

Chief Minister's Round Table of Young Territorians

Community-Based Project



Empowering young people to identify and support their peers in mental health and wellbeing

By Jessica Cullen



Please note: The Chief Minister's Round Table of Young Territorians is an independent advisory body. The views expressed in this report are those of the authors and are not necessarily reflective of those of the Office of Youth Affairs or the Northern Territory Government.

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Abbreviations

Abbreviation	Definition
MHFA	Mental Health First Aid
NT	Northern Territory
Round Table	Chief Minister's Round Table of Young Territorians
SMHFA	Standard (adult) Mental Health First Aid
TMHFA	Teen Mental Health First Aid
YMHFA	Youth Mental Health First Aid

Terms Used in this Report

High School: Recognised learning institutions for students in years 10-12.

Mental Disorder: "A diagnosable illness that affects a person's thinking, emotional state and behaviour, and disrupts the person's ability to work or carry out other daily activities and engage in satisfying personal relationships" (Kitchener BA, Jorm AF, Kelly CM. *Mental Health First Aid Manual*. 2nd ed. Melbourne: Orygen Youth Health Research Centre; 2010, p4)

Mental Health: "A state of complete physical, mental and social wellbeing, and not merely the absence of disease" (http://www.who.int/topics/mental_health/en/). It is related to the promotion of wellbeing, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

Mental Illness: See definition for "mental disorder".

Middle School: Recognised learning institutions for students in years 7-9.

Wellbeing: "A state of being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (http://www.who.int/features/factfiles/mental_health/en/index.html)

Young person: Individuals aged 12-25 years (inclusive).

Young Territorian: An individual aged 12-25 years (inclusive) who lives in the Northern Territory.

Executive Summary

This project considers the benefits of introducing a youth-focused Mental Health First Aid (MHFA) course into high schools across the Northern Territory (NT). The goal is to increase capability of young people to identify and respond to developing mental health issues and crises in their peers and wider community. The long-term goal of the project is to increase the numbers of young people engaging in appropriate professional treatment for mental health issues.

It is well known and documented that mental health, depression, anxiety and suicide, are issues for young people, and the 2012 Round Table Youth Issues Survey found that mental health remains a key concern for young Territorians.¹ The 2012 *Gone Too Soon* report stated that there is '*strong evidence that mental illness is prevalent in many completed suicides*².' This is a strong reason to support any programs relating to the improvement and awareness of mental health.

The *Empowering young people to identify and support their peers in mental health and wellbeing* project of 2012 aims to support the idea that young people are the best resource for other young people when it comes to mental health issues and crises. Not only that, but in addition to the current mental health education provided in high school, there needs to be a practical skills course which teaches young people how to respond in the event of a friend being mentally unwell.

The research for this project was conducted over a number of months and was carried out mainly through online resources that are openly available to the public. Contact was also made with groups and individuals who were identified as key stakeholders, or people with an existing interest and experience in this area. Most interviews were conducted over email due to time and distance constraints.

The first point of interest was to determine whether the author's experience was consistent with that of the wider population, in that young people are most likely to turn to their friends when in need of advice or support. This was found to be correct through previous Round Table project reports and the Mission Australia *National Survey of Young Australians (2011)*. The second step was to determine what is currently available to young people with regard

¹ *Chief Minister's Round Table of Young Territorians Youth Issues Survey 2012: Breakdown*

² *Gone Too Soon: A report into Youth Suicide in the Northern Territory, 2012, p.17*

to mental health and wellbeing and whether this arms young people with the capability to help a friend in need. This included researching resources within the curriculum, as well as organisations and websites with messages that are targeted at young people.

The information that is provided to high school students at present is largely about looking after your own mental health and preventing the onset of a mental health issue. We know that often prevention is key, and that's great. However, we also know that whilst some mental health issues can be controlled with treatment, they generally cannot be prevented, such as schizophrenia, bipolar disorder, some anxiety disorders and clinical depression. These illnesses usually present themselves in adolescence, so it's important that young people not only know about their existence, signs and symptoms of these illnesses, but how they can provide a basic level of help to their friend or peer who may be experiencing a mental illness.

