Schools and adolescent mental health: education providers or health care providers?

Introduction

The prevalence of mental health conditions amongst students in the senior years of compulsory schooling in Australia is a matter of great concern to teachers, researchers, policy makers, families, students and the general public, as may be seen by extensive media coverage of what is increasingly being dubbed the adolescent mental health crisis. A number of issues of concern seem to coalesce around this apparent crisis. These include a broader moral panic around youth and risk-taking behaviours, a de-stigmatisation of mental health conditions and the concurrent increase in the visibility of mental health issues in the community.

School based support staff such as counsellors, welfare staff and student support officers are increasingly finding themselves filling the role of managing adolescent mental health conditions, both pro-active or preventatively, and reactively, in providing counselling, referrals and support. In fact research suggests that for the majority of school-aged students who receive mental health services, these services are delivered in the school setting (Rones and Hoagwood, 2000). Yet many school staff, especially teachers and year level coordinators face an ongoing tension between their training and experience as an education provider and an increasing role as a front-line provider of health and wellbeing services.

This paper reports on a recent small scale research project which was designed to examine the ways in which schools and other educational providers are responding to changing community attitudes towards the mental health of young people in the senior years of secondary schooling in Melbourne, Australia. The senior years consist of grades 9-12 in secondary school (usually ages 15-18 years) and their equivalent in other education and learning settings (such as community schools, neighbourhood houses and colleges of technical and further education [TAFE]), culminating with the award of either the Victorian Certificate of Education (the year 12 academic stream, which the majority of students sit for) or Victorian Certificate of Applied Learning (a year 12 equivalent award usually offered as a more practical alternative to the VCE). The research project conducted focus groups with staff based in 25 schools (16 government schools and nine non-government [Catholic or independent] schools) and five other education providers (two Technical and Further Education (TAFE) colleges, a community school and two neighbourhood house settings) to assess how both types of institutions are responding, both proactively and reactively to increased community awareness of youth mental health concerns, and to a renewed policy focus across whole of government to reform the way mental health services are delivered in Victoria.

Framing the research project

Schools are important resources to address adolescent mental health needs, since they are universal service providers to young people below school-leaving age (currently 17 years in Victoria, Australia, where this study was conducted). Having interventions based in schools can help to overcome some of the barriers to help-seeking for mental health concerns, such as lack of knowledge of appropriate services, lack of knowledge of referral pathways and stigma (Chiumento et al., 2011). School interventions may be universal, selective or targeted, and may address preventative, early intervention or responsive provision of mental health support to young people (Wells et al., 2003;
Habib, 2012). Yet confusion over the proper role of schools in mental health promotion and prevention, as well as an ad hoc approach to provision of non-core educational services within overstretched and underfunded schools mean that there is a vast array of policies, procedures and responses to this complex and difficult issue. There is thus “a great need to identify the optimal mix of promotion, prevention, consultation and treatment interventions that can provide cost-effective help for young people and their families in Australia.” (Sawyer et al., 2001: 813)

Recent changes in Victorian state government education policy have created a shift within schools, with a push towards requiring more supportive, accepting and mental health promoting environments for student learning. Schools are also on the frontline in recognising and responding when an adolescent is already experiencing poor mental health. Universal, compulsory high school attendance offers an important opportunity to identify students at risk of or experiencing poor mental health. There is a tension, however, between the school’s role as provider of educational services under a traditional academic model, and the provision of expanded student wellbeing and support services (Mellin et al., 2011). This tension exists not only within schools, but also in the wider community, where different cultural and social norms around the role of schools can come into conflict with changing pedagogic practice. It exists also in the bureaucratic separation of state provision of health and education services, where differences in terminology, differences in professional ethics and standards and differences in praxis can undermine even the best of intentions to integrate services in child- and family-centred ways (Salmon and Kirby, 2008).

The challenge for the education system is to ensure that education and support staff are able to make schools and other education providers more supportive, positive and mental health affirming environments for all young people regardless of their individual circumstances. Schools and other education settings for young people also face the challenge of forming an integral part of the mental health response team (Kickbusch, 1997), to ensure that when young people do experience mental health conditions, they do not slip through the safety net and disengage entirely from existing support networks and services (Adelman and Taylor, 1999).

Key findings
A number of significant themes emerged from the research. These included such issues as:

- Major mental health conditions
- Socio-environmental factors
- Cyberbullying and sexting
- Teaching topics
- Disclosure
- Communication with families
- Referral pathways.

While a large range of strategies, policies and practices were described to manage most of these issues, two other themes stood out as worthy of closer attention, particularly for policy makers and researchers. These were the issues of:

- Implementing preventative strategies and
- Disconnections between the school sector and non-school educational providers.

