



Supporting wellbeing in schools - the rationale

'There is ample evidence that school-based programs in elementary, middle and high schools can influence positive mental health and reduce risk factors and emotional and behavioural problems through social-emotional learning and ecological interventions' (WHO, 2004).¹

Over the past decade there has been increasing interest, discussion and research about the mental health needs and the challenges experienced by children and young people. Given the role that schooling plays in the lives of children and young people, the school setting has been identified as a critical environment for supporting the development of good mental health for children and young people.

Young people's development in the school environment is not only influenced by learning and the content of curriculum. Factors which have an influence on mental health across all populations can be grouped into three key areas:²

Structural	Social, economic and cultural factors that are supportive of positive mental health. Healthy structures and environments such as quality of housing, access to health and social services and education, political and justice systems
Community	Sense of belonging, social support and community participation
Individual	Ability to deal with thoughts and feelings, emotional resilience, ability to cope with stressful or adverse circumstances, a sense of self and the development of social skills

There is increasing understanding that schools have an important role to play in supporting the social and emotional development of children and young people and that interventions undertaken in school settings have the potential to influence a range of social, health and mental health outcomes. Evidence suggests that good mental and physical health not only optimises a young person's academic performance but also enhances the ability to cope with the challenges and stressors of daily life and to become a productive member of society in the longer term.

The World Health Organization (WHO) identifies supporting environments for social and emotional wellbeing to be a key responsibility of schools.

WHO points to a range of research which has found that 'school connectedness' or the feeling of closeness to school staff and the school environment decreases the likelihood of health risk behaviours during adolescence; and schools with a climate of confidence and respect among principals, staff, pupils and parents reflect the lowest rates of general anxiety, school anxiety and emotional and psychosomatic balance among children and young people.³ A positive educational experience and a good level of academic achievement can contribute significantly to enhancing self-esteem and confidence, better employment, life opportunities and social support'.⁴ Life skills education, strongly supported by WHO as a preventive measure for a range of health and social problems includes the development of skills such as:⁵

decision making	problem solving
creative thinking	critical thinking
communication	interpersonal skills
self-awareness	empathy
copng with emotions	copng with stress

On the flip side, poor engagement and achievement in the school setting is considered to be a risk factor for a range of social, health and mental health problems such as substance misuse, unwanted teenage pregnancy, crime and conduct problems.⁶

A study coordinated by WHO concerning health behaviour among school age children found that there is a 'strong and progressive relationship between indicators of alienation from school and health compromising behaviours among students'.⁷

The factors which determine mental health outlined previously can be related to a range of risk and protective factors that influence mental health.⁸ In the following table, a range of protective and risk

factors relevant to the school setting (for both individuals and the school environment) are identified. Factors such as peer rejection and poor attachment to school may negatively impact on a child's mental health and increase the likelihood of mental health problems developing or increase the impact of existing mental health problems. Factors such as a positive school climate and facilitating opportunities for success and recognition of achievement can 'protect' mental health by reducing exposure to risk (such as school violence and poor attachment to school), and by building on individual characteristics such as self-esteem and problem-solving skills. Overall 'processes that focus on building relationships, encouraging connectedness and providing opportunities for meaningful participation are critical to enhancing resilience and other educational outcomes'.⁹

Protective and risk factors relevant in a school setting ¹⁰			
Individual factors		School context	
Protective factors	Risk factors	Protective factors	Risk factors
School achievement	Poor social skills	Sense of belonging	Bullying
Problem-solving skills	Low self esteem	Positive school climate	Peer rejection
Social skills	Alienation	Prosocial peer group	Poor attachment to school
Good coping style	Impulsivity	Emphasis on responsibility and helpfulness	Inadequate behaviour management
Positive self-related cognitions		Opportunities for success and recognition of achievement	Negative influence of peer group
Values		School norms against violence	School failure

What young people think

Several comprehensive surveys have investigated the views of children and young people about childhood, family life and the world in which they live. The Australian Childhood Foundation¹¹ found that:

- Nearly half of the children surveyed did not feel confident in themselves;
- 41% did not ever feel they are doing well enough;
- 57% were concerned about being teased; and
- 1 in 10 were particularly anxious about being called names because of their religion.

