MHP initiative evaluation

Final report

March 2023

dandolopartners

This document

The Victorian Department of Education and Training engaged dandolopartners to evaluate the Mental Health Practitioners initiative.

Background to the work

- In 2019, the Department of Education and Training (the Department) introduced the Mental Health Practitioners (MHP) initiative to expand mental health and wellbeing supports in schools.[1]
- The initiative:
  - Provides funding for government mainstream and specialist schools with secondary-aged students to recruit an MHP.
  - Adopted a staged Area-based rollout approach for mainstream schools. Implementation began in 2019 and, from late 2021, the initiative has been rolled out to all Areas. All specialist schools received funding to recruit an MHP in Term 1 2021.
- dandolopartners (dandolo) has been engaged by the Department to evaluate the MHP initiative. The purpose of dandolo's evaluation is to assess the initiative's design, implementation and impact on student outcomes.
- dandolo's evaluation commenced in August 2020 and runs until December 2022. The evaluation included four interim reports and a final report. This is the final report that will be produced as part of the evaluation.
- This report summarises our summative assessment of the initiative and key findings from our fifth and last research and fieldwork cycle.[2] It seeks to answer four key questions:
  - How many MHPs are schools?
  - What do MHPs do in schools?
  - Did the structure of the MHP initiative maximise the its chance of success?
  - What are the outcomes of the MHP initiative?
  - What are students saying about the MHP initiative?
- This report also includes information about future considerations for the MHP initiative.

Document structure

This report includes summative findings about the initiative's implementation and outcomes.

[1] See Appendices 1a-1c for an overview of the initiative, key roles and scope.
[2] Periods of data capture may slightly differ due to newer or updated fieldwork tools. For example, some questions were only asked in the latest MHP survey whereas others we included in all of them. We use the most up-to-date data where possible.

Executive summary

The MHP initiative is addressing the mental health and wellbeing needs of most funded Victorian schools largely through direct counselling support to students. MHPs are supporting more complex cases than originally intended which is creating some challenges, but schools value the initiative as an integral part of their wellbeing infrastructure.

How many MHPs are in schools?

At the time of reporting, the MHP initiative had rolled out to all eligible schools and a total of 90% of schools had recruited an MHP.

Some schools are facing recruitment challenges because of demographic factors and/or low full-time equivalent (FTE) allocation, but schools and the Department are making effective efforts to mitigate these:

- Schools often supplement the funded MHP role with additional funding, or fund clinical support themselves.
- The Department offers alternative funding arrangements and support from Mental Health Coordinators (MHCs).

Pages 5-7

What do MHPs do in schools?

Direct one-to-one counselling is by far the most common activity of MHPs:

- From rollout to July 2022, MHPs provided at least 75,000 sessions to 15,000 students in Victorian schools.
- General mental health and social / emotional issues are the most frequent presenting issues.

COVID-19 has shifted MHP practice and expanded the scope.

Only half of all MHPs have delivered staff capability building or mental health promotion activities.

Pages 9-14

Are the structures of the MHP initiative maximising its chance of success?

The implications of MHPs operating outside of the intended scope of practice brings the most risk.

The effectiveness of the initiative is significantly impacted by certain initiative infrastructure.

- Some structures, such as minimum qualification requirements for MHPs, enable more effective support for students. Others, such as low FTE allocation, can impact on effectiveness.

The Department has been responsive and iterated the program in minor and significant ways. Whilst all these changes are valued, they have seen varied success.

Pages 16-26

What are the outcomes of the initiative?

Recognising it is too early to have a full view of mental health outcomes, impacts of direct counselling are positive as students:

- Have improved access to mental health support in a safe and supportive environment .
- Report positive experiences with MHPs.
- Report increased mental health literacy.

Please see the following page for more detail on student perspectives.

When MHPs deliver mental health promotion or upskill staff it is positive. Lack of capacity and/or buy-in from school leadership can be a barrier to this work.

Pages 27-32

Future considerations

We have identified considerations across 6 areas which could:

- Address the expanded MHP role scope and need for additional support for MHPs.
- Enable MHPs to deliver more well-rounded mental health supports across the three tiers of intervention.
- Improve the application of the MHP initiative in specialist schools.

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Student impact summary

MHPs provide students with accessible mental health services.

Proximity: MHPs are conveniently located and are accessible during school hours. Students comment that if it hadn't been provided in school, they wouldn't have access mental health services like counselling. In rural communities, this is especially important where services are less accessible.

Affordability: MHPs are an affordable option for students to accessing mental health service, especially for those whose families cannot afford to do so. For other free services, the cost of travel can be an additional financial barrier.

Consistency of support: Students can see MHPs on a regular basis with a consistent point of contact, unlike other external providers where students might see them at less frequently or be seeing various counsellors / therapists.

Autonomy for mature minors: Students can receive mental health support if their family would not have allowed it otherwise by applying the mature minor policy.

All students we spoke with in mainstream schools reported a positive experience with their MHP.

Students can trust their MHP.

Some students say that although they may not trust their teachers or other staff, they trust the MHP to understand them and listen to them.

One student describe being assisted by the MHP during a crisis and that they did not trust the teachers and other staff who tried to help. They turned to the MHP because they could trust that the MHP knew what to do.

Several students spoke about how they trust the MHP because they feel like there was more of a separation between their role and other staff in comparison to the Wellbeing team who were perceived to be more connected to other teachers.

MHPs are non-judgmental and treat them like an equal. All students reflect that the MHP is a good listener. Students say that their MHP makes them feel like their problems are being listened to, understood and taken seriously.

MHPs provide individualised support. Students generally comment that the MHP can give them a plan that suits them and their needs. Students speak positively about the MHP's ability to listen attentively and provide them with the ability to understand their own emotions.

Students we spoke to report increased mental health literacy through MHP support.

MHPs help students with their emotional regulation and coping strategies. 80% of students who see an MHP start implementing coping strategies or structure plans provided by their MHP and find them valuable. Students also report feeling calmer and less angry after sessions, both immediately and in the long-term.

MHPs help students change their perspective on how to react to other people and situations. Some students reflect positively about getting help to understand the perspective of others and being able to empathise and better relate to those around them.

MHPs use techniques such as emotional regulation and sensory modulation. Students who cite learning about sensory modulation or distraction techniques to use in class say it helps them behave more appropriately in class, concentrate better, and engage in schoolwork.

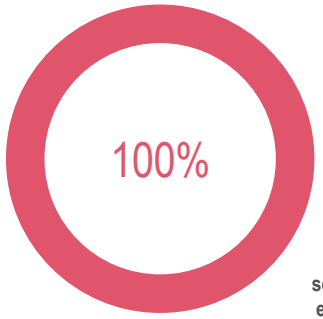
MHPs provide students with useful language to use when talking about mental health. Students describe that it feels empowering to learn about mental health frameworks and be able to put a name to some of the feelings or emotions they have. This helps students better communicate their feelings to their peers, staff and family.

Recruitment and retention of MHPs

Program rollout

The initiative has successfully placed an MHP in about nine out of every ten Victorian schools.

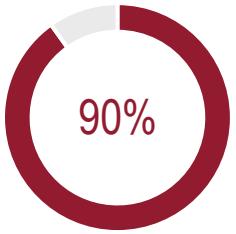
Funding is now available to 100% of Victorian government secondary and specialist schools



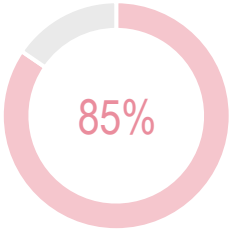
469 total schools are eligible for MHP funding

89% of Victorian schools have successfully hired an MHP…

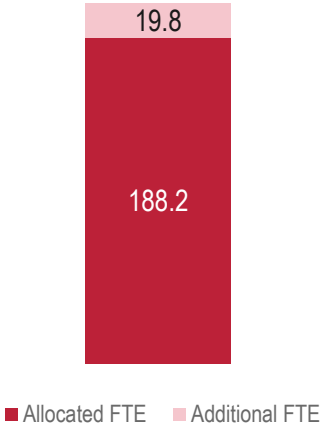
Proportion of mainstream schools who have **ever had** an MHP.



Proportion of specialist schools who have **ever had** an MHP.



…and schools are contributing to MHP FTE to increase the hours of support



111 schools have an MHP for a greater FTE than their intended allocation. In total, schools are contributing an additional 19.8 FTE-worth of MHPs as of August 2022.

The number of schools who *currently* have an MHP has stabilised to around 80%.

The reason why 20% don't have an MHP at any one time is predominantly because:

- This figure includes MHPs who are on leave.
- Some schools are currently 'in between' MHPs and are in the recruitment process

However, there are some schools that are facing long-term recruitment challenges, and a very small proportion who are yet to engage with the MHP initiative.

The average time each MHP spends providing mental health support is rising as schools increase the FTE of MHPs.

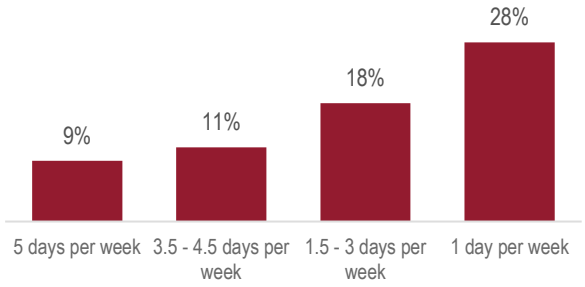
> *"Our school's FTE allocation is 0.6, but we top up above VPS level 4 and to fulltime … For a school our size, we've got a large wellbeing team. We've invested in our team to match demand."*
> - Mainstream school principal

Source: dandolo analysis of MHP initiative appointment data (as of June 2022).

Distribution of recruitment challenges

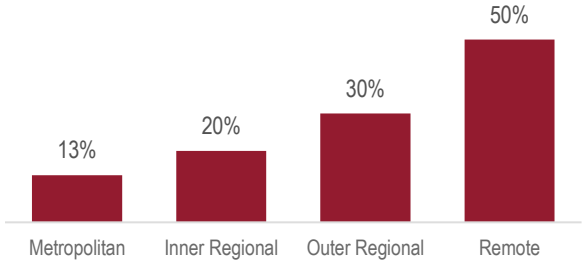
One out of five schools do not currently have an MHP. These schools are more likely to have a lower FTE allocation…

Proportion of schools currently without an MHP by working days of role



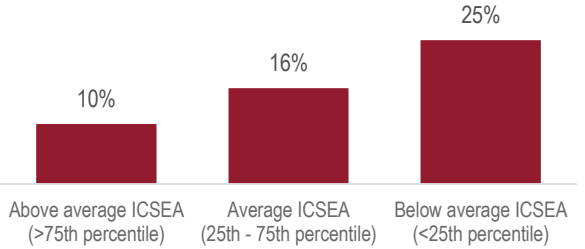
…to be in outer regional and remote areas…

Proportion of schools currently without an MHP by geographic location



…And more likely to be in disadvantaged areas.

