Integrating Education and Mental Health Systems

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ABSTRACT

This paper outlines the development in Western Australia of integrated education and mental health services. A Process Model of Social Systems Design was employed to design new services to respond to the rising numbers of students with mental health problems. The significant changes that have taken place in Western Australia since 2004 to redesign systems, to bring together fragmented services and overcome interagency debates, are examined.

The Context

The Australian education system is larger and more inclusive now than ever before in its history. It continues to be dominated by government run schools, in August 2006, there were 9,612 schools in Australia, of which 71.8% were government schools. In Western Australia (W.A.) we currently have 1123 schools with 376 425 full time students attending schools spread across a state that is approximately the collective size of Texas, the United Kingdom and Japan (see Figure 1).

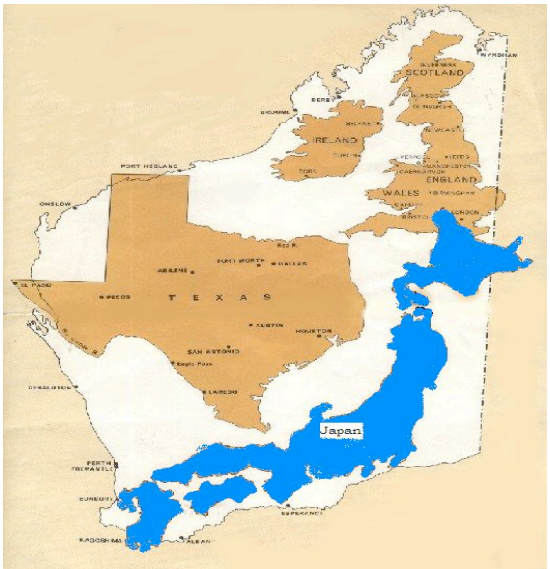

Figure 1 Western Australia

A 2003 Survey of Disability, Ageing and 1the total school population in Australia (aged 0-14 years) had a reported disability (Australian Bureau of Statistics- Cat # 20014443.1) with more than two thirds of these students attending ordinary schools. W.A. has recently broadened its definition of disability with the legislation covering education, the *School Education Act* (1999), now including students with cognitive, neurological and psychiatric disabilities. "*Pathways to the Future: A Report of the Review of Educational*

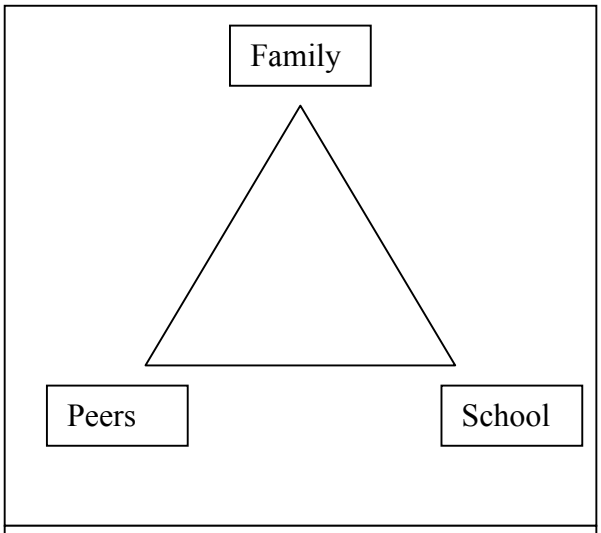

Figure 2. School related problems

Services for Students with Disabilities in Government Schools" (Internal Department of Education and Training, WA report, 2004) identified the need for improved services for students who are identified as having a psychiatric disability. Without the benefit of a federal legislation[i] that specifies the terminology, and accompanying descriptions in this area, the various states and territories have developed their own diverse range of criteria for a psychiatric disability and the corresponding services.

The Micro-system

I was exposed to systems theory in my undergraduate degree (1980s) at Murdoch University, W.A. Early in my career in education (1990s) I met and worked with the co-author at a day patient facility for young adolescents with severe emotional disturbance, now known as the Andrew Relph Centre. The centre was established in 1982 and is based on a systems view of understanding and intervening with young adolescents with

emotional problems The three frames (see Figure 2) that are considered to apply to children with severe emotional disturbance are the school sub-system, the peer sub-system and the family sub-system (Boultwood, Wheatley and Gardiner, 1993). The program attempts to intervene in all three sub-systems but, perhaps more importantly, also considers the interface of these sub-systems. "Without these 'imaginary frames', or systems, the amount and variety of available information often threatens to overwhelm the potential change agent" (Relph, 1984, p.118). The focus on the interaction between the three sub-systems is deemed to be vital to the success of interventions implemented within the program.

The Macro system

By 2004 I was in a position to be an agent of change in the Western Australian education system. As part of a small team I completed a review of education services for students with disabilities in government schools, the most comprehensive review of such services conducted in W.A. in over 20 years. Subsequently, the "*Pathways to the Future"* report was released in February 2004; and by April 2004 the W.A. state government announced an additional $AUD 40 million budget over 4 years to further support students with disabilities and learning difficulties.

That same year I took up an appointment as the Principal of Hospital School Services (HSS), an eduction service that operates over 30 programs for students with medical and mental health issues (inclusive of the Andrew Relph Centre) jointly with the Department of Health. In May of 2004 I proposed a follow up examination of services for students with psychiatric disabilities. During 2005 the second author and myself released the report "*Educational Services for Students With Psychiatric Disabilities in Government Schools*" (report available from the first author) and its' recommendations were endorsed by the Director General of the Department of Education and Training (DET).

Since the release of the report into the education of students with psychiatric disabilities the following outcomes have been achieved in W.A.:

- Severe Mental Disorder is now a defined disability group and 124 students have so far been identified as meeting the criteria.
- DET provides supplementary support in terms of teacher time and/or educational assistant time to students with Severe Mental Disorders, at an approximate cost of $AUD 2 million per year.
- Collaboration with each of the metropolitan Child and Adolescent Mental Health Services (CAMHS) in identification, referral and management is actively supported through five dedicated teacher liaison positions.
- A specialist mental health professional has been contracted from CAMHS to support the understanding in DET personnel of severe mental disorder and implement risk management processes for schools when dealing with students presenting high risk and suspected of having a Severe Mental Disorder.
- Three Mental Health and Education Steering committees have been formed to support interagency practices and establish a strategic plan for the provision of intensive assessment and management for students with Severe Mental Disorders.

Based on this work I was awarded a Churchill Fellowship[ii] in 2005. The fellowship allowed me to meet with a wide range of experienced and knowledgeable people in a number of countries to explore a range of programs dealing with the educational needs of children and adolescents with mental health problems. The CEO of the Fellowship Trust has recently signed off the report on my travel to the UK, Sweden and the Canada in 2006. Most recommendations from that report have been funded and implemented by DET (a copy of the findings are available at the Churchill Fellowships Australia website at http://www.churchilltrust.com.au/res/File/Fellow_Reports/).

Relph (1984 p. 119) summarises the need for a second order cybernetics approach, "…a change agent cannot be seen as standing outside the system. Instead, the change agent must join the systems, be subject to their powers and pressures, and by his or her presence introduce a difference that provides a catalyst for change." The authors have maintained their positions within the systems and have applied Banathy and Jenlick's

"Process Model of Social Systems Design" (1969, p. 48) to integrate the Education and Mental Health systems of W.A. to improve the support for students with psychiatric disabilities.

PROCESS MODEL OF SOCIAL SYSTEMS DESIGN

Transcending the Existing State

As indicated, Psychiatric disability had not previously been identified as a disability within the Western Australian Education Act, prior to the 1999 revision. The DET around this time began the Psychological Health Trial to provide additional educational assistant[iii] time to schools for students with psychological health issues but there was no requirement for ongoing collaboration with treating mental health services. As part of District Education Services, DET employs approximately 180 school psychologists (registered psychologists with an educational qualification) these psychologists work at individual and group levels, with staff, students and parents in the area of learning, behaviour and social/ emotional well being but have no formal link to the mental health system. Thus the existing state in W.A. was two systems operating separately without systemic levels of collaboration (see Figure 3, Model 1).

The one exception to that lack of systemic collaboration (see Model 1 in Figure 3) was Hospital School Services, which operates a number of mental health programs jointly with Department of Health:

- Families At Work is a state-wide tertiary residential program at Bentley Hospital for primary aged students.
- The Education Pathway program of Family Pathways is for primary aged students and adopts a multi-modal approach.
- The Princess Margaret Hospital (PMH), Ward 4H is an 8 bed acute residential unit for all school aged students who require short stay assessment and/or treatment.
- The Transition unit at Bentley Health Service is based on a recovery model for both inpatients and outpatient of secondary school age.
- The Andrew Relph Centre is a day program for students transitioning from primary to secondary school.

- The Eating Disorders Unit is an intensive treatment program at PMH for inpatients and outpatients.
- The Paediatric Consultation Liaison Team at PMH caters for a range of inpatients and outpatients with acute and chronic health conditions.

However, the HSS model of service delivery until 2004 was based on the Department of Health (DoH) being the lead agent (see Model 2, Figure 3) and HSS staff supporting the educational provision in programs run by DoH.

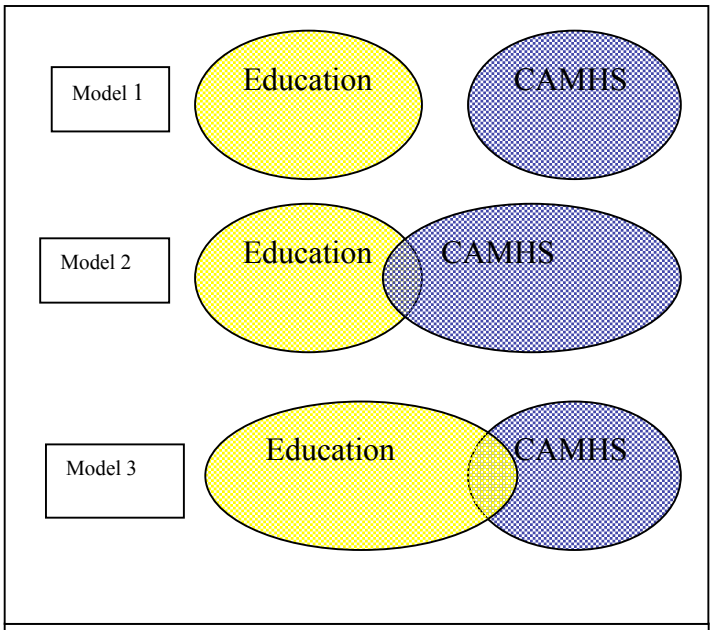

Figure 3. Competing models for systems interaction.

Envisioning: Creating the First Image.

The examination the authors conducted in 2004 clearly indicated that W.A. needed a collaborative model of service delivery for the high numbers of students with psychiatric disabilities in its schools. Other states in Australia for example, the New South Wales State education system terms psychiatric disability as an Emotional Disability and includes students in this group within their segregated educational settings (Center, Ferguson & Ward, 1988). But in a state priding itself on inclusive education practice this was not a model for WA. The Victorian State education system terms psychiatric disability as a Behaviour Disability and has been trialling a "CAMHS in School" model

where Mental Health practitioners provide comprehensive screening, assessment and intervention within the school system (Corboy & McDonald, 2007). Rather than adopt another Model 2 level of intervention (See Figure 3) the Department of Education and Training took the initiative to integrate the services (Model 3, Figure 3) of the two systems by adopting the following *Envisioning principles*:

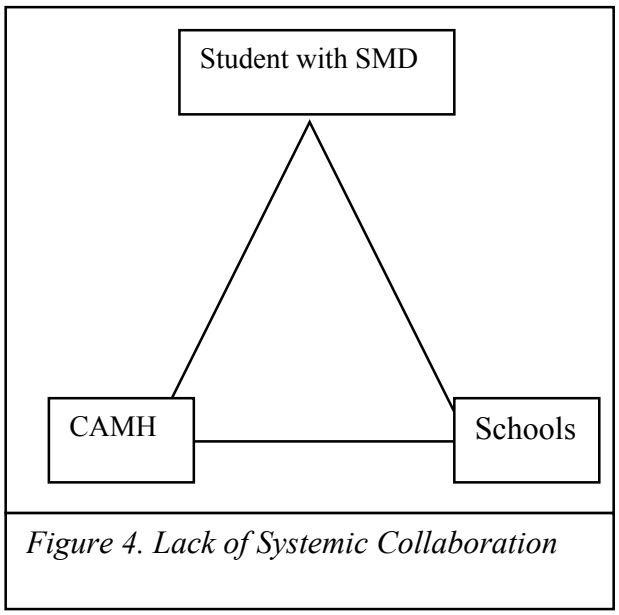

Figure 4. Lack of Systemic Collaboration

- The government system has a significant and expanding role to play in the identification of mental health problems in children and adolescents.
- The government education system is not mandated for, nor does it have the appropriate resources, to provide sole treatment for mental health problems in children, adolescents or parents.
- The government education system has a legislative and ethical obligation to provide access to the curriculum for school-aged children and adolescents that is appropriate to their current level of mental health.

Designing the New System Based on the Image

As there had been no definition nor criteria for service delivery, prior to 2004 for students with psychiatric disabilities in W.A., it was initiated that DET formally accept a psychiatric disability category termed *Severe Mental Disorder*. This was done to promote communication and collaboration between the DET and the DoH by DET adopting the

terminology used in the DoH to refer to students with psychiatric disorders as articulated in the *Infancy to Young Adulthood: Mental Health Policy for Western Australia (*2002).

From focus group exploration by the authors the lack of effective communication and collaboration between Education and Mental Health services was seen as the fundamental issue in service delivery (Figure 4.). Based on the *Envisioning Principles*, HSS established a CAMHS and Education Liaison Team (CELT) with initially two teacher positions appointed in 2005 across 4 of the CAMHS clinics in the Perth metropolitan area. The CELT teacher role was designed to ensure high levels of consultation and liaison between school staff, School Psychology Services and CAMHS clinics, while maintaining the primary treatment role of CAMHS. Thus the poor relationship indicated in Figure 4 could be bridged and the two systems joined as per Figure 5.

An independent review by Associate Professor Jenkins of Curtin University (Unpublished Report available form the first author, 2006) found that "…implementation of the model has led to improved communication, the development of more informed individual care plans, greater inter-agency collaboration and improved advocacy and management of the health and educational needs of students with mental health disorders". There are now a total of 5 CELT teachers working in all of the 11 CAMHS across the Perth (Western Australia's capital city) metropolitan area.

Transforming the System Based on the Design

Collaborative practices are now well documented as increasing effectiveness and efficiency in response to service needs (Miller & Ahmad, 2000). Further, the issues for Education systems not engaging Mental Health services in effective collaboration are evident. Rones and Hoagwood, (2000) found that schools in the United States functioned as the de-facto mental health system with less than 45% of students with psychiatric disability receiving services other than through the school. However, the authors' goal was not just to add additional services but to transform the system of support for students with psychiatric disabilities through the Process Model of Social Systems design and there are a number of indications that this has been achieved. Moretti et al. (1997),

emphasize that, "when services are not integrated with a common goal, a common paradigm for understanding the social problem, a common language of how to work together, families and children fall prey to fragmented services and interagency debates about mandates and responsibilities" (p. 646).

The two systems, DET and CAMHS now share some common goals, for instance the CELT model is well established in the metropolitan area of W.A. and the two systems, in collaboration, are now looking at the rest of the vast state to propose joint models in response to the high need and low levels of support in rural and remote areas. A Mental health Intervention Team is to be established by HSS during the 2007/8 financial year to provide a fly in fly out service to rural WA. The team will commence utilising a DET seconded mental health professional from the CAMHS sector as the Team's Leader but the two systems are in close collaboration on how the team will function and in negotiation as to how CAMHS could fund the Team Leader role in the future.

To illustrate the willingness to adopt the same paradigm the two systems have recently applied for and received a joint budget to fund innovative practice between the two systems. The established criteria for the funding are as follows:

- Enhancement or improvement of collaborative efforts between school-based and mental health services.
- Enhancement of the availability of crisis intervention and appropriateness of referrals.
- Provision of training for the school personnel and mental health professionals.
- Provision of assistance and consultation to school and mental health systems and families.
- Provision of linguistically appropriate and culturally competent services.
- Evaluation of the effectiveness of the program in increasing student access to quality mental health services.

Finally, finding a common language of how two large, complex systems can work together is illustrated by the recent launch in WA by the Minister for Education, of an

initiative to open three educational withdrawal centres for students who present major behavioural challenges. The Education and CAMHS systems have to date had varied understandings of *behavioural problems*. In Mental Health services, *behavioural problems* are seen as part of a continuum that features both internalising and externalising dimensions. The issue arises for schools when no diagnosis is sought nor considered relevant as to how students with challenging behaviour are distinguished from those with precursor mental health disorders. Despite this difference, the language barriers of each of the three Mental Health and Education Steering Committees have been overcome to propose the two agencies work together to achieve the Minister's vision.

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Footnotes

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[i] Unlike the United States of America (Individuals with Disabilities Education Act) and the United Kingdom (Education Act 2002), Australia does not have federal (i.e. country wide) laws governing the education for students with disabilities.

[ii] The Churchill Fellowship program is a grant program that provides financial support to enable Australian citizens to travel overseas to undertake an analysis, study or investigation of a project or an issue that cannot be readily undertaken in Australia (http://www.churchilltrust.com.au).

[iii] Education Assistants are paraprofessionals within the W.A. education system who provide additional support to teachers in classrooms.