities.

In collaboration with the Steering Committee, the Project put together a resource pack for schools in which was included a letter for GPs explaining the rise in mental health issues among the region's youth. Wellbeing staff referred to this letter as a "game changer" as it facilitated the flow of treatment plans between GPs and schools and instigated a feedback loop which, previously, they had had great difficulty establishing.

The Project facilitated networking opportunities between services and schools during secondary consultation processes and the rollout of both the STORM Gatekeeper and Adult and Youth Resilience training sessions. Project staff also coordinated a regular breakfast briefing between school principals across all three school sectors enabling principals to share ideas and provide direct input on the Project. This networking formed the basis for ongoing collaboration between them.

Relationships between schools and services

During the focus groups, stakeholders emphasised that the successes of the Project were, in large part, made possible because of the strength of the relationships the Project had helped to foster. Given the often delicate information exchanged between services, local council and schools, trust was paramount.

For some, this trust wasn't instantaneous and representatives of the steering committee spoke of their initial caution when **headspace** came on board to assist the region:

… it probably took time for those relationships to develop, like any relationship… I think while there was some level of transparent communication... we had to be very measured and very careful… we were sharing information that possibly ought not have been shared but, under the crisis situation, and the trust relationship, comfortable to do so.

School wellbeing staff reported that the Project had facilitated a relationship between themselves and tertiary services – with ELMHS and PTS in particular – which they had been unable to establish independently. They claimed Project staff had invested a lot of time helping them to better communicate their needs to tertiary services but that they had also educated the services on the specific needs of the school community.

Tertiary services representatives also felt the relationship between themselves and schools in the region had improved as a result of the Project. They claimed that Project staff had clarified the role of tertiary services within the schools, thereby reducing anxiety among the schools and helping them feel connected to and supported by tertiary mental health services.

… we get a fair bit of heat from schools at times and they become very anxious and very worried that we're not picking up every single referral and I try and do a lot of presentations and <the Project> developed Clinical Network meetings. … Again, it's that partnership.

Both the tertiary services and school staff representatives commented on the personal qualities of the two **headspace** Project workers and the direct contribution they had made to the development of the strong connections and relationships now evident within the region.

I think if you had the wrong people doing that role, I think you could end up in a very different scenario so I do think they were the right people for the job, in terms of sensitivity and awareness and being mindful and respectful of what had gone on previously.

In addition, representatives of community and tertiary services, including Windermere Child and Family Services, Connections, ELMHS and OzChild, reported that their relationship with schools had been enhanced through participation with them in professional development and capacity building activities such as the STORM Gatekeeper training and the FRIENDS youth and adult resilience programs.

Facilitators of the Adult Resilience for Life program added that the program had actively strengthened relationships between parents and schools across the region and had encouraged a sense of community among the parent group. Schools continue to demonstrate their commitment to improving parental engagement and collaboration with support agencies through co-facilitation of the Adult Resilience workshops.

Networking across schools

During focus groups with school leadership and wellbeing staff representatives, the most frequently reported benefit to have arisen from both the crises and the Project is the Clinical Network which has been established between schools. As a result of this continually expanding network, wellbeing teams are able to offer one another emotional and physical support – in the form of additional psychologists during crises – and they share resources, knowledge and strategies for managing 'at-risk' students.

Wellbeing staff claimed that the Clinical Networks have also contributed to increasing the safety of young people throughout the region as the connections which have been formed between schools naturally extend beyond the school community. They believed that the information exchanged through the relationships and support pathways fostered by the Project has enhanced collaboration and coordination right across the school and tertiary services sector and created a sense of shared responsibility for every child's wellbeing. The strength of these relationships has resulted in information exchange following a death by suicide but also when a service or school notices signs of increased risk.

… we're alerted much earlier than we would have been previously … people are now more willing to share and say, 'this may impact on you' , and we can track the pathways.

Similarly, school executive staff revealed that the Project had enabled them to speak openly within the school community in ways they would not have contemplated previously. The fact that the entire region was the focus of the Project, rather than just a select number of schools, had allowed them to open up and confront the situation rather than avoid it or feel stigmatised by it.

I think <it is> quite unprecedented to have public, private and all these schools communicating and meeting and, if a positive can come out of what happened in the area, I think that's one of the greatest. That these schools are all happy to communicate, share resources, and just have that connection where, previously… it would have been quite unheard of to have all of the schools connecting.

Project staff to oversee the delivery of suicide information and intervention skills to community agency staff, school staff and parent agencies

15 professional development workshops were delivered to 2585 participants over the course of the Project and attendance included representatives from 15 schools, the City of Casey, the Shire of Cardinia, Secondary School Nurses, Secondary School Service Officers (SSSOs), Cardinia Youth Service Network Members, Windermere, OzChild, and ELMHS staff. The workshops included training in youth mental health awareness; managing self-harm in schools; grief; understanding suicide; suicide risk indicators; staff self-care; and emotional resilience training for youth and parents.

The Project also supported the provision of the 'Time to Reflect' program, facilitated by ELMHS, which enabled school wellbeing staff to examine their processes and investigate methods for enhancing clinical support. In addition, Project staff actively encouraged staff from DEECD, ELMHS and community service providers to participate in the STORM Gatekeeper training in order to build a shared language around risk assessments in the community.

In collaboration with **headspace** School Support, the Project aided in the delivery of 31 regional Suicide Postvention Preparation Planning workshops – attended by 24 regional schools – in order to raise awareness of suicide contagion effects and assist in the development of critical response plans. Project Staff also participated in a Hypotheticals Panel discussion for 40 regional school support staff from four networks to enable discussion of issues and situations they face with mental health professionals. In addition, and in conjunction with ELMHS, Project staff co-facilitated Student Wellbeing Clinical Network meetings and workshops with Secondary School Adolescent Health Nurses enabling professional development through case analysis.

Project Outcomes

Professional development training sessions were carried out in the region according to the needs of the schools. Of the 65 participants who took part in the Staff Self Care training session evaluation, their average knowledge of self-care techniques increased from 31%, at the outset of the training session, to 57% following the module, representing a 84% increase. 111 participants took part in the Understanding Suicide training evaluation and their average knowledge of suicide rose from 30% before training to 64% at the end of the session – a 115 % improvement. A further 15 participants filled out an evaluation for the professional development on Risk Factors and Warning Signs for Suicide and their average knowledge of suicide risk indicators increased by 154% (from 23.5% to 59.8%).

The skills and capacity of student wellbeing services are unique to each school and dependent on resources, budgets and curriculum constraints. However, there was unanimous agreement among school executives that the Project had influenced all schools in the region to encourage a professional minimum standard among their wellbeing staff. They claimed that the calibre and consistency of skills training delivered by the Project had greatly enhanced the standard of care and knowledge of mental health among their staff and they commended the Project for delivering professional development opportunities to all school staff and not just those in wellbeing roles.

Through our <needs assessments> the administrative staff were revealed as not having great training, yet being in touch with kids a lot. And that's something that we never really thought about … so we were able to target them and train them in the same structure.

Of the focus group participants who had participated in the professional development workshops, all claimed their awareness of suicide risk factors had improved as a result, as had their understanding of the symptoms of anxiety and depression and strategies for managing these symptoms in a school setting. They reported feeling more confident and competent to manage more complex mental health presentations, suicidal ideation and suicides, and better understood which referral pathways were available to them and when to use them.

Project staff to conduct parent workshops and information sessions to support parents in enhancing protective factors in young people

Eight parent information sessions were carried out across the region.

This was lower than the Projected 12 as, in the interests of sustainability, Project staff liaised with parent support services to streamline and coordinate activities in order to reduce duplication and directly increase their presence and availability for parent support and information in schools.

Similarly, the Project conducted the FRIENDS Adult Resilience facilitator training to parent support agencies across the community. In return, agencies were required to deliver at least one parent resilience program in conjunction with schools, resulting in approximately 20 workshops.

Project Outcomes

The parent information sessions resulted in improving the awareness of general adolescent development among parent cohorts and when and where to seek help for their children if concerned.

The Project liaised with Windermere, Connections and OzChild to implement the Adult Resilience parent and staff programs in schools across the region and schools demonstrated their committed to enhancing parental engagement and linkages with support agencies by co-facilitating the workshops.

The Adult Resilience for Life program appears to have had a positive impact on those parents in the region who participated in the workshop. It has contributed to strengthening relationships between parents and schools, encouraged parents to seek help and support for their children through resilience building, bolstered a sense of community among the schools' parent group and contributed to shifting the narrative in the community from one of risk to one of resilience.

Implementation of tools that assist in determining levels of psychological distress and issuing appropriate referrals for those identified as 'at-risk' (Objective 2)

Project staff to implement the use of evidence based assessment tools to identify levels of psychological distress

While determining gaps in service delivery across the region, the Project identified a significant gap in services targeting young people as a result of inconsistent referral and assessment processes between schools and mental health services.

In attempting to bridge this gap, the Project encouraged the use of a shared language when issuing risk assessments – a by-product of the STORM training – in addition to instigating the use of a shared assessment and referral procedure across schools and services. The intention here was to build a shared understanding of risk levels, more appropriate referrals and improved and more efficient access to support services for young people.

The Project decided against the introduction of a new assessment tool to identify levels of psychological distress given that the SAFEMinds professional learning resource – rolled out in schools across the region, and facilitated by **headspace** – already incorporated an assessment tool. Instead, the Project adapted the risk assessment tool[6] from the STORM Suicide Risk Training Program to make it more 'user-friendly' and promoted the SAFEMinds training and associated tools.

Project Outcomes

Wellbeing staff reported that having a shared and consistent approach to categorising risk had boosted their confidence but also their trust in one another's judgement. They claimed that their exposure to professional development workshops and secondary consultations had improved their understanding of what questions need to be asked and when and what information needs to be shared, and with whom. School leadership staff had also observed an increase in their wellbeing staff's confidence when assessing risk and they attributed this to the development of a shared language for talking about mental health issues in addition to having clearly documented structures and processes to follow when determining and categorising risk.

Project staff to issue follow-up risk assessments for young people identified as 'at-risk'

Project staff attended ELMHS intake and triage meetings to discuss school referrals and to highlight young people who had been identified as 'at-risk' for follow-up assessment and treatment. Over the course of the Project, staff developed their relationship with ELMHS which resulted in the fast tracking of 'at-risk' referrals for assessment by PTS.

The Project provided liaison opportunities between schools and local mental health services, implemented suicide information and intervention skills development to school staff across the region and drove the development of a clear risk assessment process across schools and services. Each of these factors has contributed to ensuring that 'at-risk' young people are identified, referred and assessed as quickly and as easily as possible through a consistent, collaborative and effective streamlined process.

Project Outcomes

The Project established pathways to ensure young people who are referred to PTS are flagged and assessed immediately. ELMHS representatives claimed that the education and training the Project had facilitated in schools had resulted in more accurate risk assessments and more appropriate referrals being received by their service. As a result, they reported an increase in both the efficiency and availability of immediate assessments for young people 'at-risk'.