It was found that although there are already a number of resources available to students at NT high schools, including learning and curriculum inclusions, websites and mental health organisations, more could be done in terms of providing useful skills to young people to assist their friends and peers in the instance of a developing mental health issue or crisis.

It was also found that professional development of school staff to be able to deliver appropriate mental health education is vital in achieving these outcomes.

The author of this project therefore has the following recommendations:

1. the Department of Education and Children Services consider including the provision of the Teen Mental Health First Aid (MHFA) course into the current health/pastoral education curriculum for high school students;
2. increase funding to schools for professional development of relevant teachers to become instructors in the Teen MHFA course;
3. all high school teachers to undertake the Youth MHFA course to support the teachings of the Teen MHFA course and provide knowledgeable and appropriate adults within schools who can respond to crises within the school community; and
4. all levels of government and community services to undertake further research into the role of peers and friends in identifying and responding to mental health issues in young people.

Introduction

The inspiration for this project came from the author's personal interest in mental health and passion for development of young people's knowledge, understanding and empowerment through the sharing of practical information and skills. It is also based on an underlying mission to increase the numbers of young Territorians who access professional mental health services.

The objectives of the project are:

- to determine what mental health education resources are currently available to young Territorians attending high school;
- to identify any gaps between the information that is already being provided and the information that needs to be provided in order for young people to be able to provide safe and effective assistance to their peers; and
- to consider the benefits of a Mental Health First Aid course for young people.

It should be noted that the author of this report elected to focus the project on young people who attend school, and not simply all young people. There are a number of reasons for this decision, including the fact that school students are a captive audience and it was felt the most benefit would be achieved with this group given the length of time that members are elected to the Chief Minister's Round Table of Young Territorians (Round Table). In addition to this, the programs and resources that were investigated are only available in schools and so it was considered most appropriate for this to be the area of focus.

It is difficult to obtain reliable statistics on the number of Territorians that are affected by mental illness annually, and even harder to find specific information about the numbers of young Territorians affected by mental illness, as many go untreated. However, we know that nationally 14% of children and adolescents aged 8 to 18 will be affected by a common mental disorder over a 12-month period.³ At some stage in their life, 45% of the population of Australia will experience a mental disorder and one in five Australians will experience a mental illness in any 12-month period.⁴

³ Ross et. al *Development of key messages for adolescents on providing basic mental health first aid to peers: a Delphi Consensus Study* (2012), p.1

⁴ SANE Australia, *'Facts and Figures About Mental Health'*
<http://www.sane.org/information/factsheets-podcasts/204-facts-and-figures>

In order to find out more about the impact of youth suicide in the NT, the Legislative Assembly of the NT commissioned a Select Committee on Youth Suicides in the NT to undertake an investigation and evaluation of current and emerging issues with regard to Youth Suicide. The report was published in March 2012 following extensive community and youth consultations. *Gone Too Soon: A Report into Youth Suicide in the Northern Territory* shockingly found that the youth suicide rate in the NT is 3-5 times the national average.⁵ In fact, in the five years between 2002 and 2006 the suicide rate of 15-24 year olds in the NT was more than twice than that of all other states and territories⁶. Mental illness is an issue affecting a large proportion of the national community and it appears that these figures are even greater and more devastating in the NT. The report associates mental illness being evident in many suicides⁷ and due to this provided several recommendations that are relevant to this project:

Recommendation 4

The Committee recommends that the Department of Education and Training increase the professional development opportunities for all teachers in relation to mental health and wellbeing, and recognising and assisting young people at risk of suicide.⁸

Recommendation 15

The Committee recommends that the Department of Education and Training review its *Emergency Preparedness Policy and Emergency Management Kit* and incorporate requirements for the development of specific procedures to respond to suicide, and direct schools to implement this policy as a matter of priority.⁹

The Round Table undertakes a Territory-wide Youth Issues Survey at the commencement of every year to determine their agenda. It is intended that a wide variety of young Territorians are surveyed in order to identify the current issues for young people in the NT. The 2012 Round Table Youth Issues Survey found that over 30% of respondents referred to issues such as boredom, isolation, suicide and bullying as being the number one concern in their community.¹⁰ All of these terms have mental health implications for young people.