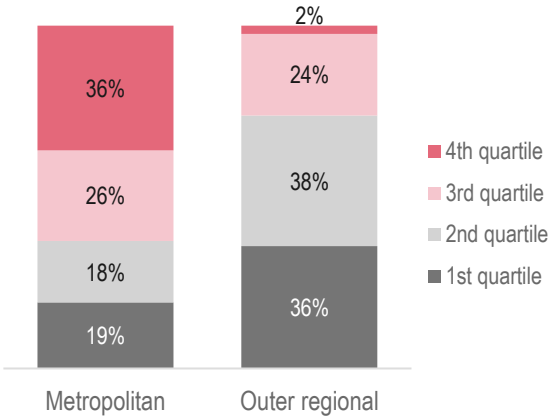
Proportion of schools currently without an MHP by School ICSEA score[1]



The Department allocates MHP funding according to school enrolment size. The largest mainstream schools typically receive funding for a full-time MHP, while the smallest schools receive funding for an MHP who works one day a week.

> *"The time fraction we receive is 0.4 FTE. We operate around 1.2 FTE and are paying for the difference."*
>
> - Principal at mainstream school with two MHPs

Proportion of metropolitan / outer regional Victorian schools in each ICSEA quartile



The effects of school location and disadvantage have a compounding impact on recruitment challenges.

74% of regional schools are more disadvantaged than average, whilst only 37% of metropolitan schools are. This means that regional schools face disproportionate challenges in securing MHPs

Regional areas have a less-qualified pool of applicants.

Regional schools said that they not only have a very small pool of applicants to choose from, but those that do apply also tend to have less experience than those applying in metropolitan areas.

[1] ICSEA is a scale that represents levels of educational advantage. Every school has an ICSEA value on a scale which has a median of 1000 and a standard deviation of 100. ICSEA values range from ~500 (representing schools who teach more students from socioeconomic disadvantaged backgrounds) to ~1300 (representing schools with more students from higher socioeconomic advantage backgrounds).

Source: dandolo analysis of MHP appointment data (as of April 2022), ACARA's My School data (accessed in April 2022).

Note: Some analyses appear to fall slightly short of 100% due to rounding issues.

Strategies to attract and retain MHPs

Schools are proactively responding to recruitment and retention challenges by increasing incentives for MHPs. The Department is also providing flexible support.

School approaches

Promoting MHPs to higher levels

Some schools are promoting existing MHPs to levels higher than their official ascribed classification (Education Support Class: Range 4). This can increase retention by offering attractive salaries more competitive with other options for prospective MHPs and recognising MHPs' skills and expertise.

Not all schools are able to adopt this strategy.

Topping up FTE

Schools allocated a part-time MHP sometimes pay for additional capacity to increase retention. Other reasons for doing so include:

- The schools' student population has increased since FTE allocation calculation.
- The broader demand for mental health support has increased since COVID-19.
- More face-to-face time to integrate the MHP to the school community.

Covering the cost of clinical supervision or professional registration

Often schools will cover the cost of clinical supervision. Leadership at these schools typically have greater awareness, knowledge, and place more importance on wellbeing compared to other schools.

One MHP we spoke to said that covering the cost of professional registration was standard in her profession and the fact that her school was willing to cover that cost was a key reason why she remained working in a school context.

Supplementing the MHP role with another role

Some schools with lower allocations have been offering one person the MHP role and another role to increase FTE overall.

Both schools and MHPs acknowledge that this has been successful in retaining MHPs but did say that the distinction between roles could get blurred and there can be difficulties balancing the time capacity for each role.

Departmental support

Support through the Mental Health Coordinator (MHC)

MHCs provide Area-level support to MHPs and the schools they work in. One of their primary roles is supporting schools in the recruitment of MHPs, and activities can include:

- Joining the interview process and providing advice
- Working with local schools or mental health service providers to partner to hire a single MHP who's employment is split across multiple campuses
- Providing advice around combining the MHP role with an existing non-MHP role to allow for fulltime work for the MHP.

Alternative Funding Arrangements (AFA)

The Department offers AFAs for schools who have either consistently demonstrated difficulties in recruitment, or contexts where an MHP would not be an effective or appropriate support. Securing an external service providers and increasing time fractions of an existing staff member are the most common forms of AFAs.

15% of specialist schools and 2% of mainstream schools currently engage with AFAs.

Other Departmental support includes:

- Engagement with professional bodies to promote MHP roles.
- Hosting state-wide webinars with principals to discuss and share attraction and retention strategies.
- Promotion of MHP roles through Department social media and broader Victorian Government's career website.
- Engaging with universities to promote MHP roles to graduates.

MHP activities and services

MHP activities

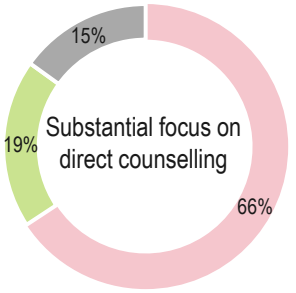
Direct counselling is the most common activity for MHPs by a significant margin.

The MHP role was intended to include capacity for counselling as a short-term, interim solution for students suffering from mild-moderate mental health issues.

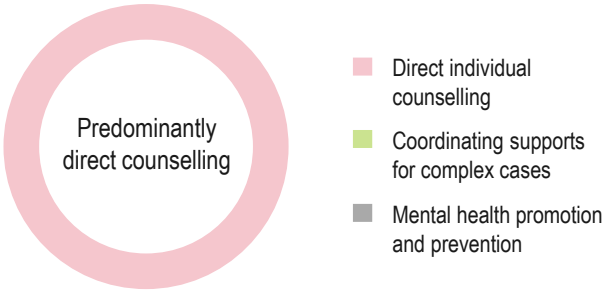
Direct counselling has since become the dominant activity for MHPs.

Intended distribution of MHP support activities

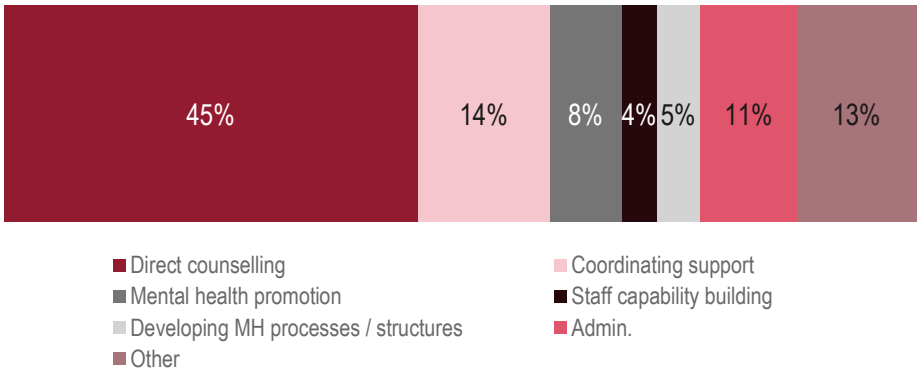
Actual distribution of MHP support activities*



In 15% of schools, MHPs provide exclusively or almost exclusively direct counselling



Proportion of time spend on activities



MHPs said that they spend most of their time delivering individual counselling because:

- **There is an increased need for individual counselling supports**. Both school leaders and MHPs across different schools said that the need for individual supports has increased significantly due to COVID-19.
- **Their school leaders expect them to primarily deliver individual counselling services** (more information on page 11).
- **They are most confident in delivering individual counselling sessions**. Most MHPs said that they are most familiar with and experienced in providing individual therapeutic supports.
- **Their FTE allocation only allows them to support individual students**. Those who work for up 1-2 days a week said that they do not have time to plan and run staff capability or school-wide mental health promotion sessions.

Source: dandolo analysis of 2022 MHP time use survey (n=143).

Direct counselling

The MHP initiative has provided counselling support to thousands of students across Victoria. Students most commonly seek direct counselling for general mental health, and social / emotional issues.

Since the rollout of the initiative until July 2022, MHPs in Victoria have delivered*:

74,535 sessions

Of direct one-on-one counselling support.

over **64,576 hours**

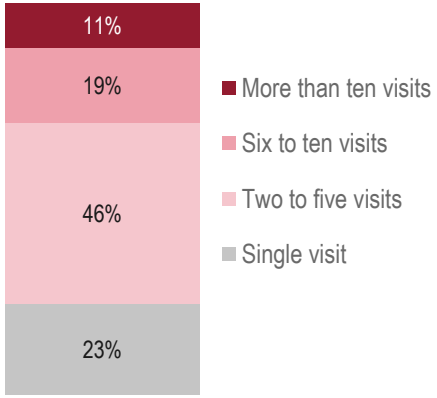
Including 33,000 hours for students presenting with mental health concerns and 17,000 hours for students presenting with social / emotional concerns.

to **14,717 students**

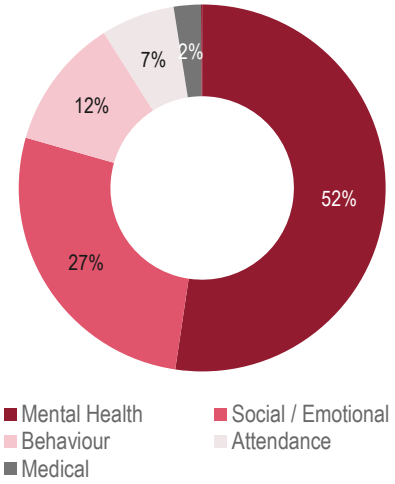
The state-wide average of MHP to student ratio was 1:16. This varied greatly across Areas, with MHPs in urban areas managing higher caseloads.

77% of students had more than one counselling session with their MHP.

- Nearly half of the students (46%) had between two and five sessions, while 30% had six or more.



The proportion of individual counselling time MHPs spent on primary presenting issues



The most common presenting issue in students for direct counselling was mental health related issues. These include:

- Excessive worry / anxiety: MHPs spent a quarter of their counselling time on this issue.
- Sadness / depression: MHPs spent 8% of their time supporting students with this.
- Trauma: 5% of the total time MHPs spent counselling was on this issue.

Social / emotional issues are the second most common presenting issue:

- Family concerns / parenting: 16% of counselling on emotional issues was spent on this issue.
- Adjustment / transition: 14% of time on emotional issues was spent on this issue.
- Family conflict / violence: 15% of MHP time on social / emotional issue counselling was to support students to deal with conflict and / or violence at home.

*This only includes sessions that were appropriately logged through the MHP Caseload Reporting Tool. The actual figure is higher.
Source: MHP Caseload Reporting Data from Term 3 2019-Term 2 2022

Mental health promotion and staff capability building

MHP's mental health promotion work varies in shape and frequency, but it is valuable when it does occur.

Examples of mental health and wellbeing promotion work include:

In-class sessions

Some MHPs run class or sub-year level sessions on mental health issues. These sessions also provided an opportunity to raise students' awareness of the MHP in their school.

Schools find this valuable because:

- Staff reported that these sessions are highly relevant to the main issues affecting the student group at the time.
- These sessions also provided an opportunity to raise student awareness of the MHP in their school.

