



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

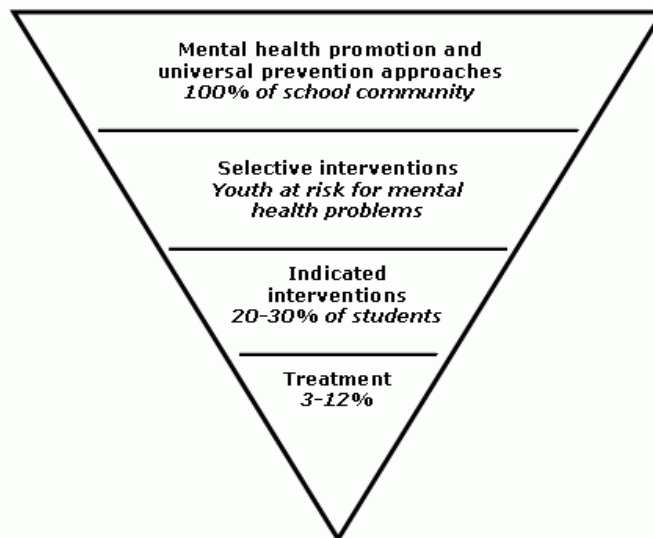
A useful framework for understanding the range of promotion and prevention approaches being implemented in school settings, and the relative proportion of students who may benefit, has been developed by the International Alliance for Child and Adolescent Mental Health and Schools (Intercamhs) - depicted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

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Appendix 1

Aussie Optimism			
Setting and Target Group	Approach	Focus	Access
<ul style="list-style-type: none">• Upper primary school: students from 8 years• Lower secondary school: students up to 13 years• Parents and families (optional)	<ul style="list-style-type: none">• Classroom based skills training	<ul style="list-style-type: none">• Universal prevention program for depression and anxiety	<ul style="list-style-type: none">• Materials available for purchase by schools in Western Australia• Training available for purchase within Western Australia

The development of the Aussie Optimism Program was heavily influenced by the Penn Optimism Program. It is a collaborative development by Curtin University Research and Training Team and the Western Australian Department of Education and Training.

Description

Aussie Optimism provides teachers, practitioners and parents with practical strategies and resources for developing children's social competence, self-management, and positive thinking in everyday life, during times of stress, and across transitions, like the move to high school. It is a universal prevention program which aims to avert the development of childhood depressive disorders through a cognitive-behavioural based intervention. It is delivered as a classroom based program to all children in particular year levels.

The program strengthens the protective factors that reduce the risk of developing mental health problems. This is achieved through classroom based units designed for 3 distinct age groups:

- 'Positive Thinking Skills' for students aged 8-10 years: focuses on the identification of thoughts and feelings, and development of positive ways of thinking
- 'Social Life Skills' for students aged 10-12 years: teaches children to regulate their feelings, communicate effectively, solve social problems and resist peer pressure
- 'Optimistic Thinking Skills' for students aged 11-13 years: teaches optimistic ways of coping to assist the development of healthy self-esteem.

The Parents and Families program (family based 11+ years) can be included as part of the Social Life Skills and Optimistic Thinking Skills programs. This program helps parents and families work together to navigate the sometimes tricky path of parenting an adolescent. The program covers issues such as searching for identity, pushing the limits, working together as a family, thinking optimistically, friendships and the move to high school.

Process

One (or more) of the programs is chosen depending on the particular needs of the student group, and is delivered in the classroom by the teacher. Each program consists of 10 learning modules.

The program is designed to be embedded within the existing curriculum and is therefore consistent with WA Department of Education Student Outcome Statements.

The optional Parents and Families program can be delivered by the classroom teacher in out-of-hours sessions. This part of the program can also be self directed using the workbooks and requires no specific training.

Access

Information about training availability and resource costs can be located at:
<http://psych.curtin.edu.au/research/aussieoptimism/training.htm>

To acquire accreditation, teaching staff must attend a one day training seminar for each program to be delivered. Training workshops are run by District Trainers from the WA Department of Education and Training and by the Aussie Optimism Team.

Teacher Resource Kits are provided at the training workshop. Student workbooks need to be purchased by individual participants whenever programs are delivered in the classroom.

Evaluation

Recently completed evaluation studies have shown that the Positive Thinking Skills program was associated with:

- significantly fewer self-reported depressive symptoms and significantly less parent-reported hyperactivity at 6-month follow-up.
- significantly more positive attribution style at post-intervention.
- lower incidence of disorder: of students who were healthy at pre-test, only 3.9% in the intervention group had developed a depressive diagnosis at post-intervention, compared with 13.9% of the control group.