The overall findings of this study suggested that of the children surveyed, 52% were considered "connected and supported," 42% "worried" and 8% "disconnected and insular".

Mission Australia's fifth National Youth Survey¹² found that:

- 28% of respondents felt that body image was a major concern;
- Approximately 28% were significantly concerned about suicide;
- 22% were concerned about self harm; and
- 22% of 11-14 year olds and 27% of 15-19 year olds were concerned about depression.

From a list of 10 choices, 25% of respondents ranked school or study satisfaction very highly.

Schools' programs

The critical role of schools in the social and emotional development of children and young people is being reflected in the development and implementation of a range of mental health promotion and illness prevention programs within school contexts. School based programs can be broadly defined within 3 main groups:

1. **Whole school approach** - these interventions take a holistic approach focusing on factors such as school values; organisational environment; policies and practices; and partnerships between school, home and community. While classroom curriculum is seen as an important component, a whole school approach involves a range of strategies which seek to strengthen the capacity of the environment. Whole school approaches involve all levels of the school community including school staff, students, parents and the broader community including services and professional networks. Whole school approaches commonly provide a 'framework for action' which can be used as a guide and tailored to the needs of individual schools.

2. **Classroom-based interventions** - these interventions involve the specific implementation of a set of curriculum resources or 'programs' to support the development of good social, emotional and life skills. Some classroom-based interventions focus on general social competency building such as effective communication, problem solving, assertiveness, etc. Other interventions, while also focusing on these competencies, may also have a specific focus such as preventing anxiety, anti-bullying, etc.
3. **Targeted interventions** - these interventions or programs focus on the needs of children and young people who are considered at higher risk for mental health problems. The primary aim is to foster the development of improved coping skills and to ameliorate against the development of negative mental health outcomes.

Promotion and prevention approaches to mental health in schools

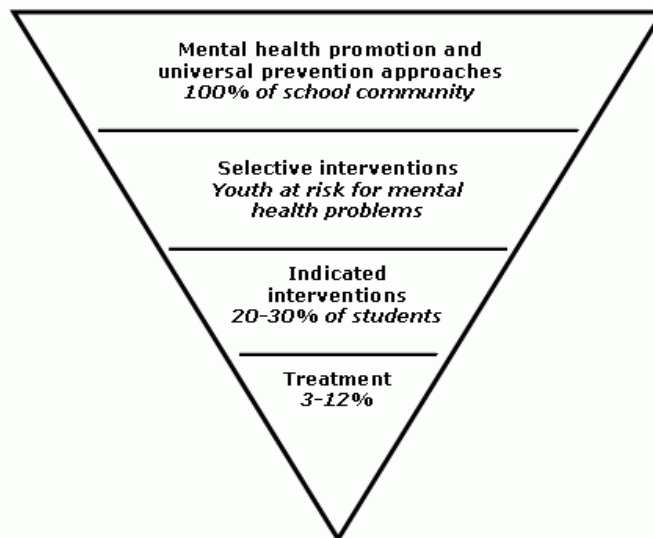
A useful framework for understanding the range of promotion and prevention approaches being implemented in school settings, and the relative proportion of students who may benefit, has been developed by the International Alliance for Child and Adolescent Mental Health and Schools (Intercamhs) - depicted in Figure 1 below.

Intercamhs endorses a 'whole school approach, which includes the continuum of mental health promotion to the prevention of disorders by early intervention and treatment. This approach involves:

- Educational policies;
- Skills for social emotional learning;
- A healthy psycho-social school environment; and
- Access to services in the school or the broader community'.

This approach also highlights the critical need for collaboration and full participation by school personnel, mental health professionals, families and community agencies (refer Intercamhs' website, <http://www.intercamhs.org/index.html>).

Figure 1: Intercamhs' approach to mental health and schools:



The following provides a brief description of the components of the Intercamhs' framework.

