

Preview of KidsMatter Primary Implementation Manual

This preview of the Implementation Manual developed by KidsMatter Primary aims to provide an overview of the initiative framework, its implementation and the resources available for this process. Since only schools that are formally engaged with the initiative have access to the full manual, this document presents the introductory information and a description of the content of the whole manual.

The document has two sections: the first part presents an overview of KidsMatter Primary, explaining the importance of children's mental health, schools' role in improving children's mental health, what KidsMatter Primary is and its approach to improving children's mental health.

The second section introduces the process to implement KidsMatter Primary and the tools that are available to support all schools, parents, carers and teachers. Are also listed additional resources that are available only for school that are formally implementing KidsMatter Primary.

I. Understanding KidsMatter Primary

The importance of children's mental health

Good mental health is vital for learning and life. Children who are mentally healthy are not just free from mental health difficulties but also learn better, have stronger relationships with school staff, family members and peers, and are better equipped to meet life's challenges. These children are better able to enjoy and benefit from life experiences, be productive and fruitful, and contribute to their families, friends and society in ways that are appropriate for their age.^{1,2}

Good mental health in childhood provides the solid foundation for managing the transition to adolescence and adulthood, and for engaging successfully in education and a meaningful contribution to society.

Many children progress through to adolescence and adulthood without showing significant behavioural or academic difficulties. This is due to a combination of good coping skills, the right amount of support and a manageable level of environmental stress.

Children can be exposed to increasingly common challenging circumstances, such as family breakdown, parental mental illness or substance abuse, poverty and racism. Children who do not receive adequate support or who have less effective coping skills may develop emotional or behavioural problems and will carry the burdens into adult life where their mental health is likely to be affected. Currently in Australia, nearly one in five, or more than three million people, are affected by a mental illness in any one year, and the effects of mental illness are felt across our nation. A new National Action Plan on Mental Health (2006 – 2011)³ has been developed to address this, with a significant emphasis on promotion, prevention and early intervention in children.

It is not always possible to predict which children will develop mental health difficulties, so children's mental health programs need to target all children, with interventions ranging from skills for emotional wellbeing to specific mental health interventions. Nearly one in five children and adolescents will have an emotional or behaviour problem at some time during their youth, regardless of their social circumstances. It is estimated that ten per cent of children will have significant mental health difficulties with serious associated problems at some time during their childhood. Disruptive behaviour problems, anxiety and depression are the most common mental health problems in primary school-aged children.⁴

Mental health and learning

Good mental health is integral to academic learning.^{5,6} Mentally healthy students arrive at school 'ready' to learn and are more likely to achieve academic success. They are more motivated learners, have fewer behavioural problems and show greater commitment to their schoolwork. They are also more likely to experience success after primary school, with a greater likelihood of graduating and better prospects for constructive employment.^{5,7}

Conversely, poor mental health reduces students' ability to learn. Children and adolescents with emotional disturbance have the highest rates of school failure – 50% of these students drop out of high school, compared to 30% of all students with disabilities.⁷ Academic failure has lasting consequences, as the failure to learn in school limits a person's chance to succeed in the future.

Schools are more likely to achieve goals related to learning and academic success when students' mental health is prioritised and addressed with the same enthusiasm as numeracy or literacy.⁵ Schools that promote mental health are also more likely to reach more underserved students, make fewer special education referrals and achieve higher levels of staff satisfaction⁸

School's potential to improve children's mental health

School-based interventions can provide students with experiences to strengthen their ability to cope with environmental stresses they may be growing up with and help them to feel supported.

Schools, with the full support of families and the community, are currently the best place to develop a comprehensive mental health program for children for the following reasons:⁵

- Almost all children attend school at some time in their lives.
- Schools have a profound influence on children, their families and the community.
- Schools can act as a safety net and assist in protecting children from circumstances that affect their learning, development and wellbeing.
- In addition to the family, schools have a crucial role in building, or undermining, children's self esteem and sense of competence.
- School mental health programs have been shown to be effective in improving students' learning and emotional wellbeing, and in treating mental health difficulties
- When teachers and school staff are actively involved in mental health programs, the interventions can reach generations of children.

What is KidsMatter Primary?

