

The KidsMatter School Psychologists' Survey: Report of Findings

Prepared by Australian Psychological Society

Executive Summary

Aims of the survey

- To capture the level of awareness about the KidsMatter Primary (KMP) initiative among psychologists working in primary school settings.
- To identify the most common mental health issues encountered by psychologists working in primary schools.
- To understand how the KMP initiative has impacted on the role of school psychologists.
- To hear about the perceived barriers to the adoption of mental health Promotion, Prevention and Early Intervention (PPEI) approaches in primary schools.
- To determine the level of support for and perceived benefits of mental health PPEI approaches in primary school settings.
- To seek feedback and suggestions for the future improvement of the initiative.

Survey participants

- A total of 188 psychologists who work in Australian primary schools completed the survey. Of these 30 reported direct involvement in KMP.
- The majority of responses were received from psychologists working in metropolitan areas (71%¹).
- Most respondents represented the Government sector (61%) followed by the Independent (26%) and Catholic (13%) sectors.
- The majority of respondents were from New South Wales (33%) and Victoria (30%). Only one response was received from both South Australia and the Northern Territory.
- 42% of respondents indicated that they had worked in the school setting as a

psychologist for more than 10 years, and 20% from 5 to 10 years.

Knowledge of KMP amongst school psychologists

- A general understanding of the KMP framework and purpose was evident in many of the responses provided.
- In particular respondents identified that KMP is a whole school, PPEI initiative aimed at improving mental health and wellbeing in primary schools. However many respondents appeared to have limited knowledge of the details of the KMP initiative and its implementation.
- Many comments reflected an incomplete understanding of the breadth of the initiative. Generally, responses focused on the early intervention components of the KMP framework and there was less acknowledgement of the more preventative and proactive emphasis of the initiative.
- There was also some conflation with MindMatters; evidently, many respondents' knowledge of KidsMatter was based on their knowledge and/or experience with MindMatters.
- Finally, some respondents' emphasised the need to better promote the initiative or to 'Get it out there', particularly to regional and remote schools.

Common mental health issues encountered by psychologists working in primary schools

- Anxiety (73.1%),² and family and parenting concerns (65.4%) were the most frequent responses, closely followed by friendship and peer relations (59%), anger

¹ Percentages have been rounded off to the nearest whole number.

² These percentages represent the total number of responses, as respondents were able to tick as many as apply, rather than the total number of people completing the survey.

management and resolution (55.8%) and bullying (41.7%).

- Challenging behaviour, which encompasses a variety of different mental health difficulties and behaviours, was also one of the most frequently cited response options (71.8%). In specifying the particular 'challenging behaviour' psychologists most frequently encounter in their everyday work in primary schools, Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD) learning difficulties and cognitive assessments, and Conduct Disorder (CD) were most frequently identified.
- Short answer responses highlighted some respondents' concerns about labeling of children with particular disorders, and pointed to the broader contextual factors shaping children's mental health and wellbeing outcomes. Indeed, many responses reflected frustration with the limited value of diagnostic labels.
- Several respondents highlighted the need to increase the mental health literacy of teachers, and increase their repertoire of skills and strategies for supporting student's mental health. Further professional development was identified as an effective avenue for tackling a number of concerns commonly encountered.

Anticipated benefits and impacts of MH PPEI in primary schools

- 97% of respondents indicated that they have a desire to work more from a PPEI approach. Indeed, there were many positive comments reflecting enthusiasm for more preventative approaches, and the view that such work should be a priority for schools. The perceived benefits of a PPEI approach towards mental health in primary schools,

as expressed by participants, can be summarized as follows:

- **Empowering teachers and staff, parents and carers and students** through the provision of:
 - i. Evidenced based and accessible information and resources,
 - ii. Professional development opportunities for teachers and staff,
 - iii. Improved referral pathways and
 - iv. Expanding social support networks for parents and carers.
 - **Developing a shared understanding of mental health** and a common language for speaking about mental health issues. Additionally this involves challenging misconceptions and stigma surrounding mental health and making mental health something that can be talked about within the primary school context.
 - **The development of a more supportive and connected school community**, characterized by positive and caring relationships.
 - **Improved mental health and wellbeing** for students, teachers and staff and parents and carers and **improved teaching and learning environments**.
 - **'Sharing the load'** – through the provision of a structured, long term and systemic whole school approach. This involves **shifting the focus within schools** in terms of mental health service provision from a reactive, individualistic, deficit centered approach to a proactive, structured and integrated whole school approach.
- ### **Perceived barriers to adopting MH PPEI approaches in primary schools**
- The most frequently cited barriers in working from a PPEI approach in primary school settings were: limited time, conflicting demands and limited resources.

Lack of understanding and changes in staff were also identified as barriers.

- Responses highlighted the orientation of mental health services in schools as reactionary and crisis driven, and that attempts to reorient services to PPEI can be met with significant constraints (as mentioned above).
- In addition to the barriers previously identified, school culture and climate including staff attitudes and a constrained view of the role of school psychologists were discussed as barriers to PPEI in primary schools, and particularly psychologist's involvement in PPEI.
- Responses suggest that psychologists in schools often feel constrained in their role because of an overemphasis on casework, assessment and crisis intervention.
- Further, comments revealed a certain level of exclusion experienced by psychologists working in primary schools with their role considered as an 'add on'; as not being a part of the 'core business of schools'..
- Overall, responses highlight the need for a shift in understandings of, and attitudes toward mental health, including the role of psychologists in primary school settings, and the need for schools (teachers/staff, students, parents and carers) to develop a shared understanding of mental health.
- Moreover, responses emphasised the importance of a whole of school approach, and a culture change within primary school settings as opposed to the adoption of a piecemeal or tokenistic approach, i.e., one off programs, or 'fill out this sheet'.

Working in a KMP school

KMP Impacts

Comments received from psychologists working in KMP schools regarding its impacts exemplify the effectiveness of KMP in supporting schools to overcome some of

the barriers identified, and in promoting positive mental health within school communities.

