



GUIDELINE

Mental health in adolescence

Scope (Staff):	Community health
Scope (Area):	CAHS-CH, 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

Aim	1
Risk	2
Background	2
Principles for service provision	3
Key points	3
Legal and collaborative policy context	4
Roles, responsibilities and actions	5
Referral options.....	6
Training	8
Documentation.....	9
Appendix A: Student Services Team	15

Aim

This guideline aims to support nurses working in schools to provide primary health care for young people aged 11 to 18 years, with a focus on mental health.

Risk

Mental health issues which are not identified or do not receive timely intervention are likely to lead to poor health outcomes and can impact on the potential of young people to live fulfilling and productive lives.

Background

Mental health problems are common in young Australians with a prevalence of one in seven. Early intervention is critical: both transient and enduring mental health problems can have a significant impact on wellbeing, school attainment, school completion and suicide risk, with potentially devastating impacts for the life course.¹

The most common mental health disorders in children and adolescents are Attention Deficit Hyperactivity Disorder (ADHD) (7.4%), followed by anxiety disorders (6.9%), major depressive disorder (2.8%) and conduct disorder (2.1%). It is estimated that 14% of children and adolescents aged 4-17 experience mental health problems each year. Males aged 4-17 are more commonly affected than females (16% and 12% respectively), but the difference is likely to be due to the higher proportion of males who experience ADHD.^{1, 2}

Suicidal ideation is more common than suicide plans or attempts. Around 8% of people aged 12-17 seriously consider attempting suicide every year. Females are twice as likely to seriously consider attempting suicide, compared to males (11% and 5% respectively).² However, males have consistently higher rates of suicide than females.³ While the nation's suicide rate has increased by 13% over the past 10 years, for people aged 15 to 19 it has increased by more than 70%.⁴ Rates of self-harm amongst the state's young people have increased markedly over the past five years.⁵ Deliberate self-harm is the strongest predictor of death by suicide and repeated self-harm further increases suicide risk.⁶

Eating disorders are prevalent during adolescence with the most common being anorexia nervosa (0.3%), bulimia nervosa (0.9%) and binge-eating disorder (1.6%). There are strong associations between eating disorders and other psychiatric disorders, inability to carry out normal activities at school or work and suicidality.⁷

Bullying is a significant issue for Australian schools: 27% of students in year 4 to year 9 report frequent bullying and 20% of young people aged under 18 years' experience online bullying (or cyberbullying) in any given year. Cyberbullying tends to peak in adolescence.⁸ Governments have made substantial efforts to tackle bullying behaviour amongst young people. These include national policy initiatives, as well as school-based policies and related strategies and initiatives.

A history of developmental trauma is the single most significant predictor for the presentation to mental health services as an adult.⁹ Individual trauma results from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual wellbeing.¹⁰ While there is limited data on the prevalence of trauma in Australia, a few studies suggest that 57–75% of Australians will experience a potentially traumatic event at some point in their lives.^{11, 12} International studies estimate that 62–68% of

young people will have been exposed to at least one traumatic event by the age of 17.^{13, 14}

Protective and risk factors are important considerations when working with young people around mental health issues. Protective factors strengthen a person's mental health and improve their ability to cope during difficult times. These include positive family functioning, social support (including online), community support, and physical activity. For teenagers, risk factors include high screen time and cyberbullying, poor family functioning, chronic illness and obesity, out of home care, factors related to refugee status, high demand academic environments,¹⁵ parental mental ill health and substance misuse.¹⁶

Young people with mental health problems are not always easily identified. Stigma, poor mental health literacy and a belief that problems should be solved at the individual level are key reasons why young people may not seek help.¹⁷ 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. Appropriate referral is an important aspect of supporting young people with mental health concerns.

The importance of mental health 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.

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** – Nurses need to provide a child and family centred care approach in the delivery of health care.
- **Protective and risk factors for mental health and wellbeing** – Nurses need to consider both protective and risk factors when working with adolescents.
- **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.

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.