Group sessions

Some MHPs organise group support sessions for students – and sometimes staff – with similar circumstances. The intention is to provide an opportunity for people to share experiences and provide an efficient form of support given the high 1:1 counselling load.

Schools find this valuable because:

- Compared to external group supports, programs can be tailored to the contextual needs of the students.
- MHPs have occasionally provided mental health support for staff – usually in response to a traumatic school-wide event. Staff typically find this very valuable, however this is not within the scope of the MHPs' role and MHPs and MHCs are aware of this.

"Our MHP is phenomenal at getting out there and doing proactive work. He co-facilitated a 6-week program in home room classes touching on friendship, mindfulness, worry and anxiety, and respect. It supports the teachers and helps get the MHP's name out there."

- Mainstream school assistant principal

Being in the yard

Some MHPs set aside time each day to chat or play games with students in the yard as a means to understand what issues were present for students.

Schools find this valuable because:

- School staff thought that an MHP being visible in the school yard was important as a strategy to raise awareness of the MHP and for students to feel comfortable around them.

"[The MHP] did a lot of work in getting kids to school and often times the experiences of children at home are not good and their perspective of social workers is even worse."

- Mainstream school MHP

Most staff upskilling is:

Sessions / presentations

Staff upskilling sessions are MHP-led presentations on a particular wellbeing area, or reflection sessions. These are usually dependent on the MHP's area of expertise, or a topic of concern identified by the school leadership / health and wellbeing team.

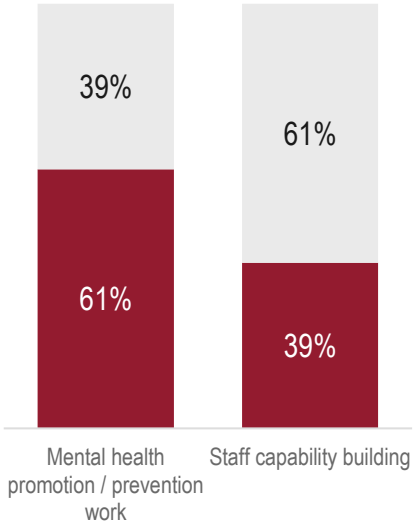
Schools find this valuable because:

- Staff feel more empowered to identify possible mental health issues in students and feel equipped with the appropriate language to engage with them.
- MHPs reported that staff feel compelled to play a more active role in supporting student mental health after attending their sessions.

Barriers to non-counselling work

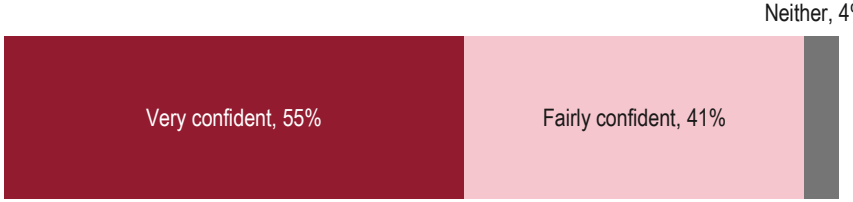
Half of all MHPs have not delivered any mental health or staff capability activities despite feeling confident to do so.

Since their recruitment, proportion of MHPs who prepared or delivered at least 1 session of:



Many MHPs we spoke to had only delivered a single session near the beginning of their employment before focusing on direct counselling.

MHP confidence in delivering whole of school activities



The acute need for direct counselling and the pressure to deliver it are the greatest barriers to MHPs delivering other activities.

Some MHPs were attracted to the role because of the focus on prevention and potential to improve school-wide attitudes and approach to MHPs. MHPs also often identify mental health prevention activities and staff upskilling as the areas where they could have the most impact.

However, most MHPs are restricted in their capacity to deliver them because:

With the high need for counselling, they don't have the time **and/or** **They feel pressured by school leadership to focus on 1:1 counselling**

(Regarding running staff sessions) *"Here, we get external people. If I wanted to run with something, the school would be on board with it. It's more about the time factor – preparing and the amount of research. It would just be too time consuming."*

- Mainstream school MHP

"'Different schools use the role very differently. At this school, the approach to mental health and wellbeing isn't as advanced, so my roles is 85-90% counselling. The other school is further along in their understanding so they see the benefit and take advantage of the school wide approaches."

- Mainstream MHP who works at 2 different schools

MHPs are also less likely to run mental health promotion or staff upskilling activities if:

- They work part time.
- They find it difficult to integrate these activities with existing school plans.
- In rare cases, they don't feel confident in delivering these activities.

Source: dandolo analysis of MHP time use survey April 2022 (n=125) and analysis of engagements with MHPs.

Practice adapted to changed needs of COVID-19

COVID-19 significantly impacted student mental health, which fundamentally changed MHP practice.

Demand for mental health support increased

MHPs and other school staff report more students needing mental health support and needing support more often.

"I think the difficulty is exacerbated because COVID-19 / lockdowns / remote learning increases the need for mental health support." Mainstream school MHP

The complexity of mental health issues increased

"There are no mild or moderate cases right now." Mainstream school MHP

"We all went through COVID-19, so every single student is carrying some trauma." Mainstream school MHP

External services became – and continue to be – overburdened

Mental health support services, such as Kids Helpline, saw calls increase by up to a third during lockdown periods, and Victoria also experienced the greatest spike in Medicare mental health services usage relative to other states and territories.

MHPs had to shift to online or phone service delivery during lockdown periods

This impacted MHP practice because:

- Group support and staff upskilling were more difficult to facilitate and less effective when delivered remotely compared to individual counselling.
- Not all students were well set up for remote counselling, and many students and their families lacked the technology, technological capability, a private area and / or the internet speed to receive effective support.
- MHPs found online counselling generally less effective than in-person delivery.

MHPs are heavily focusing on direct counselling to address the immediate need

School principals and to a lesser extent MHPs feel that the acute, immediate need for direct counselling trumps the need for preventative strategies. Most of these principals do intend for preventative strategies to take place, but not for the foreseeable future.

Students cannot access other external services, and MHPs feel pressure or compelled to provide support

Since the onset of COVID-19, access to external services like Headspace faces a wait of around 6 months. Emergency services are still responsive, but many students are suffering mental health issues that are too complex for school-based support to address, but not severe enough to warrant emergency intervention.

Almost every MHP is providing support for students in this situations, as they see it as the only form of support these students would have access to.

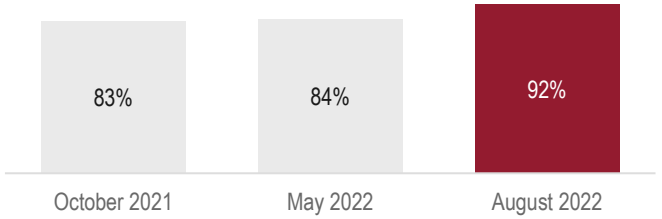
"I can't just say 'Hey thanks for sharing that with me, can you just keep that on ice for 6 months until someone can see you?'" Specialist school MHP

Most MHPs operate outside of intended scope

MHPs are increasingly operating outside of their intended scope of practice and are aware that they are doing so. The most concerning activity is providing support to students with complex mental health needs.

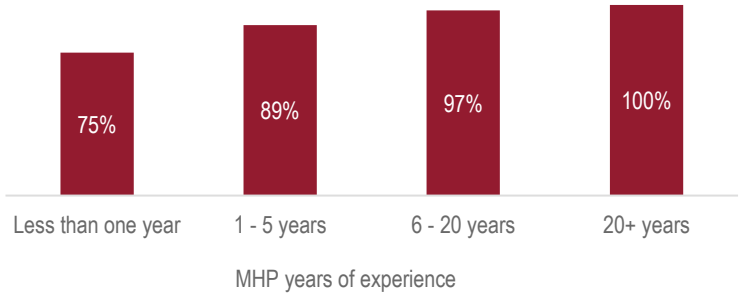
The number of MHPs operating outside of scope is increasing…

Proportion of all MHPs who report delivering services beyond the role scope



It is correlated with MHP experience…

Proportion of MHPs who provide support for complex cases



And MHPs are aware that they are doing so

"Look, I know it's not part of what I'm supposed to be doing but someone's got to."
- Specialist school MHP

"I'm comfortable going out on my own, it'd be hard to only work within the mild and moderate space."
- Specialist school MHP

MHPs are consistently delivering support beyond this prescribed scope of their role. The most common ways are:

Providing direct counselling to students with complex needs

Almost every MHP reported that they counselled students who have a high risk or face complex mental health issues.

This is a serious concern, and the biggest risk facing the initiative. This issue is expanded on pages 18-19.

Providing direct counselling to students with needs that are too 'mild'

This typically includes providing support to students with behavioural issues. MHPs attributed this mainly a lack of teacher understanding of the role of the MHP and / or mental health more broadly.

Providing extended counselling to students beyond the session limit

Source: dandolo analysis of MHP time use surveys 2021 – 2022 and analysis of engagements with MHPs.

Programmatic structures

Did the MHP initiative structure maximise its chance of success?

There are four major elements of the MHP initiative's infrastructure that impact its effectiveness.

Core settings of the program

1. Professional requirements

The minimum qualification and professional registration requirements of MHPs adds an experience, knowledge and a clinical mindset that most schools would otherwise not have access to.

2. Employment arrangements and structures

Principals value their recruitment and management responsibilities of MHPs, but do not share the clinical knowledge and understanding to make the most appropriate decisions.

3. Scope of practice

The prescribed scope of practice does not reflect actual MHP activity, and the initiative support infrastructure is not set up to cater to the majority of MHPs who operate outside of scope. This creates significant risk for the MHPs, schools and the Department.

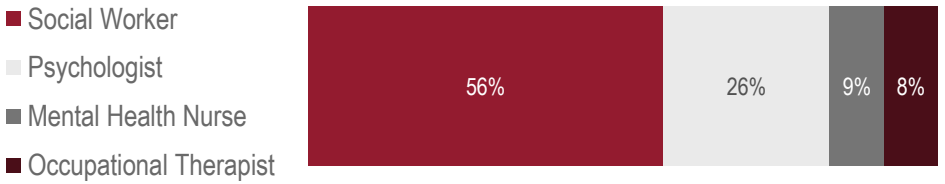
4. FTE allocation

Schools with higher FTE allocation are able to provide greater support to their school. Current FTE allocations don't necessarily reflect the mental health needs of some schools, especially in specialist schools.

1. MHP Professional requirements

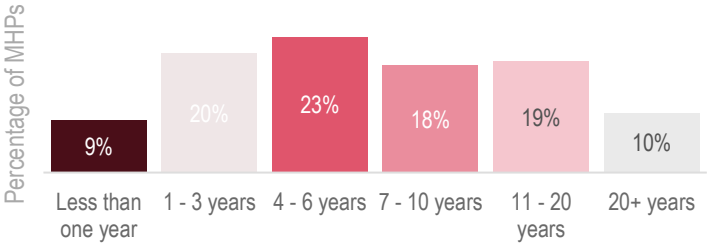
The professional requirements of MHPs adds an experience, knowledge and a clinical mindset that most schools would otherwise not have access to.

