



Schools Up North

Mental Health For Learning

PROGRAM

Evaluation

2018-19



Acknowledgements

The SUN Program team would like to acknowledge all who have contributed to this evaluation, and to thank them for their time and generosity of spirit.

In particular, to Genevieve Sinclair, Mandy Welfare and the team at YETI, who provided an enabling environment in which to seed and grow this innovative program.

To Tagai State and Western Cape Colleges—who came on board in a spirit of creative collaboration, commitment and change—we are grateful for the opportunity to do such meaningful work with you. And to the staff at Kowanyama State School, thank you for your valued partnership and commitment to working together over the next two years.

We thank the communities of Napranum and Thursday Island for their warm welcome and for sharing their knowledge of young peoples' needs.

To our key partners at all levels, who have enabled the project to integrate new ideas, knowledge and practice, and to our research collaborators, who have helped to ensure evidence-based best practice, SUN would have been an entirely different project without you.

And to the NQPHN, whose flexibility allowed us to redesign the project they originally tendered, exemplifying the responsiveness to local need that enabled the project's scope, approach and outcomes to evolve with, and for, its participating schools.

SUN's niche

In the context of increasing numbers of virtual, online and telephone-based resources to support remote teachers, the strength of SUN's approach is that it facilitates deliberation of real issues at the local level through a face-to-face, solutions-focused and relationships-based approach. By supporting attitudinal change, SUN augments the agency of 'new teachers' and their capacity for resilient adaptation to their remote school post. As existing research has demonstrated, the positive impact of teacher attitudes on the retention of at-risk students in schools can reduce the burden of student disengagement from school and, as a consequence, the risk load for poor long-term mental health.

Contents

EXECUTIVE SUMMARY	4
1 BACKGROUND	6
2 LITERATURE REVIEW	11
3 EVALUATION	13
4 OUTCOMES	35
5 CONCLUSIONS	38
6 RECOMMENDATIONS	41
7 REFERENCES	43
8 APPENDIX	45

FIGURES

1 Continuum model of student engagement and intervention opportunities	8
2 Overview of the SUN Program Theory and School-based Mental Health Platform	10
3 Pathways to disengagement and proposed solutions highlighted by TSC's secondary campus Principal at 2019's Youth Stakeholder Summit	29

TABLES

1 SUN evaluation data from TSC and WCC in Phase 1 & 2 (2018-19)	14
2 Comparison of SUN Schools Phase 1 & 2	18
3 Stakeholder groups engaged with SUN in Phase 1 & 2	18
4 Summary of program refinements, with differentiation by school, over two years	20
5 Phase 1 Workshops (2018)	21
6 Strategies to support key themes underpinning supportive classroom management identified at Tagai State College (February 2018)	23
7 Common behavioural presentations and supportive classroom strategies identified at Western Cape College (January 2018)	24
8 Issues and ideas identified during TSC reflective sessions (January 2019)	28
9 Student input into the Health Hub design at TSC	30
10 Trauma Informed Practice delivered at TSC and WCC (2018-19)	32
11 Components and processes integral to the SUN School-based Mental Health Platform	40

ABBREVIATIONS

CCYP	Coordinated Care of Vulnerable Young People	QTU	Queensland Teachers Union
CD-RISC	Connor-Davidson Resilience Scale	RADIO	Remote Alcohol & Drug Interventions & Outcomes
CYMHS	Child & Youth Mental Health Service	S&EWB	Social & Emotional Wellbeing
DAT SIP	Department of Aboriginal and Islander Torres Strait Islander Partnerships	SWPBSL	School Wide Positive Behaviour Support for Learning
DCSYW	Department of Child Safety Youth & Women	TAS	Trauma Aware Schooling
DOGIT	Deed of Grant in Trust	TSC	Tagai State College
ESCM	Essential Skills of Classroom Management	TSESC	Teacher Self-Efficacy for Self-Care
GO	Guidance Officer	TSESSWB	Teacher Self-Efficacy to Support Student Wellbeing
HOD	Head of Department	WCC	Western Cape College
NQPHN	North Queensland Primary Health Network	YETI	Youth Empowered Towards Independence
QH	Queensland Health		
QUT	Queensland University of Technology		

Executive Summary

This report presents the background, rationale, mechanisms and implementation of the Schools Up North (SUN) project and its evaluation-driven evolution, over a period of two years, into a program and School-based Mental Health Platform—one that optimises the role of teachers in supporting student wellbeing and addressing early mental health difficulties in remote Indigenous school settings.

By maintaining educational engagement, the SUN program optimises remote school settings as core resources within the Stepped Care model of mental health service provision by:

1. Expanding remote area new-teacher skills and confidence to build trusting relationships with Aboriginal and Torres Strait Islander students, thus maintaining calm and safe school environments for emotionally vulnerable young people, a major contribution to emotional resilience (Stepped Care 1);
.....
2. Embedding light-touch mental health interventions in schools that minimise additional harm via marginalisation of young people with mental health difficulties (Stepped Care 2-4);
.....
3. Enhancing system capacity to recognise, support and refer Indigenous young people in need of more intensive care (Stepped Care 3-5).

Over two years the SUN team worked with two remote secondary schools - Western Cape College (WCC) in Weipa and Tagai Secondary College (TSC) on Thursday Island. Embedded evaluation over that time identified stress as a significant issue for teachers, with the impacts broader than on those directly affected. Experienced teachers, as predicted, were found to demonstrate higher self-efficacy in relation to both self-care and supporting student wellbeing. However, they were not immune to the stress of teaching practice, particularly when their experience was called on at times of crisis and additional service load.

The initial SUN project utilised the locally-identified, resilience-informed strategies of experienced teachers. Through peer-to-peer sharing this was harnessed to increase new teacher awareness of, and capacity for response to, the needs of

students with background mental health problems compromising school engagement. The specific issues of underlying histories of trauma were identified as a priority and addressed through whole-of-staff training in trauma-informed practice. This developed into a core element of the emerging program. Also integrated were specific resources designed to increase awareness about, and the impact of, historical and social factors relevant to the Indigenous populations of Cape York and the Torres Strait.

At each site the sharing of evaluation findings has informed a process of iterative refinement, and consolidated codesign as central to the program process.

Embedded evaluation enabled the definition of features of successful implementation which were integrated into the evolving SUN program including:

- Clear articulation of intervention mechanisms and opportunities;
- Collaborative identification of localised needs and resources;
- Formalised, close working relationships with school leadership;
- Relevantly-qualified and experienced project consultants;
- Interactive, participatory workshop-based training;
- Codesign, with iterative evaluation-informed process refinement;
- Understanding of local issues and needs within the broader, system context;
- Flexible-responsiveness to local context and needs, while retaining fidelity to project aims and attention to sustainability.

Outcomes identified through this process include:

- Structured, reflective workshops with a mental health clinician enabling constructive discussions about how to support student mental health and wellbeing within the school system;
- The SUN team developed relationships and built trust with a core group of school leaders, senior and new teachers, gaining a better understanding of teaching and learning priorities, and behaviour support policies and processes;

- School leaders developed whole-of-school strategies around student mental health and wellbeing;
- Schools prioritised and adapted local responses to interagency coordination;
- Partnerships were produced that may lead to sustainable systemic changes;
- Research opportunities to extend the evidence base in this area are significantly advanced.

The ongoing evaluation of the SUN program has been shared at every stage with the leaders of participating schools. These findings have also informed the extension of this initiative beyond the original two project sites (to Kowanyama), and enabled an in-real-time response to support those three schools to develop strategies and skills in response to the challenges presented by COVID-19.

The arc of this intervention has been driven by awareness of the critical value of a nuanced understanding of community and school contexts, and of acknowledging the voices and agency of practitioners and pupils. Its trajectory has been shaped by demands requiring real-time context-responsiveness and sustained by relationships of confidence and trust.

This report concludes with recommendations that flow from experience, evaluation and dialogue with key partners.

Background

In 2017, the Northern Queensland Primary Health Network (NQPHN) conducted a mental health needs assessment in Cape York and Torres Strait Island communities through which youth mental health was identified as a priority. Youth Empowered Towards Independence (YETI) was funded to deliver the SUN pilot project to address this issue. SUN is a school-based initiative aimed at increasing student retention. It focuses on teacher relationship building and promoting classroom strategies to address challenging student behaviours. Utilising participatory action research, early feedback indicated the aetiological importance of trauma, and relevant training was prioritised in the first year of the SUN project as a core element. The pilot consisted of two phases:

SUN Phase 1 (2018) trialled a project intervention – consisting of four participatory, capacity-building workshops and two training sessions – implemented with teachers in two remote secondary schools (Weipa and Thursday Island). From this experience the *SUN School-based Mental Health Platform* emerged, providing a mechanism to articulate with the Stepped Care Model for Mental Health. Its evaluation provided a foundation for both context-informed refinement of Phase 1 strategies and iterative extension in Phase 2.

SUN Phase 2 (2019) consolidated the *School-based Platform* in which teachers in remote schools became agents of change in enhancing engagement and facilitating early referral of Indigenous students experiencing mental health difficulties. Through an ongoing process of co-design, SUN aimed to flexibly respond to identified local circumstances and needs, and assure sustainability through workshops with relevant players. In the second year, planning commenced (for 2020-21) with Kowanyama State School.

The report presents:

1. The rationale and context for the initial project and its iterative refinement;
2. Detailed narrative of program development over two years including context, approach and key learnings from each stage;
3. Outcomes and apparent mechanisms by specific local context, with proposed next steps; and
4. Recommendations to enhance and sustain SUN's gains.

1.1

INITIAL PROJECT RATIONALE

By comparison to the mainstream population, Indigenous Australians experience an elevated burden of mental disorders. Indigenous vulnerability is amplified both in the youth population, and by remoteness. Young Indigenous residents of remote Australia are exposed to what Daniel Tarantola has referred to as triple jeopardy.¹ In north Queensland social disadvantage and attendant neurodevelopmental adversity has been identified as a critical driver of dramatically increased rates of serious mental illness in the Indigenous populations of Cape York and the Torres Strait.² Key factors mediating youth vulnerability are elevated rates of out-of-home care and educational disengagement. Compared to the mainstream, in remote communities fewer schools achieve >90% attendance, and rates of 'Tier 3' behaviours such as violence and property destruction are elevated. Despite reports of higher thresholds for taking action in remote schools, at times suspension and exclusion is unavoidable. In such cases, students' vulnerability is increased to unstable carer relationships and accommodation, substance use, offending and exploitation – in turn entrenching educational disengagement and, ultimately, unemployment, restricted life opportunities – and higher rates of mental disorders.

Conversely, maintaining school engagement provides relational constancy, sustains positive peer relationships, provides opportunities for intervention and referral, and supports educational advancement.^{3,4} For all students, including those with mental health vulnerabilities, strong relationships with teachers and peers are key to maintaining school engagement.

Teachers set classroom tone through consistent expectations, predictable routines, classroom presence and effective differentiation of the curriculum. Teachers model self-regulation and respect that build trust. With the support of Student Services staff and school leaders, teachers interpret and respond to challenging classroom behaviours within the range of 'normal adjustments' without the additional resources triggered by a formal mental health diagnosis. Finally, teachers (in collaboration with other relevant school staff including guidance officers, student services heads, flexible learning

coordinators and school leaders) implement individual plans for students with recognised learning difficulties and for those in complex case management.

When working with students with underlying mental health problems these classroom roles are emotionally demanding, compounded when teachers' mental health literacy is limited. Further, teachers in disadvantaged remote settings also confront a range of personal and professional challenges, especially in their first year: isolation from families and support networks; new and unfamiliar cultures; high visibility in small communities; and, curriculum and pastoral demands that may at times appear in conflict with maintaining classroom 'control'. Consequently, the turnover of teachers new to remote-area teaching is high, compromising a key resource supporting student engagement and retention – the relationship between teacher and student.

The SUN project set out to address these issues by:

- supporting new teacher resilience and longevity in the remote school environment;
- establishing their role in supporting student wellbeing and resilience; and
- facilitating appropriate referral consistent with the stepped care model of mental health service provision.