This is supported even further in Mission Australia's *National Survey of Young Australians (2011)*, which found that 20.55% of 15-19

⁵ *Gone Too Soon: A report into Youth Suicide in the Northern Territory*, 2012, p.iii

⁶ *Gone Too Soon: A report into Youth Suicide in the Northern Territory*, 2012, p.x

⁷ *Gone Too Soon: A report into Youth Suicide in the Northern Territory*, 2012, p.17

⁸ *Gone Too Soon: A report into Youth Suicide in the Northern Territory*, 2012, p.xiv

⁹ *Gone Too Soon: A report into Youth Suicide in the Northern Territory*, 2012, p.xv

¹⁰ *Youth Issues Survey 2012 Collated Results*

year olds surveyed said depression was their number one personal concern.¹¹ This was the tenth annual survey for Mission Australia and 45,916 young people aged 11 to 24 participated in the survey to share their values and areas of concern.¹²

Unfortunately, the majority of young people with a mental health issue do not receive professional treatment.¹³ Around 71% of these people have a diagnosable mental illness.¹⁴ The Delphi consensus study by Ross et. al found that this is likely due to an overwhelming preference of young people to rely on themselves and their peers instead of seeking professional help.¹⁵ Therefore, if we want to encourage young people to engage in professional mental health services that are available to them, we need to educate all young people about mental health issues, how to recognise signs and symptoms within their peers, and what services are available to them.¹⁶

The next step is to determine where young people turn to when they are in need of advice or support. In Mission Australia's *National Survey of Young Australians (2011)* the overwhelming result was that for areas of main concern such as stress, body image, depression, suicide and self-harm, young Australians are more likely to turn to their friends over parents, relatives, teachers, the internet and school counsellors for advice and support.¹⁷

For areas of main concern such as stress, body image, depression, suicide and self-harm, young Australians are more likely to turn to their friends over parents, relatives, teachers, the internet and school counsellors for advice and support. – Mission Australia's *National Survey of Young Australians (2011)*

So from these survey results we now know that young people are concerned about mental illness for themselves and their peers, and that the preferred method of getting help is through their friends.

¹¹ *Mission Australia National Survey of Young Australians (2011)*, p.65

¹² *Mission Australia National Survey of Young Australians (2011)*, p.4

¹³ Ross et. al (2012), p.1

¹⁴ Ross et. al (2012), p.1

¹⁵ Ross et al (2012), p.1

¹⁶ Ross et. al (2012), p.2

¹⁷ *Mission Australia National Survey of Young Australians (2011)*, Table 14, p.115

The next step was to establish whether there is a gap between what information is currently being provided to young people in schools, and what is required in order for them to be able to provide the appropriate help to their friends and peers in the instance of a developing mental health issue or crisis.

Discussion/Major Findings

All levels of government in Australia appear to recognise that mental health is a big issue for young people and that some level of education needs to be provided to students about mental health in order to assist with the development of resilience and prevention of illness. There are two main frameworks that are widely used in middle and high schools across Australia, namely the Australian Government funded MindMatters and Beyond Blue's SenseAbility programs. Since 2011, the Australian Government Department for Health and Ageing has given/renewed its support to four programs/initiatives aimed at improving mental health outcomes for young Australians.¹⁸

Whilst the author of this report chose to focus on school students as a segment of young society that is easy to capture information about, there are obviously a large proportion of young people who don't fit within that environment. Outside of the formal school environment, there are many other mental health resources available to which sometimes cater specifically for young people, including websites such as ReachOut.com, eheadspace and Beyond Blue, and face-to-face services such as headspace Top End. See Appendix A for details of the services available and how and when young people can access them.

