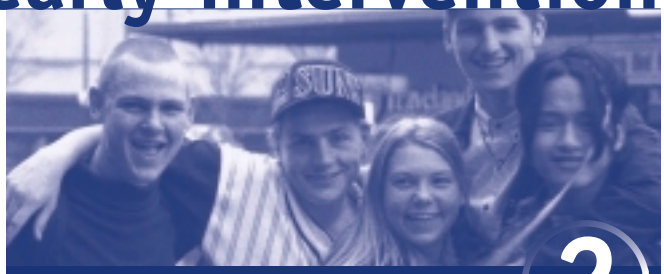
Primary prevention and early intervention



TECHNICAL REPORT VOLUME 2

Evaluation of the National Youth Suicide Prevention Strategy

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About the author

Penny Mitchell (BSc, MPH) is a Research Fellow at the Australian Institute of Family Studies where she has worked on the National Communications Project and the Evaluation of the National Youth Suicide Prevention Strategy since March 1998. Penny has worked as a researcher in psychology, public health and mental health since 1987 with a focus on service development and evaluation research, transcultural mental health, and youth suicide prevention.

Evaluation format

The Australian Institute of Family Studies was commissioned by the Commonwealth Department of Health and Aged Care to evaluate the National Youth Suicide Prevention Strategy, which ran from 1995 to 1999, with the aim of identifying lessons from the Strategy to carry forward for the future.

The Institute's evaluation results are presented in five separate reports – an overview of the Strategy entitled *Valuing Young Lives*, and four technical reports which present detailed information about what was achieved and learned by projects within each of the particular approaches adopted by the Strategy. The five volumes in the series are as follows.

- **Valuing Young Lives.** This volume provides an overview of the Strategy, what the Strategy achieved and what was learned from the Strategy as a whole. The report includes administration, policy context, conceptual basis and a description of activities within each of the main approaches adopted by the Strategy. It presents the evaluation methodology and a summary of major achievements and good practice findings.
- **Building Capacity for Life Promotion: Technical Report, Volume 1.** This report describes the Strategy's system level activities which aimed to build capacity and assist the adoption of evidence-based practice in all service systems relevant to youth suicide prevention. Activities described in this volume include research and evaluation, communications, education and training, networking and intersectoral collaboration, and community development.
- **Primary Prevention and Early Intervention: Technical Report, Volume 2.** The goal of primary prevention is to prevent the development of problems (risk factors) that place people at risk of suicide. Primary prevention also includes mental health promotion, which aims to promote wellbeing, optimism, resilience and interconnectedness between people and communities. Primary prevention activities of the National Youth Suicide Prevention Strategy were concentrated in four areas: parenting education and support; school-based programs; media education; and access to means/injury prevention. The goal of early intervention activity is to reduce the prevalence of risk factors for suicide among young people who have begun to develop early signs of disturbance or who are exposed to environments known to be harmful. What has been learned about early intervention aspects of Strategy projects is collated and synthesised in this volume.

- **Crisis Intervention and Primary Care: Technical Report, Volume 3.** Crisis intervention activities are often short-term activities directed at young people who may be at immediate risk of suicidal behaviour. Crisis intervention aims to respond quickly to crises that could result in self-harm or suicide attempts. Crisis intervention activity of the National Youth Suicide Prevention Strategy focused in two areas: telephone counselling services; and hospital accident and emergency department protocols. This volume also describes projects set in general practice and other primary health care settings.
- **Treatment and Support: Technical Report, Volume 4.** In keeping with the guiding principle that attention should be paid to the needs of young people who are marginalised from mainstream society, a number of projects were based in organisations helping these young people. The term 'marginalisation' refers not only to the stigma and social rejection associated with the experiences or risk factors of conditions such as homelessness or drug misuse, but also to the fact that young people with multiple problems are generally poorly catered for by most services. This volume also describes projects aimed at young people with mental health problems.

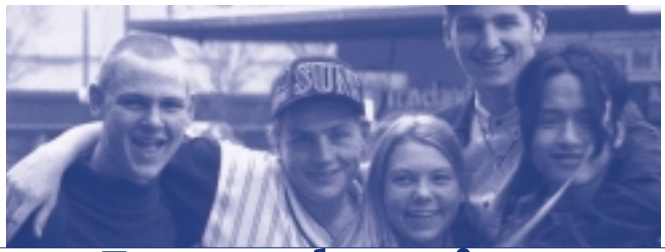
Note on the recommendations

As part of its evaluation of the National Youth Suicide Prevention Strategy, the Australian Institute of Family Studies was required to make recommendations to inform future efforts in suicide prevention. The Institute put forward a total of 36 recommendations, and these are published in the Recommendations chapter (pp. 10–21) of the overview volume *Valuing Young Lives.*

These recommendations appear again at the end of chapters throughout the four technical reports – as they pertain to findings and discussion in each chapter.

As they appear throughout the technical reports, recommendations are numbered according to their position at the end of each chapter. (The corresponding original number that is attached to each recommendation in *Valuing Young Lives* is also shown, in brackets.)

In addition to the recommendations, the technical reports include "further suggestions" which complement and elaborate upon the basic recommendations.



Introduction

The goal of primary prevention is to prevent the development of problems (risk factors) that place people at risk of suicide – for example, to prevent mental health problems, and to promote the development of resilience and protective factors such as optimism and interconnectedness between people and communities.

Primary prevention can be selectively or universally targeted. Selectively targeted primary prevention activities target sub-groups in the population that have a higher than average chance of developing risk factors for suicide. Universal strategies target whole populations or communities and include interventions targeting environments and social and cultural factors.

Strategies that aim to reduce access to means of suicide can be categorised as primary prevention because they involve interventions directed at whole populations or environments rather than individuals.

The goal of early intervention in suicide prevention is to reduce the prevalence and severity of emerging and recently developed risk factors for suicide among young people. Early intervention occurs after risk factors have begun to emerge but before suicide-related behaviours appear.

The rationale behind early intervention is that it is more effective than late intervention (that is, usual treatment and care) in reversing the course of illness or problem progression, or reducing severity. If effective in this objective, early intervention should reduce the severity or period of exposure of individuals to these risk factors and thereby prevent the development of negative concomitants such as suicide.

Early intervention for the purpose of suicide prevention targets individuals or groups who are developing problems which could place them at high risk of developing self-harm and suicide-related behaviours. This includes young people with early and emerging mental health problems, young people exposed to abuse/neglect/violence/sexual assault, or young people who are beginning to become involved in substance misuse or antisocial and offending behaviour.

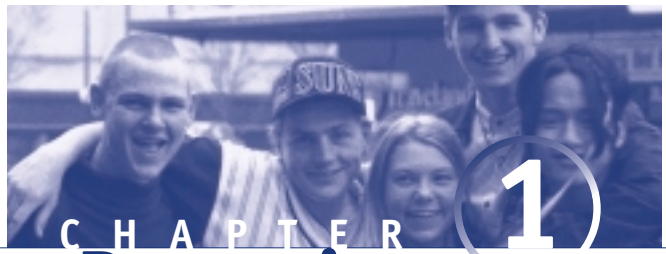
Early intervention includes strategies to facilitate early identification of young people at risk in order to assist them gain access to appropriate help as soon as possible, as well as intervention to prevent the further development – or reduce the intensity, severity and duration – of the predisposing problems.

This volume, the second of the Evaluation Technical Reports, presents the results of a meta-analysis (or meta-evaluation) of the evaluations of primary prevention and early intervention projects funded under the National Youth Suicide Prevention Strategy.

Specifically, five different types of projects are covered in this volume. These are: Parenting programs; School-based programs; Early intervention; Participation of young people in mental health promotion; and Access to means.

The National Youth Suicide Prevention Strategy also funded education activities targeting the media, evaluation of this work had not been completed at the time of writing and is therefore not discussed in this report. Community development activity is frequently considered to be primary prevention. However, in the case of community development activities funded under the Strategy, this was not always the case, and these are described and discussed in Technical Report Volume 1 which deals with capacity building.

The sources of information used in the evaluation of the Strategy, and the methods used to analyse these data, are described in detail in the overview volume, *Valuing Young Lives.*



CHAPTER 1

Parenting programs

This chapter presents and analyses information about the parenting programs funded under the National Youth Suicide Prevention Strategy.

The goal of this group of projects was to enhance wellbeing, resilience, and protective factors in families and to decrease family-based risk factors for suicide among young people. Parenting programs aim to build on the confidence and abilities of parents by enhancing the skills and resources necessary for the creation of a more supportive and interactive family environment for their children. Projects mostly involved further enhancement of programs that had already been developed in order to build capacity for effective delivery of the programs to a wider population of families.

Details of the parenting projects and activities funded under the Strategy are provided below.

Parenting projects funded by the Strategy

As shown in Table 1.1, the National Youth Suicide Prevention Strategy funded seven parenting projects. Together they formed the National Parenting Initiative. Coordination and liaison was provided for the parenting projects funded under the Strategy to promote a national profile for the Initiative, to prevent duplication, and to facilitate networking, communication and information sharing between the projects. This coordination role was performed by Parenting Australia based at Jesuit Social Services Victoria.

Program for Parents

Program for Parents was a collaborative project between Parenting Australia (part of Jesuit Social Services), Anglicare and Centacare. The evaluation was conducted by the Centre for Adolescent Health (Toumbourou and Gregg 1999). The main aim of the project was to trial the effectiveness of a parenting program called Parenting Adolescents: A Creative Experience (PACE).

The program was trialed in 18 sites across Australia. Local service providers were trained to run the program. Parents and adolescents were recruited into PACE groups from Year 8 populations in targeted schools and also through a broader range of community strategies. The evaluation used a repeated

TABLE 1.1 Parenting projects funded by the National Youth Suicide Prevention Strategy

Program name	Organisation	Target groups	Main intervention	Key theoretical concepts	Evaluation design
Program for Parents	Parenting Australia	Parents of adolescents	Universal primary prevention	Cognitive behaviour therapy	Quantitative Control group Repeated measures
Resourceful Family Project	School of Applied Psychology, Griffith University	Parents of adolescents, Service providers	Universal primary prevention	Multigenera-tional family systems theory, Cognitive behaviour therapy, Empowerment	Evaluated training only, Various methods
Exploring Together Program	Victorian Parenting Centre	Parents of young children, Service providers	Selective early intervention	Cognitive behaviour therapy, Systems theory	Evaluated training only, Kirkpatrick's four level model, Structured questionnaire
Community Volunteers Supporting Families (Home-Start)	Family Action Centre, University of Newcastle	Parents of infants, Volunteers	Selective primary prevention	Empowerment Mentoring Home visiting	Qualitative
Family Wellbeing Course	Tangentyere Council	Indigenous communities Parents of adolescents, Service providers	Primary prevention	Empowerment Systems theory	Qualitative
Youthlink*	Youthlink, Inner City Mental Health Service	Young people aged 12-24, parents and friends	Universal primary prevention and early intervention	Community education using the mass media	Not yet evaluated
Social Change Media*	Social Change Media	Parents of children	Universal primary prevention	Community education	Not yet evaluated

* Projects not yet evaluated are not considered further in the results or discussion sections of this report.

measures, control group design. Parents and adolescent children of the community-based PACE groups, target schools and control schools were compared before and after the intervention. A variety of structured self-report instruments were used to measure changes in parental confidence, satisfaction and depression as well as changes in adolescent self-harming behaviour, delinquency, substance use, depression and family attachment.

The program produced a series of handouts for training sessions and a booklet for parents on resilience.

Resourceful Families Project

The Resourceful Family Project was funded to develop and evaluate a model for disseminating an existing parenting program – the Resourceful Adolescent Program for Parents (RAP-P) – which was designed to support and assist parents in maximising family harmony and resilience. Specifically the Resourceful Family Project aimed to increase the accessibility of RAP-P to families in urban, rural-remote and indigenous communities.

A variety of dissemination strategies were trialed in order to address access and engagement issues particular to the targeted groups including a mix of universal and selective targeting strategies. Specific strategies included group-based workshops at schools and community centres in urban areas and, in the case of rural–remote areas, over the radio. Seven RAP-P parent workshops adapted to indigenous communities were conducted in three regional centres. Another major focus of the Resourceful Family Project was the production of program manuals for RAP-P.

Development of the dissemination strategies was guided by an extensive community consultation with guidance officers, school psychologists, teachers and principals from local schools as well as parents and representatives from mental health agencies across Australia.

Exploring Together Program

The Exploring Together Program is an early intervention program developed at the Victorian Parenting Centre. It works with families of primary school aged children who are beginning to experience behavioural and emotional problems including aggression, impulsivity, anxiety and social withdrawal.

The program works closely with schools and community agencies to identify children and families developing such problems. It involves groups for children and parents as well as combined groups and focuses on developing children's social competence, reducing problem behaviour and improving parenting skills. The Program is delivered by trained group leaders who are based in a variety of agencies.

Prior to the National Youth Suicide Prevention Strategy, the Exploring Together Program had been conducted successfully in clinics, community

agencies and schools, resulting in improvements in children's behaviour and social skills. The National Youth Suicide Prevention Strategy funding was used to extend the program Australia-wide. Potential group leaders were trained nationwide to conduct Exploring Together Programs and workshops in all states and territories.

Community Volunteers Supporting Families

Run by the Family Action Centre at Newcastle University, the Home-Start Program of the Community Volunteers Supporting Families Project is a selective primary prevention and early intervention program that provides flexible support to socially isolated mothers of young children aged up to five years. Families are referred to the program by hospital obstetrics departments and other agencies.

Trained volunteers provide a home visiting service. Volunteers are provided with extensive training and are linked with suitable families through a careful matching process. Activities of the volunteers include: listening, talking, helping with housework, minding babies, engaging children in positive play. A key principle of the program is that volunteers to work with families rather than for them.

The project funded under the National Youth Suicide Prevention Strategy involved expansion and consolidation of the program in an urban (Hunter) and rural (Central West) area of New South Wales, as well as integration with another related program (Home-Link) which targets older children.

Two training modules were produced. The first, *Adolescent, Pro-Active Suicide Prevention*, targets parents, caregivers, teachers and community agencies, as well as volunteers. The manual aims to contribute to the prevention of adolescent suicide by promoting respectfulness and understanding about suicide through raising knowledge and awareness of indicators and prevention strategies. The second manual, *Building Blocks to Resilience*, aims to explore and develop an awareness of the characteristics and adaptive behaviours that promote resilience from infancy into adolescence.

Family Wellbeing Course

A project run by the Tangentyere Council in Alice Springs sought to address problems among Aboriginal young people in the area using the Family Wellbeing Course. This was developed by a group of Aboriginal people working for the Aboriginal Employment and Education Branch of the South Australian Education Department. It is a counselling course that is accredited by South Australian TAFE.

The Family Wellbeing Course aims to help participants develop the skills required to solve day to day problems in the family and ensure that their basic physical and emotional needs are met satisfactorily. The program emphasises

that a process of healing at the personal level is necessary if people are to come to terms with their past. It also stresses the importance of addressing the historical and political factors that continue to impact on family wellbeing for Aboriginal people.

The National Youth Suicide Prevention Strategy project involved running the Family Wellbeing Course for a group of professionals who wished to use the principles of Family Wellbeing in their work. Trainers, and most trainees were Aboriginal people who had experienced grief and suffering in their own lives, learnt essential lessons from it and wished to pass on their knowledge.

Youthlink

Youthlink (WA) developed an educational magazine, *Growing up with Young People*, for young people aged 12–25, their parents and friends. It was widely distributed via media (with national and regional daily newspapers), metropolitan pharmacies and other networks. The Winter 1999 edition had the subtitle, "A parents guide to understanding adolescents and young adults and encouraging their emotional and mental health". Articles addressed the issues of: growing up with young people; what to expect; different ways of coping; talking with young people; encouraging resilience; emotional and mental health; understanding difficult behaviour and recognising and responding to distress; and what parents can do to help, including contacts for support.

The magazine provided testimony from young people and parents, along with some useful reading suggestions, and was accessible both to young people and their parents. Examples were given of ways of tackling communication issues constructively using negotiation, active listening and problem solving, as well as of how *not* to communicate with young people. The issue of youth suicide was addressed with information on how to recognise and respond to young people's stress and depression, including raising the issues sensitively. A state-by-state guide to support services was supplied on the back of the publication.

The magazine was also produced in editions for Indigenous, Chinese and Vietnamese parents and young people, and distributed via ethnic media and Indigenous health and welfare agencies. *Growing Up With Young People* can be located on the National Youth Suicide Prevention Communications Project website at: http://www.aifs.org.au/external/ysp/living. Evaluation of the project was not completed in time to be included in this report.

Social Change Media

Social Change Media was contracted to provide media support, promotional liaison, advice and resource production for the Commonwealth "Supporting Families" National Parenting Initiative.

Media activity on the initiative included launches for *Tips for Parents* brochures, and radio community service announcements accompanying the

launch of each brochure. A promotional booklet was produced and distributed to help local projects funded under the program to promote their activities to families. The producers of popular soap operas *Neighbours* and *Home and Away* were approached regarding suggestions for scripting involving key messages about parenting issues and seeking support.

The five *Tips for Parents* brochures help parents become aware of options for interacting with their children, choosing more positive responses, trying out different approaches and acknowledging the individuality of different children. The fact that parents need time out for themselves and other relationships is also considered. Each of the five brochures provides informative, supportive advice about many issues confronting parents. The *Tips for Parents* brochures also include useful phone numbers for support including Lifeline, Kids Helpline and Parentline. Distribution of the brochures was undertaken through state-based Parentlines, Lifeline, Anglicare and Centacare, government and non-government agencies, and through other projects funded as part of the Supporting Families Initiative. Orders for the brochures can be made through the Social Change Media website: http://media.socialchange.net.au/parents. The Social Change Media activities were not evaluated.

Results of the evaluation

Information from the meta-analysis of parenting projects that were evaluated fell into four major themes:

- effective strategies for recruiting and engaging parents;
- interventions that are effective in enhancing parenting skills, knowledge and confidence;
- increasing wellbeing and reducing risk factors for young people; and
- sustaining and disseminating effective parenting programs.

What works to recruit and engage parents in parenting programs?

Three of the projects, Program for Parents, the Resourceful Family Project, and the Exploring Together Program focused primarily upon the task of disseminating programs that had been previously developed and identifying effective strategies for recruiting parents.

Development of the dissemination strategies was guided by an extensive community consultation with guidance officers, school psychologists, teachers and principals from local schools as well as parents and representatives from mental health agencies across Australia.

These projects explored issues of recruitment and engagement for parents in a range of settings and socioeconomic areas and with different levels of need. The results indicate that a variety of strategies are required, both universal and selective, and that different approaches are sometimes required when attempting to ensure the participation of parents who could be considered to be socioeconomically disadvantaged or who are experiencing problems with their adolescents.

➤ *Universal targeting involving a variety of strategies*

Because RAP-P was originally developed for the urban setting, the urban project had only to focus on developing a means of delivering the program in a manner that would successfully engage urban parents. Schools were the major focus for recruitment efforts. Parents of Year 9 students were invited to attend the RAP-P group based program which was offered in conjunction with the Resourceful Adolescent Program for Adolescents (RAP-A). The program was advertised throughout the school and in letters sent home to each parent. Three different formats were trialed to evaluate success in recruiting parents to the groups: first, three two-and-a-half-hour sessions in the evening; second, a single-day program during school hours; and third, a single-day program during the weekend. Similar recruitments rates were obtained with all these formats (33 per cent). Of those parents who attended, rating of the program was very positive.

Three other trials offering a Transition to High School focus were also conducted. These included: a primary school based program offered to parents of Year 7 students; a high school based program conducted by a School Psychologist in a high school on Sydney's North Shore; and a program run by mental health professionals in a high school in Western Sydney.

The best take up rate observed (37.5 per cent) was obtained in the high school based program run by the School Psychologist. The program was presented to parents as being an integral part of the schools normal services to parents. The project team suggest that good recruitment may also have been boosted due to the school principal talking about the program at the school's induction night. Very poor take up rates were observed in the primary school setting (9.1 per cent) and the program run by mental health professionals (5.2 per cent). The project team suggest that the poor recruitment rates at the primary school and in Western Sydney could also have been influenced by the timing of the program which was offered late in the school year at a time when families are preoccupied with exams and preparation for holidays.

It is also important to note that the three areas in which this trial was conducted were different and they appeared to vary in their demographic characteristics. It is possible that awareness of and openness to parenting programs was highest in the North Shore of Sydney because of its higher socioeconomic status.

The external reviewer concluded that the Resourceful Family Project should increase its focus on: first, targeting parents with children facing the transition to high school; and second, training school-based staff to deliver the program as part of the school's usual services. The transition to high school appears to be an important window of opportunity for the delivery of such programs, because parents often experience high levels of anticipatory anxiety at this time about their child's entry into adolescence.

Consultation with urban parents about the issue of engagement indicated that parent group-based modes of program delivery are only partially successful in engaging parents. It was suggested that a more flexible mode of delivery was needed, in particular a video, so that the program could be available to the large proportion of parents who would not attend parent groups. In response to this feedback, the Resourceful Family Project team have developed a video suitable for the urban community.

The rural-remote component of the Resourceful Family Project involved consultation with the Royal Queensland Bush Children's Health Scheme (RQBCHS) and a survey of families living in rural and remote communities in Queensland. The results of the rural-remote consultation suggested that the content of the RAP-P should remain in its current form but with some modifications to reflect the experience of families living in rural-remote areas. It was recommended that a variety of formats be used in the effort to reach all rural-remote communities including: traditional parents groups; School of the Air radio broadcasts, and a video.

Based on this feedback, the Resourceful Family Project team developed a *RAP-P Group Leaders Manual* and a *RAP-P Parent Workbook*, both specifically for rural-remote communities. The team also undertook the task of adapting RAP-P for School of the Air technology. School of Distance Education broadcasts were trialed in Mt Isa and Longreach in Queensland. Parents were recruited via advertisements on School of Distance Education broadcasts, letters to parents, and word of mouth. Parents were sent copies of the RAP-P parent workbook prior to the broadcasts which were conducted on three occasions each for two hours in duration.

A video conferencing debriefing session with facilitators indicated that the radio broadcast procedure was effective in creating a sense of group process between the parents. One group of parents raised the issue of confidentiality as a problem. Even though the participating parents knew each other, there is actually no control over who can tune into radio broadcasts. This was felt to inhibit sharing of information of a personal nature. However, this was only raised as a problem for one group.

The video created for the urban project was also considered by the rural-remote consultancy task force to be appropriate for rural-remote populations.

The indigenous component of the Resourceful Family Project was coordinated by the Indigenous Therapies Program at Central Queensland University.

Consultation involved a number of strategies. A variety of organisations in Aboriginal and Torres Strait Islander communities was sent information about the project. In Rockhampton, community consultation was instigated by offering a parent workshop (based on RAP-P) to community groups and asking for feedback. In the Woorabinda community, the Resourceful Family Project team liaised with key members of the Aboriginal community and with relevant welfare agencies including the Women's Shelter and Family Centre. Three Aboriginal high school students were consulted about their views on the important issues facing regional indigenous youth.

Consultation with key indigenous community leaders and parents indicated that while the RAP-P did have relevance to indigenous parents, it would need adaptation to the indigenous cultural context. Specifically, it was recommended that the program needed to emphasise the importance of community involvement and traditional culture.

Accordingly, the team produced a completely new manual that focuses on issues of particular relevance to indigenous communities. It uses a different format from the urban and rural-remote manuals and is flexible in its format to allow modification in response to the diverse needs of indigenous communities based on the results of trial programs. The team has also produced a *RAP-P Indigenous Parent Program Video*. This video features indigenous parents and adolescents and its narration is provided by an indigenous elder. It is not appropriate to be used as a stand alone resource, but as an educational tool in group workshops. It includes a series of vignettes which are played to the group. Facilitators then guide discussion in which the points raised in the video are related to the personal and community experience of the participants. Evaluation of the indigenous video is a priority for the future.

The external reviewer of the *Resourceful Family Project* observes that: "The materials developed for each of the target communities are highly professional and culturally sensitive . . . The content of the programs is based upon treatment approaches that have been shown to be effective in previous studies with clinical populations" (Kenardy 1999).

Program for Parents used two different strategies to recruit parents to the program: recruitment through the general community using mass media including radio, television and newspapers; and a strategy that involved targeting whole schools. Both strategies were found to be effective in recruiting and engaging parents. It is estimated that between 10 per cent and 25 per cent of parents from target schools participated in the PACE groups. The community strategy recruited a total of 268 parents and average retention in the PACE groups was 77 per cent.

Demographic information indicated that parents recruited through the community were less advantaged than parents recruited through schools. This suggests that the community recruitment strategy was more effective in targeting socioeconomically disadvantaged parents. The community PACE sample also included

a greater proportion of male parents while the target school sample (but not the control school sample) included more parents from non-English speaking backgrounds. Baseline data on key risk and protective factors collected also indicated that the community recruitment strategy was effective in recruiting parents who were experiencing difficulties in their parenting as indicated by relatively low confidence, low satisfaction, high depression and high conflict with adolescents compared to parents in the school samples.

The Resourceful Family Project also provides some information relevant to the recruitment of parents who may be experiencing problems with their adolescents. RAP-P was trialed in two different rural schools. In one school the program was targeted at the parents of a group of adolescents who were referred to the RAP-A program. Uptake of the program was low for this group of parents. In another school the program was run in conjunction with RAP-A on a universal basis. Here uptake was high, however no information is provided about the extent to which the universal targeting approach was successful in recruiting parents who were experiencing difficulties with their adolescents.

➤ *Selective targeting*

The Exploring Together Program and the Community Volunteers Supporting Families (Home-Start) Project target families that are experiencing difficulties with their children. These projects do not report any difficulties engaging parents via selective strategies.

The Exploring Together Program is an early intervention program which works closely with schools and community agencies to identify families with children who are beginning to experience behavioural and emotional problems (Littlefield, Burke, Trindor, Woolcock, Story, Wilby and Falconer 1999). The Program is delivered by trained group leaders who are based in a variety of agencies. Demand for the program in areas where it has become established outstrips the capacity to deliver.

The Home-Start Program of the Community Volunteers Supporting Families Project is a selective primary prevention program that targets families with young children (0–5 years) who are identified as in need of additional support. The Home-Start Program has no difficulties identifying families desiring the assistance provided by the Program. Many such families are referred to the program by hospital obstetrics departments and other agencies.

➤ *Address the historical and political factors underlying need*

The Resourceful Family Project and the Family Wellbeing Course run by the Tangentyere Council both emphasise the importance of addressing the historical and political factors that continue to impact on family wellbeing for Aboriginal people.

The Family Wellbeing course aims to help participants develop the skills required to solve day to day problems and ensure that their basic needs are met satisfactorily.

The team also argues that a process of healing at the personal level is necessary if people are to come to terms with their past. This healing will form the basis for developing resilience and other problem solving skills to enable them to move on in life. At the same time, an understanding of the historical factors and current political forces impacting on Aboriginal people is considered to be essential for Aboriginal people to learn how to take greater control over the issues that affect their lives.

The impact of European colonisation on parenting by indigenous Australians

The experience of colonisation for indigenous Australians has involved individual, family and community trauma over multiple generations. This trauma is widely recognised as responsible for a range of social and emotional problems affecting indigenous people including high rates of dysfunctional relationships, family violence and breakdown, alcohol abuse, mental health problems and suicide. It is observed that when traumatised individuals become parents and create a new family, unresolved emotional problems will affect the new family. It is further noted that the *Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families* lists loss of parenting skills amongst the effects of removal of children. Lack of a normal family life deprived young Aboriginal people of the opportunity to learn positive parenting skills. The premise underlying the policy of removal, which was that Aboriginal parents lacked adequate skills, has also been internalised resulting in further erosion of parents' confidence.

The Family Wellbeing (FWB) course run by the Tangentyere Council in Alice Springs is based on the concept that all human beings have certain basic needs that must be satisfied at all times. These include physical, emotional, mental and spiritual needs. If at any time in life these needs are not met, particularly in childhood and adolescence, this could result in behavioural problems. These problems could include an inability to solve day to day problems and address challenges in life. It is noted that

> *for Aboriginal people settler colonisation and especially the policy of removing children from their families, meant that there are many adults today whose basic needs have either not been adequately met in the past or are still not being met. This denial of basic human needs to generations of Aboriginal people is said to explain, at least in part, the high levels of destructive behaviours facing many families and communities … Such destructive behaviour among adults also means that many children are in turn being denied their basic needs because adults simply lack the skills or ability to provide quality parenting. This vicious cycle, if allowed to continue unbroken, could only have dire consequences for future generations (Tsey and Every 1999).*

The external evaluators of the Tangentyere trial of the Family Wellbeing Course (Tsey and Every 1999) note that the focus on the "control" factor is consistent with recent research which has implicated lack of control as a key factor in health inequalities and "situational mastery" as the most effective way of addressing health inequalities embedded in social relations (Marmot, Ryff, Bumpass et al. 1997; McEwen 1998).

The experience of the Resourceful Family Project and Family Wellbeing Course is that, despite the high levels of dysfunction in some communities, there is an enormous amount of resilience within many indigenous families and this resilience provides the basis for rebuilding functional parenting practices.

➤ *Involve of members of the target group*

Seven RAP-P parent workshops adapted to indigenous communities were conducted in three regional centres. Participants included 71 parents, five professionals and three children. Verbal feedback from the participants indicated a positive response to the program. Discussion with the consultant for the indigenous project indicated that the dissemination process had been successful because of the involvement of key local people in its promotion.

Another factor identified as important to the smooth delivery of the Family Wellbeing Course in the Alice Springs community was that the entire project staff were Aboriginal. This included the course facilitators from Adelaide as well as the on site coordinators in Alice Springs. It was felt that this helped participants warm to the program more so than would have been the case if the project staff had been non-Aboriginal. This also meant that the salary component of the project budget went to Aboriginal people.

Closeness of social status between helpers and those being helped is an important principle underlying the strategy of volunteerism used in the Community Volunteers Supporting Families Project. It is claimed that many of the families involved in the Home-Start and Homelink Programs are wary of professional agencies and dislike the feeling of being judged by these professionals. Community volunteers tend to be perceived as closer in social status to parents and are therefore better accepted.

What works to enhance parenting knowledge, confidence and skills?

A survey of National Youth Suicide Prevention Strategy stakeholders that was conducted in late 1999 as part of the evaluation included several questions about the extent to which parents were perceived as having the skills, knowledge and support needed to provide mentally healthy parenting to their children and perceptions of changes in these factors between 1995 and 1999 (see *Valuing Young Lives* for details of survey methodology).

The majority of respondents (53 per cent) in the survey indicated a belief that there has been no change in parents' levels of skills, knowledge and support since 1995. Thirty-four per cent believed that parents' skills, knowledge and levels of support were a little better on 1999 than in 1995. The vast majority of respondents indicated that the Strategy had had a strong (11 per cent), moderate (31 per cent) or some role (48 per cent) in the progress that had been made in primary prevention over the past five years including progress in parenting approaches.

Only one of the Strategy's parenting projects, Program For Parents, included comprehensive and rigorous evaluation of the impact of the parenting intervention on parents. The evaluation used a repeated measures, control group design and a variety of structured self-report instruments to measure changes in parental confidence, satisfaction and depression in parents. The results indicate that the PACE parenting skills group was effective in increasing parents' confidence and satisfaction and decreasing parental depression compared to a control group.

An evaluation of the Home-Start program was conducted prior to the Strategy project and found that the program was "effective in promoting healthy functioning in families" (Bryce and Psaila 1999: 1). Data from interviews with mothers and volunteers, and the results of a survey of referring agencies, also revealed a range of positive changes for mothers' including less stress and increased confidence in their mothering skills as a result of the Home-Start program. As one mother commented: "I feel less stressed. I look forward to going out now . . . It gives me back my freedom. I don't feel so tied down. It's great to have contact with another adult." (Bryce and Psaila 1999: 27.) And an evaluator commented: "Home-Start families reportedly showed improved 'self-esteem and confidence', better able to 'nurture and be nurtured'. 'Unconditional and non-judgmental friendships' that developed between family and volunteer helped to 'prevent depression' and 'break the cycle of abuse'." (Bryce and Psaila 1999: 27.)

Qualitative evaluation of the Family Wellbeing Course and the Home-Start Program also indicated that course participants experienced increased confidence and knowledge or reduced stress. However, the trial of the Family Wellbeing Course only involved participants who were community workers and counsellors in addition to being parents. Thus it is not possible to generalise the positive results to the general population of Aboriginal parents.

➤ *A focus on strengths*

Almost all of the parenting programs placed central importance on building parents' self esteem by encouraging awareness of and building on their strengths.

An assumption underlying the RAP-P program is that all parents possess skills and can benefit from acknowledging existing strengths in developing a sense of parental efficacy. It is argued that programs which focus on remediating skill deficits can have the effect of reducing parental confidence. Trials of RAP-P

conducted for the present project confirmed that parents value this aspect of the program highly.

This focus on strengths may be particularly critical to the effectiveness of the RAP-P program for indigenous parents. Aboriginal parents involved in a trial of the program in Rockhampton indicated that the program was beneficial in giving them the opportunity to think about themselves as parents and for the first time to verbalise their skills and knowledge.

Greater awareness and appreciation of one's own strengths and the ability to use them to make choices in life was one of the seven major areas of change identified by participants in the evaluation of the Family Wellbeing Course.

An important part of the Family Wellbeing Course approach to learning is the use of participants' own life histories and experiences as the main learning resource. This concept is embedded in the content of the course as well as in the principle that successful participation in the course is an essential requirement for teaching it. A focus on strengths is also fundamental to the effective use of role modeling as a parenting tool. According to Kenardy (1999): "One of the main ways children learn to cope is by observing the responses of the most significant adults in their lives. Usually it is parents who serve as role models for children. If parents are willing to receive help from others and have the ability to reflect on events that affect the family, then children will also learn this."

The Home-Start Program of the Community Volunteers Supporting Families Project is also consistent with a strengths approach because of its emphasis on building confidence and capacity by helping parents find their own solutions to the problems they might face with their parenting and family life rather than trying to provide them with solutions.

➤ *Recognition of parents' needs*

The Home-Start Program is based on the assumption that meeting parents needs for friendship, support and positive regard is critical to their ability to parent effectively. Both the RAP-P program and the Family Wellbeing Course also give parents needs high priority in the program content. The first session of the RAP-P program is entitled *Parents Are People Too*. In addition to identifying parents' strengths, this session explores the impact of stress on effective parenting and identifies ways of managing stress.

As explained earlier, the Family Wellbeing Course is centred around the concept that all human beings have certain basic physical, emotional, mental and spiritual needs and that emotional and behavioural problems emerge when these needs are not being met. The Family Wellbeing Course teaches that Aboriginal people have suffered many abuses which have denied them their basic needs over a long period of time and that parents have to be empowered to ensure

their own needs are met before they can be effective parents. The project aims to help participants develop the skills required to solve day to day problems and ensure that their basic needs are met satisfactorily. Greater awareness of one's own needs and how to better satisfy them was identified as a major area of learning in participants' narratives about the skills, knowledge and attitudes acquired during the Course.

➤ *Structured group-based parenting skills training*

Features of the PACE program that the program developers suggest are important to its effectiveness include its use of a flexible combination of:

- group support;
- systematic documentation of curriculum materials covering listening skills, assertiveness, conflict resolution, adolescent developmental tasks;
- trained group leader assistance;
- adult learning principles (discussion, peer modeling, behavioural homework and feedback); and
- a focus on exploring adolescent development and behaviour.

The structured nature of the group program is assisted by the use of a manual which sets out the curriculum. Program fidelity was monitored by asking Group Facilitators to complete a short questionnaire describing the content of each PACE session that they facilitate. The accuracy of this information was verified by asking a sample of parents to complete the same questionnaire describing from their perspective what had been delivered in each session. Although flexibility in program delivery was encouraged it was found that 81 per cent of Group Facilitators reported delivery that closely matched the curriculum set out in the PACE manual.

The Family Wellbeing Course, RAP-P and the Exploring Together Program also used a structured group-based approach to parenting skills training.

➤ *Cognitive reframing*

Improvements in parent communication and family relationships through Parenting Adolescents – A Creative Experience (PACE) are believed to be mediated through changes in parental perceptions of their adolescents. The program curriculum includes information on adolescent development and encourages discussion around this topic. By developing a greater understanding of the developmental task of adolescence, PACE participants are thought to move from negative interpretations of adolescent behaviour toward seeing many adolescent behaviours as normative. Klein, Alexander and Parsons (1977) have demonstrated cognitive reframing to be an important mechanism mediating improvements in parent-adolescent relationships

➤ *Address the cultural, historical and political context*

Evaluation of the Family Wellbeing Course suggests that addressing cultural, historical and political issues effectively was critical to the effectiveness of the course in enhancing the confidence, knowledge and behaviours of Aboriginal parents.

Seven major themes emerged from participants' narratives about the knowledge, attitudes and skills they have acquired from the course. At least four of these were strongly related to the way in which the course dealt with cultural, historical and political issues. These four themes include:

- greater reflection on the historical past and consequent ability to make sense of the present;
- enhanced ability to deal with loss and grief;
- resolution of issues relating to religious and cultural identity; and
- assertiveness and confidence to better negotiate gender relationships.

➤ *Home visiting/social support/mentoring*

Home-Start is a primary prevention and early intervention program that provides flexible support to socially isolated new mothers. Volunteers are provided with extensive training and are linked with suitable families through a careful matching process. Activities of the volunteers include: listening, talking, helping with housework, minding babies, engaging children in positive play. Volunteers have experience and skills in parenting and provide low-key, confidential, non-judgmental, support and a positive role model which aims to assist mothers find their own solutions to the problems they might face with their parenting and family life.