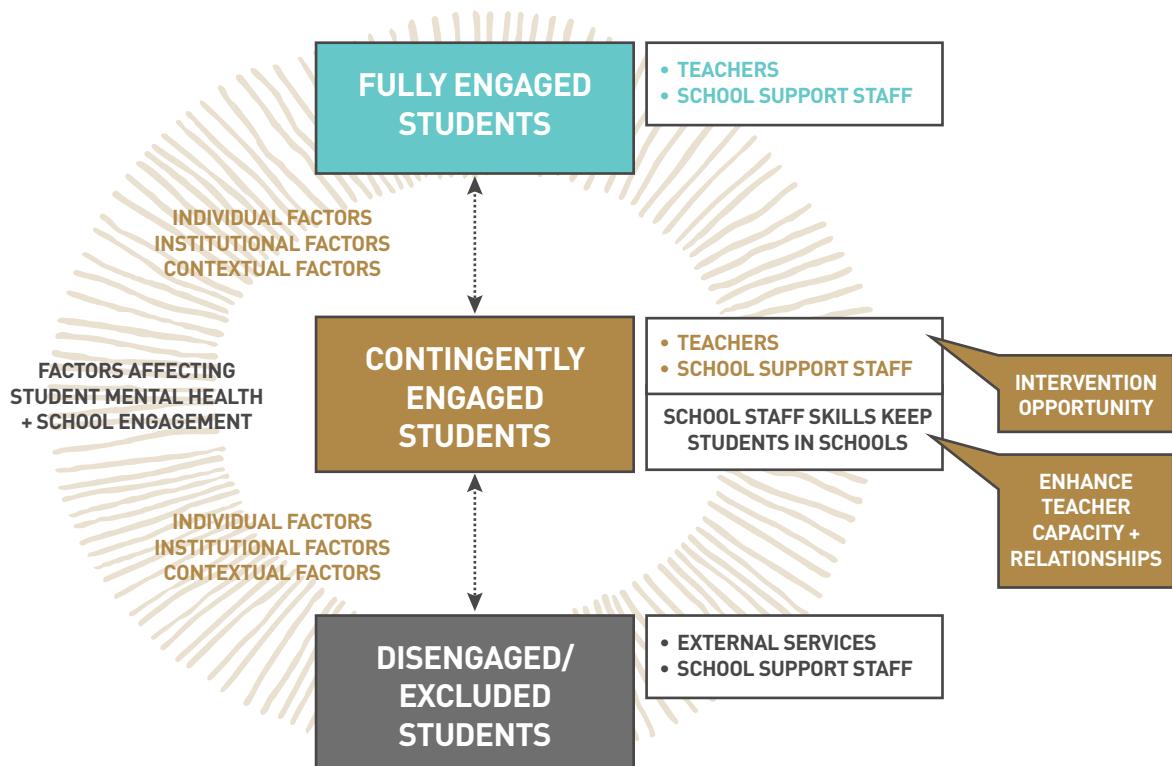
1.2 INITIAL PROJECT LOGIC

For the purposes of the SUN project, student disengagement is conceptualised as a process (Figure 1). While some students are never effectively engaged with the education system, most eventually are, and that minority who ultimately totally disengage are, for a time, '**contingently engaged**'. That is, a range of factors influence their attendance and engagement. These may be personal (such as mental health issues), external (for example, problems at home) or institutional (for instance, suspensions). The needs of young people who are disengaged or excluded from school are necessarily the responsibility of student support staff and external service providers (mental health, child safety...). However, teachers and school support staff have important intervention opportunities – to ensure that those who are fully engaged remain so and those whose engagement is fragile have their needs met to become fully engaged.

The SUN project seeks to optimise teacher capacity to keep students engaged through enhanced overall workforce capacity in remote schools by:

- Providing context-relevant skills to new teachers who are likely to experience stress because of complex student behaviour / poor mental health;
- Strengthening connections to relevant services for students at risk in order to: ensure functional access at times of need; facilitate communication between significant adults in their lives; and, provide appropriate support for teachers working with at-risk students.

Figure 1: Continuum model of student engagement and intervention opportunities



1.3 PROGRAM EVOLUTION

As an evolving social intervention, an evaluator was embedded within SUN from the outset and underlying assumptions were made explicit:

- mainstream teacher education does not comprehensively prepare teachers with the skills and knowledge for remote teaching;
- in the remote school context new teachers are “most likely to benefit” from skills enhancement;
- experienced teachers are well placed to share experiences and strategies with new teachers;
- stable school leadership and key staff competencies are critical;
- access to effective mental health and education expertise should be available;
- dialogue across teacher levels within the school is facilitated by school leaders;
- dialogue between teachers and external service providers will benefit teachers.

Data collected included: direct observations and transcripts of face-to-face workshops; interviews with teachers and student support staff; and, regular online surveys to measure teacher resilience and self-efficacy, and to collect qualitative teacher feedback. The theory-driven evaluation, informed by realist principles, proposed an initial program theory, or ‘how SUN was supposed to work’.

Peer to peer sharing of teacher knowledge and experience will provoke critical reflection or practice and raise awareness of student mental health needs. This will improve teacher capacity to support vulnerable students: directly by applying practical in-class strategies; and through facilitating earlier mental health intervention. Resultant enhanced teacher self-efficacy and resilience in the remote school context will increase the likelihood of teacher retention, thus stronger relationships with students and growth in institutional capacity.

Over time, dialogue between SUN, school leaders and teachers highlighted the dynamic interplay between system and community factors impacting teacher capacity. Local ideas for addressing student mental health vulnerability were also explored. Through the second year the theory of action was refined such that:

Context-informed agency among teachers to work across the system could be developed through mechanisms of critical reflection, peer support and sustained feedback through relationships at three levels:

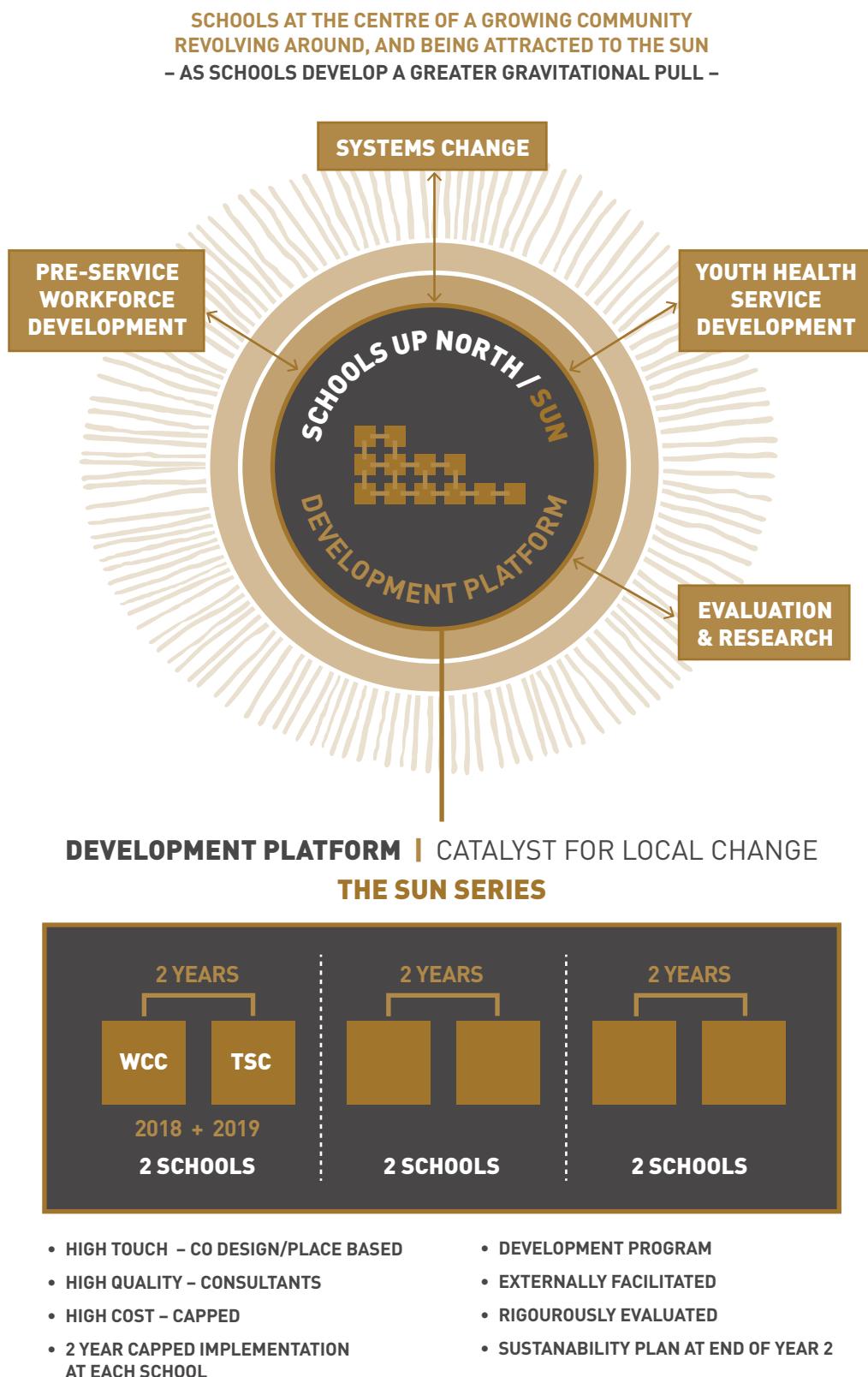
- with Indigenous students, supporting classroom engagement;
-
- with colleagues and peers, supporting teacher self-awareness and resilience;
-
- across school and service systems, supporting teacher agency within and across systems.

As the SUN project has evolved into a mature program it has become clear that it constitutes a **School-based Mental Health Platform** (Figure 2), the potential of which is to enhance remote area school workforce capabilities to support Indigenous students at risk of mental health-related disengagement. This is consistent with the national stepped care model for primary mental health care delivery.

The objectives of the program were revised accordingly, they are to:

1. Expand remote area new-teacher skills and confidence to build trusting relationships with Aboriginal and Torres Strait Islander students, thus maintaining calm and safe school environments for emotionally vulnerable young people, a major contribution to emotional resilience (Stepped Care 1);
2. Embed light-touch mental health interventions in schools that minimise additional harm via marginalisation of young people with mental health difficulties (Stepped Care 2-4);
3. Enhance system capacity to recognise, support and refer Indigenous young people in need of more intensive treatment (Stepped Care 3-5).

Figure 2: Overview of the SUN Program Theory and School-based Mental Health Platform



Literature Review

As the SUN project evolved with iterative revisions to understandings, practices and objectives, relevant literature has been explored and incorporated into the program literature and evidence base, with a consistent focus on teachers as the principle agents of change. A narrative review, available in a separate document, is briefly summarised here.

TEACHER RESILIENCE AND RETENTION

Teachers use personal, structural and cultural resources to adapt to remote work.^{6,7} Dialogue with experienced peers and other stakeholders can help resolve potentially overwhelming challenges to personal and professional identity.⁷ Relationships give access to social support, and encourage adaptive coping strategies such as help-seeking, critical reflection and emotional regulation.⁶ Mason & Matas (2015) propose that teacher retention is achieved when four 'capitals' or areas of capacity are satisfied:

1. Human capital (professional recognition, career development and pay);
2. Structural capital (stable and effective organizational practice);
3. Social capital (effective social cohesion and relationships); and,
4. Psychological capital (combined measure of resilience, self-efficacy, optimism and hope with respect to work).⁸

This is a potentially useful construct for understanding an intervention's effect on teacher reasoning. Fostering high quality relationships as well as expertise in trauma informed practice and cross-cultural competency, is likely to increase the social and human capital associated with teacher retention.

TEACHER CAPACITY TO WORK WITH INDIGENOUS AUSTRALIAN STUDENTS

Specialist capacity to teach Indigenous students is not included in standard teacher education,⁹ less still capacity to teach Indigenous students in remote schools. The Australian Institute of Teaching and School Leadership (AITSL) Professional Standards for Teachers, Standards 1.4 and 2.4 require demonstrated competency to understand Indigenous learners and strategies for teaching them, as well as promoting reconciliation; however, these are not always explored or assessed. Two important concepts are:

- teachers benefit from programs that actively enable them to meet, be informed and led by, dialogue with, and develop relationships with, community members;
- teachers must differentiate curriculum with sensitivity to Indigenous world views. For example, Nakata describes Indigenous learning at the 'cultural interface'.¹⁰ One implication for teachers is that differentiating western curriculum¹¹ and forming positive relationships¹² with Indigenous learners can require significant reflection on their own assumptions.

SCHOOL-BASED MENTAL HEALTH PROGRAMS

Current interest in mental health approaches for Indigenous-majority schools¹³⁻¹⁵ reflects a growing acceptability and desirability for universal¹⁵⁻¹⁹ and focused^{20, 21} school-based mental health programming.²¹ The challenge of effective translation and evaluation in this complex space is consistently highlighted.^{13, 16, 21-24} For example, a recent systematic review identified 30 published programs targeting teacher mental health literacy, but only eight studies included rigorous efficacy measures and, of those, only one study demonstrated improved student mental health outcomes.²⁴ Similar findings are reported for mental health promotion,¹⁶ resilience,¹⁷ trauma²⁵ and others.²⁰ Bradshaw and colleagues advocate for approaches addressing key levels across the system, or a 'multi-tiered system of support' (MTSS),²³ but systems approaches are relatively new, with limited rigorously implemented and evaluated examples.

