GUIDELINE

Mental health in adolescence

Scope (Staff):	Community health
Scope (Area):	CACH, WACHS

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this disclaimer

Contents

Compassion   Excellence   Collaboration   Accountability   Equity   Respect

Aim

To provide guidance for nurses working in schools to support the mental health and wellbeing of young people aged 11 to 18 years.

Risk

Mental health issues which are not identified or do not receive timely intervention and referral to appropriate services are likely to lead to poor health outcomes, including increased risk for self-harm and suicidal ideation, and can impact on the potential of young people to live fulfilling and productive lives.

Background

Mental ill health is 'the leading health and social issue' for young people,[1] occurring in a critical period of physical, psychological, social, and emotional development.[2] Adolescence is also a critical period for developing the tools and strategies to cope with mental challenges and support mental health and wellbeing. The Mental Health Commission's Mental Health and Wellbeing continuum describes young people's mental health in terms of their ability to effectively manage these challenges when equipped with appropriate resources and additional supports. As such, it shifts the focus from diagnosing mental health disorders onto supporting individual functioning, promoting wellbeing, and providing interventions to help young people remain in or move towards wellness (see Figure 1).[3] This continuum provides a common language for young people, families, health professionals, and educators to have conversations about young people's mental wellbeing.
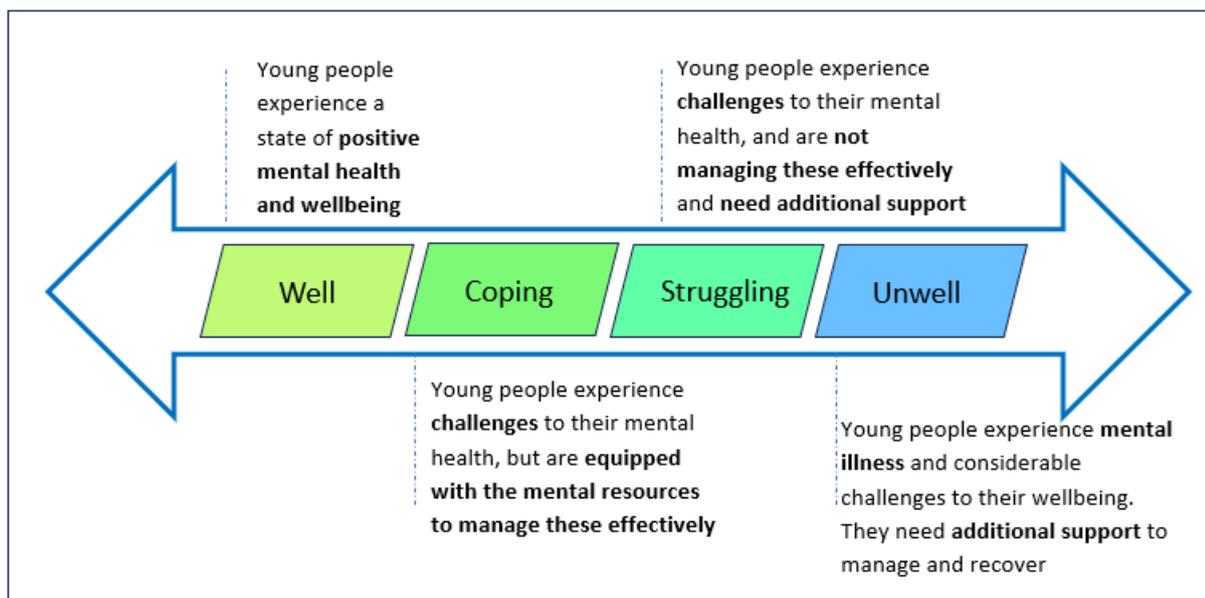

Figure 1 Mental Health and Wellbeing Continuum (adapted from the National Children's Mental Health and Wellbeing Strategy[3])

As identified in the [Nurturing Relationships](#) Mental Health Framework, community health nurses working in schools are uniquely positioned to support young people to cope with challenges to their mental health through promotion and early prevention strategies, and help young people to access additional supports as required.[4]

Specific challenges to mental health

The following data indicate the most common challenges to adolescent mental health, keeping in mind that these mental health challenges do not necessarily determine the young person's level of wellbeing. Refer to [headspace](#) or Youth Mental Health First Aid training for the most up-to-date information.