➤ *Universal targeting*

In addition to enhancing recruitment and engagement, universal targeting may also be important for the effectiveness of group-based parenting programs. The Resourceful Family Project team note that there is a strong advantage in including parents with a range of abilities in the parent groups. High functioning parents act as models for other parents.

What works to increase wellbeing and reduce risk factors for young people?

As was the case in relation to evaluating the effect of programs on parents' knowledge, confidence and skills, only one of the current group of parenting projects – Program For Parents – included evaluation of outcomes for young people.

The Program For Parents evaluation measured changes in adolescent self-harming behaviour, delinquency, substance use, depression and family attachment

using a variety of structured self-report instruments. A repeated measures, control group design was employed. Adolescent children of the community PACE group, target schools and control schools were compared before and after the intervention.

Adolescents in the control school sample showed a trend towards increased self-harm, increased delinquency, increased substance use and decreased family attachment. These negative trends were statistically significant in the case of delinquency and substance use. These negative trends were not observed for adolescents in the target school group for any of the factors measured. Rather, levels of risk behaviours tended to stay steady or show weak trends in the positive direction. Effects for adolescents in the community-based PACE groups tended to fall somewhere between those for the control and target school groups. Adolescents in the community-based PACE groups showed evidence of more entrenched problem behaviour and were recruited from lower income families.

The Exploring Together Project did not evaluate parent or child outcomes through the present study. However, it is reported that rigorous evaluation conducted previously to the current project has shown that it was successful in significantly improving children's behaviour and social skills, enhancing parenting practices, decreasing parental depression and strengthening family relationships (Littlefield, Burke, Trindor, Woolcock, Story, Wilby and Falconer 1999). Multiple outcomes measures were administered to the children and parents participating in the program as well as to the children's classroom teachers. The gains in childrens' anxiety/depression, social problems, attention problems, delinquent behaviour and aggressive behaviour were maintained at 6 and 12-month follow-up. The current project originally intended to conduct further evaluation of the Exploring Together Project, as conducted by newly trained facilitators across Australia. However, project timelines were prohibitively short to allow this. Programs are currently being run and evaluation data will be reported later.

➤ *Multifaceted programs with an emphasis on cognitive behavioural and systems theory*

Several of the programs in this group are theoretically informed by the principles of cognitive behaviour therapy and systems theory.

As indicated in the previous section, the PACE Program trialed by Program For Parents is based strongly on cognitive behavioural principles. Improvements in parent communication and family relationships through PACE are believed to be mediated through changes in parents' perceptions of their adolescents.

The Program For Parents evaluation also explored the extent to which the environment or "system" within which the program is delivered can affect outcomes. The results supported the view that when programs are implemented within a school system positive effects may extend beyond the minority of families who participate directly in the PACE groups.

The Resourceful Adolescent Program – Parents Program (RAP-P) is based on Bowen's multigenerational family systems theory (Bowen 1978; Kerr and Bowen 1988 cited in Shochet and Harnett 1999). This theory identifies two elements in maintaining a healthy self esteem: first, a sense of belonging to one's family; and second, a sense of separateness and individuality. When a person possesses a sense of belongingness and a sense of individuality they are said to be showing "differentiation of self", which is the ability to direct their own functioning as governed by their own independent sense of self and self worth. Undifferentiated functioning is characterised by being highly anxious and emotionally reactive, both within oneself and in relationships.

Differentiation is thought to be a lifelong process that is achieved through resolution of conflicts within individual and relational contexts. Families continually reflect the tension between the two opposing life forces of individuality and togetherness. Positive family relationships support a balance of the two. Chronic conflict comes from family members not being able to maintain both their sense of belonging to the family and their sense of separateness and individuality.

RAP-P uses cognitive behavioural techniques to assist parents enhance their own and their children's differentiation of self. The program has three sessions, each between two and three hours duration. These are: Parents are people too; What makes adolescents tick; and Promoting family harmony.

The Exploring Together Program is a group-based early intervention program that targets primary school aged children showing early signs of emotional and behavioural problems including aggression, impulsivity, anxiety, social withdrawal, problematic peer, parent, and family relationships. The program is mainly cognitive-behavioural in orientation but it is also informed by systems and psychodynamic theory. Techniques from these modalities are incorporated into the group process used in the program.

➤ *Authoritative parenting*

The cognitive reframing approach is designed to move parents away from authoritarian and permissive parenting styles toward authoritative styles. Baumrind (1991) has shown that the use of authoritative parenting styles through early adolescence predicts lower substance abuse and improved adolescent competence.

➤ *Delivery of parenting programs within a comprehensive school-based or community-based approach*

The results of the Program For Parents evaluation suggest that the school-based program may have exerted a preventative effect on the development of delinquency and substance use that is usually observed to increase in prevalence for young people during Years 7 and 8. This preventative effect did not appear to be as potent for the adolescents whose parents participated in the community-based PACE group.

The results are consistent with the hypothesis that the whole-school context for program delivery had an effect of enhancing the impacts of the program on adolescent behaviour. The rationale for targeting the whole school population was to maximise parental exposure to the program. Informal contact between parents around the school was expected to lead to recommendations to other parents to participate in the structured PACE program as well as implicit dissemination of the educational messages and strategies advocated in the program. The Program For Parents evaluators (Toumbourou and Gregg 1999) cite research by Steinberg and Darling (1994) which has shown improvements in family communication and children's wellbeing as a result of improvements in the wellbeing of children's friends. The results of the current evaluation are consistent with the hypothesis that such a "social contagion" effect may have been operating by conducting the program within a school community.

A caveat to this conclusion is that the adolescents in the community PACE group were somewhat younger than the adolescents in the target school group. Thus the results for the PACE group may have been more strongly affected by the natural tendency for these risk behaviours to increase in the early adolescent years. Preventive effects could still be operating but evidence of them may have been "washed out" by age effects. The community-based PACE families also demonstrated higher levels of parent-adolescent conflict at baseline and lower SES. Both of these factors would make it more difficult to resolve problems through a brief intervention.

Longitudinal evaluation using a more closely matched community-based control group would be required to fully test the social contagion hypothesis. Toumbourou and Gregg (1999) recommend that further research be conducted to investigate this hypothesis and the processes that might underlie this effect. A controlled trial of the program that allocates schools randomly to target and control groups would also be necessary to control for possible effects of generalised school-readiness to intervene.

The school environment is likely to be just one of a number of settings within which social contagion effects could operate. Information from the Family Well-being Course project suggests that course participants had begun to use and disseminate various knowledge and skills they had acquired from the course to other parents and to young people with whom they had contact.

According to the evaluators: "The evaluation clearly showed the effectiveness of the course in assisting the individual participants to increase their capacity to be significant adults in the community. If this process is sustained and extended to many more people, the effects on the long term emotional health of participants, their families and the wider community should be obvious" (Tsey and Every 1999).

The evaluators argue that there is a need to follow-up the current and future Family Wellbeing Course participants with properly resourced longitudinal

studies to determine the extent to which this "capacity building" in indigenous communities does actually translate into measurable improvements in family wellbeing.

➤ *Parenting programs run in conjunction with programs targeting children and adolescents*

In some circumstances parenting programs may be more effective in engaging parents and achieving outcomes if they are run in parallel with programs for adolescents and children. Three of the five parenting programs covered here include groups or other components targeting children or adolescents as well as parents.

The Exploring Together Program runs for ten weeks and each weekly session involves a parent's group and a children's group which meet separately for one hour followed by a combined parent–children group which runs for a further hour. Comments from trainee group leaders indicate that this program format is perceived as highly appropriate and unique in the realm of parenting programs, making it exciting and motivating for trainees to take up the program.

RAP-P is designed to be run on its own or in conjunction with a program for adolescents (RAP-A). RAP-A is designed to run in school class time for 11 weeks. It includes six main components: personal strengths; cognitive therapy (thought court); keeping calm; problem solving; support network; interpersonal problem solving (keeping the peace). RAP-A has been previously evaluated in a controlled trial conducted in 1996–1997. Adolescents participating in the RAP-A program were found to have significantly lower levels of depressive symptomatology and hopelessness at post intervention and 10 month follow-up compared to the control group who were simply being monitored. Adolescents also reported a high rate of satisfaction with the program.

Aboriginal people consulted by the Resourceful Family Project emphasised that it is very important that programs be developed for young Aboriginal people in addition to programs for parents.

The Community Volunteers Supporting Families Project involved two programs: Home-Start and Homelink. Home-Start focuses on providing support to parents while Homelink provides individual support to children and adolescents. Homelink seeks to supplement the assistance provided by schools to children and adolescents who are experiencing difficulties at school. Volunteers are matched with individual students and act as "special friends". Homelink has been previously evaluated via interviews with a small number of students and parents who unanimously report that the program has helped them in areas including school work, getting on with teachers, self esteem, and interpersonal relationships more generally. A key aim of the Community Volunteers Supporting Families Project was to combine the Home-Start and Homelink Programs within an integrated model of service delivery. However, the evaluation was not able to determine whether the effectiveness of the programs was enhanced by this integration.

What works to sustain and disseminate effective parenting programs?

The majority of respondents (55 per cent) in the survey of Strategy stakeholders believed that the availability of parenting education and support programs was a little better in 1999 than it was in 1995. Twenty-nine per cent believed there had been no change.

Three projects in this group concentrated on the task of expanding the reach of programs.

➤ *Training*

The main strategy employed in the dissemination of these parenting programs was to provide training to professionals to deliver the programs. Evaluation of the training provided by these projects suggests that it has substantially enhanced capacity to effectively deliver these programs on a wider basis.

The Exploring Together Program provided training to a total of 409 participants from a wide variety of disciplines. The results of the evaluation show that the majority of participants were very satisfied with the training, finding it interesting, relevant, pitched appropriately and competently facilitated. In addition, the majority agreed or strongly agreed that they were clear about their role as Exploring Together Program Group Leaders and the steps to be taken to organise, conduct and evaluate their own Program. Immediately following training, participants' confidence levels were high that they would manage the three main aspects of conducting an Exploring Together Program. Pre- and post-training measures showed relatively large increases in both skills and knowledge immediately after the training. Almost all participants reported other benefits of attending the training. The most common of these was improvement in networking, communication and cross-referrals between their diverse agencies.

A large number of the Exploring Together Program trained group leaders demonstrated, in their written or verbal comments following the training, a strong belief in the Program's ability to make a difference to families with "at-risk" children and many have demonstrated a strong commitment to running the Program.

The Resourceful Family Project provided training to over 200 professionals based in 12 locations across Australia. The results of evaluation of the training received by these professionals indicated that the training was very well received (with a mean rating of 4.51 out of 5).

Program for Parents provided training to 150 staff in 18 different sites.

Training is also an important factor in the ability of the Home-Start and Homelink Programs to maintain quality of service and sustain themselves. Volunteers are all provided with a comprehensive 10 week training course. Training includes a strong focus on the principles of the Home-Start and Homelink Programs, as

well as personal development, and provides an opportunity for coordinators to assess volunteers' suitability for working in these Programs. The Community Volunteers Supporting Families Project developed and trialed two specific training modules dealing with the issues of youth suicide prevention and child resilience.

Some of the parenting projects addressed a number of issues pertinent to the availability of training in rural and remote areas and for indigenous communities. These issues and the achievements of the projects in addressing them are described in Technical Report Volume I, Chapter 3.

➤ *Systematic documentation of program curriculum in manuals*

The Exploring Together Program, and Parenting Adolescents – A Creative Experience (PACE), are both accompanied by comprehensive manuals that outline the steps involved in setting up, running and evaluating the programs. Over 80 per cent of the PACE group leaders reported that they had delivered the program in accordance with the manual.

A major focus of the Resourceful Family Project was the production of program manuals for RAP-P. These included: *RAP-P Group Leaders Manual; RAP-P Indigenous Parent Program Group Leaders Manual; RAP-P Parent Workbook (Urban program); RAP-P Parent Workbook (Rural-remote program); RAP Implementation and Evaluation Manual.*

The RFP Team note that the Group Leaders Manuals facilitate training and reduce the quantity of training required prior to implementing the program. The external reviewer of the Resourceful Family Project (Kenardy 1999) indicates that further work is required to evaluate the extent to which trainers and parents find the program materials to be user friendly. The RAP Implementation and Evaluation Manual is designed to facilitate this aspect of evaluation of the program along with other relevant evaluation questions.

Systematic documentation of program curriculum

Evaluation literature consistently reports the importance of systematic documentation of program curriculum as a factor determining program effectiveness. Specifically manuals help ensure that programs are delivered in a manner that is consistent with the principles and practices that originally informed the development of the program. Documentation in manuals helps to ensure that interventions are theoretically and empirically informed, describable, transparent and available for critical scrutiny. This facilitates replication, training, ongoing communication and further evaluation.

➤ *Promotion through a variety of media*

All the projects relied on a wide variety of media to promote the programs to both parents and to service providers. An issue that arose for several of the projects was

the increasing number of parenting programs that are now available and the danger that promotional efforts could develop into competition for support from service agencies.

The importance of service agencies having a clear understanding of the differences between the various programs available was apparent.

The evaluators of the Exploring Together Program noted that ETP would have benefited from more "top-down" pressure in the form of a strategic marketing campaign to state government departments at both regional and central levels as well as to agency managers. Top-down strategic marketing by state governments was observed as having been effective in promoting the uptake of the Positive Parenting Program (PPP) in a number of states.

➤ *Ongoing support and coordination*

A factor that appears to be critical to the quality and effectiveness of several programs in this group is the quality of ongoing support provided to program workers or staff who deliver the programs. Several project reports describe this ongoing support in considerable detail.

The Exploring Together Program provides ongoing support to all newly trained program leaders. Trainers are available to provide ongoing support over the telephone during the setting up, running and evaluation of the group programs. The structure of the Exploring Together Program also provides an innovative peer support mechanism. Each ten-week program requires a total of four facilitators, and the organisation of each program usually involves the four facilitators meeting on several occasions before and during the running of the program. Thus program facilitators are not left in an isolated position. While the requirement for four facilitators makes the program relatively labour intensive, there is evidence that this may nevertheless be a cost effective approach to sustaining what is an effective program. Case studies of settings that have been running the Exploring Together Program for several years have demonstrated that the peer support mechanism built into this program structure has helped the program become self sustaining in several locations. These workers can be based in one organisation or several different organisations in any particular area or region.

Nevertheless, information collected from interviews with training participants during the project evaluation suggests that ongoing support will be vitally important to the ability of many of the trainees to go on and organise an Exploring Together Program. Evaluation of the training included consideration of the progress trainees had made towards running the Program and the barriers they faced. Direct questioning about a number of likely barriers revealed that the major anticipated and actual barriers were:

- the respondent's current workload/time schedule;
- lack of financial resources;

- obtaining funding from an external source; and
- time release from work to run a program.

It is noteworthy that identifying families appropriate for the Program was the least frequently anticipated or encountered barrier. The evaluator argues that these barriers are primarily related to a lack of support from the management of trainees' own agencies. Without this support, financial and time constraints significantly limit the possibility of the Program being established as a useful resource in the agency. If a worker's own agency is unwilling to provide support it is also very difficult to obtain the necessary support externally. There was insufficient information to systemically explore which types of agencies were more and less willing to provide support. However, responses to open ended questions suggested that a lack of a clear and consistent policy position by relevant government departments is a major problem.

According to a Trainee Group Leader, Exploring Together Program: "Until the [State] Department of Education and Training has a commitment to preventative, pro-active programs such as ETP it will not be possible to undertake such a program. I had thought that the permission given to me to attend the training implied support, but apparently we are only at step one! I will continue to seek support to run a program at one of my schools."

A substantial proportion of respondents reported difficulties in finding suitable co-leaders. As a Trainee Group Leader of Exploring Together Program said: "I have been endeavouring to find some person or agency to allow me to co-facilitate a group without success. My workplace hasn't the funding or resources to set one up."

As noted earlier, having more than one worker from any particular agency, or others in nearby agencies, trained in the program is a key facilitator. Ensuring that particular populations, especially isolated rural populations, have access to programs such as the Exploring Together Program will require interagency communication and collaboration at a service management level.

The evaluator of the Exploring Together Program suggests that limited funding for several more training events carefully targeted at regions that do not have enough people trained may be a cost effective way of ensuring that regions have a critical number of trained facilitators available for the program to become self sustaining.

Consideration of the results of the evaluation of all the parenting programs in this group suggests that provision of some level of ongoing program coordination is essential. Local/regional and state/national level tasks were identified.

The roles of local/regional coordinators would include:

- marketing the program to appropriate agencies;
- coordinating referrals to the Program;

- organising Programs;
- supporting group leaders;
- liaising with other local/regional and national/state level coordinators regarding support needs in training, consultation and evaluation; and
- writing funding submissions.

Roles of state/territory or national coordinators would include:

- liaising with and providing support for local/regional coordinators;
- providing consultation for leaders involved in running their own Programs;
- providing ongoing training and support for program leaders; and
- performing ongoing evaluation and program development.

A respondent in the Exploring Together Program evaluation noted that the Triple P Program is run very frequently in his region because there is a coordinator funded through Mental Health.

Expert guidance also appears to have been an important facilitator in the initial and ongoing development of parenting programs. For example: the Exploring Together Program is supported by the Victorian Parenting Centre; the Home-Start and Homelink programs are monitored and supported by the Family Action Centre based at the University of Newcastle; and the Program For Parents – which is promoting the further development and dissemination of the PACE program – is a collaboration between Parenting Australia (Jesuit Social Services), Centacare, Anglicare and the Centre for Adolescent Health at the University of Melbourne. RAP-P was developed by a team at the School of Applied Psychology at Griffith University and is being further developed for Aboriginal and Torres Strait Islander populations in collaboration with the Indigenous Therapies Centre at Central Queensland University.

➤ *Networking and community based support structures*

Several of the projects, including the Resourceful Family Project, the Exploring Together Project, and the Communities Volunteers Supporting Families Project, suggest that locally or community based support structures are vital to the maintenance of these programs. It is noted, for example, that in areas where the Exploring Together Program is supported and promoted by schools and community agencies, the program becomes established as part of the community's resources and gains momentum.

The Resourceful Family Project evaluator suggests the establishment of state-based networks to coordinate training, implementation and supervision of programs. Such networks would require funding at the state or federal level. Similarly the Exploring Together Program evaluation notes the importance of local clusters of agencies working together to deliver and coordinate the program.

Community-based support structures appear to be particularly critical to the up take and maintenance of programs targeting rural-remote and indigenous communities.

➤ *Intersectoral collaboration*

Results of the evaluations of all the projects in this group indicate that agencies from a variety of sectors need to be involved if parenting programs are to be implemented effectively on a wide scale.

Involvement of schools is particularly helpful in recruiting parents to programs. Transition to high school from primary school is a critical period for engaging parents because of raised levels of parental concern about this new phase in their children's life. Incorporation of parenting programs into the usual range of extra-curricula services provided by schools may be important if a reasonable number of parents are to be engaged in universally targeted primary prevention programs.

Parenting programs may also be more effective in engaging parents and achieving outcomes if they are run in parallel with programs for adolescents and children. Teachers are the professionals who are best placed to conduct primary prevention groups targeting children and young people.

During evaluation of the Homelink Program conducted earlier, community agencies identified a lack of cooperation between schools and the community sector as a major concern. These respondents saw Homelink as a small step in building communication lines between schools and the broader community.

When programs are targeted at Aboriginal and Torres Strait Islander populations, indigenous community organisations also need to be involved.

➤ *Ongoing funding*

Project Managers and a number of evaluators of projects in this group argue that ongoing funding needs to be provided. Ongoing funding is identified as essential to the maintenance and dissemination of programs of this nature. Because these programs rely on the contribution of labour from providers in a range of agencies, or in one case, community volunteers, the amount of funding required is generally minimal, centres on coordination and quality assurance tasks and promises a high level of cost effectiveness.

Significant cost inefficiencies are reported to result from dependence on short term project funding to sustain parenting programs. The Exploring Together Program has been run for a number of years in several communities in Victoria. Resources to run each program (set of program sessions) are sought on a program by program basis and each time a new submission has to be made. This is an inefficient use of the limited time that the Coordinator has available. Local funds also tend to be very limited so after a few years it becomes harder to obtain resources

as these are directed to new projects. The Exploring Together Program team also suggest that ongoing funding would increase the likelihood of local agencies committing to the Program because security of funding would ensure that any investment they make (for exmple, commitment of staff to training) will not be wasted.

General discussion

Expanding the availability of parenting programs

Policy developments in the area of mental health and family and community services support increasing the access of a broader section of the Australian population to parenting programs.

The Mental Health Promotion and Prevention National Action Plan (CDHAC 1999) calls for expansion of effective parenting programs especially targeting infants aged up to two years and young children aged two to four years, but also adolescents. National initiatives in the area of parenting programs identified in the National Action Plan include:

- monitor progress of current parenting projects and trials and determine scale and scope of program replication in the light of the evidence base;
- determine and establish relevant partnerships to support cost effective program delivery and maintenance of program integrity; and
- research the applicability of efficacious interventions to target the following priority populations: rural and remote communities; indigenous peoples; people from diverse cultural and linguistic backgrounds; and populations with special needs such as children of parents with mental illness, and people with serious chronic physical illness, a substance use problem, or experience of domestic violence or sexual abuse.

In late 1998, a House of Representatives Standing Committee on Legal and Constitutional Affairs released a report of the inquiry into aspects of family services *To Have and To Hold*. In its response to this report the Commonwealth Government has confirmed its commitment to a set of recommendations aimed at strengthening and expanding services and programs that seek to promote strong and healthy family relationships. Included among the recommendations supported are several that are concerned with parenting programs or relationship education directly or indirectly.

Most relevant here is Recommendation 32 which asks that the Australian Institute of Family Studies undertake longitudinal research into the effects of parenting education. The Government has also recently committed to the development of a National Stronger Families and Communities Strategy and has expanded the annual budget of the Family Relationships Service Program (FRSP) which is administered by the Department of Family and Community Services to $45 million in 1999–2000.

An important issue to be addressed is the most appropriate source of funding for parenting programs. It is not appropriate for the mental health sector to assume responsibility for the administration and expansion of parenting programs. Other areas of government have been working in this area for many years and are in a better position to do this. At the Commonwealth level the Family Relationships Service Program, administered by the Department of Family and Community Services, currently has a major role in overseeing the availability of effective parenting programs. Numerous bodies within state/territory government and local government have an interest in parenting programs. Mental health services need to work in partnership with these stakeholders. It is important that roles and responsibilities in relation to financing, administration, planning, delivery and evaluation research are clarified

It is recommended that the development and expansion of parenting education and support programs be recognised as the joint responsibility of a range of sectors of government *(Recommendation 1.1)*. It is critical that all relevant departments in the Commonwealth and state and territory governments develop clear policies and plans that identify roles and responsibilities in relation to the development, planning, financing, coordination, administration, delivery, and evaluation of parenting programs.

One possible role for mental health, following from the National Youth Suicide Prevention Strategy, is to support research and development aimed at ensuring that parenting programs have positive mental health outcomes for children and young people in addition to the range of developmental outcomes that other sectors have been pursuing in the past. Further planning regarding the role of mental health services in program delivery could be focused on building the capacity of parenting programs to address a range of mental health issues. Central among these is the needs of families with a parent with mental illness.

Dissemination, coordination and capacity building

The process of disseminating mental health promotion activity within organisations and in public policy has been studied by health promotion and organisational change researchers (see Nutbeam and Harris 1998). Goodman, Steckler and Kegler (1997) propose a four-stage model: Stage One, awareness raising; Stage Two, adoption; Stage Three, implementation; and Stage Four, institutionalisation.

The factors identified in the current set of projects as facilitating the maintenance and dissemination of parenting programs are consistent with this four-stage model. Activity of the parenting programs funded under the National Youth Suicide Prevention Strategy has revolved around Stages One, Two and Three. Activities identified as necessary in the future belong to Stages Three and Four. The process has not involved a smooth sequential transition through the stages. Rather, these stages are repeated or cycled through as programs seek to extend themselves to new agencies and new target populations. The process of

institutionalising evidence-based parenting programs throughout Australia will require returning again to all four stages of activity. A considerable amount of research and evaluation work is also required to further develop the evidence base.

Nutbeam and Harris (1998) note that many policy initiatives fail at the implementation stage because too little attention is given to the detail of the implementation process, and too little support is provided to the individuals working at the level of implementation.

The parenting projects of the Strategy have performed particularly strongly in this implementation stage and achieved substantial gains in building the infrastructure to promote emotional wellbeing and prevent mental health problems in families. Several projects have established extensive networks of trained group leaders who are committed to the task of implementing these particular parenting programs more widely. Projects have also developed a variety of flexible training programs and resources which are now available for use. Links between agencies with a commitment to or strong interest in implementing particular programs have been cemented. Comprehensive program manuals have been developed.

The present group of projects have also provided insight into a range of problems that need to be addressed if effective parenting programs are to be sustained and disseminated more widely.

In addition to training and systematic documentation of the curriculum, ongoing support or supervision of workers involved in delivering programs appears to be essential. Ongoing support and supervision from a coordinator is important for maintaining the motivation of workers, for ensuring adherence to the principles of programs, and maintaining quality. Employment of a sufficient number of regional coordinators is also essential if tasks such as recruitment of participants and staff and dissemination of programs is to be maintained.

Developing demonstrably effective manualised programs, training staff to deliver the program and providing them with ongoing support is still clearly insufficient to ensure that effective programs are taken up and implemented widely throughout the service systems that are best placed to deliver them. Gaining the necessary commitment and cooperation from relevant community agencies has proven difficult.

Often the strongest resistance to adoption of new programs has come from management rather than lower level staff. This may reflect the financial responsibilities of the management role within agencies. Many agencies are currently operating with overstretched budgets. Pressures to balance budgets in the short term make it difficult for management to redirect resources to new programs. Even if a new program promises greater cost effectiveness in the long term, the short cycle of many funding sources available to agencies makes it very difficult to find spare resources to invest in new initiatives that are not supported by outside funding, at least in the first few years. It may be necessary for government to continue to provide financial support to new programs for several years if

effective programs are to be adopted and implemented more widely. Developing appropriate funding mechanisms at a government level is also a challenge.

Intersectoral collaboration has been identified repeatedly as critical to the institutionalisation of health promotion programs (Nutbeam and Harris 1998). The current group of projects report relatively few problems in establishing the intersectoral linkages needed to implement particular parenting programs. However, with a number of different parenting programs now available there is a danger of unnecessary competition arising for resources and support as well as commitment for referrals from agencies. It is important that those responsible for marketing efforts clarify the specific objectives of their programs and the populations targeted so that service providers can ensure that the needs of their particular client group are addressed appropriately.

It may be inappropriate for agencies that serve diverse populations to make exclusive commitments to one particular type of parenting program rather than another. However, if programs require agencies to invest time or finances, many will lack sufficient resources to make commitments to more than one program. This further highlights the need for various programs and agencies serving particular geographically defined areas to cooperate with each other in meeting the needs of diverse populations, so that their activities are complementary rather than competitive.

State government support appears critical to the availability of expert coordination and program promotion. The increasing uptake of the Positive Parenting Program throughout a number of states has been driven by state government commitment and funding. Positive Parenting Program coordinators have been employed in a number of regions throughout Queensland, New South Wales, Victoria and Western Australia. The establishment of coordination systems to more effectively manage the array of parenting programs provided across and outside of government is recommended at regional and state/territory levels *(Recommendation 1.2)*.

The *Families First Strategy*, recently initiated by the New South Wales Government, is specifically designed to facilitate intersectoral planning by regions in support of early intervention and prevention activities targeting families. While such a strategy provides a broad structure for facilitating regional planning, attention will also need to be directed to establishing mechanisms for developing and sustaining particular types of interventions such as parenting programs.

Victoria has recently established such a coordination system that may be worthy of emulation in other states, provided evaluation can demonstrate its effectiveness. The Victorian Department of Human Services has provided funding for nine Regional Parenting Resource Services as well as central state-level coordination and support through the Victorian Parenting Centre. The Centre has four main roles, comprising: research and evaluation, program and resource development, professional training, and statewide coordination of the Regional Parenting Resources Services. The Centre is currently coordinating PPP as well as the

Exploring Together Program. Ongoing funding is currently only available for the Positive Parenting Program.

The parenting programs funded under the National Youth Suicide Prevention Strategy represent a variety of approaches that can be taken to parenting education and support. Some have targeted parents of young children, others have targeted parents of adolescents. Some are universally targeted while others are selective. Some are founded on family systems theory, some are based on the principles of cognitive behaviour therapy and some emphasise empowerment models. These various approaches are not exclusive and no one approach appears to be superior to the others. A variety of approaches is necessary to ensure that parents with a range of needs have access to programs that are effective for them.

Each of the five parenting programs funded under the Strategy show substantial potential to improve the quality of parenting provided to adolescents and children. The Exploring Together Program, RAP-P and PACE have demonstrated significant impacts and or outcomes in well-designed trials, and have begun to address issues of diversity among parents. It is appropriate that ongoing funding support be made available to expand implementation of the Exploring Together Program, RAP-P and PACE along with a number of other parenting programs that have been demonstrated to be effective but which were not included in the Strategy *(Suggestion 1.2a).* Further focused evaluation of the Home-Start Program and Family Wellbeing Course needs to be conducted before wider implementation can be supported *(Suggestion 1.2b).*

Strengthening the evidence base

The National Parenting Initiative of the National Youth Suicide Prevention Strategy has generated enhanced understanding of the difficulties faced in ensuring parenting programs are accessible to, and effective for, the diversity of families in the Australian population. More work is required to develop this evidence base. Significant advances will require better coordination of program evaluation. For example, there is a need to identify priorities for program development and research at a national level *(Recommendation 1.3).*

It is suggested that the new National Action Plan on Suicide Prevention, the Family Relationships Services Program, the National Mental Health Strategy, the National Drugs Strategy, and National Crime Prevention, collaborate to fund a coordinated program of research and evaluation into parenting programs *(Suggestion 1.3a).*

The evaluations of the current group of projects suggest four major areas requiring attention:

- enhancing access and engagement of parents;
- impacts on parents;

- outcomes for young people; and
- sustainability of impacts, outcomes and cost effectiveness.

Enhancing access and engagement of parents

A major research issue emerging from the parenting programs funded under the National Youth Suicide Prevention Strategy concerns the relative effectiveness of strategies for recruiting and engaging parents. The circumstances under which it is appropriate to use universal versus selective targeting strategies were a strong concern. In the past, most programs that have provided support or education to parents have been selectively targeted at individuals who have been identified as having increased need, due to family conflict or detection of child abuse and neglect. However, in recent years there has been increasing recognition that a much larger proportion of the population could benefit from parenting education and support. The National Parenting Initiative of the Strategy was based on this recognition. The results of the Program For Parents and Resourceful Family Project evaluations also suggest that universal targeting may be effective in reaching parents with high need and may actually facilitate their engagement.

Universal, selective and aggregated targeting of parenting programs

McCain and Mustard (1999) argue strongly for universal programs aimed at enhancing parenting and child development on the grounds that the gradient in outcomes extends across all socioeconomic groups and risk categories and that from a public health perspective more benefits are likely to be obtained by improving outcomes across the whole range, rather than by just focusing on those at the extreme end of the distribution. Based on the results of a meta-analysis of home visiting programs, Guterman (1999) argues that selective targeting based on psychosocial screening is not effective in identifying families most in need or for ensuring that interventions match specific family needs. However selective targeting based on broad demographic indicators (aggregated targeting) does appear to be effective. The audit of home visiting programs undertaken by Vimpani, Barclay, Frederico and Davis (1996) cautioned against selective targeting of home visiting programs designed to enhance parenting at those meeting predetermined risk criteria on the grounds that such targeting would stigmatise and alienate the participants program staff were most anxious to reach. Vimpani et al. argued that the efficiency of home visiting strategies would be enhanced if they were initially focused on communities and families which shared features that home visiting was likely to address - such as inexperienced and unsupported parents and social isolation (aggregated targeting). This view has been echoed by Hall (2000) in his comments on the UK Sure Start program which is a family support and parenting enhancement strategy incorporating community development principles.

A reason for this may be that universal targeting avoids stigmatisation. Universal targeting involves presenting the program as appropriate for all parents and sends a message that parenting problems are a normal part of life. This may reduce anxiety and guilt among parents who are experiencing problems and increase their openness to learning new ways of doing things. There is also some indication that recruitment of parents who are experiencing problems with their children may be increased when universal programs are marketed in general community settings rather than schools.

One reason for this could be that general community settings provide more anonymity for parents who may be concerned about revealing their problems to other parents who they may know. However, there is also some indication that selective targeting may be as effective as universal targeting for engaging parents with problems, as long as the program is offered in a setting that provides sufficient anonymity for parents or in settings where a high proportion of families are at high risk (aggregated targeting). Mainstream schools may not provide such conditions. Taken together, the results suggest that a range of universal and aggregated selective targeting strategies is required to ensure universal accessibility.

The current group of projects has also drawn attention to the need for a variety of program delivery models. Traditional group-based programs are not capable of reaching all parents who would benefit from parenting training and support. The projects described here provide a variety of models of program delivery including: parent groups; child–adolescent and parent groups; home visiting; radio broadcast and program workbook; as well as video. Universally targeted primary prevention programs in particular may be suitable to delivery via a variety of modes.

However, modifications to programs that have demonstrated impacts in one form of delivery should be subject to full evaluation themselves before they are implemented widely. Selectively targeted primary prevention and early intervention programs which involve more intense forms of intervention may be less amenable to flexible delivery modes, however further exploration of the possibilities in this area could be fruitful. Video conferencing, which is being used increasingly for clinical service delivery to remote areas might also be appropriate for the delivery of certain small group based selectively targeted parenting programs.

The present set of projects have only just begun to explore the relative benefits of universal, aggregated and selective targeting and how settings and modes of program delivery interact to effect access and engagement. Further work is required to clarify these issues. This work will also need to further explore what forms of targeting, setting and modes of delivery are best suited to addressing the needs of particular population groups (*Recommendation 1.3, first dot point).*

In order to do this it will be necessary for future evaluations to include more detailed descriptions of and reflection upon the demographic and risk and protective factor profiles of parents recruited to parenting programs *(Suggestion*

1.3b). This information is necessary in order to assess the extent to which programs are effective in reaching their target group and to determine whether impacts and outcomes vary for different types of parents. It is noteworthy that only a small minority of the current projects reported the gender breakdown of parents attending their programs and none of the project reports provided detailed discussion of issues related to the gender of parents or issues related to the parenting of boys. This is unfortunate given the clear importance of gender differences in epidemiological studies of completed and attempted suicide.

A focus on strengths rather than deficits is important to the engagement process. Universal targeting strategies appear to have an advantage over selective programs in this regard. By focusing on parents who are experiencing problems, selective and indicated programs have a tendency to focus on deficits. In contrast universally targeted programs send a message that all parents experience problems.

Universal targeting within indigenous communities also appears to be critical to addressing the historical and political factors responsible for parenting problems in indigenous families. A whole community approach, especially one that involves members of the community in program delivery and design, facilitates active recognition of historical and political factors that exert their effects on all members of such communities. In contrast, selective strategies emphasise the role of individual factors in problem development and maintenance.

Nevertheless, projects in this group have demonstrated that selectively targeted programs can emphasise a strengths approach and are capable of engaging parents in need. Selective targeting based on broad demographic characteristics (aggregated targeting) in particular, avoids the risk of stigmatisation and operates in effect as a universal targeting strategy within the particular demographic concerned. For example, programs such as the Indigenous RAP-P and the Family Wellbeing Course, which target the whole Aboriginal population in particular towns, are selective in the sense that they are specifically designed for Aboriginal people, but are universal in the way that they are applied to the whole Aboriginal community concerned.

Aggregated targeting approaches that acknowledge social risk factors and include strong community involvement could prove appropriate for parenting programs targeting parents from culturally and linguistically diverse backgrounds. Parenting is an important issue in many immigrant communities. Intergenerational conflict has been identified by researchers as a substantial problem disrupting the harmony of immigrant families and contributing to mental health problems among young people (Fabrier 1987; Klimidis and Minas 1995; Rosenthal 1984; Rosenthal and Cichello 1986; Rosenthal, Moore and Taylor 1983).

Further work is required to identify effective ways of engaging parents from indigenous and culturally and linguistically diverse backgrounds in parenting skills programs *(Recommendation 1.3, first dot point).* The Exploring Together

Program report notes that the program is appropriate to culturally diverse groups apart from indigenous populations. However, no details are provided about the aspects of the program that make it culturally appropriate. The Home-Start Program is operating in several countries throughout the world including Australia, Canada, Israel, and the United Kingdom. Culturally diverse communities in all of these countries are major beneficiaries of the Home-Start Program (Shinman 1994). Use of community volunteers provides access to the resources of workers who speak a wide range of community languages and who have intimate familiarity with the culture and experiences of immigrant parents.

Closeness of social status between helpers and those being helped was noted as another factor that may enhance the engagement of some parents. This is an important principle underlying the strategy of volunteerism used in Home-Start and a number of other home visiting programs such as Good Beginnings. Controlled Australian research is needed to test this assertion *(Recommendation 1.3, second dot point).*

In recent research, Olds (1999a and b) compared home visiting by professional nurses with that by paraprofessionals (non high school graduates coming from the same communities as the visited families). Olds found that outcomes for the latter group were neither practically or statistically significantly different from families who received no home visiting at all and were distinctly inferior to those in nurse visited families. Parents did not think the paraprofessionals' advice was valuable and did not explore the same range of issues. Whether or not it was as beneficial in terms of social support and social network density is not known, because the Olds research did not formally evaluate this.