Has the Project aided schools in improving links with local services in order to facilitate appropriate and timely referrals for young people 'at-risk' of suicide?

School wellbeing staff claimed that their relationship with tertiary mental health services improved once **headspace** became involved in the region. Where, previously, they had often felt misunderstood by triage staff, or their judgement disregarded, they believed the Project had facilitated direct lines of communication with ELMHS and thus significantly improved their access to services.

*… If we felt we weren't being heard … there was a bridging process where < the **headspace** Project clinician> could communicate with them and reinforce what it was we were saying and, from that, <triage staff> have taken on board … our concerns about particular students and worked with us a bit more fluidly.*

ELMHS agreed that their relationship with the schools had improved as a result of the Project but emphasised

[6] This assessment tool was included in the resource pack which was issued by the Project in conjunction with the Casey Steering Committee to all school wellbeing staff.

that continuing to educate the schools on how and when to access their services was crucial in order to sustain this relationship.

<The Project clinicians> have also been doing a high level of work in the schools, in terms of helping the schools contain and be able to more – without turning them into mental health clinicians – accurately assess at what point do you refer in and what actually can a school, perhaps, hold a little bit.

Increased skills and confidence of school wellbeing staff to assess and respond to risk (Objective 3)

Support has been provided to school leadership and support staff, wellbeing teams, mental health professionals and community members to increase their capacity to assess the risk of young people and adhere to appropriate referral processes.

Given the number of deaths by suicide that was experienced in this region, there was a high need for quality evidence based training on suicide risk assessment and safety planning. As high numbers of young people were presenting in schools and agencies with distress and suicidal ideation, the need to have as many professionals as possible trained to assess and respond to risk became a high priority.

Capitalising on the evidence review processes undertaken by **headspace** School Support, the Project chose to implement the STORM Suicide Risk Training program. The Project adopted a consistent approach to the training across school sectors and mental health professionals in order to enhance participants' knowledge of suicide risk factors, develop a common language for discussing risk, and enable more effective referral processes.

Project staff to deliver Gatekeeper Training (STORM) to wellbeing staff and teachers in the Casey Cardinia region

Participants represented all three education sectors, departmental school support staff and local mental health professionals. The sessions were initially provided over a two month period in 2013 in order to ensure an immediate and consistent increase in skills and confidence across the region. Thereafter, the training was offered regularly throughout the region and, by the close of the Project, 39 sessions of STORM training had been carried out to 208 participants from 29 schools across the region, as well as representatives of DEECD; CEO; Independent School Victoria and both Casey and Cardinia Youth Services.

As of 31st August, 2015, 26 STORM facilitators had taken part in the STORM Refresher and Reflection sessions. These sessions provided four refresher modules on suicide risk assessment, suicide safety planning, postvention and self-injury. In addition, the Project clinician provided a 'reflective practice' session on previously completed and de-identified STORM risk assessment and safety plans. The STORM Refresher and Reflection sessions were a vital component of the STORM training given that the initial workshop comprised a one-off two day workshop which the Project Clinician deemed insufficient as a standalone clinical tool for identifying and responding to suicide risk.

Subsequently, the Project reinforced the learnings from STORM through secondary consultations, in-reach school support, participating in the School Wellbeing Clinical Networks and running the refresher/ reflection sessions.

Project Outcomes

Of the 208 participants who took part in the STORM training, 83 completed pre and post session questionnaires which were intended to evaluate the effectiveness of the program. Of those participants who had previously trained as STORM facilitators, 26 attended the STORM Refresher and Reflection Sessions. These participants also completed an evaluation form before and after the session which assessed their knowledge of the four STORM modules as well as their reflective skills.

The questionnaires measured changes in confidence when working with 'at-risk' students; confidence and perceived skill when working with people with a mental health problem or self-harm history; and participants' overall satisfaction with the training.

Participants recorded their confidence when working with students 'at-risk' on a 5-point Likert scale, with responses ranging from 'strongly agree' to 'strongly disagree' and increases in confidence were observed across all the aspects measured. Participants also rated their confidence and perceived skill when working with people with a mental health problem or self-harm, again on a 5-point Likert scale ranging from 'extremely' to 'not at all', and increases in confidence and perceived skill were observed in both instances. Finally, participants rated their overall satisfaction with the STORM training and the majority reported having enjoyed the training and finding the training techniques useful and added that they would recommend the training to others.

Of the 26 participants who attended a total of three STORM Refresher and Reflection sessions, participants total knowledge scores rose from 51.75% before training to 75% upon completion of the course.

The Project Clinician noted that a score of 51.75% for knowledge of suicide risk factors at the beginning of the refresher session was not ideal considering participants had all completed the full two day STORM training. As a result, the Clinician believes the STORM training should not be offered in isolation but instead followed up with regular refresher sessions, particularly as they offer participants a much-needed opportunity to reflect and debrief with clinicians/peers with regard to risk assessments they have recently undertaken.

Focus Group feedback on the rollout of the STORM Gatekeeper training across schools was overwhelmingly positive and many participants advocated for it to become compulsory professional development for both the school executive body and the wellbeing staff given the consistency it offered in managing suicide risk.

As a result of the STORM training modules, school and service agency staff reported an improvement in their awareness of suicide risk and use of a shared language for discussing levels of suicide risk and safety plans within the school and with referral agencies. Project staff reinforced learnings from STORM to enhance the skills and confidence of school wellbeing staff and teachers when assessing and responding to suicide risk.

School wellbeing representatives agreed that, as a result of the STORM training, and having a shared and consistent approach to categorising risk across the schools, they felt much more confident in their ability to gauge and assess risk and more trusting in the ability of their colleagues to do likewise. Moreover, they agreed that the additional training had given them the confidence to be more assertive with tertiary services when, previously, they may have doubted their own judgement.

… in conjunction with that STORM training … I think our perception of level of risk is a lot clearer whereas I think that if, previously, I had of called Psych Triage and they said this is low risk, I'd just take their word for it.

While some school staff representatives acknowledged the STORM material was already familiar to them, they nonetheless found it affirming as it cemented their understanding of risk which, in turn, gave them the confidence to put their knowledge into action.

Project staff to provide secondary consultation services to school support staff to make informed risk assessments

More than 120 secondary consultations were carried out by the Project staff across 14 secondary school wellbeing teams and/or individual school staff over the course of the Project.

As part of these consultations, Project staff directly assisted wellbeing staff to carry out 27 risk assessments of young people and provided advice and/or support for a further 76. Secondary Consultations also allowed the Project to support the immediate referrals of six high risk young people to tertiary mental health services and a further 32 student referrals were made to hospital emergency departments, Early in Life Mental Health Service, private providers, General Practitioners, **headspace** centres and OzChild Psychologists. In addition, referrals were made for vulnerable wellbeing staff members to the Employee Assistance Program (EAP) to seek support where appropriate.

Secondary consultations also formed part of other activities during the Project including: School Wellbeing Clinical Network meetings; the Hypotheticals Panel discussion; school needs assessment processes; in-reach service provision; the Time to Reflect program; peer networks; Cardinia Youth Services Network; and Casey Cardinia Steering Committee meetings.

Project Outcomes

Feedback from school wellbeing staff indicated that secondary consultations had increased their capacity to correctly identify vulnerable young people and to have them assessed and referred to specialist support as quickly and effectively as possible. As a result, six vulnerable and high risk young people were able to access help before acting on their thoughts of suicide.

Wellbeing staff revealed that these face-to-face consults were an outstanding benefit of the Project. Not only did they reassure staff during times of high uncertainty but they significantly boosted their confidence in carrying out risk assessments which, in turn, had enabled them to be more assertive, not only with tertiary services, but also with their own school leadership teams.

I rang <the Project clinician> about an issue of school refusal and suddenly she came to the school and we were able to sit down and map it out with a couple of other staff … and it meant that we were able to look at and address the issue and then we had a really clear plan … that support was extraordinary actually.

Secondary consultations also contributed to the development of a shared assessment form and referral process across the education and community service sector (as recorded under Objective 2). This assessment form is now used by schools and community agencies and currently forms the basis for clinical decision making and referrals.

Increased service provision to support 'at-risk' young people and respond to help seeking behaviours by young people (Objective 4)

Following the high number of deaths by suicide in Casey Cardinia in 2011 and 2012, schools and services within the region experienced significantly higher numbers of referrals than they had previously and the pressure to provide clinical support services in the area was immense. Many schools also identified a need to support their existing school resources and increase their networks and connections with relevant community agencies.

The Project, in consultation with the Steering Committee, DEECD, CEO, ISV and ELMHS, identified twelve priority schools that required higher levels of support from the Project. These schools had either experienced a death by suicide directly, high levels of suicide attempts, high levels of risk or had been indirectly affected by the deaths that had occurred in the region.

Project to provide and facilitate in-reach services in priority schools

The in-reach service included carrying out a needs assessment process in consultation with the school leadership and wellbeing staff in each of the priority secondary schools and a specific needs assessment tool was developed to guide this process (Appendix 4: Needs Assessment Proforma (sample)). Advice and guidance on the use of brief interventions for young people with mental health problems were delivered to student wellbeing teams as part of their action plans in eight of the priority schools (Appendix 5: School Action Plan (sample) and the Project facilitated planning processes for developing suicide postvention response plans in four schools.

Over the course of the Project, staff provided coordination of support services within hours of a death by suicide occurring in four schools following the deaths of two young people and two adults. This included the provision of support, guidance and advice to school leadership and wellbeing teams, support to students and parents, assistance to school administration staff and liaison with other service providers, in particular the SSSO team in the region. As part of this support, the Project carried out supported risk assessments, provided psychological first aid, offered debriefing opportunities with staff members, aided in funeral planning and provided ongoing supports for both staff and students.

Two schools were provided with postvention support from the Project staff for 15 weeks which included debriefing, capacity building, secondary consultations, supported risk assessments, psychological first aid for staff and students and advice and guidance on policy development. In addition, 34 students at the school received direct clinical intervention from the Project staff.

The Project also made a Private Allied Health Professional available weekly in two schools following deaths by suicide (for a period of four and eight weeks respectively) in order to assist with interventions for vulnerable students and those 'at-risk' of suicide. Overall, 15 students across the two schools were provided with brief psychological interventions.

In addition, the Project conducted six debriefing processing sessions in three schools directly impacted by suicide to increase confidence and obtain a balanced perspective on the factors leading to and following the death by suicide in each instance. Staff also conducted a critical incident review process with two schools impacted by a death by suicide in 2013.

Project Outcomes

Schools reported that the needs assessment process had granted them an opportunity to reflect on school processes, policies, activities and the school environment in relation to student mental health and risk. Wellbeing staff indicated a need for capacity building activities that would increase their confidence and ability to support and assess young people 'at-risk', make appropriate referrals and support young people returning to school following an inpatient admission for a mental health concern (Appendix 6: Results of School Needs Assessments.