MHPs must have professional histories in at least one of the following:



More than half of MHPs are social workers and one quarter are psychologists.

The number of years that MHPs have worked in mental health



41% of MHPs have worked in mental health for 4-10 years. Mental health nurses tend to be more experienced.

Schools are increasingly seeing the value of the experience and knowledge that MHPs bring to their school. This is evidenced by:

Principals observing increased mental health outcomes for students, which they attribute to the support provided by the MHP.

Some schools advertising a higher salary than funding provides or increasing an existing MHPs salary.

In schools where MHPs have had the opportunity to deliver upskilling for staff, participating staff reflect that it improved their mental health understanding, identification of mental health concerns, and resulted in them implementing better communication strategies with students who are struggling with their mental health.

Placing MHPs in leadership positions alongside the school's health and wellbeing (HWB) leader / coordinator. This can mean:

- The MHP designs health and wellbeing strategies, typically in collaboration with the HWB leader.
- Less experienced HWB team members observing and learning from the MHP.

Source: dandolo analysis of the Department's Mental Health Practitioners Questionnaire as of June 2022 (n = 432).
*Note that this may include some MHPs who have resigned.

2. MHP Employment arrangement and management structures

Principals value their recruitment and management responsibilities of MHPs, but do not share the clinical knowledge and understanding to support some management decisions.

Principals value their roles and responsibilities within the MHP initiative, and see that arrangement as a key strength, particularly in terms of recruitment:

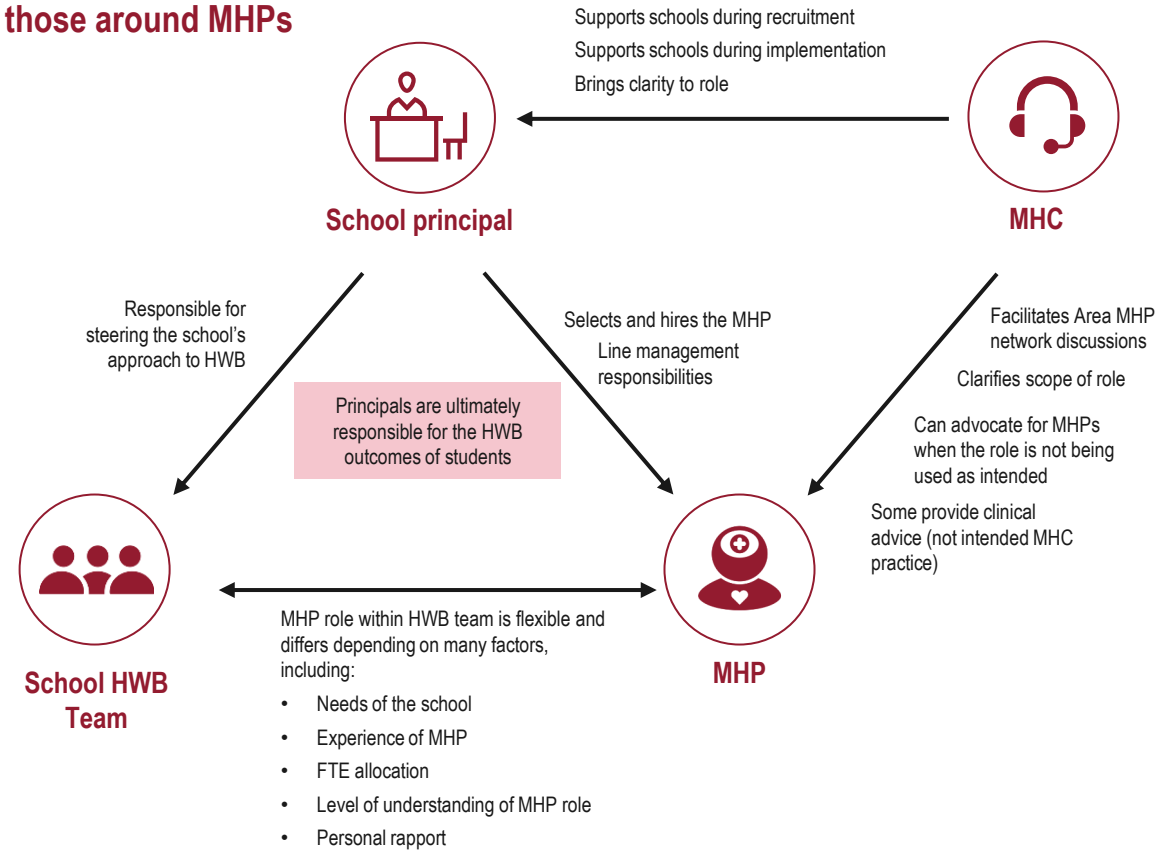
- Schools can hire internally from existing staff.
- Principals value the level of selection they can exercise to hire a MHP that they feel would best address the needs of the school, especially when it came to professional history. For instance, some principals were only looking to hire a psychologist or a social worker.
- In rare cases, principals were comfortable recruiting for up to 6 months to find the 'right fit'.

The accountability of student mental health outcomes sits with schools' principals, who may not be adequately equipped

Principals are ultimately accountable for the wellbeing outcomes of students in their schools and, as the employers of MHPs, ultimately hold the clinical risk for decisions made by MHPs. However, they do not have clinical training, may not be aware of the clinical accountabilities sitting with them, and may not be adequately equipped to provide the kinds of clinical governance needed.

This is a significant risk for MHPs, schools and the Department.

Role responsibilities of those around MHPs

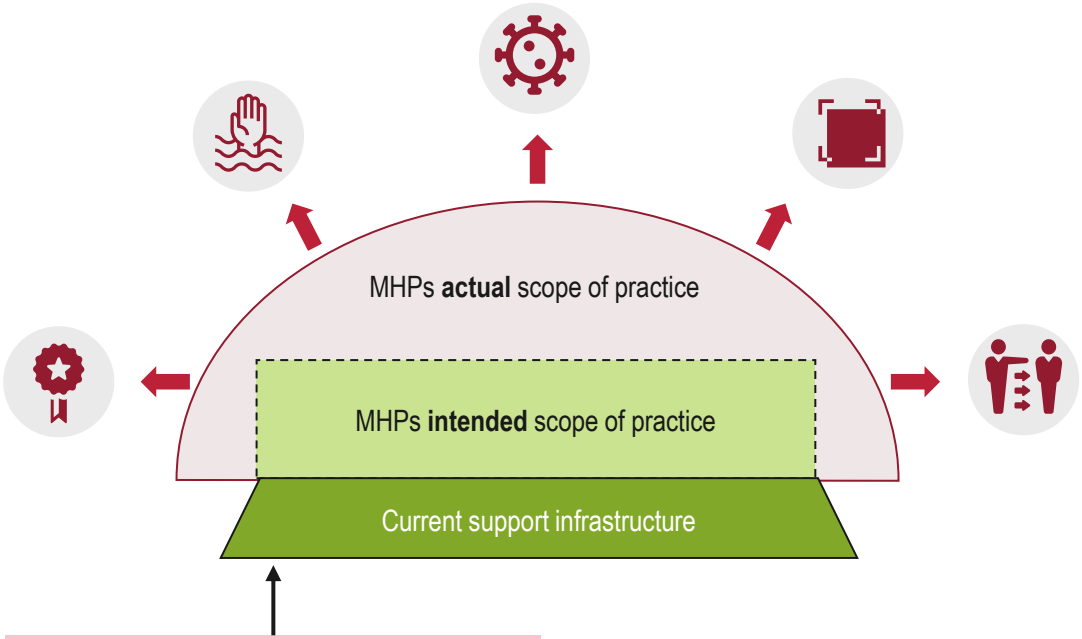


3a. MHP Scope of practice: Intended vs actual

The prescribed MHP scope of practice does not reflect actual MHP activity, and the initiative support infrastructure is not set up to cater to the majority of MHPs who operate outside of scope. This creates significant risk for the MHPs, schools and the Department.

MHPs are regularly operating outside of the prescribed scope of practice – the most significant being that MHPs regularly provide direct counselling support for students with complex mental health needs. The necessary support infrastructure for MHPs has not matched this expansion in their role.

There are five major factors / pressures stretching MHP practice to provide support for students with complex mental health



The support infrastructure for MHPs has not kept up with the expanded actual scope.

This is exposing MHPs, principals and the Department to a significant level of risk.

MHPs, school leadership and others in the Department broadly agree that the current scope of practice is needed to best respond to current mental health needs in schools, and therefore the infrastructure and resources should adapt to enable the current service delivery.

Increased need and the effects of COVID-19

There is a higher baseline of need triggered by COVID-19 that continues today.

There is no other support available to students

MHPs feel morally and professionally obliged to provide support when a student might be otherwise unsupported.

MHPs' confidence and their backgrounds

MHPs feel capable of working outside of scope and this justified why they should.*

Expectations and pressures from others

Schools, parents and students often apply pressure to MHPs to work outside their scope of practice.

Misalignment with school leadership on wellbeing approaches

Principals are largely not aware of the risks associated with MHPs supporting complex cases, and often make decisions from a school / educational lens rather than a clinical one.

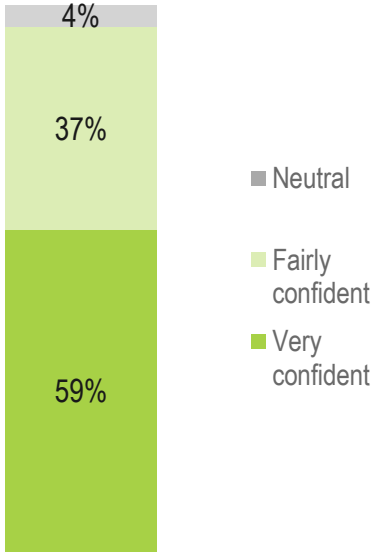
*See page 20 for more information on MHPs' confidence.

3b. MHP Scope of practice: The need for formal clinical supervision

MHPs, MHCs and other experts argue that MHP access to clinical supervision is a necessary resource to enable and support the actual scope of MHP practice.

MHPs feel confident working outside of scope*

Not one MHP operating outside of scope stated they did not feel confident, and 96% of these MHPs said they felt very or fairly confident in doing so.



MHPs broadly say that they feel capable of working outside of scope given their previous experience. Most MHPs in previous mental health positions provided support to those with a level of risk / complexity beyond the scope of the MHP role.

But MHPs and schools feel that the current initiative infrastructure does not support MHPs to deliver these activities

MHPs often want to discuss a path forward when they feel there is a need to operate outside of scope and seek someone with more clinical experience to guide their approach.

MHP network discussions are not suitable substitutions

Most MHPs engage in regular group reflection sessions with other MHPs in their area, organised by their MHC. Some reflected that there isn't room for individual case discussion / reflection because:

- They are intended to discuss high level MHP practices rather than individual cases.
- More experienced MHPs found the gaps in experience made the sessions less useful as a guide for their practice.

Differences in language and approach

MHPs experienced a disconnect in language and approach with school staff / HWB team members. This was especially true for those from a clinical background with limited school experience.