In a 2020 study conducted by Headspace, 25% of 12-14 year olds and 38% of 15-17 year olds reported high or very high psychological distress on the K10 psychological distress scale, which measures distress in general.[5] Noting that the data for *specific* mental health disorders in Australia are less current, in the 2013-14 Young Minds Matter survey, the most common mental disorder was **ADHD** in males (9.8%), and **anxiety disorders** in females (7.7%), followed by **major depressive disorder** and **conduct disorder**.[6]

Since 2013, **suicide** has been the leading cause of death for Australian children between the ages of five and 17.[7] **Suicidal ideation** is more common than suicide plans or attempts.[8] Around 5% of people aged 14-15 seriously consider attempting suicide every year.[9] Rates of **self-harm** amongst young people have increased markedly over the past five years, especially in females.[10] Deliberate self-harm is the strongest predictor of death by suicide and repeated self-harm further increases suicide risk.[11]

Eating disorders are more prevalent in young women and people who identify their gender as 'other', than in young men. However, prevalence estimates for eating disorders in men may be underestimated, and appear to be increasing; men are also more likely than women to have muscle dysmorphia, or the pathological pursuit of muscularity.[12] In a study of Australia students aged 11-19, an estimated 1.3% of girls, 3% other gender, and 0% of boys met the criteria for anorexia nervosa; 7.7% of girls, 3% other gender, and 1.8% of boys met the criteria for probable bulimia nervosa, and 1.8% of girls, 1.5% other gender, and 0.2% of boys met the criteria for probable binge eating disorder. [13] There are strong associations between eating disorders and other psychiatric disorders, inability to carry out normal activities at school or work and suicidality.[14]

Bullying is a significant concern in Australian schools, with 27% of students in years 4 to 9 reporting regular bullying. Additionally, 20% of young people under 18 experience cyberbullying each year, which typically peaks during adolescence.[15]

Trauma is a physical and/or emotional response to a potentially traumatic single incident or ongoing experience, including Adverse Childhood Experiences (ACEs). ACES are defined as exposure to multiple traumatic events in interpersonal relationships (such as physical, emotional, or sexual abuse in the family) during childhood.[16] **Intergenerational trauma** can result from the impact of trauma

experienced by parent/caregivers, and is more prevalent in Aboriginal[*] and Torres Strait Islander young people and children of refugees.[17] While trauma responses do not necessarily lead to mental health disorders, there is an association between childhood trauma and increased risk for developing mental health problems, including anxiety, depression, psychosis, personality disorders, self-harm and suicide-related behaviours, and eating disorders.[17]

Intersecting protective and risk factors are important considerations when working with young people around mental health issues. Protective factors, including Positive Childhood Experiences (PCEs), strengthen a person's mental health and improve their ability to cope during difficult times, and may mitigate some of the negative impacts of ACEs.[18] These include positive family functioning, relationship with a trusted adult, social and community support (including online), adequate nutritional intake, quality sleep, and physical activity, and cultural participation,[19] For young people, risk factors include high screen time and cyberbullying, poor family functioning, adverse childhood experiences, chronic and/or complex illness, injury, or disability, obesity, out of home care, factors related to refugee status, high demand academic environments, social and emotional issues including relationship issues, parental mental ill health, and substance misuse.[19, 20]

Principles for service provision

- **Trauma informed approach** – Nurses need to be sensitive to the potential presence of trauma history when working with children and young people.

- **Child and Family Centred Care** – The child or young person is at the centre of all care, delivered in partnership with families and those involved in the life and care of the child or young person.

