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## **Proposal - Re Doctor on Campus at Victor Harbor High School and Potential for Expansion to other DECD sites in SA**

**8/5/2012**

**A Doctor on Campus presentation for**

**The Hon. Grace Portolesi MP Minister for Education and Child Development**

**Mr Keith Bartley, Chief Executive, DECD**

**By Colin Sibly – Coordinator Student Services (Counselling), on behalf of**

- **Victor Harbor High School Principal, Amanda O’Shea**
- **Assistant Principal (Wellbeing), Lindsey Cowper**
- **Sally Clarke (Student Counsellor)**
- **The Student Services Team, Victor Harbor High School.**

**For the Doctor on Campus Partners**

- **Dr Anke Doley, Dr Karen Humphrey and the Victor Medical Centre**
- **Victor Harbor High School**
- **Torrens House (Psychology) – Mr Chris Wigg (Clinical Psychologist), Ms Jane Pool (Social Worker /Psychologist)**
- **Southern Adelaide Fleurieu Kangaroo Island Medicare Local (SAFKIML)**

### **Background**

In recent years, and especially since Professor Pat McGorry became Australian of the Year in 2010, community and public awareness around the need to better serve the Mental Health needs of our population has grown. Prof McGorry and other Mental Health professionals have urged that the most effective means of alleviating long-term community impacts in mental health is by *early intervention*, specifically with adolescents. According to the Australian Bureau of Statistics “one in four young Australians had a mental disorder in 2007”, but “while the prevalence of mental illness is relatively high in young people, they have a relatively low use of mental health services”. [ABS 19/ 7/ 2010, *Mental Health of Young People, 2007.*]

Allowing teens with mental health needs to progress untreated to adulthood risks not only the wellbeing of the individual, but exposes friends and family to an ongoing social burden that in adulthood can become costly to manage. Effective treatment of adolescent wellbeing issues in a supportive environment, such as in a school setting, is an invaluable investment in long term community outcomes in mental health.

We are convinced that School Counsellors, with their overarching connections to students, teachers and families are ideally placed to identify students in our schools with elevated mental health needs. Moreover, given their trusted relationship with students Counsellors are also uniquely placed to instigate an intervention process, initially with a medical practitioner. This is especially true in country areas where stigmas associated with mental health issues are barriers for adolescents attending local Medical Clinics and sometimes for parents and families who may be daunted by the process.

Doctor on Campus at Victor Harbor High, an eight-year tested model of early intervention in adolescent mental health provides an innovative method of combining the expertise of School Counsellors, allied to clinical intervention in a community partnership setting involving Doctors from the Victor Medical Centre and elevated support via Torrens House (Psychology). This program has now attended to the mental Health needs of over 280 students drawn from the local area, with substantial benefit to participants that can be verified by participating Doctors, Psychologists, Counsellors, and by students and their families.

### **So why does DOC Work?**

- 1) Identification – by using information from parents / teachers / school leaders / students and their friends, our counselling team, like counsellors elsewhere, is ideally placed to find out when a student is emotionally unwell.
- 2) Trust – because of the trusted and confidential relationship that we enjoy with students, and common to Counsellors through DECD, using skills of empathy and enquiry we are able to determine not only that a problem exists, but the *extent* of the problem. How often, following a “heart to heart” discussion with a student do we find ourselves asking: “so who else knows about this”?
- 3) Triaging – Counsellors see students from all year levels for a myriad of reasons. A critical managerial responsibility for us is to determine which of the students are able to have their needs addressed by us within school support processes, and which have elevated needs requiring DOC referral – or recommended referral to their local doctor if a pre-existing arrangement is in place.
- 4) Brokering – drawing upon the relationship between student and counsellor, we are skilled at leading a student to agreeing to an intervention pathway.
- 5) Information sharing – A clear impediment to student involvement in an intervention process is the emotional hurdle of having to “tell their story” a second time to a Doctor or mental health clinician. We seek permission from students (they are often relieved about this) to prepare some “case notes” about what we have discussed to spare the challenge of re-telling to a “stranger”.
- 6) Parental involvement – beyond legal requirements, our aim is to involve parent /s / carers in the intervention and ongoing support process from the beginning. Parents are usually grateful, and often relieved to find that “something is happening” for their son / daughter.