Evaluation

From the outset the evaluation of the SUN project and program has intentionally informed its evolution. That said, three evaluation aims are addressed:

1. Design and implementation— capturing iterative refinements and a nuanced description of SUN's evolution as all partners developed a common language and refined focus over two years;
2. Demonstrating impact—evidence for outcomes including changes in capacity and direction of the program at local and regional levels;
3. Expanding the existing, limited evidence base—to demonstrate proof of need and concept in order to support future programs and research that aim to develop mentally healthy schools for remote Indigenous young people.

3.1 **EVALUATION APPROACH**

The steps in *realist evaluation* according to Pawson (2012) were followed:

1. Program assumptions and theoretical approaches were articulated in a theory-driven hypothesis for change;
2. Pertinent context was described at four levels – individual teacher, school & community, relationships (including SUN team), and broader policy and resourcing;
3. Implementation – data collection documented outcomes, participant reasoning, and further informed outcome-influential context;
4. Outputs and participant responses, both intended and unintended, were documented and aligned with respect to influential (enabling or constraining) contexts;
5. Initial hypotheses for drivers of change were refined in light of the empirical evidence to produce a Refined Program Theory.

Mixed method (qualitative and quantitative) data are summarised in Table 1, on the following page.

Table 1. SUN evaluation data from TSC and WCC in Phase 1 & 2 (2018-19)

Phase 1 data collection	Phase 2 data collection
<ul style="list-style-type: none">• Individual key stakeholder interviews (school, community, health and education department) examined the program strategies and individual, community, school and policy contexts;• Transcripts of the workshops and summaries of their outputs compiled by direct observation;• De-identified participant demographics, education levels and motivation to teach in a remote school;• De-identified responses to the 25-item Connor-Davidson Resilience Scale (CD-RISC), a psychometric indicator of past-month psychological resilience.	<ul style="list-style-type: none">• Online two- and ten-item Connor-Davidson Resilience Scale (CD-RISC);²⁶• Online measures of Teacher Self-Efficacy for Self-Care (TSESC) and Teacher Self-Efficacy to Support Student Wellbeing (TSESSWB);²⁷• Private interviews or focus groups with key stakeholders – school, community, health and education departments—to examine strategies in context (individual, community, school and policy);• Workshop transcripts and summaries compiled by direct observation.

3.2 PROJECT CONTEXT

This section presents an overview of the contexts within which the program implementation and evaluation were undertaken, considering relevant student populations, education policy, school culture and teacher context, highlighting challenges to stepped mental health care at each level.

3.2.1 INDIGENOUS YOUNG PEOPLE WITH MENTAL HEALTH DIFFICULTIES

Australian Indigenous populations are characterised by high levels of social disadvantage and experience a disproportionate burden of poor mental health,²⁸ with elevated rates of youth self harm and suicide nationally, and a significantly elevated prevalence of psychosis and substance misuse demonstrated in Cape and Torres populations.²⁹ Prolonged engagement in school is associated with better health for Indigenous young people,³⁰ but students with mental health difficulties are at greatest risk of complete disengagement from school.^{31, 32}

3.2.2 POLICY AND DEPARTMENTAL PRIORITIES

In 2020, improving complex case management was in the top three priorities for remote schools in the north. State and federal education department policies and frameworks, including the *Australian Student Wellbeing Framework*,³³ the Queensland Education *Student Mental Health & Wellbeing Policy*,^{34, 35} and the *Student Learning and Wellbeing Framework*³⁵, require schools to:

1. Create safe, supportive and inclusive environments;
2. Build the capability of staff, students and the school community;
3. Develop strong systems for early intervention.

While the policy context around student wellbeing is comprehensive—and schools have a range of evidence-based resources to draw on—for a variety of reasons, this can not always be translated into effective practice. Mental health and wellbeing policies and resources are a challenge to package and optimise for remote Indigenous schools. Policies cannot describe the 'how' of navigating remote Indigenous community education. Further, there is little or no evidence base for how to support Australian Indigenous young peoples' mental health in schools.

3.2.3 SCHOOL CULTURE

Schools are ideally placed to enhance Steps 1-4 in the Stepped Model of Mental Health Care.³⁶ Schools employ Student Support Service teams to provide special education support, counselling, referral and complex case management through a team of specialist teachers, supported by teachers' aides. These services create support plans for students with physical, cognitive, emotional-behavioural, and/or mental-health related difficulties.

Most Queensland schools have a *School-Wide Positive Behaviour Support for Learning Plan* (SWPBL) (WCC 2018-20; TSC 2016-19) and encourage use of *Essential Skills for Classroom Management* (ESCM)³⁷ strategies to minimise challenging behaviour requiring teacher intervention. However, tensions exist between school culture and priorities, and their capacity to support students with mental health difficulties. For example:

- The culturally-individualistic ethos of mainstream society has limits accommodating Indigenous ecological and developmental considerations. Behavioural presentations with underlying developmental, cultural and psychiatric precursors can be misinterpreted.
- School behaviour expectations and models, including *School-Wide Positive Behaviour Support for Learning* (SWPBL) are not always sensitive to mental health-related behaviour presentations. Armstrong (2018)³¹ argues that a manage and discipline culture is embedded in the education system.³⁸ Howard (2018)³⁹ notes that dysregulated emotions and relational difficulties arising from complex trauma at critical neurodevelopmental junctures, mean that commonly applied behaviourist responses may not be appropriate for young people with mental health vulnerabilities and trauma backgrounds.
- Despite flexibility in the Australian Curriculum, Western education is a construct written and taught in English by mainly non-Indigenous people. Educating Indigenous young people at the *cultural interface*¹⁰ requires a significant shift in thinking for most teachers, and inappropriate differentiation of academic content may create stress for students, contributing to disengagement.

3.2.4 TEACHER CONTEXT

Teachers new to remote community settings often have little opportunity to challenge personal and professional assumptions about Indigenous people and the role of education. Conventional cross-cultural competency training is content (rather than relationship) driven. Teachers are highly visible in small communities and may lack confidence in cross-cultural social competencies, especially in the face of traumatic events. Some teachers may experience isolation and culture shock, and some report dissatisfaction with getting basic needs, such as accommodation and childcare, met.

School leaders, student support staff and senior teachers with ongoing involvement in SUN, were all either local community members themselves or had a minimum of 8 years' remote school experience. Many were mid-career, with more than five years but less than 15 years' experience. In contrast nearly all teachers new to the schools had no remote school experience. Almost half were beginning teachers with less than five years' experience. Beginning teachers are also still learning about curriculum and fundamental teaching and learning practice, adding an additional challenge to remote teaching.

3.2.5 PARTICIPATING REMOTE SCHOOLS

Service setting

Both are located in service centres with primary health care, basic hospital and mental health services, including the Child and Youth Mental Health Service (CYMHS). Access to these services is more immediate than for discrete communities or outer island communities. Hospital and tertiary facilities are located in Cairns. Both communities are also service centres for Child Safety and Queensland Police.

Shared challenges

These remote north Queensland schools' characteristics include: high staff turn-over; tension between the Western education system and Indigenous cultural expectations; higher numbers of students exhibiting Tier 3 behaviours, and higher mental health load than most Australian schools (Table 2).

Staff and leadership profiles

Both colleges are independent state schools with leadership teams including an Executive Principal, Head of Campus, Heads of Departments for

academic disciplines and Student Support Services. WCC has two primary campuses in Weipa and Mapoon, whereas TSC has 16 primary campuses across the Torres Strait islands. TSC's leadership executive is correspondingly larger. WCC has few local Indigenous teachers, but certain key positions, such as HOD Student Services, are intermittently occupied by local Aboriginal people. At TSC, key school leaders including the Executive Principal, Secondary Principal and Head of Student Services are Torres Strait Islanders. Roles of staff who engaged in the project over two years are briefly summarised in Table 3.

Student population

Indigenous North Queensland presents a complex interweaving of Aboriginal, Torres Strait and Pacific Islander cultures and histories, and students at both schools have mixed heritage and family linkages.

TSC secondary is located on Thursday Island, on Kaurareg land. Almost 100% of TSC's students identify as Indigenous, the majority Torres Strait Islander, including a significant proportion of students from the outer Islands housed in one of two independent boarding facilities.

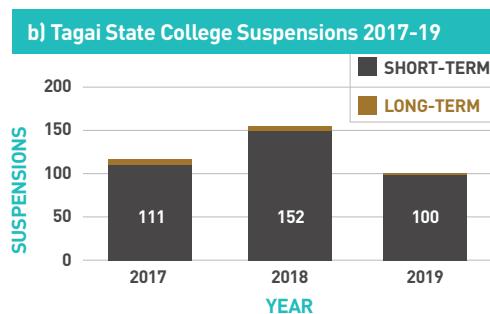
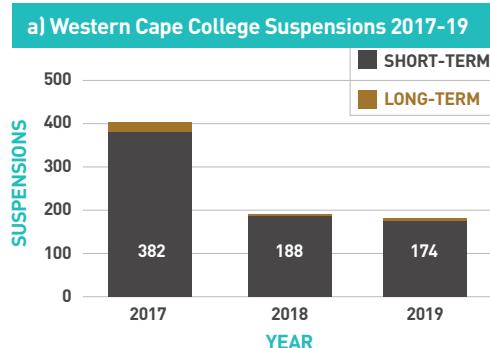
WCC, in the mining town of Weipa, is on Algnith land. The 55% Indigenous secondary students at WCC are mostly resident in Napranum, 8 km from Weipa town centre. A smaller number come from Mapoon, an hour's drive to the north. WCC manages its own residential facility with students from across the Cape and some Torres Strait Islands. A much smaller proportion of WCC's Indigenous students live in Weipa.

WCC's catchment includes communities with the lowest index of socio-educational advantage in Queensland, former missions or reserves, most under DOGIT legislation until recent years. The wide disparity of employment, health burden and culture between the Aboriginal Shires and Weipa-based residents makes this school's catchment one of the most complex in Queensland.

Behaviour policy

Staff at both schools reported reduced 'major' behaviour episodes during the SUN project implementation in 2018 and 2019, attributed by leaders and senior teachers to staff awareness, intermediate processes before resorting to suspension and facilitated access to support for students in need.

**The graphs below demonstrate that for short and long-term suspensions over the course of 2017:19
a) Western Cape College achieved a significant reduction; and b) Tagai State College achieved an overall reduction.**



WCC reintroduced cultural events and is working towards embedding of local, authentic curriculum content, for example a year 8 history unit. This school has developed a flexible learning centre and recruited teacher aides from Napranum. When SUN commenced, the school emphasis was already shifting from discipline to engagement. As one Aboriginal staff informant reported:

'There's a lot more culture at the school this year. It wasn't like that for a long time.'
Teacher aide, WCC

With SUN's support, TSC instigated a Youth Forum – the first for 25 years – and is working towards 200 more residential places for outer island students, a flexible learning centre, and a student health hub within the school. In 2017 this school was concerned about suicidality among young people in Torres Strait. This teacher explained the need for local skills development:

'Training and awareness is all good, but what are the tools? What can we add to our toolbox? We are becoming more and more like mental health workers. Need to look beyond Calmer Classrooms and contextualise it, to ease the stress of trying to implement it.'
School leader, TSC

Table 2. Comparison of SUN Schools Phase 1 & 2

School	Community	School	Indigenous %	ICSEA ⁴⁰⁻⁴²	>90% Attendance 2019 ⁴⁰⁻⁴²	Residential college	New teachers 2019	Flexible learning centre
Western Cape College	Weipa, mining town and service centre	Independent State Secondary	55% (Aboriginal & Torres Strait Islander)	1007 <700 outside Weipa	33%	School run; ~45 Indigenous students	10	Funded + operating
Tagai State College	Thursday Island; service centre; Indigenous majority;	Independent State Secondary	98% (mainly Torres Strait Islander)	743	54%	2 independent; ~70 outer islands students; funding for 200 place facility	5	Proposed

Table 3. Stakeholder groups engaged with SUN in Phase 1 & 2

Level	WCC	TSC
School leaders	Secondary Principal; HOD Student Support Services; Grade 7 Coordinator; Residential College Master	Secondary Principal; HOD Student Support Services; Senior Principal for Inclusive Practice
Experienced teachers (>2 years at the school)	Two teachers consistently engaged with SUN over two years	Two teachers consistently engaged with SUN over two years
New teachers	6-9 teachers attended a workshop, trauma training and survey each year	
Student support services	Guidance Officer; teacher aides	Guidance Officer; Special education teachers; QH School-based nurse
External service providers	QH School-based nurse; Child Safety Officers; CYMHS; QH Napranum Clinic Health Workers; QPS	QH School-based nurse; Child Safety Officers; Child Safety Investigation Unit; CYMHS
Teachers' aides, parents, community members	Two teachers' aides; One health worker	Student Social & Emotional Wellbeing Officer

3.2.6

SUN TEAM CONTEXT

Each of the core SUN team members has lived in north Queensland and worked in Indigenous health in the region for decades. The workshop designer and facilitator, Ernest Hunter, is a child and adult psychiatrist and public health physician with 30 years' experience in Cape York and Torres Strait communities. He has extensive research experience with a particular focus on the Indigenous mental health consequences of social disadvantage and its historical determinants. The Project Manager, Helen Travers, has worked in Health Promotion in the Cape and Torres for more than twenty years. Originally from a nursing and midwifery background, she brings extensive knowledge of the communities themselves, the history of health programs in the region, and community and partner engagement expertise. The evaluator, Veronica Graham, has worked in public health research focusing on Indigenous health program evaluation for nearly ten years and is a registered secondary teacher in Queensland.