Impacts on parents

There was strong consistency across the National Youth Suicide Prevention Strategy projects with respect to the elements of intervention that appeared to be most important in enhancing program impacts including parents' knowledge, confidence and skills. Principles that were consistent across all or most of the programs included: a focus on parents' strengths, and recognition of parents' needs. The projects in this group trialed a variety of interventions and generally obtained positive results. The strongest evaluation data available provide support for structured group-based parenting skills training. Promising results are also suggested for home visiting. There was also a suggestion that universal or aggregated targeting may enhance the impacts of parenting programs. This is consistent with the results of the meta-analysis of home visiting program impacts conducted by Guterman (1999).

In the light of Guterman's (1999) findings it is strongly suggested that relevant funding bodies, and particularly state and territory governments, encourage the further development of parenting programs designed to meet the needs of specific subpopulations and which use an aggregated targeting strategy *(Suggestion 1.3c).*

Future impact evaluation should aim to gain a clearer picture of the features of parenting programs that are most important in determining their effectiveness in enhancing parenting skills. It will be important for future evaluation to include a range of quantitative measures of parents' actual behaviours as well as their confidence, emotional wellbeing and satisfaction with parenting. Detailed investigation of impacts on parents' behaviours as well as on outcomes for children is important in order to improve our understanding of the mechanisms by which parenting programs exert their effects. Comparison of a range of different programs using a consistent set of measures will facilitate more accurate identification of the components or features of parenting interventions that are most critical to their effectiveness for different types of families.

Outcomes for young people

Three main features were identified as important to the capacity of parenting programs to enhance wellbeing and reduce risk factors for young people: first, multifaceted programs with an emphasis on cognitive behavioural and systems theory; second, delivery of parenting programs within a comprehensive school-based or community-based approach; and third, parenting programs run in conjunction with programs targeting children and adolescents.

These three features are related and reinforce each other. As the name suggests, systems theory places central importance on seeing individuals within the context of interpersonal and social systems. Systems theory emphasises the importance of understanding the features of the units (individuals) within systems, the structures of systems, the processes of interaction between the units within systems, as well as the relationships between different systems (Broderick 1993; Bronfrenbrenner 1986). The family is one fundamentally important system. Other key systems for children are schools and the wider community.

Systems theory informs clinicians and program designers of the importance of attending to the various systems within which parents and children are embedded. Some of the important units and relationships that parenting programs need to attend to are: child, parent, parent and parent, parent and child, siblings and child, siblings and parent, family, child and school, family and school, family and community.

Thus systems theory supports the findings of the present set of project evaluations that parenting programs are more likely to have significant outcomes for children when they are multifaceted, address the needs and interactions of both parents and children and are delivered with reference to other key systems like school and community.

Attention to related systems does not necessarily imply that delivery of parenting programs must be closely integrated with any particular system. Rather, in addition to the specific behavioural issues being targeted, decisions

Universal and aggregated targeting and program impacts

The results of a meta-analysis of home visiting programs conducted by Guterman (1999) are that universally targeted programs (those targeting whole populations or demographically defined subpopulations) have stronger impacts (larger effect sizes) than screening based programs. The impact of interest in this study was child abuse and neglect, ie indicators of parental behaviour. Guterman discusses a number of possible explanations for this finding. Of most relevance to the current discussion is the suggestion that too strong a focus on high risk status may work to screen in families least amenable to change while excluding families most amenable to change. In addition Guterman argues that while deliberately seeking out families at highest risk, most selective programs have failed to build in interventions that adequately address the complex problems faced by high risk families such as substance abuse, mental illness and domestic violence. Guterman (1999) points out further that universal targeting strategies are more consistent with the repeated findings that community-based meso- and macro-level factors such as economic impoverishment and social network deficits are the most important etiological influences on child maltreatment. Guterman (1999) concludes that the evidence does not support the use of individualised selective targeting even for the purpose of ensuring that scarce resources are directed towards those most in need. Rather he suggests that it may be most prudent to adopt an "aggregated targeting" strategy that deploys non-screening-based programs in community niches that hold high proportions of subpopulations, such as teen parents, most likely to benefit from services. In this context, scarce resources may still be used prudently by calibrating the intensity and content of intervention to the specific needs of families.

about the design and location of the program should be guided by the nature of the relationship between members of the key target group and the relevant systems.

Some systems may work to reinforce the impacts of programs targeting individuals (such as parents) within them. For example, there is some evidence that a positive “social contagion” effect was operating when the PACE programs were delivered in the school setting. The effects of the system or environment within which parenting programs are delivered is an important area for further research *(Suggestion 1.3d)*.

Sustainability of impacts, outcomes and cost effectiveness

A final priority issue for evaluation research concerns whether changes in parents that may follow exposure to parenting programs are sustained over time and whether or not such changes are associated with improved outcomes for

children and young people as they mature. Evaluation reports of several of the National Youth Suicide Prevention Strategy parenting programs recommend that longitudinal evaluation research be conducted on their programs.

Key aims of longitudinal evaluation research would be to:

- identify the full range of outcomes that different types of programs are capable of delivering as children mature into adolescence and as adolescents reach early adulthood;
- identify the elements of parenting programs that are most critical to effectiveness and cost effectiveness over the long term; and
- estimate the costs of implementing effective programs widely while maintaining program integrity.

Generation of reliable and valid answers to these questions requires greater uniformity in the use of impact and outcome measures and the use of control groups. The recommendation that longitudinal evaluation of parenting programs be conducted is supported *(Suggestion 1.3e)*. This recommendation is also consistent with the recommendations of the audit of home visiting programs conducted by Vimpani, Barclay, Frederico and Davis (1996) which strongly endorsed the need for longitudinal Australian data to examine the diverse and continuing outcomes of parenting programs. These investigators recommended that national data were needed to compare outcomes among those exposed and not exposed to parenting programs such as home visiting.

Measures of impact and outcome should incorporate the set of indicators of family and social functioning recommended in a recent report commissioned by the Commonwealth (Zubrick, Williams, Silburn and Vimpani 2000). They have recommended that these indicators covering the dimensions of time and income within families, and the human, psychological and social capital resources within families and communities should be selected on the basis of their capacity to measure risk exposures known to be on the causal pathways of poor health, educational, social and criminological outcomes. They have recommended that this set of indicators be included in serial social and health survey publications and used by population health researchers addressing the health of families children and young people.

Recommendations

An increasing number of sectors are recognising the importance of early childhood experience and the role of good parenting throughout childhood and adolescence in producing healthy, resilient and well-adjusted adults, and preventing a range of negative social outcomes. Many different service systems are providing parenting programs but there is great variability in the availability of effective programs across population groups and locations.

It is recommended that:

1.1 Development and expansion of parenting education and support programs should be recognised as the joint responsibility of a range of sectors of government, and future policy development should focus on identifying roles and responsibilities in relation to the development, planning, financing, coordination, administration, delivery, and evaluation of parenting programs.

(This is Recommendation 5 in the evaluation overview, "Valuing Young Lives".)

It is recommended that:

1.2 Coordinating bodies should be identified or established to more effectively manage, support, evaluate and disseminate the array of available parenting programs to ensure their activities are comprehensive and complementary in meeting the needs of diverse populations.

(This is Recommendation 6 in the evaluation overview, "Valuing Young Lives".)

It is further suggested that:

1.2a Ongoing funding support be made available to expand implementation of the Exploring Together Program, RAP-P and PACE and other parenting programs that have been demonstrated to be effective but which were not included in the Strategy.

1.2b Further focused evaluation of the Home-Start Program and Family Wellbeing Course should be conducted including measurement of impacts on parents and families and mental health outcomes for children.

It is recommended that:

1.3 Priorities for future program development and research should include:

- identifying the forms of targeting, setting, and modes of delivery best suited to addressing the parenting education and support needs of particular population groups, especially indigenous people and people from culturally and linguistically diverse backgrounds;
- the effectiveness of volunteer and paraprofessional home visiting programs; and
- programs for children with parents with mental disorders.

(This is Recommendation 7 in the evaluation overview, "Valuing Young Lives".)

It is further suggested that:

1.3a The new National Action Plan on Suicide Prevention, the Family Relationships Services Program, the National Mental Health Strategy, the

National Drugs Strategy, and National Crime Prevention should collaborate to fund a coordinated program of research and evaluation into parenting programs.

1.3b Future evaluations should include more detailed descriptions of and reflection upon the demographic and risk and protective factor profiles of parents recruited to parenting programs.

1.3c Relevant funding bodies, particularly state/territory governments, should encourage development of parenting programs designed to meet the needs of specific subpopulations and which use an aggregated targeting strategy.

1.3d The effects of the system or environment within which parenting programs are delivered should be recognised as an important area for further research.

1.3e Coordinated longitudinal impact and outcome evaluation of parenting programs should be conducted.

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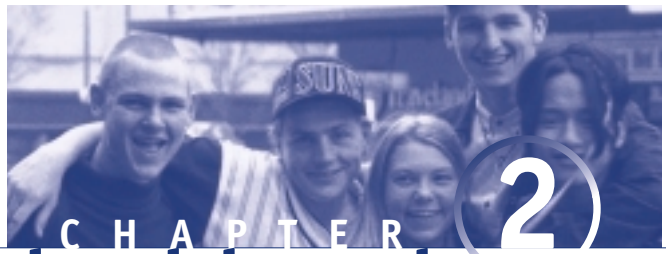

CHAPTER 2

School based projects

This chapter presents and analyses information about the projects funded under the National Youth Suicide Prevention Strategy which were based in schools or which were focused on issues for schools.

The goal of this group of projects was to enhance the wellbeing and resilience of school students. Projects aimed to provide schools with information, resources and skills that can help enhance protective factors and reduce risk factors operating within schools. An overarching philosophy of the Strategy was to foster a 'whole-school' approach to suicide prevention and mental health promotion within schools.

School based projects of the Strategy

The National Youth Suicide Prevention Strategy funded two major projects targeting secondary schools: MindMatters; and Educating for Life *(Educating for Life: a guide for a school-based response to preventing self harm and suicide)*.

A number of other Strategy projects also included strategies targeting schools. These mostly used schools as a forum for recruiting parents to parenting programs. These projects are described in detail in other chapters of this Technical Report, namely Chapter 1 on parenting programs and Chapter 4 on early intervention. However, some of the implications of the findings of these projects are brought into the General Discussion of this chapter.

MindMatters

The MindMatters project was managed by a consortium consisting of the Youth Research Centre at the University of Melbourne, the Faculty of Education at the University of Sydney, the Faculty of Health and Behavioural Sciences at Deakin University and the Australian Council for Health, Physical Education and Recreation.

MindMatters involved the development of resources and other capacity building strategies aimed at helping schools implement a "whole-school approach" to

mental health promotion. The whole-school approach involves directing attention to all aspects of the school environment to ensure that policies, procedures and activities throughout the whole school are consistent with the aims of making a place that nurtures and promotes the mental health and wellbeing of young people. Specifically the project focused on three major areas of school activity and philosophy: (i) curriculum; (ii) school ethos; and (iii) community partnerships.

Curriculum materials were developed in the following areas: Life Skills; Grief and Loss; Understanding Mental Illness; and Bullying and Harassment. The project also produced guidelines for schools on mental health promotion. The curriculum materials were trialed in twenty-four secondary schools nationally. Pilot schools were drawn from all Australian states and territories, both urban and rural areas, all school systems, areas of varying socioeconomic status and varied in their sizes. Professional development activities were conducted around the use of the curriculum materials with school staff, and support teams helped schools to plan and implement the program.

The MindMatters website is at http://www.ei.com.au/mindmatters/.

Guide for schools

Educating for Life, was prepared by Barry Taylor and John Howard, edited by Helen Cahill and endorsed by the National Advisory Council on Youth Suicide Prevention. It outlines the role of schools in suicide prevention. The Guide aims to support schools to plan effectively in the areas of curriculum, mental health promotion, critical incident management and identification and referral.

Educating for Life encourages schools to take into account their unique community, cultural and social contexts in applying the recommendations outlined in the

TABLE 2.1 School-based projects funded by the Strategy

Program name	Organisation	Main intervention	Evaluation design
MindMatters	Youth Research Centre, Faculty of Education, University of Melbourne and partners:	Whole-school approach including: • Curriculum • Ethos and organisation • Partnerships	Pre and post measures of knowledge and attitudes Interviews with school staff, project team members and state/territory education department staff
Educating for Life: a guide for a school-based response to preventing self harm and suicide	Prepared by Barry Taylor and John Howard, edited by Helen Cahill and endorsed by the National Advisory Council on Youth Suicide Prevention	A guide book on how to implement a whole-school approach to suicide prevention	Partially trialed by schools in the MindMatters project.

Guide, and to engage in wide consultation with staff, students, parents and local service providers. Some broad goals suggested for schools include: the creation of supportive environments; development of a personal skills curriculum; attention to teaching styles; the provision of pastoral care, welfare and counselling services; and an effort to strengthen community action and student awareness of support services.

The Guide outlines ways to go about developing a school policy for suicide prevention that stays within state policy and practice guidelines and identifies important factors for consideration in the development of school policy. Such factors include the special characteristics of the school, legal and ethical considerations and issues concerning review, responsibility and scope.

Also included are guidelines for developing a critical incident plan incorporating team responses; identification of external support; postvention and ongoing review procedures; staff training in the early identification of at-risk students; implementation of primary prevention programs; and the handling of suicide related issues in the curriculum. A number of tools developed through consultation and designed to be used by a trained counsellor include: *Critical Incident Management Guide*; *Assessment of Young People at Risk of Suicide*; and *Management of Young People at Risk of Suicide*.

The guidelines recommend that extreme caution be taken by staff in addressing the issues of suicide in either classroom discussion or in the selection of materials for study which may have suicide-related themes. Given that there is no conclusive evidence of efficacy of suicide awareness programs, it is strongly recommended that these not be taught in Australian schools. It is recommended that any discussion of suicide in curriculum be presented in a broader discussion of problem-solving and emotional wellbeing, and that suicide is portrayed as a non-helpful option. The guidelines were trialed during 1998 by the MindMatters project.

Results of the evaluation

The two projects in this group, MindMatters and Educating for Life, have emphasised the importance of a whole-school approach to suicide prevention.

Educating for Life describes the procedures and policies that the best available evidence suggests schools should be putting in place within a whole-school approach to suicide prevention and mental health promotion. This chapter of the Evaluation Report does not replicate the content of Educating for Life. Rather, this chapter examines the extent to which the Strategy has been successful in fostering or building capacity for a whole-school approach to suicide prevention, and what has been learned from this process. This falls into the following categories:

- fostering a ‘whole-school’ approach to mental health promotion;
- curriculum;

- school ethos;
- partnerships;
- suicide prevention guide for schools;
- sustaining and disseminating effective school-based programs.

This chapter does not consider the question of whether the "whole-school approach" is associated with better mental health outcomes for students than other approaches. Although some projects collected data relevant to impacts and outcomes for students the evaluations were not designed to address this question.

The chapter is structured into two main sections. The material in the first section under the headings of *What works?* is based directly on the content of project reports. The material in the General Discussion reflects the critical analysis of the Summative Evaluator.

What works to foster a whole-school approach to mental health promotion?

A survey of Strategy stakeholders that was conducted in late 1999 as part of the evaluation included several questions about the extent to which schools were perceived as providing a mental health promoting environment for young people and perceptions of changes in relevant factors between 1995 and 1999 (see *Valuing Young Lives* for details of survey methodology).

Thirty-eight per cent of respondents in the survey of Strategy stakeholders believed that the skills and resources needed by schools to develop whole school approaches to mental health promotion had got a little better. Thirty-six per cent believed there had been no change. The vast majority of respondents indicated that the Strategy had a strong (11 per cent), moderate (31 per cent) or some role (48 per cent) in the progress that had been made in primary prevention over the past five years including progress in whole school approaches.

As it was originally conceived, the MindMatters Project had an explicit focus upon the concept of a whole-school approach. The whole-school approach involves directing attention to all aspects of the school environment to ensure that policies, procedures and activities throughout the whole school are consistent with the aims of making a place that nurtures and promotes the mental health and wellbeing of young people. The whole-school approach used by MindMatters and endorsed by Educating for Life is based on the Health Promoting Schools Framework which emphasises three main areas of activity, curriculum, school ethos; and community partnerships.

MindMatters piloted this approach to mental health promotion in 24 secondary schools throughout Australia. The pilot schools were based in: all states and territories; urban, regional, rural and remote areas; government, catholic and

independent sectors, and served populations from a range of socioeconomic backgrounds. MindMatters provided considerable advice and support to schools in implementing the approach. The main strategies used by MindMatters were:

- development of curriculum modules;
- establishment of a Core Team within each school;
- provision of professional development to school staff;
- encouraging schools to conduct an audit of activities and develop a strategic plan;
- encouraging schools to develop partnerships with agencies in the community.

The extent to which the whole-school approach was actually implemented across the 24 pilot schools involved in the *MindMatters* Project was found to be variable.

The MindMatters evaluators (Waring, Hazell, Holbrook and Hazell 1999) conclude that 14 of the 24 pilot schools could be considered to have "made a comprehensive effort to implement the 'whole-school approach'". Five of these 14 schools adopted strategies across all three domains of the whole-school approach as identified by MindMatters (curriculum, school ethos and partnerships). A further seven of the 14 were judged to have totally implemented the approach because although they did not address school ethos during the project, the schools believed that they already had a good ethos and did not need to revisit this. Two of the 14 schools made changes in curriculum and ethos but not partnerships, however the evaluators judged that this would have been nearly impossible for these two schools because of their extreme geographic isolation.

Another characteristic or indicator of the whole-school approach is the active involvement of everybody in the school community including staff, parents, students and community groups. Few MindMatters pilot schools managed to achieve the active involvement of all these groups in the pilot projects. Only four schools involved students in core, active roles and parents were also rarely involved in active roles. Involvement of staff was more successful with 11 schools managing to get staff who were not members of the Core Project Team to implement the curriculum. Involvement of wider community organisations tended to be in the form of providing guest speakers or addressing in-services. Only one school included a representative from a community organisation on the Core Team.

Evaluation of MindMatters included collection of data about the quality of school life as experienced by students along with a range of other measures. The Quality of School Life Questionnaire (QSLQ) was administered three times. Time 1 and Time 3 were one year apart. The QSLQ has 7 subscales. There was a statistically significant decrease in means scores on 6 of the 7 subscales between

Time 1 (1998) and Time 3 (1999), indicating that students' perceptions of their school became less favourable over time. Males tended to show significant decreases on more subscales than females and students in rural schools showed significant decreases on more subscales than students in urban schools. Younger students showed more significant decreases than older students. Unfortunately the data analysis does not include a breakdown of data for schools that did and did not implement a whole-school approach. At both time points the QSLQ data for the MindMatters pilot schools were comparable to data in previous studies of Australian schools.

The MindMatters evaluators suggest that a better understanding of the results can be gained by appreciating that the samples at Time 1 and Time 3 were not identical because questionnaire return rates from the schools varied over the three data collection periods. However, the sampling biases that occurred are more likely to have biased in favour of a positive or neutral result than a negative result.

Because uptake of the whole-school approach was so variable, evaluation of the MindMatters project therefore provides some valuable insights into the factors that inhibit and facilitate adoption of a whole-school approach.

➤ *Conceptual understanding of the model*

Some MindMatters consortium members felt that some schools struggled to understand the concept of a whole-school approach to mental health promotion. The idea that a whole-school approach includes everyone in the school community including staff, parents, students and community groups was noted as particularly difficult for some schools to grasp.

➤ *A democratic structure and good communication*

MindMatters consortium members observed that schools that had a very hierarchical approach to decision-making found it harder to understand and develop the whole school model. Similarly schools that were organised strongly along departmental lines tended to have poorer communication between staff and found it more difficult to understand and adopt a whole-school approach. Independent schools were identified as having particular difficulties in these areas.

> "A whole-school approach really asks them to rethink their relationship with their community and involve a whole range of school personnel in a process of managing, creating and developing. Some of these schools are quite hierarchical in the organisation and … the school is not structured to promote collaboration with teachers and across faculties" (MindMatters Team member).

Several MindMatters team members perceived that many teachers feel very disempowered from decision-making within their schools.

➤ *Professional development and support*

Professional development and support provided by MindMatters was focused primarily on the curriculum component of the project. Schools and project team members felt that other aspects of the whole-school approach (such as changing school ethos and developing partnerships) did not receive adequate attention in the professional development and support provided by the project team and that this was a major factor in these aspects of the approach not being implemented as comprehensively as the curriculum component.

The evaluators of the MindMatters project (Waring et al. 1999) observed that resource materials and training provided to schools who wish to implement MindMatters in the future need to more comprehensively address the whole-school approach.

The draft suicide prevention guide for schools, Educating for Life, strongly and repeatedly emphasises the importance of schools providing professional development for their staff as part of a whole-school approach to suicide prevention and mental health promotion.

➤ *Strategic planning*

Strategic planning was one of the central strategies employed by the MindMatters project team to encourage schools to adopt a whole-school approach. All pilot schools were encouraged to conduct an audit of policies and activities that were already occurring in the school that were related to mental health promotion or suicide prevention and to think about how these could be built upon or modified. Schools were asked to identify priority issues and strategies that could be employed to address these issues.

Schools varied in the extent to which they embraced and utilised the strategic planning exercise. Active participation in the strategic planning process tended to be associated with implementation of more of the components of the whole-school approach. Some schools included broad consultation with staff and students in their strategic planning process. This was identified as particularly beneficial.

Some schools had considerable difficulty with the strategic planning process and indicated that they would have liked more specific guidance from MindMatters on how to go about this exercise.

➤ *Publicise the project*

Involvement of teaching staff was thought to be enhanced as a result of the site visits made by MindMatters team members. A number of schools noted that the visits provided a focus, a visible event that acted as a vehicle for publicising the project as something positive happening within the school.

What works to promote implementation of mental health promoting curriculum?

The MindMatters Project developed a set of curriculum units in four main topic areas. The units are summarised in Table 2.2.

Curriculum was the component of the MindMatters project that was most comprehensively implemented by the pilot schools. All 24 pilot schools implemented some of the curriculum but they varied in the curriculum that they chose to trial. The majority (n=18) trialed the Dealing with Bullying curriculum in its entirety, half used the Understanding Mental Illness modules (n=12) and ten schools trialed the Enhancing Resilience curriculum in full. Only four schools used the Loss and Grief curriculum.

TABLE 2.2 Curriculum units developed by MindMatters

Main topic area	Unit titles
(1) Enhancing Resilience	Changes and challenges Friendships and belonging People, identity and culture Coping Stressbusters
(2) Dealing with Bullying	Facing facts – for health classes Giving voice – for English classes Defining moments – for English classes
(3) Understanding Mental Illness	
(4) Loss and grief	One component deals with suicide

Over half the pilot schools (n=13) trialed the MindMatters curriculum using staff from the Health and Physical Education Department or equivalent, one-third of pilot schools (n=8) used staff from the English and Drama departments and seven schools used welfare or psychology teachers. Half the schools chose to implement the curriculum in 'special' lessons, throughout the school day that would not interfere with other formal curriculum. These lessons included Religious Education, Pastoral Care, Life Skills groups and Advisory groups.

In general the comments from schools about the content and educational value of the MindMatters curriculum were very positive. Some negative feedback about specific aspects of the curriculum and its use was also obtained. The positive and negative feedback had been used by the MindMatters team to inform further development of the curriculum.

The impacts of the curriculum component of MindMatters were assessed by measuring changes in students' knowledge and attitudes across the range of topic areas covered in the curriculum resources. While a control group design was seen as desirable, this was considered impractical because the work load for schools in

collecting the data was heavy and no resources were available to compensate control schools for this work. Questionnaires were distributed to pilot schools and completed at three points in time: June-August 1998, December 1998, and June-August 1999. Rates of return of questionnaires dropped off over the three time points. Data analysis focused on changes between Time 1 and Time 3.

In general very few changes were observed in students' knowledge of and attitudes towards mental health issues.

A major design problem for the evaluation of the curriculum component of MindMatters was that schools varied substantially in what parts of the curriculum they chose to trial. However the types of data collected in the evaluation, and data analysis procedures, were standardised across all schools. This may have reduced the ability of the evaluation to detect changes within schools associated with the implementation of particular curriculum units. Greater sensitivity to changes may have been achieved if the evaluation had been tailored more closely to the strategies used in particular schools or if data analysis included comparisons of the schools that did and did not implement particular aspects of the project.

➤ *Interactive teaching methods*

The MindMatters curriculum is based around the use of interactive teaching methods. The evaluation report does not define exactly what is meant by interactive teaching methods but it is noted that the curriculum materials included many activities that involved the active participation of students. The interactive activities were identified as one of the aspects of the curriculum that worked particularly well. A number of members of the MindMatters project team reported that "personal teaching style" was one of the main factors that affected the ability of teachers to implement the curriculum effectively. It was observed that most teachers do not use the interactive teaching methods advocated in the MindMatters curriculum. The importance of professional development around teaching style was emphasised.

The MindMatters evaluators observed that several teachers found the suggestion of using interactive teaching techniques quite threatening and doubted their ability to maintain control of the students, however when they had trialed the methods themselves or adjusted the curriculum materials to address these classroom management concerns, these teachers became advocates of the approaches used.

Educating for Life endorses the use of interactive teaching methods as an important aspect of a whole-school approach to mental health promotion.

➤ *Match curriculum to the intended age group*

MindMatters developed the different curriculum units with specific age groups in mind. In general the curriculum was only intended for high school students. Some parts of the curriculum, namely Dealing with Bullying, were intended for

Years 7 to 9, while other parts, such as Understanding Mental Illness, were pitched at Years 10 to 12.

Most schools used the curriculum units with the intended age groups but others chose to trial the curriculum with other age groups. Some schools chose to use part of the curriculum with primary school students and some used curriculum intended for Years 7 to 8 with Years 10 to 12.

Some of the teachers who used the curriculum with younger students provided negative feedback, commenting that the educational level of the materials was pitched too high. Some other schools felt that the language in the curriculum was not advanced enough for their high school students. The evaluators of MindMatters observe that these comments tended to come from schools that had used the curriculum with age groups other than the ones intended by MindMatters.

However certain feedback suggests that some of the topics covered in the MindMatters curriculum might be more profitably covered with primary school students rather than high school students. For example there was a view among some teachers that bullying may be best dealt with at the primary school level.

➤ *Flexibility and adaptability*

Teachers in a number of schools noted that they attempted to adapt the materials to the particular needs of their students. The major ways in which teachers adapted the resources included: target age group of the students, cultural sensitivity for indigenous communities, the length of lessons and teaching style.

The MindMatters evaluators note that this fact in itself is not negative but could be seen "as an essential aspect of schools' interacting with and integrating 'generic' approaches which by nature, cannot provide specific content and teaching strategies to suit all conditions" (Waring et al. 1999: 103).

However, some teachers who reported their need to modify the resources said that this was very difficult for them, mainly due to their having limited time for this task.

➤ *Sensitivity to cultural diversity and social issues*

Over one-third of the schools in the MindMatters pilot observed that the curriculum did not adequately consider the cultural perspective on mental illness or incorporate sufficient sensitivity to the cultural issues affecting particular groups of students.

Some schools that did not have a high level of cultural diversity noted that the curriculum units were highly relevant and appropriate but noted that this might not be so for schools with other demographics. Some schools that had high numbers of indigenous students and students from non-English-speaking

backgrounds raised concerns about the cultural relevance of the materials for these students.

> "The experience of the students from non-English speaking backgrounds and their teachers was that there 'wasn't enough on culture – it was too brief and only sort of scratched the surface'. These teachers stressed the importance of recognising and addressing the mental health issues that are particular to communities of non-English speaking backgrounds" (Waring, Hazell, Holbrook and Hazell 1999: 100).

It is reported that one Aboriginal worker raised concerns that the MindMatters curriculum did not take of the specific experiences of Aboriginal people and that this material could actually be destructive to young Aboriginal people. One school that had a high proportion of Aboriginal students also noted that some of the activities proposed in the curriculum units were culturally inappropriate.

> "We had to make the students do their role plays in groups. Getting indigenous students up in front of the class is regarded as a 'shame job'. They just don't want to get up in front of other people and do it" (Teacher comment in Waring, Hazell, Holbrook and Hazell 1999: 99).

Two members of the MindMatters team were also concerned that the project "was guilty" of not fully addressing the cultural issues, particularly for indigenous communities.

Two schools were concerned about the lack of sensitivity given to issues of gender and sexuality in the MindMatters materials. It was noted for example that for adolescents, sexuality is inextricably bound up with mental health and that bullying is not just an issue for boys. However, it was felt that the Mind Matters curriculum did not acknowledge this. Similarly some teachers felt that the resources lacked any notion of class or disability.

Educating for Life emphasises the importance of schools promoting sensitivity to cultural and social diversity and countering negative attitudes and discrimination such as racism, sexism and homophobia.

➤ *Professional development of teachers*

The MindMatters project conducted a considerable amount of activity directed at the professional development of teachers it was hoped would implement the curriculum. This included training sessions conducted in Melbourne as well as in-services conducted at the pilot schools. Schools identified the in-service training as very valuable in giving teachers the knowledge and confidence to use the curriculum materials.

It was observed repeatedly in the MindMatters evaluation that professional development was critically important to the ability of schools to properly implement the curriculum. The evaluators stressed that professional development needs to focus on teaching methods as well as on the content of the curriculum.

➤ *Time within the school's curriculum timetable*

Several members of the MindMatters consortium noted that the way in which schools structured their curriculum timetable influenced their ability to use the MindMatters curriculum effectively. In order to implement the curriculum effectively schools needed to allocate time within their existing timetable. Schools with a well established Pastoral Care, Religious Education or Health curriculum were able to use those times for the MindMatters trial. It was noted that in many schools health and physical education still do not have an adequate focus or continuity in the curriculum and that these subjects suffer in their ongoing competition with sporting events. It is difficult for these schools to implement new health-related curriculum. If health curriculum is not established, Pastoral Care and Religious Education can be appropriate places for the topics covered in the MindMatters resources.

What works to develop school organisation, ethos and environment?

Developing school organisation, ethos and environment was one of the three main strategies emphasised by the MindMatters project.

The MindMatters evaluation team concluded that just over one-third of the pilot schools (n=9) made changes to school ethos during the pilot project. A further ten schools eventually concluded that they did not need to make any changes because they felt their ethos was already appropriate. At the time the project concluded, four schools that had identified some areas that needed to change, had not yet made any of these changes.

Four members of the MindMatters consortium noted that there had been an increase in awareness among their pilot schools regarding the importance of addressing mental health issues within the school. This was viewed by most members of the consortium as one of the main positive outcomes of the project. One member was concerned however that increased staff awareness of mental health issues was associated with increased distress about how best to help them. This suggests that strategies that increase awareness about mental health issues were not adequately complemented by education about how to intervene effectively.

Educating for Life emphasises the importance of making these strategies clear for staff and provides detailed description of the procedures that teachers and school welfare and counselling staff should use to respond to students identified as being at risk. The MindMatters evaluation does not provide detailed description or discussion of the efforts that were made to communicate these strategies to staff and encourage their incorporation into school procedures and policies.

One-third of the members of the MindMatters consortium noted that their pilot schools had increased opportunities for staff members to participate in decision-making activities and another one-third reported increased student participation.

➤ *Conduct an audit and develop a strategic plan*

The main strategy used by MindMatters to stimulate activity in the area of school organisation, ethos and environment was to ask schools to conduct an audit of current activities and policies that were consistent with making the school a mental health promoting environment and to think about how these could be built upon or modified. Following the audit, schools were encouraged to develop a strategic plan which identified priority issues and strategies that could be employed to address these.

While completing their audits and strategic plans all but three pilot schools identified a number of policies that they thought needed to be reviewed or developed. Policy areas most commonly identified included: bullying; harassment; student interactions; human relations; discipline; behaviour management; and staff health and welfare. Three schools intended to develop a Critical Incident Plan and three intended to develop a policy that focused on youth suicide or students "at-risk".

Early in the project almost all the pilot schools identified issues that needed to be addressed, however substantially less actually identified and implemented strategies targeting these issues.

The major strategy identified by schools was to address the issue of staff relationships and morale (n=6) as well as communication between staff (n=3). A further six schools chose to focus on developing strategies to address bullying (in addition to implementation of the curriculum units).

The MindMatters evaluators note that a number of schools were very unsure about how to proceed with the audit and strategic plan and could have benefited from clearer guidance. It is suggested that in the future, schools be given advice on processes that will help them consult more broadly within the school.

➤ *Consult broadly*

Schools used very different processes to conduct their audits and complete their strategic plans. A number consulted widely with staff, one or two consulted with students, some relied on the Core Team and in some cases, a single person conducted the audit and wrote the strategic plan.

The MindMatters evaluators noted that most schools found the audit and strategic planning processes useful but that they were more productive when they involved broad consultation with staff and students. Broad consultation was viewed as ensuring that the planning process is based on accurate knowledge of what is happening in the school and provides the opportunity to build awareness and increase commitment to, and involvement in the project. Further to this several consortium members noted that the physical strategic plan document is much less important than the process of consultation and building consensus around a vision for the school. The written plan may not be consulted again but the

concepts and principles it articulates will be used if enough staff are familiar with them and support the general direction of the plan.

Educating for Life recommends that schools consult broadly with stakeholders in the development of all policies and procedures related to suicide prevention. Key stakeholders identified in the Guide include staff, students, parents, mental health services and other community agencies. Consultation with service agencies is identified as particularly important when developing referral protocols and critical incident management plans.

➤ *Involve staff and students in decision-making*

One third of the members of the MindMatters consortium noted that their pilot schools had increased opportunities for staff members to participate in decision-making activities and another one-third reported increased student participation. It was also noted at various points throughout the MindMatters evaluation report that an organisational structure that encouraged collaboration and communication between staff and active staff involvement in decision-making was more conducive to the successful implementation of several aspects of the project including the Core Teams (see below) and the audit and strategic plan. However it was noted that a substantial number of schools still lacked this orientation and that many teachers felt very disempowered.

➤ *Move slowly with change*

Two of the pilot schools that had not yet made any substantial changes to their organisation and environment reported that they felt it was important to move slowly with these changes in order to minimise anxiety.

What works to develop partnerships between schools and community agencies?

Encouraging schools to develop partnerships with community agencies was the third major component of the MindMatters project.

While the majority of schools in the MindMatters project (n=18) acknowledged the importance of having the backup and support of external agencies particularly when dealing with mental health issues, only half of the pilot schools were considered to have made some progress in the development of partnerships. For three schools the MindMatters project helped them develop new partnerships with community agencies. Six schools focused on fostering relationships that existed prior to the project. Five schools also encouraged community involvement in a less formal manner by organising various "mental health days" at which representatives of community agencies were invited to the school to speak on various topics. Five schools chose to focus on strengthening the involvement of parents in school activities mainly through parent forums and self help courses.

Schools encountered substantial barriers to the development of partnerships. Several schools in remote areas were so geographically isolated that they felt it was not logistically possible to form meaningful partnerships with other agencies. High workloads and staff turnover in community agencies were also reported by schools as making it very difficult to form relationships.

> "The outside contacts are as overloaded as we are, so can't step in until a kid actually suicides or something like that" (Teacher comment, Waring et al. 1999: 113).

> "Generally schools found that unless there was a death, they still had to wait months for crisis intervention, let alone do any preventive work" (MindMatters Consortium member, Waring et al. 1999: 115).

In general the MindMatters consortium members felt that the forming partnerships strategy was somewhat deficient and in need of further consideration before further implementation occurs. One team member made the comment that "Partnerships are difficult, time consuming and I don't believe they are always beneficial" (Waring et al. 1999: 115).

The MindMatters evaluators noted that there was some confusion for schools and community agencies about the nature of the relationships that they were being asked to form. There appeared to be uncertainty about the goals and objectives of partnerships, the types of activities that should be conducted in partnership as well as a lack of models that could be used to guide the development of relationships.

➤ *Publicity generated by project*

For three schools that formed new partnerships the MindMatters project was seen as helpful because it generated a focus for publicity aimed at encouraging involvement.

➤ *Support schools*

MindMatters consortium members and the external evaluator felt that schools needed more support aimed at showing them "how partnerships can be developed, what kinds of problems can arise and also how useful they can be once they have been established" (Waring et al. 1999: 115).

➤ *Structures for partnerships*

In a few schools representatives from community agencies were involved as members of the project Core Team. It was noted that the input from these representatives was invaluable. The Core Teams appeared to provide a structure that was capable of supporting and channelling the ongoing participation of community agencies. This involvement in the project Core Team also provided a clear objective on which to base the development of a relationship.

What works to facilitate implementation of a suicide prevention guide in schools?

The second major school-focused project of the Strategy was the development of a guide aimed at assisting schools develop and implement suicide prevention strategies that are based on the best available evidence. *Educating for Life: a guide for a school-based response to preventing self harm and suicide* (CDHFS in draft) provides a detailed description of the range of strategies that need to be included in a whole-school approach to suicide prevention. Its content is consistent with the principles and strategies of the whole-school approach used by the MindMatters project. However Educating for Life provides detailed printed description of these principles and strategies which complements the practical approach of MindMatters.