- Nurses working in secondary schools need to be trained in undertaking a HEADSS assessment. This guideline should be used in conjunction with the *HEADSS adolescent psychosocial assessment procedure* and the *HEADSS Assessment: Handbook for nurses working in secondary schools*.
- Nurses should undertake Youth Mental Health First Aid (YMHFA) training and/ refresher when needed. Refer to *YMHFA – A manual for adults assisting young people*.
- Refer to *YMHFA – A manual for adults assisting young people* or *headspace* for detailed information on mental health conditions.
- If the young person is at risk of suicide, immediate action must be taken to ensure their safety. Refer to the *Suicide risk 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 Care in Public Schools*; *School Response and Planning Guidelines for Students with Suicidal Behaviour and Non-Suicidal Self-injury*; *Bullying*.
- Nurses require appropriate knowledge and skills that are specific to the nursing role undertaken. Refer to CAHS-CH and WACHS *Practice/Learning Frameworks* for further details.

Legal and collaborative 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, they are:

- [Memorandum of Understanding \(MOU\) 2020-2021](#) 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.
- [Working with Youth](#) covers issues such as: mature minor status, consent for services and sharing information, confidentiality, access to Medicare and many case studies.
- [WA Youth Health Policy 2018-2023](#) outlines the key elements to improve health services for young people, including: providing youth friendly health services, improving access to health services, building knowledge and promoting participation, achieving equitable health outcomes, collecting comprehensive data and building skills for effective interactions with young people.

- [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.

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 adolescents. 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 adolescents aim to support the school community in addressing contemporary health and social issues facing young people and their families through health promotion, education, consultation and referral.

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

Universal

- Offer presentations around health and wellbeing and the role of the nurse to students entering secondary school.
- Build literacy about mental health and navigation of the health system.
- Respond to requests for health information by parent/caregiver for their child.
- Provide advice to schools about planning and implementing health promotion initiatives, e.g., [Be You](#), [Health Promoting Schools Framework Toolkit](#)
- The role of the nurse in schools can be promoted by sharing the flyer titled *Community Health Nurses working in secondary schools* 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 presenting with mental health concerns and have a role in conducting an initial assessment.

- Offer assessments, brief intervention, referral and follow up as required in response to a holistic consideration of client needs.
 - Refer to the *HEADSS adolescent psychosocial assessment* procedure if a psychosocial assessment is indicated.
 - Where appropriate the nurse can provide information about services available, offer psychosocial brief intervention (i.e. mindfulness, reassurance, de-escalating anxiety) and/or facilitate a referral to the appropriate support service. Refer to the [Brief Intervention in Adolescent](#)

[Health handbook](#) and the [Adolescent psychosocial brief intervention](#) policy.

Partnership

- Support 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.
- Participate in the Student Services team at the school. Nurses should attend student services meetings to identify adolescents at risk (including those with identified suicide/NSSI risk), or request to be informed of outcomes of these meetings. See Appendix A for more detail and examples of who might be on the student services team.
- Where appropriate and as part of a collaborative plan, the nurse can provide ongoing information and individualised strategies in the school setting while student is receiving specialist mental health care.

Referral options

In addition to the referral options listed below, staff should be aware of local services and care options.

Also, see [Digital Mental Health for High School Students Factsheet](#) which includes crisis support, Digital Mental Health Gateway (Head to Health), counselling support, apps and useful programs and websites. This can be printed out for quick reference.

Immediate referral options:

CAHS-CH:

- Emergency response procedures or 000.
- [Child and Adolescent Mental Health Service \(CAMHS\) Crisis Connect 1-800 048 636](#). 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.
- [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 health or hospital services.
- [East Metropolitan Youth Unit \(EMyU\)](#) provides services for young people aged 16-24 years of age with complex and acute mental health concerns.
- Local hospital Emergency Department or General Practitioner (GP).

WACHS:

- Local hospital Emergency Department

- Rurallink - 24-hour emergency – After hours mental health phone service for people in rural, regional and remote communities (**1800 552 002**).

State-wide support options available include:

- Consulting Psychologist – Suicide Prevention State-wide School Psychology Service (if school psychologist is not available) (**9402 6433 or 0477 757 125**).

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.