3.3 PROJECT DESCRIPTION

With iterative refinements to practice, being integral to project design, maintaining a nuanced description of the initial project, and the program that emerged, was a core evaluation task.

For the purposes of this description, the first year (2018) will be referred to as SUN Phase 1. It utilised four highly participatory capacity-building workshops and a minimum of two targeted training sessions. Its evaluation provided a foundation for both context-informed refinement of Phase 1 strategies and iterative extension to the activities of the next Phase – the process providing the basis for an *Education Platform*.

The second year (2019), referred to here as SUN Phase 2, expanded the *Education Platform* in which teachers in remote schools became agents of change in building school capacity for enhanced engagement and early referral of Indigenous students experiencing mental health difficulty.

Co-design informed self-sustaining activities to be supported in the two participating schools in 2020, and new activities for implementation in a third school (Kowanyama State School). Adjustments to the program over two phases are summarised in Table 4.

Table 4. Summary of program refinements, with differentiation by school, over two years

Approach Phase 1, 2018	Approach Phase 2, 2019
<ol style="list-style-type: none">1. Trauma Informed Practice training - all staff;2. Reflective Workshops: Experienced teachers - identify common, challenging student behaviours and effective responses; engage in peer to peer sharing with new teachers.3. Enhance relationships among teachers and with external service providers;4. Map internal and external referral pathways for vulnerable students;5. Reflection and planning with key school stakeholders to inform ongoing co-design;6. Continue staff capacity building with targeted training (both schools selected Trauma Informed Practice);7. At TSC, extend reflective strategies to include students at the annual Grade 7 camp.	<ol style="list-style-type: none">1. WCC retained Reflective Workshops led by experienced teachers. TSC condensed and integrated them into a short reflective workshop during new teacher induction. The focus shifted to include:<ol style="list-style-type: none">a. Socio-historical contextualisation sessions highlighting historical and intergenerational factors impacting child development;b. Case study format utilised in workshop with external service providers in 2018 became central to promoting a student-centred approach in 2019;2. Trauma Aware Schooling remained a priority for both schools, partnerships were sought with leaders in the education field;3. SUN provided supply teachers to enable greater participation by teachers;4. Student Workshops to inform planning for an on-campus Student Health Hub at TSC emerged from SUN's engagement at the TSC grade 7 camp in 2018;5. Evolving attention to service coordination at both schools, with SUN providing consultant support for complex case management strategies;6. Sustainability-focused, end of year reflective sessions to identify SUN assistance required to transition to independent strategies in 2020.

3.3.1

PHASE 1: CAPACITY BUILDING

In the first year, four reflective workshops (Term 1, mid-year and Term 4) led by Ernest Hunter, identified teacher priorities and local understandings of student mental health. A high degree of engagement and relationship-building was required in this phase. SUN's place-based approach enabled:

- teachers to develop and refine their understandings of staff and student wellbeing;
- SUN to access latent knowledge of context;
- relationships and trust to develop.

Broad workshop goals were to:

- establish teachers' main behaviour concerns;
- articulate and document teachers' experiences of effective responses;
- clarify referral pathways to relevant external services;
- enhance communication and relationships, particularly peer support for new teachers.

Table 5 summarises the participants, content and aims of each workshop.

Table 5. Phase 1 Workshops (2018)

Workshop #	Title	Strategy	Aim
1	'What works in practice?'	Experienced teachers reflected on mental health drivers of challenging behaviours.	Make explicit 'experience-based practice' (articulated and conveyed by experienced teachers).
2	'Lessons from experience'	Experienced teachers shared their understanding of the underlying reasons for challenging behaviours and their strategies for responding	
3	'Specialist support and referral pathways'	Representatives from external services, experienced and new teachers map the referral pathways around an individual student case: who to speak to and why; how to agencies work together?	Clarify situation-specific resources and referral pathways on Thursday Island area.
4	'Reflection and co-design'	Selected school leaders, teaching and support staff made recommendations for SUN 2019.	Refine and incorporate learnings into the next iteration of SUN.

3.3.1.1

PHASE 1 - WORKSHOPS 1 & 2: WHAT WORKS IN PRACTICE & LESSONS FROM EXPERIENCE

Aims:

Make explicit 'experience-based practice' (articulated and conveyed by experienced teachers).

In the first workshop during Term 1, experienced teachers described common challenging student behaviours. Ernest Hunter facilitated reflection through neurocognitive and psychosocial developmental lenses to exemplify complex underlying mental health vulnerabilities. The group nominated six common scenarios to discuss with new teachers and developed a format for the new teacher workshop.

At both schools, Workshop 2 was organised as a series of small round-table sessions (15 minutes per topic) in which the experienced teachers presented their reflections on six key presentations to the new teachers. This included: the behaviour, with examples; how it felt for the teacher; presumed underlying reasons for this behaviour; examples of teacher responses, emphasising safety and relationships. Workshop outputs with recommended teacher strategies are summarised for TSC (Table 6) and WCC (Table 7, including underlying factors). Both sites prioritised relationships with students.

While this activity worked well at both sites, two important process factors were recognised. First, selection of suitable experienced staff is critical. At WCC, experienced classroom teachers were selected for this workshop, while Student Support staff did not initially participate. At TSC, Student Support staff, including the HOD and Special Education teachers participated from the beginning. It became clear as the project progressed that the core of influential teachers at TSC guaranteed consistent recommendations that aligned with Departmental policies and facilitated articulation with later activities. Second, timing is important: these workshops took place in week 1 at WCC and week 6 at TSC. All agreed that week 5-6 is appears most suitable, avoiding overwhelming new teachers with complex issues in their first week.

Process refinement 1:

Establish clear champions for student mental health and wellbeing who are influential. The Principal and Head of Student Services should be involved with selected staff.

Process refinement 2:

Place-based, face-to-face reflection is the best, high-investment strategy to use in the first two-years, enabling staff reflection on issues that are easily marginalised by curriculum and day-to-day functioning. It also enables the strong partnership necessary for SUN's co-design approach.

Process refinement 3:

Dialogue about student mental health, wellbeing and complex case management should be flagged in the early days and weeks of the first term. However, in-depth discussion of complex challenges should be delayed at least until week 5 to avoid teacher overload.

Table 6. Strategies to support key themes underpinning supportive classroom management identified at Tagai State College (February 2018)

Key themes	Quotes, Experienced Teachers	Strategies
Relationships are paramount	<p><i>The better the relationships, the better it gets. Two or three years in that gets better. The challenging stops, it's sorted out.</i></p> <p><i>Relationships. If [the students] haven't got respect for us, things could turn ugly. But we have to have respect for them.</i></p>	<ul style="list-style-type: none"> • Know and use students' names. • Build their confidence through encouragement, one-on-one conversations and restoratives.
The impact of high staff turn-over	<p><i>Even for me, when I first started I had an awesome Head of Department...it hurt when she left, so how must the kids feel?</i></p> <p><i>When they say 'you're not going to stay', build them up if they're hurt that you're going. Tell them 'you can do this'.</i></p>	<ul style="list-style-type: none"> • Students may push teachers away because the relationship becomes important and they fear separation. • Students will challenge the legitimacy of non-Islander teachers. • It can take up to three years to be accepted.
Cultural competence/literacy	<p><i>Take a genuine interest in culture. Tell the student. 'Your opportunity to be proud about your cultural background' means 'I care about your background'.</i></p> <p><i>[Superstition] is deep within beliefs, almost instinctive. The conversation can be sacred or taboo.</i></p>	<ul style="list-style-type: none"> • Much is unspoken and may be taboo. • It may be necessary to deal with superstitions before mental health. • It is necessary to build trust and respect culture before attending to behaviour. • Ask for guidance, use restoratives.
Procedures and approaches	<p><i>Sometimes those who need the most love ask for it in the most challenging ways... your opportunity to model a way of handling conflict.</i></p> <p><i>Even using the ESCM, background reasons can be overwhelming... de-escalating is key. Relationship seems to take a back seat for the student when they flip their lid.</i></p>	<ul style="list-style-type: none"> • Emotional dysregulation, poor mental health, stress and a variety of complex backstories can result in some dangerous behaviour. • Stay safe, do not touch or challenge the student. • Speak quietly and give them a way out. • Call for help and provide debrief opportunities.

Table 7. Common behavioural presentations and supportive classroom strategies identified at Western Cape College (January 2018)

Presentation / behaviour	Underlying reasons for behaviour / presentation	Teacher description of emotional response	Effective strategies
Absences	Shame; lack of food; dirty uniforms; no shoes; funerals and headstone ceremonies; trauma / loss	Lost for strategies to re-engage when they are very behind	Be welcoming; team them up with a suitable buddy; give them small, achievable goals or jobs.
Lost / isolated child	Odd personality; mental ill health	Pity / sadness; anger and frustration if efforts to help are unsuccessful; no reward	Set limits on what is achievable in your mandate; consult the GO. Be aware of the kinds of experiences that may put a quiet child at risk.
Attention drive	Need for attention / love; internal hyperactivity drive from various neurocognitive disorders	Stressful; how can I calm this child? What allowances should I make and where do I draw the line?	Use the essential skills of classroom management; consult guidance officer; praise and give responsibilities and small jobs.
Anger / aggressivity	Some come to school to fight; some may not know the correct response	Can be frightening / intimidating	Keep others safe. Know the safety procedures. Have important numbers in your phone. Use a quiet voice. Give the student a way out.
Emotional dysregulation	Neurological / social; easily enter fight or flight mode.	Uncertain as to where to set the limit frustration; stress	Good classroom management strategies essential; learn to recognise signs; help students feel safe and in control.
Loss of self-respect	May be many things – family difficulties; abuse; neglect	Pity; frustration at not knowing why, makes it difficult to make classroom decisions	Refer to the guidance officer.

3.3.1.2

PHASE 1 – WORKSHOP 3: MAPPING REFERRAL PATHWAYS

Aim:

Clarify local resources and referral pathways with external agencies.

In term 2, at both sites, participating teachers identified a student case study to map referral pathways. The school's internal case management processes, reporting requirements, challenges and successes were discussed. External service providers described their roles, not just in terms of job descriptions but also relationships and local knowledge. This approach worked as intended in one location but not in the other. At the former, stable processes and relationships between school and services enabled constructive dialogue and participants reported improved communication and greater understanding of priorities and challenges.

At the latter, developing service processes and relationships, not accounted for in workshop design and planning, led to disruptions. In particular, service providers raised concerns about the case-based approach, in that case de-identification was difficult and compromised open discussion. This was compounded by teacher stress after recent critical incidents. The experience appeared to reinforce teachers' frustration, compounding rather than reducing uncertainties. Review and reflection resulted in a more cautious, scripted approach in subsequent work, engaging a core of key staff to champion SUN's processes at this site.

Process refinement:

Involve schools proactively in the workshop design to accommodate local issues and relationships.

3.3.1.3

PHASE 1 - WORKSHOP 4: REFLECTION AND CODESIGN

Aim: Incorporate learnings and opportunities into the next iteration of SUN.

In Workshop 4 the outcomes of Workshops 1-3 and Trauma Informed Practice training initiatives were reviewed by participants at both sites to refine planning for ongoing SUN engagement.

At WCC, a case-based approach was taken to facilitate discussion around the need for enhanced teacher support, referral and complex case management for vulnerable students. Participants, including a local Indigenous teacher and lead teachers with more than a decade of remote experience, identified two contrasting student cases – male and female; Aboriginal and Torres Strait Islander; and exhibiting externalising and internalising behaviours – enabling discussion of the child, contextual factors, and individualised support strategies.