Educating for Life: a guide for a school-based response to preventing self harm and suicide was drafted by two independent experts in the field of youth suicide prevention. The MindMatters project was invited by the Commonwealth to assist in trialing the guide in schools. The Draft Guide was trialed and evaluated alongside a curriculum unit on the topic of suicide which was delivered as part of the Loss and Grief group of curriculum units. Educating for Life identifies itself as a "guide" rather than a set of "guidelines" in order to highlight the fact that it is not meant to be viewed as prescriptive. However, in reporting the results of the trial, the MindMatters evaluators refer to the guide as the guidelines and their terminology is maintained here in reporting their findings.

Of the 24 pilot schools in the MindMatters project, three were reported as having implemented the guidelines in full. For one school, implementing the draft guidelines on suicide prevention was considered to be one of the main achievements made during the course of the project. Two of the three schools that implemented the guidelines in full perceived that they had already put in place many of the measures indicated in the guidelines such as in-servicing for staff and creating policies for at-risk students.

Of the 21 schools that did not implement the suicide prevention guidelines in full, five perceived that they had already covered the issues identified in the guidelines, eight used the guidelines to develop a critical incident policy for their school and eight revised their existing critical incident plan in light of the guidelines.

Because so few schools fully implemented the draft guidelines, it is not possible to identify factors associated with successful implementation. However schools did identify major barriers and the conditions they believed would favour implementation.

➤ *Clear consensus on the issues*

The major barrier to full implementation of the draft suicide prevention guidelines was the uncertainty experienced by schools about the issue of suicide. There

was a strong perception that the debate about the approach that should be taken by schools was still ongoing and had not yet been resolved.

> "As far as I understand it, the debate is ongoing – the experts in our state are saying we should do the opposite to what MindMatters recommends – it makes it really difficult, so we won't do anything until we get more clarification" (Teacher, in Waring et al. 1999: 129).

Ten schools suggested that "some sort of consensus be reached so that students who are at risk can be managed appropriately" (Waring et al. 1999: 129). It was felt that the draft guidelines did not possess the level of authority that schools thought was required to encourage them to take action.

Six schools also noted that schools needed time to develop their own understanding and consensus about the issues and the best ways forward before they could proceed to implement new guidelines.

➤ *Professional development of school staff*

Seven of the MindMatters pilot schools advised that teaching staff and the school administration need appropriate in-service training in order to be able to begin to implement suicide prevention strategies suggested in the guidelines. This training needs to address psychological and emotional issues for staff that cause considerable apprehension for teachers.

> "… people without the background in health … could feel quite intimidated by the material, so that's what we need to work on – giving them that exposure, experience and confidence to go on with it" (School staff member, Waring et al. 1999: 129).

Educating for Life repeatedly emphasises the importance of professional development of staff as a fundamental component of implementing the Guide itself. Specifically the Guide recommends two levels of professional development:

- All school staff should receive introductory training about youth suicide;
- The Principal, senior staff, welfare staff, student management leaders and members of the critical incident management team should receive training in risk assessment and critical incident management and this training should be based on a high level of familiarity with the Guide and relevant state or territory guidelines.

What works to sustain and disseminate effective school-based programs?

Many of the factors identified as supporting the adoption of a whole-school approach are also relevant here. This section identifies some additional factors that are not necessarily specific to the whole-school approach.

➤ *Support of senior administrators*

The MindMatters team found that the support of senior administrators within the school, namely the principal or deputy principal was essential. This support was necessary for ensuring teachers were provided with the flexibility, time and resources they needed to participate in the project.

➤ *Build skills and resources within the school*

Several stakeholders in state government departments interviewed for the evaluation of MindMatters perceived that the pilot had been a success largely because of the method of implementation which served to build skills and resources within the schools.

➤ *A broad-based team of leaders*

A central strategy used by the MindMatters project was to establish a Core Team within each of the pilot schools. Having a team of people with a commitment to playing a leadership role in the project was found to be beneficial for several reasons. Firstly the workload generated by the project could be spread across several people rather than falling on one or two committed individuals. The larger the Core Team the more benefit it provided in this regard. Having a Core Team also protected the project against the set backs that can occur when key people leave the school. Staff turnover was experienced as a problem for a number of schools, especially those that had small core teams.

The model suggested by MindMatters stressed the participation of a broad range of stakeholders including teachers from a range of faculties, parents, students and community members. This did not always occur but where it did the Core Teams were judged to have operated much more effectively. Broader based teams were observed as more successful in establishing a mass of support for the project within the school community. Schools with a history of collaboration among all levels of staff were perceived by consortium members as being more successful in establishing effective Core Teams. The MindMatters evaluators suggest that schools which implement MindMatters in the future may need more advice on ways in which they can attract broad participation in their Core Team.

Core teams required a mandate from the school executive to be operationally effective.

➤ *Professional development and support*

The MindMatters project provided a relatively high level of professional development and other support to the pilot schools. This was consistently identified by schools and project team members as absolutely essential to the ability of schools to implement the project. A major part of this support consisted

of visits to the pilot schools by project team members. Visits were identified as particularly beneficial in building awareness and recruiting support for the project. During visits in-service training was provided in the use of the curriculum materials. Schools identified the in-service training as very valuable in giving teachers the knowledge and confidence to use the curriculum materials. Aspects of the MindMatters project that received the most attention in professional development and support provided by MindMatters (namely curriculum) were implemented more comprehensively than other aspects.

➤ *Time and resources*

Around one-half of the MindMatters pilot schools (n=13) commented that lack of time impacted greatly on their ability to implement the MindMatters project in its entirety. Typical comments from teachers include:

> "We all have our full-time jobs on top of the MindMatters project to carry out. Whilst we are all very excited about the project, we realistically can spend only an hour or two per week on the project."

> "If we had had more time to do this it would have been more useful."

Ten schools reported that they could not have carried out the MindMatters trial without the money issued to them through the project. Eight schools found that the funds provided them with the capacity to release staff to work on the project. The funds also stimulated stronger commitment to the project.

> "There just isn't enough time in the day … I need to say that the MindMatters money … certainly made the difference. Without the money there was no time, without time it just wouldn't have happened" (Teacher, MindMatters Project, Waring et al. 1999: 134).

> "We really appreciated the money … It gave us a sense of commitment, we have said we're going to do it, so we can't give it up."

The MindMatters evaluators conclude that without the provision of financial assistance for schools, schools with fewer resources may not adopt the program or may only be capable of implementing it in a piecemeal way which would limit its effectiveness.

➤ *An open, positive and democratic ethos*

Over one-third of the MindMatters pilot schools reported that a positive school ethos was a major factor in a school's uptake of the project. A history of openness to other health promotion programs and high levels of collaboration between different stakeholders in the school community including administration, staff, and students were identified as particularly important to the ability of a school to embrace mental health promotion.

Members of the MindMatters consortium concurred with this view and also emphasised the importance of democracy within the school for sustaining mental health promotion activities.

> "Those schools who had a more democratic way of operating, where the wider staff had input into the school charter, priorities and activities – the changes that have occurred are more easily sustained than those schools which don't have that collaboration and broader support" (MindMatters consortium member, Waring et al. 1999: 137).

General discussion

Although the major project in this group was established with the conscious intention of building capacity for a whole-school approach, success was limited. Implementing a whole-school approach to mental health promotion was found to be a difficult challenge. Many of the issues identified through the MindMatters project have been documented in the literature on school based health promotion over the past decade (Fullan 1993; Stoll and Fink 1996; see Patton, Glover, Bond, Butler, Godfrey, DiPietro and Bowes 2000 for a review). Evaluation of the MindMatters project has underscored the importance of acknowledging and addressing these challenges comprehensively if the whole-school approach to mental health promotion is to be further progressed from here.

The MindMatters model was identified as having several major strengths. These include:

- establishment of a broad based Core Team within schools;
- the curriculum modules;
- provision of professional development in the use of curriculum, particularly in-services;
- auditing and strategic planning; and
- provision of financial support to schools.

The MindMatters model as implemented in the Strategy trial also had several major weaknesses. These include:

- inadequate professional support around the development of school ethos and organisational change;
- inadequate professional support around the development of community partnerships; and
- insufficient attention to cultural and social diversity.

Educating for Life is an important complementary document for the MindMatters program and any other suicide prevention program operating in schools. It provides a detailed description of the various components of a whole-school approach as well as description of the policies and procedures that schools should

be putting in place within the whole-school approach. Educating for Life has not yet been comprehensively trialed.

MindMatters and Educating for Life provide useful frameworks that, with further development, could be adopted more widely throughout the school system. A whole-school approach to mental health promotion should also include attention to the use of primary prevention and early intervention programs targeting the development of protective factors and the prevention of specific risk factors. Evaluation of the current group of projects also identified several structural factors operating within schools and the school system that require further study and attention in policy development if schools are to be enabled to develop a whole-school approach to suicide prevention.

Professional development

Professional development was identified as fundamentally important across the range of domains comprising a whole-school approach to suicide prevention and mental health promotion. The issues emerged most clearly in relation to implementation of the draft guidelines and the findings are consistent with previous research. In a comprehensive qualitative meta-analysis of 50 randomised controlled trials of various continuing education interventions Davis, Thomson, Oxman and Haynes (1992) found that the dissemination of practice guidelines alone, in the absence of other supporting interventions is not effective in modifying practice. School staff will need to be provided with professional development if they are to be able to implement mental health promotion and suicide prevention programs like MindMatters or the strategies recommended in Educating for Life.

It appears that the professional development provided by the MindMatters project was generally insufficient to provide the level of confidence necessary for schools to attempt implementation of the guidelines. This professional development centred around implementation of the curriculum component of the whole-school approach. Schools identified the need for education and training around other areas of activity as well, particularly those related to school ethos and organisational change processes (*Recommendation 2.1, first dot point*).

Educating for Life in its current draft form places the responsibility for ensuring professional development is provided with the schools themselves. Feedback provided from the MindMatters trial does not address the question of why schools failed to conduct the professional development that they also identified was required. It seems likely that few schools in the MindMatters trial were in a position to organise this. A variety of suicide prevention training packages are available for schools, however, it may be difficult for schools to choose the most appropriate one. Many schools may also lack the resources to organise and provide such professional development to their own staff unless this is provided free of charge.

If and when a final Guide is produced and distributed it is important that this be accompanied by a more comprehensive professional development and support strategy for schools. The question of who is responsible for providing professional development and support to school staff and how this support is best delivered requires further consideration. Schools may require provision of clearer guidance as well as financial support from state and territory departments of education.

It is suggested that the National Advisory Council on Suicide Prevention consult with state and territory departments of education to develop a policy that provides clear direction to schools regarding implementation of an agreed Guide for suicide prevention in schools, and which specifies how essential facilitators such as professional development will be provided to school staff (*Suggestion 2.1a*). A companion document to the Guide should be produced which identifies strategies that might need to be implemented at a state and territory level to ensure schools are adequately supported to implement the guidelines.

Research into the effectiveness of continuing education and professional development has identified the value of practice-based learning that incorporates systematic feedback about objectively measured outcomes in reinforcing knowledge and skills learned in training or from practice guidelines (Bickman 1999; Davis et al. 1992). Evaluation of educating and training projects funded under the Strategy supports this view. Practice audits have been recommended as a valuable strategy for continuing professional development as well as ongoing monitoring for the purposes of accountability and evaluation (see Technical Report Volume 1, Chapter 3).

Community partnerships

Another area requiring further attention by schools and governments is community partnerships. The MindMatters evaluation found that many schools experienced considerable difficulties with this aspect of the project. The MindMatters evaluators noted that there was some confusion for schools and community agencies about the nature of the relationships that they were being asked to form. There appeared to be uncertainty about the goals and objectives of partnerships, the types of activities that should be conducted in partnership as well as a lack of models that could be used to guide the development of relationships.

These findings are consistent with the finding of Strategy projects that focused on networking as a major strategy (see Technical Report Volume 1, Chapter 4). Development of networks and collaborative relationships appeared to proceed more effectively when there was a clear objective or aim in mind – when the prospective partners had a specific set of tasks to work on. When specific tasks were absent networks lacked direction and participation dropped off rapidly.

Educating for Life identifies a number of tasks for which it is recommended that schools collaborate with external agencies. In developing a critical incident management plan, it is recommended that schools identify external agencies who

could provide debriefing and counselling and negotiate protocols for how this service would be provided. Partnerships with community organisations representing indigenous people and immigrant communities are identified as important for ensuring that policies and procedures are culturally appropriate for students. Educating for Life also recommends that school welfare staff who provide counselling should organise access to backup, secondary consultation and supervision. Following from this it is recommended that schools develop and document clear procedures for referral of students at risk, in collaboration with appropriate service providers. Educating for Life also identifies the need for schools to provide training to school staff relevant to a number of components of the whole-school approach. Provision of this training is clearly a task for which the input of professionals based in local community agencies would be required.

A major barrier to formation of partnerships with community agencies identified by MindMatters pilot schools was a shortage of agencies with the time and resources to come in and provide input to the school. This finding contrasts markedly with the findings of National Youth Suicide Prevention Strategy projects based in community agencies which sought to initiate collaboration with schools (see this volume, Chapter 1 and Technical Report Volume 4, Chapter 1). The experience of these projects was that many schools are overloaded with requests to participate in health promotion projects and are unable to take on the extra work that would be involved in addressing mental health promotion. Some Strategy project staff and evaluators attributed some of their difficulties in accessing schools to inconsistencies in school policies regarding collaboration with external agencies. While some schools were open and inviting, others were extremely reluctant. Sometimes this reluctance appeared to be related to uncertainty about whether or not programs were endorsed by state government authorities.

The MindMatters project targeted a wide variety of schools in all states and territories, schools in government, Catholic and independent sectors and serving students from a range of socioeconomic and demographic backgrounds. Unfortunately evaluation reports of projects based in community agencies did not include sufficient detail about the processes used to select schools for involvement in their programs. It is possible that the organisations that are developing and promoting mental health promotion and primary prevention programs to schools are concentrating on particular types of schools and neglecting others. It would be valuable for future evaluation of such projects to provide more information about the processes used in selecting schools. It is important to target a wide variety of schools in the promotion of such programs.

Schools clearly require greater support in forming partnerships with services and other community agencies (*Recommendation 2.1, second dot point*). At the same time, many community agencies and program developers have identified the need for assistance in accessing schools. These problems suggest some of

the functions that may require the involvement of state and territory departments of school education. Several other problems identified in the MindMatters evaluation also suggest the nature of roles that could be adopted at the state and territory level (see Structural issues and the role of governments, below).

Ethos and organisational change

Development of school ethos and implementation of organisational change processes were identified as two areas requiring greater attention in the future development of MindMatters. Specifically it was felt that school staff could benefit from professional development in these areas. The MindMatters project also drew attention to issues around the processes that take place within schools as they attempt to respond to external pressures for organisational change. The variable effectiveness of the strategic planning process used by the MindMatters project provides some valuable insights. As schools progressed through the audit and strategic planning process, an increasing number reported that they did not need to make any changes to school ethos because their ethos was already good.

The MindMatters evaluation report provides only brief comment on this development. One possible interpretation is that the strategic planning process led to increased awareness in schools of their existing strengths in mental health promotion and affirmed their current course. Several members of the MindMatters consortium commented that MindMatters did mainly serve to reinforce the attitudes and practices that were already in place. Many schools in the pilot sample were selected on the basis of their having a prior history or orientation towards health promotion and a commitment to considering issues other than the academic success of students. However this does not fully explain the fact that so many schools appeared to retreat from addressing issues that they had identified as requiring attention earlier in the project. Another possibility is that the strategic planning process led to increasing awareness of the difficulties involved in making organisational and environmental changes and led some schools to restrict or limit the extent to which they directed effort to this potentially unrewarding strategy. It is possible that both processes could be operating within any one school, compounding the reaction against change.

The MindMatters evaluators noted that the strategic planning process was generally viewed as more productive and valuable by schools when it was associated with broad consultation with staff and students. This broad consultation was in turn associated with the existence of democratic decision-making structures, however these were perceived to be lacking in a substantial number of schools.

This suggests that future efforts at building capacity for mental health promotion in schools should include a strong focus on the development of structures and processes such as democratic decision-making, strategic planning, and

participatory action research, that support the active involvement of teachers, students, parents and community members (*Recommendation 2.1, third dot point*).

It would also be valuable for future evaluation research to more closely study the process of strategic planning for mental health promotion in schools in order to enhance our understanding of how the process unfolds and what factors are associated with encouragement or discouragement for commitment to change (*Suggestion 2.1b*).

Structural issues and the role of governments

A positive and democratic school ethos and a history of openness to trialing new programs was found to be a facilitator of schools' willingness to take up the MindMatters project and to sustain the changes brought by the program. This is not surprising since many of the schools participating in the MindMatters trial were recommended by state and territory education departments based on judgements about the quality of their ethos. Unfortunately, this suggests that if mental health promotion programs are promoted on a purely voluntary basis, the schools most likely to take up these programs may be the schools who have least need for them. This suggests the potential importance of initiatives at the level of state and territory policy aimed at encouraging the development of democratic decision-making structures within schools and providing special encouragement and assistance to schools that have been identified as having a weaker ethos and who lack the resources and structural characteristics associated with adoption of new initiatives.

This dilemma has implications for the universal versus selective targeting debate which arose as an important issue for National Youth Suicide Prevention Strategy projects that included schools as a forum for recruiting parents to parenting programs (see Chapter 1 in this volume). Universal targeting strategies have been identified as reducing or avoiding problems of stigmatisation associated with selective targeting. However universal targeting may tend to favour recruitment of participants (schools or individuals) with a higher readiness for change and neglect those who have not yet developed the level of awareness required to actively seek involvement in programs that assist them in making changes. It is important for universally targeted programs to include strategies aimed at facilitating and encouraging access for populations who may lack the resources, skills and awareness to actively engage with mental health promotion programs on their own behalf. Key populations of concern include indigenous communities and people from non-English-speaking backgrounds who may be discouraged from accessing universally targeted programs that are not sufficiently culturally sensitive. Schools serving communities of low socioeconomic status and which lack access to the additional funds provided by parents with higher financial means may also be at a disadvantage when universal targeting approaches lack strategies that address the barriers they may face.

Specific consideration needs to be given to ensuring that all schools have access to the resources and professional support needed to implement a whole-school approach to mental health promotion. This will require partnerships between schools, state and territory governments and service providers who conduct particular programs. 'Aggregated targeting' has been noted as a strategy that preserves the benefits of universal targeting while at the same time ensuring that subpopulations with the highest levels of need do not face barriers to access (Guterman 1999; see also Chapter 1 in this volume for further discussion).

Consideration of the varying needs of schools serving particular population groups also underscores the importance of ensuring that all schools have access to an appropriate variety of primary prevention and early intervention programs targeting risk and protective factors (*Recommendation 2.1, fifth dot point*). Primary prevention and early intervention programs are an important component of a whole-school approach that has not received adequate attention in MindMatters or Educating for Life.

There is now a fairly large number of primary prevention, early intervention and other suicide prevention programs available which seek to use schools as a setting for enhancing access and engagement of children and young people. These vary in the extent to which they are based on the best available evidence. A major issue that has been noted in the literature and which continues to concern professionals working in suicide prevention is the activity of certain individuals and community organisations who offer suicide prevention education to schools. Experts in the field have noted that while much of this activity is well intentioned it not infrequently fails to comply with the best available evidence about safe suicide prevention in schools.

Schools are likely to have difficulty identifying the most appropriate programs for their students without further guidance. Analysis of data from the First National Stocktake of Youth Suicide Prevention Programs and Activities (AIFS 1998; Mitchell 1999) suggests that most suicide prevention activity in Australian schools remains narrowly focused on specific problems or issues or single interventions. The best available evidence however suggests that primary prevention and early intervention programs in schools should be addressing risk and protective factors relevant to a range of related outcomes and within a whole-school approach. At the same time however there is evidence that some of the most important risk factors and issues relevant to suicide are not yet being adequately addressed in school based suicide prevention activities. These risk factors and issues include: male gender; depression; Aboriginality and racism; sexuality and homophobia.

Mechanisms at a state/territory level are required to better coordinate the activities of service providers offering specific primary prevention programs, early intervention programs and suicide prevention education through schools. The Commonwealth and state and territory governments should work together to develop policies, protocols and monitoring systems which ensure that every

school and every child has access to an appropriate variety of mental health promotion, prevention, early intervention and support programs, and programs should be offered safely in the context of whole-school approach to mental health promotion (*Recommendation 2.2*).

The Victorian Government has recently initiated a "school focused youth service program" in which funding has been provided to enable youth services to work closely with schools in building capacity to implement a range of health promotion programs. With appropriate funding and support from state and territory government officers, mechanisms such as this could provide an ideal vehicle for the coordination of mental health promotion and suicide prevention activities in schools.

It is further suggested that state and territory departments of education explore ways in which state and territory policy can encourage the development of democratic decision-making structures within schools and provide special encouragement and assistance to schools that have been identified as having a weaker ethos and who lack the resources and structural characteristics associated with adoption of suicide prevention and mental health promotion initiatives (*Suggestion 2.2a*).

Frameworks and guidelines

Educating for Life has not yet been comprehensively trialed. There was consensus among pilot schools in the MindMatters project that some form of guidelines were necessary. However schools indicated that stronger consensus around the content of the guidelines was required before they would feel confident to implement them.

Paradoxically, the attempt to pilot Educating for Life through the MindMatters project was an important step in the process of developing this very consensus. It is critical for schools to have input into the consultation process that the guidelines are based upon before they are formally adopted and distributed. A key advantage of the piloting process was that it would have generated objective data about the usefulness and value of the guide. An alternative strategy may be required to generate the necessary consensus and to provide some objective information about the value of the guide. One possible approach is to conduct a comprehensive and systematic audit of a representative sample of schools across Australia with the aim of identifying the extent to which schools are currently implementing the procedures recommended in the guide and to identify barriers to the implementation of these procedures. Participating schools should also be asked to provide feedback about the clarity of the guide and the perceived value of recommended procedures. These data should be systematically analysed and used to inform the content of the final guide (*Suggestion 2.2b*). Ongoing data collection in a representative sample of schools would be required to monitor implementation of Educating for Life and to determine whether or not higher compliance is associated with improved emotional wellbeing for young people

and the school community as well as reduced suicide rates (*Suggestion 2.2c*). Data from the original audit recommended above could be used as a baseline for monitoring and evaluating implementation of the guide in those schools.

This work will require development of clear and measurable indicators corresponding to key procedures in the Guide as well as indicators of the quality of the school environment that would be predicted to follow from implementation of the Guide and to mediate enhancements in mental health (*Suggestion 2.2d*). There is relatively little discussion in the MindMatters evaluation report about the qualities that make a school environment conducive to mental health. However one theme that emerged strongly from the strategic planning process was concern about staff morale, the quality of staff relationships and communication between staff. This suggests that good staff morale, relationships and communication are an important characteristic of a mental health promoting school. The Gatehouse Project which is being conducted by the Centre for Adolescent Health in Melbourne has conducted a considerable amount of work in the development of such indicators and is trialing these in a longitudinal evaluation of a systematic whole-school mental health promotion project (Glover, Burns, Butler, Patton 1998; Patton et al. 2000).

Primary schools

A number of stakeholders in the MindMatters project raised the need to look at expanding the scope of mental health promotion activity into primary schools as well as high schools. The First National Stocktake of Youth Suicide Prevention Activities and Programs (AIFS 1998; Mitchell 1999) identified no activity at all in primary schools, but some work has been initiated recently. A project based at Queensland University of Technology Department of Public Health is currently trialing the implementation of early intervention strategies within a comprehensive whole-school approach in primary schools (Dwyer, Nicholson, Oldenburg and Battistutta 1999; Nicholson, Oldenburg, Dwyer and Battistutta 1999).

Recommendations and suggestions

As institutions that inevitably play a role in developing the psychological well-being of students, schools must be seen as providing an investment in the development of the mental health of young people, and need to be valued in this role. Programs such as MindMatters and resources such as Educating for Life can make a contribution to the development of environments that can enhance protection and lessen risks to which young people are exposed.

It is recommended that:

2.1 Further development of mental health promotion programs and resources in schools should give particular consideration to:

- professional development and support around the development of school ethos and organisational change;

- professional development and support around the development of community partnerships;
- development of structures and processes such as democratic decision-making, strategic planning, and participatory action research, that support the active involvement of teachers, students, parents and community members;
- ensuring curriculum, ethos and partnerships are sensitive to cultural and social diversity;
- incorporation of or linkage to primary prevention and early intervention programs targeting the development of protective factors and the prevention of specific risk factors for suicide.

(This is Recommendation 8 in the evaluation overview, "Valuing Young Lives".)

It is further suggested that:

2.1a The National Advisory Council on Suicide Prevention consult with state and territory Departments of Education to develop a policy that provides clear direction to schools regarding implementation of an agreed Guide for suicide prevention in schools, and which specifies how essential facilitators such as professional development will be provided to school staff. A companion document to the Guide should be produced which identifies strategies that need to be implemented at a state and territory level to ensure schools are adequately supported to implement the Guide.

2.1b Further research should be conducted to study the process of strategic planning for mental health promotion in schools in order to enhance understanding of how the process unfolds and what factors are associated with encouragement or discouragement for schools to make commitments to change.

It is recommended that:

2.2 The Commonwealth and state and territory governments should work together to develop policies, protocols and monitoring systems which ensure that every school and every child has access to an appropriate variety of mental health promotion, prevention, early intervention and support programs, and programs should be offered safely in the context of whole-school approach to mental health promotion.

(This is Recommendation 9 in the evaluation overview, "Valuing Young Lives".)

It is further suggested that:

2.2a State and territory departments of education should explore ways in which state and territory policy can encourage the development of democratic decision-making structures within schools and provide special encouragement

and assistance to schools that have been identified as having a weaker ethos and who lack the resources and structural characteristics associated with adoption of suicide prevention and mental health promotion initiatives.

2.2b A comprehensive and systematic audit should be conducted of a representative sample of schools across Australia to identify the extent to which schools are currently implementing the procedures recommended in Educating for Life and to identify barriers to the implementation of these procedures. Participating schools should be asked to provide feedback about the clarity of the Guide and the perceived value of recommended procedures. These data should be systematically analysed and used to inform the content of the final Guide.

2.2c Ongoing data collection in a representative sample of schools should be conducted to monitor implementation of the Guide and to determine whether or not higher compliance is associated with improved emotional wellbeing for young people and the school community as well as reduced suicide rates. Data from the original audit recommended above could be used as a baseline for monitoring and evaluating implementation of the Guide in those schools. Practice audits have been recommended as a valuable strategy for continuing professional development as well as ongoing monitoring for the purposes of accountability and evaluation.

2.2d Further work should be conducted to develop a set of clear and measurable indicators corresponding to key procedures in the Guide as well as indicators of the quality of the school environment that would be predicted to follow from implementation of the Guide and to mediate enhancements in mental health.

Project reports

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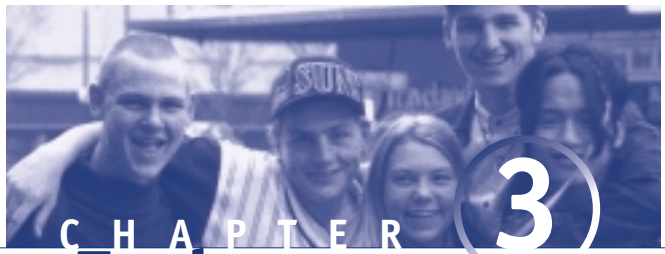

CHAPTER 3

Early intervention

This chapter presents and analyses information about the projects funded under the National Youth Suicide Prevention Strategy that included a major focus on early intervention.

The goal of early intervention activity is to reduce the prevalence of risk factors for suicide and enhance protective factors among young people who have begun to develop early signs of disturbance or who are exposed to environments known to be harmful.

The aims of projects in this group were to enhance the identification of young people who are developing or becoming exposed to risk factors for suicide and implement strategies targeting high risk individuals and groups to reduce risk factors and enhance protective factors.

Specific aims included:

- identify young people at risk;
- increase access to services;
- engage young people at risk in interventions;
- implement interventions that are effective in reducing risk factors and enhancing protective factors;
- build capacity for early intervention in relevant services.

Early intervention projects of the Strategy

Early intervention was not originally identified as a specific focus of the National Youth Suicide Prevention Strategy. However during the course of the Strategy, early intervention was increasingly recognised as an important approach to suicide prevention in its own right and it was considered important to collate and synthesise what has been learned. Thus much of the activity described in this Chapter was conducted by projects that belong to other approaches and have

been described in greater detail elsewhere. Only material directly relevant to early intervention is included here.

Projects that have contributed substantial amounts of information to this Chapter are: AusEinet, Bowden Brompton Community School; Community Volunteers Supporting Families Project (Homelink Program); YPPI-IA; Out of the Blues; The Here For Life Youth Sexuality Project; Exploring Together

TABLE 3.1 Early intervention projects funded by the Strategy

Program name	Organisation	Main intervention	Evaluation design
AusEinet	Flinders University and University of Adelaide Departments of Psychiatry	Placement of Reorientation Officers in eight agencies	Informal process evaluation using routine project documentation (ie regular project reports from Reorientation Officers).
Bowden Brompton Community School	Bowden Brompton Community School	Special school, Screening	Interviews with staff, stakeholders, parents and students
Homelink	Family Action Centre	Mentoring	Interviews with staff, stakeholders, parents and students
YPPI-IA	Central Coast Health Service, Mental Health Service	Enhancing access to treatment for young people with early psychosis and dual diagnosis	Repeated measurement of outcomes using standardised instruments, Interviews with staff and stakeholders
Out of the Blues	Southern Child and Adolescent Mental Health Service	Enhancing access to treatment for young people with depression	Repeated measurement of outcomes using standardised instruments
Here For Life Youth Sexuality Project	WA Aids Council and Gay and Lesbian Counselling Service	Community Awareness, Gatekeeper Training	Interviews with staff, stakeholders, and young people.
Exploring Together Program	Victorian Parenting Centre	Parenting program	Repeated measurement of outcomes using standardised instruments
Reach Out!	Inspire Foundation	Internet-based program	Recorded screen activity, on screen feedback, focus group comments, service provider comments
Gatekeeper Training Consultancy	School of Social Work, Australian Catholic University	Needs assessment, Expert consultation	Formative evaluation

Program; Gatekeeper Training and Youth Suicide Prevention – Education and Training Consultancy; and Reach Out!

Other chapters in this volume – Chapter 1 on Parenting and Chapter 2 on School-based projects – and in other volumes of the Technical Report series, especially those concerned with primary health care, community development, and networking and intersectoral collaboration provide information highly relevant to early intervention. This material has not been replicated here, rather readers are referred to the relevant sections.

AusEinet

AusEinet (Australian Early Intervention Network for Mental Health in Young People) was developed by Flinders University of South Australia and the University of Adelaide Departments of Psychiatry and funded jointly by the National Youth Suicide Prevention Strategy and the National Mental Health Strategy. Its aim is to promote the development of early intervention services and programs for children and young people with mental health problems. During the course of the National Youth Suicide Prevention Strategy the AusEinet project had three interrelated streams.

Stream I involved the development and maintenance of a national network involving clinicians, researchers, policy makers, consumers and carers. Communications were a major component of Stream I activities and these are described and discussed in Chapters 2 and 4 of Technical Report Volume 1.

Stream II of AusEinet was focused on the reorientation of service delivery towards early intervention. Eight agencies serving a range of different client groups were selected to run model projects via an open tender process. These included small support groups, non-government organisations and government funded agencies that provided services to a significant number of children or young people who were at risk of developing mental health problems. A Reorientation Officer was placed within each agency to help staff develop and implement capacity building strategies that would enable the agency to initiate and sustain early intervention. AusEinet has published a booklet that describes the reorientation initiative including details of the eight specific projects.

AusEinet based the design of its service reorientation initiative on a strategic framework for health promotion capacity building developed by the NSW Department of Health. This framework identifies three key components for effective capacity building within organisations:

- workforce development;
- organisational development;
- resource development.

Many of the findings related to capacity building described and discussed in detail in other chapters and volumes of this Technical Report series are strongly related

to these three components of capacity building and are equally applicable to early intervention in mental health problems as they are to other approaches to suicide prevention. This chapter focuses on issues of most relevance to early intervention in mental health problems.

Bowden Brompton Community School

Bowden Brompton Community School was established as an alternative to mainstream secondary schools for students who were unable to participate effectively in mainstream schools. A high proportion of students have behavioural problems, low educational attainment and come from socioeconomically disadvantaged families – problems that have been identified as risk factors for suicide.

The project was stimulated by a growing awareness among teachers that a large number of students appeared to be suffering from psychological problems in addition to the behavioural and scholastic problems already identified. A pilot project involving routine screening as part of the enrolment procedure confirmed a high incidence of depression and anxiety in the students. Information from the screening process was provided to staff and directed towards identifying the social, emotional, behavioural and educational support needs of each student.

Community Volunteers Supporting Families Project (Homelink Program)

The Homelink Program is an early intervention program that provides support to children and adolescents up to 18 years old, who are experiencing a range of problems. Volunteers recruited from the community are provided with extensive training and are linked with suitable students through a careful matching process. Homelink works closely with schools to encourage referrals to the Program.

Volunteers provide non-judgmental, low-key support which aims to assist students find their own solutions to the problems they might face. Activities of volunteers include: listening, talking, help with homework and going on outings. The relationship is one of confidential friendship and providing a positive role model.

The Community Volunteers Supporting Families Project funded under the National Youth Suicide Prevention Strategy aimed to enhance the Homelink Program by expanding the training of volunteers and integrating Homelink more closely with a related program called Home-Start which provides support to new mothers.

YPPI-IA

Located on the New South Wales Central Coast Area and based in the YPPI (Young People, early Psychosis and Intervention) Centre, the Young People and Psychiatric Illness – Intervention and Assessment Project (YPPI-IA) was grafted on to the existing service.

A youth-oriented and community-based mental health program, YPPI-IA sought to: promote access to, and participation in, services by young people with a history of severe mental illness and or deliberate self-harm; provide optimal treatment and care to young people; develop strategic alliances within the community in order to integrate the project within existing mainstream services; and bring about a reduction in the symptoms and disability caused by mental illness.

By increasing referral agencies' awareness of suicide intervention strategies and options, the project sought to increase collaboration between the agencies and community service providers to young people with psychiatric illness. Information about awareness levels was then compared to levels prior to implementation of the project.

Strategies implemented in meeting these aims were: to provide a specialist mental health service; to educate referring agencies about the best ways to help young people with early psychosis access services; and to develop an assessment package, intervention protocols and manuals for circulation in mainstream services.

Other products of the project included: a video entitled, "Catch us if you can"; fact-sheets on a range of topics related to psychosis and support services; client information pamphlets such as "Grief and Loss" and "Feeling Good"; a computer disc with YPPI-IA Protocols, Measures, Guidelines and Checklists; and various stickers, postcards and posters.

Out of the Blues

Out of the Blues was a Mood Disorders Unit based at Southern Child and Adolescent Mental Health Service in Adelaide. The objective of the project was to improve recognition and treatment of depression in an attempt to reduce the incidence of suicidal behaviours and suicide in young people. By targeting young people aged 15-24 years Out of the Blues sought to overcome or avoid the gaps and disruptions in service provision that often arise for older adolescents and young adults due to the usual separation of child and adolescent and adult mental health services.

The Out of the Blues Unit aimed to: promote access to, and engagement with, the service by young people; provide optimal care and treatment for young people; promote strategic alliances within the community; achieve recognition of the Unit's work on a wider scale; and evaluate the project.

In addition the project sought to: develop, promote and disseminate best practice locally and nationally; actively explore issues of mental health promotion, early detection, intervention, treatment and management, as well as relapse prevention; promote a national focus on these issues through professional publications, national bulletins, media discussion and all electronic means; and promote education in best practice for affective disorders in young people through national conferences, seminars and workshops focused on affective disorders.

Training workshops aimed at non-health sector workers provided education in risk assessment, initial management, and appropriate referral to the mental health sector. Training was also provided to health professionals and students.

Evaluation was both quantitative and qualitative. A range of different quantitative measures included client questionnaires and clinician questionnaires, administered at three stages. Qualitative feedback was obtained through a telephone interview with clients which aimed to discover "What makes counselling services useful for clients?", and to evaluate clients' experience of the therapeutic relationship and the effectiveness of treatment for depression in the Out of the Blues program.

The Here For Life Youth Sexuality Project

The "Here for Life" Youth Sexuality Project was jointly conducted by the Western Australia AIDS Council and the Gay and Lesbian Counselling Service (Western Australia) and was based at a drop-in centre, the Freedom Centre, which runs courses, workshops and other youth development strategies for young people with same-sex attractions.

The project's specific objectives were to: reduce the isolation of young people with same-sex attractions and assist them to develop positive attitudes towards their sexuality; increase positive attitudes and actions within the community towards young people with same-sex attraction; provide health and counselling services appropriate to the target group; and disseminate the findings of the project.

The aims of the project were to develop, implement and evaluate a variety of approaches to increase support to young same-sex attracted people and reduce their risk of self-harm and suicide. Four main strategies were devised: a peer support program; community development and resource production; professional development and training for people who work with young people; and clinical support for young people.

Information was disseminated about the project by the production of training manuals for professionals and volunteers who work with young people; staff presentations at various conferences and seminars; publication of journal articles; and the distribution of the project's evaluation report.