Moreover, needs assessments allowed schools, affected by the significant number of suicides in 2011 and 2012, an opportunity to reflect, identify and acknowledge that the crisis had settled and the environment stabilised. Schools felt they had gained significant learning from their experiences of the previous two years and acknowledged the region was now in a recovery phase.

School executive and general staff representatives reported that the in-reach service offered them crucial support and made them feel capable of carrying out the difficult tasks required during the immediate postvention period. They reported feeling "relieved" that they had access to "experts" in the field of suicide that could offer them advice and information on processes, priorities and appropriate language to use, both in the immediate hours following a death by suicide and over the ensuing days.

School wellbeing staff unanimously agreed that one of the great standouts of the Project was this direct access to Project staff. Prior to the Project, the large majority of wellbeing staff had scant opportunity for debriefing, in-reach support or secondary consultations and they claimed to have benefited enormously from having a support person "on the ground" to guide them and to provide emotional, psychological and physical back-up, particularly during critical situations.

Last term, a student had come in, handed out her goodbye letters and then had fled. So we had the police there <and> we had the staff member on the phone to the student, trying to keep her alive <and> he's looking at me ... So <the ***headspace*** *Project clinician> was able to come down and help feed me … And I was able to debrief right in that moment, right in that critical point. ... Without the Project, we wouldn't have had that.*

In fact, many schools did call on the Project staff during crisis situations and sought advice on their postvention management and containment strategies. Leadership staff were often present for these discussions and wellbeing staff found this particularly validating as it not only improved their executive staff's understanding of what they were managing on a day-to-day level but it also built trust and confidence between them. Wellbeing staff also claimed that the opportunity provided to their leadership staff to sit in on these in-reach sessions had aided in shifting a common perception in some schools that wellbeing staff may, at times, exaggerate the urgency of a situation given their empathy with students.

… suddenly the importance of what people were doing was laid out and there was a real jolt in the top brass to realise that … this could hit your school. You're not as safe as you think you are. … And they realised that... it needed to be worked on with urgency. That was very important.

Enhanced capacity of the school community to build resilience and strengths in young people (Objective 5)

The school needs assessments identified a need for evidence-based emotional resilience programs in schools so the Project examined a range of programs in order to identify the most appropriate and evidence based workshop available. It was determined that a consistent approach across the community would be the preferred implementation strategy so as to ensure young people and parents were exposed to the same messages and resources. After examining potential resilience programs, the Project chose to implement the FRIENDS suite of resilience workshops.

The adolescent program (My FRIENDS Youth) is based on Cognitive Behavioural Therapy (CBT) principles to assist adolescents in building resilience and confidence and to learn important skills and techniques to cope with difficult and/or anxiety provoking situations. In recognition of the constant challenges and opportunities adults face on a daily basis, an adult program (Adult Resilience for Life) was developed to teach adults the skills of mindfulness and balanced thinking in order to navigate their experiences, effectively manage their emotions and to be resilient for life.

The FRIENDS suite was chosen primarily because of its strong evidence base (it had been acknowledged by the World Health Organisation for its 15 years of comprehensive evaluation and practice) but also because it included an adult workshop to enhance parent resilience. The My FRIENDS Youth program also included a component of parental engagement to reinforce key messages in the home. The need for an adolescent program which incorporated resources for parental engagement was strong as schools had indicated this was an area of high need.

Project to provide evidence based resilience and strengths based programs for students and families in schools to promote resilience in young people

The Project built on previous interventions to enhance the resilience of the community in a sustainable way. As of the 31st August 2015, 252 school and community staff members had been trained by the Project team as accredited facilitators of the My FRIENDS Youth emotional resilience program, while 88 school and community staff members had been trained as accredited facilitators of the Adult Resilience for Life program. Participants stemmed from schools across all three sectors (25 and 11 schools for My Friends Youth and Resilience for Life, respectively), the DEECD, CEO, ELMHS, OzChild, Windermere, Connections, **headspace** centres, and the City of Casey and Cardinia Youth Services.

Participants of both the adolescent and adult facilitator programs completed evaluation forms before and after the training sessions which assessed their knowledge of the following program components: Cognitive Behavioural Therapy (CBT); Relaxation and Mindfulness; Thinking Patterns; Thought-Feeling-Behaviour Pathways; Coping Step Plans; and Problem Solving Plans.

Project staff conducted discussions with school principals about embedding the My FRIENDS Youth program within the school curriculum and there was strong interest and commitment from schools throughout the region. Following a pilot in 2013, schools across Casey and Cardinia delivered the FRIENDS youth program in 2014 and 2015. As of 31st August 2015, 1213 primary and secondary school students across 18 schools in the region had completed the My Friends Youth resilience workshop while Windermere Child and Family Services had facilitated the delivery of the Adult Resilience for Life program to 94 parents within the Casey Cardinia region.

Project Outcomes

Of the 252 school and community members who completed the My Friends Youth facilitator training, 177 completed an evaluation and the results reflected an increase in total participant knowledge of the program components from 36% prior to the training to 63% after the session. 74 of the 88 school and community staff members who were trained as accredited facilitators of the Adult Resilience for Life program completed evaluations both before and after the training session and there was a 106% combined increase in knowledge of the program components among this cohort (from 32.88% to 67.87%) following the training.

Of the 1213 students who completed the My Friends Youth program, 144 students (8 separate groups) completed the Resilience Scale (RS)[7] before and after the program. 58 of the 94 participants who completed the Adult Resilience for Life program also completed the Resilience Scale pre and post the program.

The Resilience Scale scores range from 25-175 with the following categories:

- 25-100 – Very Low Resilience
- 101-115 – Low Resilience
- 116-130 – Low End
- 131-144 – Moderate
- 145-160 – Moderately High
- 161-175 – High

Of the 144 adolescents who completed the My Friends for Youth evaluation (across eight separate groups), the average resilience score pre and post the program (from 127.625 to 129.328) reflected no overall change on the Resilience Scale, and could be defined as 'Low End' resilience in both instances. (There were fluctuations across the groups, including a slight decrease in one group, from 128 to 125 – though indicating no change on the Resilience Scale – through to an increase of 11 points in another, from 130 to 141, reflecting an increase from 'Low End' to 'Moderate' on the Resilience Scale). However, given that only 11.8% of program participants have, to date, completed an evaluation, the current results may not adequately reflect any changes to the confidence or overall resilience of adolescents who took part in the program. Furthermore, no follow up evaluation measures were taken three months following completion of the MFY program – due to insufficient project resourcing – which has been demonstrated by the World Health Organisation as the point in time in which optimum benefit of the MFY program can be clearly identified. More robust evaluative measures are thus needed in order to accurately assess the impact of the program to date.

The average resilience of the 58 adults who completed the Resilience for Life program evaluation (across seven separate groups) increased from 126.66 points at baseline to 132.5 post the course, reflecting an overall change in resilience from 'Low End' to 'Moderate', as defined by the Resilience Scale. (Fluctuations across the groups ranged from no average change across one group of participants, who remained at 129 – or 'Low' on the Resilience Scale – to an increase of 12.5 points in another group, reflecting an increase from 'Moderate' to 'Moderately High' resilience). While 61.7% of program participants completed an evaluation, more participants completing both the program and the evaluation would lend any measurable changes in resiliency greater legitimacy.

[7] Developed in 1990 by Wagnild, G. & Young, H.M.

Focus Group participants representing the tertiary services sector claimed that young people and professionals in the region appeared to have a much greater awareness of the support and systems available to them than they did a few years ago but agreed that to assess the impact of that in terms of changes in youth resilience and resilience in the community at large would be very difficult. However, school staff claimed that the work done in schools around building resilience and "looking out for your mates" had, nonetheless, positively impacted their student cohort.

I think they're more in tune to one another's needs … They're more mindful of how their friends are travelling. And they're more willing to come and check it with somebody because they don't want another crisis on their hands, or the school's.

School staff representatives agreed that there had been a notable change among the youth in the region since the crisis. They claimed students were much more likely to speak to a staff member now if they were concerned about a friend. They also flagged the huge influence and, for the most part, supportive role social media has had on students during critical times. Many noted instances in which intervention measures had been taken because fellow students had identified concerning remarks on social media and had alerted their wellbeing staff.

… very recently, a student's life was saved because another student came and identified that this student was in danger. We found the student at a school premises and she'd tried to kill herself so ... there's a great safety in it. The kids identifying friends is a huge asset.

In terms of parent resilience, too few parents had undertaken the Adult Resilience for Life program over the course of the Project for it to have had any definitive and observable positive impact, however, this may change as schools continue to improve connections with their parent body and more parents undertake the FRIENDS program.

In the meantime, wellbeing staff representatives felt that, in the wake of the crisis, and the associated rise in suicide related media hype, many parents actually appeared less resilient. They speculated whether this was due to them now having an improved awareness of mental health issues and yet still lacking the necessary management strategies and knowledge of where and with whom to seek help. Furthermore, in those schools where a high percentage of the parent body derives from migrant backgrounds, wellbeing staff claimed to have an additional set of challenges when working with resilience among their parent group.

I'll/we'll be working with these young people, and then they go home, and the parents are just not on the same page. And after a little while, you just see the apathy of the young person … 'I don't want to come and talk to you anymore. It doesn't work' … 'I'm going home to the same situation'. Or 'nothing's changing.'

Addressing ongoing challenges

Despite the vital gains made by the Casey Cardinia Project in the region still faces significant challenges, particularly in the area of suicide prevention. It is recommended that these challenges are addressed in order to further the impact of the Project and consolidate the movement from crisis response back into ongoing mental health promotion and prevention work.

Achieving project sustainability beyond implementation

Concerns were raised by school staff regarding whether the partnerships and linkages which had surfaced between schools and services would remain once the Project ceased. While they believed the community would attempt to safeguard and 'nurture' the networks and relationships which had been established, the majority were not confident of their ability to manage them independently and felt an external agency should be responsible for maintaining them.

Sharing data to aid continuity of care

Many school executives expressed frustration at the obstacles they still encounter when trying to access a child's mental health history from other schools in the region. They recognised confidentiality issues where a previous school did not wish to disclose information because they do not want the child to be stigmatised. However, they also suggested that information was withheld for fear that the new school would not accept the child if his or her mental health history was made apparent. Executives claimed that, although this may not necessarily be problematic at the time, it may impact the child many years down the track. School wellbeing staff also highlighted the apparent lack of education that parents would often demonstrate in relation to their child's suicidal behaviour. They noted instances in which parents refrained from disclosing pertinent information about their child's risky behaviour to the schools as they had deemed it to be 'attention seeking' or not a matter for the schools.

While the majority of school leadership staff agreed that the issue of 'non-disclosure' is slowly improving, both between schools and between parents and schools, they all felt strongly that it was an area still requiring a great deal of work, particularly given there is currently no standard nor policy in place for the disclosure of a child's mental health history.