Process refinement:

Realistic case studies reflecting common and current challenges in complex case management support effective participant engagement, enabling the application of learned strategies to real life situations.

At TSC, discussions considered two key elements: how SUN-related organisational changes could be extended to non-participants, particularly male teachers, and how students could be directly involved. The latter was proposed as a 'Student Enhancement Phase' with Year 7 students nominated as the appropriate age-group to initiate discussion around the development of a student-focused health hub on campus (detailed in Section 3.3.2.5).

The SUN approach demonstrates the potential for partnerships with teachers and school leaders to build supportive environments for mentally healthy schools. While common needs were identified—practical classroom behaviour support strategies; trauma informed practice training; recognition and effective use of teacher time; improved interagency coordination—so were local co-design priorities. Thus, TSC introduced student enhancement, while WCC prioritised continuing focus on teacher skills and reflection.

*Process refinement 1:
Present and conceptualise SUN as an entity
that models leadership and mental health
promotion for middle management level school
leaders.*

*Process refinement 2:
Engage expert mental health consultants as
resources, to incrementally build capacity and
provide leadership support during crises.*

3.3.1.4

PHASE 1: SUMMARY AND LEARNINGS

SUN created a space for remote school leaders in particular to prioritise, discuss and plan for student and teacher mental health and wellbeing. Additional process refinements included:

- Week 5-6 was universally endorsed as the most appropriate time for workshops focusing on new teacher capacity building;
- A core group of Student Support staff or senior teachers is needed to champion the project and influence wider organisational change;
- Complex case management of students is challenging. Workshop 3 should involve school leaders and student support services in discussion with external stakeholders. It should not involve new teachers;
- Mental health strategies need to integrate seamlessly with core education practice and curriculum priorities;
- Existing demands on 'teacher time' for mandatory professional development and the lack of local supply teachers, demand the provision of additional supply teachers in remote schools to enable effective participation.

3.3.2

PHASE 2: EXPANDING THE SUN PLATFORM

SUN Phase 2, expanded the *Education Platform* in which teachers in remote schools became agents of change in building school capacity for enhanced engagement and early referral of Indigenous students experiencing mental health difficulty.

The original project goals – critical reflection, peer to peer teacher support and interagency cooperation for appropriate and timely referral – were maintained, but the reflective workshop format was adjusted. Location-specific priorities were accommodated:

WCC prioritised:

- school leaders as SUN champions;
- structured reflection on child neuro-cognitive, and social and emotional development;
- establishment of a flexible learning centre;
- exploration of interagency coordination based on Coordinated Care for Vulnerable Young People (CCYP), a service integration initiative located in Cairns.

TSC focused on:

- a community youth forum and stakeholder committee to address issues around disengaged students, including liaising with CCYP consultants;
- two SUN-facilitated student workshops to inform development of an on-campus student health hub.

3.3.2.1

PHASE 2 - REFLECTIVE WORKSHOPS AT WESTERN CAPE COLLEGE

At WCC Workshop 1 utilised the cases identified in Phase 1. Lead teachers presented those cases in Workshop 2 to two groups of new teachers, highlighting the neuro-cognitive and developmental considerations raised by SUN. As in Phase 1, clinical, cultural, institutional, professional and historical issues were raised, the setting supporting non-Indigenous participants' critical reflection as exemplified by comment such as:

'As a visitor to this land it's very empowering to know the history of where our kids are coming from – there's so much stigma about why they're always on welfare, why they're always [drunk], and great to have that background. It should be a pre-requisite to come and teach in these communities – not just what they see on the 6 pm news.'

Lead teacher, WCC

Suggesting the need for authentic knowledge, in this case supported through the narrative workshop approach, other informants alluded to how such awareness may contribute to teacher resilience and confidence in rising to challenges:

'Feel like our objective in that space is to have new teachers emotionally respond appropriately to mental health support in our classrooms – if that is one of the goals that we're trying to achieve in these sessions – how do we go about packaging that without just focusing on the background? ...What is the understanding that the teacher needs in terms of following procedures and protocol?'

Experienced Teacher

The response to this workshop was such that it was requested for delivery to all primary and secondary staff during Term 4 professional development (see later).

3.3.2.2

PHASE 2 - REFLECTIVE WORKSHOPS AT TAGAI STATE COLLEGE

Rather than repeating the two workshops used in Phase 1, in Phase 2 TSC held one reflective session generating a range of issues and ideas emphasising practical strategies and strong relationships (Table 8). These staff proposed induction processes that would capture the kinds of issues discussed in Phase 1's Workshops 1 & 2, implemented so as to support teacher cross-cultural and classroom management capacities. Finally, intensive mental health strategies were viewed as desirable, especially by the Student Support staff.

Table 8. Issues and ideas identified during TSC reflective sessions (January 2019).

Behaviour support	Teacher cross-cultural capacity	Intensive strategies
Ongoing practical teacher support for consistent, appropriate responses to challenging behaviour	Enhanced relationships for teachers with the community	Enhanced wrap-around for students in tier 2-3, truant and / or with mental health difficulty
e.g. <ul style="list-style-type: none">• Use of data / functional behaviour analysis• coaching practical strategies• online resources to model practical strategies• Restorative practices• Implication of local elders or family (e.g. at the Student Health Hub)	e.g. <ul style="list-style-type: none">• Induction processes beyond the one-off session• Monthly 'culture check-ins'• Understanding body language• On-country activities• Student Health Hub	e.g. <ul style="list-style-type: none">• Mind Matters• Online information for teachers relating to kids with ASD• Flexible schools• Mind Up curriculum• Motivational media approaches• Developing a respect framework among youth• Mental Health First Aid training

3.3.2.3 COMPLEX CASE MANAGEMENT & INTERAGENCY COORDINATION

Neither school repeated the original Workshop 3 format and, instead, chose to map and coordinate complex case management with SUN support. At WCC, YETI consultants met with managers across the services to develop CCYP service agreements (ongoing at time of writing). Interagency meetings have been well attended and anecdotal reports suggest strengthened partnerships, in particular between the school and child safety.

At TSC, arising from the workshop with students and early discussions around the *Student Health Hub*, a Youth External Stakeholder Committee was convened with the support of DATSIP. The committee identified three main concerns—anxiety; anecdotal reports of youth suicide; and, lack of services and activities—informing the development of both a Youth Summit, *Kayin Kaziw Wakay*, to showcase the voices of young people, and a community stakeholder forum where strategies to address issues raised, would be considered. SUN actively lent its support to this process and presented the Cairns CCYP mechanism as a potential means of integrating services around vulnerable young people. TSC's Principal identified key challenges, such as mental health, suicide and disengagement:

'Physical violence in the school has mostly been addressed by expulsion, cancellation, exclusion. Where are those kids now? Mostly very high risk but who is holding them?'
TSC Principal

The Principal noted that while most young people can be managed with strong SWPBL practices and TAS, a proportion remain at high risk (Figure 3). Further, to effectively coordinate services for these young people, the working group, ministerial champions and mayors need to agree on priorities and ongoing related issues including: planned new student accommodation to lessen reliance on southern boarding schools; funding application for a flexible learning program that would enable suspended students (> 5 days) to stay at the residential college (rather than return to outer island homes from which it is difficult to return).

Process Refinement 1:
Continue to support the integration of school-based and external services as a foundation of the SUN model.

Process refinement 2:
Support schools to lead complex case management and interagency coordination possibly using the CCYP mechanism.

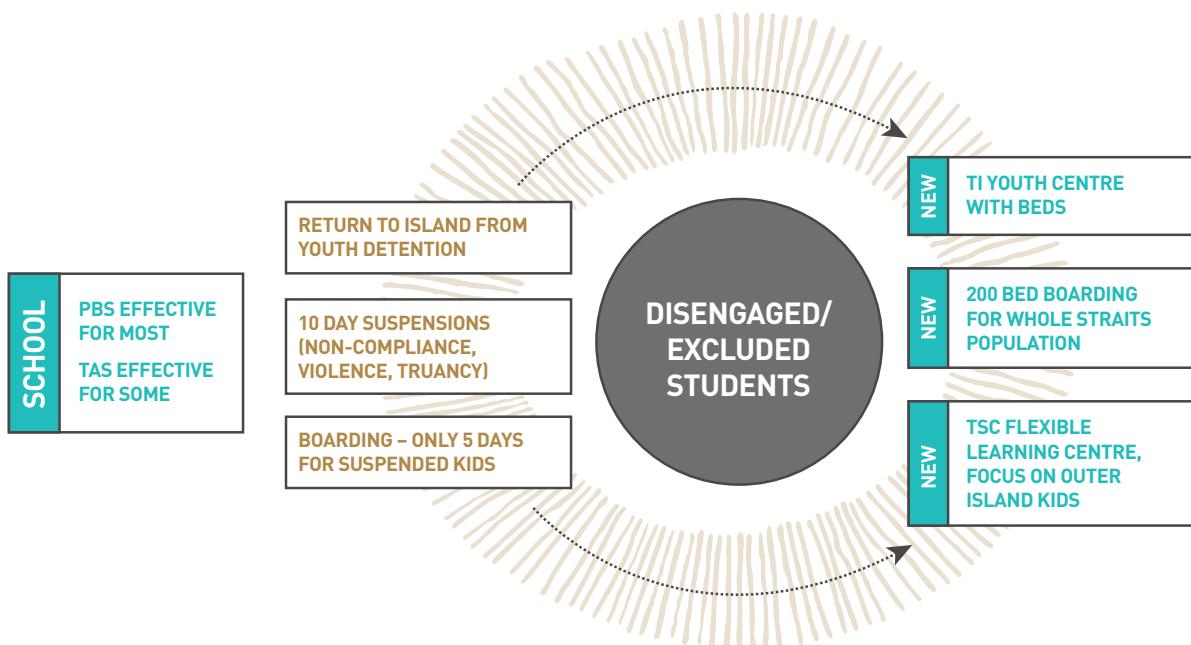


Figure 3: Pathways to disengagement and proposed solutions highlighted by TSC's secondary campus Principal at 2019's Youth Stakeholder Summit

3.3.2.4 PHASE 2 - SOCIO-HISTORICAL REFLECTIVE WORKSHOPS

Evolving from an earlier workshop with teachers at WCC, Ernest Hunter introduced a session exemplifying the impact of local and regional socio-historical factors on family functioning and child development, integrating 30 years of mental health research findings from Cape York and the Torres region. Some 90 secondary and primary staff participated during Term 4's student free day and, on request from WCC, the workshop was repeated for interagency stakeholders. This approach is similar to Bronfenbrenner's chrono-ecological systems view of the child,⁴³ – the historical information is framed within a history of Queensland Government's management of Indigenous populations in Cape York. WCC proposed the production of a documentary capturing this interactive presentation, one teacher aide expressing that:

'We need to do that every year. I think a lot of those teachers had never heard that before.'
Aboriginal Teacher aide, WCC

Process refinement:

Develop, trial and document efficacy of a digital resource that challenges the mainstream narrative, models critical reflection for professional service providers and presents historical perspectives in a non-threatening manner.

3.3.2.5 PHASE 2 - STUDENT ENHANCEMENT

While not part of the original project plan, in SUN Phase 1 TSC staff raised the possibility of direct SUN engagement with students, identifying two opportunities for the development of a student enhancement approach. The first was to provide mental health sessions with students at the 2018 grade 7 student camps (separate for boys and girls). In so doing, SUN participants observed that the elders had created an environment valuing and modelling cultural respect, safety and belonging, where even students who were frequently dysregulated in classroom settings participated harmoniously and constructively. Defining this nuanced approach as a *relational respect framework*, subsequent discussion with TSC staff focused on how such context-specific processes could inform approaches on-campus.

These learnings were utilised with the second student-engagement opportunity raised by TSC—creation of a student-centred, multi-purpose Health Hub on campus. To that end, selected students in grades 7 to 12, including students with identified challenging behaviours, participated in two workshops that sought their input regarding how to: a) translate the strengths of the grade 7 camp environment back to the school (Table 9), and; b) organise, decorate and equip the Health Hub (see below).

Table 9. Student input into the Health Hub design at TSC

Challenges / worries	Things that made me feel strong and confident	What can we create at school?	Physical space
1. Nervous about performing	1. Gathering—cooperative	1. Respect for environment	1. Colourful
2. Worries for fitness or health	2. Meeting people in safe way	2. Trusting	2. Cultural (inclusive of diverse island and Indigenous cultures)
3. Communicating	3. Different 'rules'—freedom to talk	3. Coping	3. Named by students for a sense of ownership
4. Sleeping arrangements	4. Coming together like family	4. SOFT language	4. Welcoming
5. Responsibilities and rules	5. Just my group—boys / girls	5. Sense of freedom	5. Link to 'whole of school expectations'—respectful, responsible, safe and proud
	6. Teams—purpose, safe competition —difference becomes common	6. Everyone same	6. Representative of males and females
		7. Cultural space	

In relation to the student health hub, this process generated a wide range of student opinions and suggestions that are clearly relevant to ways in which complex case management can be undertaken more effectively, i.e. through school-based health services placing young people at the centre of the design.