- 7) Cost – a clear impediment for many families in mental health intervention is the fear of what this process might cost. When we reassure families that intervention at school under DOC Services is bulk-billed under Medicare (supported by SAFKIML [Southern Adelaide-Fleurieu - Kangaroo Island Medicare Local]), the expressed relief is almost palpable. From Day One with DOC, a key Social Justice component of our structure has been that no student will be denied access to support because of cost.
- 8) Confidentiality – a key element of DOC for students is the confidentiality of their process. Use of generic appointment slips and reminder processes means that for a student, their teachers and their friends are usually unaware that a DOC intervention is taking place.
- 9) Overcoming stigma – whilst awareness of community mental health needs has risen in recent years, stigmas associated in mental health intervention, especially in country areas still remain. To be seen at the local clinic with a “footy injury” is heroic, but to be spotted at the same clinic for mental health intervention still carries an awkwardness that is an impediment for many teens. DOC overcomes this key problem. Hence we have been successful in the difficult task of engaging boys in mental health intervention.
- 10) The initial Consult – DOC overcomes a key problem for medical practice, of a teenager presenting at the local clinic with a complex mental health problem, with a 15min appointment before a doctor with an already challenging appointment schedule for the day. From day one of DOC we recognised the importance of a 45minute initial consultation time being critical to doctor-student relationship building and a key to achieving positive clinical outcomes.
- 11) Teen Friendly processes – using a relationship-based approach, and appointment reminders via texting, DOC intervention is teen-friendly and comfortable for adolescents. Where interventions are not teen friendly, no matter how well intentioned they may be, they will be rejected by adolescents. We are ever mindful that our processes must be “chill” with teens, because beyond our confidentiality processes, teens are avid communicators!
- 12) Cognitive Therapy – a belief of the DOC team is that where possible, with support around key lifestyle and emotional health elements, many students are able to return to self-reliant functionality without the need for medication. Where medication is required, this process is managed, in association with parents by our Doctor. Mostly though, students improve through the primary tool of Cognitive Behaviour Therapy.
- 13) Post-Intervention Support – in concert with DOC clinicians a support pathway and process of ongoing referral and monitoring is instigated. Mental health planning commonly involves a mix of in-school and community connections (e.g. links to work places, sporting groups, volunteer organisations etc).
- 14) Self-Awareness – students who “get back on track” after DOC intervention are usually far more aware of their own mental health needs and self-help processes, often become better supports for their friends, and tend to be able to “self re-refer” when fresh needs arise. Such awareness levels may have longer term benefits for these individuals in their interactions with families and friends in later life. How often do we hear an adult say “I knew “Bill” was not doing well, but I had no idea how I could help”. DOC Services in schools are clearly allied to community goals in mental health.

## Where to From Here?

It is imperative that Education policy makers regard the issue of adolescent mental health, which can be a significant impediment both to learning and to functional progression to adulthood as a key element in planning and practice. Our school sees DOC as relating centrally to the *DECS [DECD] Learner Wellbeing Framework* and the need for tailored intervention for some students as part of a whole school approach to wellbeing.

We contend that the Doctor on Campus model is ready for offer to other SA secondary schools, especially in country areas, where a School / Local Doctor relationship can be implemented as we have done at Victor Harbor. Moreover, via our clinicians, and via our School - based experience, our DOC Services Team is placed to provide a template model of practice that could easily be adopted by other communities. An expansion of DOC to other schools could marry with Federal Government initiatives using Headspace structures, by facilitating a more effective initial consultation process in schools: teen friendly inclusive, and confidential.

Counsellors in SA schools (and others from interstate!) who have heard of DOC have urged us to share the operational model with them, but, so far we lack both the mandate and time within our current roles to do so. The expansion of DOC to other schools, no matter how desirous an outcome, must be DECD supported and overseen. Our experience in the operation of Doctor on Campus at Victor harbor is invaluable intellectual capital in expanding the program to other sites.

