



Supporting Students' Mental Health and Wellbeing

Version Number

2.5

Implementation Date

21/01/2016

Scope

All state schools

Purpose

Outlines roles and responsibilities of departmental employees in relation to supporting the mental health and wellbeing of school aged students.

Overview

Responsibility for the social and emotional wellbeing of students is shared amongst the school, the student, the student's family, the health system and the wider community. This procedure details supports across the spectrum of social and emotional wellbeing.

The procedure covers three areas in the support of students' social and emotional wellbeing:

- *mental health promotion and illness prevention* - Provision of Supportive School Environment and curriculum activities that support the development of students' social and emotional skills and wellbeing.
- *early intervention* when there is reasonable suspicion that the student may have a significant social and emotional wellbeing or mental health difficulty that prevents them from engaging appropriately.

This procedure recognises:

- the significance of an inclusive learning environment to students' social and emotional wellbeing
- that social and emotional skills can be learned
- that some students may experience varying degrees of *mental health difficulties* during their school life
- the role schools can play in linking students and their families to other agencies and services to support their social and emotional wellbeing.

Mental Health

Mental health is a state of well-being in which the individual realises his or her own abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2014).

Mental health difficulties can be expressed in behaviour that:

- persists over time
- is outside expected age appropriate responses
- prevents a student from learning or participating meaningfully in the school community

- cannot be accommodated through normal classroom adjustments.

Through their professional roles, teachers, principals, guidance officers, teaching specialists, regional mental health coaches and non-DET staff based in schools, including youth support coordinators and school-based youth health nurses, support students' mental health and social and emotional wellbeing in a variety of ways.

School participation is an integral component of care planning for students requiring clinical intervention. Schools support students' mental health and social and emotional wellbeing by working in partnership with parents, clinical care providers and specialist mental health services, to ensure that they are supportive and engaging places for all students, staff and school community members.

Where there is a suspicion of harm to students or others as a result of or contributing to the students' suspected social and emotional difficulty, follow procedures in [Student Protection](#).

Responsibilities

Responsibility for the social and emotional wellbeing of students is shared amongst the school, the student, the student's family, the health system and the wider community.

Process

Principals:

- on receiving information from the nominated staff member or a teacher directly that there is a reasonable suspicion that a student has a mental health difficulty, consult with the guidance officer, regional mental health coach or other appropriate staff to determine a reasonable course of action
- meet with the student's parent to discuss concerns and negotiate reasonable educational adjustments
- **nominate a case manager (guidance officer or other appropriate staff) and ensure processes are in place to facilitate the development, implementation and periodic review of the Student Plan**
- if a student has been referred to a clinical care provider and has mental health difficulties that may require resources in addition to what the school can provide, apply for additional funding through Regional Office using [Form SSMH5 - Application for supplementary funding to support students with mental health difficulties](#).
- if grounds exist to reasonably suspect the student is in need of protection from harm, or the risk of harm, refer to [Student Protection](#)

Mental health promotion - provision of supportive school environment

- provide leadership that contributes to creating a school culture that fosters a welcoming, safe, inclusive and supportive school environment
- adopt whole-of-school approaches to promote and support students' social and emotional development. (e.g. [Student Learning and Wellbeing Framework](#), [KidsMatter](#), [MindMatters](#))
- facilitate access to specialist support for the welfare of staff and students
- facilitate cross-sectoral linkages to build local capacity for mental health promotion, illness prevention and early intervention
- build school capacity to support all students by collaborating, networking and establishing partnerships with other service providers
- identify [professional development](#) needs of staff and provide professional development opportunities to:
 - better understand and implement whole-of-school approaches to providing supportive environments
 - implement whole-of-school frameworks and strategies that promote student social and emotional wellbeing

- build the capacity of all school staff to cater for the diverse range of students within the school community.

Early intervention

- nominate a staff member (e.g. guidance officer, principal) as the key contact point for school employees to discuss student mental health difficulties
- support school staff in the implementation of reasonable educational adjustments to the curriculum, learning environment, attendance and disciplinary procedures in a school.

Principals and school staff:

Mental health promotion - provision of supportive school environment

- model and practise fair, equitable, non-discriminatory language and behaviour
- identify and reduce barriers to learning, especially for those vulnerable to marginalisation and exclusion
- analyse and respond to diverse characteristics and circumstances of students through curriculum, teaching and learning, interpersonal relationships and school organisation
- promote and support all students' social and emotional development and wellbeing through all school activities
- refer to the [Student Learning and Wellbeing Framework](#) which provides a vital role in supporting student wellbeing within the school context.