'Never underestimate the utility of suggestions that come from the ultimate beneficiaries – the kids... I was really impressed when we ran that group that there are a group of kids who are engaged, and a group of apparently disengaged kids who didn't want to leave, but stayed and kept giving information.'

Ernest Hunter

At the end of Phase 2, WCC was also starting to consider how this might occur, with a focus on curriculum-integrated and digital projects focusing on student wellbeing and Indigenous culture and history. The following strategies are planned for 2020 at WCC, with SUN's support:

- Indigenous and non-Indigenous students working together to produce a digital resource for student cross-cultural induction into the region; and,
- An Indigenous-specific social and emotional wellbeing curriculum outside of what's being delivered currently. WCC selected the *Skills for Life* package, developed in the Northern Territory, for trial in 2020.¹⁵

Process refinement:
Advocate for student recommendations to be implemented at the school level.

3.3.2.6 PHASE 2 - TRAINING FOR TEACHERS

Noted in the introduction, schools across the Cape-Torres requested trauma-informed practice training during the needs' assessment consultation in 2017. Trauma Aware Schooling (TAS) workshops (Table 10) were delivered by independent, Indigenous-identified consultants at each site in Phase 1. By Phase 2 partnerships were formed with TAS education specialists Dr. Judith Howard (at TSC), and Principal of the Beserker School, QUT consultant Rebecca Hack (at WCC). Both are former classroom teachers, providing practical content optimised for teachers working in schools with high trauma loads. The content of their one-day training includes:

- neuro-developmental science of early and complex trauma and disrupted attachment;
- behaviours observed among young people with trauma histories demonstrated through engaging, real narratives;
- practical strategies for both individual teachers and whole-of-school approaches.

School leaders continue to facilitate maximum staff participation at both sites. In addition, WCC and TSC will participate in partnerships with QUT and RMIT to provide placement options for preservice teachers and guidance officers, with specific preparation in Indigenous content, TAS and special needs teaching.

TAS Benefits: The benefits and mechanisms of TAS are explored elsewhere.^{25, 39, 44} Trauma is widespread and demonstrably more so among Indigenous populations,^{45, 46} and while not all mental health presentations of Indigenous youth result from trauma (and conversely, not all trauma leads to mental disorder), trauma-awareness and proficiency is critical. The benefits of TAS align with SUN's mental health objectives. For example, TAS promotes:

- a common language among staff to identify and support traumatised students;
- reliance on neurocognitive (compared to behaviourist) responses to classroom behaviour;
- reduced teacher stress; and
- reduced inadvertent harm to already vulnerable students.

Participant responses: Anecdotally, TSC primary school teachers, who received the first module of Judith Howard's workshop in 2019, are keen to access the whole workshop. Online survey responses from TSC teachers exemplify teacher attitudes to TAS, a beginner teacher reporting:

'Trauma training with Judy Howard was insightful and eye-opening.'

Beginning teacher, TSC 2019

According to a lead teacher participant, TAS and ESCM are a powerful combination:

'Trauma training is essential. Covers a really big variety of things. Team it with ESCM. Two big things— if you're open to those things, you'll do really well.'

Lead teacher, TSC 2019

Feedback from classroom teachers at WCC demonstrated that TAS resonated with their needs and experiences, but that more work is needed to ensure translation to sustainable practice. In a final online survey (WCC only), seven of ten participants said that they gained new knowledge, three reported already using a trauma informed approach and two reported that the activity

influenced their practice. In responding to requests for trauma-informed practice training, it has become evident that trauma training is not effective without structural changes at the systems level. TAS encompasses this systems approach and SUN now engages with school leaders to implement both skills building and supportive environments.

Process refinement 1:

Continue to utilise TAS frameworks to support structural changes at whole-of-school, and interagency policy and practice levels.

Process refinement 2:

Use the combination of TAS and socio-historical awareness raising practices as foundation stones for building remote teacher capacity to support Indigenous student wellbeing.

Process refinement 3:

Capture translation of TAS principles to remote school practice through evaluation and research partnerships.

Table 10. Trauma Informed Practice delivered at TSC and WCC (2018-19)

YEAR	TSC	WCC
2018	<ul style="list-style-type: none"> Term 1 with the <i>Seedling group</i> 'Trauma informed cultural safety' Week 1 with Primary & Secondary staff. Week 9 with boarding staff, school staff, external service providers 	<ul style="list-style-type: none"> Term 1 with Clinton Schultz. All staff and invited services
2019	<ul style="list-style-type: none"> Term 1 all staff with QLD health Psychiatrist, Prof Ernest Hunter and RMIT Special and inclusive education specialist Dr David Armstrong Mid-year Principal presented with SUN at TAS Conference in Brisbane Term 2 TAS with Judith Howard. Primary staff – half day; Secondary staff – whole day 	<ul style="list-style-type: none"> Mid-year Principal presented with SUN at TAS Conference in Brisbane Term 3 <i>Berry Street Education Model</i> training in Cairns for two lead teachers Term 4 with Laurel Downey, <i>Calmer Classrooms</i>

3.3.3

PHASE 2 WORKSHOPS & SUN PHASE 3

At each site, SUN developed working partnerships with a core group of school leaders who are well placed to adapt SUN's resources to local needs. SUN workshops provided a space for staff to discuss student well-being, and to be supported to find solutions. The flexible approach enabled TSC and WCC to utilise SUN resources according to their needs.

'This journey has played out exactly as we wanted in terms of scoping out ... our needs and our students' needs. We were able right from the beginning to say 'this is what we need' and we were able to work together as a team to decide what we would do.'

Senior Principal, TSC.

At the conclusion of SUN Phase 2, codesign workshops provided common and site-specific feedback:

- Socio-cultural induction can be strengthened throughout a teacher's first year (Box 1).
 - WCC embedded structured socio-historical reflection.
 - TSC focused on student engagement, but recommended novel strategies to enhance teacher relationships with local people, and peer support within the school.
- TAS is universally applicable and SUN can continue to facilitate delivery.
- Complex care coordination was prioritised by both as was the importance of place-based, individualised approaches.

Reflection on the lessons from TSS and WCC and its constituent elements over two years suggest:

- capacity-building workshops are key to SUN's close working partnerships with schools, and its capacity to respond to needs;
- TAS provides critical understandings and skills that can be effectively integrated with existing strategies;
- SUN, through YETI, is well-placed to continue to support interagency coordination;
- co-design workshops with school leaders are an important capstone, ensuring that reflection and communication occur to effectively target resources for future work.

Integrating experience with these elements provides a possible sequence of activities for SUN activities at new sites:

- Term 1
 - Socio-historical workshop for all staff
 - TAS for all staff
 - Reflection on behaviours / presentations with selected key lead teachers and all new teachers
- Term 2
 - Workshop 3 retained in partnership with the local Primary Health Care service
- Term 3
 - Capacity building training, e.g. Berry Street; Skills for Life; TAS specialisation
 - Pre-service teacher and guidance officer
- Term 4
 - Workshop 4 reflection and co-design for future work
 - Final placements for Trauma-informed pre-service teachers and guidance officers

Box 1. SUN school leaders recommended teacher induction and peer support elements

- **Induction process:**
TAS; peer to peer knowledge sharing; case-based, structured reflections; cross-cultural socio-political historical perspectives on intergenerational trauma and child development
- **Community engagement:**
cultural induction; family liaison program; structured opportunities to ask difficult but common questions.
- **Teacher peer-support:**
nominated colleagues to offer support; chill-out / debrief group; buddy system

3.4 MEASURING TEACHER RESILIENCE AND SELF-EFFICACY

Teachers were invited to participate in online surveys (hosted by SoGoSurvey®) once each term in Phase 2. Participants reported demographic characteristics, their participation in SUN and completed psychometric questionnaires of resilience and self-efficacy² (detailed method in Appendix 1).

Forty-two teachers (TSC n=24, 16 F; WCC n=18, 10 F) participated initially, and subsequent surveys attracted 5-11 participants at each site. While small numbers preclude meaningful statistical analysis, some broad observations are detailed below.

Most participants had more than five years' teaching experience, and their resilience measures remained consistently high, even during the most stressful periods. However, the minimum score and the total number of participants measuring below 50% of the maximum score, increased in the second term, indicating serious past-month stress among a sub-set of teachers, consistent with previously observed patterns among remote school teachers.⁶ The qualitative data during these periods demonstrated that just two or three vulnerable staff can deeply affect the workload and morale of multiple colleagues. The very low resilience scores reported by several teachers in term 3 coincided with anecdotal reports of a number of critical incidents involving both teacher and student wellbeing. Contrary to our assumption that beginning teachers would be more vulnerable to challenges, the lowest resilience scores were reported by experienced teachers, perhaps because workloads and the risk of burn-out increase over time.

We also assumed that experienced teachers would have higher self-efficacy for both self-care and to support student wellbeing, and this appears to be true. Female teachers tended to score higher in these scales. We were unable to demonstrate changes in self-efficacy among new and beginning teachers due to an absence of follow-up data at TSC and insufficient numbers of participants overall.

Use of a scale to triangulate qualitative data remains desirable. *Mindgarden* provides a concise, 12-point scale of 'psychological capital', an economic term which has been proposed as a factor in teacher retention.⁸ The questionnaire itself is focused on the workplace, therefore may seem less intrusive and be more acceptable to participants.

Process refinement 1:

Obtain copyright permission to apply the 12-item Psychological Capital questionnaire, and continue to encourage teachers to report four times per year through an online format.

Process refinement 2:

Deliver the survey in real-time during workshops to maximise participation of the cohort. The advantage is likely near-complete participation among any given cohort and precise timing of data collection.

Process refinement 3:

Produce a prospective study design that measures a cohort before and after induction and trauma training. Statistical power will be achievable with a cohort of teachers from across three sites.

Outcomes

The SUN program has developed a School-based Mental Health Platform (Figure 2) that enhances remote area school workforce capabilities to support Indigenous students at risk of mental health-related disengagement, consistent with the national stepped care model for primary mental health care delivery. The platform has the capacity to:

1. Expand remote area new-teacher skills and confidence to build trusting relationships with Aboriginal and Torres Strait Islander students, thus maintaining calm and safe school environments for emotionally vulnerable young people, a major contribution to emotional resilience (Stepped Care 1);
2. Embed light-touch mental health interventions in schools that minimise additional harm via marginalisation of young people with mental health difficulties (Stepped Care 2-4);
3. Enhance system capacity to recognise, support and refer Indigenous young people in need of more intensive treatment (Stepped Care 3-5).

While SUN's evolution has been enabled by its flexibility and adaptability (including responding to a series of critical incidents at one site in 2019 and, of course, the emergence of the COVID-19 pandemic), sustainability of the School-based Mental Health Platform by the DoE will be facilitated by maintaining SUN's investment in:

- People – relationships that are functional and built on trust;
- Place – an understanding of the school/community context;
- Processes – evaluation, reflection, revision – identifying what works where, and for whom.

OUTCOME 1. PLATFORM DEVELOPMENT

Platform for schools to build capacity to support students at risk of poor mental health:

The platform offers a responsive, relationships-based service model, facilitating links to experts with context-specific experience. SUN's resources of high credibility, flexibility and accountability engendered trust, self-direction and tolerance of risk among school leadership. The platform enables tailored and timely action to ensure mental health innovation within the school is complementary to ongoing curriculum and pastoral care priorities. This outcome was facilitated by relevantly-experienced school leadership.

Future goals

- The relationships of trust on which the platform is founded will continue to enable timely responses to locally-identified needs;
- SUN will continue to facilitate change and support schools as they begin to adapt and implement sustainable strategies;
- SUN will trial and evaluate emerging student and community level strategies.

OUTCOME 2. CONTEXT-INFORMED TEACHER AGENCY

Teacher capacity is enhanced by local cultural awareness, relational agency and critical reflection:

SUN focused attention on the centrality of connection, relationships and cross-cultural capacity, in supporting Indigenous young people with mental health difficulty or risk. Recurring themes of engagement with Indigenous perspectives and local knowledge were reframed and extended in terms of child development within family and historical circumstances, culture, established classroom practice and DoE policy. SUN's original assumption that new teachers were the subpopulation most in need of support, was extended – capacity building is relevant for all experience levels.