Enhancing communication between leaders of schools

Similarly, wellbeing staff were troubled by the apparent lack of openness and communication between leadership staff across the region. They argued that, given many of their schools exchange students following expulsions and that social media use is so prevalent among young people, all schools in the region are impacted by deaths by suicide occurring in neighbouring schools. Yet they felt that some of their principals were not responding with an appropriate level of care and protection for their students as they wanted to avoid being categorised as a 'problem school'.

Prioritising mental health in schools

Although wellbeing staff from the priority schools claimed there had been a significant cultural change among their executive body in terms of prioritising the mental wellbeing of their pupils, wellbeing staff representatives from other schools in the region reported still experiencing strong resistance from their executive body and argued that their schools' approach to student wellbeing remained very ad hoc. Thus, while the Project has greatly enhanced the importance given to wellbeing teams within the priority schools, much work remains to be done throughout the region to focus school resources on mental health education and youth resilience.

Achieving consistent base level mental health knowledge for all school staff

Wellbeing staff also reported the lack of consistency in the general teaching staff's knowledge of youth mental health issues as another challenge facing the region's schools. During critical periods, wellbeing staff have often found the general teaching staff to be inconsistent in their ability to track 'at-risk' youth, potentially due to their heavy workload but also given their lack of awareness of the mental health issues facing their students. Were every school to have a consistent approach for communication involving 'at-risk' students, wellbeing staff felt schools would be much more effective in managing the safety of their students.

Consistent delivery of mental health prevention curriculum

Both school leadership and wellbeing staff lamented the absence of preventative mental health education in current school curriculums throughout the region but particularly in the Catholic and independent schools. Wellbeing staff claimed that, although the Project had made some very significant changes in the region, it lacked both the means, and "power", to truly influence the "curriculum culture" so prevalent in schools today. While the Project had made the FRIENDS suite of resilience workshops available to schools, executive staff admitted that to actually make space for it amid constrained curriculums, budget shortfalls and staff shortages presented a major challenge.

School staff agreed that the DEECD and the schools' parent bodies need convincing that dedicating time in the curriculum to preventative mental health education – at the perceived expense of VCE subjects – would be a valuable investment. They also believed that building the resilience of their parent group would be paramount to improving the resilience of their student cohort. While the FRIENDS program incorporated a workshop specifically targeting adults, attracting parents to the workshop presented a major challenge both for the Project staff and the region's schools and this remains a significant gap at the close of the Project.

Managing self-harm in schools

Another challenge facing the region, and one that wellbeing staff felt had only surfaced since the crisis, was the increase in non-suicidal self-injury among high school students. They speculated whether the "exponential rise" they had observed was a direct result of youth choosing to "self-medicate emotional pain" rather than seek the support of their school's wellbeing staff and/or mental health professionals. In response to their concerns, the **headspace** Project offered a professional development workshop on managing self-harm in schools, however, it was not as far reaching as the STORM training had been and school wellbeing staff still felt a significant gap in their ability to manage the issue. Project staff admitted the issue was particularly difficult given the lack of clarity from the education authorities on how they wanted to manage self-harm in schools. While this was somewhat clarified given the introduction of SAFEMinds to schools in the region, self-harm 'clusters' and 'how deep can you go' groups were forming and SAFEMinds did not go into this level of detail on how to manage this.

Supporting and tracking students in transition

While some schools try and provide a 'handover' when students leave their school – the structured provision of any documents pertaining to high risk students to the new schools – they are not always granted consent to do so by the students' families as both students and their families are often vying for a fresh start. However, it is rare for students to experience a true sense of 'starting over' and, in general, the risk for these students actually increases with every change of school, staff and friendship group. This issue was a significant feature among the young people who died in the region and of those who had attempted suicide or were admitted to inpatient units. Furthermore, it is an issue which school staff repeatedly urged the Department of Education to address.

A related issue for the region that was raised by school executives pertained to students who leave school, potentially under a guaranteed pathway, but who are then discovered on the streets, just a few weeks or months later, with no support network in place. School representatives agreed that, while they have a responsibility to track these young people, they were lacking both the time and resources to do it properly and felt the responsibility and coordination for them should rest with an outside agency.

Reaching young people disconnected from school

A limitation of suicide recovery programs targeting schools is how they might access young people disconnected from school. This was an issue frequently raised among stakeholder representatives and they believed it to be one of the "largest issues facing the region". School staff reported that the majority of young people who fall into serious crises are no longer connected to the school they are registered in, making it very difficult for schools to assist them. They claimed that many of the young people who died during the crisis in Casey and Cardinia had not been attending school at the time of their death and, while the media may have connected them to a school, they were potentially only in attendance there for a few weeks or months. They added that, as most of these young people had been moving between schools for some time, they could have been connected to any number of schools over a six month period.

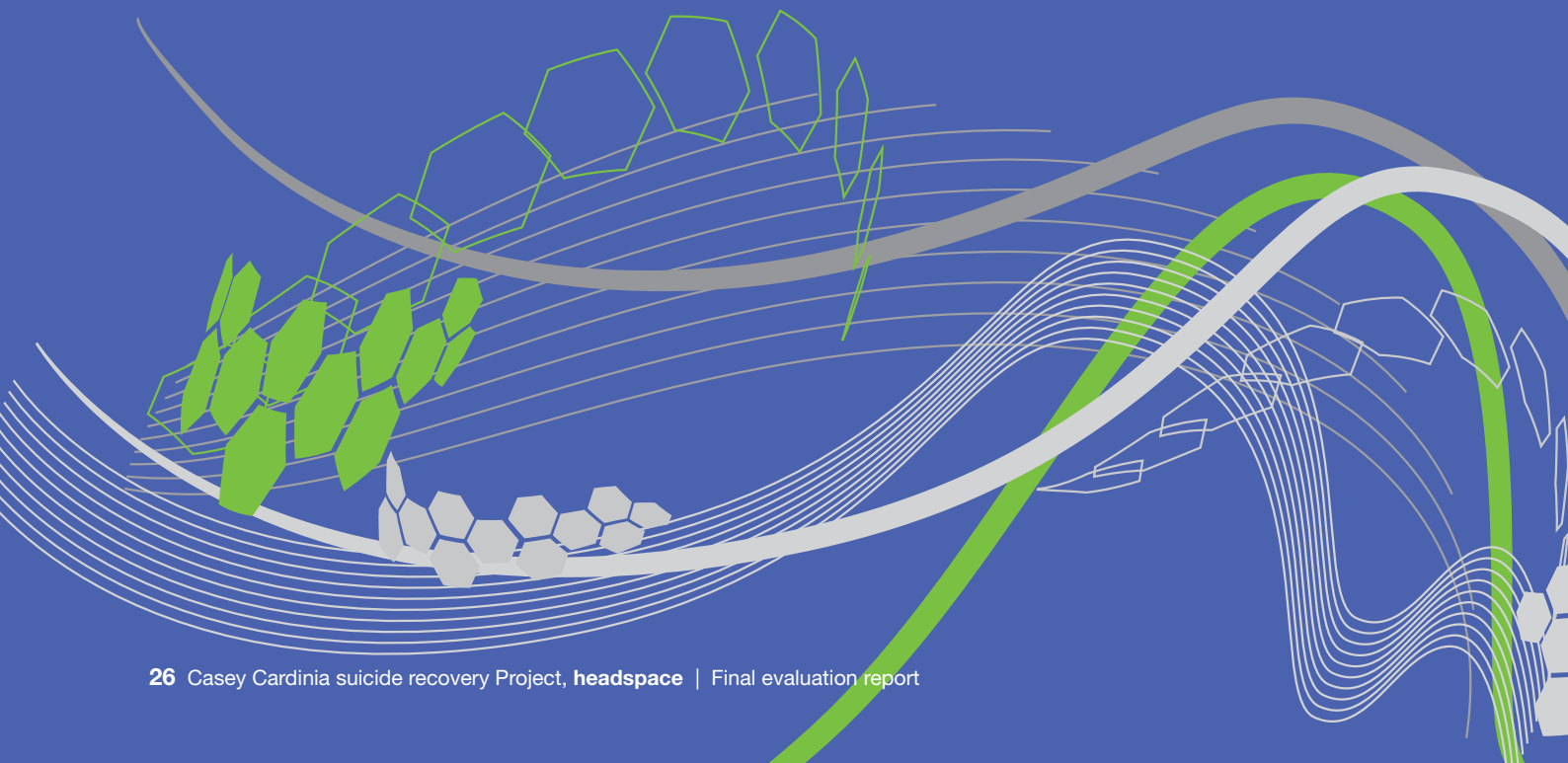
Engaging parents

An ongoing challenge for schools, and a critical factor in young people's wellbeing, was maintaining a healthy relationship with their parent body. Many principals had observed problems escalating for their students when families severed connections and communication with the school, often following an incident entailing their child. They claimed that, despite attempts being made to reach out to parents in these situations, parents often declined the connection thus isolating themselves and their child/children in often quite vulnerable circumstances. School staff reported that parents often fail to disclose pertinent mental health information about their children to schools, fearing that the schools might reject their enrolment or unfairly judge them. Leadership staff admitted that, while they make many attempts to communicate with their parent body, continuity of communication, and parental collaboration, remains one of their greatest challenges.

A further issue which reflects the need for improved collaboration between schools and their parent body relates to setting up mental health care plans for at-risk students. In order to link a student into a psychologist, wellbeing staff must first set up a mental health care plan with a GP which requires parental consent. However, whether due to ignorance, a fear of their child being stigmatised or because of financial constraints, staff claimed that parental consent is not always forthcoming and that this presents a continuing problem for schools.

Conclusions and Recommendations

The purpose of this chapter is to highlight key recommendations from the Project for the consideration of the Department of Health and Human Services as they review the implications of this Project both for ensuring ongoing comprehensive and sustainable suicide prevention initiatives in the Casey Cardinia region as well as future suicide recovery programs.



Conclusions

The Casey Cardinia Project was a unique Project delivered under unique circumstances. While the success of 'traditional' Projects can generally be measured in terms of the number of activities and outputs attained, the impact of suicide prevention, postvention and recovery programs are much harder to appraise given high level impacts (for example, reduced rates of youth suicide) are not always possible to measure. However, it was evident that the Casey Cardinia Project had a significant impact upon the community, assisting the region to move through its grief and anxiety and change the narrative from one of suicide to resilience, and from postvention to prevention.

Overwhelmingly, executive and general school staff claimed there had been huge gaps in the region's dedication to student wellbeing prior to the crises and they agreed the Project had precipitated a cultural shift within the schools in terms of the value they attributed to student wellbeing and the health of their staff members. The Project prompted schools to review their wellbeing policies and provided crucial access to tertiary services and mental health education, particularly in suicide postvention but also in suicide prevention and early intervention.