A vital part of the philosophy of the project was the direct and indirect involvement of young people. This was done in a number of ways, with young volunteers and those attending either the Freedom Centre or the various courses and programs consulted on an ongoing basis. Young people were also involved in the creation of promotional materials and resources. While the project was funded for only a limited period, many of its initiatives are still being continued by the Freedom Centre, the Western Australia Aids Council, the Gay and Lesbian Counselling Service, and the YouthLink service.

Exploring Together Program

See Chapter 1 in this Volume.

Gatekeeper Training and Youth Suicide Prevention – Education and Training Consultancy

Frederico and Davis (1996) from the school of social work at the Australian Catholic University were appointed to conduct a consultancy on the topic of gatekeeper training.

Gatekeepers in youth suicide prevention are those members of the community who by virtue of having regular and significant contact with young people are in a position to assist vulnerable young people access professional support services. Gatekeepers may be parents, peers, workers, volunteers, coaches, clergy or police.

Two specific aims of the consultancy were: (1) to identify key criteria for the assessment of training materials for key figures in the community (gatekeepers), and in so doing, develop an evaluation approach to gatekeeper training packages; and (2) to identify and develop core competencies that might be included in youth suicide prevention education and training.

The work included: a literature review; interviews with experts in youth suicide prevention nominated by the National Youth Suicide Prevention Advisory Group; identification and assessment of existing gatekeeper training packages; and delineation of core competencies and best practice principles in gatekeeping.

The ensuing report provides an overview of suicide issues; discusses the characteristics and functions of gatekeeping; and makes recommendations on ways to improve suicide prevention training for workers and community members.

Reach Out!

The focus of the Reach Out! Project was to provide information via the Internet to young people who may be experiencing problems, that may help them understand and solve problems and encourage them to seek help. The Reach Out! website (http://www.reachout.asn.au) was launched in March 1998.

The site is driven by a Youth Advisory Board of sixteen young people who meet at least twice a week in a virtual space. Design of the site is based on prevention and health promotion theory, and features strategies aimed at fostering help-seeking, increasing coping skills and role-modelling how others have got through difficult times.

A number of sub-sites or pages within the Reach Out! website provide assistance to young people, their families, friends and professionals.

- Chill Out! aims to provide help, information and entertainment for young people.

- Family and Friends is similar in layout and content to Chill Out!, but provides more in-depth information on looking out for a family member or friend in need. The site targets young people approaching early adulthood.
- Reach Out! Professional Forum aims to address the information needs of professionals working with young people. Doctors, teachers, mental health workers and others can access information, training options, referral information and current media reports through this site.
- Who Cares? is a national database enabling young people to locate relevant services in their geographic area. A map-driven search aid lists details of Australia-wide services and resources.
- The Big "RORRT" (Reach Out! Rural and Regional Tour) aims to increase Internet access to rural areas through community funding; to capture and share positive experiences of young people; to promote its theme of "Net Social Benefits"; and to mobilise and assist communities to better support young people.

Reach Out! will be establishing twenty Internet Access Centres for young people in rural and regional New South Wales as the first stage in the Reach Out! Bush Network. A number of projects and consultations have also been undertaken as part of the Reach Out! Indigenous Strategy. A future proposal is the development of a sub-site called Improving Your Odds, designed to prevent and treat youth problem gambling.

Results of the evaluation

The information from the content analysis of the project evaluation reports falls into four main categories:

- Enhancing early identification and access to services for young people at risk;
- Engaging young people at risk in early interventions;
- Reducing risk factors and enhancing protective factors.
- Capacity building for early intervention.

What works to enhance early identification and access to intervention for young people at risk?

A survey of Strategy stakeholders conducted in late 1999 as part of the evaluation included several questions about the extent to which young people at risk were perceived as being identified and gaining access to appropriate intervention in a timely fashion, and perceptions of changes in relevant factors between 1995 and 1999 (see *Valuing Young Lives* for details of survey methodology).

The majority (59 per cent) of respondents in the survey believed that the extent to which young people who are developing risk factors for suicide are gaining

access to appropriate services with minimal delay got 'a little better' between 1995 and 1999. The proportion of respondents reporting positive change on this indicator of system reform is very high compared to similar indicators in other domains of activity examined in the survey. A large majority of respondents (84 per cent) in this survey believed that the Strategy had played at least some role in the progress that has been made in early intervention (including access to services) over the past five years, with 11 per cent believing the Strategy had played a strong role and 36 per cent believing it had played a moderate role.

Enhancing early identification and access to intervention was a major focus of the Strategy early intervention projects. A very wide variety of strategies was used and most projects used a combination of strategies. Evaluation of these strategies mainly involved interviews with service staff and stakeholders about their perceptions of project impacts. These perceptions were uniformly positive.

Only the Here For Life Youth Sexuality Project based at the WA Aids Council and the Gay and Lesbian Counselling Service provided quantitative data indicating increases in access of young people to the service. Over the two-year course of the project attendance of new clients at the Freedom (drop-in) Centre increased from 11 to 30 per month. In addition, 22 new young men and 27 new young women accessed the regular ongoing fortnightly support groups run at the Freedom Centre. Access of young people from non-Anglo-Celtic backgrounds also increased.

➤ *Focus on subpopulations or communities at high risk*

Focusing on whole subpopulations or communities at high risk appears to avoid or circumvent the problems of stigmatisation that have been identified as affecting other selective targeting strategies because it maintains a sense of inclusion or universality of approach at the level of the population group.

The suicide prevention project based at Bowden Brompton Community School provides an interesting case study. Bowden Brompton Community School was established as an alternative to mainstream secondary schools for students who were unable to participate effectively in mainstream schools. Before the project commenced the school population was known to have a high proportion of students with behavioural problems, low educational attainment and from socioeconomically disadvantaged families. These have been identified as risk factors for suicide (Beautrais 2000). The project was stimulated by a growing awareness among teachers that a large number of students appeared to be suffering from psychological problems in addition to the behavioural and scholastic problems already identified. A pilot project involving routine screening as part of the enrolment procedure confirmed a high incidence of depression and anxiety in the students.

The Here For Life Youth Sexuality Project provides similar support for selective targeting focused on subpopulations at higher than average risk. A wide variety

of strategies were employed in this project with the aim of raising awareness and increasing access for young people with same sex attractions. A major focus of the Here For Life Youth Sexuality Project was the development and distribution of promotional materials aimed at raising awareness among young people, parents and community members about the risks facing same sex attracted young people and the supports available to them.

Promotional materials and activities of the Here For Life Youth Sexuality Project included: an educational booklet targeting same sex attracted young people and one targeting family and friends; posters for display by services used by young people; participation in gay and lesbian community events such as the Pride Parade; paid advertising in gay community media; brochures outlining the services and programs available; articles in the media about issues affecting same sex attracted young people as well as promotional articles for the Freedom Centre.

Young people – clients of the service – were integrally involved in the development of the promotional materials and activities, thereby ensuring that they were highly relevant to the target group. This involvement also appeared to promote awareness of the project and the service because of its stimulus to word-of-mouth publicity.

Solicited and unsolicited feedback from stakeholders about the publicity material that was eventually distributed and other activities was reported as overwhelmingly positive.

➤ *Screening and assessment among high risk subpopulations*

One of the strategies used by Bowden Brompton Community School was routine psychological and health assessment of all new students. A series of standardised tests was used which was modified in order to rely on oral rather than written skills and to use an informal conversational mode of administration. A psychologist and a registered community nurse were contracted to administer the assessments. The school counsellor, psychologist and nurse used the data to develop a profile of each student. This information was provided to staff and directed towards identifying the social, emotional, behavioural and educational support needs of each student.

Very high levels of depression, anxiety, hopelessness, negative self esteem, substance abuse, suicidal thoughts, self harming behaviours, and intellectual disability were detected among the students tested.

Interviews with teachers and other staff involved in the Bowden Brompton Community School program suggested that the information provided about the students from the assessments was the greatest strength of the program. Teachers in particular were very enthusiastic and reported substantial improvements in understanding, confidence and practice as a result of having access

to the information provided by the assessments. Teachers felt that it provided them with much greater insight and understanding of each student's situation, issues, and most importantly, their strengths as well as their weaknesses. This insight allowed teachers to target behavioural management strategies and curriculum more sensitively and effectively. It was also noted that this knowledge facilitated earlier recognition of the development of problems whereas previously many problems would not be recognised until a crisis had developed.

> "I use the information a lot here in preventative behaviour management ... I incorporate it in to how I deal with the student … I can allow different behaviours" (Teacher, Bowden Brompton Community School).
>
> "Before [the program] we wouldn't know until things got really bad. Now we can intervene earlier" (Teacher, Bowden Brompton Community School).

These comments suggest that assessment information is also useful for designing interventions and for increasing teachers' awareness of and commitment to the need to proceed sensitively in working with students who are experiencing complex problems.

➤ *Working with schools*

The opportunities that teachers have to observe children and young people on a regular basis means that schools are in an ideal position to detect behavioural problems that may be indicative of intervention. Operating within schools and targeting significant numbers of students within a school may also allow programs to access young people before problems become severe and to do so in a way that reduces stigmatisation.

A number of early intervention projects used schools as the main setting for identifying and or intervening with young people who might benefit from early intervention. Projects worked with schools in a variety of ways. The Bowden Brompton Community School project provides an example of how the whole school can be used as a setting for early intervention thereby providing direct access for all members of the school community. Other projects used schools simply as a setting for identifying young people at risk.

The Community Volunteers Supporting Families (Homelink) Project is designed especially to work with school students and works closely with schools to encourage referrals to the Program. However, being seen as separate from the school was important to the success of this particular program in engaging students and parents (see next section on Engagement).

The Exploring Together Program is a parenting program which works closely with schools and community agencies to identify families with children who are

beginning to experience behavioural and emotional problems (Littlefield, Burke, Trinder et al. 1999). The Program is delivered by trained group leaders who are based in a variety of agencies. Demand for the program in areas where it has become established outstrips the capacity to deliver. A number of the other parenting programs (see Chapter 1 in this Volume) also used schools as the main environment for recruiting parents. These programs are essentially primary prevention programs aimed at preventing the development of emotional and behavioural problems in children but they are also effective at attracting parents who are beginning to experience problems in their parenting or whose children are beginning to show signs of disturbance.

There can be difficulties associated with delivery of early intervention programs through schools. The Community Volunteers Supporting Families (Homelink) Project found that schools tended to refer only those students with the most serious problems and some of these referrals proved inappropriate to the Homelink Program. The Homelink Program in one particular area charged a small service fee to schools for each student referred to the program. The Project staff speculated that the service charge may have acted as a disincentive to schools to refer students with only mild problems. The Homelink Program staff also felt that the service charge had the effect of limiting the impacts of program efforts to minimise the stigma associated with participating in the program.

An alternative explanation for the tendency of school staff to only refer children with more serious problems is that school staff may have difficulties detecting problems that are only mild, or do not consider children with mild problems in need of any support. The experience of staff at Bowden Brompton Community School (described above) suggests that, unless tools are provided to assist in this process, most teachers have difficulty identifying early problems and initiating intervention before problems become very serious.

➤ *Gatekeeping*

Frederico and Davis (1996) from the school of social work at the Australian Catholic University were appointed to conduct a consultancy on the topic of gatekeeper training. This work included: a literature review; interviews with experts in youth suicide prevention nominated by the National Youth Suicide Prevention Advisory Group; identification and assessment of existing gatekeeper training packages; and delineation of core competencies and best practice principles in gatekeeping.

Gatekeepers in youth suicide prevention are those members of the community who by virtue of having regular and significant contact with young people are in a position to assist vulnerable young people access professional support services. Gatekeepers may be parents, peers, workers, volunteers, coaches, clergy or police.

Gatekeeping has been defined as: "an attempt to provide a structure for early detection of emotional crises, for more appropriate intervention, and in the long run, for the prevention of suicide or acting out or other serious forms of mental and emotional disturbance" *(*Snyder 1988: 39, cited in Frederico and Davis 1996).

However, Snyder (1988) also emphasises that the essence of the gatekeeper philosophy is its basis in informal channels of help. He asserts that most people who end up in mental health clinics or who attempt suicide are victims of breakdowns in community channels. Thus the function of gatekeeping is seen as an attempt to make informal channels of help more effective rather than to build or superimpose formal channels through social engineering.

Frederico and Davis (1996:18) report that "there is a common perception that the gatekeeping role is pivotal in facilitating access to services of young people who exhibit warning signs of depression and suicide". However, Frederico and Davis managed to identify only three references to gatekeeping in the youth suicide prevention literature.

While gatekeepers and gatekeeping in suicide prevention have generally been thought about in terms of their role in crisis intervention, these concepts are equally useful in the context of early intervention. However, levels of awareness and skill in relation to early intervention would appear to be some way behind the awareness and skill that is presently available for crisis intervention.

The Support for Rural Communities Project (see Chapter 5 in Technical Report Volume 1) provided gatekeeper-type training to members of five different communities. The evaluation did not critically examine this training from the perspective of its role in early intervention.

Based on a synthesis of information from the literature and expert interviews, Frederico and Davis (1996) recommend that gatekeeper training be made more widely available. They recommend that it should be theoretically based on a socio-ecological framework and include attention to attitudes, knowledge and skills. Attitudinal change and self knowledge are identified as critically important and relatively neglected areas in existing training programs. Specifically gatekeepers need to be able to confront their own attitudes towards suicide and depression and challenge feelings of hopelessness and helplessness that may arise. They need to become more aware of their own power or influence over young people, as well as of their limitations. Knowledge is required about risk factors, signs and symptoms of mental disorders and emotional and behavioural disturbances, as well as about the various services available and how to make referrals. Practical skills required by gatekeepers include: basic communication and caring skills, specific skills in communicating with and caring for young people; risk assessment skills; counselling skills; coping skills; skills in networking and making effective referrals.

➤ *Inform young people about risk factors, problem solving strategies and where to seek help*

The focus of Reach Out! was to provide information to young people that may help them understand and solve problems they might have and encourage them to seek help.

Reach Out! chose to focus on the Internet as the medium for communicating information to young people. The Internet was identified as being a particularly appropriate way of engaging young people because of their high rate of net usage. It has been estimated that 50 per cent of young Australians aged 15-24 have access to the Internet. The developers of Reach Out! found that young people like using the net for health-related information because it is "dynamic, interactive, anonymous, accessible 24 hours a day and fun" (Inspire Foundation 1999). Inequality of access is an issue of concern for service provision via the Internet but likely to be gradually addressed as more schools, libraries, youth services and community centres acquire computers.

Since its launch in March 1998 until July 1999, 190,000 visits were recorded at the Reach Out! site – an average of 4000 per week. Seventy per cent of visits were to the young people's site, Chill Out!

The Chill Out! section of the Reach Out! web site is one of four main sections of the site. The focus on is on providing young people with information on getting through tough times. The site features strategies for solving problems, increasing coping skills, fostering help-seeking, and role-modelling how others have got through difficult times.

Striking graphics and interactive features aim to entertain and hold the interest of the youthful clientele. An animated graphic draws attention to emergency services, and help-seeking behaviour is well promoted throughout the site. Information about health and life skills is provided within a bright, snappy, but caring ambience. For role-modelling purposes, profiles of personalities well known to young people are presented. A Youth Advisory Board (COYAB) is used to contribute ideas for improving both content and design, and to provide feedback about, and suggestions for, the site.

Feedback on the site, which was generally very positive, indicated that the net provides an appropriate medium for helping adolescents. The evaluators concluded that:

> "For young people, particularly adolescents, Reach Out is an attractive, interesting and useful web site at any time, but particularly when they are faced with problems, and onscreen feedback suggests that it has helped to prevent some young people from attempting suicide" (Inspire Foundation 1999).

Many of the young people consulted about the site said that it helped them to know that they were not the only ones having problems. They found it fun,

helpful and non-judgemental, and appreciated the net's anonymity for provision of information.

> "It's useful. There is a need for it. It doesn't discriminate, no matter where you are or who you are. It's not judgemental at all. It'd be useful for any young person with a problem or who was depressed or for friends or family of that young person. I'd be more likely to look it up to help a friend than to look it up because I felt depressed. If I was feeling depressed or a friend was depressed, this is the first place I'd go. There are few places like it on the Internet and I'm very much a Net person. It's got good content, it's non-judgemental, non-discriminatory and anonymous." (Male, 20, ACT)

The majority of feedback responses came from young women, but it is hard to say whether this reflected different usage rates or greater willingness among females to complete feedback forms. Adolescents consulted were much more likely than young adults to have used the site or to want to return. A number of young adults felt that the design and content of the site was more appropriate for adolescents than young adults.

> "I consider myself a young adult, not an adolescent ... This is more like 16. It would've been good for me when I was younger. I think it's aimed at someone younger – the approach and the wording. I liked the stories bit, though." (Female, 19, suburban Victoria).

> "Most places I go on the web don't look like they're only for young people. I'm a young person, OK, but I'm an adult. I'm not a kid … The design's aimed at late teens. It's very youth looking and a bit try hard ... Some people are too cool for all that and others are not cool enough." (Male, 20, ACT).

> "It's a nice way to get info. For high school age it's good if you have no other avenues. It wouldn't be very interesting past my age, because it's not very in depth, but for younger people it's pretty good." (Male, 18, suburban Queensland).

Recommendations for improvement included suggestions for layout and clarity of the design, better performance of the search engine, greater diversity of cultures in items and graphics, more issues to be treated, a question and answer problem solving section and a changing magazine style section to which young people could contribute.

> "A section with changing contents would give young people a reason to return regularly to the site and would give them a greater sense of ownership of Reach Out and of having a voice" (Inspire Foundation: 82).

The presence of the Professional Forum and to some extent, the Family and Friends sub-sites were seen as barriers to the effectiveness of the site, as young

people accessing these first were often alienated by the material and therefore the site as a whole. It was recommended that these sections be partially integrated with the youth-focused sections, moved to another site or discontinued.

➤ *Web-based direction to specific services*

On the Reach Out! site, young people are directed to seek help in their local area by means of the Who Cares database of services. Most negative feedback on the site related to the Who Cares database, which lacks comprehensive information about services available, and which uses a map approach inappropriate for finding such information quickly.

➤ *An assertive outreach approach by mental health service providers*

The YPPI-IA and Out of the Blues projects identified a number of factors that are important in facilitating the access of young people with emerging mental health problems to mental health services. These are:

- A dedicated youth mental health service;
- Thorough assessment;
- Sufficiently wide selection criteria;
- Primary, secondary and tertiary referral;
- Flexibility and assistance to attend appointments;
- After hours access;
- Strong links with a youth oriented health service;
- Public relations, outreach, networking and involvement in mental health promotion and primary prevention activities.

These factors are described in detail in Chapter 2 of Technical Report Volume 4. In summary the key lesson of YPPI-IA and Out of the Blues with respect to enhancing case identification and access to mental health services is the need for providers to take responsibility for making the service as accessible as possible to the target group. In practice, this involves adopting an assertive outreach approach including a variety of strategies.

What works to engage young people at risk in interventions?

Interviews with students and parents at Bowden Brompton Community School revealed very positive perceptions about students' engagement with the school. Students reported that they attended more willingly and more regularly than they had at other schools in the past. Parents reported that their children enjoyed school much more and talked enthusiastically about school activities, whereas they had

rarely done so before. Students felt welcome and had a sense of belonging that was not part of their previous experience.

> "I do heaps – and heaps better than I did at my other schools – I come more often. I feel like I belong. Teachers are a great help – you get more. I'm more happy" (Student, Bowden Brompton Community School).

> "He comes! He was a refuser at other schools. He feels he's doing well. Talking about how to handle it – in group discussions – is good – they listen to each other" (Parent, Bowden Brompton Community School).

The evaluation of Homelink Program conducted previous to the Strategy (Davis-Meehan and Allan 1994) included a strong focus on the process of engagement. Data from interviews with a range of stakeholders including children, parents, volunteers, and school staff indicate a widespread perception that the Program was highly effective in engaging children, most of whom were experiencing considerable difficulties in engaging with school and other adults.

Data from interviews with ten students are presented in the Homelink evaluation report. All of the students liked being in the Program and all felt they got along well with their volunteers. They all reported feeling that their families liked being in the Homelink Program and that they would recommend the Program to others. Some of the reasons children gave for recommending the Program to others were:

- Because it will get them involved in school work.
- Because it will change their attitude.
- I already have and now my friend has a volunteer.
- Others need special friends too.
- It gives your life more variety.
- Because it will help you.
- To get someone special.

Approximately half the students felt that they would like to change something about the Homelink Program. The changes they asked for centred around having more time with their volunteer.

Data on retention in treatment, rates of participation in outcome assessment and satisfaction with services suggests that both YPPI-IA and Out of the Blues were highly successful in engaging the young people who were initially accepted into the programs.

Of the 65 young people who formally entered the YPPI-IA treatment program none 'dropped-out' of treatment. Only a very small number of the young people refused to participate in the outcome evaluation which used standardised instruments. Focus groups conducted with clients and carers, as well as the Verona Service Satisfaction Scale Questionnaires indicated a high level of satisfaction with the YPPI-IA service.

A Telephone Evaluation Survey conducted by Out of the Blues revealed a strong sense of engagement with the service (liking, appreciation, connection with) expressed by young people. Data from a formal Client Satisfaction Questionnaire indicated that the percentage of the group who were either "delighted" or "satisfied" with the various aspects of the service was uniformly high. Very few reported dissatisfaction with any aspect of their experience.

➤ *Whole community or organisational approaches*

The major factor reported by students and parents at Bowden Brompton School in determining the students' enhanced engagement and wellbeing was the supportiveness of the whole school environment. Students said that the school helped them in coming to terms with social issues and that the teachers were supportive and good to talk with.

Parents also mentioned the benefits for their children of group discussions, one-on-one attention and good communication. Several parents also felt that the school supported them as parents.

> "I get support from the teachers to sort out [Child's] behaviour – it takes the pressure off me" (Parent, Bowden Brompton Community School).

Taken as a whole, the results of the evaluation of the Bowden Brompton Community School project suggest that the general school environment provided a background or context which was vitally important for ensuring that the range of "program specific strategies" worked harmoniously together and were put to good use. The whole school was generally oriented towards engaging the students, who were all at risk of school failure, in education. This orientation facilitated a sensitivity to the role of intellectual and psychosocial factors in determining students' behaviour and achievement and a willingness to address these factors in a holistic fashion. This orientation also ensured that it was not only the very high risk students who received benefits and assistance. The impacts of early intervention extended more widely.

➤ *Being independent of schools*

A major strength of the Homelink Program identified in interviews with volunteers, Program staff, school staff and Department of School Education personnel was the fact that the Program was seen to be separate from the school. Being outside of, or separate from, the school ensured that the Program was seen as neutral and impartial by parents and children most in need. This is very important because these families often have problematic relationships with schools. The Homelink Program was seen as offering an independent ear.

Being seen as independent of the school does not imply complacency about problematic parent-school relationships. A number of school personnel interviewed for the Homelink evaluation noted that some of the families involved in Homelink have now begun to form real working relationships with the school.

➤ *A youth friendly space*

Several Strategy Projects including YPPI-IA, Connexions (see, Technical Report, Volume 4, chapter 1) and the Here For Life Youth Sexuality Project observed that having a youth-friendly space that can function as a drop-in centre was highly effective for engaging young people with services.

Drop-in centres provide young people with the opportunity to just "hang out" in a comfortable and accepting environment that does not place immediate expectations on them to engage in any particular activities. Drop-in centres provide easy access to youth-friendly educational materials that many young people cannot afford to buy or cannot access through other means. This, and the availability of young workers, enables young people to inform themselves at their own pace about the availability of health promoting activities and programs.

Freedom and an absence of pressure such as that provided by a drop-in centre appears to be particularly important in the engagement of marginalised young people, who often lack access to a space where they can be themselves and pursue activities that most other young people take for granted. Homeless young people also benefit from a space to perform the most basic self care activities such as having a shower.

In addition to providing easy access for young people to intervention activities, the space provided by the Freedom Centre for the Here For Life Youth Sexuality Project was critical to the ability of the project to involve young people as volunteer workers in the development of publicity materials and other project activities.

➤ *Relationship/friendship*

A theme that arose repeatedly in interviews with the range of stakeholders of the Homelink Program was that the children were successfully engaged through the personal relationship offered by their volunteer. Comments from the children about the benefits of the program centred strongly around the qualities of their volunteers and the enjoyment and assistance they gained from their "special friend".

The way in which this friendship relationship differs from the usual therapeutic relationship provided by professional service providers is captured in the comments about the Homelink Program by family members:

> "Homelink asks the child 'What do you want to do?, which is a totally different approach to other programs [and] schools who say 'What are we going to do about this kid?'" (Davis-Meehan and Allan 1994).

Similarly, comments from students and parents and teachers at Bowden Brompton Community School revealed a strong appreciation of the high quality relationships that were able to be formed between these three groups.

➤ *Youth friendly visual materials/media*

The evaluation of the Here For Life Youth Sexuality Project suggests that the use of youth friendly publicity materials was helpful in engaging same sex attracted young people in early interventions. A testimonial from a youth centre in another state illustrates the value of this material.

> "Through targeting and accessing appropriate education materials such as that produced in your Project we have more service users disclosing sexuality issues and seeking support. We believe that by displaying empathic posters and information in our centre we were able to let young people know that we were accessible, non-judgemental and supportive of these issues" (Stakeholder comment, Goldflam et al. 1999).

➤ *A philosophy of youth orientation*

Enhancing engagement of young people with emerging mental health problems was a major aim of YPPI-IA and Out of the Blues, and the evaluations found that successful engagement of young people was a major achievement of the projects. A number of strategies were identified as valuable including:

- establishing a therapeutic alliance;
- open communication with the young person and carers;
- a youth friendly environment;
- a philosophy of youth orientation; and
- assertive outreach.

Details of these strategies are presented in Chapter 2, Technical Report Volume 4. A common thread running through all these strategies is a philosophical orientation that emphasises a commitment to young people and acceptance of responsibility to maintain a therapeutic relationship with the young person. Based on their experience with Out of the Blues, Wright and Martin (1998) point out that engagement can be much harder with early intervention because the problems experienced by the client may not be severe enough to act as a compelling motivator for help-seeking. They argue that mental health services need to provide an increased level of customer-focused service if consumers are to be encouraged into earlier treatment.

Many of the strategies identified as facilitating access to mental health services by YPPI-IA and Out of the Blues were also important to engagement and vice versa. The engagement process usually begins with the first interview. If early engagement is not successful the client may not return and access is effectively denied.

What works to reduce risk factors and enhance protective factors?

Three programs in this group have evaluated outcomes using quantitative evaluation designs involving repeated measures of mental health and wellbeing using standardised instruments. The results of the YPPI-IA and Out of the Blues evaluations and the factors identified as facilitating positive outcomes are discussed in Chapter 2, Technical Report Volume 4. The Exploring Together Program was evaluated previously to the Strategy Project.

A number of projects conducted interviews with young people and stakeholders about their perceptions of changes that had taken place as a result of the program. Several of these projects reported evidence of improvements in the social adjustment of children.

➤ *Parenting programs with an emphasis on cognitive behavioural and systems theory*

The Exploring Together Program is a group-based early intervention program that targets primary school aged children showing early signs of emotional and behavioural problems including aggression, impulsivity, anxiety, social withdrawal, problematic peer, parent, and family relationships. Exploring Together Program is mainly cognitive-behavioural in orientation but it is also informed by systems and psychodynamic theory. Techniques from these modalities are incorporated into the group process used in the program.

The Exploring Together Project team report that rigorous evaluation conducted previously to the current project has shown that it was successful in significantly improving children's behaviour and social skills, enhancing parenting practices, decreasing parental depression and strengthening family relationships (Littlefield, Burke, Trinder et al. 1999). Multiple outcomes measures were administered to the children and parents participating in the program as well as to the children's classroom teachers. The gains in childrens' anxiety/depression, social problems, attention problems, delinquent behaviour and aggressive behaviour were maintained at 6 and 12 month followup.

The current project originally intended to conduct further evaluation of the Exploring Together Program as conducted by newly trained facilitators across Australia but project timelines were prohibitively short to allow this. Programs are currently being run and evaluation data will be reported later.

➤ *Whole school approaches*

Whilst changes in student outcome measures such as mental health status were not assessed systematically in the evaluation of the Bowden Brompton Community School project, interviews with students and parents indicated that many of

the students were happier than they were before they came to the school. The sense of enhanced belonging to the school reported by students and parents also suggests positive outcomes for students.

It is not possible to identify which of the various interventions and activities implemented at Bowden Brompton Community School were most important in achieving these positive outcomes for students. The comments of the students and teachers suggest that the caring and supportive environment fostered at the school and the ability of the teachers to develop genuine relationships with each student were very important.

One concern raised by staff at Bowden Brompton Community School during interviews for the evaluation was that there had often not been adequate followup of students found to be experiencing substantial problems. Lack of adequate followup resulted from a lack of a structured approach to case management and a lack of adequate feedback to teachers about what actions were being taken with students and the impacts and outcomes of interventions. The heavy workload of the Student Counsellor was identified as a major barrier. Contraction of services by youth agencies in the area also led to a situation where the services necessary to provide comprehensive followup were simply unavailable.

Teachers at Bowden Brompton Community School expressed the need for more specific information about strategies that they could use to support identified students. Suggestions included professional development programs and a procedural manual about how to respond to self harming behaviours including substance misuse.

Failure to monitor outcomes more systematically was attributed partially to the problem of high transience among the students and a lack of knowledge of their current whereabouts. Long-term followup of high risk young people for the purposes of intervention and evaluation research is likely to require investment of considerable time and effort.

This apparent or perceived failure to reduce or alter this pattern of high transience among the student population suggests the need to give greater consideration to ways in which this particular risk factor contributes to the problems experienced by young people and ways in which it might be addressed more effectively in school based early intervention programs.

Schools are microcosms of the wider community and can reflect, and even intensify, tensions between different belief systems that are inherent in pluralistic societies. Thus schools can be politically sensitive environments to work in, particularly for projects attempting to address community attitudes towards marginalised populations.

A major attempted initiative of the Here for Life Youth Sexuality Project was a “whole school” approach to tackling homophobia within the school. The

objective was to reduce the incidence of homophobic harassment and violence and create an environment in which all students feel comfortable to seek assistance in coping with sexuality issues. The intended approach was to work with a single pilot school to develop school-based strategies and processes, integrated within current school based behaviour management and anti-discrimination strategies and policies. The plan included professional development of teaching and pastoral care staff, policy development, parent education groups and student groups exploring gender-based power and harassment and homophobia.

Approval for the project was obtained from the Education Department of Western Australia (EDWA) and expressions of interest were received from five schools. A decision was made to go ahead with the pilot with one particular school and negotiations got underway. Shortly after this, community newspapers became aware of the Pilot School project. Most of the media coverage was supportive of the project but some coverage portrayed a misleading picture of what the project was aiming to achieve.

The Project worked closely with the key journalist involved as well as EDWA Public Affairs, the Teachers Union, and the WA Association of State School Organisations, however considerable controversy ensued in the media. The Project Team believe that a particular non-government organisation was spearheading a campaign of misinformation about the school strategy and the project as a whole.

Following the controversy, the schools that had expressed interest in the pilot school aspect of the project withdrew their offers to participate. The pilot school component of the project was abandoned and replaced with professional development targeting school staff throughout the state. Difficulties were also encountered with the promotion of this training, with advertisement of the training sessions being declined by the EDWA statewide newsletter *School Matters*.

➤ *Mentoring/social support/"a special friend"*

Homelink is an early intervention program that provides support to children and adolesents up to 18 years old who are experiencing a range of problems. Volunteers recruited from the community are provided with extensive training and linked with suitable students through a careful matching process. Activities of volunteers include: listening, talking, help with homework, and going on outings. The relationship is one of non-judgmental, confidential friendship and a positive role model. Volunteers provide low-key support which aims to assist students find their own solutions to the problems they might face.

An evaluation of the Homelink program conducted previously to the Strategy project found that the program was "effective in … benefiting students personally, socially and educationally" (Bryce and Psaila 1999: 1). Based on interviews with volunteers, the evaluators state that:

> "Volunteers reported improvements in the family or student to which they were linked. There were many stories told about students who became "more confident and outgoing", and better able to "cope in their own way" (Evaluator comment, Bryce and Psaila 1999: 27).

Data from interviews with parents and with teachers in the students' schools indicate perceptions of positive changes in students' behaviour and wellbeing as a result of the Homelink program.

> "I have noticed – tantrums wise, he's cut that out. I think to me, he's more at peace of mind with himself, instead of being just a troubled little devil. He has changed in a big way, that's a fact" (Fathers comment, Bryce and Psaila 1999: 27).

> "[It] has given him a sense of belonging – someone does care. I think this child felt that life was just so unfair" (Teacher comment, Bryce and Psaila 1999: 27).

> "[The] child is more positive and less aggressive towards peers at school – he is able to be reasoned with in a more productive way" (Teacher comment, Bryce and Psaila 1999: 27).

In a survey of referring agencies, virtually all reported that Homelink had had a positive effect on the families and/or the students they referred to the Project.

The evaluators report that the one-to-one support was shown to benefit most children who entered the program but that there was anecdotal evidence which suggested that the program may not be effective in modifying severe behavioural problems. These young people would require much more intensive intervention than that provided by Homelink. The program may only be appropriate for young people who are lonely, have poor social skills, low self esteem, poor academic progress, mild behavioural problems or other mild signs of disturbance.

Comments from children and parents reported in the evaluation of Homelink suggest that the volunteer is perceived as a "special friend" for each child and this provides the child with a significant boost in self esteem.

> "When the child realises they have special importance it helps them cope with other problem areas they may have" (Volunteer, Homelink Program).

Because the child is thoroughly engaged with this admired friend, the volunteer is able to effectively model a range of positive behaviours for the child.

➤ *Peer education and support*

One of the objectives of the Here For Life Youth Sexuality Project was to reduce isolation of young people experiencing same sex attraction or gender dysphoria and assist them to develop positive attitudes towards their sexuality. The Youth Sexuality Project Team note research literature which indicates that marginalised

young people tend to be distrustful of those in authority and tend to place much reliance on information received from young people in similar situations. It is also noted that many teenagers report receiving most of their information about sex and sexuality from their peers. Thus it was reasoned that use of informed peer educators was likely to be an effective strategy for engaging same-sex attracted young people in health education programs. Social isolation due to negative community attitudes and fear of rejection is considered to be an important factor underlying high rates of attempted suicide among same-sex attracted young people. Thus peer support programs designed to develop social networks, build self esteem and enhance interpersonal and relationship skills are identified as a promising strategy for reducing isolation.

The Here For Life Youth Sexuality Project implemented a variety of different peer education and support programs. The structured programs included courses for young women, the "Young Women's Course", and young men, "Common Ground", as well as retreats. The courses involved one night per week for six weeks and the retreats were held over a weekend. Both focused on developing self esteem including acceptance and positive attitudes towards sexual orientation as well as social skills and support structures.

Impact evaluation of the peer education programs involved completion of a feedback questionnaire by participants at the completion of the course. Between 79 per cent and 93 per cent of young males attending the Common Ground course reported increases in knowledge, confidence and skills in the areas of sexual identity formation, dealing with friendships, gay community issues, assertiveness, dealing with homophobia, safe sex issues and negotiating relationships. All male participants felt that their self image had improved. Young women reported similar increases in knowledge, confidence and skills following the Young Women's Course. Open-ended comments reflected strong appreciation of the openness, trust, positive attitudes, and the lack of judgmentalism fostered by the course.

Impact evaluation of the weekend retreats showed similar results although the numbers of participants reporting improvements were not as large as for the courses. However the retreats appeared to have stronger impacts on promoting access to other support structures and programs as well as ongoing involvement with the Freedom Centre. The initial groups of young women and men who went on separate retreats at the same time formed cohesive support structures for themselves as well as other new young people.

The evaluation report also includes a testimonial by a young man who writes about how the retreat provided a very safe environment in which to learn about himself and the diversity among same sex attracted men. The experience greatly increased his comfort, self esteem, confidence in the future and friendship network.

> "If only this had happened just once in high school – how different my life would have been" (Young man, Here For Life Youth Sexuality Project, Goldflam et al. 1999).

What works to build capacity for early intervention with young people at risk?

The central aim of the AusEinet Project was to build capacity for early intervention in mental health problems of young people.

The AusEinet Stream II Projects have not yet been fully evaluated for their effectiveness. The findings of the preliminary process evaluation of the projects are reported in a small monograph (O'Hanlon, Kosky, Martin, Dundas and Davis 2000). These findings are based on information collected and provided by the Reorientation Officers based in the eight projects. Reorientation Officers provided informal monthly reports and evaluated staff attitudes and knowledge about early intervention and mental health issues, as well as the process and content of training sessions. The Senior Project Officer from AusEinet also made site visits to each agency about half way through the project to meet with the Reorientation Officers, agency management and members of Steering Committees and Reference Groups. Teleconferences between Reorientation Officers and AusEinet staff were also held at regular intervals.

O'Hanlon et al. (2000: 28) report that all eight projects showed "encouraging signs of effectively meeting their objectives".

AusEinet based the design of its service reorientation initiative on a strategic framework for health promotion capacity building developed by the NSW Department of Health. This framework identifies three key components for effective capacity building within organisations:

- Workforce development focuses on improving the skills and knowledge of staff within an organisation.
- Organisational development – involves strengthening organisational processes and structures such as strategic plans and policies, ensuring management support and commitment and developing recognition and reward systems. In addition AusEinet emphasised the development of partnerships and networks between agencies.
- Resource development – refers to the commitment of financial and human resources and administrative support.