At both sites, a case-based, narrative approach offered resources of relatable, accessible and topical issues. Teachers were therefore able to engage emotionally, to safely resolve challenges or gaps in their understanding and critically reflect. At TSC, where Torres Strait Islander culture is dominant and Torres Strait Islander teachers engaged with SUN, participants discussed ways that they could integrate workshop findings (Table 6) directly into their teacher induction. WCC emphasised opportunities to provoke critical reflection about Indigenous peoples' relationships with education and other government services, possibly through the production of participatory community-based digital media projects.

Future goals

- Develop and evaluate digital media resources for teacher induction that facilitate interactive discussions on local Indigenous history, culture and child development.
- Identify opportunities to build relationships and dialogue between teachers, families and communities.

OUTCOME 3. MENTALLY HEALTHY, SAFE AND SUPPORTIVE SCHOOL ENVIRONMENTS

School-specific priorities were identified leading to locally-defined, capacity-building initiatives to support student wellbeing:

Arising from SUN's focused discussion around school-based mental health capacity, a range of school-driven initiatives was prioritised at each school. SUN has begun to transition these processes to other—reputable and proven—agencies to ensure sustainability. Gaps remain, however, particularly in terms of how to establish and sustain strong student social and emotional learning, as well as improved school-community relationships. All of these strategies will require ongoing monitoring and evaluation. Schools embraced well-designed programs modelling credible approaches with concrete, relatable strategies. The mechanisms by which 'strategies' lead to 'transformation' are likely embedded within the opportunity to reflect, feedback and participate in co-design.

3a. Trauma Aware Schooling

Trauma-aware schooling remains a priority at both schools, reinforced by SUN's co-presentation with principals at the 2019 Trauma Aware Schools Conference in Brisbane. Both schools will engage in whole-of-school trauma-aware schooling audits, with the support of consultants from QUT and the QTU. Partnership with QUT will ensure ongoing involvement of preservice teachers with a strong grounding in TAS.

3b. Complex case management - Coordinated Care of Vulnerable Young People

The need for effective coordinated case management was highlighted at both sites. Rather than SUN clearly mapping referral processes, school leaders identified priorities and drove local responses. SUN facilitated these actions by providing expert consultant support, for example information in relation to the Cairns based CCYP initiative.

3c. Social and emotional learning for students

WCC requested the Skills for Life curriculum package for delivery through their flexible learning centre. SUN has led discussions with CQU and Menzies School of Health Research's Skills for Life program manager, Gary Robinson, with a view to hosting a collaborative planning meeting in late 2020, for implementation in north Queensland in 2021. TSC have started to develop strategies to include student perspectives in on-campus initiatives, for example the Student Health Hub, supported by SUN consultants.

3d. Enhancing teacher and school relationships with parents and communities

Both schools have indicated that enhanced community-school relationships are desirable, but no clear and persistent strategy has emerged at time of writing. While WCC maintains an emphasis on socio-historical workshops and complex case management, TSC discussed a suite of strategies to enable teachers to meet local families and gain support from nominated experienced teachers. The dominance of TSC's Torres Strait Islander culture lends itself more to more complete integration of cultural approaches within the school itself. WCC focuses more on encouraging critical reflection on both Aboriginal disadvantage and strengths.

Future goals

- Continue to embed opportunities to reflect on the impact of implemented strategies and co-design subsequent implementation.
- Enhance the focus on community relationships and measure the impact on student engagement and referral.

OUTCOME 4. PARTNERSHIP DEVELOPMENT

Expanding partnerships in research, evaluation and workforce development:

There are multiple opportunities for sustained research, in partnership with the Queensland Department of Education, that might inform policy, funding and organisational responses to clearly identified needs. SUN laid a foundation for this by implementing flexible, relationships-based strategies, comprehensively documented in a theory-driven evaluation.

Partnerships between SUN, QUT and RMIT were formalised to enable student placements in remote north Queensland schools for pre-service teachers and guidance counsellors who have strong foundations in trauma and inclusion.

SUN's location in an established, Indigenous-focused capacity building program at YETI, with ongoing activities in the Cape and Torres, offers credibility and networking capability to support partnership development. Regional partners such as CQU, QH CYMHS and DOE Centres for Learning and Wellbeing, are key to building on SUN's investments in the platform to ensure sustainability.

Conclusions

The SUN project, a pilot initiative which evolved into the comprehensive SUN program, has sustained and reinforced SUN's initial aim—stronger engagement of students at risk with earlier and more efficient referral processes between Education and Health in particular.

The SUN *project* aimed to enhance new teacher confidence and capacity to sustain supportive relationships with Indigenous young people in remote schools. While the second year, Phase 2, reinforced the centrality of teacher relationships and capacity, the project evolved into a wider program developing capacity simultaneously across the system with place-based specificity for each site. The resulting SUN *Program* is, therefore, a model that can provide schools with targeted support to develop and implement the policies and processes that will enhance the mental health and wellbeing of students and educators.

Box 2. The SUN program's aims

1. Expand remote area new-teacher skills and confidence to build trusting relationships with Aboriginal and Torres Strait Islander students, thus maintaining calm and safe school environments for emotionally vulnerable young people, a major contribution to emotional resilience (Stepped Care 1);
2. Embed light-touch mental health interventions in schools that minimise additional harm caused by the marginalisation of young people with mental health difficulties (Stepped Care 2-4);
3. Enhance system capacity to recognise, support and refer Indigenous young people in need of more intensive treatment (Stepped Care 3-5).

While each school prioritised and sequenced their strategies and uptake of SUN resources according to their local needs, some common features are summarised in Table 11. The 'components' identified describe elements needed to create a space for dialogue, planning, reflection and tolerance of risk, that are necessary to trial, embed and sustain new mental health practices in schools, over and above academic commitments.

Establishing place-based relationships with each school provides a sound platform to enable ongoing, iterative and reflexive work towards these aims. Generic, unitised skills sets are an efficient way of delivering professional development to school staff, but their effect may be limited if the need for connection is ignored. A relationship enables reciprocal feedback, accountability and sensitivity to need. The SUN platform exemplifies parameters influencing sustained, effective relationships with remote schools. These relate to responsive, accountable and highly credible support structures, also summarised in Table 11.

5.1 CO-EVOLUTION OF SUN WITH PARTNER SCHOOLS

The co-evolution, engagement and responsiveness that occurred between SUN and partner schools enabled place-based commitment over time. As SUN's activities and relationships with educators grew, its flexibility and capacity to tailor responses to local need enabled it to become a sustained partner with schools, as the everchanging context impacting on students' mental health and wellbeing fluctuated. Current SUN activities include virtual COVID-19 Resource Workshops with core teachers and student support staff, and Public Health planning discussions with school leaders, demonstrating its flexibility and capacity to respond to the unexpected. COVID-19 brought a raft of challenges to students, families and teachers – SUN sought to frame its intervention in this area as an opportunity.

SUN's outcomes demonstrate the extent to which mental health and wellbeing are mediated outside the health system. As a place where young people spend significant amounts of time, and as a potential source of stable peer and adult relationships, schools provide an unparalleled opportunity to integrate Stepped Care capacity into remote Queensland communities. As well as providing needs-appropriate access to relevant activities and services, the School-based Mental Health Platform also addresses three of the five pillars of the Ottawa Charter for Health Promotion (WHO, 1986) that, together, provide the foundation scaffolding for health – and mental health – promoting practice. These are: creating supportive environments, developing personal skills, and reorienting health services (the remaining two pillars – building healthy public policy and strengthening community action – could, arguably, be considered as long-term objectives). The School-based Mental Health Platform thus addresses all the levels of intervention (promotion, prevention, early intervention) across the spectrum of interventions.

The findings in the evaluation of the SUN project and program demonstrate the importance of a culture of reflection and refinement based on experience and evidence. While there is abundant research regarding teacher adaptation and retention in remote Indigenous schools, there is very little regarding system responses to the mental health needs of vulnerable Indigenous young people, or guidance in terms of translation to practice of that which is available. As this initiative has shown there are obvious opportunities for research partnerships in this area which may address identified local needs, inform system-wide responses to common issues, and provide input to education policy and other relevant sectors.

Table 11. Components and processes integral to the SUN School-Based Mental Health Platform

Components, what does SUN deliver	Processes, how does SUN deliver
Teacher cross-cultural critical reflection	<p>Complement teacher skills and knowledge with transformative cross-cultural knowledge. Modelled through face-to-face workshops, both sites identified a need for opportunities for authentic relationships and experiences with students and community.</p>
Support for all teachers	<p>Recognise professional and personal challenges experienced in remote schools. Teacher stress is real, easily observed and impactful. Both sites suggested institutional strategies to monitor and support vulnerable staff, not just new staff.</p>
Interagency coordination and relationships	<p>Benefits from an explicit mechanism (CCYP), and schools are an appropriate co-lead agency for students at risk.</p>
Support for leaders to translate school-based mental health	<p>Time, space and expertise dedicated to developing school mental health capacity, over and above academic commitments.</p>

Recommendations

Learnings emerging from program activities and outcomes have informed ongoing discussion with participating schools and partner organizations. From this rich lode the SUN team has summarised a set of key recommendations arranged by the level of the system to which they apply: school-level programming & partnerships; interagency and structural processes; research and evaluation.

6.1 SCHOOL-LEVEL PROGRAMMING AND PARTNERSHIP RECOMMENDATIONS

- Establish clear champions for student mental health and wellbeing who are influential. The Principal and Head of Student Services should be involved with selected staff.
- Place-based, face-to-face reflection is the best, high-investment strategy to use in the first two-years, enabling staff reflection on issues that are easily marginalised by curriculum and day-to-day functioning. It also enables the strong partnership necessary for SUN's co-design approach.
- Flag dialogue about student mental health, wellbeing and complex case management in the early days and weeks of the first term. However, in-depth discussion of complex challenges should be delayed at least until week 5 to avoid teacher overload.
- Involve schools proactively in the workshop design to accommodate local issues and relationships.
- Use realistic case studies reflecting common and current challenges in complex case management to support effective participant engagement and enable the application of strategies to real life situations.
- Present and conceptualise SUN as an entity that models leadership and mental health promotion for middle management level school leaders.
- Engage expert mental health consultants as resources, to incrementally build capacity and provide leadership support during crises.
- Advocate for student recommendations to be implemented at the school level.

- Use the combination of TAS and socio-historical awareness raising practices as foundation stones for building remote teacher capacity to support Indigenous student wellbeing.

6.2 INTERAGENCY & STRUCTURAL RECOMMENDATIONS

- Continue to support dialogue between schools and external service providers as a foundation for service coordination.
- Support schools to co-design and co-lead complex case management and interagency coordination, possibly using the CCYP mechanism.
- Continue to utilise TAS frameworks to support structural changes at whole-of-school, and interagency policy and practice levels.

6.3 RESEARCH & EVALUATION RECOMMENDATIONS

- Develop, trial and document efficacy of a digital resource that challenges the mainstream narrative, models critical reflection for professional service providers and presents historical perspectives in a non-threatening manner.
- Capture translation of TAS principles to remote school practice through evaluation and research partnerships.
- Obtain copyright permission to apply the 12-item Psychological Capital questionnaire and continue to encourage teachers to report four times per year through an online format.
- Deliver the survey in real-time during workshops to maximise participation of the cohort. The advantage is likely near-complete participation among any given cohort and precise timing of data collection.
- Produce a prospective study design that measures a cohort before and after induction and trauma training. Statistical power will be achievable with a cohort of teachers from across three sites.