(From: *The Effectiveness of the Positive Thinking Skills Program in Preventing Internalising Disorders in 8-9 Year Old Children (2004-2007)*)

<http://psych.curtin.edu.au/research/aussieoptimism/ptsresearch.htm>

The Aussie Optimism Team has engaged in a number of research projects that have provided a strong evidence base:

<http://psych.curtin.edu.au/research/aussieoptimism/researchprojects.htm>

Student research papers, conference presentations and journal articles supporting this evidence base are available at:

<http://psych.curtin.edu.au/research/aussieoptimism/research.htm>

Website

<http://psych.curtin.edu.au/research/aussieoptimism>

Contains

- overview
- research
- testimonials and
- training/ordering information.

Contact

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Appendix 2

Friendly Schools and Families			
Setting and Target Group	Approach	Focus	Access
<ul style="list-style-type: none">Primary schools: entire school community	<ul style="list-style-type: none">Whole of school approachClassroom based skills training	<ul style="list-style-type: none">Universal prevention program for bullying	<ul style="list-style-type: none">Materials available for purchase by primary schoolsTraining available for purchase throughout Australia

The Friendly Schools and Families Management Team is part of the Australian Council for Educational Research and works in close consultation with the Child Health Promotion Research Unit at Edith Cowan University.

Description

Friendly Schools and Families is a bullying prevention program. It uses a whole school approach and identifies six principles of success that need to be integrated into the school in a coordinated manner. For schools which already take a whole school approach to bullying, the program provides the opportunity to review action, identify areas that may require further attention and to engage in evidence based activities that will maintain or enhance current school efforts in this area. For schools that have not yet taken action, the program provides guidance for developing and engaging in a whole-school response to bullying. The program aims to influence staff, students, families and the wider community connected to the school. The program guidelines and activities are designed to build on and support strategies to reduce bullying as advocated by the Australian National Safe Schools Framework for both Primary and Secondary Schools (for more information go to: <http://www.friendlyschools.com.au/anssf-links.php>). The program also provides a range of practical tools to support implementation of the program in a classroom environment (refer below). The six principles of success include:

- policy development
- classroom practice
- whole school ethos
- family links
- student management and support, and
- the physical environment.

The program resources comprise two major 'packs'. These include:

- the Whole-school Pack which provides guidance and supporting materials for coordinated implementation of the program and individual handbooks representing the six major components (listed above) and
- the Classroom Pack which includes five handbooks to support interactive teaching and learning strategies for improving social skills and reducing bullying, and student activity books.

Process

The program contains 5 stages of development:

- establishment of the program team
- identification of priorities
- development of policies and practices
- implementation of the Friendly Schools and Families practices, and
- evaluation and maintenance of program ethos.

Access

Information about training availability and resource costs can be located at:
<http://www.friendlyschools.com.au/profdev.php>

A variety of resource kits are available for purchase. Training can be purchased and is available in a range of short sessions, half or full day programs.

'Train the trainer' courses of 2 and 3 day duration are available for district/region based personnel to work with schools that are using the Friendly Schools and Families Programs. The training also supports behaviour management and discipline policy requirements for each of the systems of education throughout Australia.

Training is delivered by the Friendly Schools and Families Management Team at ACER and is available in all states and territories.

Evaluation

This program has been developed using evidence based principles based on six years of detailed research involving over 6,000 school students, and their parents and teachers.

Recent research undertaken over a 3 year period (2002-2004) showed a 'very significant reduction in bullying behaviour, greater feelings of safety and happiness at school and an increase in social skills among children who received the program compared to those who did not receive the program. This research has also helped to identify the program components that resulted in the greatest reduction of bullying. These components form the basis of the new Friendly Schools and Families program, and are supported by case studies from schools that have implemented these materials.' (*From Friendly Schools, Friendly Families, 2004*, <http://www.friendlyschools.com.au/about.php>)

The Friendly Schools and Families Survey Service offer a standardised survey where the responses collected are analysed and a detailed report of the findings prepared for schools. Follow up training and support options are then offered, tailored according to the survey outcomes. For more information see: <http://www.friendlyschools.com.au/survey/index.php>

Website

<http://www.friendlyschools.com.au/>

Contains:

- overview
- history and evidence base
- information about materials and training, and
- survey/evaluation service information.