- **Protective and risk factors for mental health and wellbeing** – Nurses need to consider intersecting protective and risk factors when working with young people.

- **Health Promoting Schools Framework approach** – Nurses using this approach can support schools to positively influence knowledge, attitudes, skills and behaviours of students, enhancing short term and long-term mental health outcomes.

- **Culturally safe service delivery** – Nurses need to provide a service which demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of all clients.

- **Nurturing relationships** – Young people are unlikely to disclose mental health concerns unless time has been taken to develop a relationship, therefore, nurses need to routinely enquire how a young person is feeling, no matter the presenting issue.

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[*] MP 0097/18 - Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

Key points

- All nurses will refer to the Nursing and Midwifery Board AHPRA Decision-making framework in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, child and family-centred and evidence-based.

- If the young person is at risk of suicide, **immediate action must be taken to ensure their safety**. Refer to the Suicide risk and non-suicidal self-injury (NSSI) response protocol and action accordingly.

- Department of Education (DoE) staff develop individual Risk Management Plans (RMPs) following a young person's disclosure of suicidal behaviour or non-suicidal self-injury (NSSI). A risk management plan identifies foreseeable circumstances where a student with mental health concerns may be at risk of harm and outlines strategies to reduce this risk. DoE are responsible for communicating and updating RMPs as per the School response and planning guidelines for students with suicidal behaviour and non-suicidal self-injury.

- Nurses should be familiar with the DoE's policies on Student Health in Public Schools and School Response and Planning Guidelines for Students with Suicidal Behaviour and Non-Suicidal Self-injury.

- Nurses require appropriate knowledge and skills that are specific to the nursing role undertaken. Refer to CACH and WACHS *Practice/Learning Frameworks* for further details.

Policy context

There are several key documents that are essential to working in secondary schools. Besides the Community Health policies on school-aged health services:

- MEMORANDUM OF UNDERSTANDING Between Department of Education And Child and Adolescent Community Health and WA Country Health Service for the delivery of school health services for students attending public schools 1 January 2025 – 31 December 2025 forms the basis of an understanding and joint initiative between the Child and Adolescent Health Services (CAHS), the WA Country Health Service (WACHS) and the Department of Education (DoE) to work together to enable the optimal development, physical and mental health and wellbeing; and safety of school-aged public-school children.

- WACHS Aboriginal Health Strategy 2019-2024 provides a five-year vision to improve health outcomes by providing culturally safe and secure services that are accessible, high quality and evidence based.

- WA Mental Wellbeing Guide 2023-2025 provides practical steps to plan, develop, implement, and evaluate community-based mental wellbeing initiatives.

- The importance of mental health and wellbeing is highlighted by the federal initiative *Be You* which provides educators with knowledge, resources and strategies for helping children and young people achieve their best possible mental health. This is offered to all schools and provides an opportunity for nurses to be involved in the implementation and discussions at the school level.

Roles, responsibilities and actions

The role of the nurse involves the provision of primary health care to promote the physical and psychosocial wellbeing of children and young people. The framework for services provided to school-aged children, young people and their families is based on a model of progressive universalism. The levels of progressive universalism are Universal, Universal Plus and Partnership.

Through this model, services provided to the school community can support young people to remain or move towards wellness on the mental health and wellbeing continuum, through the development of strategies and resources to cope with challenges; and to facilitate access to additional support for young people who are struggling, unwell, and/or with complex needs. The primary mechanisms for these are health promotion, education, consultation (assessment and brief intervention), referral, and partnerships with the school and other health services.