State-wide:

- [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.
- Local agencies including *headspace* and Aboriginal Health/Medical Services and other non-government services.
- [Eating Disorders Services \(EDS\)](#) - Perth Children's Hospital (PCH) - **1 300 551 142** (PCH Switchboard) - Eating Disorders Services are delivered in a multidisciplinary manner involving collaboration between psychiatry, adolescent medicine, nursing, and allied health. The suite of services involve outpatient, day treatment and inpatient care. The continuum of care is designed to support smooth and supported transition of patients between the program of care, in accordance with patient and family centred care principles. EDS services may be accessed by Telehealth for young people in country WA. 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 (e.g. CAMHS, private). Nurses are welcome to call and speak with the triage team if they have any students they are concerned about.
- [Gender Diversity Service \(GDS\)](#) at PCH - **6456 0202** - The Gender Diversity Service (GDS) is a specialist outpatient service for the assessment and care of children and adolescents experiencing gender diversity issues. Once a referral has been received the client and their family will be contacted by a Clinical Nurse Specialist. The purpose of this initial contact is to find out further information about the current situation, and discuss pathways into the service, or to assist with signposting elsewhere to best meet the clients and family's care needs. GDS services may be accessed by Telehealth for young people in country WA. A written

referral from a GP, psychologist or school counsellor or nurse is required for a full assessment.

- Other organisations that provide counselling and support services are listed on page 12 under *Useful external resources - Ongoing support/counselling*.

CAHS-CH/metropolitan:

- [Child and Adolescent Mental Health Services \(CAHMS\)](#) – CAMHS offers support, advice and treatment to young people and their families who are experiencing mental health issues. Children and families are referred to Mental Health by their treating therapist, specialist, GP, school or other community organisation. CAMHS provides recovery-focused programs, and services for children from birth up until a person turns 18 years old. Access to CAMHS can be through any one of the ten community teams. Information on referrals can be found [here](#).
- [CAMHS Crisis Connect 1-800 048 636](#). 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.
- [Mental Health Emergency Response Line \(MHERL\)](#) - Phone: **1300 555 788** (Perth Metro Residents) **1800 676 822** (Peel Residents) TTY- **1800 720 101**. 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.

WACHS:

- CAMHS offers support, advice and treatment to young people and their families who are experiencing mental health issues. Children and families are referred to Mental Health by their treating therapist, specialist, GP, school or other community organisation. CAMHS provides recovery-focused programs, and services for children from birth up until a person turns 18 years old.
- WACHS Regional Mental Health Services, including child and adolescent mental health services [WA Country Health Service - Our Regions](#)
- Headspace centres (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.
- Aboriginal Health/Medical Services are Aboriginal Community Controlled Health Services (ACCHS) devoted to the primary healthcare of Aboriginal people. [Locations and map of ACCHS](#).

Training

Recommended training to support this guideline are the following:

- Youth Mental Health First Aid
- HEADSS Psychosocial Assessment
- Gatekeeper Suicide Prevention.

