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Mental Health in Schools - HACSU Position Paper

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HACSU agree that there must be mental health services in schools and advocate for the inclusion of several mental health workers in each school. We do not believe that it is possible for 1-2 part time mental health workers in a school, to adequately and effectively meet the mental health needs of hundreds of children or adolescents and provide support and training to the staff.

Systems of integration and pathways between mental health workers in schools and Child and Adolescent Mental Health Services (CAMHS), need to be improved to reduce the barriers that make it difficult for mental health workers in schools to seek the necessary services for the children and adolescents that need them, including streamlining of referral pathways.

The Headspace counselling partnership with schools should provide a fast-tracked referral process and reduced wait times for young people seeking counselling services. There should be policies and procedures in place to indicate at which stage/ level of risk the mental health care of children and adolescents is managed by school mental health clinicians, referred to Headspace or referred to CAMHS.

Mental health workers in schools must possess the appropriate skill sets for the age range and community population that they will be working with. Workers need access to appropriate support, supervision, and professional development, with the capacity/ backfill available to support attendance to this. If school mental health workers were to be employed by mental health services and deployed into schools, support could be provided by this direct link with tertiary CAMHS services to provide mandatory training and competencies, clinical support and supervision.

As outlined in the Royal Commission into Victoria's Mental Health Services (RCVMHS) recommendation 17 and 18, staffing levels must support the provision of group education and training for the student population as well as the staff working at the school. Education/training programs may include, but are not limited to, resilience, self-esteem, anti-stigma, anti-bulling, diversity, LGBTIQ+, school refusal and alcohol and other drugs programs.

The Victorian Government's Mental Health Toolkit should also allow for mental health workers within services to submit evidence-based contemporary resources for approval and then inclusion in the toolkit for other schools to utilise.