1. **Mental health promotion and universal prevention** approaches are closely linked. They seek to improve school psychosocial environments, skills-based health education for social, emotional learning and provide resources and programs to all students to promote health, successful learning and academic success. Schools focusing on mental health promotion or universal prevention approaches commonly take a whole of school perspective. Some schools use classroom-based curriculum resources which focus on a range of generic risk and protective factors (refer to 'School based programs' above). According to WHO, outcomes of such programs have included 'academic improvement, increased problem-solving skills and social competence as well as reductions in internalising and externalising problems such as depressive symptoms, anxiety, bullying, substance use and aggressive and delinquent behaviour'.¹³ Key features of successful mental health promotion and universal prevention approaches in schools have been found to include:¹⁴
 - involvement of whole school;

- changes to the school psychosocial environment;
 - personal skill development;
 - involvement of parents and wider community; and
 - implementation over a long period of time.
2. **Selective interventions** provide prevention programs for young people and their families who present with problems and risk factors for poor mental health. These interventions commonly involve implementation of specific classroom-based interventions. The World Health Organization reports that 'school or community-based programs for selective child populations at risk have successfully targeted child social and problem-solving skills and/or parent management skills, resulting in a decrease in negative parent-child interactions and teacher ratings of conduct problems at school'.¹⁵
 3. **Indicated interventions** provide early interventions to young people and their families who are exhibiting emotional and behavioural problems. These interventions commonly involve implementation of targeted interventions using resources or programs specifically with children who have been identified as at 'higher risk'. School environments play a critical role in identifying students displaying significant mental health problems and by working collaboratively with relevant health professionals. Some evidence shows that the onset of panic disorders can be reduced through a short-term cognitive workshop for children who have experienced a first panic attack.¹⁶
 4. **Treatment** provides more intensive services to young people and their families. While most schools in Australia do not have treatment facilities on site, the development of relationships with community agencies and individual practitioners can significantly support the treatment of students who need them.

Policy in Australia

Australia is considered a world leader in the development of prevention and early intervention programs implemented in schools.¹⁷

Recently the Council of Australian Governments (COAG) identified school-based early intervention programs targeting children and young people as an ongoing priority for common action between the Australian and state and territory governments.¹⁸

More broadly the COAG National Action Plan on Mental Health 2006-2011 identifies specific policy areas to achieve effective promotion, prevention and early intervention in relation to children and young people. These include building resilience and coping skills of children, young people and families and improving treatment services to better respond to the early onset of mental illness, particularly for children and young people.

Another key Australian policy document, the National Mental Health Plan 2003-2008, identifies mental health promotion, and prevention of mental health problems and mental illness as priority themes for action. This builds on the work begun under the Second National Mental Health Plan and progressed through the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health, 2000. The National Action Plan continues to provide currency and a strategic framework for projects and initiatives working to promote mental health and prevent mental health problems and mental illness. It highlights a number of strategies relevant to schools for promoting mental health, preventing and reducing mental health problems and mental disorders. This is supported by Outcomes and Indicators, Measurement Tools and Databases for the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000 which provides a range of process and outcome indicators relevant to school based initiatives. Strategies for school based promotion and prevention activities highlighted in the National Action Plan include:

- Environments and infrastructure that support wellbeing and enhance mental health and mental health literacy;
- Acceptance and valuing of social and cultural diversity;
- Increased self-worth, social competency, coping skills and resilience;
- Positive peer relationships;
- Opportunities for personal development and exploration;
- Sense of connectedness to school, family and community; and
- Early intervention for children showing the early signs and symptoms of conduct, anxiety, depression, eating disorders, antisocial behaviour, substance misuse, self-harm and psychosis.

Examples of good practice

The following chart describes some initiatives that are currently being used in Australian schools to promote the mental health of young people and prevent mental illness. The initiatives have been chosen because they have a sound evidence base, have been evaluated and have further information available via credible websites or other sources.

See appendices for full description and details (eg. access, activities, evaluation, resources and contacts).