The roles, responsibilities and actions included in each of these levels of service are described below

Universal
Community health nurses play a role in supporting young people to develop the resources to remain well, through health promotion activities such as: • Offering presentations around health and wellbeing and the role of the nurse to students entering secondary school, using the process for developing health promotion activities in the *Health Promoting Schools Framework Toolkit.* (See the Community health nurse presentations for high school: Facilitator Guide, and Appendix E: Health Promotion Resources in this document for examples of presentation materials). • Building literacy about mental health and navigation of the health system (such as how to get a Medicare card, access services, or questions to ask the GP). • Responding to requests for health information by parent/caregiver for their child (see Appendix D: Resources for Families). • Providing advice to schools about planning and implementing health promotion initiatives. Nurses may promote their role in the school by: • Engaging with the student services team, such as by attending student service meetings and staff professional development days as appropriate. • Supporting whole school health promotion activities, as appropriate. • Sharing the fliers titled Community Health Nurses working with secondary schools or WA School Health Program Guide Summary with the principal and the Student Services team as part of the discussion of the role and skills of the nurse. This includes references to mental health and wellbeing.

Universal Plus

Community health nurses working in secondary schools can be the first point of contact for a young person experiencing challenges to their mental health, and have a role in equipping the young person with the resources to manage these effectively.

Refer to Universal Plus - School Health for service procedure regarding care planning and referral, parent/client education and resources, consulting with line manager, and documentation.

Young people may be considered to be managing their mental health challenges effectively if they have:[21, 22]

- low or no concerns relating to harm

- mild symptoms or low levels of distress

- with minor impacts on functioning limited to specific settings and situations (school, home, friendships/relationships, work, sport/leisure activities).

As required and in response to a holistic consideration of client needs and functioning, nurses may:

- Offer HEEADSSS assessments (see HEEADSSS adolescent psychosocial assessment procedure).

- Offer brief interventions, e.g. mindfulness, de-escalating anxiety (see Brief Intervention in Adolescent Health handbook, Adolescent brief intervention procedure).

- Respond to disclosures of self-injury and/or suicidal ideation and refer as appropriate (see Suicide Risk and Non-Suicidal Self-Injury (NSSI) protocol).

- Provide information about and facilitate referral to appropriate support service (see Appendix A: Immediate/acute referral options, and Appendix B: Ongoing specialist Mental Health Services in this document). Adhere to CACH and WACHS clinical handover processes when handing over or referring a client within or outside of the health service.

  o Referrals to subsequent organisations may be required to find an appropriate service for the young person.

  o Plan with young person to identify appropriate/available support until they are received by the service.[23]

- Provide list of Online resources and helplines (Appendix C) for young person to access as appropriate. Schools may also have own list of resources to provide.

- Follow up as required.

Partnership

This level of service may be appropriate for young people who are struggling or unwell, and who have identified complex needs.

- Supporting school staff and families with health care planning and management for clients with complex health needs and/or chronic conditions. This can include

- strategies as identified on a Risk Management Plan or the Student Health Care Plan.

- Participating in the Student Services team at the school. Nurses should attend student services meetings to identify young people at risk (including those with identified suicide/NSSI risk), or request to be informed of outcomes of these meetings.

- Liaison with specialised services, such as Child Protection and Family Services, school psychologist, chaplain

- Where appropriate and as part of a collaborative plan with the Department of Education, the nurse can provide ongoing information and individualised strategies in the school setting while student is receiving specialist mental health care.

Training

Nurses are required to complete training specific to their role as per the CACH and WACHS *Practice/Learning Frameworks*, which includes:

- Youth Mental Health First Aid

- Gatekeeper Suicide Prevention Training

- HEEADSSS

- Brief Intervention – included in Understanding Normal Development 11-18 years (CACH)

Documentation

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations according to CAHS-CH and WACHS processes.

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Related internal policies, procedures and guidelines
The following documents can be accessed in the CACH Clinical Nursing Policy Manual HealthPoint link or CACH Clinical Nursing Policy Internet link
Adolescent brief intervention
Clients of concern management
Clinical handover - nursing
HEEADSSS adolescent psychosocial assessment
Health promotion in schools
School-aged health services
School-aged health services - secondary
Sexual health and healthy relationships in adolescence
Suicide risk and non-suicidal self-injury (NSSI) response
Related forms
Clinical handover form (CHS663)
WACHS forms
Consent for Sharing of Information Child 0-17 years
WACHS Child at Risk Alert Notification Form
The following documents can be accessed in the CAHS Policy Manual
Child and family centred care
Clinical Incident Management