Many of the findings related to capacity building described and discussed in detail in other chapters and volumes of this Technical Report series are related to these three components of capacity building and are equally applicable to early intervention in mental health problems as they are to other approaches to suicide prevention. This chapter focuses on issues of most relevance to early intervention in mental health problems and some of the special insights that the AusEinet project adds to the body of knowledge about capacity building generated by Strategy projects.

➤ *Workforce development*

O'Hanlon et al. (2000) report that the most commonly identified opportunity for reorientation was the positive commitment of the managers and staff of the agencies involved in the project and that the biggest barrier was the heavy workload of professionals working in those agencies.

The main work force development strategy employed by AusEinet was in-service training. All of the eight agencies involved in AusEinet Stream II implemented staff training.

As most of the agencies were not mental health services, a large part of the training involved enhancing the mental health literacy of staff and raising the awareness of staff about the mental health issues experienced by young people who used their service. The aim was to give staff the motivation, confidence and skills to recognise relevant risk factors and warning signs and establish procedures for appropriate referral. Most projects documented the training programs provided and prepared resource packages including practical guides.

O'Hanlon et al. (2000) report that while workload pressures were initially associated with reluctance by staff to be involved in projects, participation in training generated enthusiasm about the project and eventually led to the allocation of greater amounts of time. The early intervention approach was perceived as giving professionals, who are enthusiastic and knowledgeable about the mental health of young people, the opportunity to be innovative in their approach to clinical work and to develop themselves professionally in new directions. Thus a major impact of training was the generation of a positive shift in attitude towards embracing the early intervention approach.

Training was identified as an important strategy for developing informal partnerships and networks. Most agencies included guest speakers and staff participants from other agencies in their training programs.

➤ *Organisational development*

Development of policies and partnerships was the major focus of AusEinet Stream II in the area of organisational development.

Four of the eight Stream II projects were reported as having achieved policy development, involving the incorporation of early intervention principles into agency plans and policies, and another one was reported as having generated potential for policy development.

All of the eight AusEinet Stream II agencies were reported as having successfully established partnerships with others in the local area, either by creating new links or building on existing ones. Three agencies were described as having established formal partnerships while five developed informal partnerships. Formal

partnerships included the development of a conjoint field placement program and development of interagency agreements. Informal partnerships took the form of participation in steering committees, reference groups and other networks.

O'Hanlon et al. (2000) also identify the formation of ongoing steering committees and reference groups on the part of three of the eight agencies as an indicator of management commitment to the ongoing reorientation process.

➤ *Resource development*

All of the agencies in AusEinet Stream II allocated resources during the project implementation phase. On the part of larger agencies this included contribution of funds to employ the Reorientation Officers full time. After project funding ceased five of the eight agencies allocated further funds to maintain the Reorientation Officer position in some form.

➤ *Reorientation Officers*

The placement of staff dedicated to leading the reorientation process in each participating agency was a key aspect of the model of capacity building used by the AusEinet Project. In a sense this model is not new or unique as it is essentially similar to that of the Project Officer which has become common in organisations wishing to give special attention to developing a new area of work such as suicide prevention. However the AusEinet model was somewhat unique compared to other projects of the National Youth Suicide Prevention Strategy, because AusEinet was the only project that involved provision of focused guidance and coordination to a group of Project Officers with the explicit aim of systematically changing practice within a group of agencies.

The AusEinet Project stimulates the question about the effectiveness of the Project Officer model itself. Unfortunately, the AusEinet Project did not include focused evaluation of this model compared to other models of organisational capacity building. However, the Project team does make some positive observations about its value.

O'Hanlon et al. (2000) state that it is important to assign dedicated personnel for the reorientation process. The main advantage noted is that compared to other agency staff the Reorientation Officers had few other competing demands on their time. The value of the Reorientation Officers is also attested to by the fact that five of the eight agencies elected to maintain the position in some form, while another two are seeking funding elsewhere to maintain the position. Several of these are maintaining the position with similar functions, while others are intending to modify the role somewhat away from reorientation and towards direct provision of early intervention services.

O'Hanlon et al. (2000) also note that because early intervention is such a new area of activity in the mental health field it was very important to provide the Reorientation Officers with training and support.

General discussion

The National Strategy projects in this group have drawn attention to challenges that have been relatively neglected in the early intervention literature to date. Previous discussion and activity in the area of early intervention, particularly in the mental health field, have focused primarily on the tasks of: (i) identifying individuals who are developing mental health problems, and (ii) developing and refining treatments that are appropriate to the clinical problems presented by young people and others experiencing early stage of mental health problems. During the Strategy, the issues of access to services and engagement with the treatment process have been identified as equally important to case identification and the application of clinically sophisticated treatments.

The experience of practitioners involved in Strategy projects suggests that a four level framework may be necessary to capture the full range of activities required for effective early intervention. These are:

(i) Identification of children and young people at risk;

(ii) Ensuring timely access to services;

(iii) Enhancing engagement with services;

(iv) Delivery of 'developmentally' appropriate treatment and care.

The National Strategy projects have also drawn attention to the question of how relevant service systems need to be developed if they are to be able to implement the range of activities required for effective early intervention.

Developing structures for enhancing early identification and access to services

National stocktakes of early intervention programs conducted by AusEinet (1998, 1999), of youth suicide prevention programs and activities conducted by the Australian Institute of Family Studies (1998, 1999) as well as the experience of the Strategy projects reveal that development of mechanisms for systematically enhancing the early identification of young people developing risk factors for suicide, and facilitating their access to appropriate services is progressing rather haphazardly throughout Australia.

One of the most popular strategies has been the formation of networks of service providers, and in some cases, community members. Evaluation of the networking projects funded under the Strategy (see Chapter 4, Technical Report Volume 1) suggests that most networks tend to be informal rather than formal and that many lack clear direction. Nevertheless these networks have considerable potential to evolve into useful structures capable of supporting a variety of strategic early intervention initiatives. This evolutionary process would be greatly facilitated with enhanced strategic support by governments and regional authorities (*Recommendation 3.1*).

The present group of early intervention projects provides useful information about the issues that network members and supporting governments and authorities need to consider in advancing this work.

Identification of risk and access to services

Access to services by young people has been raised as a major concern by practitioners working with youth over a number of years and has been a major focus of the National Youth Suicide Prevention Strategy. It has been observed that a critical task of the developmental adjustment of adolescents involves their integration into the health and social systems designated for adults and that high risk adolescents often have difficulty developing this connection to adult society (Baumrind 1987 and McAnarney 1989 cited in Frederico and Davis 1996). It has been further suggested that as a result of this, many high risk youth do not use traditional health, educational or social services effectively even when they are available (Klein, Slap, Elster and Schonberg 1992). Enhancing the accessibility of services for young people is perhaps even more problematic when the aim is to intervene as early as possible in the course of problem development.

Identification of risk and access to services are closely bound together. Discussion of case identification in the mental health field has generally focused on the role of clinicians in making formal assessments that are sufficiently sensitive to detect phenomena indicative of the onset of mental disorders. This focus is based on the assumption that "cases" will find their way to services in order to be assessed by a mental health professional in a timely fashion.

Experience in the field of youth suicide prevention tells us that many young people, particularly those at greatest risk, do not present themselves for assessment in this way. Many difficulties stand in the way of young people with mental health problems accessing services, especially when additional risk factors are present. Thus early intervention in youth suicide prevention requires attention to the problems of access to services. From this perspective, identification is a process that occurs before, as well as after, the individual makes contact with services. The responsibility for identifying young people with emerging mental health problems and other risk factors extends beyond specialist mental health professionals and rests with a much wider range of people in the community, including parents, teachers, other people in the community who work with young people and young people themselves.

The concept of gatekeeping has emerged as being particularly useful for identifying appropriate roles for the range of people in the community who have a role to play in identifying young people at risk and helping them gain access to appropriate support. The key recommendation of the consultancy report into gatekeeping (Frederico and Davis 1996) is that gatekeeper training be made more widely available and that gatekeeper training be theoretically based on a socio-ecological framework and include attention to attitudes, knowledge and skills (*Suggestion 3.1a*).

Other Strategy projects described in this Chapter and elsewhere have demonstrated that the gatekeeping function needs to be understood as operating at a number of levels and involves a diversity of settings and structures in addition to individuals. Furthermore, the gatekeeping process involves a dynamic interaction between services and the variety of gatekeepers in the community.

At the level of individuals, for example, it is essential that strategies aimed at enhancing gatekeeping are comprehensive with respect to the variety of potential gatekeepers. Thus networks of service providers should have comprehensive membership including: youth workers, school personnel, general practitioners, welfare and other community workers, health workers, mental health services, telephone counselling services, clergy (*Recommendation 3.1, first dot point*).

Involving young people

It has been frequently observed that many young people rely on their peers for information about mental health issues. Thus young people themselves have a critical role to play in gatekeeping. Increasing awareness and understanding among young people about the range of problems that can threaten their emotional wellbeing, ways to approach problem solving and ways to help each other is widely accepted as centrally important. However only a small number of Strategy projects included strategies aimed at building young people's knowledge and skills in this area. Evaluation of these strategies has only been at the level of young people's reaction to the educational materials (in the case of Reach Out!) and their involvement in community education and peer support activities (in the case of the Here For Life Youth Sexuality Project). This reaction has been positive, suggesting that this strategy is worthy of further exploration. It is important that the evidence base in this area be expanded. Further evaluation is needed to examine the impacts and outcomes of mental health education and gatekeeper strategies targeting and involving young people and to explore ways of encouraging relevant services to adopt effective approaches (*Suggestion 3.1b*).

The Internet appears to be a very valuable medium for provision of mental health education for young people. More comprehensive evaluation of this strategy is essential. It appears important for Internet-based materials to include comprehensive information about services. Young people require detailed information about services in their local area so that they can make informed choices about which ones to approach if necessary. It may not be possible for a national database such as that developed by Reach Out! or Lifeline (see below) to provide this information, especially considering the need for such information to be updated on a very regular basis.

One alternative approach for web-based referrals is that used for InfoXchange's Human Services Database which provides access to Victorian and NSW community services and agencies. The database can be searched by service or agency name, by suburb or local government area and by using subject criteria. Each entry

in the database provides the type of service, the agency name, suburb, contact person and phone number. Every item is updated at six-monthly intervals.

Another web site for young people indirectly funded by the Strategy is Make-a-Noise, run by the Greater Murray Health Service. Make-a-Noise has good, in-depth information for young people, easily and quickly accessed. Its referrals information for organisations in Northern Victoria and Southern NSW is also readily accessible and backed by a good database for the area. Making the information provided relevant and up-to-date is facilitated by the project being grounded in an area-wide, community development approach run by young people living in the area concerned.

Resources for community gatekeepers and primary care providers

Attention also needs to be directed to enhancing the resources and skills available to other community gatekeepers and primary care providers, particularly information resources (*Recommendation 3.1, second dot point*). A range of needs have been identified.

Lack of information about services to which they could refer young people at risk was identified as a major barrier to provision of ongoing care by service providers, especially staff in hospital emergency departments (Chapter 1, Volume 3) and general practitioners (see Chapter 2, Volume 3) as well as agencies that participated in both National Stocktakes of Youth Suicide Prevention Activities (AIFS, 1998, 1999). The Strategy funded Lifeline to compile a comprehensive Australian referrals database of services and organisations. This database, if regularly maintained and updated, would be a most valuable resource for these organisations. A modified version could be made available on the Internet to assist the general public including young people (*Suggestion 3.1c*).

Information from early intervention projects as well as projects in other groups indicates that the process of making timely and appropriate referrals is also hampered by a lack of clarity regarding when and how to make referrals. Referral practice may vary considerably between staff within agencies. Such inconsistency is a barrier to the development of trust and smooth working relationships between agencies. An important task for localised networks of community gatekeepers and primary care providers will be to develop formal referral protocols and to ensure staff of network agencies are fully and regularly trained in the use of these protocols (*Suggestion 3.1d*).

Targeting strategies

While the combination of individual risk and protective factors determining outcomes for any individual young person is unique there is considerable similarity in the social issues facing young people across different risk factor and population groups. The Strategy has identified negative community attitudes and reduced opportunities for involvement in mainstream society as a major

problem for homeless young people and young people with same sex attractions. These factors are also widely regarded as contributing to low self esteem, social isolation, socioeconomic disadvantage and mental health problems among some young people from indigenous, immigrant and socioeconomically disadvantaged backgrounds. Issues around identity formation have also been identified as important for young people from a number of minority and socially disadvantaged subpopulations.

In the United Kingdom and some parts of Australia, there is increasing recognition among health and social researchers, as well as policy makers, of the need to reverse the 'social exclusion' of large sections of the population. These are currently being denied access to economic and social resources and opportunities that are critical for maintenance of health and wellbeing (Howarth, Kenway, Palmer and Miorelli 1999; Syme 1998). Australian researchers have identified various ways in which young people in general and particular groups of young people, such as those in rural areas and those from indigenous backgrounds, are being socially excluded (see Mitchell 1999 for a brief review).

The current group of projects provides some insight into the potential benefits of interventions that target subpopulations at risk of social exclusion by designing interventions that are appropriate to the niches they occupy within the broader community. These "community niches" may be settings such as special schools or existing community organisations or geographic areas of low socioeconomic status. These interventions appeared to be particularly effective at engaging members of such subpopulations, partly because they built upon the structures and activities that were already in place and with which these population groups were already engaged.

A key dimension of the gatekeeping function identified by the current group of projects is that of settings. Settings such as schools provide a structured environment that gives ample opportunities for early identification of young people at risk as well as the implementation of interventions. Providing interventions in such settings can virtually ensure access for those most in need, especially if those organisations are serving subpopulations at high risk such as alternative schools. A whole-of-organisation approach to the targeting and delivery of interventions appears to be particularly useful for avoiding the stigmatisation of individuals most at risk. Such stigmatisation is a major threat to the engagement of those most in need associated with other selective targeting strategies. A whole-of-school approach was also found to be effective in producing positive outcomes for young people. The supportive environment, good relationships with teachers and an enhanced sense of belonging appeared to be key mediators of the positive outcomes observed. These results are consistent with findings of research into the Social Development Model which identifies connectedness to key community settings such as school as a key protective factor for young people (Catalano and Hawkins 1996; Catalano, Kosterman, Hawkins, Newcomb and Abbott 1996; Hawkins, Catalano, Morrison et al. 1992).

There is substantial room for expansion of the "community niche" or "aggregrated" targeting approach through the use of settings in order to effectively deliver early intervention programs to other subpopulations at high risk, especially those who experience difficulties accessing mainstream services and who are socially disadvantaged. For example early intervention programs targeting recent immigrant and refugee families, could be built on to services such as English language classes and Migrant Resource Centres that currently address the range of resettlement needs faced by all recent immigrants.

Such interventions would be provided more cost-effectively if they target a comprehensive range of risk and protective factors. Implementation of such initiatives will require improved support through joint policy development and planning and formal coordination between all relevant sectors at the level of regional authorities and state and territory governments (*Recommendation 3.1, third dot point*).

Another important lesson arising from the early intervention activities of the Strategy is that a wide variety of targeting strategies is required to ensure access to services and interventions for the full range of young people and families who may benefit from them, and to address varying levels of need for support. While universal whole-of-organisation approaches have an important place, they may not be sufficient or appropriate for reaching all young people at risk. Selective targeting strategies also have a place.

Staff at Bowden Brompton Community School raised the concern that the project had not managed to provide sufficient intervention for students who were identified as in need of more intensive support. This points to the need to ensure that universally targeted approaches incorporate or are complemented by strategies that are tailored to different levels of need. All early intervention programs need to be closely linked with a network of services that can provide specialist intervention for individuals requiring it.

There is also evidence that school-based approaches are not necessarily the most effective for engaging young people at highest risk. Whole school approaches may be more appropriate and effective in schools that select for children who have experienced problems in mainstream schools. All the children attending the Bowden Brompton Community School were considered to be at risk in some way and the school is designed to provide a risk reducing environment for all students. However the experience of the Homelink Program is that independence from the school may be beneficial when programs are based in mainstream schools and are targeting only a minority of students within them.

While it is important to ensure that early interventions are accessible to young people and families at risk there is also a danger that selective targeting can attract referrals of young people whose problems are overly advanced and therefore inappropriate to early intervention programs. This might occur if there are barriers to access to early intervention programs (for example, if they charge schools

a fee), if there is a lack of access to appropriate services in the area, or if gatekeepers lack the skills or tools to detect emerging problems before they become severe. In other words, ensuring that interventions are developmentally appropriate requires attention to the particular environmental context in which programs are being delivered, especially the range of resources available to gatekeepers.

Enhancing intersectoral collaboration for early intervention

A significant contribution of the National Youth Suicide Prevention Strategy projects in the area of early intervention is that of recognising the diversity of negative outcomes that could benefit from early intervention. The current group of projects have addressed mental health problems, behavioural problems, difficulties at school, and social exclusion based on sexuality. These represent only a sample of the negative outcomes for which more effective early intervention strategies need to be developed. Activity outside of the Strategy has been developing over recent years in a number of key areas, particularly youth homelessness (Burdekin 1989, Prime Ministerial Youth Homelessness Taskforce 1998), crime and victimisation among young people (National Crime Prevention 1999a and 1999b), domestic violence in indigenous rural communities (National Crime Prevention 1999c) as well as child abuse (Tomison and Wise 1999).

The increased recognition of the importance of exposures in the early years has been associated with an understanding that that many outcomes of concern to different sectors share common antecedents in early childhood. For example family dysfunction and child neglect and abuse have been identified as core risk factors for youth homelessness, substance misuse, juvenile crime as well as mental health problems and suicide. Thus evidence-based early intervention addressing varying outcomes will of needs be increasingly similar in nature.

This recognition is a major driver of the increasing calls for intersectoral collaboration aimed at building capacity for early intervention and primary prevention across the diverse range of services and community organisations that need to be involved. Recognition of the critical importance of intersectoral networking has been a major strength of the Strategy, but its implementation has been a major challenge.

The complex issues surrounding the development of intersectoral collaboration and networking are discussed in Chapter 4 of Technical Report Volume 1. Much intersectoral networking currently takes place among workers such as case workers and project staff who are in positions of little power and authority within their organisations. A major barrier to the advancement of intersectoral collaboration is the lack of a clear policy mandate from the government and funding bodies capable of influencing the decisions of agency management to commit resources to intersectoral initiatives. It is recommended in Chapter 4 of Technical Report Volume 1 that state and territory governments develop clear mechanisms for supporting intersectoral collaboration in the conduct of

government business and provide clearer advice to local planning authorities about how intersectoral collaboration should be fostered at the local service level.

An important process of service reform has recently been initiated in NSW with the express aim of achieving such structural adjustment in the service systems best placed to perform these functions. The Families First Strategy is an intersectoral initiative involving several major government departments including health, education, and community services which aims to build a comprehensive support network for families raising children.

The Families First Strategy calls for significant changes in how children, parents and communities are supported by existing and new services and programs, and how government and non-government services operate together as a prevention and early intervention service network.

Families First will incorporate a comprehensive evaluation component including the measurement of health and wellbeing outcomes for families, children and youth. It is intended that research projects focusing on specific issues, and funded from other sources, will be supported within the broader evaluation process.

It will be important for the Commonwealth and other state and territory governments, as well as individual services interested in early intervention, to monitor the impacts and outcomes of the NSW Families First Strategy as it unfolds over the next five years. This strategy provides a unique opportunity for national cooperation to conduct service development research into early intervention. The National Advisory Council on Suicide Prevention could consider allocating funds from the National Suicide Prevention Strategy to collaborative projects under the umbrella of the NSW Families First Strategy evaluation, as well as other projects that incorporate a whole-of-government approach to intersectoral collaboration (*Suggestion 3.1e*).

Another new development in the non-government sector is the National Initiative For The Early Years (NIFTEY). NIFTEY aims to bring together practitioners and researchers from all relevant sectors to identify ways of working to ensure that all children in Australia have access to the conditions necessary for healthy development. Initiatives such as NIFTEY provide a unique mechanism through which a wide variety of organisations, including government and non-government service agencies, research organisations, and government departments, can pool resources to develop and implement collaborative projects of national significance.

Community development strategies such as Communities that Care (Catalano, Arthur, Hawkins, Berglund and Olson 1998; Harachi, Ayers, Hawkins and Catalano 1996) could also provide a framework for identifying and supporting a range of early intervention programs specially designed to address the unique risk

and protective factor profiles of particular communities, as well as high risk population sub-groups within these. The Centre for Adolescent Health in Melbourne is currently trialing the Communities that Care model in Victoria.

Universal social policy approaches that address social and cultural risk factors also have an important place in early intervention. The Here For Life Youth Sexuality Project found that substantial barriers confront strategies aimed at challenging the negative community attitudes that maintain the marginalisation of population groups such as same sex attracted young people.

Much of the effort that has gone into cultural and attitudinal change strategies in recent years has been focused on individual schools, and many programs have met with limited success. Schools can be politically sensitive environments to work in and programs addressing issues specific to particular marginalised populations are vulnerable to the influence of attitudes and conflicts in the wider community. Social exclusion of same-sex-attracted young people may be tackled less directly and more effectively within a broader population-based strategy that addresses diversity and tolerance more generally. For example diversity and tolerance would be important concepts to explore in anti-bullying programs that target both students and parents as well as the wider community.

Tackling these issues in an integrated fashion, in partnership with other organisations, could also prove more cost effective for the lobby groups wanting schools to take up these issues, and less burdensome for the schools seeking to provide a balanced response to the range of issues competing for their attention. To ensure that issues affecting marginalised populations are included in such strategies, government policies and plans should include mechanisms that facilitate the involvement of single issue advocacy organisations in the development of state, territory and local area planning mechanisms (*Suggestion 3.1f*). More detailed discussion of potential strategies is included in Chapter 5, Technical Report Volume 1).

Issues for service and program development research

Engaging young people at risk

It would be valuable for further evaluation research to be directed towards identifying the factors that enhance and inhibit engagement of young people at risk in community-based early intervention projects (*Recommendation 3.2*).

A relevant finding from the analysis of parenting programs (see Chapter 1 this Volume) is that community-based recruitment strategies may be more effective than universal targeting in schools, for recruiting parents from socially disadvantaged backgrounds and whose children are experiencing emotional and behavioural problems (Toumbourou and Gregg 1999). One possible explanation is that universal targeting in schools does not provide sufficient anonymity for parents who may be feeling uncomfortable about their parenting difficulties.

The attitudes of schools towards parents of "problem" children would also appear to be critical. Homelink Coordinators reported that schools have often let parents down in their own schooling. This may explain why some parents have negative attitudes to schools and are reluctant to engage with school based programs. The Director of the Family Action Centre, which supports the Homelink Program, argued in her interview that schools tend to treat parents in a "top down" way which is disempowering. It is suggested that there needs to be a change in the power relationship and that schools need to work on their ideology. In contrast the Homelink Program emphasises avoiding blame on parents and offers neutral support. Programs such as Homelink might not need to operate independently of schools if the schools have an empowering community development approach to mental health promotion which avoids placing judgements on parents whose children are experiencing difficulties or who are not coping well in their parenting role.

Research needs to be conducted on the factors that facilitate the engagement of parents with schools and the impact of parental attitudes towards school on their childrens' school adjustment (*Suggestion 3.2a*).

Developmentally appropriate early intervention

The projects in this group have identified the need for further work aimed at designing developmentally appropriate interventions. Developmental appropriateness includes appropriateness to: (i) the stage of the development of the problem or disorder, as well as to (ii) the age of the target group. The current group of projects have trialed a variety of innovative interventions that appear to be developmentally appropriate on both these counts.

A characteristic of the types of problems amenable to early intervention is that they are relatively mild compared to problems that are advanced. This suggests that many such problems may also be amenable to interventions that are of relatively low intensity and may not require heavy involvement from specialist professionals. The projects have also demonstrated ways in which early interventions need to be tailored to address the particular social and psychological factors that operate to shape the course of problem development for particular groups and to produce specific outcomes for different individuals.

The volunteer visitor/mentor strategy of Homelink and Home-Start (see Chapter 1 in this Volume) was both developmentally appropriate and sensitive to the particular situation of children and families targeted, because their problems were complicated by difficulties relating to authority figures and mainstream institutions. The volunteers appeared to be well accepted because they shared a similar social background and adopted a low key, non-intrusive role. They were therefore perceived as non-threatening and were able to develop a more productive relationship than professionals may have been able to.

The Here For Life Youth Sexuality Project also demonstrated the value of a developmentally appropriate approach and sensitivity to the social context of

the target group. Social isolation due to negative community attitudes and fear of rejection is considered to be an important factor underlying high rates of attempted suicide among same-sex-attracted young people. Thus peer support programs designed to develop social networks, build self esteem and enhance interpersonal and relationship skills are identified as promising strategies for reducing isolation.

Further evaluation work is required to assess the long-term effectiveness and cost-effectiveness of volunteer and peer support programs for the provision of low key support, not necessitating the direct involvement of highly trained fully qualified professionals (*Suggestion 3.2b*). Programs that utilise the labour of volunteers and are capable of generating demonstrable positive outcomes have the potential to provide considerable cost savings compared to programs that rely on fully qualified professionals. Further work is also required to identify the breadth of the target populations that could benefit from such programs and the range of interventions that can be effectively delivered by suitably trained and supported volunteers.

Volunteer programs are not cost free. Evaluation of the Community Volunteers Supporting Families Project demonstrated that an experienced professional coordinator is essential to the effective running of a volunteer program. While coordination requirements are most intensive in the early establishment phase of program implementation and during periods of significant program development, there is also a need for ongoing support. Coordination was required for: the recruitment of volunteers and identification of program participants; delivery of comprehensive training; ensuring appropriate matching of volunteers with families or young people; for providing supervision and support to volunteers, and for monitoring the quality of service delivery. When cessation of project funding resulted in the withdrawal of the coordinator from the program, many volunteers were unwilling to continue in their volunteer role. In the case of youth peer support programs it is particularly important that mentors and peer supporters are provided with very close monitoring, supervision and support by a qualified adult.

The Strategy has supported early intervention activities that target a range of age groups including the early school years, early adolescence and late adolescence. There is growing consensus among experts in the field of early intervention that interventions appropriate to all developmental stages need to be made available. The developmental stages of infancy, early childhood and entry to adulthood require special mention here.

There is a growing body of evidence that experiences in early infancy and early childhood have a strong impact on the development of health and emotional well-being. A range of early experiences and exposures, including nutrition, quality of care giving and attachment, cognitive and emotional stimulation, combine to affect brain development and behaviour into later childhood and adolescence.

Some impacts cannot be easily modified by remedial interventions applied later in development (Keating and Hertzman 1999). The implication is that the early years represent a particularly critical period for early intervention.

Nevertheless, there is also evidence that certain interventions applied in later childhood and adolescence can be effective in modifying the course of problem development, particularly by helping young people develop resilience and coping strategies.

Another important conceptual development in discussions of early intervention is that of transition points. Key developmental transitions such as beginning school, transition to high school and leaving school are frequently associated with adjustment difficulties for young people and families and constitute important points for early intervention. Leaving school and making the transition to economic independence been identified as a transition point that is increasingly problematic for young people due to a variety of economic and social changes over the past two decades (Maas 1990; Polk and Tait 1990; Probert 1995; Wyn, Stokes and Stafford 1997).

While there is commonality in the early childhood risk factors for a range of adolescent and adult outcomes the interplay of risk factors in determining the nature of outcomes becomes more complex as children develop. New risk factors also emerge during adolescence (Toumbourou 1999).

The need for interventions and engagement strategies that are age appropriate is a theme that has been raised by staff and evaluators of projects across several areas of activity under the Strategy including services for marginalised and disaffected young people (Chapter 1, Technical Report Volume 4) and services for young people with mental health problems (Chapter 2, Technical Report Volume 4) as well as early intervention programs. There is a general view that adolescents experience greater difficulties accessing developmentally appropriate services and are more difficult to engage than younger children. There is also strong consistency in the findings from these projects regarding the strategies required to ensure interventions are developmentally appropriate to adolescents.

Of central importance is developing a philosophical orientation that reflects the values of youth culture and providing a "space" that gives young people the freedom to choose if, when and how they engage with services. This space includes a youth friendly physical space where young people feel welcome and comfortable to just "drop-in" and "hang out" as well as a metaphorical "space" such as a range of activities that young people can choose from. Providing a holistic range of services was also identified as critical for engaging young people, particularly those who are marginalised from the general community and are looking for a committed therapeutic relationship with a single service provider or team. The findings from the Strategy Projects regarding the elements of service provision that are important for engaging youth are highly consistent with those of a recent

study of generalist youth services in seven local government areas in western Melbourne (Broadbent, Evans, Rodd and Sinclair 1999).

It has been recommended elsewhere (Chapter 1, Technical Report Volume 4) that resources be allocated to conduct demonstration projects with the aim of further evaluating the service features that have been identified as facilitating access, engagement and intervention with marginalised young people affected by complex problems including mental health problems. Such agencies would be focused specifically on youth, have a distinctive profile aimed at encouraging primary referrals from young people and gatekeepers, and provide a holistic range of services "within themselves" rather than relying heavily on referral to other services to ensure clients' needs are fully met. It has also been recommended that these demonstration projects be located in a number of different service environments including youth health services, non-government agencies and youth mental health services in order to test the effect of service environment on outcomes (Chapter 2, Technical Report Volume 4). In addition to offering treatment for mental health problems and other forms of tertiary intervention, agencies of this nature would be ideally placed to deliver early intervention programs targeting youth (*Suggestion 3.2c*).

There is an additional reason for favouring the development of new services with a mandate to prioritise early intervention with young people. There may be too few agencies in existence that would be able to support the structural adjustments necessary to sustain the strategies that have been identified as important for enhancing access for young people. For example, outreach and promotion with potential to significantly increase levels of service utilisation by young people not currently accessing services is unlikely to be embraced by agencies that already feel overloaded by existing demand. This is a widespread problem.

At the same time there is clearly a need for structural adjustment aimed at enhancing the capacity of all relevant service systems to identify children and young people at risk, direct them to appropriate services and implement early intervention programs.

Families First and NIFTEY have identified a range of organisational systems that, if better coordinated, can be shaped into structures capable of supporting a range of broadly targeted early interventions focusing on infants, young children and families. Schools are increasingly being used as a structure to support early interventions targeting children and adolescents of secondary school age. However few structures have been identified as capable of supporting broadly targeted early interventions focusing on the transition to early adulthood. There are two service systems that are in a good position to make more of a contribution to this critical function.

Broadbent, Evans, Rodd and Sinclair (1999) find that generalist youth services are in an ideal position to support a range of early intervention and preventative

programs targeting youth. The data presented by Broadbent et al. shows that many generalist youth services incorporate the practices that have been identified as enhancing access and engagement of young people such as providing a youth friendly physical space where young people feel comfortable to drop-in. Broadbent et al. also found that many young people are not prepared to talk to workers about problematic issues until they have spent some time getting involved in the range of activities offered by youth services. Importantly, Broadbent et al. find that drop-in centres at generalist youth services are particularly effective at engaging young males – a group that mental health services find very difficult to engage.

Another service system that has a valuable contribution to make to early intervention is Centrelink. Centrelink is currently implementing a new service delivery model which is a combination of a "One Main Contact Model" and "Life Events Model". One Customer Service Officer takes responsibility for all of the customer's business, and service focuses on the life events currently being experienced by the customer. Centrelink has recognised that this new model of service delivery will enhance the ability of Centrelink staff to develop quality relationships with individual young people and enable them to better identify young people at risk and refer them to appropriate services.

One of the major assets of Centrelink in relation to early intervention is the sheer size and breadth of its service delivery infrastructure. Centrelink has a network of 20,000 Customer Service Officers located in 296 Customer Service Centres throughout metropolitan, regional and rural Australia. Centrelink is also expanding the outreach component of its service in recognition that high risk young people are often difficult to reach using centre-based interventions.

Recommendations and suggestions

Early intervention is an orientation to service delivery that emphasises enhancing access and engagement of young people at risk of negative outcomes, thereby maximising the chance that they will be exposed to interventions effective in reducing exposure to further risk, or enhancing protective factors. Early intervention is facilitated when there is an appropriate range of opportunities to connect with young people and their carers. Opportunities are maximised when different service providers and community members are well connected and informed.

It is recommended that:

3.1 Governments and regional authorities should continue to facilitate the development of networks of service providers and community members aimed at enhancing identification of young people at risk of suicide and mental health problems, providing support and facilitating their access to appropriate intervention. Networks should include the following characteristics:

- comprehensive membership including: youth workers, school personnel, general practitioners, welfare and other community workers, health workers, mental health services, telephone counselling services, clergy;
- formal referral protocols, computerised referral databases, regular joint training of network members, community education using a range of media including the Internet; and
- support by policy development, joint planning and formal coordination between all relevant sectors at the level of regional authorities and state and territory governments.

(This is Recommendation 10 in the evaluation overview, "Valuing Young Lives".)

It is further suggested that:

3.1a Gatekeeper training should be made more widely available and should be theoretically based on a socio-ecological framework and include attention to attitudes, knowledge and skills.

3.1b Further evaluation should be conducted to examine the impacts and outcomes of mental health education and gatekeeper strategies targeting and involving young people including Internet based approaches, and to explore ways of encouraging relevant services to adopt effective approaches.

3.1c Funding should be provided to expand, maintain and update on a six-monthly basis, an Internet-based service referrals database and appropriate access should be provided to the database for the general public including young people.

3.1d Networks of community gatekeepers and primary care providers should develop formal referral protocols and ensure that staff of network agencies are fully informed and regularly trained in the use of these protocols.

3.1e The National Advisory Council on Suicide Prevention should consider allocating funds from the new national suicide prevention strategy to collaborative projects under the umbrella of the NSW Families First Strategy evaluation as well as other projects that incorporate a whole-of-government approach to intersectoral collaboration.

3.1f Government policies and plans should include mechanisms that facilitate the involvement of single issue advocacy organisations in the development of state, territory and local area planning processes.

It is recommended that:

3.2 Evaluation research should be directed towards identifying the factors that enhance and inhibit engagement of young people at risk for mental health problems and suicide in community-based early intervention projects.

Priority groups for research should include: males, indigenous young people, and young people involved in the juvenile and criminal justice systems.

(This is Recommendation 11 in the evaluation overview, "Valuing Young Lives".)

It is further suggested that:

3.2a Research should be conducted on the factors that facilitate the engagement of parents with schools and the impact of parental attitudes towards school on their childrens' school adjustment.

3.2b Further evaluation work is required to assess the long-term effectiveness and cost-effectiveness of volunteer and peer support programs for the provision of low key support, not necessitating involvement of highly trained fully qualified professionals.

3.2c Demonstration projects designed to further test the effectiveness of 'youth health services' and 'youth mental health services' using innovative strategies for facilitating access, engagement and intervention with marginalised young people (see Chapter 1, Technical Report Volume 4) should include, and indeed, prioritise the development and evaluation of early intervention programs.

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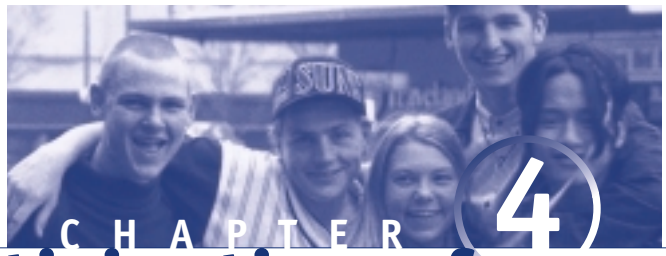


CHAPTER 4

Participation of young people in mental health promotion

This chapter presents and analyses information about mental health promotion projects funded under the Strategy that were characterised by an emphasis on the participation of young people in the design and implementation of project activities.

The goal of this group of projects was to enhance wellbeing, resilience, and protective factors among young people. These projects aimed to: increase the confidence, knowledge and skills of young people; provide a safe and supportive environment where young people would feel valued; and create resources for youth mental health promotion that could be used in local areas.

Details of the Strategy projects involving participation of young people in mental health promotion are provided below.

Projects involving youth participation in mental health promotion

The National Youth Suicide Prevention Strategy funded three projects that were focused on ensuring the participation of young people in the design and implementation of mental health promotion activities. The High Street Youth Participation Project; the Cellblock 'ShortChanged' Project; and Project X based at Kyogle Youth Services. Project X did not provide an evaluation or project report.

The Here for Life Youth Sexuality Project based at WA Aids Council was another project that placed strong emphasis on the involvement of young people. Although mental health promotion was one focus of this multi-dimensional project it is better characterised as early intervention and is described in Chapter 3 of this volume.

TABLE 4.1 **Partnerships with youth: projects funded by the Strategy**

Program name	Organisation	Main activities	Evaluation methods
High Street Youth Participation Project	High Street Youth Health Service	Recruitment and training of a group of young people to produce resources for mental health promotion among youth in the local area.	Analysis of project documentation, discussion with Project Officer and agency staff, interviews and questionnaires completed by project participants.
Cellblock 'Short-Changed' project	Cellblock Youth Health Service	Recruitment and training of a group of young people, development and performance of a number of dramatic productions.	Analysis of project documentation, discussion with Project Officer and agency staff, questionnaire completed by young people.
Project X	Kyogle Youth Action	Engagement of a wide range of community stakeholders in community based mental health promotion activities.	Not evaluated.