Name	Setting and target group	Approach	Focus
Aussie Optimism (appendix 1)	Primary schools: students aged 8-12 Secondary schools: students aged 12-13	Classroom based skills training (depression and anxiety)	Universal prevention
Friendly Schools and Families (appendix 2)	Whole of primary school community	Whole school approach (bullying)	Universal prevention
FRIENDS (appendix 3)	Primary schools: students aged 7-11 Secondary schools: students aged 12-16	Classroom based skills training (depression)	Universal prevention Indicated intervention
KidsMatter (appendix 4)	Whole of primary school community	Whole school approach	Mental health promotion Universal prevention
MindMatters (appendix 5)	Whole of secondary school community	Whole school approach	Mental health promotion
Resourceful Adolescent Program (RAP) (appendix 6)	Secondary school students aged 12-15	Classroom based skills training (depression)	Universal prevention
Rock and Water (appendix 7)	Primary schools: boys from 6 years old Secondary schools: boys of all ages	Classroom based skills training (violence and bullying)	Selective intervention Indicated intervention

Key resources: national policy documents

- National Action Plan on Mental Health 2006-2011. Council of Australian Governments (COAG), Canberra, (2006).
http://www.coag.gov.au/meetings/140706/docs/nap_mental_health.rtf
- National Mental Health Plan 2003-2008. Australian Government, Canberra, (2003).
<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/mental-pubs-n-plan03>
- Outcomes and Indicators, Measurement Tools and Databases for the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000. Australian Government Department of Health and Ageing, Canberra, (2003).
<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/mental-pubs-o-outcome>
- Promotion, Prevention and Early Intervention for Mental Health: A Monograph. Australian Government Department of Health and Ageing, Canberra, (2000).
<http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/mental-pubs-p-prommon>
- National Action Plan for Promotion, Prevention and Early Intervention or Mental Health. 2000. Australian Government Department of Health and Ageing, Canberra, (2000).
<http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/mental-pubs-n-promote>

Key resources: additional reading

- Advances in School Mental Health Promotion, Clifford Beers Foundation & University of Maryland School of Medicine, Stafford, (2007).
<http://www.schoolmentalhealth.co.uk/>
- Australian eJournal for the Advancement of Mental Health, Auseinet, Adelaide;
School mental health programs:
<http://www.auseinet.com/journal/keylist.php?range=10&key=school+mental+health+program>
Schools:
<http://www.auseinet.com/journal/keylist.php?range=10&key=schools>
- Children's Fears, Hopes and Heroes: Modern childhood in Australia. Tucci, J., Mitchell, J., & Goddard, C. Australian Childhood Foundation, Melbourne, (2007).
[Download http://www.childhood.org.au/downloads/ChildrensFearsHopeHeroes2007.pdf](http://www.childhood.org.au/downloads/ChildrensFearsHopeHeroes2007.pdf)
- Children and Young People's Wellbeing: An educator's guide, Hunter Institute of Mental Health, Newcastle, (2007).
<http://www.responseability.org/site/index.cfm?display=75350>
- Implementing Mental Health Promotion. Barry, M. & Jenkins, R. Elsevier, London, (2006)
- Models of Mental Health Delivery: Efficacy, support and policy. Christensen, H., Griffiths, K., Wells, L., & Kljakovic, M. Australian Primary Care Institute, Canberra, (2006).
http://www.anu.edu.au/aphcri/Domain/MentalHealth/approved_final_25_christensen.pdf
- National Survey of Young Australians 2006: Key and emerging issues, Mission Australia, Sydney, (2006).
<http://www.missionaustralia.com.au/cm/resources/documents/National%20Youth%20Survey%202006.pdf>
- School -Based Mental Health: An empirical guide for decision-makers, Kutash, K., Duchnowski, A., & Lynn, N. Florida Mental Health Institute, Florida, (2006).
<http://www.intercamhs.org/files/School-based%20Mental%20Health,%20An%20Empirical%20Guide%20for%20Decision-Makers.pdf>
- What is the Evidence on School Health Promotion in Improving Health or Preventing Disease and, Specifically, What is the Effectiveness of the Health Promoting Schools Approach? Stewart-Brown, S. WHO Regional Office for Europe, Copenhagen, (2006).
<http://www.euro.who.int/document/e88185.pdf>
- Prevention of Mental Disorders: Effective interventions and policy options. Summary report, WHO, Geneva, (2004).
http://www.who.int/entity/mental_health/evidence/en/prevention_of_mental_disorders_sr.pdf
- Creating an Environment for Emotional and Social Well-Being: An important responsibility of a Health-Promoting and Child Friendly School. WHO, Geneva, (2003).
http://www.who.int/school_youth_health/media/en/sch_childfriendly_03_v2.pdf
- Prevention and Intervention for Anxiety Disorders in Children and Adolescents: A whole school approach, Campbell, M. Australian Journal of Guidance and Counselling, Vol.13, no.1, pp. 47-62, (2003).
<http://eprints.qut.edu.au/archive/00004334/>
- Partners in Life Skills Education: Conclusions from a United Nations Inter-Agency Meeting, WHO, Geneva, (1999)
http://www.who.int/mental_health/media/en/30.pdf
- National Health Promoting Schools Initiative: A national framework for health promoting schools (2000-2003), Australian Health Promoting School Association, Sydney, (2001).
<http://www.ahpsa.org.au/files/framework.pdf>