- **Everyday work:** Respondents commented on a shift in the focus of their role and of a cultural change occurring within their school.
- **School Staff:** Respondents identified a shift in thinking about mental health as one of the impacts for school staff.
- **Students:** Respondents highlighted the increased resilience and coping skills displayed by students.
- **Parents and Carers:** The empowerment of parents and carers through the provision of information, resources and strategies to support their child was emphasised. Respondents also commented on the role of KMP in supporting schools in promoting greater parental involvement and increasing parents and carers confidence in schools.
- **Broader Community:** The development of a shared understanding of mental health and the challenging of misconceptions and stigma was identified as an impact of the initiative at the broader community level.
- **Most beneficial impacts:** Responses regarding the most beneficial impacts of the KMP initiative underline the important role of KMP in promoting a shared understanding of mental health, challenging misconceptions and stigma and raising awareness of mental health issues in primary schools. It was noted that this often necessitates a shift in attitudes and understandings about mental health and a shift in aspects of the school culture and climate.
- Responses also highlighted the availability and accessibility of evidence based resources such as the KMP programs guide and resource packs, as one of the most beneficial aspects of the initiative

particularly considering the time constraints faced within primary school settings.

- **Most Challenging aspects:** The most challenging aspects of the KMP initiative related to its implementation particularly considering the many constraints facing schools (as previously identified, e.g., lack of time and resources and competing demands and priorities).
- Respondents stressed the importance of school leadership and all staff being 'on board' and committed to the initiative from the outset, and having a clear understanding of what is involved.
- The identification of challenges reinforces the importance of recognizing the implementation of KMP as a long term change strategy. They also suggest the need to acknowledge the "small wins", and the need to communicate this to schools so that they do not become disillusioned.
- While the implementation of the initiative for schools can be a challenging process, respondents emphasised that it is well worth the effort

Feedback and Suggestions

Feedback and suggestions were provided by respondents with and without direct experience working in a KMP school. Suggested/feedback related to:

- The importance of the initiative being practical and easy to use, particularly considering the constraints related to time and resources for schools.
- The promotion of KMP, particularly to rural and remote schools, and improving the accessibility of the initiative for schools which are seen as typically excluded from government funded initiatives such as KMP.
- The importance of schools, particularly school leadership staff, being well informed of the scope of the initiative and what is involved from the outset.

- The better integration of mental health initiatives such as KMP, School Wide Positive Behaviour Support Programs (SWPBS) and MindMatters so that they are not seen as competing approaches.
- The necessity of providing support to schools throughout the process of implementation, and different ways of doing so. Indeed, many of the suggestions related to the broader constraints for schools in effectively implementing PPEI in schools.

One respondent expressed concerns about the high teacher ratings in Component 1 A Positive Sense of Community. KidsMatter acknowledges that often schools rate themselves quite high on this Component initially, but then further critically reflect on their practice in this area following the professional learning.

- A cultural auditing process (and identification of existing culture audit tool/s) is currently being considered for incorporation into the KMP implementation to add value to this process.
- ***Read full report of findings for further details and to view comments, feedback and suggestions.***

Background and Aims

On behalf of KMP, and utilising the APS member network of psychologists, the APS surveyed school psychologists working in primary schools around the country to enquire about their attitudes towards Promotion, Prevention and Early Intervention (PPEI) approaches in general, and KidsMatter Primary in particular. The survey was distributed from December 2010 to February 2011, and had the following aims:

- To capture the level of awareness about the KMP initiative among psychologists working in primary school settings.
- To identify the most common mental health issues encountered by psychologists working in primary schools.
- To understand how the KMP initiative has impacted the role of school psychologists.
- To hear about the perceived barriers to the adoption of mental health PPEI approaches in primary schools.
- To determine the level of support for and perceived benefits of mental health PPEI approaches in primary school settings.
- To seek feedback and suggestions for the future improvement of KMP.

Of the total pool of 1048 psychologists registered with the APS as working in schools to whom the survey was sent via email, 207 responded. Nineteen of the 207 respondents indicated that they were not currently working in primary schools, and thus were not eligible to complete the full survey. Of the 19 respondents not working in primary schools, 14 indicated that they were aware of the initiative, while five were not. While the survey was designed for all psychologists working in primary school settings, not all respondents completed all questions, with the specific questions asked dependent upon an individuals' level of

involvement with, or knowledge about KMP.

The first section of this report includes data from the 188 respondents working in primary schools. It is important to note that the sample size varied across questions, with some respondents, skipping some of the questions asked³. Following this, the report is divided into two sections representing responses from two different categories of respondent:

- i. Those with an awareness of the initiative (N= 120).
- ii. Those who have direct involvement with the initiative (N=30).

Who responded to the survey?

A total of 188 psychologists who work in primary schools completed the survey. The majority of responses were received from psychologists working in metropolitan areas (71%⁴).

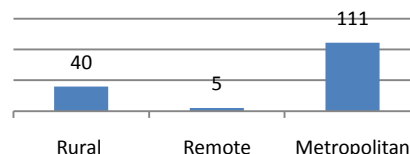


Figure 1- Location

Most respondents represented the Government sector (61%) followed by the Independent (26%) and Catholic (13%) sectors.

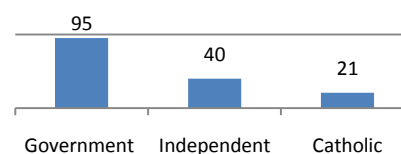


Figure 2- Sector

³ A small number of respondents reported having difficulty with completing the survey, leading to some incomplete survey responses.

⁴ Percentages have been rounded off to the nearest whole number.

The vast majority of respondents were from New South Wales (33%) and Victoria (30%). Only one response was received from both South Australia and the Northern Territory.

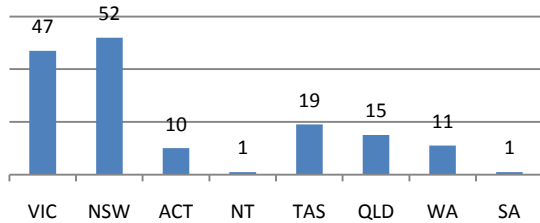


Figure 3- State

42% of respondents indicated that they had worked in school settings as a psychologist for more than 10 years, and 20% from 5 to 10 years. Only 5% of respondents had worked in schools as a psychologist for less than 12 months.