References

1. Tarantola D. The interface of mental health and human rights in Indigenous peoples: triple jeopardy and triple opportunity. *Australas Psychiatry*. 2007; 15 Suppl 1:S10-7.
2. Gynther B, Charlson F, Obrecht K, Waller M, Santomauro D, Whiteford H, et al. The epidemiology of psychosis in Indigenous populations in Cape York and the Torres Strait. *EClinicalMedicine*. 2019; 10:68-77.
3. Purdie N, Buckley S. School attendance and retention of Indigenous Australian students. *Canberra2010*.
4. Bowman S, McKinstry C, McGorry P. Youth mental ill health and secondary school completion in Australia: time to act. *Early Interv Psychiatry*. 2017; 11:277-89.
5. Department of Education & Training. Supporting Students' Mental Health and Wellbeing. Policy and Procedure Register. Brisbane: Queensland Government; 2018 [cited 2018 June 19]; Available from: <http://ppr.det.qld.gov.au/education/learning/Pages/Supporting-Students%27-Mental-Health-and-Wellbeing.aspx>.
6. Sharplin E, O'Neill M, Chapman A. Coping strategies for adaptation to new teacher appointments: Intervention for retention. *Teaching and Teacher Education*. 2011; 27:136-46.
7. Willis J, Crosswell L, Morrison C, Gibson A, Ryan M. Looking for leadership: the potential of dialogic reflexivity with rural early-career teachers. *Teachers and Teaching*. 2017; 23:794-809.
8. Mason S, Matas CP. Teacher attrition and retention research in Australia: Towards a new theoretical framework. *Australian Journal of Teacher Education (Online)*. 2015; 40:45.
9. Moreton-Robinson A, Singh D, Kolopenuk J, Robinson A, Walter M. Learning the lessons? Pre-service teacher preparation for teaching Aboriginal and Torres Strait Islander students. Australian Institute for Teaching and School Leadership, Melbourne Prepared in partnership with the Queensland University of Technology Indigenous Studies Research Network ISBN. 2012:978-0.
10. Nakata M. Indigenous knowledge and the cultural interface. *Disrupting preconceptions: Postcolonialism and education*. 2002;19-38.
11. Williamson J, Dalal P. Indigenising the curriculum or negotiating the tensions at the cultural interface? Embedding Indigenous perspectives and pedagogies in a university curriculum. *The Australian Journal of Indigenous Education*. 2007; 36:51-8.
12. Kearney E, McIntosh L, Perry B, Dockett S, Clayton K. Building positive relationships with Indigenous children, families and communities: learning at the cultural interface. *Critical Studies in Education*. 2014; 55:338-52.
13. McCalman J, Langham E, Benveniste T, Wenitong M, Rutherford K, Britton A, et al. Integrating Healthcare Services for Indigenous Australian Students at Boarding Schools: A Mixed-Methods Sequential Explanatory Study. *International Journal of Integrated Care*. 2020; 20.
14. Benveniste T, Van Beek A, McCalman J, Langham E, Bainbridge R. Can it be done?: An evaluation of staff perceptions and affordability of a school-based multi-component integrated intervention for improving the resilience of Aboriginal and Torres Strait Islander boarding students. *Australian and International Journal of Rural Education*. 2020; 30:33.
15. Robinson G, Leckning B, Midford R, Harper H, Silburn S, Gannaway J, et al. Developing a school-based preventive life skills program for youth in a remote Indigenous community in North Australia. *Health Education*. 2016.
16. O'Reilly M, Svirydzenka N, Adams S, Dogra N. Review of mental health promotion interventions in schools. *Social psychiatry and psychiatric epidemiology*. 2018; 53:647-62.
17. Zakszeski BN, Ventresco NE, Jaffe AR. Promoting resilience through trauma-focused practices: a critical review of school-based implementation. *School mental health*. 2017; 9:310-21.
18. Aldridge JM, McChesney K. The relationships between school climate and adolescent mental health and wellbeing: A systematic literature review. *International Journal of Educational Research*. 2018; 88:121-45.
19. Dray J, Bowman J, Campbell E, Freund M, Wolfenden L, Hodder RK, et al. Systematic review of universal resilience-focused interventions targeting child and adolescent mental health in the school setting. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2017; 56:813-24.
20. Das JK, Salam RA, Lassi ZS, Khan MN, Mahmood W, Patel V, et al. Interventions for adolescent mental

- health: an overview of systematic reviews. *Journal of Adolescent Health*. 2016; 59:S49-S60.
21. Arora PG, Connors EH, George MW, Lyon AR, Wolk CB, Weist MD. Advancing evidence-based assessment in school mental health: Key priorities for an applied research agenda. *Clinical child and family psychology review*. 2016; 19:271-84.
 22. Rojas-Andrade R, Bahamondes LL. Is implementation fidelity important? a systematic review on school-based mental health programs. *Contemporary School Psychology*. 2018;1-12.
 23. Bradshaw CP, Williamson SK, Kendziora K, Jones W, Cole S. Multitiered Approaches to School-Based Mental Health, Wellness, and Trauma. *Keeping Students Safe and Helping Them Thrive: A Collaborative Handbook on School Safety, Mental Health, and Wellness [2 volumes]*. 2019:85.
 24. Anderson M, Werner-Seidler A, King C, Gayed A, Harvey SB, O'Dea B. Mental health training programs for secondary school teachers: a systematic review. *School Mental Health*. 2019; 11:489-508.
 25. Cole S, Eisner A, Gregory M, Ristuccia J. Creating and advocating for trauma-sensitive schools. Trauma and Learning Policy Initiative, partnership between the Massachusetts Advocates for Children and Harvard Law School. 2013.
 26. Connor KM, Davidson JR. Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC). *Depression and anxiety*. 2003; 18:76-82.
 27. De George-Walker L. An investigation of teachers' efficacy for promoting and supporting the social and emotional health and wellbeing of students: Griffith University; 2012.
 28. Azzopardi PS, Sawyer SM, Carlin JB, Degenhardt L, Brown N, Brown AD, et al. Health and wellbeing of Indigenous adolescents in Australia: a systematic synthesis of population data. *The Lancet*. 2018; 391:766-82.
 29. Hunter E, Gynther B, Anderson C, Onnis L-a, Groves A, Nelson J. Psychosis and its correlates in a remote indigenous population. *Australasian Psychiatry*. 2011; 19:434-8.
 30. Johnston V, Lea T, Carapetis J. Joining the dots: The links between education and health and implications for Indigenous children. *Journal of paediatrics and child health*. 2009; 45:692-7.
 31. Armstrong D. Addressing the wicked problem of behaviour in schools. *International Journal of Inclusive Education*. 2018;1-17.
 32. Dray J, Bowman J, Freund M, Campbell E, Hodder RK, Lecathelinais C, et al. Mental health problems in a regional population of Australian adolescents: association with socio-demographic characteristics. *Child Adolesc Psychiatry Ment Health*. 2016; 10:32.
 33. Department of Education. *Australian Student Wellbeing Framework*. Canberra: Department of Education; 2018 [cited 2019 Sept]; Available from: <https://www.education.gov.au/national-safe-schools-framework-0>.
 34. Department of Education Q. *Student Mental Health & Wellbeing Policy*. Brisbane: Queensland Government; 2018 [cited 2019 Sept]; Available from: <http://ppr.det.qld.gov.au/education/learning/ProcedureAttachments/Supporting%20Students%20Mental%20Health%20and%20Wellbeing/Supporting%20students%20mental%20health%20and%20wellbeing.pdf>.
 35. Education Queensland. *Student learning and wellbeing framework*. In: *student-learning-wellbeing-framework.pdf*, editor. Brisbane: Queensland Government; 2018.
 36. Australia Co. *The fifth national mental health and suicide prevention plan*. Australian Government Canberra; 2017.
 37. Queensland E. *Better behaviour better learning: Essential skills for classroom management*. Brisbane: Author. 2007.
 38. Sullivan AM, Johnson B, Owens L, Conway R. *Punish Them or Engage Them? Teachers' Views of Unproductive Student Behaviours in the Classroom*. *Australian Journal of Teacher Education*. 2014; 39.
 39. Howard JA. *A Systemic Framework for Trauma-Informed Schooling: Complex but Necessary!* *Journal of Aggression, Maltreatment & Trauma*. 2019; 28:545-65.
 40. ACARA. Western Cape College. *My School*. . 2019 [cited 2020 Jan]; Available from: <https://www.myschool.edu.au/school/40765/attendance>.
 41. ACARA. Tagai State College. *My School*. . 2019 [cited 2020 Jan]; Available from: <https://www.myschool.edu.au/school/40788/attendance>.
 42. ACARA. Kowanyama State School. *My School*. . 2019 [cited 2020 Jan]; Available from: <https://www.myschool.edu.au/school/46716>.
 43. Neal JW, Neal ZP. Nested or networked? Future directions for ecological systems theory. *Social Development*. 2013; 22:722-37.
 44. Guarino K, Chagnon E. *Leading Trauma-Sensitive Schools Action Guide*. Trauma-Sensitive Schools Training Package. National Center on Safe Supportive Learning Environments. 2018.
 45. Atkinson J, Nelson J, Brooks R, Atkinson C, Ryan K. Addressing individual and community transgenerational trauma. *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. 2014; 2:289-307.
 46. O'Neill L, Fraser T, Kitchenham A, McDonald V. Hidden burdens: A review of intergenerational, historical and complex trauma, implications for indigenous families. *Journal of Child & Adolescent Trauma*. 2018; 11:173-86.

Appendix

8.1 MEASUREMENT OF TEACHER RESILIENCE & SELF-EFFICACY

AIM

To collect psychometric data from secondary teaching staff at intervals across the school year.

To assess the feasibility of obtaining statistically significant measures, for comparison of categorical data and intervention sites.

METHOD

DATA COLLECTION

Teachers were invited to participate in online surveys (hosted by SoGoSurvey®) via bulk emails, sent either by the Principal or directly from the SUN project officer. Participation was anonymous, but teachers were encouraged to access complimentary coffees from local cafes after completing the surveys. Up to two reminders were sent in the week following the initial email.

Data collected included: general teacher demographics and teaching experience; individual participation in trauma training; and, participation in SUN capacity building workshops. Each iteration of the survey included open questions covering general issues (What kinds of support do you need?) to more specific issues (Was last term more challenging than the same period in previous years?). Click [here](#) to view an example online survey.

PSYCHOMETRIC MEASURES

Three psychometric instruments were used:

- Teacher Self-Efficacy to Support Student Wellbeing 14 item scale;²⁷
- Teacher Self-Efficacy for Self-Care 6 item scale,²⁷ and,
- Connor-Davidson Resilience Scale (CD-RISC) two-item and ten-item scales (valid for the previous month).²⁶

Self-efficacy was measured in first and fourth terms (WCC only), while resilience was measured in terms 1-3, and in term 4 (WCC only).

HYPOTHESIS

The CD-RISC has been widely used in international research, including among Australian adults. It has high validity for one month preceding testing. We hypothesised that CD-RISC measures would be:

- a) influenced by stressful periods of the school year; and,
- b) lowest among new teachers.

The teacher self-efficacy scales were developed in Queensland and have not been widely used, but were selected because of their specificity to parameters directly relevant to SUN's aims. Self-efficacy is a capacity that might be expected to improve over time. We therefore hypothesised that this parameter would be:

- a) higher among experienced teachers; and,
- b) improve among beginning teachers over the course of the school year.

FINDINGS

In total, 42 teachers participated in an initial survey during the first term, 24 TSC teachers (16 female), and 18 WCC teachers (10 female), shown in Table 13. At both sites, the majority of participants had been teaching for more than five years. Eight participants in total identified as Indigenous, six at TSC (Torres Strait Islander=2; Aboriginal and Torres Strait Islander=2; Aboriginal=2) and one at WCC (Aboriginal =1). The majority of participants reported having participated in SUN workshops in 2018 (TSC=12; WCC=5) or 2019 (TSC=6; WCC=13). Subsequent surveys attracted 5-11 participants at each site, therefore small numbers preclude meaningful statistical analysis. However, some broad observations are detailed below.

At both sites, the majority of participants had been teaching for more than five years. Eight participants in total identified as Indigenous, six at TSC (Torres Strait Islander=2; Aboriginal and Torres Strait Islander=2; Aboriginal=2) and one at WCC (Aboriginal =1). The majority of participants reported having participated in SUN workshops in 2018 (TSC=12; WCC=5) or 2019 (TSC=6; WCC=13). Data over four time-points indicated that the majority of teachers have high resilience – the median CD-RISC-2 or 10 at all stages at both schools was within the expected population mean, with many participants scoring near maximum scores. Most participants maintained high scores, even if their qualitative responses indicated stress and high workloads in the Term 2 & 3 data. However, the lower range shifted in June and August (Term 2 to 3), with two to three participants at each site scoring in the range of 2-4. Scores in this range indicate serious past-month challenges for certain individuals across late Term 2 to early Term 3. The highest resilience scores tended to be reported by teachers who had been working in the remote community for more than five years. The lowest resilience scores at any time-point were reported by teachers who had been in the remote school for more than one year.

"This journey has played out exactly as we wanted in terms of scoping out our needs and our student's needs. We were able right from the beginning to say 'this is what we want', and we were able to work together [with SUN] to decide what we would do."

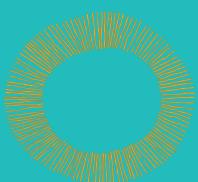
Senior Head of Campus
Inclusive Practices

"...this is something that we really needed...our kids need as well...I'm very passionate about this because I'm going to live here for the rest of my life."

Torres Strait Islander Principal

"You've got those kids on [child safety] books, but there are other kids with trauma in the classroom - there is always a reason behind the behaviour."

Principal, WCC



Schools Up North
Mental Health For Learning



3 Winkworth St Bungalow Q 4870
07 4051 4927
yeti.net.au [YETIyouthempowered](#)