



Mental Health Practitioner's Initiative Implementation Evaluation Summary

The Mental Health Practitioner Initiative (MHPi) commenced in 2019, providing funding for new Mental Health Practitioner roles in government secondary schools. In 2021, the initiative expanded to include specialist schools with secondary enrolments following the recommendations of the Royal Commission into Victoria's Mental Health System.

Mental Health Practitioners (MHPs) are school-based roles that increase young people's ability to readily access high quality mental health and wellbeing services. MHPs provide information about mental health prevention and promotion, deliver short-term support for students (including direct counselling), and coordinate supports with other services for students with complex needs. This initiative complements the wider mental health reforms being led by the Victorian Department of Education (the department) to support the mental health and wellbeing of students, including the School Mental Health Fund and Menu and the Mental Health in Primary Schools initiative.

Dandolo Partners conducted an evaluation of the initiative from August 2020 to December 2022, with the final report completed in 2023. They assessed the initiative's design, initial implementation, and student impact during its rollout in mainstream secondary and early implementation in specialist Victorian government schools, noting that full roll out of the initiative was not completed at the time of the evaluation. The following summary provides the key insights from the initiative's evaluation report.

Key insights

Program reach

The MHP initiative was addressing the mental health and wellbeing needs of most funded Victorian secondary schools, largely through direct counselling support to students. The evaluation found:

- MHPs were supporting more students with complex needs than originally intended, contributed to by the COVID-19 pandemic during this time.
- Schools saw the initiative as an integral part of wellbeing supports in their school, with many schools funding additional FTE, demonstrating the value of the role.
- Schools valued the clinical knowledge and skills contributed by MHPs, skills that schools may not have had access to otherwise.
- Some schools experienced greater recruitment challenges than others. These schools were typically smaller, located in outer regional and remote areas, or were more likely to be in disadvantaged areas.

- Direct counselling was the most common MHP activity, with mental health capability building across student cohorts and the school also occurring. Mental health promotion activities included in-class sessions, group sessions, interactions with students in the yard and specific sessions or presentations on mental health topics to school staff.

Student impacts

Access

MHPs were providing students with earlier access to specialised mental health supports. Their work promoted mental health seeking behaviours across their schooling experience.

The MHPi provided students with accessible mental health services that they may have otherwise not been able to access.

Student comments included:

- "I wouldn't have been able to access counselling if it was not available at school."
- "The MHP makes me feel my problems are listened to, understood and taken seriously."
- "I now have a plan that suits me and my needs and helps me understand my emotions."
- "I am more sure of myself, able to work through issues, and in a better place now."

Students reported a high level of satisfaction with the services provided, noting that having MHPs conveniently located in the school and accessible during school hours was a key benefit. This was particularly emphasised by students in rural communities where other mental health services were not readily available. Students also valued being able to see an MHP on a regular basis with a consistent point of contact, unlike other external providers where this consistency may not be possible.

Positive experiences

Students reported a high level of trust in their MHP, particularly their MHP's ability to listen to their situation and assist them with understanding their emotions and developing a plan that is tailored to their needs. 80% of students said that they had put into practice the coping strategies and structured plan provided by their MHP and found them valuable.

Increased mental health literacy

"The MHP helped me learn mental health language that meant that I can now better communicate my feelings to others."

MHPs helped students with their emotional regulation and coping strategies. Students reported feeling calmer and less angry after sessions, both immediately and in the long term. MHPs also helped students with understanding others' perspectives and better relate to those around them. The emotional regulation techniques students learnt helped them to behave more appropriately in class, concentrate and engage in their schoolwork. Students described feeling empowered by learning more about mental health frameworks and were better able to put a name to some of the feelings or emotions they have.

MHPs also provided mental health upskilling sessions for staff which staff found valuable. Participating staff reflected that it improved their mental health understanding, identification of mental health concerns, and resulted in them implementing better communications strategies with students who were struggling with their mental health.

"Staff members feel more empowered to identify possible mental health concerns in students and feel equipped with the appropriate language to engage with them."