Contact

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Appendix 3

FRIENDS			
Setting and Target Group	Approach	Focus	Access
<ul style="list-style-type: none">• Primary schools: students aged 7-11 years• Secondary schools: students aged 12-16 years.• Adapted materials available for Aboriginal and Torres Strait Islander and culturally and linguistically diverse students• Parents (optional)	<ul style="list-style-type: none">• Classroom based skills training	<ul style="list-style-type: none">• Universal prevention program• Can also be delivered as an indicated intervention	<ul style="list-style-type: none">• Materials available, for purchase by schools.• One day training packages available for purchase, throughout Australia.

Developed by Professor Paula Barrett, Adjunct Professor at the School of Education (University of Queensland) and Director of the Pathways Health and Research Centre. The FRIENDS program has evolved from Dr. Barrett's 'Coping Koala' anxiety treatment protocol.

Description

FRIENDS is a universal prevention program which aims to reduce the incidence of serious psychological disorders or emotional distress by teaching young people how to cope with anxiety, both now and in later life. It is delivered as a classroom based skills development program for all students in particular grades.

The program can also be delivered as an indicated intervention with students identified as being at-risk of developing mental health problems.

FRIENDS is based on cognitive behavioural principles and the building of emotional resilience. The program aims to support protective factors such as

- self-esteem
- problem-solving
- self-expression, and
- positive relationships with peers and adults.

Program materials and concepts are available in an adapted format to suit the needs of Aboriginal and Torres Strait Islander and culturally and linguistically diverse children and young people.

Optional parent information sessions can be delivered by the classroom teacher.

Process

As a universal prevention program: the school adds the program to the relevant year level curriculum. Specific class teachers are given a 1-day group-training session provided by an accredited FRIENDS trainer.

This program is designed to be run by teachers in normal class times. The complete course consists of 10 participant sessions with 2 booster sessions to be delivered as a follow up. There are also 2 optional parent sessions.

Senior guidance personnel within the school community may use the FRIENDS for Life program as an intervention or treatment protocol for work with selected at-risk students.

Access

Information about training availability and resource costs can be located at:
<http://www.friendsinfo.net/TRAINING.html>

The FRIENDS program is available to any school that wishes to purchase the materials and training. This involves a one-off cost (for the teacher manual and training), with individual workbooks purchased by all students subsequently involved in the program.

Training courses are regularly conducted by the Pathways Health and Research Centre in major cities throughout Australia.

Evaluation

FRIENDS is acknowledged by the World Health Organization for its comprehensive validation and assessment across several countries and languages, using rigorous randomised control studies.

The research states that up to 80% of children showing signs of an anxiety disorder no longer display that disorder after completing the program. This effect has been confirmed at up to 6 years post treatment. (*Evidence Base Abstracts p.2 – refer below*)

Primary school children reported the greatest changes in anxiety symptoms, suggesting earlier preventive intervention was potentially more advantageous than later intervention. (*Evidence Base Abstracts p.6*)

More information about evaluation can be found in '*Evidence Base Abstracts*' (updated May 07) available online at <http://www.friendsinfo.net/downloads/FRIENDSAbstractsBooklet.pdf>

Website

<http://www.friendsinfo.net/friendsinschools.html>

Contains:

- detailed descriptions of program
- learning outcomes
- evidence base
- training calendars, and
- ordering/booking information.

Contact

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Appendix 4

KidsMatter			
Setting and Target Group	Approach	Focus	Access
<ul style="list-style-type: none">• Primary schools: entire school community	<ul style="list-style-type: none">• Whole of school approach	<ul style="list-style-type: none">• Mental health promotion• Universal prevention program	<ul style="list-style-type: none">• Currently only available to selected schools, but will be freely available to all primary schools by 2008

KidsMatter is a national collaborative initiative between the Australian Government Department of Health and Ageing; beyondblue; the Australian Psychological Society; and the Australian Principals Associations Professional Development Council, and supported by the Australian Rotary Health Research Fund.

Description

KidsMatter provides a framework for promotion and prevention approaches to mental health that is specifically oriented to primary schools. It operates through a whole of school approach, working to provide a school environment that is conducive to good mental health.

Schools are provided with support and resources to develop policies and plans, and to implement a comprehensive approach to addressing students' mental health tailored to the needs of the school community. The initiative aims to strengthen the protective factors for mental health and minimise risk factors.

The 4 components of the KidsMatter initiative are:

- positive school environment
- social and emotional learning for students
- parenting education and support, and
- early intervention for students who are at risk of experiencing mental health difficulties.