Early intervention

- implement reasonable educational adjustments to the curriculum, learning environment, **attendance and disciplinary procedures in a school**
- recognise personal and professional limitations and avoid offering medical or other advice **beyond role and professional scope**
- school staff inform the principal where there is a reasonable suspicion that a student may have a social and emotional wellbeing or mental health difficulty that prevents them from **engaging appropriately with their education**
- maintain confidentiality of former or continuing students' personal information in accordance with s. 426 of the [Education \(General Provisions\) Act 2006 \(Qld\)](#)
- if it is reasonably suspected that a student is in need of protection from harm, or the risk of harm, the provisions of the Department's policy: [Student Protection](#) will apply to allow the sharing of relevant information in certain circumstances.

Principal's supervisor:

- take leadership role in supporting implementation of policies aimed at promoting and supporting all students' social and emotional development and wellbeing

School Staff:

- participate in the development, implementation and periodic review of the Student Plan as necessary
- implement reasonable educational adjustments to the curriculum, learning environment, attendance and disciplinary procedures in a school to respond supportively and appropriately to the student needs.

Case Managers (generally guidance officer, may be other appropriate staff):

- participate in the development, implementation and periodic review of the Student Plan
- ensure that written informed consent to share personal information from the student/parent to whom the information relates has been obtained using [Form SSMH1 - Parent/Student Consent](#)
- where informed consent is refused, provide information about the implications of this refusal

to the student/parent and ensure this action is documented

Note: further referral action or use or distribution of student personal information cannot continue in these circumstances, as to do so may result in the school employee being subject to a penalty under the confidentiality provisions of the *Education (General Provisions) Act 2006*. This does not mean that internal school supports for a Student Plan cease where these do not depend on the provision of student personal information to an external agent

- where written informed consent is received, liaise with clinical care providers using [Form SSMH3 - Request for information from clinical care provider](#) and other internal and external agencies to ensure that student is receiving support as detailed in the Student Plan
- if the case manager is not the guidance officer, liaise with the guidance officer to facilitate the referral of parent and students to clinical care providers using [Form SSMH4 - Student referral to clinical care provider](#)
- if required, and with consent, consult with recognised indigenous agencies and/or transcultural mental health for indigenous students and those from culturally and linguistically diverse backgrounds
- document actions and outcomes and store relevant information securely by referring to the [Information Management](#) procedure
- ensure that appropriate information is provided to principals on wellbeing issues that may affect a student's attendance, or participation in, school activities.

Guidance Officers:

- assist schools to understand the educational implications for students with mental health difficulties
- work collaboratively with school administration teams to establish appropriate systems and processes within the school to identify and support students with mental health difficulties
- document actions and outcomes and store relevant information in guidance files (refer to the [Information Management](#) procedure)
- facilitate the referral of parent and students to clinical care providers using [Form SSMH4 - Student referral to clinical care provider](#).

Regional Directors:

- ensure there is a process in place to assess additional allocation applications for supplementary support in cases where a student's educational adjustments documented in the Student Plan cannot be accommodated from within existing school resources using completed [Form SSMH5 - Application for supplementary funding to support students with mental health difficulties](#).

Online Resources

Forms

- [Form SSMH1 - Parent/Student Consent](#)
- [Form SSMH3 - Request for information from clinical care provider](#)
- [Form SSMH4 - Student referral to clinical care provider](#)

Supporting documents

- [Form SSMH5 - Application for supplementary funding to support students with mental health difficulties](#)

Online materials

- [Student Learning and Wellbeing Framework](#)

Review Date



Definitions

The following definitions are written to assist in understanding the terms used in this procedure within an educational context.

Mental health promotion and illness prevention

Strategies and actions taken early with a goal to prevent mental health difficulties from developing. Preventative actions can be taken for a whole school population.

Early intervention

Identifying signs of a mental health difficulty and providing support and/or implementing strategies with the aim to preventing any problems from worsening.

Mental health

Mental health is a state of well-being in which the individual realises his or her own abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2014).

Mental health difficulties

Students who have mental health difficulties, including diagnosed mental illness, generally demonstrate behavioural and/or emotional responses at a level of frequency, duration and intensity so different from appropriate age, cultural or ethnic norms that they adversely affect the student's educational performance and participation in school life.

The onset of mental health difficulties is not easy to predict, but these students generally present with a behavioural and/or emotional response that is:

- more than a temporary, expected response to stressful events in the environment, and
- frequent or severe enough to have an impact on the classroom learning environment, or the student's personal or social adjustment, and
- consistently exhibited and unresponsive to support provided through regular classroom strategies or is such that educational interventions alone would be insufficient.

These students may require the support of appropriately qualified school staff, such as the **guidance officer, or a clinical care provider**. If a student's mental health difficulty is found to be severe by a clinical care provider, they may recommend that the student be admitted to child and adolescent inpatient and/or day facility. They may also require a supported re-entry program and additional educational support on discharge.