High Street Youth Participation Project

Based in mid-western Sydney, the High Street Youth Health Service is a community based youth health service. The agency offers a holistic service for young people which includes medical and personal care services, counselling, a drop-in centre and creative and educational programs. High Street aims to promote optimal health of young people, with an emphasis on those who are marginalised or at risk of becoming homeless.

The High Street Youth Participation Project involved recruitment of a group of fifteen young people to develop resources for mental health promotion and youth suicide prevention which could be used by agencies in the local area. Following training and a consultation phase, an artist and designer were employed on a sessional basis to work with the young people to fine tune their ideas and produce the resources.

With the catch phrase "Air your Laundry … it's not as dirty as you think!" an information booklet and accompanying postcard were developed. These resources encourage normalisation of mental health issues, encourage help-seeking behaviour and facilitate awareness of, and access to, services. Information about local services are detailed, along with contacts and hours. The resources were launched at a free public event in Parramatta Mall with a number of guest speakers, and they have been distributed widely among government and non-government services in the catchment area of High Street Youth Health Service.

Due to significant delays in initiating the project, mostly associated with the illness of the original Project Officer, the project team and evaluator were required to submit their reports before the project was completed, thus the full outcomes of the project have not been formally evaluated and were not included in these reports. Information about the resources finally produced and their distribution and impact was obtained directly from the Project Officer later in 2000.

Cellblock "ShortChanged" project

Cellblock is a Youth Health Service located in Central Sydney with similar functions to those of High Street. It is staffed by artists, Social Workers, General Practitioners and Health Promotion Officers. Cellblock has historically placed a strong emphasis on the arts. The aims of the ShortChanged Project were similar to those of the High Street Youth Participation Project. The original intention was that High Street and Cellblock would work together on these projects but after some discussion it was decided to conduct separate projects. One reason was logistical, to avoid young people being required to travel the long distance between central and western Sydney. The evaluator (Kelk 1999a and 1999b) also notes that there are considerable differences in philosophy between the two agencies which made collaboration difficult.

The Cellblock Project recruited eighteen young people and produced a number of dramatic productions. These included: a video which was an advertisement on help seeking behaviour; two dramatic performances called Blurred and ShortChanged; performance of the two dramas at The Mental Health Services Conference (THEMHS) in Sydney in 1998; a video tape of the performances; and presentations at two nurses' education sessions at the Royal Prince Alfred Hospital (RPAH) in an educational program organised by another National Youth Suicide Prevention Strategy project based in Central Sydney.

The evaluator of the Cellblock Project (Kelk 199b) reports that the project was not well documented and that only limited information was made available to him. Kelk notes that the Project Officer's Final report deals mainly with principles and major events and includes little reflection about the process of implementation or how the project impacted on staff of the agency. The Final Report also does not cover the resource production phase and the evaluator's knowledge of this period was acquired by word of mouth. The Coordinator of Cellblock, who had been heavily involved in the project, left the agency towards the end of the project and was not able to speak to the evaluator before he left.

Project X

Project X was significant in that it was entirely managed and driven by young people and was the only project of its kind funded under the National Youth Suicide Prevention Strategy. Based at Kyogle Youth Action, it aimed to foster the belief that nurturing children and young people is a broad community responsibility.

Project X sought to engage all major community organisations, and as many community members as possible, in managing, advising on, designing and participating in a variety of suicide prevention projects. Through focusing on cultural attitudes and the quality of the community environment, the main focus was on mental health promotion.

Project X did not submit an evaluation report or a final report. No information is available about this project other than that included in the brief description above.

Results of the evaluation

Information from the qualitative meta-analysis fell into three main categories:

- engaging young people as participants in mental health promotion;
- achieving positive outcomes for young people;
- producing high quality outputs and building capacity for mental health promotion.

What works to engage young people as participants in mental health promotion projects?

Fifteen young people aged 17 to 20 years were originally recruited into the High Street Youth Participation Project. By the end of the training phase about one-third had dropped out and about one-third of sessions had been missed by the participants. The evaluator (Kelk 1999a) believed this to be an acceptable level of drop outs and missed sessions for a project of this kind. Both the Project Officer and the evaluator report that they could not identify any general issues that could account for the drop outs. Six young people were able to continue their participation through to the launch of the project resources. Four of these have remained involved with High Street in a Drug and Alcohol Peer Education Project (Clonan, T., personal communication, November 2000).

Eighteen young people were recruited to the Cellblock Project and fourteen completed the project. The Project Artist viewed the young people who dropped out as having made a positive choice to pursue other lines of work or study. The evaluator Kelk (1999b) reports that all but one of these young people were still in touch with Cellblock or similar agencies in the local area at the time of writing. A low level of missed sessions was reported by Cellblock Project staff but Kelk believes this may be an underestimate. No formal records of attendance were kept by the Cellblock Project.

Many of the young people recruited to the High Street project had personal experience of mental health or suicide related issues however Kelk (1999a) expressed the view that this group of young people was somewhat better functioning than many youth health service clients. Kelk concluded that the High Street selection

process was effective in recruiting a group of young people who had the potential to contribute to the effective completion of the project while at the same time selecting out individuals who were at unacceptably high levels of risk.

The High Street Project was more effective in recruiting females than males (ratio 3:1). The Cellblock "ShortChanged" Project selected slightly more males than females.

➤ *Participant selection process*

The selection processes used by both High Street and Cellblock were conducted along similar lines to a job interview. Positions as project participants were advertised in free local and youth papers. This advertising process was successful in attracting young people who had not previously been involved with the agencies. People inquiring were sent job descriptions and invited to an interview.

The High Street Project also conducted formal information meetings which included a thorough description of the project and explanation of the level of commitment expected from participants. Those attending the information meeting were invited to an interview which was conducted by the Project Officer and either the Agency Coordinator or the Project Peer Worker. The selection process was designed to engender self selection. Throughout the process some young people gradually dropped out voluntarily until there were fifteen acceptable applicants at the interview stage. Thus no applicants had to be rejected. One young man was redirected to another High Street program before reaching the interview stage.

In a further extension of the formal employment and training approach, the Cellblock Project was registered with the then Commonwealth Employment Service so that the participants could count it as training and still receive unemployment benefits.

Young people with an experience of mental illness were accepted into the High Street program but no-one who was actively suicidal. During the interview all were asked about their sources of support, both from within High Street Youth Health Service and elsewhere. All were found to have acceptable sources of support and to be likely to use them. The evaluator reports that no simple changes to the selection criteria could have helped reduce the drop out rate.

Kelk (1999a) observes that the High Street project participant selection process was a particularly effective aspect of the project in that it appeared to have selected suitable applicants even before the selection interview.

➤ *Group cohesion*

A high level of group cohesion appears to have been a factor in enhancing engagement of young people with the High Street Project and maintaining enthusiasm for the project tasks. Clonan (1999) reports that many participants indicated that

the group bonded in a way they did not expect and that this social aspect of their involvement increased their enjoyment of the project. All of the participants mention this as one of the most positive aspects of their involvement.

A key strategy used to foster this group cohesion was a group camp. The aim of the camp was to facilitate the process of group formation through the development of group norms, shared goals and common philosophies. Workshops conducted at the camp included norm setting, values clarification, team building, identification of training needs and a ceremony.

Impacts of the camp were evaluated via feedback after two camp workshops and a post camp questionnaire. A very high level of satisfaction with the camp was expressed. Key gains reported by young people included getting on with peers, working in groups and knowledge of mental health problems of young people. Smaller numbers of young people also reported various forms of personal growth that are related to personal effectiveness within group situations including: self exploration; self esteem; understanding your limits; maintaining your comfort; and maintaining your personal support.

➤ *Relationship*

Young people involved in the Cellblock Project reported being particularly impressed with the quality of the relationships that developed between themselves and the staff and teachers involved in the project. Qualities of these relationships reported by young people included: "being treated as an equal", "letting us be adults", "having the teachers be friends", "having young people contribute to every part of the process", "getting us to think", and "being able to share personal experience without all the time airing problems" (Kelk 1999b).

What works to ensure positive mental health outcomes for young people?

Information about the effects of the projects on participants was obtained from a number of sources. At the end of the project, ten Cellblock participants completed questionnaires that were designed especially for the project by the Project Officer. The High Street Project Officer conducted an individualised review with each participant, and a small number of young people involved in the High Street project (n=4) were interviewed by the evaluator. Attempts were also made to use standardised structured instruments to measure possible changes in self esteem (Cellblock and High Street) and locus of control (High Street only).

Kelk (1999) reports a variety of positive outcomes for young people who participated in the High Street Youth Participation Project. These included (i) a significant increase in their self confidence, and generalisation of this confidence to other areas of their lives; (ii) an increase in participants' level of knowledge and

skills relevant to youth mental health, and (iii) development of new social networks.

Similar positive outcomes were reported by the ten young people involved in the Cellblock Project who completed the questionnaire at the end of the program. These included: increased confidence, good friends, increased knowledge and skills, increased creativity, an ability to channel aggression productively. Some of the young people also described themselves as more trusting, more patient, more open minded, less of a snob, able to see things from another's point of view, more able to listen, having a clearer vision of themselves and a general increase in social skills. Kelk (1999b: 18) concludes that a major outcome of the Cellblock project for young people was "a great increase in their self confidence and their perceived capacity to control their own lives".

Shortly before the camp, High Street participants were asked to complete two short questionnaires, one assessing self esteem (Rosenberg 1965, cited in Kelk 1999a) and the other locus of control (Craig, Franklin and Andrews 1984, cited in Kelk 1999a). The group as a whole was found to be relatively well functioning in these domains. A smaller group of participants who repeated the questionnaires later in the year showed no significant differences between the first and second testings. Cellblock participants are reported as finding the self esteem scale (Marsh 1988, cited in Kelk 1999b) "objectionable" and testing was not repeated at the end of the program. The major problem appeared to be the length of the questionnaire and the repetitiveness of some areas of questioning. A different self esteem scale was used in the High Street and Cellblock studies.

Two critical incidents occurred during the course of the High Street project. Only one of these appeared to be associated with the project itself and the evaluator reports that the incident was handled appropriately by the Project Officer and other staff. The young person remained involved with the project. One major critical incident involving a participant of the Cellblock project was reported to the evaluator. This involved a young woman who was already receiving counselling at Cellblock. The problem, which appeared unrelated to the content of the project, was handled by asking her to leave the project temporarily and intensify her counselling. The situation was stabilised very quickly and the young woman was able to return to the project.

➤ *Create an environment of safety and support*

Both the High Street and Cellblock projects placed strong emphasis on the safety of participants. One of the major achievements of the High Street project as reported by participants and staff was "the creation of an environment of safety, respect and cohesion within the group" (Clonan 1999: 6).

The High Street Project Team observes that the "peer education" model "has for a long time been widely recognised as an effective and accountable way of delivering health education and promotion to both young people and workers"

(Clonan 1999: 3). However, they express concern that little research has been conducted on the use of this model in youth suicide prevention and that the idea of its use in relation to this topic raises anxiety about the safety of project participants and of young people in the recipient community.

With these concerns in mind the High Street Youth Participation Project was designed to ensure that young people participating in the project were free of any perceived responsibility for the wellbeing of their peer group. Involvement of young people in the production of resources for mental health promotion rather than direct "education" of peers was identified as the preferred approach for maintaining safety. Similarly the Cellblock Project avoided the peer education and peer counselling approach and opted instead to involve young people in the production of resources.

In addition to ensuring the soundness of the overarching project design, the High Street project incorporated a number of specific measures aimed at enhancing safety. As noted above, the High Street Project participant selection process appeared to be effective in ensuring that all participants who made it through the recruitment process possessed personal resources and support adequate to sustain their involvement in the project. Kelk (1999a) also observes that the young people appeared to all be aware of the potential for the project to raise personal issues for them. Safety issues were also raised during a special session at the High Street project camp. It was made clear that the Project Coordinator did not have a role in providing personal support for individual participants and the idea was put forward that all participants should have a "key worker" among the High Street staff to whom they could turn to for support. This idea was accepted and eventually all of the young people made at least one contact with their key worker.

Debriefing sessions were linked to all key activities of the High Street project such as the consultation (see below) and most of the training sessions. The Project Coordinator and evaluator identified this debriefing as essential to the safe conduct of the project. Project staff need to be proactive in creating opportunities for individual debriefing (in addition to group-based or casual conversations) and be aware of particular issues affecting individual participants. Failure to adequately debrief after an interview in the consultation phase appears to have been a factor in one of the critical incidents associated with the High Street project.

The High Street group was also encouraged to become safe and supportive of itself. In addition to the steps outlined above, Clonan (1999) identifies the importance of the process of developing group norms which encouraged participants to be respectful and supportive of each other at all times. Thus the participants developed a close knit team which allowed participants to contribute freely without fear of rejection or judgement.

One of the Cellblock Project Team members was a social worker and her role included being available to support the young people and exercising a special

concern for safety issues. It was made clear to Cellblock project participants that if they were becoming troubled by any aspect of the project they should leave the activity and seek assistance from any member of staff, who were always available for such consultation (Kelk 1999b). Four of the Cellblock participants were already clients of Cellblock before the start of the project. They were all in long term counselling and stayed in it during the project. No other members of the group went into counselling during the project but several used other Cellblock services including the medical service and the dentist.

What works to ensure that the project yields high quality outputs and builds capacity for mental health promotion?

The Cellblock Project successfully produced a number of dramatic productions. These included: a video which was an advertisement on help seeking behaviour; two dramatic performances called Blurred and ShortChanged; performance of the two dramas at The Mental Health Services Conference (THEMHS) in Sydney in 1998; a video tape of the performances; presentations at two nurses education sessions at the Royal Prince Alfred Hospital (RPAH) in an educational program organised by another National Youth Suicide Prevention Strategy project based in Central Sydney. The video advertisement won a Health Mind Award at the ATM Student Film and Television Festival. The audience at the Mental Health Services Conference was reported as having been deeply moved by the performances and there have been numerous requests for the video of the performances. Kelk (1999b: 18) reports that many of the young people involved "saw themselves as successfully completing a major work project and gaining many skills that will be relevant to their future lives".

The High Street Project produced two visual resources: an information booklet and a postcard. These are linked by the theme of "Air your Laundry … it's not as dirty as you think!", a catch phrase coined by the young people. These resources address issues of normalisation of mental health issues, encourage help-seeking behaviour and facilitate awareness of, and access to, services. Information about local services in the Western Sydney Area are detailed, along with contacts and hours. Additional financial support was received from "Avant Card", a free postcard company, to print 5000 of the postcards and distribute these to venues selected by the young people including cinemas, cafes and music stores. The resources were launched at a free public event in Parramatta Mall with a number of guest speakers, and free performances by local youth bands, free food and attendance by the High Street Youth Health Service Outreach bus providing free health education. The launch was well attended by young people, local service providers, Health Department employees and managers and members of the general public (Clonan, T., personal communication, November 2000).

The "Air your laundry" resources have been distributed widely among government and non-government services in the catchment area of High Street Youth Health Service including schools, youth accommodation services, local government services, Department of Community Services and Centrelink offices. The Project Officer reports that a number of these services have contacted High Street to request more booklets and many organisations which did not originally receive the resources have requested copies after seeing them at other services. Anecdotal feedback about the resources from recipients has also been very positive (Clonan, T., personal communication, November 2000).

A number of the young people involved in the High Street project have continued to be involved with mental health promotion programs. Specifically four of them have become involved in a Drug and Alcohol Peer Education Project at High Street. Two have gained employment in related fields. One is completing a social sciences degree and has secured a position in Health Promotion in the Area and another is completing a Social Work degree and is working in a local family support service (Clonan, T., personal communication, November 2000). Several of the young people in the Cellblock project appeared to have gained work or improved work prospects, mostly in the arts, following on from the project (Kelk 1999b).

The High Street Project Officer also reports a number of impacts related to organisational capacity for mental health promotion that were not originally identified in the projects stated aims and objectives (Clonan 1999). She notes for example that staff of High Street Youth Health Service who participated in the project training sessions have been able to consolidate their knowledge of mental health issues and that better links have been created with staff from other agencies such as schools, generic youth services and mental health services. Staff from High Street have thus been able to access young people from this project as participants in other activities and this potential exists for other agencies as well.

High Street is currently exploring the feasibility of developing a wallet sized card listing crisis and mental health services for young people in the Western Sydney Area, using the same 'Air your laundry' theme and design (Clonan, T., personal communication, November 2000).

Most of the factors identified above as contributing to effective engagement of young people as project participants can also be considered as essential precursors to a project achieving its longer term strategic aims of building capacity for mental health promotion among young people more broadly.

The projects reviewed here focused on two major targets for capacity building: the young people participating; and the agency hosting the project. Project X based at Kyogle Youth Action also aimed to build the capacity of the wider community but unfortunately no evaluation report of this project was provided.

➤ *Adopt a professional approach to the work*

A common feature of the High Street and Cellblock projects was the way in which the projects were presented to the young people as serious "work" and approached in a professional manner. This professional approach was adopted from the beginning through the use of recruitment processes that was structured like a job application. The careful selection process also helped ensure that the young people involved had the capacity to complete the work. Provision of training was another feature of both projects that enhanced the professionalism of the approach to the work (see below).

Consistent with the tradition of the Cellblock Arts Program, a core principle of the Cellblock Project was "co-authorship" of the art work. This involves "co-creation of art between young people and the arts workers in a mutually respectful reciprocal relationship" (Kelk 1999b: 7). The joint aim is to develop as excellent a piece of work as possible while negotiating the aesthetic principles underlying the product.

A major step taken in the High Street project to ensure a professional approach to the work was a consultation phase. This involved collecting information about resources currently available and about the information needs of young people in relation to mental health. The consultation phase began with a critical review of mental health promotion resources previously collected. The group then undertook an active consultation involving interviews with key informants over a period of two weeks. Those interviewed included young people in schools, youth drop-in centres, and in public space settings, youth workers in local government, drop-in centres and youth accommodation services and professional staff from local mental health agencies. Interviews were conducted by the young people, accompanied by a High Street staff member. Information from interviews was collated and summarised into recommendations for resource production.

The evaluator found that while some of the young people were anxious about their involvement in the High Street consultation, the process generally went smoothly and was a positive experience. Kelk (1999) observes that the young people demonstrated good understanding of the meaning of information gained from the consultation and the relative value of information from different sources. He further observes that the young people frequently found the consultation process inspiring and had been able to build on learning acquired during the camp to develop further appreciation of the individuality and diversity of the people they consulted. Kelk estimates that the group of young people involved will be able to carry this on into their later lives. He concludes that the Project Officer and other staff had done an excellent job in preparing the young people for the task.

➤ *Training tailored to the needs of participants*

Both the High Street and Cellblock projects provided substantial education and training to project participants in topics relevant to youth mental health

promotion. In the case of High Street, training was tailored to the specific needs of the participants "as a group". The training provided at Cellblock was "individually" tailored for each young person.

The training needs of the High Street group were ascertained during the final workshop of the camp. The young people brainstormed and prioritised the issues that they felt impacted most strongly on young people's mental health, and then identified which of these they required more information about. Topics covered in the training included: adolescent development; pressure and stress; violence and abuse; drugs and alcohol; sexuality and sexual health; mental illness and mental health services; needs assessment and consultation. The training initially took place once a week at High Street, with occasional extra sessions as needed. Training sessions were mostly facilitated by High Street staff with expertise in particular topics. They were two hours long and generally concluded with a debriefing exercise.

At Cellblock, information about existing skills and the skills young people wanted to develop was obtained during the recruitment phase. Training was very flexible and involved multiple activities that participants could choose to attend depending on their interests. The major content area of training was the arts and a wide variety of arts media were covered. Health promotion related topics were also included. Trainers were generally arts workers with expertise in particular topics who were employed on a sessional basis. The project also employed a dedicated Arts Worker whose duties included coordination of arts training and delivery of training in particular topics. The training phase extended for approximately 12 weeks. Kelk (1999b: 9) observes that "Such were the resources mobilised during this period that it was not uncommon for some of the participants to be involved in full time training".

Interviews with participants of the High Street Project indicated that young people perceived themselves as being skilled up for the work of the project, as if they were being trained for a job. Young people also reported satisfaction with the content and teaching style of the training provided. Kelk (1999a) makes a special note that the content of the training appeared to dovetail well with (complement) the young people's pre-existing views of themselves as already possessing good communication and interpersonal skills.

➤ *Integrate the project into the host service*

Kelk (1999a) observed that the High Street project was well integrated into the High Street Youth Health Service and that the staff accepted the project and actively participated in it. A number of factors appeared to have contributed to this effective integration.

Firstly Kelk notes that the Project Officer was formerly a Drop In Worker in the service and had an established relationship with clinical staff. He also notes that the project was consistent with, and shared many aspects of the normal clinical

work of the service. Kelk (1999a) sees project integration into the host agency and acceptance by other staff as so important that he recommends such projects be ideally conducted by a normal member of staff of the host agency.

Staff of High Street Youth Health Service also understood and identified with the aims and objectives of the project, which were widely discussed with staff before and after the project proposal was submitted for funding.

➤ *Support the Project Officer*

Close integration with the business of the host agency appears to be a major factor in ensuring adequate support for the Project Officer from agency staff, as noted above. The High Street project also had a number of additional support mechanisms in place. These included supervision from the High Street Coordinator on a regular and frequent basis and support from members of the Internal Project Committee. The Project Officer reported that her primary sources of support were the supervision of the High Street Coordinator, personal contact with agency staff and participation in other existing clinically oriented High Street meetings. The evaluator notes that the Internal Project Committee appears to have contributed significantly to the distribution of information among staff in the agency and to the unification of the agency's efforts with respect to the three National Youth Suicide Prevention Strategy projects that were based at High Street.

➤ *Effective management of the host agency*

High Street Youth Health Service was observed has having well developed boundaries between its staff and clients (Kelk 1999a). Further, these proper concerns with boundaries were seen to have been applied to the management of the project in terms of clarity regarding the roles of project staff and participants.

This observation is significant when considered in the context of the concern expressed by some commentators in the youth sector that many youth services fail to establish and maintain such boundaries. Kelk also observes that High Street exerts strong efforts to maintain staff support and conditions of work in the "stressful area of youth health". Conditions of work are linked to the staff-client boundary issue in the sense that failure to maintain boundaries can lead to a situation where staff work excessively long hours and can become overly stressed due to the high emotional demands of the work.

➤ *Project staffing*

As noted above project staffing is a key factor in facilitating project integration into the host agency. It is also a key factor in helping maintain proper boundaries between staff and project participants. The High Street Project experienced some difficulties with the Project Peer Worker who was a former client of the

agency. Kelk (1999a) recommends that if such projects cannot be conducted by a normal member of staff and a peer worker is preferred, then a suitably qualified person should be recruited who is outside of the former client group of the agency and from outside the local geographical area.

General discussion

There are lessons to be gained from the High Street and Cellblock projects that have implications which extent beyond the field of youth mental health promotion. Clearly both the High Street and Cellblock projects were successful in engaging young people as active participants in the planning and implementation of project activities. This achievement is particularly noteworthy when viewed in the context of the fact that most of the projects funded under the National Youth Suicide Prevention Strategy were expected to include the active involvement of young people in some aspect of planning and implementation, but were generally not very successful in this aim.

Engaging young people as active participants

The key difference between the projects that were and were not successful in engaging young people as active participants was the amount of effort and emphasis that was directed to the task. The majority of resources used by the High Street and Cellblock projects were directed to activities designed to recruit, engage and support the involvement of young people. This process was given at least equal importance as the task of actually producing the mental health promotion resources. Other Strategy projects that experienced success in this area such as the Here For Life Youth Sexuality Project based at the WA Aids Council (see Chapter 3 this volume) also directed a large proportion of project resources to activities focused on engagement and support of young people they sought to involve. It is unlikely that these projects could have been successful in maintaining the engagement of young people if they had reduced the proportion of effort and resources allocated to engagement and support, because drop out rates, and rates of non-attendance at project sessions, were not insignificant and were actually a source of concern for the young people who did remain involved in the High Street project.

This suggests that if service managers and program planners are serious in their commitment to increasing the active involvement of young people in service and program planning and implementation, (as opposed to passive involvement as program recipients or subjects of evaluation), there may need to be a major shift in practice with respect to project design. Specifically the involvement of young people, the process of engaging them and supporting their ongoing involvement may need to be allocated at least equal importance as the project output, product or higher order objectives.

The projects included here also provide insights into the nature of the engagement and support processes that are effective in sustaining the active involvement of young people. Key factors include:

- presenting the project as serious work;
- providing comprehensive training that provides young people with skills they can use after the project ends;
- providing a safe, supportive youth friendly environment; and
- encouraging respectful, adult, collegial relationships between staff and young people.

Building capacity for involving young people

Unfortunately, at present it is likely to be difficult for services other than those that already have a strong focus on young people, such as youth health services and generalist youth services to generate the conditions identified here as important for engaging and supporting young people's involvement. For example, few mental health, or mainstream primary health care services, are housed in facilities that are conducive to the creation of a safe, supportive youth friendly environment (see Technical Report Volume 4). Few services have staff with skills appropriate to provision of training for young people or appropriate to management of project staff who could conduct such work. Mainstream mental health and health services are not philosophically oriented to viewing young people as potential partners or colleagues in the conduct of serious work.

There are several avenues that could be explored to overcome these barriers. Firstly consideration of the current results suggests that, with appropriate resourcing, youth health services might be able to provide infrastructure and expertise to support the involvement of young people in service and program development activities of other agencies. In other words, agencies such as mental health and mainstream health services that lack appropriate capacity in this area could form partnerships with youth health services in this work. It is recommended that community development activities and programs should develop organisational structures capable of supporting the participation of young people *(Recommendation 4.1).* Youth health services constitute a good example of the kind of infrastructure that needs to be developed in this respect (*Suggestion 4.1a*).

Concerted initiatives would be required by state and territory governments and area/regional health planning authorities if the potential of youth health services to fulfil such a valuable function is to be realised. It is recommended that Governments should work in partnership with Area/Regional Health Services, youth health services, mental health services and young people to identify strategies for expanding the capacity of youth health services to provide a comprehensive health service to young people affected by multiple risk factors for suicide

(Recommendation 4.2). Such plans for expanding the capacity of youth health services should include strategies for enhancing their capacity to involve young people in service development, mental health promotion and other suicide prevention programs (*Suggestion 4.2a, first dot point*) and strategies for enhancing their capacity to act as partners to other agencies for the purpose of involving young people (*Suggestion 4.2a, second dot point*).

Issues for research and evaluation

There have been a number of other projects conducted in recent years in Australia that have aimed to involve young people in suicide prevention and mental health related activities. Most of these projects have not been well documented and so the valuable learning that has taken place is not available to be drawn on by others.

It would be valuable at this point in time to take stock of the work that has been conducted in this area and compile a comprehensive review of projects. More detailed comparative studies of projects that have succeeded and failed in involving young people, and projects based in a wider variety of agencies would be useful (*Suggestion 4.2b*). Key aims of such a review would include:

- to better define the conditions necessary for supporting the active involvement of young people in projects related to mental health promotion and suicide prevention;
- to ascertain the level of capacity that exists within existing services for supporting service and program development projects that involve young people;
- to identify strategies required by local agencies, area/regional authorities and governments to build capacity.

The question of safety

Safety concerns appear to deter some professionals from giving priority to the involvement of young people in suicide prevention projects. Safety issues were given high priority in the High Street and Cellblock projects. Considerable effort was directed to ensuring that participants were not exposed to activities and responsibilities that were beyond their capacities and that mechanisms were in place to help young people deal with any concerns or distress that might arise. Although there were a small number of occasions on which participants did become emotionally distraught during the course of the projects, only one of these appeared to be related to a fault or oversight on the part of the project concerned. The project evaluator was of the view that all incidents were handled effectively by project and agency staff.

Thus while safety is something that needs to be given high priority by suicide prevention and mental health promotion projects involving young people, it did not emerge as a major problematic concern for the projects described here. The level

of safety risk experienced by these projects appeared to be consistent with, or even lower than, what might be expected given that young people with personal experience of mental health problems and suicide issues were not excluded from participation.

Decisions about whether or not to involve young people in projects related to mental health and suicide prevention, especially young people with a history of mental health problems, on the basis of concerns about safety need to be better informed by evidence about the actual risks involved in particular situations. In the absence of such evidence, concerns about safety could be used to justify passive discrimination against young people with mental health problems compared to adult consumers and young people who do not experience mental health problems. Consideration might also need to be given to the question of whether active involvement in the planning and implementation of prevention and service development programs is actually any less safe than the standard mental health treatments and regimes of "care" that are regularly administered to young people with mental health problems. At present we lack the information needed to answer this question.

The safety of particular youth participation projects may be closely related to the quality of other aspects of programs offered by those agencies. For example, the ability of the High Street and Cellblock Projects to maintain the safety of participants appeared to be closely related to the measures that were important in engaging participants. These included the thorough selection process, explicit discussion of safety issues and regular debriefing, attention to the creation of a supportive, youth friendly environment and ensuring that agency staff were always available to support and counsel young people as needed. Agencies that do not put sufficient resources into securing and maintaining the engagement of young people as participants may also not be in a position to ensure the safety of young people who become involved.

More rigorous research needs to be directed to accurately assessing the safety risks associated with young people's involvement as active participants in suicide prevention and other mental health projects, as it does to assessing the safety of young people's involvement as consumers of treatment and prevention programs. This research should include evaluation of specific measures aimed at ensuring safety as well as broader aspects of the quality of services and programs (*Suggestion 4.2c*).

Theoretical and philosophical issues

The tension between the principle of consumer and community participation and the concerns of practitioners about the safety of young people who might participate raises philosophical as well as empirical questions. One such question that arises here is whether or not professionals should have the same responsibilities towards young people who work with them as participants or partners

in planning and implementing projects of work, as they do towards young people who are their clients. For example should professionals have a responsibility to aim for improved mental health status among young people who participate, and to evaluate whether or not improved mental health is achieved? Is this the primary purpose of involving young people in such projects or should other principles be given priority here, such as ensuring that mental health promotion resources and programs are relevant to young people's needs and concerns and that young people as citizens have opportunities to be involved in the planning and implementation of services and programs that are important to them?[1] Some theorists would argue that the "work-partnership" relationship is different from the "clinical-therapeutic" relationship and that inappropriate extension of the clinical-therapeutic relationship model into the context of work-partnership situations is a barrier to consumer empowerment. Others would go further and argue that the traditional clinical-therapeutic relationship model is patronising and disempowering, should be dropped altogether, and that therapy should also be conducted according to a partnership model.

Resolution of issues about safety as well as policy development and planning for the support of youth participation might be assisted by development of greater clarity with respect to the philosophical principles that underlie calls for greater involvement by consumers, including young people with mental health problems, in service and program development. The philosophical and theoretical literature that has informed and driven the development of mental health consumer participation more broadly has been extensively reviewed, including in the Australian context (see, for example, Sozomenou, Mitchell, Fitzgerald, Malak and Silove 2000). Central concepts here include consumerism, full citizenship, civil rights, self-determination and empowerment (Baldry 1992, Chamberlin 1990 and Deegan 1996, cited in Sozomenou et al. 2000).

Very little theoretical and philosophical material is available concerning issues specific to the participation of young people, but some important ideas are beginning to emerge. Kathleen Stacey, for example, has advocated for the concept of "youth partnership accountability" (Stacey 1999; Gale, Hills, Moulds and Stacey 1999). In this approach "young people work collaboratively with service providers to address issues of concern to young people and have meaningful and clear decision-making capacity where service providers take up positions as 'supporters'. Although service providers may take action and make decisions, they do this with the express permission of young people and need to report back to young people" (Stacey 1999: 16). As the name suggests, youth partnership accountability emphasises the accountability of workers to

1 Having said this, however, it should be noted that in the case of mental health promotion projects, the aim of building the capacity of young people to contribute to mental health promotion in their community is unlikely to be met if the young people concerned are not at the same time provided with skills that enhance their own mental health.

young people in the process of partnership work (Gale et al. 1999). A central concept here is the workers' responsibility for ensuring that what they say to young people is consistent with what they do, that intentions are followed by action. This does not mean that workers are expected to be superhuman and never fail to live up to expectations, but that when oversights and mistakes occur, these are openly acknowledged and addressed. This generally requires workers to step outside of their identity as "experts".

Clearly the concept of youth partnership accountability may pose difficulties for many of the professionals who see themselves as having responsibilities for prevention of suicide. It would be useful for the proposed program review (see *Suggestion 4.2b*) to include an overview of the range of theoretical and philosophical ideas that are currently shaping the design and progress of youth participation projects in Australia today, as well as an analysis of how well these ideas sit with the philosophies that have dominated the traditional world view of the health, mental health and welfare professions.

Recommendations and suggestions

It is recommended that:

4.1 Community development activities and programs should develop organisational structures capable of supporting the participation of young people.

(This is Recommendation 34 in the evaluation overview, "Valuing Young Lives".)

It is further suggested that:

4.1a Youth health services should be considered a priority form of infrastructure for development in structural community development initiatives.

It is recommended that:

4.2 Governments should work in partnership with Area/Regional Health Services, youth health services, mental health services and young people to identify strategies for expanding the capacity of youth health services to provide a comprehensive health service to young people affected by multiple risk factors for suicide.

(This is Recommendation 17 in the evaluation overview, "Valuing Young Lives".)

It is further suggested that:

4.2a Plans by governments and Area/Regional Health Services for expanding the capacity of youth health services should include:

- strategies for enhancing their capacity to involve young people in service development, mental health promotion and other suicide prevention programs; and
- strategies for expanding their capacity to act as partners to other agencies for the purpose of involving young people.

4.2b A comprehensive review should be conducted of projects that have aimed to involve young people as active participants in suicide prevention and mental health related projects. Detailed comparative studies of projects that have succeeded and failed in involving young people, and projects based in a wider variety of agencies would be useful. The review should include an analysis of theoretical and philosophical issues. Key aims of such a review would include:

- to better define the conditions necessary for supporting the active involvement of young people in projects related to mental health promotion and suicide prevention;
- to ascertain the level of capacity that exists within existing services for supporting service and program development projects that involve young people;
- to identify strategies required by local agencies, area/regional authorities and governments to build capacity.

4.2c More rigorous research should be directed to accurately assessing the safety risks associated with young people's involvement as active participants in suicide prevention and other mental health projects, as it should also be directed to assessing the safety of young people's involvement as consumers of treatment and prevention programs. This research should include evaluation of specific measures aimed at ensuring safety as well as broader aspects of the quality of services and programs.

Project reports

Clonan, T. (1999), *Youth Participation Project: Final Report*, High Street Youth Health Service, Western Sydney Area Health Service, Sydney.

Kelk, N. (1999a), *Report on the High Street Youth Health Service Youth Participation Project*, School of Community Medicine, University of New South Wales, Sydney.

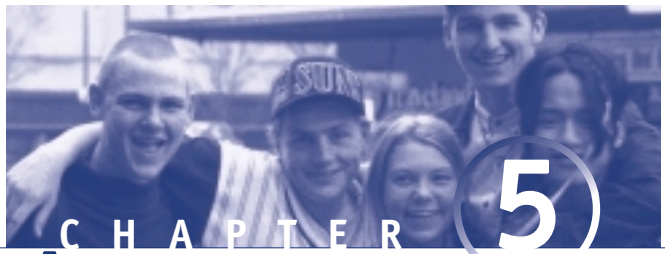
Kelk, N. (1999b), *Report on the ShortChanged Project: A Positive Peer Influence Project Run at the Cellblock Youth Health Service*, School of Community Medicine, University of New South Wales, Sydney.

Other references

Gale, K., Hills, S., Moulds, D. & Stacey, K. (1999), "Breaking ground in inclusive conference practices with young people", *The International Journal of Children's Rights*, vol. 7, pp. 259-275.

Sozomenou, A., Mitchell, P., Fitzgerald, M., Malak, A. & Silove, D. (2000), *Mental Health Consumer Participation in a Culturally Diverse Society*, Australian Transcultural Mental Health Network, Sydney.

Stacey, K. (1999), "The possibilities of youth partnership accountability for mental health services" *Balance*, Autumn, pp. 16-17.



CHAPTER 5

Access to means of suicide

This chapter presents and analyses information about projects funded under the Strategy that focused on access to means of suicide.

The projects in this group primarily involved research focusing on the major methods of suicide used by young people. The aim of the projects was to enhance understanding of the issues surrounding the use and lethality of these methods and explore the feasibility of various approaches to reducing access to these means of suicide.

Access to means projects funded under the Strategy

The Strategy funded seven projects that focused on four methods – hanging, firearms, motor vehicle exhaust gas poisoning, jumping and railway suicides. Activity consisted mainly of research into the issues surrounding the development of strategies together with one public education campaign set in the Coastal and Wheatbelt Public Health Unit in Western Australia.

An Access to Methods Working Group comprising six persons representing researchers, government, the Australian Medical Association and services from various States and Territories oversighted the development and implementation of the National Youth Suicide Prevention Strategy Access to Means projects.

This chapter focuses on information that has been generated about what sorts of strategies might help prevent the availability and lethality of these means of suicide.

Access to Means of Suicide – Background Report

The first step taken by the Strategy in tackling access to means of suicide was to commission a background report. This was conducted by researchers based at the Australian Institute for Suicide Research and Prevention (Cantor, Turrell and Baume 1996). This report includes a general review of the international and

Australian research literature and an analysis of suicide data from the Registrars of Births, Deaths and Marriages in each of the states and territories and compiled by the Australian Bureau of Statistics as part of their national deaths database. Based on this analysis, Cantor et al. identify a range of options for legislative and regulatory programs as well as options for community-based, educative and voluntary activities.