MindMatters

MindMatters is the primary mental health curriculum resource for high schools in Australia. MindMatters is a national initiative funded by the Australian Government Department of Health and Ageing. It includes professional development and classroom lessons with the aim to promote and protect the mental health and social and emotional wellbeing of all the members of the school community¹⁹ and engages leaders, teachers, students, families and the community in its whole school approach. It encourages a comprehensive approach to mental health and wellbeing, and not just focusing on one individual with specific needs. Although the suite is comprehensive and covers such topics as positive self-perception, coping skills and how the school should respond to a crisis, it does not teach students any specific practical skills about how to assist in the likely event that they identify a peer or friend with a mental health issue. The NT coordinator of MindMatters has

¹⁸ <http://www.health.gov.au/internet/main/publishing.nsf/Content/portal-Youth%20health>

¹⁹ Mind Matters website, <http://www.mindmatters.edu.au>

indicated that staff from 12 independent schools, 77 government schools and 17 Catholic schools have participated in professional development in the MindMatters suite over the past 5 years.²⁰

Beyond Blue SenseAbility Program

Another resource available for use in schools is Beyond Blue's SenseAbility program. This is a program aimed at developing individual resilience, confidence and skills to tackle life's inevitable ups and downs. There are several modules addressing topics such as Essential Skills (communication, emotional recognition and regulation, and planning and time management, etc), Self-Worth, Control, Belonging, Purpose, Future and Humour. The SenseAbility program promotes the fact that there is no need for special training for teachers to deliver the program, and that it is flexible and adaptable.

headspace

A key resource for young Territorians who live in the Darwin/Palmerston region is headspace Top End and in the Alice Springs region headspace Central Australia. The Select Committee On Youth Suicides in the NT, in their *Gone Too Soon* report made recommendations for the establishment of headspace centres in Katherine, Tennant Creek and Nhulunbuy.²¹ Whilst there has not been a specific federal commitment as yet, headspace and its supporters continue to advocate for new site locations in the NT.

Headspace provides an early intervention health service and deals with a range of issues including family problems, relationships and mental health concerns such as anxiety and depression. Headspace Top End has seen 700 young people each year since 2010.²² They provide a service for people aged 12-25, but the highest represented age group each year is those of high school age (15-17), being about 37% of all clients seen.²³ Since 2010 headspace Top End has seen around 600 people aged 15-17 in their service. Most of these people are referred to the service by either friends or parents.²⁴ The service works with young people to find strategies to deal with the problems they are facing. They also offer additional

²⁰ Zilm, T, email "enquiry from Chief Ministers Round Table", 30/10/2012

²¹ *Gone Too Soon: A report into Youth Suicide in the Northern Territory*, 2012, p.xi

²² Weir, S., email "Re: Round Table Project", 4/09/2012

²³ Weir, S., email "Re: Round Table Project", 4/09/2012

²⁴ Weir, S., email "Re: Round Table Project", 4/09/2012

training courses such as the SafeTALK program for suicide alertness and prevention. It appears that whilst it is primarily targeted at participants being able to identify people at risk of suicide and encourage them to seek professional assistance, it is also about ensuring that Suicide Alert Helpers practice effective self-care when they are faced with such a scenario. There are some circumstances where young people can attend headspace and learn practical skills on helping a friend.

Mental Health First Aid

The Mental Health First Aid (MHFA) program was established in 2001. In the same way as a general First Aid course, a MHFA course teaches members of the public how to help someone who is developing a mental health problem (e.g. depression or anxiety) or experiencing a mental health crisis (e.g. suicidal ideation, self-harm, psychosis) until appropriate professional treatment is received or until the crisis is resolved. There are currently four MHFA courses being provided regularly across Australia. These are the Standard (adult) MHFA (SMHFA) course, Youth MHFA (YMHFA) course for adults helping youth, and tailor-made courses for Aboriginal and Torres Strait Islander people and Vietnamese people.