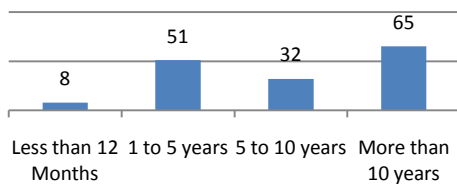


Figure 4- Years working as a school psychologist

71% of respondents indicated that they work in more than one school, with some working in both primary and secondary

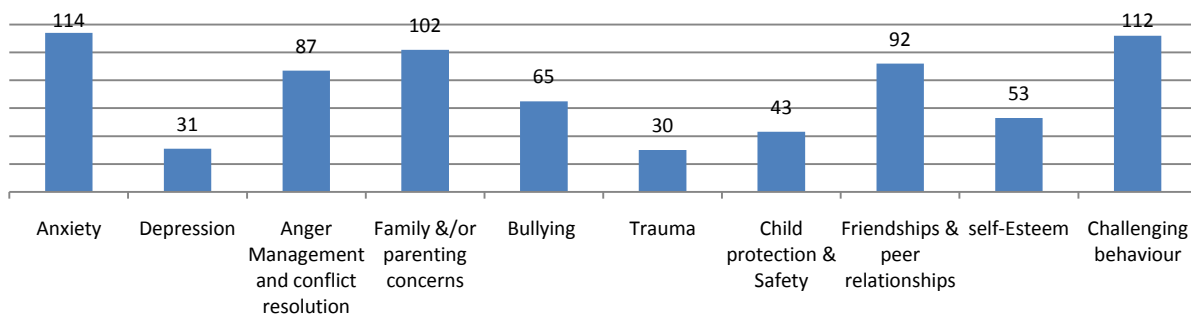


Figure 6: Issues psychologists most commonly work with in primary school setting

school settings. Some respondents indicated that they worked across many schools rather than being based in a specific school or schools. One respondent indicated that they are involved in 'targeted service delivery to all schools in a Local Government Area', and that they 'can be in any one of 26 schools'. Responses have been collated and are shown in Figure 5 below.

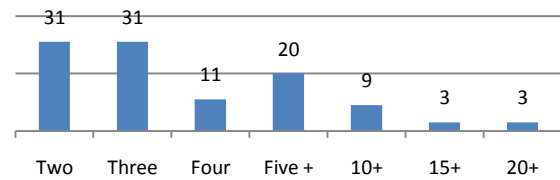


Figure 5- Number of schools worked in

The most common issues school psychologists work with in primary schools

Psychologists were asked about the most common issues encountered in their work in primary school settings. The issues faced and comments provided are about children's mental health in general, which is informative for KMP. The results are provided in Figure 6 below; respondents were able to tick as many as apply.

Anxiety (73.1%),⁵ and family and parenting concerns (65.4%) were the most frequent responses, closely followed by friendship and peer relations (59%), anger management and resolution (55.8%) and bullying (41.7%).

Challenging behaviour, which encompasses a variety of different mental health difficulties and behaviours, was also one of the most frequently cited response options (71.8%). Respondent's who indicated that '*challenging behavior*' was a common issue, were asked to specify the challenging behaviors that they most frequently encountered. The information provided in short answer responses was tallied in order to gain better insight into the challenging behaviours referred to most frequently by respondents. These results are shown in Figure 7.⁶ At times it was difficult to categorise responses, and these will instead be discussed qualitatively shortly.

As shown in Figure 7, respondents indicated the most frequent '*challenging behaviors*' they deal with to be; Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD) learning difficulties and cognitive assessments, and Conduct Disorder (CD).

⁵ These percentages represent the total number of responses, as respondents were able to tick as many as apply, rather than the total number of people completing the survey.

⁶ Only when respondents used a specific label were responses recorded. To be included in the table, the particular challenging behaviour identified needed to be mentioned more than once.

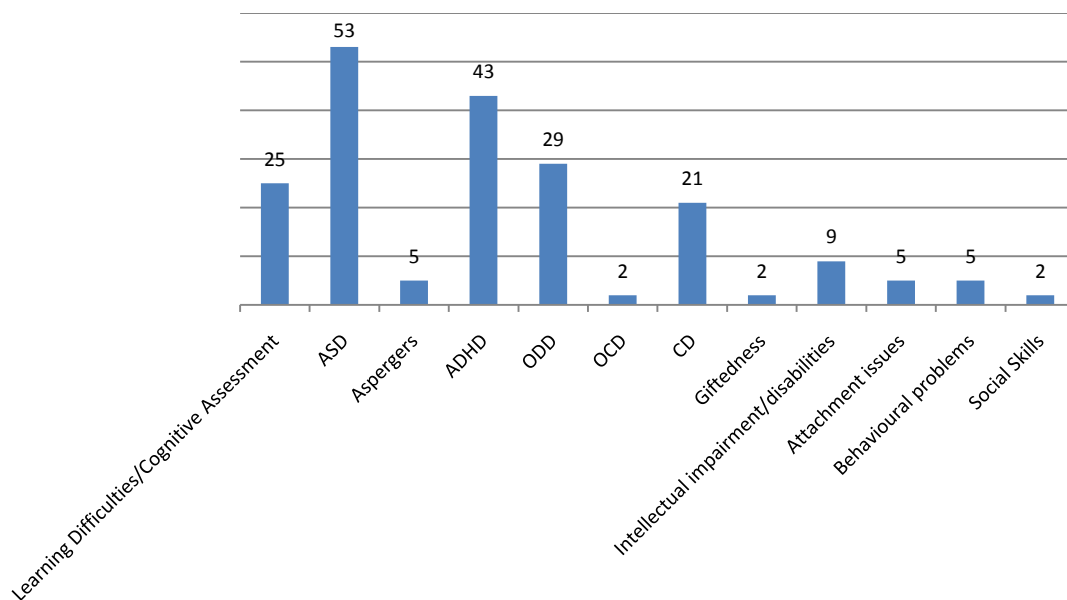


Figure 7: Specific 'challenging behaviors' identified in short answer responses

While 'family and parenting concerns' was a response option provided in the original question, (and rated quite highly in terms of frequency), parenting concerns and issues such as 'domestic violence', 'an unstable family life', 'multigenerational trauma issues' and 'early abuse and neglect', were also discussed in short answer comments.