A major finding of the report by Cantor, Turrell and Baume (1996) was that both the physical availability and the social and cultural acceptability of particular means of suicide are important determinants of the methods used.

TABLE 5.1 Access to means projects funded by the Strategy

Program name	Organisation	Method targeted	Strategies
Access to means of suicide: background report (Cantor et al. 1996)	Australian Institute for Suicide Research and Prevention (AISRAP)	General	Literature review Data analysis
Hanging as a means of suicide (De Leo et al. 1999)	Australian Institute for Suicide Research and Prevention (AISRAP)	Hanging	Literature review Statistical analysis Psychological autopsy
Firearm injury prevention project	The Coastal and Wheatbelt Public Health Unit, Western Australia	Firearms	Public education campaign Training Manual and brochure production
Reducing access to motor vehicle exhaust gas as a means of suicide (Skopek and Baume 1999)	Prince of Wales Hospital and Rozelle Hospital	Motor vehicle exhaust gas (MVEG)	Literature review Data analysis
Motor vehicle exhaust gas suicide (Moller 1998 and Moller, Hutchings and Evans 1998)	Private consultant	Motor vehicle exhaust gas poisoning	Feasibility studies Statistical analysis Psychological autopsy
Jumping and railway suicides	Behavioural and Social Research Practice for the Australian Coroners' Society	Railway deaths and jumping from heights	Literature review Statistical analysis Coronial files analysis
An analysis of suicide in Indigenous communities of North Queensland (Hunter et al. 1999)	University of Queensland, Department of Social and Preventative Medicine.	Various, primarily hanging	Literature review Statistical analysis Coronial files analysis

Based on the review of international and Australian research literature Cantor et al. (1996) also concluded that increased availability of a culturally accepted method of suicide tends to result in an increase in the suicide rate for that method. Conversely, restricting the availability of a particular method of suicide tends to result in a corresponding decline in suicide rates for that method.[1] Restricting the availability of a particular method of suicide often but not invariably reduces overall suicide rates.[2] Changing the cultural acceptability of a method of suicide will influence suicide rates by that method and may alter overall suicide rates.

Other key findings from the review of Australian suicide data were that:

- the most important contemporary methods of suicide used by young males are hanging, firearms and poisoning by motor vehicle exhaust gas;
- the increase in young male suicides largely reflects rises in hanging, poisoning by motor vehicle exhaust gas and 'other unspecified' methods;
- the most important contemporary methods of suicide used by young females are hanging, and poisoning by solid or liquid substances; and
- use of hanging and poisoning by motor vehicle exhaust gas by young females increased between 1974 and 1994 and this was offset by a decline on poisoning by solid and liquid substances.

Based on the findings of the Background Report, the National Youth Suicide Prevention Strategy funded a number of projects which focused on hanging, firearms (in rural areas), motor vehicle exhaust gas, and jumping and railway suicides.

Hanging as a means of suicide

Detailed investigation of data and literature related to the use of hanging as a means of suicide was conducted by the Australian Institute for Suicide Research and Prevention (De Leo, Neulinger, Kosky, Cantor, Baume and Dundas 1999). This research included a (i) review of international and Australian literature; (ii) and analysis of data from the Australian Bureau of Statistics on trends in the use of hanging compared to other methods (firearms and motor vehicle exhaust gas

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1 The most well-known example of this occurred with the so-called "British experience" of the 1960s (Hassall and Trethowan 1972). At that time, when domestic cooking gas contained a high proportion of carbon monoxide, suicide by this method accounted for over 40 per cent of all British suicides. When natural gas was introduced with a reduced content of carbon monoxide, suicides by this method dropped to 10 per cent of all suicides.

2 With the "British experience" cited above, the over-all suicide rate dropped by 26 per cent and remained at the new lower level for many years (Farberow 1985). No compensatory increase in suicide by other methods occurred although there was an increase in attempted suicide by overdose.

poisoning) over recent decades; and (iii) using data from Queensland, psychological autopsy of individuals who had hung themselves compared to other methods.

Access to means of suicide by firearms

A project focusing on access to firearms was based at the Western Australian Coastal and Wheatbelt Public Health Unit. Special effort was directed towards targeting individuals and populations most at risk. The WA Coroners' database was used to locate regions of WA that had particularly high rates and proportions of suicides involving firearms over the ten-year period 1986-1995.

The objectives of the project were to: increase community awareness and understanding of the problem of firearm injury and how to prevent it; and reduce the proportion of households containing guns and the number of guns per household, along with improvement in gun storage practices. Strategies included a media campaign aimed at gun owners and their families, and investigation of issues associated with alternative storage of firearms. The project also developed protocols and policies along with training and education programs for hospitals, general practitioners, schools and the general community.

Reducing access to motor vehicle exhaust gas as a means of suicide

Skopek and Baume (1999) prepared a report to the Commonwealth on the topic of reducing access to motor vehicle exhaust gas (MVEG) as a means of suicide. The aims of the document were to: research causes and/or factors associated with access and acceptability of MVEG poisoning as a means of suicide; and to describe the long term effects/morbidity of survivors. The report includes five sections: Background to the problem of suicide by MVEG poisoning; description of the nature of MVEG poisoning and its effect on the human body; analysis of data about completed and attempted suicide by car exhaust in Australia; a profile of individuals who have died by this method, discussion and provision of recommendations for prevention.

Reducing access to motor vehicle exhaust gas – feasibility studies

Two studies were funded to explore the feasibility of particular strategies that show some promise in reducing suicide by MVEG.

A project by Moller (1998) explored the feasibility of an exhaust gas sensor system which could shut down the engine when imminently hazardous concentrations of exhaust gas are detected as increasing in the passenger compartment. The study involved modelling the way in which gas (CO and O2) concentrations change across vehicles in a fleet. The aim of the model is to help designers determine if more than one type of gas sensor is needed to cover a passenger vehicle fleet and what mix of gas concentration monitoring would be effective

in achieving the necessary sensitivity and specificity. Such a sensor system would also contribute to the prevention of accidental exhaust gas poisoning and oxygen-deprivation-related fatigue in moving vehicles.

Another project conducted by Moller, Hutchings and Evans (1998) explored opportunities and constraints surrounding the design of a device that could be fitted to exhaust pipes to make the attachment of hoses more difficult.

In order to progress the recommendations that emerge from the research into motor vehicle exhaust systems, the Australian Medical Association is providing secretariat support to an ongoing working party of key stakeholders. The issue is also being considered within the National Injury Prevention Strategic Framework.

Jumping from heights and railway suicides

Research into jumping from heights and in front of trains was commissioned by the Australian Coroners Society on behalf of the then Commonwealth Department of Health and Family Services and was conducted by Behavioural and Social Research Practice based in Melbourne. The objectives of this research project were to: identify the characteristics of railway and jumping suicide sites; develop a profile of the persons who engage in railway and jumping suicides; and develop practical intervention strategies which may reduce the railway and jumping suicide rate in the medium term. The research methods included a literature review; analysis of ABS data; and content analysis of coronial files from 1994 to 1996.

Suicide in indigenous communities

A collaboration of researchers was funded to conduct a study of various issues around suicide in indigenous communities of North Queensland (Hunter, Reser, Baird and Reser 1999). The research project included an analysis of suicide statistics, a literature review and a historical descriptive study of a community development process that has been taking place in one Aboriginal community in North Queensland. This project included a strong focus on issues surrounding hanging.

Results of the research and evaluation

The information in this chapter is organised around the four main methods of suicide that were explored by the different projects. Discussion of the results of the projects seeks to describe conclusions about what might work to reduce access to these means of suicide or reduce the lethality of suicide attempts using these means.

This chapter uses, wherever possible, the factors identified by Cantor et al. (1996) to organise discussion of the strategies that might work to reduce death from suicide using each of the four means: availability and acceptability.

What might work to reduce suicide deaths from hanging?

Rates of suicide by hanging have increased over recent decades, especially in the younger age groups. Hanging recently became the number one method of suicide for males in Australia (De Leo et al. 1999) and in 1997 it was also the number one method for females (Skopek and Baume 1999).

De Leo et al. (1999) identify a number of factors that may have contributed to the increase in the use of hanging. Firstly there may have been an increase in its cultural acceptability compared to use of firearms which have come to be more associated with criminal activity. However, increases in the use of hanging and decreases in use of firearms do not completely correspond in time so the data do not support the theory that the increase in hanging is simply due to method substitution.

There is some evidence that media attention surrounding the Royal Commission into Aboriginal Deaths in Custody may have contributed to increases in rates of hanging suicide. Hanging rates were significantly greater in the three years following the Royal Commission into Aboriginal Deaths in Custody (1987-1989) than the three years prior. The increase, which coincided with extensive media coverage of the custody hearings and which was evident in both Aboriginal and non-Aboriginal persons, is suggestive of clustering and/or imitative influences, and possibly a broader cultural influence (Baume 1996).

De Leo et al. (1999) interpret the findings of the psychological autopsy data analysis as indicating that suicide by hanging tends to be characterised by impulsivity on the part of the victim compared to other methods. Indicators of impulsivity associated with death by hanging included younger age, reduced likelihood of leaving a suicide note, increased likelihood of legal trouble, previous suicide attempt, less likely to be living alone, and less likely to have a positive blood alcohol content.

Use of hanging compared to other methods was not significantly associated with history of psychiatric treatment. Nearly three-quarters of hanging suicides took place at the person's residence and 80 per cent of those who hung themselves lived with someone else, making it likely that a relative or friend found the body.

Of completed suicides by people of Aboriginal and Torres Strait Islander descent, the vast majority, particularly among males, are by hanging (Hunter et al. 1999). In Queensland between 1990 and 1996, 84 per cent of indigenous male suicides occurred by hanging and indigenous suicide rates by hanging were six times greater than hanging rates for the Queensland population as a whole (De Leo et al. 1999).

➤ *Availability*

Hanging is the most frequently chosen method of suicide and it is also the method that is seemingly least amenable to intervention. Hanging opportunities are

plentiful, especially given the fact that the large majority of hangings occur in the home or in non-institutional settings.

Cantor et al. (1996) conclude that there is some scope for preventing those suicides which occur within institutional settings by minimising access points for hanging, by using appropriate surveillance (Reser 1992, cited in Cantor et al. 1996), and by keeping numbers of persons in custody to an absolute minimum (Fleming et al. 1992, cited in Cantor et al. 1996).

➤ *Acceptability*

There is considerable evidence accumulating that the rise of hanging suicide in Australia is being driven by cultural changes affecting its acceptability. For example while the availability of hanging as a method of suicide is universal, the analysis of Hunter, Reser, Baird and Reser (1999) showed that deaths from suicide have not been randomly distributed across the population but concentrated in particular places at particular times.

The literature review conducted by Hunter et al. (1999) identified a number of reasons possibly contributing to the prominence of hanging among indigenous people. Firstly Hunter et al. emphasise that hanging suicide needs to be understood in the wider context of personal violence. Secondly they note that suicide has only emerged as a problem in indigenous communities in the last two decades.

Hunter et al. (1999, p26) observe that hanging appears to be associated with "powerful symbolic undercurrents" in Aboriginal communities and Aboriginal popular culture which "reflect accretions of meaning from a cultural history of hanging deaths". This cultural history centres on the association of hanging with justice and injustice beginning with the prominence of hanging as a form of capital punishment from the earliest period of white settlement, through to the hanging deaths in custody before and after the Royal Commission into Aboriginal Deaths in Custody. Even though most hanging suicides occur outside of custody settings, the "Aboriginal deaths in custody" character of many Aboriginal suicide deaths by hanging has given this form of suicide a particular character, force, and symbolic meaning which relates both to the watch house and prison setting itself, as well as the larger justice system (Hunter et al. 1999). The power of hanging as a cultural symbol is evidenced in the prevalence of its representation in indigenous art, poetry, films and posters, many of which Hunter et al. reproduce in their report.

As a result of this accretion of cultural meanings over time, Hunter et al. (1999) suggest that hanging has become an institutionalised part of a pervasive cultural stereotype that Aboriginal people are exposed to and internalise. At the more immediate level, instances of hanging have become an important and suggestive part of place meaning and residential location in many communities. "An individual will often take their life at a location where estranged partners, or in-laws, or particular others will see the body hanging the next morning … It is a rebuke

and statement of uncaring relations, unmet needs, personal anguish and emotional payback" (p.27). Hunter et al. also observe that "Such dramatic in-death statements are very typical of youth and cultures where kinship relationships are highly scripted, choreographed and interdependent" (p.27). There have also been many accounts of dead relatives and friends appearing to an individual and extending a rope fashioned into a noose. Houses, trees and other places where known persons have taken their own lives are constant reminders of loss and pain and such places can invite or beckon a person who is preoccupied with thoughts of self injury.

Hunter et al. (1999) recommend that a comprehensive approach be adopted to prevention of suicide, including hanging suicide, in indigenous populations and propose a wide variety of strategies including universal (health promotion and primary prevention), selective (early intervention), and indicated (treatment and support) interventions. Activities consistent with these recommendations have been discussed in other chapters and volumes of this Technical Report series, particularly Chapter 5 Volume 1 and Chapter 1 of this volume.

In order to address the cultural-symbolic factors that appear to play a significant role in the cultural acceptability of hanging as a method of suicide Hunter et al. (1999) argue that attention is needed to counter the cultural acceptability of suicide more generally among indigenous communities. They recommend that there be "development of a strategy to address and counter current beliefs and understandings which view suicide as a reasonable and normative response to experienced pressures and emotional pain, and understandings which promote the notion that an individual is being encouraged or compelled to take their own life by others who have died in this way" (Hunter et al. 1999: 102).

Cantor et al. (1996) and De Leo et al. (1999) recommend that further research be conducted to determine the range of factors contributing to the major rise in hanging, particularly cultural factors, and to develop interventions to counter it.

➤ *Interventions aimed at psychological risk factors associated with hanging*

De Leo et al. (1999) identify a variety of options targeting psychological risk factors aimed at reducing suicide by hanging. Some of these are highly consistent with recommendations that have come out of projects focused on other approaches to suicide prevention. Options that are specific to the problem of suicide by hanging centred around their finding that rates of legal trouble are high among victims of hanging suicide. De Leo et al. recommend interventions targeting offenders aimed at ensuring they have access to counselling or treatment and care for mental health problems.

➤ *Research*

De Leo et al. (1999) proposed that there be further research aimed at clarifying patterns of hanging suicide across the states and territories and regions; enhancing

understanding of the psychological (eg impulsivity), psychiatric and psychosocial (eg legal troubles) risk factors associated with hanging; cultural factors that might underlie increases in rates of hanging suicide; and the impacts of hanging suicide on survivors including possible modelling effects from discovering a body.

What might work to reduce suicide deaths from firearms?

The Coastal and Wheatbelt Public Health Unit (1999) report that while there has been a decline in firearms suicides for the overall Australian population since the early 1980s, use of firearms for suicide among young males in rural areas increased during the late 1980s and early 1990s (Cantor and Coorey 1993). Males have had a greater propensity to use firearms as a method of suicide. Between 1995 and 1998, male suicides from firearms decreased from 18 per cent to 9 per cent of all male suicides in the age group 15-24 (ABS 1999).

Evaluation of the Coastal and Wheatbelt Firearms Project was conducted independently by the Centre for Health Promotion Research at the School of Public Health at Curtin University. The evaluation involved surveying an equal number of firearms owners and community members from the intervention community (n=1000) and a comparison community (n=1000), at baseline and following project implementation. A total of 442 firearm owners and 293 community members participated at baseline while 253 firearm owners and 457 community members participated at post-test. The overall response rate was 37 per cent.

There were a number of logistical problems that hampered the evaluation. Firstly the short time frame of the project (one year including development and implementation) and between the pre and post-test (three months) was too short to expect any significant impacts. Secondly the project took place shortly after major changes to firearms legislation and the national guns buy back scheme which involved mandatory surrender of particular kinds of firearms to police. This context makes it difficult to isolate impacts of the project. It also hampered the evaluation due to heightened political concerns and activity on the part of firearms organisations who actively discouraged participation in the project survey.

Nevertheless some indications of positive impacts were identified. It was found that 40 per cent of respondents had heard recent publicity about firearm safety. Both firearm owners and other community members accurately identified the key topic of the safety publicity (approved firearm storage cabinets). Of the firearm owners who were aware of the publicity, 18 per cent reported that they thought about and did something related to safety, and 10 per cent were prompted to purchase an approved cabinet.

The survey also found that a high proportion of firearms owners were aware of the importance of safe storage, with 87 per cent of post-test respondents owning

an approved storage cabinet. However, the majority of firearms were not necessarily stored in the cabinet. Up to 35 per cent of firearms owners with approved cabinets reported not always storing their firearms safely.

The survey examined a comprehensive variety of attitudes, knowledge, behaviours, practices and skills in relation to gun use and safety, and although the time line was too short to detect any changes, the evaluators consider that the information collected will provide valuable baseline data for the purpose of future evaluation.

➤ *Availability*

Australian and overseas studies have generally shown that the ready availability of firearms (particularly in the home) is associated with increased risk for suicide (Cantor and Lewin 1990; Brent et al. 1993; Kellerman et al. 1992; Lester and Leenaars 1993, cited in Coastal and Wheatbelt Public Health Unit 1999). Thus one of the reasons usually given for the higher rate of suicides using firearms in rural compared with metropolitan areas is the greater availability of firearms on farms.

Findings of data analysis conducted by the Coastal and Wheatbelt Public Health Unit (1999) are consistent with this. With a total population of 51,436 at the 1996 Census, the Wheatbelt area of Western Australia had a total of 8,974 gun licences and a total of 22,623 guns registered. This equated to 2.5 guns per licence holder. The area covered by Western Australia's Coastal and Wheatbelt Health Region was identified as having more than double the proportion of firearm suicides in comparison with the Western Australian average during the period 1986–95 (33.5 per cent vs 16 per cent). The crude rate of firearm suicide was 43 per 1,000,000 in the Coastal and Wheatbelt region while the rate for the Perth metropolitan area was 14 per 1,000.000 (Coastal and Wheatbelt Public Health Unit 1999).

Legislation has been a prominent approach to restricting the availability of firearms in Australia in recent years. Laws have been introduced in Australian states and territories which might limit the use of firearms for suicide by reducing or delaying access to weapons. Elements of the legislation include criteria which specify that licensed owners must:

- be a minimum age of 18 years (all states/territories);
- have completed training (WA, QLD, TAS, VIC, NT);
- meet standards of mental or physical fitness (WA), be a fit and proper person (SA, NT), must not have a physical or mental condition that might cause them to injure themselves or another person (ACT).

A licence may not be issued if there has been any previous attempt by the applicant to commit suicide or cause a self-inflicted injury (NSW).

➤ *A waiting period*

Given the element of impulsivity in many suicides, any strategy that makes planning necessary should also help prevent suicide. For this reason, most Australian states/territories have introduced legislation that makes it necessary to have a waiting period of 28 days (WA, QLD, ACT, NSW, VIC).

➤ *Gun storage/Firearm owner education*

It is necessary to provide secure storage of weapons (QLD, ACT, NSW, VIC).

It is not known to what extent the trend that began in 1987 of diminishing numbers of suicides using firearms, was helped by changes in federal gun laws in 1996.[3] Data from Queensland (Cantor and Slater 1995) provide preliminary evidence that firearm control legislation in that state reduced suicide rates by firearms as well as total suicide rates, especially among younger adult men. They recommend that attention be given to making firearm control legislation uniform among Australian states/territories.

The National Youth Suicide Prevention Strategy Project set in the Coastal and Wheatbelt Public Health Unit sought to address the availability of firearms by enhancing awareness in the population of the issues involved in firearm safety. A comprehensive variety of community education strategies were implemented in partnership with relevant agencies and authorities, which were informed by consultation with key stakeholders and focus groups with community members.

- A media campaign involving television advertisements, articles in local papers, a brochure and posters and opportunistic publicity promoted the key message of the importance of locking gun cabinets and storing the key securely.
- Voluntary police spot checks were conducted to examine storage facilities and advice provided to gun owners on improvements.
- A school program involved the development of a Firearm Safety Education Package designed to be presented to students from Year 9 to Year 11. The program comprises three 40 minute classroom lessons and one optional practical activity and can be incorporated into the existing WA health and physical education curriculum.

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3 Following the Port Arthur tragedy, the Police Ministers from all States and Territories met with the Commonwealth in May 1996, and agreed on new laws for firearm ownership. This involved the banning of semi-automatic and pump action firearms and a buy back scheme to encourage the surrender of the newly prohibited weapons. It became illegal to own newly prohibited firearms when the amnesty ended on September 30, 1997. Suicide by firearms does not depend on the weapon having a rapid-fire capacity, but the buy back nonetheless reduced the number of privately owned firearms. It is not possible however, to gauge the extent of this reduction because of the lack of baseline data. Three Australian states – NSW, Queensland and Tasmania – did not have comprehensive firearm registration systems before the gun law reforms.

- An education program entitled "4R Managing Youth Suicide Behaviour Program" was conducted with local genaral practitioners as part of existing Medical Advisory Committee meetings. Access to means, including firearms, formed an integral component of the sessions. This included advice GPs should give to patients regarding safe storage of firearms and information about legislation which covers doctors who need to break confidentiality to advise police to remove a firearm from a person at risk.
- A Community Education Package was also developed which was delivered via presentations to groups about the issues of firearms safety and suicide awareness.

The Coastal and Wheatbelt Firearms Project Team observe that the major achievement of the project was the development of a range of quality resources, protocols and procedures that can be readily used elsewhere. They recommend that the project, including all of its major components be implemented in other areas of WA and rural Australia. They further suggest that it be coordinated at a state level and implemented on a regional basis. The project final report contains more detailed reflection on the factors that facilitated and hindered effective implementation of project strategies and suggestions for improving on the work conducted in this project.

What might work to reduce suicide deaths from motor vehicle exhaust gas poisoning?

Motor vehicle exhaust gas poisoning is now the second most common method of suicide in Australia for both genders combined, after hanging, and accounts for 23 per cent of all suicide deaths in Australia (Skopek and Baume 1999). Analysis of data for the period 1960 to 1997 shows that along with hanging, MVEG poisoning has risen sharply since the early 1980s and shows no sign of plateauing. The increase in the rate of MVEG poisoning for males began almost a decade before the decline in firearms suicide, indicating that it is unlikely to be due to method substitution. Use of MVEG poisoning has also increased for females since the mid 1980s, and if current trends continue, will become more common than overdoses. Skopek and Baume note that this is particularly concerning as it suggests (along with the increase in the use of hanging) a shift towards the choice of more violent and lethal methods among females. While young people are less likely than adults to use MVEG poisoning, the trends towards increasing use of this method are consistent across all age groups.

Skopek and Baume (1999) report that MVEG poisoning is a particularly lethal means of suicide with a high mortality to morbidity ratio. They also report that it is associated with high morbidity among survivors. Approximately 70 per cent of cases require hospitalisation, with an average length of stay of 6 days, and up to

30 per cent of cases risk developing delayed and sometimes lasting neuropsychiatric symptoms including: Parkinsonism, persistent vegetative state, incontinence, mutism, gait disturbance, multifocal cortical dysfunction, deterioration of personality, psychosis and memory impairment. Serious cardiovascular problems as well as abdominal visceral infarctions, skin lesions and renal impairment are also associated with survival after MVEG poisoning.

Skopek and Baume argue that the findings of this project reinforce the urgent need to address the availability and lethality of this method in the Australian community.

With the aim of increasing understanding of the aetiology of MVEG poisoning, Skopek and Perkins (1998, cited in Skopek and Baume 1999) studied 30 survivors of deliberate exposure to MVEG and examined factors influencing method choice and circumstances of the act. Skopek and Baume (1999) report that the sample included in the Skopek and Perkins (1998) study were characterised by relatively low suicidal intent and high impulsivity and note the apparent discrepancy between this psychological state and the choice of a highly lethal method. Sixty per cent of respondents in the Skopek and Perkins (1998) study stated that an argument with their partner had precipitated their suicidal act. Only a minority had engaged in any significant planning for the attempt. Adjustment disorder with depressed mood was the psychiatric diagnosis made for the majority (77 per cent) of patients. Sixty-three per cent stated that the method's ease, painlessness and availability as the reason for their choice. Only 27 per cent stated that the known lethality of the method had influenced their decision. Skopek and Baume (1999: 46) also report that the respondents "described the method as highly acceptable and accessible emphasising the urgent need for reduction of access to this means of suicide".

➤ *Availability*

Overseas studies reviewed by Skopek and Baume (1999) suggest that the introduction of stricter guidelines for catalytic converters may have been associated with a decline suicide via MVEG poisoning. Skopek and Baume note however that catalytic converters in the bulk of the Australian car fleet do not comply with the most recent design standards. This is viewed to be a factor in the high rates of morbidity and mortality associated with deliberate MVEG poisoning in Australia. They recommend that current Australian standards for catalytic converters comply with the most recent international standards for carbon monoxide emission across all car manufacturers.

However, Skopek and Baume (1999) also note that the Australian car fleet is on average significantly older (11 years old) compared to car fleets in other countries (for example, seven years in the United States). Due to the time it will take to upgrade the Australian car fleet to comply with the most recent international standards, Skopek and Baume recommend the need for short and medium

term solutions. Also Moller, Hutchings and Evans (1998) observe that MVEG suicides can still occur using cars with catalytic converters. Effectiveness of converters can be reduced by tiny amounts of contaminants and destroyed by a tank full of leaded petrol. Moller et al. (1998) also report that unless a catalytic converter is sufficiently warmed up by exhaust gases, its efficiency is severely reduced. It takes 10-15 minutes before a converter is operating at peak efficiency, which is ample time to commit suicide. Even with a catalytic converter system working efficiently (that is, not producing carbon monoxide), an attempted MVEG suicide can produce dangerously low levels of oxygen.

Skopek and Baume (1999) recommend the installation of carbon monoxide detectors on all new motor vehicles produced in Australia and retrofits for existing vehicles. They advise a three gas (carbon monoxide, carbon dioxide and oxygen) sensor design because levels of carbon dioxide and oxygen affect the carbon monoxide level as well as the overall toxicity.

The results of Moller's (1998) feasibility study into an exhaust gas sensor system led him to conclude that a sensor system that monitors at least carbon monoxide and oxygen is feasible and would contribute significantly to reducing deaths and injuries associated with exposure to motor vehicle exhaust gas. The study produced a set of thresholds that could inform design of a sensor involving a graded warning system that is unlikely to lead to accidental triggering or undesired engine shutdown.

The study conducted by Moller, Hutchings and Evans (1998) explored the feasibility of the modification of exhaust pipes to make the attachment of hoses more difficult. It was found that it would be possible to design a tailpipe system that would prevent the effective attachment of the full range of commonly available hoses and pipes. Such an attachment could be fitted without interfering with engine performance and could also be used with older vehicles and vehicles of all sizes. Although a full cost assessment has not been conducted, Moller et al. estimate that an appropriate tailpipe attachment could be manufactured within a cost range of $5 to $10 per unit. The method is not foolproof as suicides could still occur without using a hose in a closed garage, but when no hose is used, the time taken to reach lethal concentrations of exhaust gas is increased markedly. Most suicides use the hose method, so this device could potentially reduce the lethality of 90 per cent of suicides using MVEG (Routley and Vulcan 1996, cited in Moller et al. 1998).

An Access to Methods Working Group comprising six persons representing researchers, government, the Australian Medical Association and services from various States and Territories oversighted the development and implementation of the National Youth Suicide Prevention Strategy Access to Means projects. In order to take further the recommendations that have emerged from the research into motor vehicle exhaust systems, the Australian Medical Association is providing secretariat support to an ongoing working party of

key stakeholders. The issue is also being considered within the National Injury Prevention Strategic Framework. The working party is currently concentrating on overseeing the design of the oxygen, carbon monoxide and carbon dioxide sensors.

➤ *Acceptability*

Skopek and Baume (1999) note that there has been little research examining issues surrounding the cultural acceptability of MVEG as a method of suicide but they nevertheless report several lines of evidence which they interpret as supporting the importance of cultural acceptability.

With regard to recent increases in the use of MVEG poisoning as a method of suicide Skopek and Baume (1999) observe that while these changes cannot be explained by changes in availability, there may be increased knowledge about the effectiveness of this method due to increased availability of information from sources such as the Internet. They speculate that fluctuations in rates of suicides by MVEG poisoning within the same country over time as well as between countries at any single point in time are more likely to reflect changes in the cultural acceptability of this method. This is also suggested by data indicating that use of this method varies between ethnic groups in Australia and that these variations reflect patterns in method choice in countries of origin (McDonald and Steel 1997).

Use of MVEG may have increased cultural acceptability for some groups because it does not have the violent visual repercussions associated with firearms and hanging. Skopek and Baume (1999) note that individuals appear to give consideration to who will find them and lessening the distress this may cause. Perceptions of the painlessness of MVEG poisoning offered as a reason for choosing this method by respondents in the study by Skopek and Perkins (1998, cited in Skopek and Baume 1999) also supports the importance of acceptability as a factor, as does evidence of the impact of modeling. Sixty per cent of respondents in this study named a specific person as being a model for their behaviour. Forty per cent of these knew someone personally who had used this method and 20 per cent named media representation of the suicide of a prominent male citizen as having influenced their decision. Another 23 per cent stated that the idea for the method had come from the media in general. In total, 43 per cent were influenced by media representation of suicide.

These findings suggest that further research and exploration of potential interventions might profitably be directed to better understanding the possible role of cultural acceptability in the choice of MVEG as a method of suicide with a view to informing the design of interventions that might be effective in modifying cultural acceptability.

Further attention may need to be directed to exploring the ways in which suicide is represented in the media. Skopek and Baume (1999) recommend that there be

restriction of the reporting or depiction of stories relating to suicide methods by print media, films and television programs.

Skopek and Baume (1999) also recommend that there be encouragement for research aimed at monitoring the impact of the Internet on method selection and its role in providing information about the availability and lethality of methods. They also recommend that restrictions be placed on sites that describe or encourage suicide.

Increasing the availability of information about the serious cardiovascular and neuropsychiatric problems as well as abdominal visceral infarctions, skin lesions and renal impairment associated with survival after MVEG poisoning is a strategy that may be effective in countering the attraction of this method for individuals who favour it due to perceptions that it is not associated with physical disfigurement. This option may be worth exploring in future research.

What might work to reduce suicide by jumping from heights and railway suicides?

Jumping from heights and in front of trains is a relatively uncommon form of suicide, with a national average of 107 and 79 cases respectively over recent years. Based on their analysis of recent Australian data the Australian Coroner's Society (1998: 2) found that "These suicides primarily involve single unemployed males in their 30's who live with parents, family members or partners in the metropolitan region … The majority of these persons suffer from a psychiatric disorder, with schizophrenia being the most common diagnosis. Persons affected with such disorders tended to be linked into a community mental health service and had recently been assessed as a low suicide risk".

These findings were observed as consistent with previous research which has also found railway and jumping suicide to be associated with high levels of psychopathology and clinical risk assessment methods to be highly unreliable.

People who took their lives via jumping from heights or in front of trains were also likely to have expressed suicidal intentions to family or friends on the same day and were in a sober state when they took their lives. There were some differences in the characteristics of individuals suiciding by these two means. People jumping in front of trains were more likely to be affected by substance misuse problems and be alcohol affected at the time of death. Jumping suicide sites tend to be "magnetic" in that they tend to be the sites for multiple suicides.

The Australian Coroner's Society (1998) makes a large number of specific recommendations aimed at reducing jumping and railway suicide. These include recommendations for: enhancing coronial and mental health service information systems; enhancing the assessment, treatment and care of patients within

mental health services; and enhancing crisis intervention services. Issues surrounding these types of interventions are discussed in other volumes of this Technical Report series. Only measures aimed at reducing access to sites for jumping from heights and in front of trains are described here.

➤ *Availability*

The main strategy for reducing access to means of suicide by jumping from heights or in front of trains is modification of the built environment so as to eliminate opportunities for jumping or falling. The Australian Coroners Society research illustrates that many of the issues surrounding the prevention of jumping and railways suicide are similar to or compatible with broader issues surrounding the safety of the wider public. Therefore measures recommended to reduce suicide via these means involve integration with strategies designed to improve public safety in general. For example, one of the major recommendations of the Australian Coroners Society is that the National Injury Suveillance Unit convene a Working Group involving a broad array of stakeholders, with a view to developing a comprehensive national injury prevention strategy for fatalities and accidents associated with (i) falls from great heights and (ii) railway vehicle collisions.

Some of the specific measures recommended which relate to both deliberate jumping from heights and to general public safety include:

- erection of effective barriers at all magnetic suicide jump sites;
- development of planning guidelines for the construction of 'non-lethal' buildings including regulations ensuring that barriers are erected in new public buildings and man made structures;
- introduce laws to eliminate access to dangerous sites until effective barriers have been erected; and
- states and territories in collaboration with local authorities to install telephone help lines at high-risk sites where effective barriers do not exist or are impractical;

While it is difficult to identify practical strategies for limiting accessibility for railway suicides, the report recommended that the National Injury Surveillance Unit work with railway representatives to develop a research and development strategy for safety technology.

General discussion

The popularity of particular methods of suicide changes between and within countries over time (Baume and Clinton 1997, cited in Skopek and Baume 1999). Furthermore, choice of suicide method is not usually random, but is influenced by a complex constellation of social, cultural, psychological, environmental and

physical factors, which precede the individual's decisions to end their lives (Skopek and Baume 1999).

Before and during the period of the National Youth Suicide Prevention Strategy, Australia has seen substantially increased rates of suicide among young males by hanging and motor vehicle exhaust gas (MVEG), and decreased rates by firearms. In 1998, hanging was the leading method of suicide for both males (nearly 64 per cent of male suicides) and females (52 per cent) in the age group 15-24 in Australia. For males, the second leading method of suicide was motor vehicle exhaust gas poisoning (11 per cent), and for females, poisoning by solid or liquid substances (17 per cent). Between 1995 and 1998, male suicides from firearms decreased from 18 per cent to 9 per cent of all male suicides in this age group (ABS 1999).

Proponents of "Substitution Method" theory suggest that deprivation of one method will force those wishing to self-harm to choose another. However, hanging and MVEG rates have increased at a significantly greater rate than firearm rates have decreased, so these increases cannot be explained simply in terms of method substitution.

> "Early speculation suggested that the rise in CO poisoning [MVEG] might have been due to substitution and may have resulted from the recent decline in firearm suicides. As the decline in male firearm suicides has been only one-third of the magnitude of the rise in carbon monoxide and hanging suicides, this suggested explanation appears to have limited validity" (Skopek and Baume 1999).

Moreover, the sharper rise in MVEG suicide began almost ten years before the decline in firearm suicides (Skopek and Baume 1999), again lending little support for method substitution.

Suicide methods vary in terms of lethality. One study has reported a lethality rate of 85 per cent for firearms, 80 per cent for hanging and 77 per cent for MVEG poisoning (Kleck 1992, cited in Skopek and Baume 1999). Lethality is partly affected by the length of time between initiation of the suicide act and death, and by the site of the suicide act, which both determine opportunities for intervention (Baume and Clinton 1996, cited in Skopek and Baume 1999).

Reduction of access to the more lethal means of suicide will increase the chance that help will be provided in time to prevent mortality or severe morbidity. Moreover the reduction of access to a lethal means of suicide can give young people time to reconsider their decision. Many who attempt suicide are ambivalent about wanting to die and many suicidal acts are impulsive.

The United Nations' guidelines for the development of national suicide prevention programs (United Nations 1996) recommended reduction in access to lethal methods of suicide. While it is not possible to remove access to all possible means of suicide, work done by the "access to means" projects suggests that further attention to this approach is warranted in Australia.

Recommendations and suggestions

It is recommended that:

5.1 The following steps be taken to reduce access to hanging as a means of suicide:

- further research should be conducted to (i) determine factors contributing to the major rise in hanging as a means of suicide and (ii) develop interventions to counter this means of suicide; and
- particular attention should be given to the development of culturally appropriate intervention strategies within Aboriginal and Torres Strait Islander communities.

(This is Recommendation 25 in the evaluation overview, "Valuing Young Lives".)

It is recommended that:

5.2 The following steps should be taken to reduce access to firearms as a means of suicide:

- continuing efforts to reduce the availability of firearms; and
- encouraging safe storage of firearms.

(This is Recommendation 23 in the evaluation overview, "Valuing Young Lives".)

It is recommended that:

5.3 The following steps should be taken to reduce access to car exhaust gas as a means of suicide:

- introducing legislation to enable implementation of a tailpipe system to prevent the effective attachment of the full range of commonly available hoses and pipes in new vehicles, and to make the system a necessary condition of the sale of used vehicles;
- introducing legislation to ensure that current Australian standards for catalytic converters comply with the most recent international standards for carbon monoxide emission across all car manufacturers;
- ensuring that research continues into the development of motor vehicle exhaust gas sensors linked to engine cut-out switches in vehicles;

(This is Recommendation 22 in the evaluation overview, "Valuing Young Lives".)

It is recommended that:

5.4 The following steps should be taken to reduce access to railways and jumping from heights as a means of suicide:

- requiring that the National Injury Surveillance Unit work with railway representatives to implement a research and development strategy for safety technology;
- requiring that appropriate authorities erect barriers wherever possible at high-risk jump sites;
- installing telephone help lines at high-risk sites where effective barriers do not exist or are impractical.

(This is Recommendation 24 in the evaluation overview, "Valuing Young Lives".)

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Index of projects referred to in this volume

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