The course teaches participants how to recognise the signs and symptoms of specific mental health problems, and how to help the individual until the appropriate professional help can be sought. There is an emphasis on the MHFA provider to not feel responsible for the other person's health and safety, as well as a strong emphasis on self-care and the importance of debriefing. Evaluations have shown a number of benefits from the MHFA courses including improved recognition and understanding of mental health problems, reduced stigma, increased confidence and willingness to provide help to those in need and greater amounts of help provided to others in the six months following completion of the course.²⁵

Youth Mental Health First Aid

Somewhat different from the general MHFA course, the Youth Mental Health First Aid (YMHFA) course is facilitated by specialist trainers. It is for adults working or living with adolescent young people (such as parents, teachers, youth workers) allowing them to develop skills in the identification of and practical assistance for a young person experiencing a mental health issue.

²⁵ Mental Health First Aid, 'Mental Health First Aid Australia' Fact Sheet

Course participants learn about adolescent development, the signs and symptoms of the common and disabling mental health problems in young people, where and how to get help when a young person is developing a mental illness, what sort of help has been shown by research to be effective, and how to provide first aid in a crisis situation²⁶.

Teen Mental Health First Aid

It was encouraging to find out during the course of this project that the MHFA organisation has recently developed a Teen specific MHFA course (TMHFA) to be provided to high school students. It has been developed for adolescents aged 16-18 years and is to be delivered to a class of 15-30 students, over three 50-60 minute sessions by a specialised trained instructor. The course was formed with the developmental level of adolescents in mind, and includes simple actions that do not require a young person to take responsibility for their friend's mental health or safety.²⁷

The MHFA organisation has recognised that young people have a strong preference for disclosing personal problems to their friends and that those friends are often not well equipped to respond appropriately in those situations.²⁸ Peers play such an important role in whether a young person will engage in professional help and disclose their problem to an adult, that it is vital they know the appropriate response to give and the right direction to point their friend in.

The TMHFA course aims to:

- increase mental health literacy (including awareness of warning signs of mental health problems, knowledge of appropriate sources of help and knowledge of appropriate first aid strategies);
- increase supportive actions provided to peers with mental health problems;
- increase the likelihood that early and appropriate treatment is sought for developing mental health problems (through decreasing barriers and negative attitudes towards seeking help);
- decrease stigmatising attitudes towards people with mental illness; and

²⁶ *Youth Mental Health First Aid Course Information*,

<http://www.mhfa.com.au/cms/youth-course-information/>

²⁷ Ross et al. (2012), p.2

²⁸ Mental Health First Aid Training and Research Program, *teen MHFA: a new initiative for young people: Program Overview*, March 2012. p. 2

- promote suicide prevention through encouraging young people to discuss their concerns about mental health and self-harm with responsible adults.²⁹

Ultimately the goal is to improve mental health outcomes for young Australians.

In contrast to MindMatters and SenseAbility, TMHFA teaches high school aged students practical skills on how to help each other when a mental health problem arises. It uses familiar first aid models such as easy to learn and recall 5-step action plan. MHFA state that the THMFA program will “fill a current gap in mental health education in schools and is designed to complement the MindMatters and SenseAbility programs.”³⁰

The TMHFA course is still being trialled in Victorian schools and is not widely available as yet. The formal evaluation of the program trial will be conducted in three stages, prior to the training, immediately post-training and three months following completion of the training and will measure and assess changes in knowledge, attitudes and behaviour about MHFA using several approved tools. Parents and teachers of the students who attend the training will also be given the opportunity to provide qualitative responses regarding their perceptions of the students’ training experience³¹.