School leader



Leadership support enables successful integration of the service

School principals were key to creating structures that support the MHP's effectiveness. The evaluation showed that MHPs worked best when integrated into the school's wellbeing team. This allowed for strong collaboration, joint planning, coordinated referrals and alignment with the school's overall wellbeing strategy. Recognising and leveraging the diverse skills within the team was also crucial to maximising impact for students, including coordinating and triaging referrals to the MHP.

"I've focused on building capability of staff and parents in understanding teenage emotions and mental health for teens."

MHP in specialist school

Using the role effectively

Predominantly MHPs provided one-on-one counselling. MHPs highlighted that the high need for counselling meant that they had reduced time for mental health prevention work with groups of students or for building the capability of staff. This was exacerbated during COVID-19 with the shift to online or phone service delivery and to address the immediate needs of students during that period. Demand for these services in school was even higher due to the reduced access to external mental health services during this time.

"Here we get external people to run whole school sessions as it's time-consuming work that we don't have time for"

Mainstream school MHP

Some MHPs spoke about the need for focussing more on building staff capability by delivering whole school approaches to mental health.

This related to upskilling teachers on the language of mental health and addressing challenging behaviour or mild social/emotional issues. School leaders can play a role in supporting MHPs to spend more of their time on mental health promotion activities to build teachers' mental health literacy.

"Different schools use the role very differently. Working part time also makes it difficult to run school wide activities."

Mainstream MHP working across 2 schools

MHPs scope of practice

The evaluation found that MHPs regularly worked outside their scope of practice and raised this as a risk for both the MHP and the school leadership. COVID-19 significantly impacted student mental health, which fundamentally changed MHP practice. MHPs were heavily focussed on direct counselling to address the immediate need, trumping the need for preventative strategies.

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

Mainstream school MHP

Some examples of working out of the intended scope of practice were:

- providing direct counselling support to students with complex mental health needs
- providing direct counselling to students with needs that were too 'mild' – such as students with behavioural issues
- providing extended counselling to students beyond the session limits
- providing mental health support for staff – usually in response to a traumatic school-wide event.



MHPs, as highly trained professionals, felt morally and professionally obliged to provide support when a student might be otherwise unsupported. There were also times where they felt the expectation and pressure from others that they would do so. MHPs also felt confident working outside of scope given their previous professional experience. Principals were largely not aware of the clinical risks that they held, including the risks associated with MHPs supporting complex cases in school settings. Expanded support such as clinical supervision and stronger referral options to external services were some of the suggested ways to manage the risk.

"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

Response to recommendations

The department has responded to the evaluation and feedback from stakeholders with initiative adaptations and additional supports. These have included:

- **Improving role clarity:** guidance for principals and MHPs on the scope of their role continues to be strengthened.
- **Providing clinical supports:** a range of clinical supports, resources and professional development opportunities are available to MHPs and are reviewed regularly.
- **Strengthening regional supports:** since the evaluation the Mental Health Engagement Coordinator and regional Mental Health Branch managers have been implemented. This has built cohesive supports for program implementation, improving consistency, induction processes and relationships with MHPs, schools and other regional workforces.

The Mental Health in Primary Schools and the Mental Health Fund and Menu initiatives have also been implemented, further supporting schools.

- **Providing additional funding:** increased time fractions for MHPs in specialist schools has increased access to mental health supports for students in these schools.
- **Advice on attraction and recruitment:** recruitment advice for principals is provided via the policy page and support through regional mental health coordinators is provided. This continues to be enhanced to support recruitment efforts

Opportunities for further improvement

The department is committed to continuous improvement of the MHP initiative and is considering further opportunities proposed by the evaluation report which include:

- Developing additional implementation guidance outlining roles and responsibilities.
- Supporting increased delivery of more school-wide mental health promotion and staff capability building activities and building links with other programs that upskill school staff on behavioural management and mental health literacy.
- Promoting the range of clinical supports and resources available to MHPs and ensuring these meet their support needs.
- Supporting cohesive service provision through providing examples of how the MHP role can be integrated into wellbeing team structures using a series of case studies.
- Review of the initiatives funding structure and supports for specialist schools

More information

For more information about the evaluation or the Mental Health Practitioner Initiative contact:
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