Almost every MHP identified clinical supervision as a necessary resource

The increased volume of counselling and higher level of mental health complexity means that MHPs are:

- Exposed to additional risk.
- Require an elevated level of support to work this way.

Clinical supervision is frequently seen as the most appropriate and effective potential resource to support the actual scope of MHP practice.

(Regarding situations with high risk) *"Clinical supervision is needed! It's the one think that is missing."* - Mainstream school MHP

"Clinical supervision isn't built into the program description but is what this school needs." - Mainstream school principal

"Clinical supervision is a very, very important part of the risk mitigation that I think you now have to face. Yes, it is expensive but it has to be faced – I think you're at too much risk." - Expert advisor

Source: Source: dandolo analysis of MHP time use surveys 2021 - 2022 and analysis of engagements with MHPs.

4. MHP FTE allocation

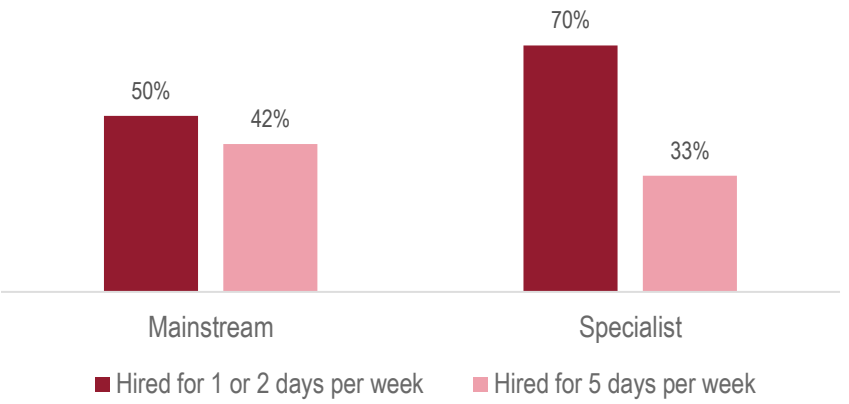
Schools with higher FTE allocation can provide greater and more well-rounded support to their school. Current FTE allocations don't necessarily reflect the mental health needs of schools – especially in specialist schools.

Schools receive funding through the Student Resource Package. Each school's allocation is between 0.2/0.4 (mainstream/specialist schools) and 1 FTE to employ an ongoing MHP. The Department uses school enrolment size to determine FTE allocation for each campus. It also provides acoustic testing and facility upgrades to mainstream school campuses who require infrastructure upgrades (e.g. a dedicated individual counselling room). This FTE calculation was determined at the outset of the initiative's rollout.

This system has many implication on the impact that MHPs have at their school:

- Some schools that have significantly grown in student population since their original FTE allocation
- Low FTE allocation (0.2 – 0.4) significantly impacts the role of the MHP in those schools:
  - There is very limited capacity to deliver non-direct counseling support, and MHPs with these allocations mostly said they were still planning these activities and yet to deliver.
  - MHPs said that school leadership often pressured them to focus on or exclusively deliver direct counselling.
  - MHPs felt that there was not enough time to develop relationships with staff or students in school.
  - It can make supporting regular students difficult. For example, we spoke with an MHP at a specialist school with 0.2 FTE who works on Mondays. She shared an instance where a student she was concerned about was absent one week, and there was a pupil free day on the following Monday. She said circumstances like this made it common for students to go without mental health support for extended periods she was not comfortable with.
- It can create issues of equity. On average, schools in regional areas have smaller student populations, and therefore less FTE allocation for an MHP despite considerable need and reduced access to local mental health support compared to their metropolitan counterparts.

Proportion of time MHPs spend on direct counselling



In mainstream schools, MHPs who work 1 day per week spend **7.7%** of their week coordinating supports for students with complex needs. This is less than half as much time as MHPs who work fulltime at their school, who spend **15.8%** of their week doing so.

The current way that FTE is calculated does not reflect need. This is affecting the activities that MHPs run, and the impact of the initiative in low FTE schools.

> *"I am currently .4, and I think .6 would enable me to better meet student needs. I have a wait list of students to have support so increase of hours would be helpful."*
> – Mainstream school MHP

Source: dandolo analysis of 2022 MHP time use survey (n=143).

Did the structures of the MHP initiative maximise its chance of success?

The Department has been responsive and iterated the program in minor and significant ways. Whilst all these changes are valued, they have seen varied success.

Major program evolution

5. Resources and support

The MHC role is an effective support for MHPs and schools and helps to ensure the role plays out as intended. However, the existing supports do not satisfy the needs of the expanded scope, and clinical supervision is a necessary addition.

6. School health and wellbeing structures

Most MHPs feel well supported by their school's health and wellbeing team. Some schools struggle to integrate MHPs into their health and wellbeing teams smoothly, and leadership and decision-making roles can be unclear.

7. Expansion into specialist schools

The extension to specialist settings is welcomed by schools. However, the program infrastructure was largely transposed from the mainstream model and some elements don't 'fit' in a specialist setting. This is impeding its effectiveness.

8. Commitment to adaptation

The Department has responded to evaluation insights and feedback from stakeholders with initiative adaptations and additional supports. This not only strengthens the initiative, but also empowers stakeholders who feel that their concerns and suggestions are being heard.

5. Resources and support of MHPs

MHPs have resources and support available to them. MHPs cite MHCs as the most effective support.

MHPs find the following support to be the highly effective:

- **MHCs.** Almost all MHPs that we spoke to said that they had a positive experience with their respective MHCs.
    - MHPs said that MHC's play a critical role in supporting the induction of MHPs and advocating on behalf of MHPs to schools and the Department.
- **MHP Online Resource Hub (the Hub).** Most MHPs generally value the resources and discussion board embedded within the hub.
    - MHPs appear to use the Hub in different ways such as accessing mental health resources, learning about professional development opportunities, or to learn about how other MHPs have implemented their role in schools.

However, MHPs had mixed views on the effectiveness of the following supports:

- **Peer support sessions organised by MHCs.** More experienced MHPs said that they are less likely to benefit from these sessions citing low attendance or a lack of understanding of more complex cases within the group.
- **The Orygen Practice Advice Line (PAL).** Only a small minority of MHPs have used the PAL, with MHPs preferring to speak to someone such as a MHC with better understanding of their school context to get advice on their cases.
- **The Headspace STORM training**. It is unclear if MHPs found the training useful due to limited feedback on its effectiveness.

See Appendix 3 for details on how MHPs seek support from the August 2022 interim report.

However, existing supports do not satisfy the needs of the expanded scope of practice with MHPs citing clinical supervision as necessary support.

- Almost all MHPs we spoke to consider that it is critical to receive clinical supervision to continue doing their best work in schools.
- Over a fifth of MHPs and / or schools fund clinical supervision themselves.
- MHPs are using the support and resources available in place of clinical supervision, but all feel that these are not ideal substitutes.

MHPs identified reasons why clinical supervision would be beneficial:

Discussing and validating case management and approach – especially when they are responding to more complex cases and feel that "all the risk sits with me."

Clinical supervision is a **requirement to maintain registration** for some professions, and in clinical settings it is often standard that the employer covers this cost.

An opportunity for **professional development.**

6. School health and wellbeing structures

Schools have different types of health and wellbeing structures, which are influenced by factors including the level of experience an MHP has and the school leadership.

MHP	School
FTE allocation	The size of the HWB team
Professional background of MHP	School leadership buy-in of the MHP role
Years of experience of MHP	Existing mental health supports within the school

These differing factors contribute to a variation of the MHP role that is specific to the context of the school. The MHP role within the HWB team can differ in the following ways:

- **Leadership.** The MHP plays a leadership role within the HWB team depending on their clinical / professional experience, or they may play a supporting role to a HWB coordinator.
- **Division of labour.** The MHP may work closely with the HWB coordinator to develop the school's overall approach to HWB issues and respond to referrals. In other schools, the HWB coordinator triage referrals to the MHP.

See Appendix 2 for further details on school health and wellbeing structures from the August 2022 interim report.

The variation of the MHP role in a HWB structure is expected, but better integration of the MHP with their health and wellbeing teams is needed.

MHPs identified barriers that prevent them from integrating into the HWB team:

A lack of guidance on how the MHP role can be embedded within existing health and supports

- Most health and wellbeing staff members we spoke to said that the relevance and importance of their role after the arrival of an MHP has diminished. In one school we visited, the health and wellbeing staff felt that she was "replaced" by the MHP.
- Some MHPs feel that although they have the adequate skills and level of experience to advise schools on HWB approaches, they can be excluded from the decision-making process. One MHP said, "*I have the most clinical and mental health experience, but I do not have a seat at the [decision making] table at my school when it comes to mental health.*"

A lack of engagement with HWB staff

- Some health and wellbeing staff said that they do not understand MHP-related processes such as the need for consent and records management. This may be partly because they do not have a background in mental health.
- They also felt that they were not consulted prior to the rollout of this initiative, and therefore do not understand the purpose of the role. For example, one health and wellbeing coordinator said she did not understand why the MHP could not undertake cognitive assessments even though the MHP is qualified as a psychologist.

To overcome these barriers, MHPs have suggested the following:

- Guidance on potential health and wellbeing models which acknowledge the different skillsets that other health and wellbeing professionals have and how the MHP can add value to the school.
- Ongoing training sessions and meetings with both the MHP and other HWB staff members. Some MHCs have implemented these sessions to provide opportunities for HWB staff to learn about the initiative and mental health issues / processes. This can be potentially replicated across other Areas to promote a collaborative practice.

7. The MHP initiative in specialist school contexts

The extension to specialist settings is welcomed by schools. However, the program infrastructure was largely transposed from the mainstream model and some elements don't 'fit' in a specialist setting. This is impeding its effectiveness.

Contextual considerations specific to specialist schools

There is a higher level of mental health need on a 'per student' basis in specialist schools.

- The FTE allocation is too low relative to the need of specialist schools[1]
- The type and frequency of support required does not always match the prescribed scope. This is **not** related to the recent increase in need to due COVID-19.

The intersection between disability, mental health, and behaviour can create difficulty in identifying underlying concerns in students.

Many specialist school teachers and staff have difficulty discriminating between issues of mental health, behavior and disability in some students. MHPs feel that their role needs to focus more on upskilling teachers to be able to identify and appropriately respond to these behaviors.

Students with disability often have families with disability.

MHPs feel that it is not appropriate or effective to compartmentalise mental health support to the student individually when the issues are 'family-wide'.

The diversity of student disability and how that intersects with mental health creates highly varied and distinct school contexts in terms of support needed for staff and students.

Resources and support for MHPs is too generalised, and those in specialist schools don't have access to adequate support and resources specific to their specialist school setting. See Appendix 4 for more information.

MHP funding in specialist schools was previously on a fixed-term contractual basis.

The Department has since successfully secured ongoing funding for specialist schools.

The specialist school contractual funding arrangements:

- Made recruitment and retention more difficult for schools
- Created uncertainty for MHPs regarding job security
  - This made it difficult for MHPs to plan broader mental health approaches.