Process

The KidsMatter initiative works directly with school staff and the KidsMatter 'Action Team' established in each school to facilitate implementation of the framework. The Action Teams include the school principal and in general, a classroom teacher, a parent representative and the school counsellor (or similar representative). The Action Teams are supported by state and territory based KidsMatter project officers.

KidsMatter has produced a Programs Guide with information about the evidence base for the effectiveness of a range of classroom based school mental health programs including details about the mode of delivery and the availability of specific professional development to support school implementation. Schools are then assisted to make a decision about the classroom based program which would most suit their school's needs.

Access

KidsMatter is currently (2007) being trialled with 101 selected schools across Australia, with the view to making it available to all primary schools sometime during 2008. It is a nationally funded initiative with training and support materials provided free of charge.

The 'Action Teams' from each school are required to attend an initial 2 day briefing and are then supported through the implementation process by state based KidsMatter project officers.

Resource packs are provided for the whole school community (staff, students and parents). The KidsMatter website will provide updated access to newsletters and additional resources.

Evaluation

An evaluation team (consisting of a consortium comprising Flinders University, the Department of Education and Children's Services and the University of South Australia) is currently evaluating the impact of the initiative for the 101 schools participating in the program. This evaluation will be completed by 2008. More information about the evaluation of KidsMatter is available from: <http://caef.flinders.edu.au/kidsmatter/index.html>

Website

<http://www.apapdc.edu.au/kidsmatter/>

Contains:

- overview of initiative
- newsletters, and
- information regarding ongoing evaluation.

Contact

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Appendix 5

MindMatters			
Setting and Target Group	Approach	Focus	Access
<ul style="list-style-type: none"> • Secondary School communities 	<ul style="list-style-type: none"> • Whole of school approach 	<ul style="list-style-type: none"> • Mental health promotion 	<ul style="list-style-type: none"> • All secondary schools within Australia entitled to resources and training at no cost.

MindMatters is a national mental health initiative for secondary schools funded by the Australian Government Department of Health and Ageing. It is managed by the Australian Principals' Associations Professional Development Council (APAPDC) and Curriculum Corporation, and is a collaboration between the health and education sectors. The central office is located in Adelaide, South Australia, with project officers based in all states and territories.

Description

MindMatters promotes a comprehensive, 'whole of school' approach to mental health and wellbeing, and aims to enhance the development of school environments where young people feel safe, valued, engaged and purposeful. The approach uses multiple strategies and involves parents, students, staff and the community to create an environment that promotes mental health and wellbeing. The role of a 'school core team' is considered integral to the successful development and implementation of strategies which support a whole school approach to mental health.

The 'MindMatters Implementation Model' is built on the health promoting schools' model which focuses on three key areas:

1. School ethos and environment
2. Curriculum teaching and learning
3. Internal and external partnerships and services

Schools interested in implementing a whole school approach to mental health can engage in long term (18 months – 3 years) professional development and support opportunities using a range of MindMatters resources. The major components of the MindMatters approach include:

- MindMatters resources: these include background information on promotion and prevention approaches to mental health, planning tools for addressing wellbeing issues within a whole of school and community context, as well as activities for classroom use on topics such as resilience, loss and grief, bullying and harassment, and understanding mental illness.
- Level 1 professional development: enables school and community staff to increase their understanding of:
 - mental health and mental health promotion;
 - how resources provided by MindMatters can be used most effectively; and
 - how existing capacities of the school and its community can be used in a whole school approach to wellbeing.
- Level 2 professional development: supports leadership, planning, data collection/analysis and curriculum development towards the implementation of whole school approaches to mental health and wellbeing. Extension professional development training modules are provided where appropriate on issues such as leadership, students with high mental health support needs, teaching and learning for wellbeing, measuring progress etc.

Process

In each state MindMatters facilitates a partnership with state education and health personnel who provide delivery of aspects of the MindMatters professional development process. Local members of Aboriginal and Torres Strait Islander communities or members of Aboriginal Education Units within state systems are also involved as appropriate.

The resources and professional development programs are designed to support schools in developing appropriate mental health promotion strategies within their individual school contexts. MindMatters and other relevant staff provide comprehensive support to the school core team which provide a key coordinating and leadership role.

Access

MindMatters is fully funded by the Australian Department of Health and Ageing and is therefore able to offer professional development at no cost. A training calendar is available at:
<http://cms.curriculum.edu.au/mindmatters/calendar/calendar.htm>

All secondary schools are eligible for sets of resources at no cost (additional sets may be purchased or downloaded at no cost from the website).