Respondents may have chosen to further elaborate their responses to highlight the interconnectedness of the social, community and family environment and mental health outcomes for children, thus emphasising the need for a more holistic approach to supporting children's mental health.

Indeed, short answer responses highlighted some respondents' concerns about the labeling of children with particular disorders, and pointed to the broader contextual factors shaping children's mental

health outcomes. Many responses reflected frustration with the limited value of diagnostic labels which they see as 'deficit focused' and as individualizing what essentially are social, community or family issues.

"Regarding ODD- there's always a better explanation for defiant behaviour in a primary school student than this label....the label explains nothing, same for CD...not age appropriate"

"A broad range of issues present but often the child's behavior is occurring within a context of previous exposure to domestic violence and family separation and disruption. Then the child displays 'challenging' behaviors at school which are then labeled as ODD, ADHD etc, but the context of domestic violence or really unstable family life etc is not labeled or even referred to at all. So labeling the 'symptoms' seen in the child is very limited"

“Parent’s separation is generally the biggest contributor in cases I see”

“Extreme behaviours often due to early abuse and neglect”

Other issues identified included:

“Substance use- multigenerational trauma issues”

“Deviant subcultures- e.g., underclass/criminal values/social poverty”

“Health issues- Obesity/drug taking”

Several respondents highlighted the need to increase the mental health literacy of teachers, and increase their repertoire of skills and strategies for supporting student’s mental health.

Further professional development was identified as an effective avenue for tackling a number of concerns commonly encountered, for example, to reduce teachers’ tendency to make preliminary diagnoses of students (e.g. “teacher’s suspicion of ASD”), and to effectively unpack the dimensions and origins of ‘challenging behaviour’ as teachers primary concern in the classroom. Indeed, one respondent suggested ‘challenging behaviour’ as often occurring;

“.....due to inability to cope with classroom and academic expectations”

The need for a more holistic approach to mental health and wellbeing was a prominent narrative throughout survey responses overall. Indeed, throughout the survey, respondents enthusiastically advocated for a greater emphasis on mental health promotion and prevention in primary schools.

What is known about KMP?

80% of respondents indicated that they are aware of the KMP initiative.78% of

respondents indicated that they did not work in a KMP school, while 22% worked in a school that has adopted KMP.

A general understanding of the KidsMatter framework and purpose was evident in many of the responses provided. In particular, respondents identified that KMP is a whole school, promotion, prevention and early intervention initiative aimed at improving mental health and wellbeing in primary schools.

“KMP promotes the development of positive mental health targeting primary school years. Like MindMatters it has a whole school approach, including age-appropriate classroom sessions as well as implications for school structures and policy.I understand that the implementation will take a significant period of time with the initial training being completed over 1 year”

“I have an understanding of the conceptual framework for KMP - the four components (positive school community, social and emotional learning for students, learning for parents and early intervention) and that this is more of a systemic view of promotion and prevention of mental health issues”

“KidsMatter target(s) all students, parents and the school community. Through promoting KidsMatter we aim to have a school with strong mental health for its members: staff, students and parents..... KidsMatter is not a program but rather a framework to help us to know of, evaluate and use resources already available and to give confidence that we are using the best resources in the best way for best outcomes”

However many respondents appeared to lack detailed knowledge of KMP and its implementation.

“A website aimed at parents and professionals providing many resources to assist in helping children with emerging mental health issues. The site provides information targeted at pre-

school and primary school aged children. The focus is on prevention and early intervention”

“It is a great initiative, but I don't think schools are as aware of it as they should be”

Indeed, many comments reflected an incomplete understanding of the breadth of the KMP initiative. Generally, responses focused on the early intervention end of the initiative and there was less acknowledgement of the more preventative and proactive emphasis of the KidsMatter framework, particularly Component 1- *A Positive Sense of Community*. This emphasis is exemplified by the following comments.

“Targeting early intervention and monitoring through the combination of community resources and partnerships between parents, school staff and health care professionals”

“Targeting coping skills and resilience”

Across responses there was some conflation of KMP with MindMatters. For example;

“KMP is a mental health promotion resource for Primary Schools and that MindMatters is the same for Secondary schools”

“To promote MindMatters in schools amongst the Primary aged children as part of their social curriculum. Focus on resiliency and connectedness”

“Assume it's linked to the MindMatters program, just pitched at a younger level”

Indeed, quite a few respondents' knowledge of KMP was based on their knowledge and/or experience with MindMatters. Some respondents pointed to the need to better integrate mental health initiatives such as KMP, School Wide Positive Behaviour Support Programs (SWPBS) and MindMatters so that they are not seen as competing approaches.

How did psychologists find out about KMP?

Respondents found out about KidsMatter Primary in a variety of ways, which are listed below.

- Conference (including ICAP, and Educational Psychologists' conference)
- Professional reading and supervision and other professional development activities
- E-mail circulation
- The Australian Psychological Society (APS)
- Training in MindMatters
- Staff meetings
- Internet
- Newspaper articles
- Presentation to masters students at University by KidsMatter representative
- Through colleagues

Many respondents had accessed the resources available online, and made positive remarks about the quality of the website and online resources.

The online resources are FABULOUS!!! I love that we are now able to access them- not just the KM school in their resource file

Website is excellent, very clear, comprehensive and easy to use

59 respondents had 'accessed the resources available online', 40 'knew of others involved' in the initiative, while 17 indicated that they 'work at a KMP school'. A small number of respondents (10) had worked in a KMP school as part of an action team or in providing implementation support.

Understandings of implementation support and Action team role

Psychologists who have worked as part of an action team at a KidsMatter school or in providing implementation support to schools to implement KidsMatter were asked to describe what they view as the key duties in this role. Responses are provided below.