The following documents can be accessed in the <u>WACHS Policy Manual</u>
<u>Consent for Sharing of Information: Child 0-17 years Procedure – Population Health</u>
Kimberley region-specific <u>Deliberate Self-harm and Suicidal Behaviour guideline</u>
<u>WebPAS Child at Risk Alert Procedure</u>

Useful internal resources (including related forms)
<u>Brief Intervention in Adolescent Psychosocial Health</u> handbook
<u>CHN in high school presentations to year 7s (Facilitator Guide and Feedback Form)</u>
<u>HEADSS Assessment: Handbook for nurses working in secondary schools</u>
<u>Health Promoting Schools Framework Toolkit – Secondary School – Mental Health and Resilience</u>
<u>Hip Pocket Help Guide</u> (WACHS)
<u>Memorandum of Understanding between Department of Education And Child and Adolescent Community Health and WA Country Health Service</u>
<u>Working with Youth– A legal resource for community-based health workers.</u> Perth: Department of Health Western Australia. (Revised 2020).

Related Department of Education (DOE) policies
<u>Child Protection in Department of Education Sites</u>
<u>Duty of Care for Public School Students</u>
<u>Incident Management on Department of Education Sites</u>
<u>School response and planning guidelines for students with suicidal behaviour and non-suicidal self-injury</u>

Related external legislation, statewide mandatory policies, and guidelines
<u>Consent to treatment</u> Perth: Department of Health Western Australia
<u>Guidelines for Protecting Children 2020</u>

Useful external resources
Black Dog institute – Provides a range of clinical resources including fact sheets, a psychological toolkit and mental health podcasts and webinars.
Crisis Cards - e-MentalHealthInPractice – printable and digitally accessible cards including contacts for phone counselling and online chat
Emerging Minds - Develops mental health policy, services, interventions, training, programs and resources in response to the needs of professionals, children and their families.
eSafety Commissioner – education about online safety risks and help to remove harmful content such as cyberbullying of children, cyber abuse, and intimate images or videos shared without consent.
Every mind – A suicide and self-harm prevention organisation which delivers evidence-based resources and programs.
headspace - information for health professionals – Supports with recognising and treating common mental health issues in young people: Engagement, Anxiety, Depression, Borderline personality disorder, psychosis.
Manual of Resources for Aboriginal & Torres Strait Islander Suicide Prevention - A collection of practical resources and tools that people, both Aboriginal and Torres Strait Islander and non-Indigenous, can use to make a real difference in promoting positive mental health and social emotional wellbeing, and preventing suicide in communities.
National Eating Disorders Collaboration – provides resources for families, young people, peers and health professionals.
QGuides - QLife Resources for health professionals who may be working with LGBTI people and communities.
Youth mental health services at Fiona Stanley Hospital provides state-wide support for 16-24 with acute mental health concerns, referral made through local community mental health service and/or an emergency department.

Appendix A: Immediate/acute referral options

CACH/Metropolitan	
Child and Adolescent Mental Health Service (CAMHS) Crisis Connect This service provides phone and online videocall support for children and young people who are experiencing a mental health crisis, as well as support and advice to families and carers, GPs, school psychologists, teachers, community nurses and health professionals. 24 hours per day, 7 days a week	**1800 048 636**
Acute Care and Response Team (ACRT) ACRTs are a mobile service located across the Perth metropolitan area. They are able to provide short-term, urgent and specialsied mental health support to children and young people up to 18 years of age in a home, clinic, or community setting. The ACRTs operate 7 days a week, between 8am - 6:30pm on weekdays, with extended service until 8:30pm on Tuesdays and Thursdays, and between 10am - 6pm on weekends.	Triaged by CAMHS Crisis Connect **1800 048 636**
Mental Health Emergency Response Line (MHERL) . Available: 24/7 for anyone involved in a mental health emergency in the community. Clinicians will provide assessments, specialist intervention and support and if required, referral to a local mental health service.	**1300 555 788** (Perth Metro) **1800 676 822** (Peel) TTY- **1800 720 101**
WACHS	
Rurallink - 24-hour emergency – After hours mental health phone service for people in rural, regional and remote communities	**1800 552 002**
WA Country Health Service (WACHS) Mental Health Emergency Telehealth Service (MH ETS). Accepts Emergency Department referrals for all age groups.	
Statewide	
Emergency response procedures or 000.	
Consulting Psychologist – Suicide Prevention State-wide School Psychology Service (if school psychologist is not available)	**9402 6433** or **0477 757 125**
Local hospital Emergency Department or General Practitioner (GP)	