Key resources: links

- Auseinet website links list for 'Schools/education':
<http://www.auseinet.com/links/index.php?a=29#list>

References

- ¹ World Health Organization (WHO) (2004). *Prevention of Mental Disorders: Effective Interventions and Policy Options: Summary Report*. WHO, Geneva.
- ² Barry, M. & Jenkins, R. (2007). *Implementing Mental Health Promotion*. Elsevier.
- ³ World Health Organization (WHO) (2003). *Creating an Environment for Emotional and Social Well-being: An Important Responsibility of a Health Promoting and Child-Friendly School*. WHO Information Series on School Health, Document 10, WHO, Geneva.
- ⁴ Barry, M. & Jenkins, R. (2007). op cit.
- ⁵ Department of Education, (2001). *The Students at Educational Risk Strategy's Pathway to Health and Well-being in Schools*, Department of Education, WA.
- ⁶ Ibid, p. 5
- ⁷ Ibid.
- ⁸ WHO, (2003). op cit., p. 3
- ⁹ Barry, M. & Jenkins, R. (2007). op cit.
- ¹⁰ Commonwealth Department of Health and Aged Care (2000). *Promotion, Prevention and Early Intervention for Mental Health - A Monograph*. Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra.
- ¹¹ Tucci, J., Mitchell, J., & Goddard, C. (2007). *Children's Fears, Hopes and Heroes: Modern Childhood in Australia*. Australian Childhood Foundation, Victoria.
- ¹² Mission Australia, (2006). *National Survey of Young Australians 2006: Key and Emerging Issues*. Mission Australia, Australia.
- ¹³ World Health Organization (WHO), (2004). op cit.
- ¹⁴ Stewart-Brown, S. (2006). *What is the Evidence on School Health Promotion in Improving Health or Preventing Disease and, Specifically, What is the Effectiveness of the Health Promoting Schools Approach?* WHO Regional Office for Europe, Copenhagen.
- ¹⁵ World Health Organization (WHO), (2004). op cit.
- ¹⁶ Ibid.
- ¹⁷ Christensen, H., Griffiths, K., Wells, L., & Kljakovic, M. (2006). *Models of Mental Health Delivery: Efficacy, Support and Policy*. Australian Primary Health Care Research Institute, Australian National University, Canberra.
- ¹⁸ Council of Australian Governments (COAG), (2006). *National Action Plan on Mental Health 2006-2011*, Commonwealth Department of Health and Ageing, Canberra.

Suggested Citation

Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet) (2007). *Mental Health Promotion and Illness Prevention in School Settings*. Adelaide: Auseinet. http://www.auseinet.com/files/ppei/schools_apend.pdf