Case managers

Case management involves a collaborative planning process that is essential to the delivery of quality support to students with mental health difficulties. Case managers are appointed to ensure that students with mental health difficulties can access curriculum, achieve learning outcomes and participate in school life. As a general rule case managers should be appropriately qualified staff, such as the guidance officer. Where this is not possible the Principal should **consult with their Senior Guidance Officer or regional Mental Health Coach for further advice** prior to appointing a case manager.

Clinical care provider

A clinical care provider may be a psychiatrist, psychologist, social worker, general practitioner, case manager from a public mental health service, a mental health professional registered under the Medicare Access Scheme, a nurse working in general practice and psychiatry, an allied health professional working in a division of general practice or an Aboriginal community controlled health service.

The referral points for schools to access clinical care providers are general practitioners and Queensland Health clinical care providers. Once appointed, clinical care providers should be included in the Student Plan.

Confidentiality

Whilst liaison and consultation with relevant staff, parents or external agencies is essential in the education planning process, it must occur with respect for the confidentiality of the student's personal information.

The Department of Education and Training (DET) is committed to protecting the confidentiality of student information. Section 426 of the [Education \(General Provisions\) Act 2006 \(Old\)](#) is a confidentiality provision that prohibits unauthorised recording, use and disclosure (including giving access to) of personal information about past, present and prospective students of state schools gained by DET employees, and employees of state schools who have gained access to the information in an official capacity.

Refer to section 426 of the Act for the exceptions to the prohibitions that may be relevant to this procedure.

Educational adjustments

Educational adjustments are modifications made to curriculum activities, attendance and participation requirements to allow students to achieve optimum educational outcomes.

Educational adjustments for students with mental health difficulties are to be documented in Student Plans.

Informed consent

Consent may be given orally or in writing (preferably in writing). For consent to be valid, it must be fully informed (the person must be given all information necessary to fully understand the possible consequences of the decision) and voluntary (not subject to any threat, coercion, or inducement).

Generally, consent should also be specific and timely, relating to a particular disclosure and reasonably close in time to the purpose for which the consent is given.

The consent must come from the person to whom the information relates. It is not satisfactory that the consent is obtained from another person (such as a parent, husband, wife, or child). The only exception to this rule is in respect of children who are unable to consent, where the consent may also be obtained from a parent.

An individual aged 16 or over is presumed to be capable of giving consent unless found to be incapable of giving that consent by reason of maturity, injury, disease, illness, cognitive or physical impairment, mental disorder, any disability or any other circumstance, of:

- understanding the general nature and effect of giving the consent, or
- communicating such consent or refusal to consent.

Note: 'Gillick' competence

Young people under the age of sixteen years can be competent to provide informed consent without parental permission or knowledge under certain circumstances.

In his judgment in [Gillick v West Norfolk and Wisbech Area Health Authority and another \[1986\] 1 AC 112 \(HL\)](#), Lord Scarman stated: "As a matter of Law the parental right to determine whether or not their minor child below the age of sixteen will have medical treatment terminates if and when the child achieves sufficient understanding and intelligence to understand fully what is proposed."

Student Plan

Students with a suspected or confirmed mental health difficulty require relevant information and educational adjustments to be documented in a Student Plan, to enable the student to remain engaged with their education.

Schools should seek guidance from the student's clinical care provider when preparing a Student Plan. Where there is reasonable suspicion that a student has a mental health difficulty but does **not have the support of a clinical care provider, a Student Plan can be developed**; however the student's parents should be encouraged to seek the advice of a clinical care provider.

Nominated staff member

A member or members of school staff nominated by the principal (e.g. guidance officer, deputy principal, principal etc.) to be the contact person in the school for staff to discuss concerns about an individual student's mental health and wellbeing.

Personal information

Section 426(4) of the *Education (General Provisions) Act 2006* defines personal information in the context of the confidentiality requirements surrounding student personal information as:

- 'Information or an opinion, whether true or not, about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion.'

Personal information of students may be included in written records, photographs and/or images and information that is not in writing but which is in the possession or control of the department.

Regional Mental Health Coaches

- Mental Health Coaches coordinate the development of local communication networks that support the dissemination of relevant materials and resources and the provision of professional development for teachers, school leaders, guidance officers and other staff.

Authority

- [Education \(General Provisions\) Act 2006 \(Old\)](#) sections 165, 426
- [Disability Discrimination Act 1992 \(Cwlth\)](#) Part 2, Division 2, section 22
- [Anti-Discrimination Act 1991 \(Qld\)](#)
Division 3, Subdivisions 1-2

Related Policy Instruments

- [Information Management \(IM\)](#)
- [Managing Access to Guidance Files](#) (DET employees only)
- [Student Protection](#)

Attachments

 [SSMH5 - Application for supplementary funding to support students with mental health difficulties](#)

 [SSMH4 - Student referral to clinical care provider](#)

 [Form SSMH3 - Request for information from clinical care provider](#)

 [Form SSMH1 - Parent/Student consent](#)

Contact

For further information, please contact your [closest regional office](#).

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