Implications for the MHP initiative

The scope of practice in specialist schools was transposed from the mainstream model, and MHPs in specialist schools feel that it is not built to appropriately respond to need. They feel there should be more of an emphasis on upskilling staff, and every specialist school MHP we spoke to felt compelled to provide support beyond the prescribed scope and felt no hesitation or concern in doing so. Most commonly, this was:

- Providing counselling beyond providing short-term support as some MHPs reflected that it can take multiple sessions for a student to build enough trust to commence conversations.
- Welcoming student 'drop-ins'.
- Providing broader wellbeing support.
- Providing support to families, both in mental health education and literacy and in some cases providing support to families when they feel it is in the best interests of the student.

"I do a lot of following up with NDIS and case referrals… A lot of parents have low mental health literacy so I provide a lot of support on risk identification."
– Specialist school MHP

[1]The Department has made amendments to the program to address these by increasing the minimum FTE to 0.4 and providing specific specialist school supports. The impacts of these will require further testing.

8. Commitment to adaptation

The Department has responded effectively to evaluation insights and feedback from stakeholders adapting the program, strengthening the overall initiative.

Four examples of amendments to the MHP initiative

Evaluation finding	Changes to the initiative	Currently implemented?
The MHP **consent form** was too complex and lengthy.	A revision of the MHP consent form was undertaken and a simplified consent form was developed at the start of the academic year in 2022.	Effective and well received
Minimum FTE allocation in specialist schools is considered too low given the complex school contexts.	The Department developed a successful budget bid to extend funding in specialist schools on an ongoing basis and raising the minimum FTE of specialist schools from 0.2 to 0.4, starting in early 2023.	Responding to an identified need, and enthusiastically anticipated
MHPs would like support for **clinical supervision.**	The Department engaged the Cairnmillar Institute in Term 3 of 2022 to provide group supervision for all MHPs, focused on clinical practice in a safe and support environment.	Responding to an identified need, and enthusiastically anticipated
Specialist school MHPs requested more **customised resources and support** to support the mental health of students.	The Department introduced the Mental Health Engagement Coordinator (MHEC) role in mid-2021, with expertise specific to the intersection of students with disabilities and mental health concerns. However, its effectiveness is limited with MHPs being largely unaware of this role.	Room for improvement in implementation

In our judgement the level of openness to feedback and responsiveness shown by the Department has been commendable and goes beyond what we've experienced in many other projects.

Initiative outcomes

What are the outcomes for the MHP initiative?

We are presenting the MHP initiative outcome findings across two levels – student-specific and school-wide.

This considers outcomes across these two levels:	Mental health outcomes for students	Broader mental health outcomes for schools
High level findings:	Recognising it is too early to have a full view of mental health outcomes, impacts of direct counselling are positive as students: • Have improved access to mental health support • Report positive experiences with MHPs • Report increased mental health literacy	School-wide mental health promotion and prevention activities and staff upskilling are proactive ways of addressing student mental health without the need for direct MHP counselling intervention. However, there are contextual barriers that prevent many MHPs from delivering these activities.
Consistency of outcomes:	Relatively consistent across schools	Heavily influenced by school leadership

MHP Initiative outcomes on students

Students can access MHPs when other mental health services would not have been available.

- **Geographically:** MHPs are conveniently located and are accessible during school hours. Students have commented that if it hadn't been provided in school, they wouldn't have accessed mental health services like counselling.
  - In rural communities, this is especially important where services are less accessible.
  - Catchment zones also play a role. One school indicated that their catchment falls under one region but they're closer to another city, meaning students would have to travel far to get affordable services.
- **Affordability:** MHPs are relatively more affordable than other options and are greatly beneficial to those whose families cannot afford mental health services.
  - For other free services, the cost of travel can be an additional financial barrier.
- **Consistency of support:** Students are able to see MHPs on a regular basis with a consistent point of contact, unlike with other external providers where they might see them at lesser frequencies or be seeing various counsellors / therapists.
- **Autonomy for mature minors:** Students are able to receive mental health support if their family would not have allowed it otherwise by applying the mature minor policy.

"Before having the MHP at school, I had to travel to another town to access mental health support during the day when my parents were working which was hard. "
- Student

MHPs say that students benefit from earlier access to specialised mental health supports through this initiative.

Students are receiving mental health intervention earlier, which reduces the risk of their presentations becoming more severe and entrenched.

- MHPs said that the availability of mental health supports in schools meant that students are getting support earlier on in their lives than they would have otherwise. One MHP said "*students with low level mental health issues are getting support and help earlier, which definitely stops issues from becoming bigger for that individual*."
- One MHP said that students who are receiving mental health intervention earlier are better equipped to "*adapt to the outside world and use coping strategies they learn from the sessions*."
- Another MHP said she found it rewarding as a professional to see a student reach and graduate Year 12, when a few years before she supported them through severe issues such as eating disorders or suicide ideation.

Earlier access to mental health supports increases the future likelihood of students seeking support in the future.

- One MHP said that "*providing them a positive experience with mental health providers early on in life promotes help seeking behaviour and treatment in future.*"

"I didn't want to burden my family with the cost of seeking support outside of school so I'm glad I can get support at school for free."
- Student

Source: dandolo school visits

MHP Initiative outcomes on students

In mainstream schools, all students we spoke to reported a positive experience with their MHP, citing that they value an MHPs ability to provide a safe space.

100% of the students we spoke to were satisfied with their experience with their MHP. Students felt that:

- **They're able to trust their MHP.** Some students have said that although they may not trust their teachers or other staff, they trust the MHP to understand them and listen to them. One student described being assisted by the MHP during a crisis and that they did not trust the teachers and other staff who trying to help. They turned to the MHP because they could trust that the MHP knew what to do. Several students spoke about how they trusted the MHP because they felt like there was more of a separation between their role and other staff in comparison to the Wellbeing team who were perceived to be more connected to other teachers.
- **MHPs are non-judgmental and treat them like an equal.** All students reflected that the MHP was a good listener. Students spoke about the how the MHP made them feel like their problems were being listened to, understood and taken seriously.
    - One student said that they felt like the MHP provided a safe space for them because "*she treats you as though you're an equal.*"
    - Another student commented that *"Talking to the MHP helps me to clarify my thoughts, feelings and mental health. I can then bring what I learn from the session back home and talk to my mum about these things. Before seeing the MHP, I felt like I couldn't express myself clearly with my mum."*
- **MHPs provide individualised support**. Students generally commented that the MHP can give them a plan that suits them and their needs. Students spoke positively about the MHP's ability to listen attentively and provide them with the ability to understand their own emotions.

In specialist schools*, MHPs and staff report that students value the MHPs and their ability to provide targeted support.

MHPs and staff in specialist schools report that:

- **Students benefit from MHPs providing specialist treatment.** Staff and MHPs have said that for some students, having an MHP would be the first time that mental health is being addressed directly instead of the support being conflated with disability support. Students often have complex needs that can be rooted in their social and family environment. One wellbeing staff member commented how the expertise of the MHP means they're able to look into the root of the problem by spending concentrated time with the student and providing individualised support.
- **Students benefit from MHPs providing a holistic approach to their needs.** The MHP and staff recognise that part of mental health support for students in specialist schools involves building a relationship with their families. MHPs in specialist schools said that a lot of students have parents and family members with disabilities and that their support shouldn't be looked at in isolation. Staff have said that it's beneficial for the MHP to apply a community-led approach that emphasises a strong relationship with the broader school community and families, especially for Aboriginal and Torres Strait Islander students. This includes:
    - Ensuring that communication is open
    - Having face-to-face visits of families
    - Encouraging parents to come to school functions to build relationships with the wider staff team
    - Breaking down complicated language to parents on their children's treatment

Source: dandolo school visits, based on interviews with 50 students

* We did not gather student-level data in specialist schools but we spoke to MHPs and staff who shared feedback they had received from students

MHP Initiative outcomes for students

Students who see an MHP report increased mental health literacy.

MHPs help students identify and use coping strategies

Students said that sessions with the MHP helped them to identify and understand their emotions better through coping strategies. Students said that the MHP:

- **Helped them with their emotional regulation and coping strategies.** Students talked about feeling calmer and less angry after sessions, both immediately and in the long-term, meaning they were then able to think more constructively and problem-solve.
- **Helped students change their perspective on how to react to other people and situations.** Some students spoke about getting help to understand the perspective of others and being able to empathise and better relate to those around them. This helped students to improve their outlook on life.
- **Used techniques such as emotional regulation and sensory modulation.** Students who cited learning about sensory modulation or distraction techniques to use in class said it helped them behave more appropriately in class, concentrate better, and engage in schoolwork.
- **Provided them with useful language to use when talking about mental health.** Students described that it felt empowering to learn about mental health frameworks and be able to put a name to some of the feelings or emotions they had. This helped students better communicate their feelings to their peers, staff and family.

80% of students said that they have put into practice the coping strategies and structured plan provided by their MHP and found them valuable.

"I feel like the MHP has done more in one session for me than some of those other therapists did in years."
– Student

"I feel free - I also feel like I learned something new. Every time I came to see the MHP, I feel like she understands me. I feel relieved." - Student

"I'm more sure of myself, able to work through the issues, in a better place now." - Student

Source: dandolo school visits, based on interviews with 50 students

MHP Initiative outcomes for schools

MHPs spoke about the need for improving a school's culture on mental health.

- Several MHPs spoke about how upskilling staff in mental health could mean having a more proactive approach in addressing student needs and depending less on the MHP to intervene. One MHP spoke about how the staff in their school generally have a poor understanding of mental health and don't know how to appropriately manage issues in the classroom, such as challenging behaviour or mild social/emotional issues.
- This means that more students are being referred to the MHP for counselling for problems that could be potentially be managed in the classroom. One MHP said, "*If we upskill teachers on the language of mental health or recognising a student's wellbeing needs better, it would save us a lot of time in doing counselling work which could free up more time to do preventative measures in the school.*" MHPs have said that a few changes in an MHP's ability to communicate with students and using the right language when discussing mental health could resolve issues before they reach the level of needing to see a MHP.
- MHPs have said that focussing more on staff capability is essential in delivering a whole-of-school approach in mental health. One MHP said, "*There should be more recognition of my role as an MHP is only one piece of the school. To truly deliver a whole-of-school wellbeing approach, we would need staff to have the appropriate knowledge and skill. It needs to come from them too."* MHPs view building relationships with staff to be essential in empowering them with the necessary skills to support students better.
- However, several MHPs have spoken about how they have approached the school leadership team to run sessions, only to be told it is not a priority. One MHP said, "*My Principal said that the preventative angle is not appropriate right now and that I should address direct issues through one-on-one counselling."* Another MHP stated that while there is an expectation to run counselling sessions and group work, there is less support available for running staff capability sessions.

However, there are barriers such as time constraints or lack of buy-in from school leadership that prevents MHPs from doing so.