Developing preventative strategies

When asking education staff about the mental health issues which were of most concern in their setting, most identified a list of diagnoses or conditions. No spontaneous comments were raised...
around the prevention of mental health conditions, or of implementing changes to school environments that might promote better mental health. When we asked participants specifically about preventative strategies a number of programs and responses came up, however a noticeable factor was the way in which these responses were framed. All the schools mentioned a range of preventative strategies which they had implemented with different year levels or groups of students. The majority of these were programs which were run as separate units, independent of the main curriculum and very often separately timetabled into whole day programs or blocks of time dedicated to the issue. In many instances these were led by professionals from outside the school, often in response to specific issues, such as the training provided by specialists in eating disorders or organisations skilled in responding to refugee issues.

None of the school-based respondents mentioned that their schools had implemented global changes to the school culture in an effort to provide safer, more supportive environments for students, despite research evidence to suggest that integrated curriculum approaches are more effective than stand-alone courses (Rones and Hoagwood, 2000). If schools were implementing health promoting schools strategies or other global wellbeing initiatives it was not made explicit in these forums. The only preventative approach of this type was one mentioned by the Technical and Further Education (TAFE) providers which had recently been placed on the Safe Schools Register for Gay and Lesbian students. This was reported to have had a very positive impact on their gay and lesbian students, many of whom had transferred out of mainstream schools and into the TAFE sector because of bullying or the homophobic culture of their previous school.

Yet, even as a preventative measure, the programs described as happening in these schools are largely reactive, and respond to perceived issues, rather than fundamentally creating more inclusive, supportive environments which nurture well being and ameliorate out of school risk factors for all students and staff. There is also a disconnect within schools between the awareness and prevention teaching which is delivered in the context of Health and Physical Education subjects, and the intervention and response side, which is in the hands of school psychologists and student support officers.

What also became very clear from discussion was that the connections and resources that are in place in schools because of the pro-active, creative and persistent efforts of individual staff members to establish them. Despite the existence of programs such as OnPsych and Docs in Schools, there appears to be little systematic communication between health and education systems. Indeed, even between different educational settings there were persistent descriptions of the difficulties of transferring information and case files when students moved schools, particularly if that move was out of a government school and into a TAFE or other education provider.

The importance of sector – disconnections between the school sector and non-school education providers

A second strong theme which emerged from the focus groups with staff who work in other education settings such as TAFEs and community and adult VCAL providers, was the policy disconnect between the school system and the adult education system, even though a significant proportion of senior secondary students are finishing their education with flexible learning providers.

The vexatious issue of communicating with the parents and families of students in this age group was raised repeatedly during the research project. In particular, educators working outside the mainstream school system reported being hamstrung in their ability to communicate because of regulations about privacy and the student’s right to be treated as an adult (even when they were younger than 18 years of age). Within the other education provider’s sector, communication with the family is made difficult.
as enrolment in these settings is done on the basis that the student is an adult, and signed consent must be provided by the student to allow education staff to contact the family. This causes significant issues when the student’s parents are unaware of this regulation, and expect the institution to keep them informed of their child’s progress.

Educators working in flexible learning settings such as institutes of TAFE and community based learning providers also faced particular barriers in addressing mental health concerns amongst their students due to the different bureaucratic, policy, and funding structures under which they operate when compared with mainstream schools. This was a particularly vexatious issue for these educators, especially given the nature of their student body, which in all cases had an over-representation of students with mental health issues compared with mainstream schools. One area of common concern was the lack of funding for preventative programs, of the types described above, for educators working in these alternative settings.

**Conclusion**

The complexities of preventing, recognising, managing and responding to increasing levels of youth mental distress offer both a challenge and an opportunity for school and flexible learning based educators to make a real difference in young people’s lives. For many of the respondents in this research, that opportunity was the reason they do the work that they do.

Yet it is important to recognise the tension in schools between being an education provider and being a health/ well being service. These issues are inextricably linked, as wellbeing underpins all learning, but schools are not health services and teachers are not psychologists. Education providers other than schools clearly have more room to move on this issue and are leading the way in addressing them, but are also constrained by legal and regulatory restrictions, especially as they relate to the age at which a student is considered to be an adult. Both research and the school based practitioners clearly demonstrate the importance of a holistic approach to prevention, but in practice this isn’t happening, as schools struggle with budget restrictions and the issue of scheduling learning in fields where teachers don’t feel they are experts. These issues are compounded when learning takes place in learning settings other than school. Much work remains to be done in identifying effective mental health interventions which can be carried out in schools, and even more pressingly, in other learning environments.

**References**