Appendix B: Ongoing specialist mental health services

Most referrals to specialised mental health services require a referral from the GP. A GP can also conduct an initial assessment and consider the of provision of a Mental Health Treatment Care Plan which allows for free visits to a clinical psychologist.

See below list for descriptions of specialised mental health services, including links to information around requirements for referrals. An understanding of these services may assist in the discussion with children and families around the available options of mental health services.

Statewide	
Centre for Clinical Interventions (Statewide Service) – offers individual and family-based therapy for anorexia nervosa for adolescents (16-18 years only). Referrals from medical practitioner who provides ongoing medical management.	**(08) 9227 4399**
Eating Disorders Services (EDS) at Perth Children's Hospital (PCH) - multidisciplinary outpatient, day treatment and inpatient care. EDS accepts referrals from medical practitioners only, for young people with evidence of an eating disorder that has been/is unlikely to be responsive to treatment in an alternative community setting. Nurses are welcome to speak with the triage team if they have any students they are concerned about.	**1300 551 142** (PCH Switchboard) **Telehealth** – Country WA
Gender Diversity Service (GDS) at PCH - specialist outpatient service for the assessment and care of children and young people experiencing gender diversity issues. A written referral from a GP, psychologist or school counsellor or nurse is required for a full assessment.	**6456 0202** **Telehealth** – Country WA
Headspace centres; Perth metropolitan area and regional WA (Albany, Broome, Bunbury, Busselton, Esperance, Geraldton, Kalgoorlie, Margaret River, Northam, Karratha). Headspace centres are one-stop shops for young people who need help with mental health, physical health (including sexual health), alcohol and other drugs or work and study support.	Referral information on website.
My Services Community Directory - The Mental Health Commission has developed the My Services online directory to help make it easier for consumers, carers and families to navigate the system and find mental health and alcohol and other drug support services.	Directory
Aboriginal Health/Medical Services are Aboriginal Community Controlled Health Organisations (ACCHOs) devoted to the primary healthcare of Aboriginal people. Locations and map of ACCHOs.	Directory

CACH/Metropolitan	
Community CAMHS (Child and Adolescent Mental Health Services) – support, advice and treatment to young people and their families who are experiencing mental health issues. Children and families are referred by their treating therapist, specialist, GP, school or other community organisation. Access to CAMHS can be through any one of the ten community teams. • Statewide Specialist Aboriginal Mental Health Service (SSAMHS) team – based at Community CAMHS, the team helps care for Aboriginal young people aged 0 – 18 years old who have mental health issues. They work with the Mental Health care team of nurses, social workers and doctors on the mental health treatment and planning for young Aboriginal people across Western Australia.	Information on referrals can be found here
Kids Hub – operated by Parkerville Children and Youth Care Service, provides free mental health and wellbeing services for children < 12 years with mild to moderate mental health challenges, including access to psychologists, paediatricians, nurses, social workers,a and peer support workers. No formal referral, diagnosis, Medicare card, or apppointment required.	**0405 349 227**
Yorgum – culturally secure, community-based healing services utilising a trauma-informed approach to support Aboriginal and Torres Strait Islander children, young people, and adults	**1800 469 371**
WACHS	
WACHS Regional Mental Health Services, including child and adolescent mental health services WA Country Health Service - Our Regions	

Appendix C: Online resources and helplines

The following resources may be shared with the young person in consultation with the health professional, to access at any time as required.