- **Time constraints on their role.** One MHP spoke about the need for improving staff's understanding of mental health through wider programs but due to the time constraints of their caseload are only able to work informally with staff on an ad-hoc basis. In these instances, the MHP can provide advice to teachers who are dealing with issues beyond their scope. The MHP said, "*the teacher may know that there's a potential problem, but they don't have the knowledge to know what the next step is. I help figure out a solution."* The MHP notes however that these teachers are usually those who already have some level of understanding of mental health, but that most staff do not and they have limited involvement with her.
- **Buy-in from school leadership.** Sometimes there is a difference in expectations between MHPs and school leadership about their role in staff capacity-building. Several MHPs have spoken about how they have approached the school leadership team to run sessions, only to be told it is not a priority. One MHP said, "*My Principal said that the preventative angle is not appropriate right now and that I should address direct issues through one-on-one counselling."* Another MHP stated that while there is an expectation to run counselling sessions and group work, there is less support available for running staff capability sessions.
- **MHP confidence in running whole of school approaches and/or staff capability sessions.** Those who have not worked in a school setting (e.g. Allied health staff or new graduates) are less experienced in running group sessions. One MHP said, "*I'm more confident in doing individual counselling because this is what I've been trained to do. I also think that it's not something I naturally gravitate towards due to my personality."* Some MHPs are also less interested in running mental health promotion as part of their role. For example, an MHP said that *"mental health promotion is not my favourite part of the role."*

Source: dandolo school visits

Future considerations

Future considerations for the MHP initiative

These considerations will mitigate the risk that schools, MHPs and the Department face and improve the quality of mental health support for Victorian students.

We developed these considerations through our evaluation activities and reflections from the Clinical Governance forum between expert advisors and Departmental executives (See Appendix 6 for more information). These are options that the Department could consider to improve the outcomes of the initiative. Their feasibility will be up to the judgement of the Department.

Program structure	Future consideration	Rationale
Scope of practice	The Department should consider either: • **Option 1**: Update scope of practice and expand MHP support to enable expanded scope of practice (this is the preferred path forward for most schools, MHPs and experts). • **Option 2:** Enforce the prescribed scope but increase school access to other supports that target more complex cases. (unlikely to be achieved in the short term).	The prescribed scope of practice does not reflect the what is happening in schools. MHPs, principals and other stakeholders also feel that the scope of practice would not address the mental health support needed in the current post-COVID environment. Whilst most MHPs and schools are comfortable with MHPs providing services to students with complex needs, the absence of adequate support for MHPs presents a significant risk to the Department.
Resources and support	The Department could fund and provide access to clinical supervision for MHPs.	MHPs consider it critical to receive clinical supervision to continue doing their best work in schools – especially in the context of providing support to students with complex mental health needs. Although MHPs are using the support and resources available in place of clinical supervision, all feel that these are not ideal substitutes.
Employment arrangement	The Department should consider either: • **Option 1**: A change in the employment structure of the MHP e.g. a change to the reporting lines of the MHP. • **Option 2**: Maintain the current employment structures and provide further support and education to school leadership of the MHP role. This could be achieved through providing clear context, guidance, information and support for principals, such as clarifying roles, responsibilities and escalations points and both the school and Area / regional levels.	**Option 1:** • This could improve the lines of reporting for MHPs and prevent interference from school leadership who do not have the same clinical understanding. **Option 2:** • Principals appreciate the current employment structure, feel more invested and compelled to take a larger role in addressing student mental health and value the level of selection of MHP it enables. Maintaining this arrangement with principals also aligns with their responsibilities to keep student wellbeing at the center of their learning, as per FISO 2.0.

Future considerations for the program

These considerations would enable MHPs to deliver more well-rounded mental health support for schools, students and staff.

We developed these considerations through our evaluation activities as options that the Department could consider to improve the outcomes of the initiative. Their feasibility will be up to the judgement of the Department.

Program structure	Future consideration	Rationale
Specialist schools	The Department could consider: • Consult with MHCs and specialist school MHPs to understand the elements of the initiative that work, those that don't, and changes they would like to see. • Refine the specialist school MHP role to better recognise the flexibility required and diverse needs of specialist school settings. • Better access to relevant resources and support for specialist school MHPs. This would be best achieved through a reinvigoration / rehaul of the MHEC role.	The MHP initiative wasn't designed for specialist school contexts, stakeholders feel that the initiative was transposed from the mainstream setting without enough contextual considerations. Refining the scope of practice for MHPs in specialist school contexts will allow those MHPs to provide more effective support to students, their families, reduce concerns from both MHPs and their MHCs around operating outside of scope, and could improve retention of MHPs.
School HWB structure	The Department could consider: • Developing guidance on how to integrate MHPs into wellbeing teams, including providing exemplar models that are known to work. • MHCs to have an initial conversation with school leadership on how to best integrate the MHP into the school HWB structure based on the needs of the school. For example, advising the school on how the MHP can add value and providing examples of how HWB structures work in other schools.	Given the flexibility of HWB structures, MHPs' integration with the health and wellbeing teams is a significant challenge. These suggestions allow more engagements with school health and wellbeing staff and the school leadership team on the initiative which can improve MHPs integration into the school. Additional guidance on integrating MHPs into wellbeing teams will give all stakeholders a clear understanding of roles and responsibilities.
FTE allocation	The Department should consider increasing the minimum FTE of MHP to 0.4 across **all** schools (as has already been implemented in specialist schools).	An increase in the minimum FTE will better support MHPs to deliver services beyond counselling. MHPs who work for up to 1-2 days a week said that they only have time to deliver individual counselling services. They do not have time to plan and deliver other parts of the role such as whole-of-school mental health promotion or staff capability sessions. By increasing the minimum FTE will enable MHPs to provide more well-rounded support to schools.

Appendices

Appendix 1a: Overview of the MHP initiative

The MHP initiative will provide every government mainstream secondary / combined school and specialist school with a suitably qualified mental health practitioner.

The Department identified the need to expand mental health and wellbeing supports in schools.

The MHP initiative was announced in 2019 and aims to improve mental health outcomes for all Victorian government secondary school students.[1] This will be achieved by:

- Building schools' capability to support the health and wellbeing of their students
- Enhancing students' access to appropriate mental health supports
- Providing individual school-based supports for students with mild to moderate mental health conditions.

In T1 2021, all specialist schools received funding to recruit MHPs.

The initiative is progressively being rolled out to different Areas.

The Department developed an evidence based rollout plan for the initiative. Based on the plan, every Victorian government mainstream school campus is expected to have an MHP by 2022. The Department will also recruit a MHC for each Area to support the implementation of the initiative. Specialist schools will also be supported by MHECs.

The Department provides funding for mainstream and specialist schools to employ an MHP.

Schools receive funding through the Student Resource Package. Each school will be allocated between 0.2 and 1 FTE to employ an ongoing MHP. The Department uses school enrolment size to determine FTE allocation for each campus. The Department also provides funding to mainstream school campuses who require infrastructure upgrades (e.g. a dedicated individual counselling room).

Schools are responsible for recruiting and providing induction for MHPs.

Schools recruit school-based MHPs.

When schools receive funding, they are expected to commence recruitment during the school term.

MHPs are ongoing school-based employees and employed directly by school principals.

MHCs support MHPs to fulfill their duties and to access ongoing professional development.

[1] dandolo engagement with the Department.

Source: Victorian Department of Education and Training MHP initiative: School Implementation Guide, Department data on MHPs' appointment as of 10 June 2021.

Appendix 1b: Overview of the role of MHCs and MHPs

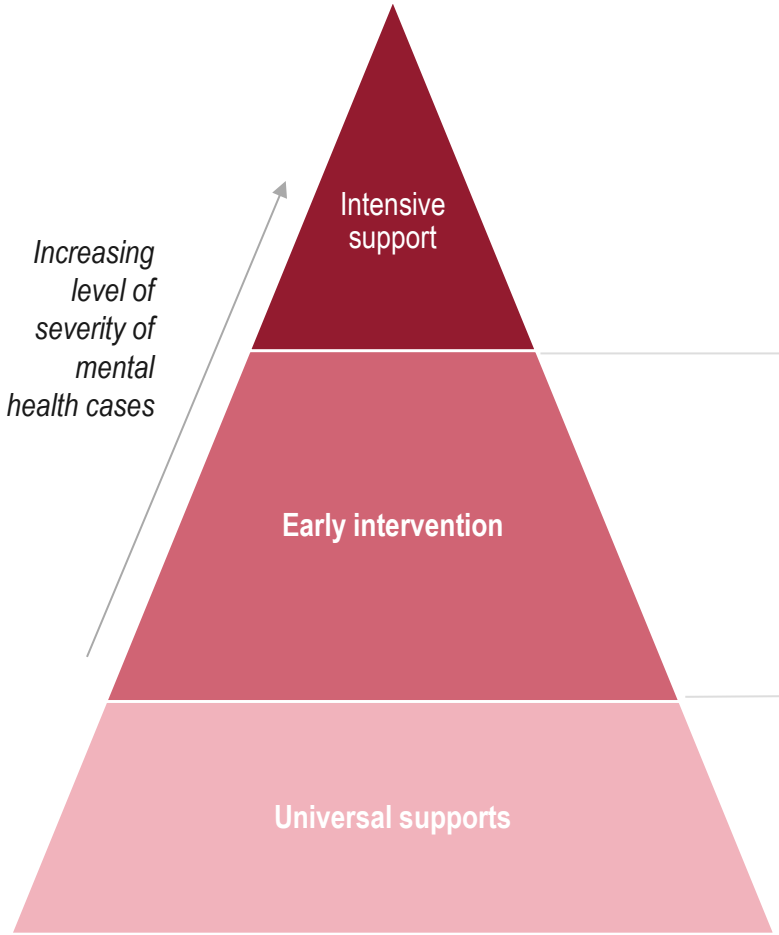
MHCs coordinate support for schools and MHPs, while MHPs are school-based employees who deliver a range of mental health supports for school students.

	Mental Health Coordinators	Mental Health Practitioners
Qualifications	**Relevant tertiary qualification in mental health, education or related field.**	**MHPs must hold an accredited degree in social work, occupational therapy, mental health nursing or psychology.**
Role purpose	The MHC provide local administrative and practice support to MHPs and government mainstream / specialist schools in their Area. They ensure effective implementation of the initiative by: • Being a key regional point of contact for MHPs, school principals and the Department's Central team • Supporting the recruitment of MHPs • Coordinating professional learning for MHPs • Connecting MHPs to local supports and other departmental programs within the Area.	The MHP role has three main functions: 1. Providing direct counselling support and other early intervention services for students with mild to moderate mental health needs.[2] 2. Coordinating supports for students with critical needs, including working with other health professionals to engage further support. 3. Enhancing mental health promotion and prevention activities by contributing to whole-school health and wellbeing plans, building the capability of school staff to manage student health and wellbeing, and embedding mental health promotion / prevention strategies in the school.

Source: Victorian Department of Education and Training MHP Initiative: School Implementation Guide

Appendix 1c: Overview of the scope of MHPs' role

The MHP role is designed to focus on mild to moderate mental health needs of mainstream school students, with an emphasis on early intervention. The scope of the role also includes coordinating supports for students with more complex MH needs.