It is recommended that the school core group (including school leadership) receive training but participation is not limited to specific numbers. All members of the secondary school community (including staff, parents, counsellors, community members, GPs and school leadership) are eligible.

Project Officer support is provided in each state and territory. Comprehensive information and communication networks are available from the website.

Evaluation

MindMatters Level 1 has been comprehensively evaluated over the period 2000-2005, with an additional evaluation summary being published in 2006.

“There was some early evidence of an ... increase in student attachment to school. There was some evidence that students who participated in the skills building activities felt more confident in their ability to deal with mental health issues and were comfortable talking about such issues with staff and others...

Teachers reported that the initiative gave them the confidence and skills to better support and understand the needs of students, and to identify those children who may need additional support. Teacher and student reports indicated an increase in student help-seeking behaviour as well as an increase in their knowledge, awareness, skills and attitudes towards mental health problems”
(from *MindMatters Evaluation Summaries, 2006*,

http://cms.curriculum.edu.au/mindmatters/resources/pdf/evaluation/summary_dec06.pdf)

A range of evaluation information and papers for Level 1 are available from
<http://cms.curriculum.edu.au/mindmatters/evaluation/evaluation.htm>

Level 2 is yet to be fully implemented or evaluated.

Website

<http://cms.curriculum.edu.au/mindmatters/>

Contains

- overview
- Resources
- links to state and territory information
- evaluation
- training information
- discussion forum.

Contact

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Appendix 6

Resourceful Adolescent Program (RAP)			
Setting and Target Group <ul style="list-style-type: none">• Secondary schools: students 12-15 years• Adapted materials available for Indigenous communities• Parents and families (optional)	Approach <ul style="list-style-type: none">• Classroom based skills training	Focus <ul style="list-style-type: none">• Universal prevention program	Access <ul style="list-style-type: none">• Manuals available for purchase by schools• One day training workshops available for purchase throughout Australia

The RAP program was developed by School of Psychology and Counselling, Queensland University of Technology. The RAP Team is based at the University and is directed by Associate Professor Ian Shochet.

Description

The Resourceful Adolescent Program A (RAP-A) is a universal prevention program that specifically aims to prevent teenage depression and related difficulties. It is delivered through a classroom based skills development program available to all students in particular grades.

The program draws on research about relevant psychosocial risk and protective factors and focuses on the development of self esteem, conflict resolution skills and stress management. It utilises cognitive restructuring to direct the growth of self regulation, problem solving and the understanding of others' perspectives. It encourages students to identify and develop individual resilience and personal strengths.

RAP also provides the following additional components:

- RAP-P (for parents): targets family protective factors such as increasing harmony and preventing conflict
- RAP-T (for teachers): assists teachers to promote a sense of connectedness to school – an important protective factor for teenage mental health

The Indigenous RAP-A Supplement Manual provides guidelines for the adaptation of RAP-A for Aboriginal and Torres Strait Islander adolescents. RAP-P has also been adapted to provide a RAP Indigenous Parents Program.

Process

The RAP-A program consists of 11 classroom sessions. It is recommended that it be run with groups of approximately 8 to 16 students, usually as an integral part of the school curriculum (from grades 7 to 10).

Sessions are sequential as set out in the Group Leader Manual, along with the aims, content and activities. It is recommended that the course be delivered as written in the manual. All handouts are provided in the Participant Workbook.

The course focuses on the recognition of existing personal resources, developing competence in coping, problem solving and conciliation skills, and building networks to support good mental health

Access

Information about training availability and resource costs can be located at:

<http://www.hlth.qut.edu.au/psyc/rap/training.jsp>

Group Leaders suitable to facilitate the course in schools may be selected from: school counsellors (or similar), teachers or community/health/mental health workers.

Potential facilitators must attend a 1 day training course for each RAP course undertaken. Training events are offered at regular intervals in Brisbane and Sydney, and throughout Australia on request. All training is provided by the RAP Team.

There is a one-off cost for a Group Leader Manual, purchased for each staff member attending the training. All students subsequently involved in the course must purchase a Participant Workbook.

Evaluation

RAP has been the subject of systematic evaluation for over 10 years. Initial trials reported significantly lower levels of depressive symptoms at post-intervention and 10-month follow-up, compared with the control group.