- *To support progress with implementation in any way that the school requests.*
- *To make suggestions about how to progress.*
- *To share experience/s from other schools, things that have worked and those that have not.*
- *To be a facilitator of change.*
- *To bring my professional expertise to the role.*
- *To bring in others when outside my professional capacity*
- *To provide a psychological perspective and be a part of discussions around the implementation of whole-school programs.*
- *To offer support to staff and parents*
- *General liaison*
- *Advice around module 4*
- *Advice around programs for teaching SEL*
- *Supporting the team and keeping them moving forward*

These comments provide insight into the different roles and duties psychologists in schools can take on within the KMP initiative, which open up a much broader vision of the role of psychologists in schools. Importantly, this role is seen to be broader than providing advice around Component 2 (SEL) and 4 (Early intervention), or in undertaking assessment and providing casework, though this of course, is part of their role. Indeed, one respondent suggested that school psychologists take on the role of ‘critical friend’.

The current extent of PPEI in primary schools

Responses regarding the current extent of PPEI occurring in primary schools was varied. The most frequent response was ‘to some extent’.

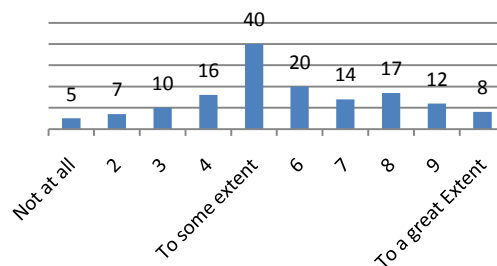


Figure 7- Extent of PPEI in primary schools

Some responses were positive, indicating that some schools are; ‘*working on a whole school mental health promotion model*’, ‘*starting to take more of a preventative approach to mental health*’, have adopted ‘*own set of policies and guidelines which are similar to those endorsed by KidsMatter*’, or at least have ‘*identified the need to do more*’ in terms of PPEI.

While some schools were considered as good in terms of how they approached mental health and wellbeing, most responses pointed to a real need and desire for greater emphasis on PPEI in primary schools.

“One school I am at is at the ‘to great extent’ wonderful whole school approach to whole school wellbeing. Another school I am in is at the ‘not at all’ really poor, reactionary, crisis driven responses occurring all the time. So much variance”

“My schools vary in terms of what they offer, some are very poor and others are good. But even those that are good do it in quite a piecemeal way (i.e. run bits and pieces of different things)”

“Most of the schools have an approach of sorts, but only a couple have implemented anything of substance”

Enthusiasm for PPEI models in primary schools

97% of respondents indicated that they have a desire to work more from a PPEI approach. Indeed, there were many positive comments reflecting enthusiasm for more preventative approaches, and the view that such work should be a priority for schools.

“I believe this is the most effective way to work in a primary context”

“I would love to be able to devote more time to prevention”

“It is essential to do so”

“A previous school I worked in used KM and it was an incredible vehicle for promotion, prevention and early intervention. Most teachers weren’t aware that they have a massive role in that, and were relieved to discover that most of what they already do is supporting good mental health, and all they needed was a little more understanding and honing of skills”

Others expressed what, in their view, are the vital components of effective mental health interventions in schools.

“YES, YES, YES! My interest is in developing healthy relationships, creating emotionally safe environments and exploring restorative practices, within schools. I KNOW that if children feel safe, they will be more ‘able’/willing/apt to learn and enjoy school. However, I also know that teachers, too, need to feel safe, have healthy relationships and work in supportive environments in order for these things to flourish..... but the culture within the school needs to be established first before this can happen”

“Feel it needs to be more inbuilt within schools’ philosophy so it is everyone’s responsibility not just psychologists”

“Very passionate about this, but in my experience, if the school leadership team is not also passionate about this, it rarely ‘takes off”

These examples not only reflect a high level of support for PPEI approaches; they also highlight the varied barriers to taking a more preventative and proactive approach to mental health and wellbeing within primary school settings.

Perceived barriers to working from a PPEI approach in primary schools

The most frequently cited barriers in working from a PPEI approach in primary school settings were; limited time (76%), conflicting demands (65%) and limited resources (55%). Lack of understanding (41%) and changing staff (34%) were also identified as barriers.

Responses highlight the orientation of mental health services in schools as reactionary and crisis driven, and that attempts to reorient services to PPEI can be met with significant constraints, which appear to be associated with attitudes and understandings and time and resource constraints. For example aspects of school culture and climate including staff attitudes, and the constrained and reactionary role of school psychologists were predominant themes throughout responses about barriers and scope to work more from a PPEI approach. The constrained role of school psychologists was seen to be related to the broader organizational, time, money and resource constraints facing schools, and attitudes and understandings about mental health and the role of psychologists.

Responses suggest that psychologists feel constrained in their role because of an overemphasis on casework, assessment and crisis intervention. For example;

“I feel like I am only putting out spot-fires, not doing much with a view to long term”

“I rush from crisis to crisis”

“Unfortunately most schools want us to do casework most of the time”

Further, comments revealed a certain level of exclusion experienced by psychologists working in primary schools with their role considered as an ‘add on’, and as not being a part of the ‘core business of schools’. Some respondents also commented on the lack of consultation with psychologists/ counselors.

“...as psychologists within schools we are often seen as an ‘add-on’ and our work happens with kids over there’.....there is little integration with our work. We are kind of ‘outsiders’ to the schools and not seen as part of the core

business’. We are rarely consulted early or asked our view on a program or approach. We are often referred individual kids when much has gone wrong already or not worked”

One respondent who indicated that they currently work in a KMP school stated that they were not involved in implementation of KMP in their school, and had limited understanding of the framework.

Overall, responses highlight interest from psychologists in shifting understandings of, and attitudes toward mental health as well as of the role of psychologists/counselors in schools. Further, they are suggestive of the need for schools (teachers/staff, students, parents and carers) to develop a shared understanding of mental health.

Table 1 below provides examples of comments demonstrating identified themes regarding the barriers to PPEI in primary schools.