Documentation

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

References

1. Australian Institute of Health and Welfare. Australia's children. Cat. no. CWS 69. Canberra: AIHW, 2020.
2. National Mental Health Commission. Monitoring mental health and suicide prevention reform: National Report 2019. 2019.
3. Australian Institute of Health and Welfare. Suicide & Self-harm Monitoring Canberra: AIHW; 2021. Available from: <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/deaths-by-suicide-in-australia/suicide-deaths-over-time>.
4. Australian Institute for Health and Welfare. Deaths in Australia Canberra (ACT): Australian Institute for Health and Welfare; 2019 [updated July 2019; cited 2019 Oct 31]. Available from: <https://www.aihw.gov.au/reports/life-expectancy-death/deaths-in-australia/contents/leading-causes-of-death>.
5. Department of Health WA. Emergency Department Data Collection. In: Purchasing and System Performance Division, editor. 2019.
6. Carroll R, Metcalfe C, Gunnell D. Hospital Presenting Self-Harm and Risk of Fatal and Non-Fatal Repetition: Systematic Review and Meta-Analysis. PLOS ONE. 2014;9(2):e89944.
7. Swanson SA, Crow, S. J., Le Grange, D., Swendsen, J., & Merikangas, K. R. Prevalence and correlates of eating disorders in adolescents. Results from the national comorbidity survey replication adolescent supplement. Archives of General Psychiatry. 2011;68(7):714–23.
8. Productivity Commission. Mental Health Report no 95. Supporting Material (Appendices B-K) Bullying and mental health). Canberra: 2020.
9. Kaiser S, Zimet M, Fraser J, Liddle K, Roberts G. Recognition of attachment difficulties and developmental trauma is the responsibility of all paediatricians. Journal of paediatrics and child health. 2018;54(10):1110-6.
10. Substance Abuse Mental Health Service Administration. SAMHSA's concept of trauma and guidance for a trauma-informed approach. 2014.
11. Kezelman C, Hossack N, Stavropoulos P, Burley P. The cost of unresolved childhood trauma and abuse in adults in Australia. Sydney: Adults Surviving Child Abuse (ASCA) and Pegasus Economics, 2015.
12. Mills KL, McFarlane AC, Slade T, Creamer M, Silove D, Teesson M, et al. Assessing the prevalence of trauma exposure in epidemiological surveys. Australian & New Zealand Journal of Psychiatry. 2011;45(5):407-15.
13. Copeland WE, Keeler G, Angold A, Costello EJ. Traumatic events and posttraumatic stress in childhood. Archives of general psychiatry. 2007;64(5):577-84.
14. McLaughlin K, Koenen K, Hill E, Petukhova M, Sampson N, Zaslavsky A, et al. Trauma exposure and posttraumatic stress disorder in a national sample of adolescents. Journal of the American Academy of Child & Adolescent Psychiatry. 2013;52(8):815-30. e14.
15. Rickwood D, Thomas K. Mental wellbeing interventions: an Evidence Check rapid review

brokered by the Sax institute for VicHealth. Victoria: 2019.

16. Hughes K, Bellis MA, Hardcastle KA, Sethi D, Butchart A, Mikton C, et al. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet Public Health*. 2017;2(8):e356-e66.

17. Colizzi M, Lasalvia A, Ruggeri M. Prevention and early intervention in youth mental health: is it time for a multidisciplinary and trans-diagnostic model for care? *International journal of mental health systems*. 2020;14(1):1-14.

Related internal policies, procedures and guidelines
The following documents can be accessed in the Community Health Manual: HealthPoint link or Internet link or for WACHS staff in the WACHS Policy link
Adolescent psychosocial brief intervention
Clients of concern management
Clinical handover - nursing
HEADSS adolescent psychosocial assessment procedure
Health promotion in schools
School-aged health services
School-aged health services - secondary
Sexual health and healthy relationships in adolescence
Suicide risk response

The following documents can be accessed in the CAHS Policy Manual
Child and family centred care
Clinical Incident Management
Critical Incident Impact Management (Debrief)
<u>WACHS policies</u>
<u>Consent for Sharing of Information: Child 0-17 years Procedure – Population Health</u>
Kimberley region-specific Deliberate Self-harm and Suicidal Behaviour guideline
<u>WebPAS Child at Risk Alert Procedure</u>

Related forms
Clinical handover form (CHS663)
WACHS forms
Consent for Sharing of Information Child 0-17 years
WACHS Child at Risk Alert Notification Form

Related Department of Education (DOE) policies
Child Protection
Duty of Care for Students
Emergency and Critical Incident Management
School response and planning guidelines for students with suicidal behaviour and non-suicidal self-injury
Student behaviour and well-being – access to school psychology services

Related government policies, and guidelines
Consent to Treatment Policy (MP 0175/22)
Consent to Treatment Procedure (MP 0175/22)
Guidelines for Protecting Children 2020

Useful internal resources
Brief Intervention in Adolescent Psychosocial Health handbook
CHN in high school presentations to year 7s (Facilitator Guide and Feedback Form)
HEADSS Assessment: Handbook for nurses working in secondary schools
Health Promoting Schools Framework Toolkit – Secondary School – Mental Health and Resilience

[Memorandum of Understanding \(MOU\) 2020-2021](#)

[Working with Youth– A legal resource for community-based health workers](#)

Useful external resources

Ongoing support/counselling

[Aboriginal Health Council of WA](#) – AHCWA provides details of the Aboriginal Medical Services across WA.

[Australia Medical Association \(WA\) youth friendly GPs list.](#)

[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. **For anyone** *BeyondNow Suicide Safety Plan App* – helps create a personal safety plan for crisis or distress.