Simply put, Doctor on Campus overcomes a primary barrier in adolescent mental health management – *how to get kids to the doctor?* Our answer is – *bring the Doctor to the kids!*

Crucially, apart from curriculum areas such as Health and Physical Education, Education and Health Departments in SA operate largely as separate spheres of operation. To construct Doctor on Campus as a successful intervention model, we needed to embrace the concept that in the key area of adolescent mental health these spheres intersect, and can be mutually supportive in achieving best outcomes.

We believe that it is time for DECD take a leadership role and to embrace the opportunity that Doctor on Campus presents. We suspect that a large number of schools would wish to establish a DOC partnership as we have done, and that the inherent adaptability of the DOC Model would suit the individual needs of many schools. To expand the DOC model to other sites would be an innovation in Mental Health intervention, not seen elsewhere in Australia. Improved adolescent Mental Health outcomes for our students should be one of DECD's primary objectives.

## Suggested Pathway for DOC Expansion

A process leading to successful expansion of Doctor on Campus to other SA School sites could include–

- Following an initial meeting at VHHS, 8/5/12 a planning and implementation process is established involving key DECD personnel and experienced DOC Services operators.
- An initial communication process with Regional Directors / Principals / School Counsellors in targeted Country / Rural Schools offering initial DOC information sharing.
- Consultation with individual schools.
- Using a “list of interested schools”, enlist the support of SA Health to info-share about DOC process using
  - a) Information from VMC Doctors (esp Dr Anke Doley)
  - b) Information from Chris Wigg, Jane Pool c/- Torrens House Psychology.
  - c) Information from SAFKI Medicare Local to other rural General Practice Networks.

- Assist schools with the “Partnership Development” process (in some areas, with GPN support, a partnership might follow the VHHS model, or in other regions one doctor might service more than one site, eg Mount Gambier with two secondary campuses, or in a Regional area, eg Riverland where a multiple-site process could be preferred by the stakeholders). Consultations with SAFKI Medicare Local Executive Clinical Director, Dr Helena Williams, has drawn strong support for an expansion of DOC Services to other Medicare Local regions in SA using the VHHS model, adapted to local contexts. She contends that such an approach, dovetails with planning strategies favoured by Medicare Local in rural SA.
- Psychologist and Psychiatrist services could be linked to DOC programs via private providers supported by Medicare Local as at VHHS or by drawing upon clinicians linked to federally funded Headspace Centres (eg Headspace Murraylands, Murray Bridge, or Headspace Riverland at Berri). Significantly, Headspace consultation is accessed by Doctor referral thus underlining the relevance of DOC in this process, especially where a Headspace Centre is within reach of the local school.
- Site visitation to new DOC sites, as required or requested, linking with stakeholders.
- Detailed DOC guidelines shared with information for
  - a) General for school communities, including information for Parents, Teachers, Students, local health delivery agencies.
  - b) Specific for Counsellors including
    - ✓ Physical site needs.
    - ✓ Mandated requirements, eg information sharing, permission, confidentiality.
    - ✓ Pre/post consult processes, case review, forms, records etc.
    - ✓ Practical engagement processes with students.
- Ongoing support for new DOC schools via an established support structure drawing on VHHS DOC experience.
- Shared outcomes with Federal Minister of Health and Ageing.
- A DOC Implementation Review process, determined by DECD linked to Health SA / Medicare Local.

## **Conclusion**

We believe that the innovative work done at Victor Harbor High School, in partnership with the Victor Medical Centre in initiating and operating Doctor on Campus, provides a tested and successful template in early intervention in mental health that is ready to share with sites elsewhere. Several schools have requested DOC background information from us and are keen to implement a similar program to benefit their school communities.

Doctor on Campus is a multi-award winning early intervention program that has won wide acclaim in Health and Education circles both in SA and interstate. At the plenary session of the National Positive Schools, Mental Health and Wellbeing Conference, May 2011, noted Adolescent Psychologist Dr Michael Carr-Gregg told 700 delegates that “the Doctor on Campus early intervention program at Victor Harbor High is the best program of its type that (he was) aware of in Australia” He went on congratulate our school for this “outstanding initiative”.

We think it is time for Doctor on Campus model to be shared with other schools in SA, to make a difference in the lives of teenagers in other places, as it has done in Victor Harbor.

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## **Contacts**

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