Table 1- Barriers to PPEI approaches in primary schools with examples

<p>Time and resource constraints</p>	<ul style="list-style-type: none"> - I am working 2 days a week in a p-10 school and it is difficult to form a wellbeing team and keep staff focused on broader wellbeing and intervention on my own - Lack of money in schools devoted to student wellbeing (very small budget to cover the range of issues and services for student welfare and wellbeing). - Budget constraints and varying values amongst sections of the school vying for a slice of the budget.....Staffing.
<p>School priorities and conflicting demands</p>	<ul style="list-style-type: none"> - With competing demands and the emphasis on achievement in academic areas resources have been focused on school improvement. School improvement is usually assessed as parent satisfaction and higher scores on NAPLAN - In primary the curriculum is very full and teachers don't like interruptions to their timetable to include another program - Have been trying to broaden my focus and role and gain support from other staff to incorporate the KidsMatter and MindMatters material. Getting the school behind it when there are so many other competing issues is difficult even if they are supportive

<p>Limited understanding of importance</p>	<ul style="list-style-type: none"> - I don't think that teachers are all aware of the severity of mental health problems in children and the importance of SEL programs. The usual defence is 'not enough time in an already crowded curriculum'. - Limited acknowledgement of the importance - Personalities and personal development of the staff. We will keep working with the KidsMatter training for staff and hope to gradually move the staff culture to understanding and early intervention. - Welfare teams are led by staff who want to focus on fixing (get rid of) the problem rather than whole school initiatives for working with the problem.
<p>Staff attitudes</p>	<ul style="list-style-type: none"> - Teaching staff feeling it is not part of their role to provide support around mental health - Currently staff are resisting a top down approach to implementation of programs and believe there is no time to incorporate new/different strategies.
<p>Constrained (reactive) role of school psychologists</p>	<ul style="list-style-type: none"> - There are many organizational demands and crisis issues that arise resulting in a reactive approach and requests of the school psychologist - Having a psychologist on staff looks good for promotion re: attracting enrolments. Role of psychologist hampered by the lack of understanding, reflected in resistance by hierarchy to increase hours as the role is not deemed particularly 'essential'. - Unfortunately most schools want us to do casework most of the time - I would have to drastically reduce my load to have time for any preventative intervention. I rush from crisis to crisis. - I feel I am only putting out spot fires, not doing much with a view to long term. - Case load is high and makes it difficult to devote time to preventative work. - ...as psychologists in schools we are often seen as an 'add-on' and our work happens with kids and young people 'over there'.....there is little integration with our work. We are kind of 'outsiders' to the schools and not seen as part of 'core business'. We are rarely consulted early or asked our view on a program or approach. We are often referred individual kids when much has gone wrong already or not worked. - Teachers understanding of the psychologist role in schools needs to move on. Education in this area is required. - Most of the time the system is structured to ensure the psychologist is engaging in a reactive way and certainly not set up to focus on early intervention

Anticipated benefits of PPEI in primary schools

Overall the anticipated benefits of PPEI approaches in primary schools, and by extension the KMP initiative, can be summarized as follows:

- **Empowering teachers and staff, parents and carers and students** through the provision of a) evidenced based and accessible information and resources, b) professional development opportunities for teachers and staff, c) improved referral pathways; and d) expanding social support networks for parents and carers.
- **Developing a shared understanding of mental health and a common language for speaking about mental health issues.**

Additionally this involves challenging misconceptions and stigma surrounding mental health and making mental health

something that can be talked about within the primary school context

- **A more supportive and connected school community** and positive and caring relationships.
- **Improved mental health and wellbeing** for students, teachers and staff and parents and carers and **better teaching and learning environments.**
- The provision of a structured, long term and systemic whole school approach, '**Sharing the load**' (i.e., shifting the focus within schools in terms of mental health service provision from a reactive, individualistic, deficit centered approach to a proactive, structured and integrated whole school approach).

Exemplar statements from respondents of the benefits of promotion, prevention and early intervention, are provided in Table 2 below.

Table 2- Anticipated benefits of PPEI approaches in primary schools

For Students	<ul style="list-style-type: none"> - Creating an environment that is more empathic and understanding - Hopefully allowing students to have better developed social-emotional skills and know that this is part of the syllabus as well as English, Math, PE - Education, acceptance, support, provision of services / assistance where it might otherwise go unheard of - More academically engaged time - Give them a sense of belonging, safety and language to understand their wellbeing and mental health issues. - Normalizes problems that occur, which may lead for more requests for help, common language for talking about social and emotional concerns with other children, their teachers, and parents. - Confidence in supporting their friends/peers and developing greater resilience to cope with life's many 'knocks.'
For Teachers and Staff	<ul style="list-style-type: none"> - Provide a space for ensuring staff wellbeing and improve their understanding about wellbeing issues and mental health issues in and outside of the classroom. - Empowering them to feel more confident about managing some of the social-emotional issues that they are confronted with everyday in a classroom - I would hope that teachers and staff would work from and have more understanding of mental health issues and particularly the factors that help prevent

	<p>them in relation to school, peers and family</p> <ul style="list-style-type: none"> - The school staff need a common, systematic approach, learnt by all, with common language..... which is preventative, constructive, applicable in the midst of issues, and has opportunities for reflective post and on-going care and development. - More confidence in explicitly teaching children social/emotional curriculum, rather than just instinctively responding to problems as they arise; more proactive, less reactive. - More sense of control and knowledge. Better understanding of children's behaviour and ways to manage this. - Get them to think more about their roles as primary keepers/promoters of mental health - Would provide opportunities for more teaching time rather than management time. It could expand their understanding of children's behaviour and its genesis, and not say there were no triggers to the behaviour the children present. - Reduce their workload, e.g. dealing with individual bullying incidents, and make their work place more positive if they use the same strategies as they teach the children. It should improve their own conflict resolution skills as well as reduce the stress caused by unhappy, anxious and/or depressed children. - Give them more strategies and a sense of increased efficacy in what they can do to support students 1. Increase capacity to address mental health concerns whilst behaviours are not yet entrenched 2. Increase tolerance/ Allow staff to view mental health issues as a continuum
<p>For School Psychologists</p>	<ul style="list-style-type: none"> - It may change how I work and what I do in the long term. I would hope that I would be more involved at a systemic, preventative level than working at a reactive, individual level all the time. - Acceptance of mental health issues, making stress, depression, bullying and other child mental health issues topics that CAN be discussed within a school environment and at home. Education of individuals who listen to misconceptions about mental health or who have cultural beliefs non conducive to positive mental health. - Think the school I work in would benefit from increased awareness of the KidsMatter resources and framework to assist their own confidence in working with students with higher support needs - this would alleviate elevated levels of teachers anxiety when confronted with these issues and lessen the 'refer all immediately' response! - Give a focus, broader support for wellbeing, rather than having wellbeing rest in my role alone - Less "late" referrals.
<p>For Parents and Carers</p>	<ul style="list-style-type: none"> - A clear avenue for seeking information and help - Education - similar to staff (i.e. involve them in the issue and acknowledge their importance in identification and prevention). - Parents may develop support networks amongst themselves - Increased knowledge, wider support base and more informed choices about access to services. - Containment of anxiety when needed