For each tier of intervention….	*This is what the MHP should be doing…..*	*Not this….*
Intensive support	• Coordinating supports for students with critical needs • Proactively working with regions and other health professionals to engage further support	• Independently supporting students with severe mental health needs
Early intervention	• Direct counselling with students who have mild to moderate mental health concerns • Improving school staff capability to manage student health and wellbeing	• Independently responding to referrals • Providing ongoing counselling without considering clinical staging options (i.e. thinking of fit for purpose solutions for students in different situations)
Universal supports	• Contributing to school health and wellbeing plans • Developing whole-of-school approaches and curriculum resources that promote positive mental health, social and emotional skills	• Direct classroom provision / teaching of mental health-related topics

Source: Victorian Department of Education and Training MHP Initiative: School Implementation Guide

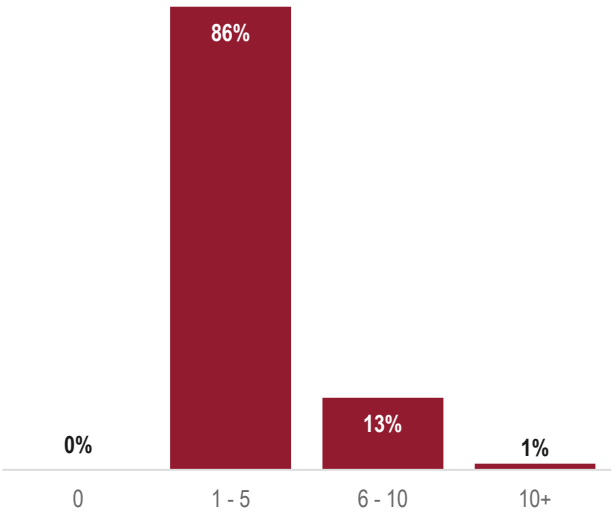
Appendix 2: Structure of health and wellbeing team

Most schools have up to 5 health and wellbeing staff members. The most common health and wellbeing (HWB) staff positions are HWB coordinators, nurse / doctors and youth / social workers.

Health and wellbeing team size

~86% of MHPs said there are 1 to 5 health and wellbeing staff in schools.

How many health and wellbeing staff works in your school?
(% of MHP survey respondents)

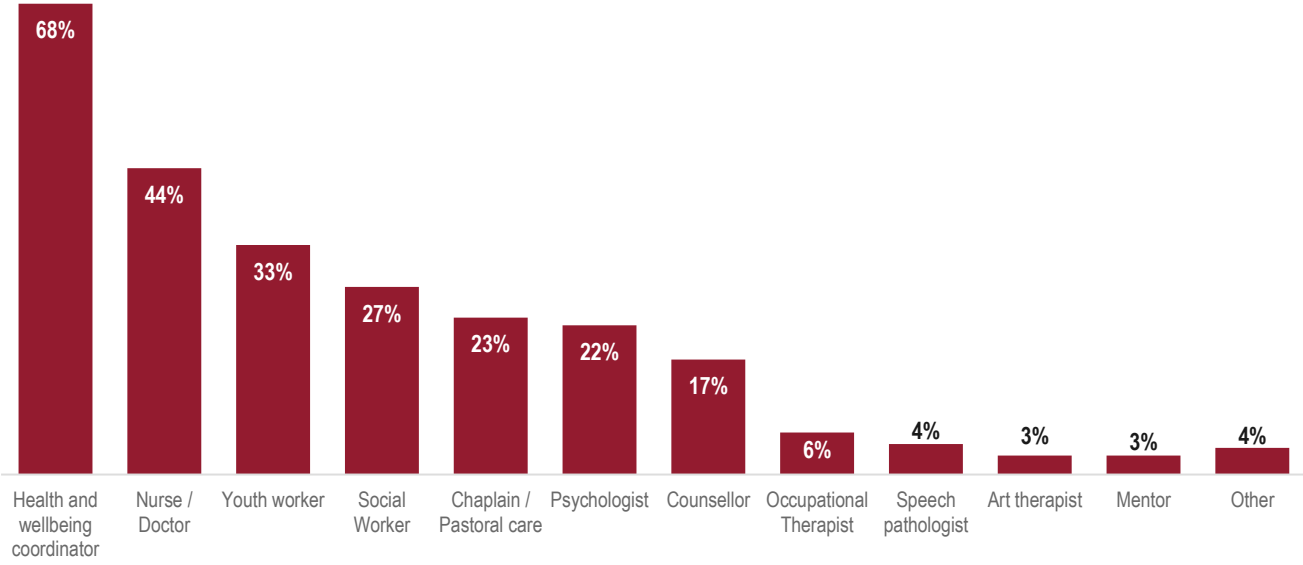


Health and wellbeing staff qualifications

Please select all the different health and wellbeing workers that you work with.
(% of MHP survey respondents)

More than half of schools have a health and wellbeing coordinator

About half of the schools have a chaplain, pastor or youth worker. We anecdotally heard through school visits that they also provide direct counselling to students. A major point of a difference compared to MHPs is that students do not require parental consent to directly speak to them.

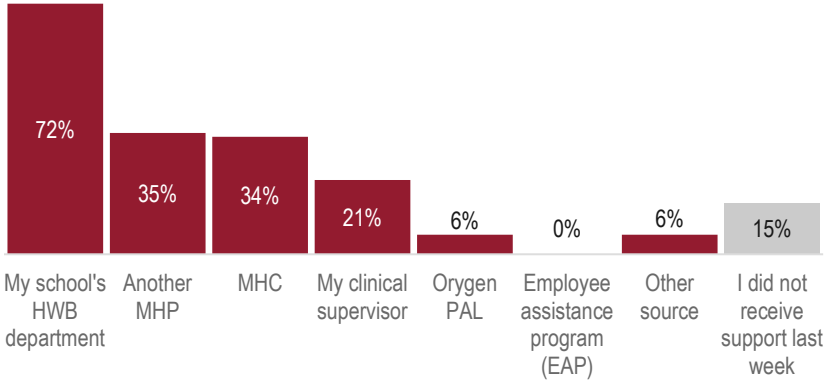


Source: dandolo analysis of MHP time use survey (n=204) and engagements with MHPs.

Appendix 3: How MHPs seek support

MHPs are more likely to seek clinical advice and support from sources they have more interaction with, and some are using the supports available in place of clinical supervision.

Where MHPs seek support
(Respondents could select more than one)



School health and wellbeing departments are the most common avenue where MHPs seek support.

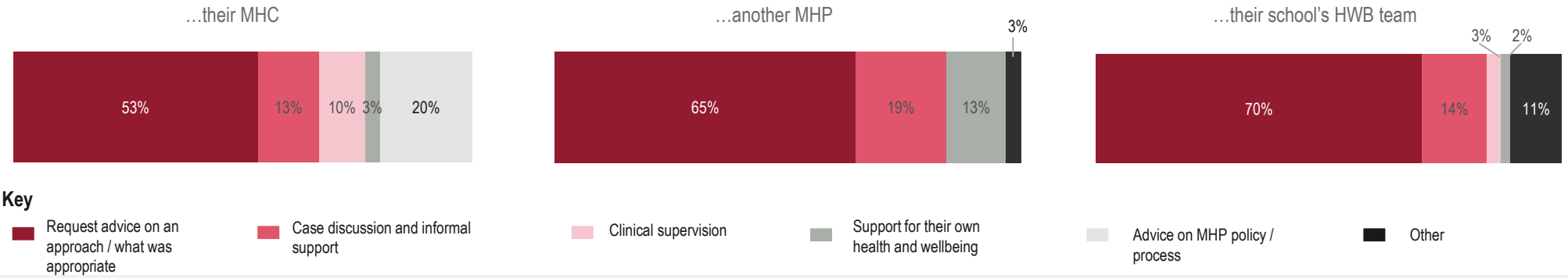
- MHPs seek support from HWB departments twice as much as MHP programmatic supports (their MHC and other MHPs).
- MHPs most frequently seek support around requesting advice on approaches and validating that the approach they took was appropriate. 60% of all support sought was for this reason.
- 13% of support sought from other MHPs was for their own health and wellbeing. Some MHPs we spoke to said that they felt comfortable seeking this kind of support because they felt their peers best understood their circumstances and could best empathise.

> *"I think the absence of clinical supervision is such a huge gap. We are dealing with mental health issues and yet our own mental health needs are not being met."*
>
> – Mainstream school MHP

21% of MHPs in Term 2 2022 said they have an external clinical supervisor.

- When MHPs reach out to their MHC for support, 10% of the time it is for clinical supervision.

Reasons why MHPs reach out to…



Source: dandolo analysis of MHP time use surveys June 2022 (n= 90).

Appendix 4: Contextual differences of specialist schools

Stakeholders said the MHP initiative model does not necessarily fit the range of circumstances and needs of specialist schools, their students, families and staff.

While in **mainstream schools** the most common primary presenting issues are mental health-related….

…students in **specialist schools** are more likely to be presenting with social / emotional or behavioural issues.

Reflections from specialist school MHPs

"A 'one size fits all' design doesn't match with the flexibility needs of schools."
- Specialist school MHP

"My school has too many complex cases for the MHP role to cover, so there is a misalignment there."
- Specialist school MHP

"My school has a strong understanding of autism, but a lot of work is done in defining the distinction between behaviour and mental health symptoms."
- Specialist school MHP

"Some families also have a low understanding of mental health. Around 20% of families don't want to buy in to seeing their child's symptoms as a mental health issue."
- Specialist school MHP

Appendix 6: Clinical governance forum

The insights and discussions from this forum contributed to the future considerations for the MHP initiative.

The Department of Health describes **clinical governance** as the systems, processes, leadership and culture that help to deliver safe healthcare. Key components of clinical governance include risk oversight and management, consumer and workforce engagement, compliance and duty of care obligations and quality improvement.

Context

Clinical governance structures for MHPs are inconsistent across schools and often diverge from the approaches that are standard in clinical settings. The expert advisors contributing to the evaluation identified several significant risks associated with the approach to clinical governance within the MHP initiative.

In response, the DET commissioned dandolo to facilitate a discussion on key challenges, risks and opportunities to strengthen clinical governance for MHPs. The forum was attended by two of the expert advisors contributing to the evaluation and officials from across DET.

Summary of forum

Attendees agreed that steps should be taken to strengthen clinical governance to both mitigate risk to DET and improve student outcomes.

Key themes from the discussion include:

- The MHP initiative is meeting a significant wellbeing need in Victorian schools
- However, most MHPs are operating outside scope
    - MHPs are working outside their scope of practice without appropriate clinical governance – exposing the Department to a high level of risk
    - The risk sits with principals, who may not be adequately equipped to address these issues from a clinical perspective
- Participants discussed ideas to improve the initiative:
    - More clarity on the support available to MHPs and school leadership
    - Continue to review with newly-introduced group clinical supervision and monitor its progress and reception
    - Establish a clinical governance working group to develop an appropriate model of clinical governance for health and wellbeing workforces across the Department. (This is a longer-term goal that stretches beyond the MHP initiative)