

KidsMatter national expansion: a partnership between education and health

KidsMatter is the first national mental health promotion, prevention and early intervention initiative specifically developed for Australian primary schools. It has been developed as a joint project involving the Australian Government Department of Health and Ageing, *beyondblue*, the Australian Psychological Society and Principals Australia, and has been supported by the Australian Rotary Health Research Fund. KidsMatter promotes collaboration between the health and education sectors to improve students' mental health and wellbeing, decrease mental health problems among students and achieve greater support for students experiencing mental health problems. As the initiative moves from the pilot phase to national expansion, it provides an ideal arena for strengthening the relationship between the health and educational sectors in addressing children's mental health and wellbeing.

How KidsMatter addresses children's mental health

KidsMatter provides primary schools in Australia with a comprehensive framework that enables them to address students' mental health using a whole-school approach that is tailored to the needs of their own school community. The KidsMatter framework is based on the WHO's health promoting schools framework (1994) which adopts a risk and protective model. The framework is premised on the assumption that schools working together with families and communities are crucial not only to reaching vulnerable students and families, but to establishing the protective bases needed for prevention and early intervention in mental health, and to developing the networks needed to help communities respond effectively to the needs of children and families. KidsMatter emphasises a sense of shared responsibility for children's wellbeing and promotes school partnerships with parents and a range of community services/agencies to improve children's mental health and family relationships.

KidsMatter has identified four areas where schools can help to strengthen their students' mental health and wellbeing, which make up the core content of KidsMatter. These four components address children's competencies and needs, the contributing contexts and significant people impacting on children's mental health. The four components are: (1) A positive school community; (2) Social and emotional learning for students; (3) Parenting support and education; and (4) Early intervention for students experiencing mental health difficulties. For more details about the specifics of KidsMatter, visit the website at www.kidsmatter.edu.au.

Preliminary findings from the KidsMatter pilot evaluation have indicated that pilot schools highly value KidsMatter; a comprehensive evaluation report from Flinders University will be available later in the year.

What does KidsMatter mean for psychologists?

KidsMatter provides an ideal framework for increasing access to appropriate psychological services and increasing links between services and schools. While the promotion of students' mental health and wellbeing is facilitated by schools, psychologists, who are central to the process of early intervention, provide expert assessment and intervention for those students who may be experiencing developmental delay, or mental health or learning difficulties. Using professional learning and informational resources, KidsMatter works to increase teacher, parent and carer knowledge about children's mental health and available mental health services. In doing so, school staff and families will have an increased ability to access and use these services effectively.

KidsMatter expansion

In February, a national KidsMatter briefing was held for health and education representatives across Australia. The briefing explored models of dissemination that would enable more primary schools across Australia to formally implement and maintain KidsMatter; more effectively link the initiative with educational policy and priorities; and increase the focus on building and strengthening health-education partnerships. Responses to the briefing indicated support for KidsMatter. During the pilot phase (2007/08), KidsMatter State and Territory-based project officers supported Government, Catholic and Independent schools in implementing the initiative. As KidsMatter moves to engage more schools in 2009, KidsMatter partners will work collaboratively with education jurisdictions to develop various dissemination models for the initiative. This will allow KidsMatter to test different models and determine the benefits and challenges of each, with the aim of increasing the longer-term sustainability of the initiative.

Since the national briefing, follow-up meetings have been held with key education and health representatives in each State and Territory. It is expected that the KidsMatter dissemination model may slightly differ in each State/Territory as the model is adapted to each educational system. Psychologists working in schools and health systems can play a role in delivering expert knowledge about children's development and mental health issues. KidsMatter is hoping that new schools will begin implementing the initiative in mid to late 2009. Schools not formally engaged in implementing KidsMatter are still able to access a range of comprehensive KidsMatter resources from the KidsMatter website.

The APS project team is currently working with *beyondblue* and Early Childhood Australia to adapt the KidsMatter initiative to the early childhood sector. This initiative will aim to promote the mental health and wellbeing of children aged birth to five. ■

Billi Fasano, KidsMatter Project Officer, and Sarah Cavanagh MAPS, Manager, Child and Youth Projects National Office