Subsequently a three-year multi-site effectiveness trial of RAP-A, funded by the National Health and Medical Research Council (NHMRC), was undertaken. Results showed that more than double the amount of RAP participants remain healthy immediately after and at follow-up, and that a greater proportion of at-risk students remain healthy at both time points in the RAP group.

Overviews of 3 evaluation trials are available at:

<http://www.hlth.qut.edu.au/psyc/rap/research/research-rap-a.jsp>.

Further research papers available at:

<http://www.hlth.qut.edu.au/psyc/rap/research/research-publications.jsp>

Website

<http://www.hlth.qut.edu.au/psyc/rap/>

Contains

- detailed overview of the 3 RAP programs
- training information and calendar
- research papers, and
- newsletter.

Contact

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Appendix 7

Rock and Water			
Setting and Target Group	Approach	Focus	Access
<ul style="list-style-type: none">• Primary schools: boys from 6 years old• Secondary schools: boys of all ages• Staff, families and school community (optional)	<ul style="list-style-type: none">• Classroom based skills	<ul style="list-style-type: none">• Selective intervention• Indicated intervention	<ul style="list-style-type: none">• Resources and materials available for purchase by schools• A variety of training courses are available, for purchase, throughout Australia

Developed by Freerk Ykema, a remedial teacher and counsellor in The Netherlands. The Rock and Water Program is available in Australia through the Family Action Centre (University of Newcastle) and the Gadaku Institute (the international co-ordinator of the Rock and Water Program).

Description

The program may be presented as a selective intervention for boys (over 6 years old) who are considered to be more at risk of being exposed to male violence and bullying, as a classroom based skills program. It can also be presented as an indicated intervention to particular groups of boys with identified behavioural or anger management issues.

Developed originally as a violence prevention program, it has been broadened to promote positive ways to deal with power, strength and powerlessness. The program focuses on developing protective factors that are of particular relevance to boys in society: eg., dealing with peer pressure, understanding and respecting boundaries (especially those of girls), positive thinking, self awareness, self discipline, communication skills and group dynamics.

Process

Rock and Water can be delivered during special boys-only class sessions by any teacher.

Sessions have a strong focus on physical action and achievement, using a combination of physical exercises and group-discussions. Exercises are carried out in pairs or small groups. Each lesson is supported with questions and simple assignments aimed at assisting lessons to be integrated with everyday life.

Facilitators who complete the advanced training may run workshops within their schools. It is envisaged that this will encourage take up of the principals and aims of the program throughout the school community. Sessions may be run for parents, families and other relevant members of the community.

Access

Information about training availability and resource costs can be located at:
<http://www.newcastle.edu.au/centre/fac/rock-and-water/workshops.html>.

Any teacher who has an interest in the specific needs of boys may undertake the training courses. Training can be either conducted in a one-day introduction seminar (focusing on the first four lessons of the program) or a three-day seminar (where all lesson plans are taught).

Participants who complete the 3 day program can attend the Advanced Training Level II. This level of training allows participants to conduct one-day introductory workshops to all staff and parents in their own school community.

Closed training courses can also be organised specifically for a whole organisation or school cluster. Cost includes training and all manuals.

The Gadaku Institute organises workshops in Victoria, Western Australia, Queensland, Tasmania and South Australia. The Boys in Schools Program (University of Newcastle) organises workshops in New South Wales, the Northern Territory and the Australian Capital Territory.

Evaluation

Initial small scale evaluations have established that 'the Rock and Water program has contributed to the achievement of intended outcomes (increased self control, self confidence, improved social skills, greater awareness of self and others and skills to respond to difficult situations) for both students and teachers with student achievement being sustained over the two years of the programs existence in the cluster'.

(from Rock and Water Overview,

<http://www.newcastle.edu.au/centre/fac/rock-and-water/downloads/Rock%20and%20Water%20Overveiw.pdf>)

The 'Draft Rock and Water Evaluation Report 2003-2004' (an evaluation of the training seminar) is available from:

http://rockandwaterprogram.com/UserFiles/File/English/renw_evaluation_report.doc

Evaluation presentations made at the 'Bringing it Together Inaugural Rock and Water Conference 2006' have been published in the book of proceedings and are available for purchase from the Family Action Centre.

Websites

Rock and Water at the Family Action Centre

<http://www.newcastle.edu.au/centre/fac/rock-and-water/index.html>

Contains:

- overview
- examples of resources
- training calendar
- conference details
- ordering information.

Gadaku Institute

<http://rockandwaterprogram.com/site/www/>

Contains:

- overview and examples
- training information
- evaluation articles.

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