For the school trials, the course will be delivered in three one-hour sessions including the use of engaging multimedia learning activities and will be presented to students aged 16-18 during normal class time. It will be delivered by a trained MHFA instructor who has specialist knowledge in youth mental health and experience working within schools. The regular class teacher and school welfare coordinator will also be present during the training sessions³².

The cost for the course will likely be determined in the latter part of 2013. To become a TMHFA instructor, a person will first need to be accredited as a YMHFA instructor and complete an additional course to be a TMHFA instructor³³. It is anticipated that MHFA organisation will commence offering training to prospective TMHFA facilitators in the latter part of 2013.³⁴

²⁹ Mental Health First Aid Training and Research Program, *teen MHFA: a new initiative for young people: Program Overview*, March 2012. pp.2-3

³⁰ Mental Health First Aid Training and Research Program, *teen MHFA: a new initiative for young people: Program Overview*, March 2012. p.3

³¹ Fisher, J-A., email: “response to Jess Cullen re tMHFA”, 15/11/2012

³² Fisher, J-A., email: “response to Jess Cullen re tMHFA”, 15/11/2012

³³ Fisher, J-A., email: “response to Jess Cullen re tMHFA”, 15/11/2012

³⁴ Hart, L., email: “RE: Teen MHFA”, 8/11/2012

Whilst the TMHFA is still being developed, there have been some cases of delivery of modified youth-focussed MHFA courses. In consultation with MHFA, Ms Erin Evans, formerly Health Promotion Nurse modified the YMHFA course and delivered a trial course to a group of students from Taminmin College in the NT who were enrolled in Health and Psychology units. The aim of the course that Ms Evans delivered to her students was providing young people with the clear pathways available in order to support a friend or peer they might be concerned about. This is much the same as the aims of the TMHFA course. The feedback she received from the students involved is said to be overwhelmingly encouraging, with most students feeling confident they would be able to help a friend who came to them with a mental health problem.³⁵

The final major finding of the report was that there is very little research data available relating to the important role that peers and friends play in identifying and responding to mental health issues in young people.

³⁵ Evans, E, *“Re: Mental Health First Aid”*, 3/07/2012

Conclusion

Young people are the primary source of discussion and assistance for each other when it comes to mental health issues. Therefore, it is of utmost importance that we provide our young people with suitable skills and knowledge to be able to provide safe and effective help to their peers until a responsible adult and/or mental health professional can be engaged.

Although there are several mental health education resources available to young people both inside and outside of school, there is a gap in the teaching of practical skills to help a friend or peer with a mental health crisis.

The newly developed Teen Mental Health First Aid course appears to be a suitable program to complement the current teaching and learning programs in Territory high schools, providing the additional practical skills and knowledge required to assist others.

Stakeholders

The following table outlines the stakeholders which have been identified as playing a key role in this project, and mental health and wellbeing in general. The impacts of their involvement in the project are also detailed. The author of this report feels it is important to be transparent about the identified stakeholders so that the integrity of the project can be maintained.

Stakeholders	Benefit
MHFA	<ul style="list-style-type: none"> ○ Increased participation in their first aid courses. ○ There are obvious monetary benefits for this organisation, as there will need to be more instructors trained. But it is also about seeing their vision achieved; <i>"an empowered community providing support to one another in times of mental health problems and mental health crises, with positive and inclusive attitudes towards people with mental health problems."</i> (www.mhfa.com.au)
NT Government	<ul style="list-style-type: none"> ○ Increased capability for young Territorians to provide support to others in the community suffering from mental health issues. ○ Earlier and more effective interventions. ○ Increased awareness of current resources/services.
Schools	<ul style="list-style-type: none"> ○ More cohesive, supportive and understanding student body. ○ Decreased bullying on the grounds of misunderstanding/stigma around mental health. ○ Decreased disruption within schools following a mental health crisis; increased resilience of student body.
Wider Community	<ul style="list-style-type: none"> ○ Hopefully there will be a reduction in mental health crises occurrences (with more young people receiving early intervention treatment) and the devastating impacts of these crises. ○ There will be a wider support network for all people who experience mental health issues. ○ Increased community understanding and