The Department of Health and Human Services funding enabled the Casey Cardinia Project to embed evidence based practices across schools and within community organisations supporting schools. School staff exposed to professional development, secondary consultations and in-reach services facilitated by the Project claimed they were more confident and equipped to manage more complex mental health presentations, suicidal ideation and suicides, and better resourced to discuss levels of suicide risk and safety plans with referral agencies. Tertiary Services representatives reported they were receiving more appropriate and timely referrals which had increased their efficiency and availability to carry out immediate assessments of young people 'at-risk'.

However, perhaps the most meaningful outcome of the Project was the role it played in establishing and strengthening relationships and partnerships between schools, local government and services throughout the region. Participants believed that the networks which emerged, out of both the crisis and the Project, have contributed to increasing the safety of young people throughout the region as responsibility for their wellbeing has become a matter of the entire region rather than the sole responsibility of individual schools.

Given the trauma, anxiety and justifiable reserve of the community at the outset of the Project, it has made significant gains for the schools in the Casey Cardinia region and the community at large. However, sustaining these achievements is paramount to ensuring youth suicides in the region continue to be contained and that the community can focus its energies and resources on building resilience and capacity within the schools and among parent groups and community agencies.

Recommendations

The recommendations are in two parts, firstly for Casey Cardinia to further the impact of the Project and to address the challenges identified in this evaluation and secondly for future suicide recovery projects in other locations.

Casey Cardinia

Recommendations:

1. **The collaborative all agency approach to responding to youth issues, in particular youth suicide be continued in the Casey Cardinia region. This would include distribution and support for the use of specifically developed resources.**
2. **Schools and agencies to establish sustainable information sharing protocols to ensure continuity of care for vulnerable young people.**
3. **School leaders to establish formal and informal means of communicating students' death by suicide and young people at risk of suicide, including supporting and tracking students in transition between schools.**
4. **Schools individually and collectively to prioritise strategies to develop staff capacity in mental health inclusive of whole school approaches, prevention activities, Mental Health First Aid, gatekeeper training and mental literacy.**
5. **Schools and agencies to address non suicidal self-harm by implementing programs such as SAFEMinds (developed by the Victorian department of health and headspace) and developing school policy underpinned by evidence and best practice.**
6. **Schools and agencies to establish effective strategies to engage parents, particularly with regard to developing mental health care plans for at risk students.**
7. **Agencies and local government to work with schools to develop strategies for reaching young people disconnected from school.**

Future suicide recovery projects

Specialist programs introduced into a community having experienced a significant number of youth suicides should include collaborative, considered and evidence based interventions including targeted professional development to school and community services staff as well as access to secondary consultations and formal debriefing and supervision for wellbeing staff.

Recommendations:

1. **A uniform risk assessment tool be agreed upon and training[8] implemented across the community to ensure a shared language between the education and health sectors.**
2. **Secondary consultations be provided during the containment and risk intervention stages ensuring vulnerable young people are promptly identified and referred to specialist support.**
3. **Interim in-reach clinical support is necessary initially until a wider support structure is identified.**

Following a reduction in the immediate crisis, resources should build skills and capacity in school staff and community agencies rather than in the continued provision of clinical support. These capacity building activities should be offered across sectors and encourage the development of relationships between schools[9] and community agencies.

Recommendations:

4. **Targeted training be provided to staff[10] regarding postvention, intervention, risk assessment and broad mental health.**
5. **Formal structures be established for debriefing, reflection and ongoing professional supervision for school staff.[11]**

Identify when it is time to 'change the narrative'. The disposition of the community should be consistently monitored and consideration of the levels of grief and distress should be used to guide the most effective time to change focus from crisis and containment to one of recovery.

Recommendations:

6. **During targeted prevention, the focus to be on building capacity[12] and integrating processes across all levels of system of care.**
7. **A comprehensive plan to be developed for responding and recovering including the school's return to long term wellbeing and optimal functioning in consultation and collaboration with stakeholders.**

Project staff employed to provide support to a region experiencing a significant number of youth suicides require a high level of skill in building relationships, a strong clinical knowledge, an ability to listen yet provide expert advice when needed and the capacity to apply clinical principles and execute decisions at system change levels.

Recommendations:

8. **Project staff need to be well supported by an external agency and sufficiently resourced to maintain their effectiveness within the community[13].**
9. **Retention of staff for the duration of the intervention is crucial as building trust and credibility in a community experiencing high levels of distress is challenging and time consuming.**

Stakeholders emphasised the lack of an overarching body dedicated to steering a region through a crisis such as that experienced in Casey Cardinia. They emphasised that behind the successful governance of a similar crisis would be an organisation willing to immerse itself in the "culture" of the region, such as the **headspace** Project had done.

Recommendation:

10. **The state or federal government to nominate a designated lead to be responsible for allocating resources and coordinating agencies and services during a crisis situation.**

[8] It is imperative that research be carried out into whether staff who have not been clinically trained should be carrying out risk assessments in schools considering the potential informational trauma associated with this task. One must consider the ethical implications of upskilling personnel who may not be trained in mental health to complete risk assessments without adequate support from education authorities.

[9] Clinical Network Meetings significantly enhanced coordination and collaboration both between schools and between schools and services and should be encouraged to continue beyond the Project. There could also be a potential value in having PTS staff attend clinical networks.

[10] Ideally, PTS would provide professional development opportunities for wellbeing staff on their systems and processes and STORM Refresher and Reflections sessions should be ongoing in order to offer school staff support in conducting risk assessments.

[11] Where this is not provided for by the Department of Education, school principals and wellbeing teams are encouraged to fund private supervision through accredited supervisors in the area.

[12] During recovery or targeted prevention projects, the schools' focus should be on increasing protective factors among their student cohort, including running more parent information sessions on how to manage risk with their children. Schools can often feel overwhelmed and disempowered by the risk factors their students are exposed to (such as drug issues, family breakdowns etc.) and enhancing protective factors among their student body is something they have some control over.

[13] In the case of the Casey Cardinia Project, access to a pool car enabled Project staff to respond to a school callout within 30 – 60 minutes. This contributed significantly to building trust that the system would respond quickly which was, in turn, crucial for establishing trust between Project staff and the schools.

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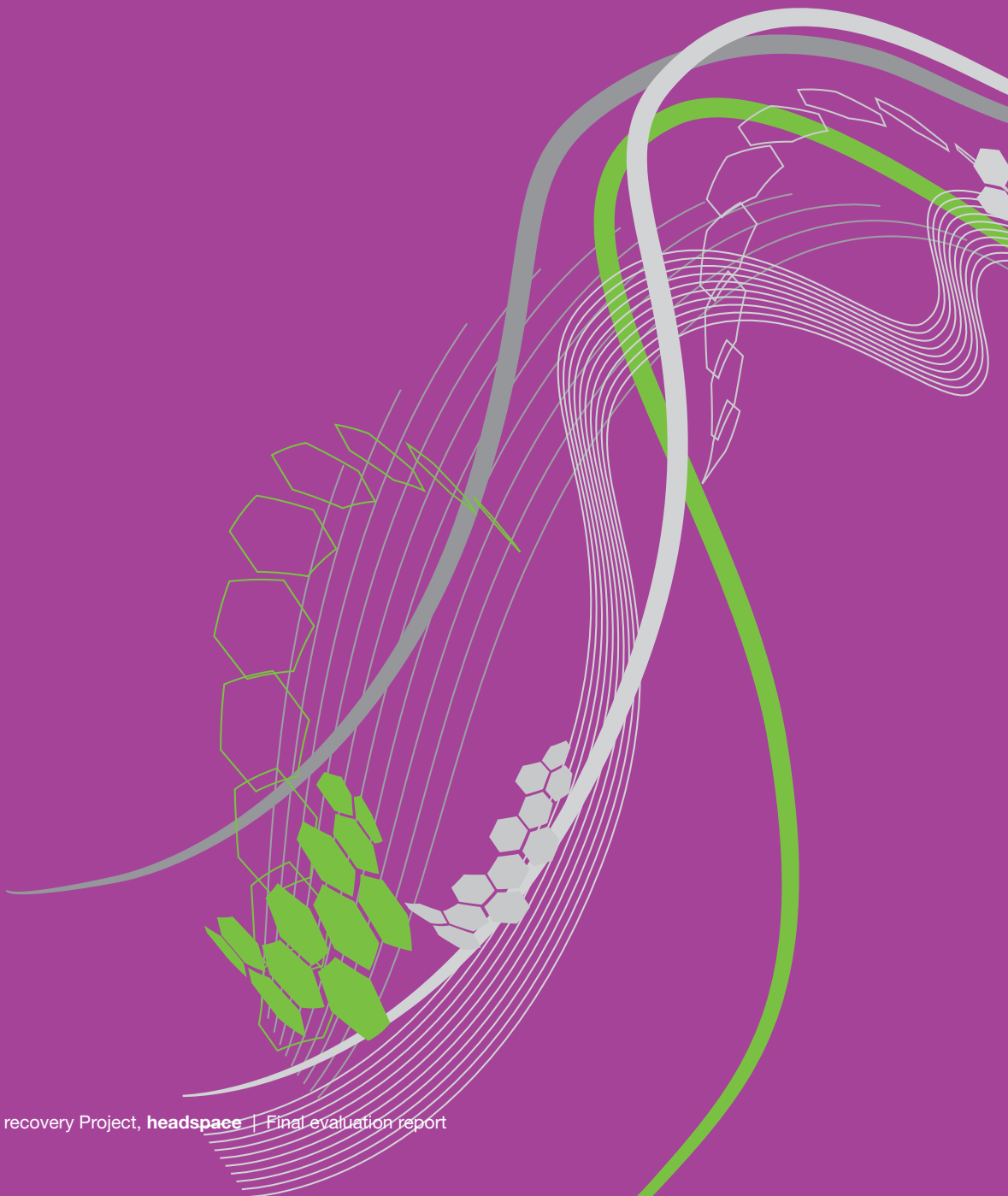
Appendices



Appendix 1: Mapping activities, outputs and outcomes against the Program Logic

Objective 1: Enhanced community capacity, strength and resilience		
ACTIVITIES	**OUTPUTS produced**	**OUTCOMES achieved**
Project staff to revise mental health care structures and resources throughout the Casey/Cardinia community.	• Attended meetings of the Youth Suicide Steering Committee, Youth Mental Health Network (formerly the Advisory Group) and Student Wellbeing Clinical Network (school wellbeing staff) over the course of the Project. • Reviewed role, function and membership of the Youth Suicide Steering Committee and the Youth Mental Health Network and provided input on gaps and service needs. • Conducted needs assessments across 18 secondary schools in the region. • Met monthly with policy and service delivery representatives of the Department of Health and Human Services and the Department of Education and Early Childhood Development (DEECD) to discuss opportunities for collaboration and the development of sustainable initiatives. • Initiated and supported the delivery of a Critical Response Planning process – conducted by StandBy (a National Suicide Bereavement Service) – in order to develop a sustainable suicide response plan in the broader community.	The revised community mental health care structure included the following: – Community suicide response plan to be enacted following any death by suicide (and held by the Medicare Local); – Steering Committee to be formed in the event of a death by suicide of a young person; – Youth Mental Health Network to share service information, identify needs and collaborate on Projects; – Student Wellbeing Forum Committee – facilitates forums with DEECD, Catholic Education Office (CEO), Independent Schools Victoria (ISV), City of Casey and Cardinia Shire – to share information and professional development opportunities; – Student Wellbeing Clinical Networks – co-facilitated by Early in Life Mental Health Service (ELMHS) and **headspace** – to enhance linkages and capacity within schools. – Service mapping was carried out in conjunction with the Youth Mental Health Network members. This improved the community's understanding of available services and referral processes.