	<ul style="list-style-type: none"> - Give a better understanding of behaviour and their role in providing a positive and supportive environment for their children - Increase their connection to the school, improve their understanding of wellbeing and mental health issues and provide them with the support to nurture their children. - Education, opportunity for involvement, engage expertise in the school community, build connections between parents. -
For the Broader Community	<ul style="list-style-type: none"> - Improving links between school and wider community. - Increased awareness of mental health, less cost to the public health system of an early intervention approach as a preventative measure rather than band-aiding later on - Huge flow-on effect, the reduction in high school problem behaviour, the reduction in other adolescent and young adult behaviour and the reduction of this cost to the community. - ...decrease stigma related to mental health, developing more supportive communities

What did psychologists working in KidsMatter schools say about the impacts?

Psychologists working in KMP schools (N=17)⁷ were asked to describe impacts, most and least beneficial aspects and challenges associated with implementing KMP. Responses received from psychologists working in participating KMP schools (which will now be outlined) a) provide encouragement to schools currently involved in the initiative, b) promotes KMP as an effective PPEI approach in primary schools and c) highlights some of the necessary considerations in the dissemination, implementation and promotion of the initiative.

Respondents were asked to describe the impacts of the KMP initiative for *a) their everyday work as a school psychologist, b) school staff, c) students, d) parents and carers and e) the broader community.* Many

respondents expressed that they felt unable to identify impacts of the initiative at this stage, having only recently become involved. As a consequence, only a small number of responses were received.

Many of the impacts cited by respondents exemplify the potential for the KMP framework to overcome some of the barriers to PPEI approaches in primary schools, as previously identified. The discussion of impacts also illustrates some of these barriers, and thus the need to view KMP as a long term strategy for change, that requires time, effort and commitment from schools. Identified impacts are also in line with the benefits of PPEI in primary schools previously identified by respondents.

Impacts on everyday work as a school psychologist

Respondents commented on a shift in the focus of their role and of a cultural change occurring within their school; something continuously suggested as being

⁷ While 30 respondents indicated that they work in a KMP school, only 17 provided responses in this section.

desperately needed. This is demonstrated in the quotations below.

“Shift in culture - very proud of how kids themselves report issues - about themselves and others...”

“The referrals I was receiving were reduced as with implementation of SEL programs assisted in supporting students to the point that only those requiring early intervention then came my way”

“Shift in focus away from standardized testing to more counselling and guidance support”

“Possibly some increase in referrals, or maybe more appropriate referrals (always full case load), however some staff are managing situations better, with those that have been able to shift with the expectations and increased understanding. Greater acceptance and respect for role in the school”

“Progress towards a shift in the school and community culture”

“Increased my role in PD for staff”

Some responses highlighted the constraints faced in terms of time and resources;

“Made my time poor situation more acute. I understand that with a KM program in place referrals should diminish and teaching staff more able to identify students in need and provide appropriate support, also trained staff able to not make the situation worse”

“Increased the work load”

“None of this (i.e., an increase of referrals, a shift in the culture of the school or in understandings of mental health, parents and carers more involved with the school etc.). The schools have not done anything yet to shift their culture. It has not been their top priority and so it has taken a back seat”

Impacts on school staff

Respondents identified a shift in thinking about mental health as being one of the impacts for school staff.

“Better understanding and a huge shift from considering mental health to be a ‘bad’ thing to realizing we can all be mentally healthy and students can be too”

Another highlighted the empowerment of teachers to deal with issues when they arise as a positive impact of KMP.

“Raising awareness, dealing with students’ problems, teachers feel better equipped to assist”

The constraints facing schools and school psychologists in adopting PPEI approaches were also evident in one respondent’s analysis of the impacts of KMP for school staff. This person spoke of staffs’ resentment about taking on, what is seen as ‘additional work’, which emphasises the need for broader ‘cultural change’ at the school level. Importantly, other respondents did in fact identify this ‘cultural change’ as one of the impacts of the KMP framework. This comment also highlights the need to recognize and stress that the KMP initiative is a long term change strategy.

“More after school Professional learning/meetings- often resented. Some teachers have been excited by the initiative and PL, but it has not yet changed their practice in any measurable way”

Impacts on students

Again there was an emphasis on the development of a shared understanding of mental health within the school, which it was noted, involved a shift in thinking about mental health and/or a change in the culture of the school.

“Increased knowledge and opened discussions”

“More supportive environment. Increased support to express emotions. Increased support to work things out, problem solve, make restitution, instead of greatest emphasis being on consequences”

Responses also highlighted the increased resilience and coping skills displayed by students.

“Sharpened the focus of SEL instruction.....better skill instruction for students”

“Having a focus on promotion and prevention meant that students were armed with a tool-kit of strategies to use for themselves. It was always lovely to see them using the language and trying these strategies out, particularly in the ‘real life’ situations and when they could see that it worked”

Impacts on parents and carers

Many positive responses were received regarding the impacts of the initiative for parents and carers. The empowerment of parents and carers through the provision of information, resources and strategies to support their child was emphasised.

“Educational impacts plus strategies to support their child”

“Increased knowledge and increased level of support”

“Greater appreciation for promotion of good mental health”

Additionally, responses emphasised the importance of greater parental involvement within the school, and the role of schools in promoting greater parental involvement, i.e., providing a friendly and welcoming environment.

“Hopefully brought them more fully into the everyday life of the school”

“Increased confidence in the school”

Impacts on the broader community

One respondent recognized the development of a shared understanding of mental health and the challenging of misconceptions and stigma, as an impact of the initiative at the broader community level.