	acceptance.
Young People	<ul style="list-style-type: none"> ○ Can support and feel supported by their peers. ○ Better understanding and reduced social stigma of people experiencing mental health issues.
Youth Mental Health Agencies	<ul style="list-style-type: none"> ○ Hopefully these agencies will see more young people in their services before they are at crisis point. ○ However, if successful, the introduction of these courses into schools may mean that there are more young people engaging for assistance, which may prove to be a strain on their resources.

Recommendations

The author of this project therefore has the following recommendations:

1. the Department of Education and Children Services consider including the provision of the Teen MHFA course into the current health/pastoral education curriculum for high school students;
2. increase funding to schools for professional development of relevant teachers to become instructors in the Teen MHFA course;
3. all high school teachers to undertake the Youth MHFA course to support the teachings of the Teen MHFA course and provide knowledgeable and appropriate adults within schools who can respond to crises within the school community; and
4. all levels of government and community services to undertake further research into the role of peers and friends in identifying and responding to mental health issues in young people.

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Youth Issues Survey 2012: Breakdown: A summary of the results of the Youth Issues Survey, conducted by the Chief Minister's Round Table of Young Territorians (2012), collated by Office of Youth Affairs

Zilm, T., email "enquiry from Chief Ministers Round Table", 30/10/2012

Appendix A: Contact List of Service Providers

Name of service	Type of service	When/how accessible	Contact
ReachOut	Online self-help, fact sheets, forums, youth involvement	24 hours, 7 days a week	http://au.reachout.com/
Headspace Top End	Face-to-face professional assistance	Palmerston, open normal business hours	Shop 15 Oasis Shopping Centre Palmerston NT 0830
Headspace Central Australia	Face-to-face professional assistance	Alice Springs, open normal business hours	Shop 5 5 Hartley St Alice Springs NT 0870
eHeadspace (Online)	Online counselling service	9am to 1am (AEST), 7 days a week	www.eHeadspace.org.au
eHeadspace telephone	Telephone counselling service	9am to 1am (AEST), 7 days a week	1800 659 388
SafeTALK	Suicide awareness and prevention training course	Depends on availability and cost	(03) 6224 3450
BeyondBlue	Online self-help, fact sheets, community involvement	24 hours, 7 days a week	www.beyondblue.org.au
Kids Helpline	Online and Telephone counselling service (free)	24 hours, 7 days a week	1800 55 1800
Lifeline	For support and advice in a personal crisis.	24 hours, 7 days a week	13 11 14
Black Dog Institute	Online resource for depression and bipolar disorder including facts and how to get help for you or someone else	24 hours, 7 days a week	www.blackdoginstitute.org.au

Evaluation

There was a natural flow to this project. Following the initial research into what is available within Territory schools at present, my initial thoughts were around making a recommendation to create a teen-focused MHFA course. However, when I first made contact with Ms Laura Hart of MHFA, I found out that the exact type of program which is missing in Territory schools had recently been developed and was being trialled in Victorian schools.

The most difficult thing about this project was finding relevant, documented evidence. There is not a great deal of research into the important role peers and friends play in young people's mental health. There is even less information readily available regarding mental health statistics for young Territorians.

The most positive and enjoyable aspect of this project was finding that there were so many resources already available to young people with regard to mental health. If people are looking, they can find a lot of reliable information about self-care and prevention of mental illness. Furthermore, the people I contacted at MHFA, Headspace Top End and Ms Erin Evans were eager to share their experiences and knowledge to benefit young Territorians.

The lesson I have learned is to take things as they come, to be flexible about the direction and result of a project and that you are making things harder for yourself if you try to predict the results of your research and findings.