Appendix 1: Mapping activities, outputs and outcomes against the Program Logic (continued)

Objective 1: Enhanced community capacity, strength and resilience		
ACTIVITIES	**OUTPUTS produced**	**OUTCOMES achieved**
Project staff to coordinate and liaise between schools, local mental health services, the Youth Mental Health Network and other community services.	• Coordinated a regular breakfast briefing enabling Principals to share ideas and provide input on the Project. • Co-facilitated four Student Wellbeing Clinical Networks with school staff from across the region together with ELMHS. • Assisted in the development of referral pathways and service connections while conducting school needs assessments. • Carried out service mapping in conjunction with the Youth Mental Health Network. • Assisted in school and community linkages through secondary consultation processes. • Conducted meetings with South Eastern Melbourne Medicare Local (SEMML), City of Casey and Cardinia Shire Council staff; NGOs (Windermere Child and Family Services; Connections; Oz Child and St John of God) and School Focused Youth Service to discuss collaboration and service delivery in schools. • Partnered with School Focused Youth Service, SEMML and City of Casey, in collaboration with DEECD School Support Staff, all sector School Wellbeing Staff, and local services via the Casey/Cardinia Youth Mental Health Network to develop and implement a shared assessment form and referral process. • Negotiated with community services (Cardinia Shire Council; City of Casey Youth Services; DEECD Student Support Service Officers/ Practice Managers/Secondary School Nurse Program; Connections; Sports Chaplaincy Australia; **headspace** Morwell and Dandenong; OzChild; CEO; ELMHS and Windermere) for the planned provision of resiliency programs for young people in schools and for parents connected to schools.	The Project identified system or service gaps that increased risk for young people and worked collaboratively with schools and services to strengthen linkages and pathways of support Collaboration and coordination was enhanced across the school sector resulting in information exchange following a death by suicide and when a service or school notices signs of increased risk. Further linkages between agencies and schools were enhanced through co-participation in capacity building activities such as FRIENDS Resilience and Adult Resilience workshops. The collaboration between the Project and local government services to instigate and implement a shared assessment form and referral process also contributed to strengthening the relationships and partnerships between schools and the broader community sector.

Objective 1: Enhanced community capacity, strength and resilience (continued)		
ACTIVITIES	**OUTPUTS produced**	**OUTCOMES achieved**
Project staff to coordinate and liaise between schools, local mental health services, the Youth Mental Health Network and other community services. *(continued)*	• Development and implementation of an initial school referrals map for the priority schools which could outline and monitor appropriate referrals to school based resources or community services, including the number of young people/families supported by referrals and links. • Facilitated networking opportunities between services during delivery of both the STORM Gatekeeper training and Adult and Youth Resilience training (participants have included school staff, parent support agencies, youth agencies and DEECD, ISV and CEO staff). • Further networking opportunities were made possible during implementation of the 'Time to Reflect' program, facilitated by ELMHS for wellbeing staff from the priority schools. • Encouraged the incorporation of parent support agencies into the Youth Mental Health Network to enhance their profile and develop referral linkages.	
Project staff to oversee the delivery of suicide information and intervention skills to community agency staff, school staff and parent agencies.	15 professional development workshops have been delivered to 2477 participants over the course of the Project and attendance has included representatives from 15 schools, the City of Casey, the Shire of Cardinia, Secondary School Nurses, Secondary School Service Officers (SSSOs), Cardinia Youth Service Network Members, Windermere, OzChild, and ELMHS staff. Workshops have included training in: • Youth mental health • Self-harm management • Grief • Indicators of suicide risk • Understanding suicide • Staff Self Care • Emotional resilience training In conjunction with ELMHS, Project staff co-facilitated Student Wellbeing Clinical Network meetings and workshops with Secondary School Adolescent Health Nurses enabling professional development through case analysis.	Pre and post session questionnaires were completed by participants for the majority of the professional development workshops and, on average, their knowledge of the topic had increased following the training. Participants of the Student Wellbeing Clinical Networks reported feeling more confident and competent to manage more complex mental health presentations, suicidal ideation and suicides, and better understood when and where to refer young people. School and agency staff members reported greater awareness and use of a shared language for discussing suicide risk and safety plans within their schools and with referral agencies. Project staff reinforced learnings from professional development programs to increase skills and confidence in utilising evidence based risk assessments.

Appendix 1: Mapping activities, outputs and outcomes against the Program Logic (continued)

Objective 1: Enhanced community capacity, strength and resilience (continued)		
ACTIVITIES	**OUTPUTS produced**	**OUTCOMES achieved**
Project staff to oversee the delivery of suicide information and intervention skills to community agency staff, school staff and parent agencies. *(continued)*	In conjunction with **headspace** School Support, the Project aided in the delivery of 31 regional Suicide Postvention Preparation Planning workshops, attended by 24 regional schools, in order to raise awareness of suicide contagion effects and assist in the development of critical response plans. Project staff participated in a Hypotheticals Panel discussion for 40 regional school support staff from four networks to enable discussion of issues and situations they face with mental health professionals. The Project supported the provision of the Time to Reflect program, facilitated by ELMHS, to enable school wellbeing staff to examine their processes and investigate methods for enhancing clinical support.	
Conduct parent workshops and information sessions to support parents in enhancing protective factors in young people.	Eight parent information sessions were carried out across the region. This was lower than the Projected 12 as, in the interests of sustainability, Project staff liaised with parent support services to streamline and coordinate activities in order to reduce duplication and directly increase their presence and availability for parent support and information in schools. Similarly, the Project conducted the FRIENDS Adult Resilience facilitator training to parent support agencies (including Windermere, Connections and OzChild) across the community. In exchange, these agencies were encouraged to implement the FRIENDS Adult Resilience Parent and Staff Program in schools throughout the region.	Parent information sessions resulted in improving the awareness of general adolescent development among parent cohorts and when/where to seek help for their children if concerned. The Project liaised with Windermere, Connections and OzChild to implement the FRIENDS Adult Resilience Parent and Staff programs in schools across the region and schools demonstrated their committed to enhancing parental engagement and linkages with support agencies by co-facilitating the workshops. The Adult Resilience for Life parent program has resulted in strengthening relationships between parents and schools; encouraging parents to seek help and support their young people in relation to resilience; developing a sense of community among the parent group and changing the narrative in the community from one of risk to one of resilience.

Objective 2: Implementation of tools that assist in determining levels of psychological distress and issuing appropriate referrals for those identified as 'at-risk'.		
ACTIVITIES	**OUTPUTS produced**	**OUTCOMES achieved**
Project staff to implement the use of evidence based assessment tools to identify levels of psychological distress.	The Project was integral in instigating the use of a shared assessment and referral procedure across schools and services. In consultation with regional mental health services, the Project adapted the risk assessment tool from the STORM Suicide Risk Training Program to make it more 'user-friendly' and promoted the SAFEMinds training and associated tools with the intention of building a shared understanding of risk levels, more appropriate referrals and improved and more efficient access to support services for young people.	Services reported increased confidence in assessing levels of suicide risk and creating safety plans within the school and with referral agencies.
Project staff to issue follow-up risk assessments for young people identified as 'at-risk'.	Project staff fostered their relationship with ELMHS enabling the fast tracking of 'at-risk' referrals for assessment by Psychiatric Triage Service (PTS). Project staff attended ELMHS intake and triage meetings to discuss school referrals and highlight young people who had been identified as 'at-risk' for follow-up assessment and treatment. A number of activities already discussed in this report contribute to the overall activity of ensuring that 'at-risk' young people are identified, referred and assessed as quickly and as easily as possible through a consistent, collaborative and effective streamlined process.	The Project established pathways to ensure young people who are referred to PTS are flagged and assessed immediately. Services report receiving more appropriate and timely referrals which has increased efficiency and availability for immediate assessments of young people 'at-risk'. The Project assisted the SAFEMinds Project to develop a referral matrix and school safety map.

Appendix 1: Mapping activities, outputs and outcomes against the Program Logic (continued)

Objective 3: Increased skills and confidence of school wellbeing staff to assess and respond to risk		
ACTIVITIES	**OUTPUTS produced**	**OUTCOMES achieved**
Project staff to deliver Gatekeeper Training (STORM) to wellbeing staff and teachers in the Casey Cardinia region.	39 sessions of STORM have been delivered and 208 participants have received training in conducting risk assessments, safety planning and suicide postvention. A further 26 STORM facilitators took part in the STORM Refresher and Reflection sessions. Participants represented: DEECD; CEO; ISV; 29 schools across the region; Casey Youth Services; and Cardinia Youth Services. Pre and post session questionnaires were undertaken to evaluate the effectiveness of the program.	83 participants of the STORM training completed the pre and post session evaluation. Increases in confidence and perceived skill were observed when working with students 'at-risk' and with people with a mental health problem or history of self-harm. School and agency staff members reported increased confidence and awareness of a shared language when discussing levels of suicide risk and safety plans within the school and with referral agencies. The Project built on the learnings from STORM through secondary consultations, in-reach school support, participating in the School Wellbeing Clinical Networks and running STORM Refresher courses, all of which enhanced the skills and confidence of wellbeing staff and teachers when assessing and responding to suicide risk.
Project staff to provide secondary consultation services to school support staff to make informed risk assessments.	The Project staff provided 122 occasions of secondary consultation across 14 secondary school wellbeing teams and/or individual school staff. Project staff directly assisted school wellbeing staff to undertake 27 risk assessments on young people. In total the Project has provided advice and/or support in 76 risk assessments on young people. Thirty-two student referrals were made to hospital emergency departments, Early in Life Mental Health Service, private providers, General Practitioners, **headspace** centres, OzChild Psychologists and the Employee Assistance Program for school staff.	Wellbeing team members reported that secondary consultations enhanced their skills in carrying out risk assessments and safety plans. They claimed the consultations increased their capacity to correctly identify vulnerable young people and to have them assessed and referred to specialist support as quickly and effectively as possible. Through secondary consultations the Project was able to support the immediate referrals of six high risk young people to tertiary mental health services, enabling them to access help before acting on their thoughts of suicide.