“It opened up conversations and removed some of the stigma attached to mental health”

Most beneficial impacts

Respondents were asked about the most beneficial aspect of the initiative. Responses underline the important role of KMP in promoting a shared understanding of mental health, challenging misconceptions and stigma and raising awareness of mental health issues in primary schools. As expressed throughout responses, this often necessitates a shift in attitudes and understandings about mental health and a shift in aspects of the school culture, including understandings of the role of psychologists in schools.

“Helping shift focus away from pathology towards student’s strengths and weaknesses”

“Feel the process was really effective it changed attitudes of adults in the school community and students were better equipped to understand and manage their own emotions as well as learning to understand others”

“The conversations”

“Reflection time.....”

“It opened up conversations and removed some of the stigma attached to mental health”

Responses also highlighted the availability and accessibility of evidence based resources as one of the most beneficial aspects of the initiative e.g., the KidsMatter Primary programs guide and resources packs, particularly considering the time

constraints faced within primary school settings.

“Personally I have been very impressed at the care taken by the authors in the structuring of KidsMatter- research based and so much information and resources in the kits that it makes it a very possible initiative for me to be involved in despite other heavy workloads”

“I use the existing resources and find them very useful with families”

Whilst recognising the positive impacts of KMP for their school, some respondents highlighted the challenges of adopting PPEI approaches like KMP in schools’.

“The greater emphasis on problem solving, emotional intelligence and not consequences, although some teachers have found this difficult”

“That mental health is on the agenda for schools, albeit on the back seat”

Most challenging aspects

The most challenging aspects of the KMP initiative related to its implementation particularly considering the many constraints facing schools (as previously identified, e.g., lack of time and resources and competing demands and priorities). Respondents stressed the importance of school leadership and all staff being ‘on board’ (i.e., committed) from the outset and having a clear understanding of what is involved. Responses are provided below.

“Schools are not clear on how to implement”

“This initiative does not rate highly against all the other demands on schools for reporting. Therefore it takes a back seat”

“School buy-in”

“Having all staff on the same page.... Having the time”

One response reflected concern about not being included or consulted about the KMP initiative and the implementation process.

“More clearly tie the early intervention and mental health aspects (module 4) to school psychologists. We have the most training in these areas, of staff who work in schools and I have seen the program become, in some instances more the domain of teachers, social workers etc., with a reduction in effectiveness, and a marginalization of school psychologists”

While the implementation of the initiative for schools can be a challenging process, respondents emphasised that it is well worth the effort.

“It was a long journey and many barriers to begin with, but well worth it. Also it takes time and effort and energy and in schools all of those are in great demand and short supply”

Feedback and suggestions

Several suggestions were made by respondents with knowledge of or direct involvement with the KMP initiative regarding implementation in the future. Others commented on how valuable they have found the resources to be.

Respondents stressed the importance of the initiative being practical and easy to use.

“I hope it is practical”

“Resources MUST be teacher friendly- they must be easy to use, easy to find, easily adaptable, not proscriptive but give teachers enough guidance and support that they do not have to create all of the lesson plans and resources themselves, NOT require too much time in the school’s curriculum. Make sure that principals and assistant principals are ‘on board’”

Others were more concerned with the promotion of the initiative. In particular, some respondents emphasised the importance of making rural and remote schools more aware of the initiative, and of improving accessibility to the initiative for these schools.

“Get the resources out there, especially rural schools”

“Greater promotion in schools - posters, flyers, info, etc”

“A blanket dissemination of brief information to all schools”

One respondent identified Independent schools as *‘often neglected when it comes to government funded initiatives’*.

Ensuring that schools, particularly school leadership staff, are well informed of the scope of the initiative and what is involved, was also emphasised as important.

“To make sure the management is aware of the scope of the programs and the potential for creating the primary prevention and early intervention aspect of KMP, and then to support those of us in primary schools to encourage and implement the programs”

Some emphasised the need to better integrate mental health initiatives such as KMP, School Wide Positive Behaviour Support Programs (SWPBS) and MindMatters so that they are not seen as competing approaches.

Within responses, there was an emphasis on the necessity of providing support to schools throughout the process of implementation. For example, one suggestion was made regarding the provision of funding for relief teachers for when teachers are required to attend KMP Professional Learning etc. This, it was argued, would take some of the pressures

off schools in terms of time and resource constraints allowing staff and teachers to more thoroughly commit to the initiative, and increasing the likelihood of ‘school buy in’ to the initiative.

Indeed, many of the suggestions related to the broader constraints for schools in effectively implementing PPEI in schools. For example, there were suggestions made around the accountability of schools in the implementation of mental health initiatives, and the inclusion of social and emotional learning in the national curriculum as a means of encouraging such accountability. Responses throughout the survey highlighted the perceived overemphasis on indicators such as higher scores on the NAPLAN, to the possible detriment of the adoption and implementation of initiatives such as KMP, (despite mental health and wellbeing contributing to improved educational outcomes).

Another respondent expressed concerns about the high teacher ratings of their school’s performance in Component 1 A Positive Sense of Community on the audit conducted prior to commencing professional learning and implementation of KidsMatter Primary.

“I have been concerned about the outcomes of the teacher ratings in Component 1: Highly self congratulatory. The parent ratings are usually done by parents highly involved in the school and have been similarly positive. However, I can see glaring holes in many of the school processes that go to make a positive school community.....I also have concerns about the implementation of the SEL programs by some teachers; a- do what I say, not what I do approach (or even worse “complete this worksheet”)”

The respondent who provided the previous suggestion highlighted the rating tools used

by other initiatives similar to KMP which can be:

“Completed anonymously online, and then all results can be collated by the administrator online in an instant- a highly efficient and useful instrument”

KidsMatter acknowledges that often schools rate themselves quite high on this Component initially, but then further critically reflect on their practice in this area following the professional learning.

Finally, one respondent suggested the development of resources designed specifically for children to use, emphasising the importance of empowering students.

“Resources designed to give to children for children! So much is for the staff and parents. Children themselves need to be empowered to understand”