[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.

[Centre for Clinical Interventions \(State-wide Service\)](#) - **(08) 9227 4399** -The Centre for Clinical Interventions (CCI) is a specialised mental health program in Perth. It offers Cognitive Behaviour Therapy (CBT) for people diagnosed with eating disorders. Referrals are accepted for patients 16 years and above and as part of the public health system, the service offered is free.

[headspace](#)- Multidisciplinary and integrated service offering early intervention for 12–25-year-old people with emerging mental health difficulties. Headspace has a wide area of intervention including mental health, physical health, sexuality and gender identity, vocational and educational support and substance use.

[Kids Helpline](#) **1800 55 1800** – 24/7 phone line for kids, teens, young adults, parents and schools.

[ReachOut](#) – Online mental health organisation provides practical support and links to emergency counselling.

[State-wide Specialist Aboriginal Mental Health Service \(SSAMHS\) team](#) - 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. There are SSAMHS workers based in Community CAMHS.

[Yorgum](#) Aboriginal Family Counselling – **1800 469 371**

Resources

<p>Black Dog institute - Provides a range of clinical resources including fact sheets, a psychological toolkit and mental health podcasts and webinars.</p>
<p>Emerging Minds - Develops mental health policy, services, interventions, training, programs and resources in response to the needs of professionals, children and their families.</p>
<p>Every mind - A suicide and self-harm prevention organisation which delivers evidence based resources and programs.</p>
<p>headspace - Clinical Toolkit - Supports with recognising and treating common mental health issues in young people: Engagement, Anxiety, Depression, Borderline personality disorder, Psychosis.</p>
<p>Digital Mental Health for High School Students factsheet- provides brief information about how digital mental health resources can help young people and suggests a range of Australian, evidence-based, free, and low-cost digital mental health resources suitable for young people to use including: 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.</p>
<p>Head to Health – Information on digital mental health services from some of Australia’s most trusted mental health organisations.</p>
<p>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.</p>
<p>Medicare for young people , in WA Youth Health Policy 2018–2023 Toolkit</p>
<p>National Eating Disorders Collaboration – provides resources for families, young people, peers and health professionals.</p>
<p>Qlife – Resources for health professionals who may be working with LGBTIQ people and communities.</p>
<p>Raising Children’s Network – Information, videos and resources for parents, examples include:</p> <ul style="list-style-type: none"> • Alcohol and other drugs, binge drinking • Mental health and services • Stress in teenagers • Teenage mental health issues; Promoting happy teens.
<p>Yarn Safe – Online resources for young Aboriginal people (12-25 years) experiencing mental health difficulties.</p>

Appendix A: Student Services Team

Student services is the team who oversees the health and wellbeing, and social, emotional and academic needs of students in schools. The composition of Student Services, the function and services provided will vary from school to school. Larger schools usually have more Student Services staff. Each member of Student Services will play a different role depending on their profession and level of expert. The team may consist of school leaders, student services managers, year coordinators, school psychologist, community health nurse and teachers. (Common Language Framework, Department of Education and Department of Health 2021 - under development)

The list below includes staff who *may* be on the team.

- School Psychologist
- Student Support Service Manager / Wellbeing coordinator (or similar title)
- Community Health Nurse
- School leaders
- Year Coordinators
- Teachers
- Aboriginal Liaison Officer (ALO) or Aboriginal Islander Education Officer (AIEO)

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

Document Owner:	Nurse Director, Community Health		
Reviewer / Team:	Clinical Nursing Policy Team		
Date First Issued:	July 2011	Last Reviewed:	25 October 2021
Amendment Dates:	2 Nov 2021, 24 Jan 2022	Next Review Date:	25 October 2024
Approved by:	Community Health Clinical Nursing Policy Governance Group	Date:	22 October 2021
Endorsed by:	Executive Director Community Health and CAMHS	Date:	25 October 2021
Standards Applicable:	NSQHS Standards:  1, 2, 5, 6, 8 Child Safe Standards: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10		

Printed or personally saved electronic copies of this document are considered uncontrolled



Healthy kids, healthy communities

Compassion Excellence Collaboration Accountability Equity Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital