Premier’s Anika Foundation Youth Depression Awareness Scholarship

Let’s ACT: Building emotional and social resilience in schools and community

Julie Storok

Kiama High School

Sponsored by



Introduction

Mental health problems have an early onset, with three-quarters of mental health disorders developing by the age of 24 years (Kessler, Berglund, Demler, Jin, & Walters, 2005). One in four Australian adolescents suffer a moderate to severe mental health problem (Australian Bureau of Statistics [ABS], 2008) with only one-quarter of these adolescents seeking professional help (ABS, 2008). These findings may explain why suicide is the leading cause of death in 14 to 25 year olds (ABS, 2013). The Australian government and many researchers in the field have suggested schools are an ideal place to implement strategies to reduce mental illness and its related consequences, and to improve mental wellbeing (Elias, Zins, Graczyk &Weissberg, 2003; Ministerial Council for Education, Early Childhood Development and Youth Affairs, 2011).

Focus of study

For my tour, I primarily targeted schools and health professionals in Australia, the United States, and New Zealand that proactively incorporate the Acceptance and Commitment Therapy (ACT) model in their practice. I also incorporated evidence-based, adolescent-focused mental health programs aimed to build resilience, enhance recognition and referral, and address known or suspected risk factors. I was also interested in learning more about programs which linked existing community mental health professionals with the wider community. The study integrates the vision of the National Safe Schools Framework: promoting lifelong learning; health and wellbeing; and principles for safe and supportive school communities. This study aims to investigate a range of current school and community mental health prevention programs to determine the most effective strategies to implement in Australian schools.

Acceptance and Commitment Therapy is an emerging clinical science demonstrating the broad utility of mindfulness and values in promoting human wellbeing. The goal of ACT is to increase psychological flexibility by teaching skills to handle painful thoughts and feelings effectively, in such a way that they have less impact and influence and to take action guided by ones values. This study centred on ACT aims to enhance student wellbeing by:

* maximising learning engagement that promotes student achievement
	+ contributes to Stage 5 and 6 PDHPE curriculum learning outcomes
	+ provides new opportunities for professional learning for staff and peers
	+ supports the Quality Teaching and Learning standards
	+ expands efforts beyond the school to include the local community, regional and state bodies.

The study will enhance the Positive Behaviour for Success (PBS) Program. PBS is a school wide system that promotes positive values, positive behaviours and development of school environments.

Significant Learnings

Sydney, Australia

* + **ReachOut**

The first stop on my tour was ReachOut.com, Australia’s leading online mental health service providing mental health information and support for youth. I met with education coordinator Sarah to discuss evidence-based methods implemented to assist young people who are unlikely to access traditional mental health services. ReachOut utilises self-help mobile apps and online interventions designed through collaboration with partners to improve the efficiency and effectiveness of mental health service delivery for young people.

ReachOut aims to:

* + increase young people’s mental health literacy, ability to recognise problems and knowledge of how to access support,
	+ identify people at risk of developing mental health problems,
	+ decrease stigma, and increase wellbeing and quality of life.

Because technology is such a part of young peoples’ worlds, it is essential that we as mental health professionals are familiar with current online tools and interventions available to provide youth alternative forms of engagement, compliment treatment and optimise outcomes.

* + **Black Dog Institute**

I was then fortunate to establish a professional relationship with the Black Dog team in Sydney. The Black Dog Institute show their commitment to supporting the resilience and wellbeing of young people by offering education programs for school and community mental health professionals and by engaging young people with a range of specialised mental health and resilience programs and resources. The discussion at Black Dog Institute centred on their programs and presentations (such as Headstrong and INSIGHT) that utilise creative ways of thinking, talking and teaching about mood disorders to engage and motivate young people and youth mental health professionals.

Another initiative by the Black Dog Institute is BITE BACK, a website aiming to improve the wellbeing and mental fitness of 12 to 18 year olds through positive psychology principles. BITE BACK contains specially designed online activities, quizzes and discussion to help young people discover ways to ‘amplify the good stuff’ in their life. On my return, I intend to meet again with the BITE BACK team to discuss opportunities to involve Kiama High School students in a positive psychology program, with the intention to enhance and contribute to the whole school Positive Behaviour for Success (PBS) program. I have cultivated a greater understanding and an increased confidence in the variety of evidence-based online services available for young people in building mental health literacy, the development of protective factors such as communication skills, problem solving skills and help seeking behaviours.

San Francisco, California

* + **Youth Mindfulness Programs in Schools**

I next had the privilege to meet with inspirational teacher Caren McDonald and be directly involved as a guest teacher and observer in an evidence-based mindfulness program at an urban school in Palo Alto, Silicon Valley, south of San Francisco. The transformative potential and academic and behavioural impact that a whole-school mindfulness curriculum can have on such a wide range of students became evident through observation of the mindfulness practice and discussions with the principal, staff and students.

I then met Dr Amy Salzman, author and teacher of the Still Quiet Place – Mindfulness-Based Stress Reduction (MBSR) curriculum for school-age children and their parents. MBSR aims to improve self-regulation and emotional intelligence while encouraging perspective taking and choice, thereby fostering empathic and compassionate action. As a 2011 course participant in Amy’s ‘Still Quiet Place’ 10-week webinar it was a real honour to meet Amy in person. We discussed the growing work of the mindfulness community, the barriers to the practices of mindfulness in schools, and the current research and publications on benefits for children, youth and adults applying mindfulness skills in their daily living.

* + **Wisdom 2.0 Conference**

The Wisdom 2.0 conference included talks from speakers representing some of the most influential companies of our age – Facebook, Twitter, LinkedIn, Google, PayPal, eBay. The common themes were the appreciation of technology in our lives and our global connectedness coupled with the challenge of finding the right balance in personal and organisational life. Speakers highlighted that in order to bring meaning into our lives and workplaces an ancient concept must be brought into our modern world: the art of paying attention, enhancing awareness, or practising mindfulness. Speakers discussed different ways that their companies create space for mindfulness practice in daily working life. An emphasis was also placed on the responsibility of each of us to support our youth whose lives are already steeped in the use of technology. There was a strong recognition of the need to assist youth to navigate ways of staying connected and living mindfully in order to benefit their wellbeing and support them in finding their full potential.

* + **Facebook Headquarters**

I next attended talks at the Facebook headquarters and toured part of the campus. Facebook and the University of California Berkeley’s Greater Good Science Centre have collaborated since 2012, helping people navigate disagreements and ideally turn potential conflicts into opportunities for connection. The aim of the collaboration involves integrating scientific and wisdom principles about human emotion, compassionate communication, cooperation and healthy communities to promote social interaction. The collaborative team shared their philosophy behind this collaboration, some of the progress they’ve made, and the lessons they’ve learned.

* + **Earth Rise Retreat Centre, University of San Diego**

I participated in a Mindfulness Behaviour Cognitive Therapy (MBCT) retreat at Petaluma with mindfulness pioneer and MBCT founder, Dr Zindel Segal, and 40 other health professionals. Through this retreat I deepened my own mindfulness skills and further clarified the theoretical frameworks that highlight components of rumination and the central role it plays in depression. In addition, I learnt the potential value of mindfulness in promoting a shift from a doing mode of mind to a being mode of mind. The retreat cultivated the embodiment of my therapeutic skills and promoted a deeper understanding of the processes of depressive relapse and the ways mindfulness positively impacts clients suffering depression.

* + **ACT Boot Camp at Reno, Nevada**

Internationally acclaimed clinicians, researchers and founders of ACT delivered this intensive four-day training. The training included a range of experiential and conceptual material and skills based around the core processers and application of ACT in clinical and school settings. Session workshops demonstrated new ways to understand and access client suffering, increase clients’ psychological flexibility, and support their ability to sustain value-consistent behaviours and enhance their potential for improving their lives. I felt invigorated and validated as a practitioner and came away with the belief that I can apply what I’ve learned, sustain connections with new networks, and left the course with a knowing at the level of my head, hands and heart.

Alaska, USA

My time in Alaska was awe-inspiring, challenging, thought-provoking and expansive. I am most appreciative of the Alaskans I met who shared their time, wisdom and information about suicide awareness, education, preventions, and post-vention in schools and the community. Suicide disproportionately affects people living in Alaska compared with the 48 contiguous United States, with even higher rates documented in Native Alaskan populations, similar to rates of suicide in the Australian Indigenous population. Suicide is a complex social phenomenon that depends on unique historical, personal, social and situational circumstances. Meetings, observations and visits to schools, behavioural health centres and research units highlighted this complex interaction.

My time in Alaska highlighted my significant role in cooperating with individuals and groups to effectively address the physical, psychological, emotional and spiritual needs of youth and their communities. I have a greater appreciation for how I can work directly with youth, delivering school programs that enhance meaningful connections with the community. I left Alaska with a greater understanding of the significant need for collaborative action, culturally relevant information and strategies that promote meaning in youth and their communities, and overall increased community wellbeing.

Anchorage, Alaska

* + **Disability and Mental Health Services, Anchorage School District**

Meeting with Chris Fraczek, Clinical Psychologist Coordinator, I learnt how local and regional schools are working toward whole school health promotion initiatives across the state to sustain long-term, consistent, multilevel interventions that have the potential to reduce suicidal behaviour and promote school retention. The district is culturally diverse, with up to 90 languages used in the area. As a member of the suicide prevention coalition he stated the biggest challenge is bringing all systems together, indicating that this requires intentional efforts from all teams to effectively strategize to build on the assets of individuals and communities, foster collaboration among community members and appreciate diversity.

Chris discussed some of the district’s many programs, including the mandatory Mental Health First Aid training of all staff in schools, Applied Suicide Intervention Skills Training (ASIST) and Safe Talk training. Chris emphasised the greater combined outcome when teaming school psychologists, counsellors, and nurses. These programs help professionals identify, understand, and respond to signs of mental illness and substance use disorders. Program development takes into account cultural norms, beliefs, and behaviours and the effect of culture on student life. Chris stated that in the last two years he has seen a 72% increase in graduation.

* + **University of Anchorage Behavioural Health Research and Services (BHRS)**

The University of Anchorage BHRS team integrates initiatives to change the culture on campuses and in the community by providing information, leadership opportunities and advocacy training to the students and staff. On-campus student-run mental health programs, educational talks, and advocacy groups have improved student’s mental health awareness.

I took part in the Gate Keeper training offered by the BHRS to educate professionals to identify risk factors and warning signs of mental health problems as well as protective factors that enhance a young person’s ability to care for themselves during a crisis. I was also introduced to campaigners located on the campus, including 1100, named as such as more than 1100 college students complete suicide each year, and I met the team at the National Suicide Prevention helpline, a Lifeline network assessing caller’s suicidal behaviour and imminent risk.

* + **Barrow, Alaska**

A recent study of suicide in Alaska suggests that the rate of intentional self-inflicted death gets higher the farther north a community is located, though the study’s authors say the exact reasons for that remain unclear. I flew to Barrow, ‘the top of the world’, and met Leslie, the school counsellor of Hopson Middle School in temperatures of –35C. Her role includes teaching social–emotional literacy to school classes on a weekly basis as part of the Positive Behaviour Support Program and a very impressive resilience and prevention program called Second Step: Student Success through Prevention. Her programs promote skills and attitudes that increase students’ social and school success and prevent violence, bullying and substance abuse. The program’s five themes are empathy and communication; bullying prevention; emotion management and coping; problem solving, goal setting, and decision making; and substance abuse prevention.

* + **Barrow, Alaska Native Medical Centre and the Behavioural Health Youth Centre**

I met with staff at the Alaska Native Medical Centre (ANMC) where we discussed their role in increasing the Native population’s access to behavioural health care, the presence of law enforcement personnel in the community, and the presence of community members with suicide prevention training. The ANMC aims to destigmatise mental health and encourage help-seeking behaviour. I observed part of the Wellness Warrior training and Teens Responsibility Accepting Individual Life Skills (TRAILS) program at Behavioural Health Youth Centre.

* + **Fairbanks, Alaska**

Here I met with Linda, founder of Joel’s Place Youth Centre, who showed me around the Youth Advocacy Centre, the women and men’s shelter, as well as the food distribution centre for the community. We discussed the centre’s post-vention planning tool, which utilises a response model with the intention to both reduce the risk of more suicides and help community members heal. Linda and her team members exercise a support role for grieving family and friends, explaining to families and friends what is usual to expect after a suicide, some common mistakes to avoid, and positive steps to take. They help bring communities together and make them stronger by identifying who will take these positive steps and educate them on how to begin doing so. Linda provided me with a number of examples of post-vention activities, information for different groups in the community, and details on what help and training is available to youth and community and how to request it.

* + **Centre for Alaska Native Health Research Institute of Arctic Biology Awakening Project – ElluamTungiinun (Toward Wellness)**

This project is a prevention trial to test the efficacy of the project’s culturally based approach to suicide and substance abuse prevention in three Yup’ik communities. I met with Stacey Michelle Ramus, assistant research professor and project manager of The ElluamTungiinun project. Based on a toolbox of resources named Qungasvik, the project includes 36 cultural and bicultural activities designed to establish protection from suicide and alcohol abuse in communities, families, and youth. The program provides a strength-based cultural approach to increase youth’s engagement with life and wellbeing. The purpose of the project is to create evidence-based prevention practices for Alaska Native youth.

Auckland, New Zealand

* + **Werry Centre Mental Health Research Unit**

In New Zealand I travelled to the Werry Centre, where I was introduced to the Home, Education, Eating, Activities, Drugs and Alcohol, Suicide and Depression, Sexuality, Safety (HEEADSSS) Assessment. One of the New Zealand Prime Minister’s Youth Mental Health initiatives is to implement the HEEADSSS assessment across primary health care.

The Werry Centre, in conjunction with sector leaders, has developed training for primary level services resulting in a free online eLearning module, which I completed. The target audience for training includes health care professionals working with young people in primary care, including school nurses, school counsellors, youth workers, practice nurses, general practitioners, primary mental health professionals and social workers.

HEEADSSS promotes a structured framework that increases communication between young people and primary health care professionals. The framework supports early identification of issues relating to mental health and alcohol and other drugs. The framework contains information that can easily be implemented within the primary health care sector to support young people’s development.

Conclusion

The tour has supported me personally and professionally through direct experiences with different communities and services. I explored numerous ways in which we as educators, mental health professionals, and community members can further support and expand the development of social and emotional resilience and better prevent depression and suicide using the ACT model in schools.

Throughout the study tour, I gained considerable insights and skills that will enhance my practice in the school setting. Some of the major insights and skills I gained were:

* + a greater understanding of theoretical components of numerous mental health frameworks, including MBSR, MBCT, ACT, PBS and many other locally designed frameworks
	+ a strengthened capacity to apply the practices of ACT and other mindfulness and resilience-based interventions in whole school initiatives
	+ an increased professional network with local and global professionals from specialties that I would not normally interact with directly, including psychiatrists and research professionals
	+ a renewed and deepened practice in cultivating the embodiment of my teaching of mindfulness to youth
	+ a deeper understanding of the processes of depressive relapse and the ways that mindfulness helps clients recover and remain mentally healthy
	+ an enhanced awareness of how to manage the complexities of suicide, prevention, intervention and post-vention strategies for young people, their families and community
	+ the ability to collaborate with professionals across the youth health sector to build resilience and support youth and community wellbeing
	+ a new edge on my approach to working together with students, staff, and community to establish new strategies supporting student wellbeing, such as student-run mental health awareness, education, and advocacy groups
	+ an improved understanding of the significant need for collaborative action and the value of culturally relevant and meaningful programs for youth and communities
	+ greater confidence to develop partnerships with families and communities through comprehensive, collaborative community engagement.

Overall, the genuineness of those I met on the tour and the passion that they emanate for their work has given me both fulfilment for my role as a school counsellor and admiration for those who work so hard to promote the wellbeing of the next generation. I’ve returned from meeting with many great mental health professionals carrying true inspiration to match the impact and transformations that they are creating.

References

Australian Bureau of Statistics (2008). National Survey of Mental Health and Wellbeing: Summary of results, 2007. Cat. No. 4326.0. Canberra, Australia.

Australian Bureau of Statistics (2014). Causes of Death, Australia, 2012, Cat. No. 3303.0. Canberra, Australia.

Elias, J.E. Zins, P.A. Graczyk, R.P. &Weissberg, R. (2003). Implementation, sustainability, and scaling up of social-emotional and academic innovations in public schools. School Psychology Review, 32, 303-319.

Kessler, R. C., Berglund, P., Demler, O., Jin., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions for DSM-IV disorders in the national comorbidity survey replication. Archives of General Psychiatry, 62(6), 593-602.

Ministerial Council for Education, Early Childhood Development and Youth Affairs (2011). National Safe Schools Framework – Revised 2011. Carlton, Victoria, Australia