13YARN – **13 92 76** – 24/7 crisis support for Aboriginal and Torres Strait Islanders with one-on-one yarning with a Lifeline-trained Aboriginal & Torres Strait Islander Crisis Supporter
Act, Belong, Commit – guidelines and resources for positive mental health in WA
Beyond Blue - **1300 224 636 -** 24/7 Chat online – 1pm to 12 am, 7 days a week. Provides confidential services from trained mental health professionals, providing information, advice, support and referrals.
Butterfly Foundation (for eating disorders) – National Helpline **1800 33 4673** - Provides innovative, evidence-based support services, treatment and resources and delivers prevention and early intervention programs.
Crisis Cards - e-MentalHealthInPractice – printable and digitally accessible cards including contacts for phone counselling and online chat
Digital Mental Health for High School Students factsheet – list of free phone and online counselling services, including crisis services; online programs and websites providing up-to-date information and targeted treatment for different mental health issues; Apps providing useful skills and strategies relevant to young people.
Head to Health – a free confidential service to support access to wellbeing and mental health services
headspace – online and phone support, and educational resources – for 12-25 year olds relating to general mental health, physical health, work & study, and alcohol and other drugs.
Kids Helpline – **1800 55 1800** – 24/7 phone line for kids, teens, young adults, parents and schools.
Lifeline WA – **13 11 14** – 24/7 short-term telephone crisis support for people who are feeling overwhelmed or having difficulty coping or staying safe.
Medicare for young people , in WA Youth Health Policy 2018–2023 Toolkit
QLife – anonymous and free LGBTIQ+ peer support
ReachOut – Online mental health organisation provides practical support and links to emergency counselling.
Yarn Safe – Online resources for young Aboriginal people (12-25 years) experiencing mental health difficulties.

Appendix D: Resources for families

Beyond Blue - Parenting and Mental Health – information for parents/caregivers including looking after own mental health and wellbeing, and understanding child mental health
Headspace - supporting a young person – information and support for families including raising sensitive issues, working to resolve problems, and knowing the difference between normal behaviour and an emerging mental health problem
Headspace | Support for family including online community, group chats, and interactive online modules; talk online or over the phone to a trained clinician for 1-on-1 support, 9am-1am AEST 7 days a week
Kids Helpline – Parents – fact sheets and Parentline counselling (links to Ngala Parenting Line in WA)
ReachOut Parents – free support for parents of teens on a range of topics including mental health and wellbeing, school refusal, bullying
Raising Children's Network – Information, videos and resources for parents, examples include: • Alcohol and other drugs, binge drinking • Mental health and services • Stress in teenagers • Teenage mental health issues; Promoting happy teens

Appendix E: Health promotion resources

Be You – led by Beyond Blue, offers educators and learning communities evidence-based online professional learning
Community health nurse presentations for high school: Facilitator Guide (CAHS/WACHS) – topics include starting high school, access to reliable health services and websites/apps, physical health, adolescent mental health, social health, screen time/safety online
Growing and Developing Health Relationships (GDHR) – free education resources delivered by the WA Department of Health; topics include communication skills, staying safe, understanding gender, relationships, growing bodies, values rights & culture, sexual health, and sexuality & sexual behaviour
HeadStrong mental health resource for students (Black Dog Institute) – modules include mood and mental wellbeing; the lowdown on mental illness; reaching out – helping others; helping yourself; making a difference
ReachOut Schools – engaging activities for students; topics include mental health, resilience, respectful relationships, study stress, friendships, bullying, transition to secondary school, social media, careers
Range of Road Safety and Alcohol and Other Drug Education Programs for WA Schools – includes online programs for student alcohol and other drug use

This document can be made available in alternative formats on request.

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Healthy kids, healthy communities

Compassion Excellence Collaboration Accountability Equity Respect

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