Objective 3: Increased skills and confidence of school wellbeing staff to assess and respond to risk (continued)		
ACTIVITIES	**OUTPUTS produced**	**OUTCOMES achieved**
Project staff to provide secondary consultation services to school support staff to make informed risk assessments. *(continued)*	Secondary consultations are part of other activities recorded in this report including: • School Wellbeing Clinical Network Meetings • Hypothetical panels • School needs assessment processes • In-reach service provision • 'Time to Reflect' program • Peer networks • Cardinia Youth Services Network • Casey Cardinia Steering Committee Meetings	Secondary consultations also contributed to the development of a shared assessment form and referral process across the education and community service sector. This assessment form is used by schools and community agencies and currently forms the basis for clinical decision making and referrals.

Appendix 1: Mapping activities, outputs and outcomes against the Program Logic (continued)

Objective 4: Increased service provision to support 'at-risk' young people and respond to help seeking behaviours by young people		
ACTIVITIES	**OUTPUTS produced**	**OUTCOMES achieved**
Project to provide and facilitate in-reach services in priority schools.	Needs assessments were carried out in 12 priority schools (see Appendix 4) and action plans were developed in eight of these schools (see Appendix 5). In addition, advice and guidance on the use of brief interventions for young people with mental health problems were delivered to their Student Wellbeing Teams. The Project facilitated planning processes for developing suicide postvention response plans in four schools. Project staff provided coordination of support services within hours of a death by suicide in four schools following the deaths of two young people and two adults. Project staff provided two schools with three hours per week of in-reach postvention support for 15 weeks and 34 students received clinical intervention from Project staff. The Project provided a Private Allied Health Professional for one day per week in two schools for a period of four and eight weeks respectively, following deaths by suicide. The Project conducted six debriefing processing sessions in three schools directly impacted by suicide and conducted a critical incident review process with two schools impacted by a death by suicide during 2013.	Schools have reported that they were able to reflect on the school processes, policies, activities and the school environment in relation to student mental health and risk during the needs assessment process. Wellbeing Staff indicated a need for capacity building activities that increase their confidence and ability to support and assess young people 'at-risk', make appropriate referrals and support young people returning to school following an inpatient admission for a mental health concern (See Appendix 6). School leaders and staff reported feeling supported and informed to carry out the difficult tasks required during the immediate postvention period and communicated that they were ready to begin developing their own postvention preparedness plans.

Objective 5: Enhanced capacity of the school community to build resilience and strengths in young people		
ACTIVITIES	**OUTPUTS produced**	**OUTCOMES achieved**
Project to provide evidence based resilience and strengths based programs for students and families in schools to promote resilience in young people.	252 facilitators have been trained to deliver the My FRIENDS Youth resilience program, including participants from both the school and services sector. 88 facilitators have been trained to deliver the Resilience for Life program (Adult Resilience program for Parents and School Staff), including participants from 11 schools and the community sector. As of 31st August 2015, 1213 primary and secondary school students across 18 schools in the region had completed the My Friends Youth resilience program while Windermere had facilitated the delivery of the Adult Resilience for Life program to 94 parents within the City of Casey. The Project conducted discussions with School Principals about embedding the FRIENDS program within the school curriculum.	177 of the 252 and 74 of the 88 participants who completed the My Friends Youth and Adult Resilience for Life facilitator training, respectively, completed evaluations. In both cases, participants demonstrated an increase in knowledge of the program components (including CBT, Thought-Feeling-Behaviour Pathways; and Coping Step Plans) following the training sessions. Of 1213 adolescents who completed the Friends for Life program, 144 (11.8%) completed an evaluation although there was no marked change in their average resilience pre and post the program when utilising the Resilience Scale. Of the 58 adults who completed the Resilience for Life program evaluation, their total average resilience increased upon completion of the program, reflecting an overall change from 'Low End' to 'Moderate' on the Resilience Scale. There has been strong interest and commitment from schools in the Casey/Cardinia region to incorporate the My FRIENDS Youth resilience program into the curriculum. Agreements are in place with trained facilitators to deliver in schools and with parents across the region. The Project staff members reported enhanced relationships between schools and youth and family support services as a result of co-facilitation of the My FRIENDS Youth program.

Appendix 2: Participant Information Sheet

Study Title:

Casey Cardinia **headspace** project evaluation

Principal researcher:

Ann-Siobhan Connolly

Introduction:

The following information outlines the study and your role as a potential participant.

Your study investigator has been employed by **headspace** to carry out the project evaluation and will answer any questions you may have about the study. The information contained within this Information Sheet will help you to understand what your role in the study would entail, the possible risks and benefits of being involved and your rights and responsibilities. Please note there is no reward associated with taking part in this study.

Purpose of the Study:

You are invited to participate in a research study, which is being conducted in order to establish whether the Casey Cardinia **headspace** project has minimised the distress associated with past suicide deaths of young people in the region as well as reduced the risk of further suicides.

In order to gauge the strengths and weaknesses of the project, the study hopes to recruit representatives from the region who have been associated with the project, including staff members from secondary schools; parents of secondary school students; members of the City of Casey Suicide Steering Committee and community and specialist agency staff.

Study procedures:

Participants will be asked to take part in a one-off interview with the principal researcher and, depending on the role and contact participants have had with the project, participants will either be interviewed independently or within a small group of colleagues. In either case, the expected duration of the interview will be approximately one hour and all efforts will be made to schedule interviews at a time most convenient to participants.

Risks and Discomforts:

Given the nature of the project, participation in the evaluation interview may give rise to uncomfortable memories and/or distressing thoughts and feelings.

In the event this occurs, Dr Alish Rodgers, the Casey Cardinia **headspace** project clinician, will be on standby to debrief with participants at the cessation of the interview. In addition, all participants will be provided with a list of appropriate sources of support they can access at a later date in the event they find participation in the interview distressing in any way.

Possible Benefits:

Participating in the evaluation study would afford you the opportunity to provide valuable feedback on the strengths and drawbacks of the study, which may then be used to inform future suicide postvention projects.

Voluntary Participation/Right to Refuse or Withdraw:

There is no obligation for you to be involved in this study. If at any time, either prior to the interview, or during the course of an interview, a participant wishes to withdraw from the study, he or she may do so without prejudice.

Confidentiality:

To ensure maximum confidentiality, participants' real names will not be used and participants will be asked to use a pseudonym, provided on a label, during the interview.

With participant permission, interviews will be recorded on an audio device and this data will be securely stored on **headspace** National data servers and kept for a period of five years from the date of publication, at which time the data will be destroyed. Any transcribed data taken from these interviews will be de-identified to ensure the privacy and confidentiality of all participants is maintained.

Results of the study:

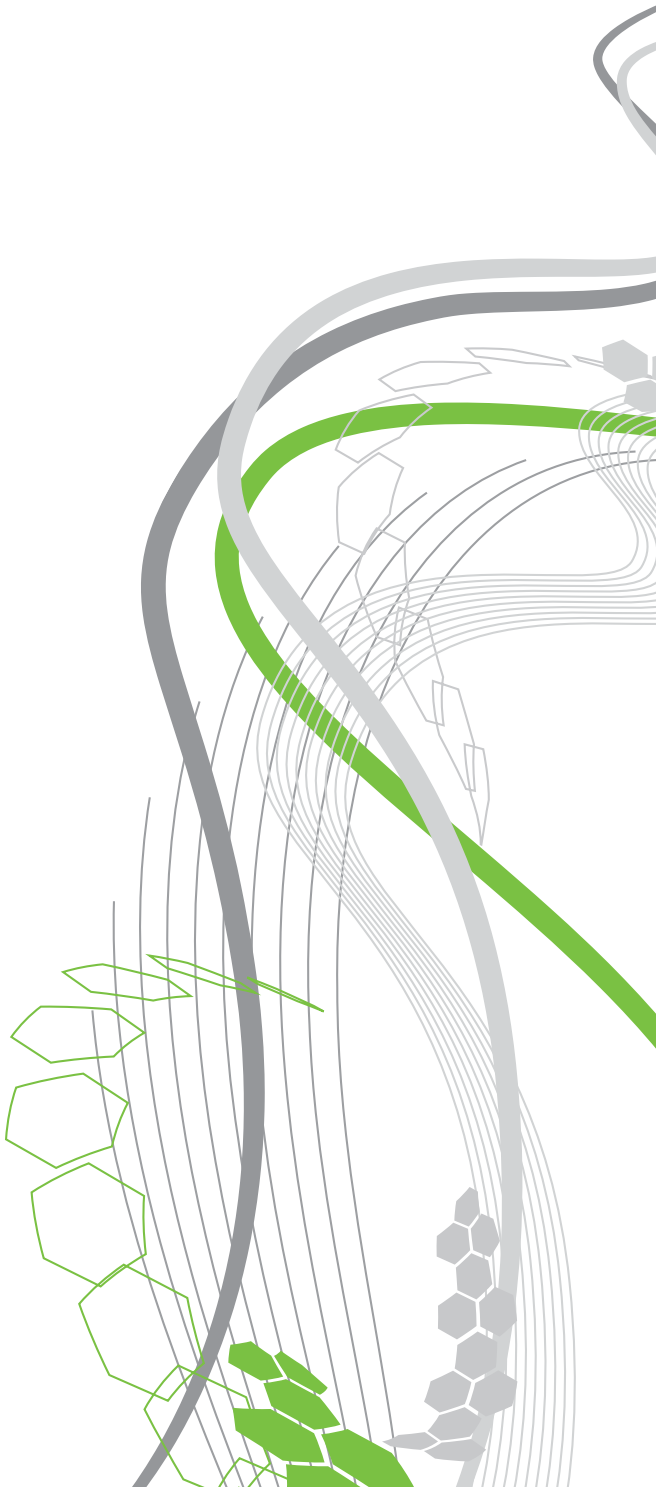
A report will be written to capture the findings from the study and this will be presented to the Victorian State Government Department of Health who have funded the Casey Cardinia **headspace** project. A summary of this evaluation report will be made available to participants should he/she elect to receive one on the Consent Form. An additional report may also be written upon cessation of the overall project in May 2015 and this would potentially be published in an academic journal in mid 2015.

Advice and Information:

If you have any further questions regarding this study, please do not hesitate to contact me on 0407 461098 or annsiobhan_connolly@yahoo.com.au.

The Bellberry Human Research Ethics Committee has reviewed and approved this study in accordance with the National Statement on Ethical Conduct in Human Research (2007) – incorporating all updates. This Statement has been developed to protect the interests of people who agree to participate in human research studies.

Should you wish to discuss the study, particularly in relation to matters concerning policies, information or complaints about the conduct of the study or your rights as a participant, you may contact the contact the Committee chair, Bellberry Human Research Ethics Committee, on 08 8361 3222.



Appendix 3: Interview Guide (sample)

1. **Do you feel there was a gap in services to assist school students/staff in managing mental health issues?**
   a. If so, what were some of the obvious holes/gaps?
   b. How have things changed?

2. **How has your relationship with local services/secondary schools changed, if at all?**
   a. What has been the impact on referral rates for 'at-risk' youth?

3. **Have there been distinct changes to the skill set, knowledge and capacity of school staff to better respond to 'at-risk' students?**
   a. What have been some of the improvements?
   b. What is the potential for further change?

4. **headspace reviewed the role/function of the Steering Committee and the Advisory Group. Can you comment on the collaborative process between you?**

5. **Have students who received clinical interventions from Project Staff responded positively? How have in-reach services impacted your team/you personally?**

6. **How has the Project assisted your school in responding to a suicide attempt or death? Either directly or indirectly?**
   a. Have processes changed at all?
   b. What improvements still remain to be made?

7. **Has the Project enhanced the resilience of young people in Casey/Cardinia?**
   a. What types of changes have been observed?
   b. Who has benefitted the most/least?

8. **How would you rate your overall satisfaction with the Project? And your interactions with Project staff?**
   a. Can you summarise some of the benefits/drawbacks?
   b. What has been its biggest impact to date?

Appendix 4: Needs Assessment Proforma (sample)

School Support Needs Assessment Form

1. Contact information

- School: ###
- Name of Principal: ###
- Address: ###
- Date of School Needs Assessment: ###
- Members of School Welfare Team: ###
- SSSO: ###
- School Welfare Contact Name: ###
- Contact Phone Number: ###
- Email Address: ###

2. Assessment information

Has your school experienced significant incidents relating to:

Experiences	No. of documented incidents in past 18 mths	Impact on School (Please Circle)
Self harm – Yes	50	(no impact) 0 – 2 – 3 – 4 – 5 (large impact)
Suicidal ideation – Yes	50	(no impact) 0 – 2 – 3 – 4 – 5 (large impact)
Suicidal attempt – Yes	12	(no impact) 0 – 2 – 3 – 4 – 5 (large impact)
Suicide – Yes	2	(no impact) 0 – 2 – 3 – 4 – 5 (large impact)

Support provided in response to the following incidents:

- Individual Education Plans
- Behaviour Management Plans
- External Referrals (e.g. Psychologist ELMHS)
- Internal Support (e.g. wellbeing team, on-psych)
- Workshops (Windermere Project – SafeTalk)

3. School based mental health programmes/supports currently in place

Students
• Internal Counsellors - Individual and group counsellors (wellbeing team) • External Counsellors – Individual and group counsellors (SSSO; Karen Cousins, On-psych support still being processed) • Beyond Blue – 'Sensibility' • Safe Talk Programme
Staff
• STORM Training (6 wellbeing staff members trained to date) • Youth Mental Health First Aid (4 staff members trained to date) • Time to Reflect (4 wellbeing staff members participated in this) • ASSIST Training for staff members • Clinical Network Meetings for wellbeing staff members
Parents
• Newsletter and website – links to help seeking behaviours • Parent Information evening on positive mental health and wellbeing

4. External Support Services involved with the school

Support Service	Type of support provided (program, counselling, family)
Regional Supports DEECD	Counselling on a referral basis (on average 2 days a fortnight)
headspace Dandenong/School Support/Casey & Cardinia Project	STORM Training Parent information evening: Positive Mental Health & Wellbeing (role models, coping strategies, confidentiality, stress management)
Casey or Cardinia Youth Services/Counselling	Y Girls Program (Transition programme for selected girls in Year 7)
Windermere Child & Family Services/ Suicide Prevention Program	ASIST Training Safe Talk
Ozchild	Community VCAL
Private Psychologist (Felicity Furber)	Individual students referred externally
GP/MH Practice Nurse	Individual students referred externally
Monash Health – ELMHS	Individual students referred externally Free PD Seminars for wellbeing staff
SECASA	Individual students referred externally
Drug and Alcohol – SEADS, YSAS	SEADS: Small groups of students
ChildFIRST/DHS	Individual students referred externally
Other: Katrina Sparkles Foundation	Group Work – Outdoor Education, Group Bonding

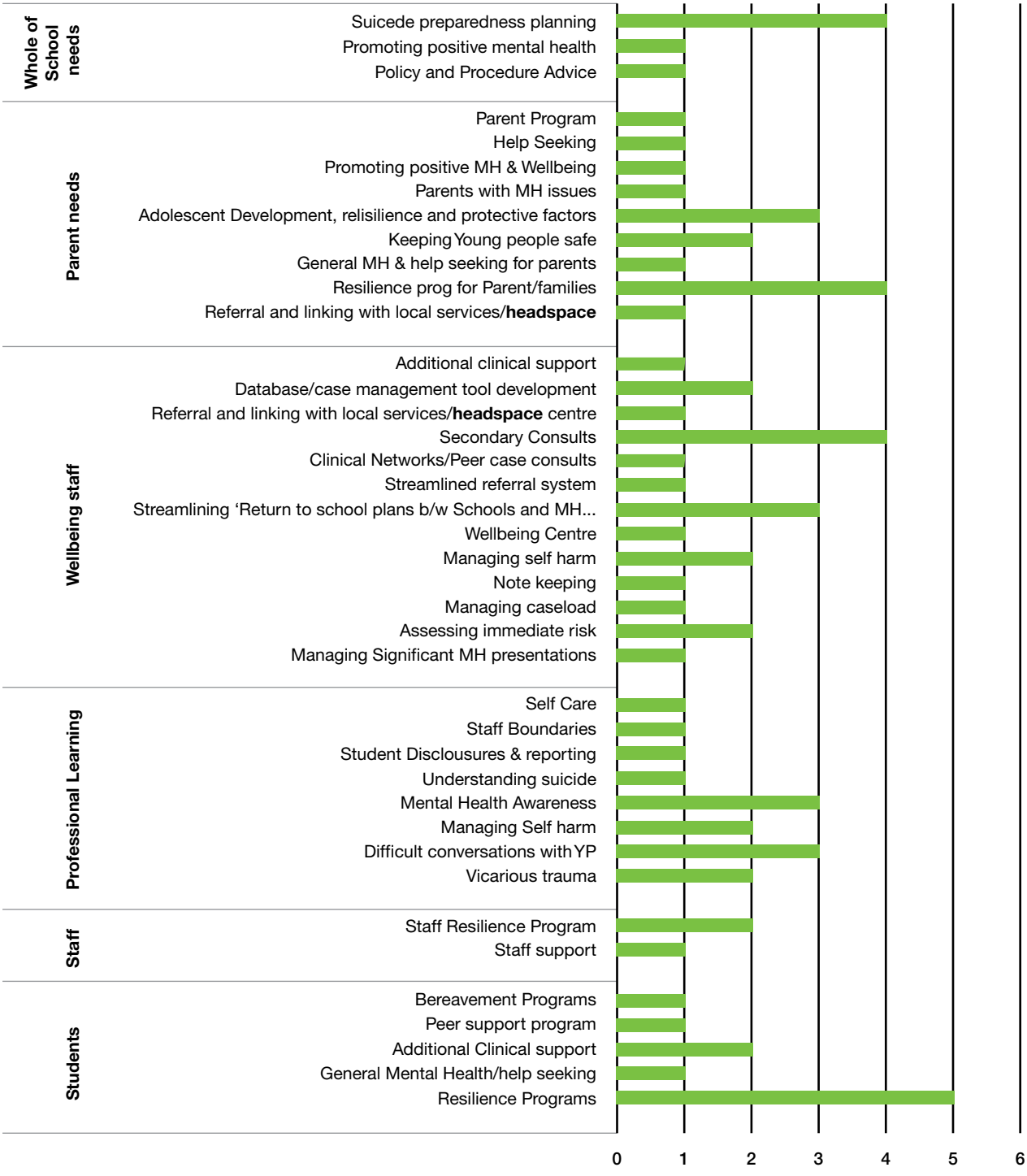
Appendix 5: School Action Plan (sample)

XXX Secondary College: Recommendations from School Needs Assessment – Action Plan		
Actions	**People Responsible**	**Date**
Students		
Universal group programs to reduce 1:1 interventions: 'My FRIENDS Youth' emotional resilience programme	Wellbeing Team & Two Personal Development, VCAL Coordinators received training by Project Clinician	16th & 23rd August & 10th December 2013
Extra clinician provided for student and staff support	Clinician	Began 8th August 2013 (ongoing)
Peer Support Program to develop resilience in the peer community and to build peer support networks	Dandenong **headspace** Clinician & Year 12 VCAL Coordinator trained by Peer Support Australia	Training completed on 31st October 2013 Peer support program to be initiated in Term 1 2014 with VCAL students
Staff		
Extra clinician provided for student and staff support	Clinician	Began 8th August 2013 (ongoing)
Wellbeing & Leadership Team to attend a trauma debriefing session	Wellbeing Team, Leadership Team & Trauma Specialist	Monday 16th December 2013
Weekly secondary consultation for wellbeing staff	hSS Casey Cardinia Project Clinician & Wellbeing Team	Every Friday, starting Friday 11th October 2013 (ongoing)
Wellbeing Staff Training on Managing Self Harm & Developing 'Relaxation Packs' – Information in packs to be edited, rules to be included & photocopied for packs	hSS Casey Cardinia Project Clinician & Wellbeing Team	Friday 8th November, 2013 Trialling packs in Term 1 2014
Wellbeing Staff Training on keeping Case Notes & developing a database	hSS Casey Cardinia Project Clinician	Friday 15th November 2013 (redrafting) & implementation of database in Term 1 2014
Staff PD on talking to YP at risk, boundaries	Education and Training Team – hSS/Clinician/Berwick AP's	To be scheduled for Term 1 2014
Staff Self-Care using CBT thought records, Q&A Sessions	Education and Training Team – hSS/Clinician	To be scheduled for Term 1 2014
Centralising the wellbeing centre	Wellbeing team	Wellbeing team restructured the wellbeing centre in Nov 2013 – Local funding initiatives to be further investigated in Term 1 2014

Actions	People Responsible	Date
Parents		
5 x 1.5 hour parent workshops on the 'Resilience for Life' Programme (Letter has been sent out to parents to express interest in Adult Resilience Training)	Wellbeing Team received training by Project Clinician	Training completed on Dec 18th 2013 Parent workshops to be scheduled for Term 1 2014
Whole School		
O/T Assessment for School Layout, Design, Colour, Positive Mental Health Environment	hSS Casey Cardinia Project to seek information about this process	To be scheduled for Term 1 2014
Positive mental health whole school initiatives (e.g. good news boards, green thought bubbles etc.)	hSS Casey Cardinia Project Clinician & Student Leadership Group	To be scheduled for Term 1 2014
Suicide Preparedness Plan to be written up - Network Workshops on and/or 1:1 support	hSS Consultant	To be scheduled for Term 1 2014
Community Agencies		
Streamlining the 'Return to School' Plan with ELMHS	hSS Casey Cardinia Project staff & ELMHS	Termly meetings ongoing with ELMHS and Stepping Stones Teachers

Appendix 6: Results of School Needs Assessments

Results of school needs assessments (n=6)



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