KidsMatter Primary is a national mental health promotion, prevention and early intervention initiative aimed at primary school-aged students and implemented through schools. KidsMatter Primary recognises the fundamental importance of student's mental health to their learning and wellbeing. It has been developed in response to the national concern regarding mental health and the need for coordinated and strategic action.

How does KidsMatter Primary seek to improve children's mental health?

Research into prevention of mental health difficulties has identified a range of risk factors that are likely to increase the chances of children experiencing poor mental health. A number of protective factors, characteristics or conditions that can improve children's resistance to risk factors have also been identified. Protective factors act to strengthen children's mental health and wellbeing, making it less likely they will develop mental health problems. KidsMatter Primary focuses on some key areas that research has shown can increase protective factors and really make a difference to children's mental health.

Risk and protective factors may be identified in relation to individual skills, needs and temperament, familial circumstances and relationships, school context, specific life events and social environment, as indicated in the table below. It should be noted that the presence of risk factors does not mean a given child will experience mental health difficulties. However, when multiple risk factors are present this likelihood is significantly increased.

The following table provides examples of risk and protective factors associated with children's mental health. KidsMatter Primary uses this risk and protective framework and focuses on four areas (see Components 1 to 4) where schools can strengthen the protective factors for students' mental health and minimise the risk factors. Schools, through their ongoing contact with children and families, are well placed to address several of the risk and protective factors outlined next.

Risk and protective factors for children's mental health

	▲ Protective factors	▼ Risk factors
Individual Children's abilities and needs	<ul style="list-style-type: none"> • good social and emotional skills • positive coping style • optimism • easy temperament • school achievement 	<ul style="list-style-type: none"> • poor social and emotional skills • impulsivity • pessimistic thinking style • difficult temperament • low IQ • low self esteem • disability
Family Circumstances and relationships	<ul style="list-style-type: none"> • family harmony and stability • supportive and caring parents and carers • strong family norms and values • responsibility (of child) within the family 	<ul style="list-style-type: none"> • family disharmony, instability or breakup • harsh or inconsistent discipline style • low parental involvement • family substance abuse • family mental illness • disability of parent or sibling
School Practices and environment	<ul style="list-style-type: none"> • positive school climate that enhances belonging and connectedness • school norms against bullying and violence • opportunities for success and recognition of achievement 	<ul style="list-style-type: none"> • negative school climate that does not effectively • address issues of safety, bullying or harassment • peer rejection • school failure • poor attachment to school • inadequate or harsh discipline policies and practices
Life events/situations Opportunities and stressors	<ul style="list-style-type: none"> • opportunities available at critical points • involvement with significant other(s) 	<ul style="list-style-type: none"> • physical, sexual or emotional abuse • difficult school transition • death of family member • emotional trauma
Social factors Access, inclusion and social cohesion	<ul style="list-style-type: none"> • participation in community networks • access to support services • economic security • strong cultural identity and pride • cultural norms against violence 	<ul style="list-style-type: none"> • discrimination • isolation • lack of access to support services • socioeconomic disadvantage • neighbourhood violence and crime

The four components of KidsMatter Primary

Schools can provide a positive school climate where the sense of belonging and connection can help to protect students from developing mental health difficulties. Schools can also teach students social and emotional skills to strengthen their mental health. Schools also provide an access point for families and are in a position to give parents and carers information and encouragement on parenting practices to positively affect their children's mental health. Also, because teachers have close ongoing contact with their students they are well placed to notice when a child may be experiencing mental health difficulties and facilitate help for the child and family.

These four areas where schools can help to strengthen their students' mental health make up the core content of KidsMatter Primary. Dividing KidsMatter Primary into the four components is a way of making the task of improving students' mental health in schools more manageable. It also ensures that the efforts that schools put into this initiative are being focused in the most effective areas.

The four components of KidsMatter Primary are:

Component 1	Component 2	Component 3	Component 4
A positive school community	Social and emotional learning (SEL) for students	Parenting support and education	Early intervention for students experiencing mental health difficulties

How will KidsMatter Primary be implemented in schools?

The school leadership group will plan and coordinate the implementation of KidsMatter Primary and teachers will have a central role in delivering the initiative. For this reason, KidsMatter Primary has been carefully designed to ensure that all school staff will feel supported with the resources and skills to carry out the initiative and will feel that their energies are being spent on things that work.

Implementation model: The 7-step process

A particular implementation model has been selected that includes consultation with staff so that their needs and concerns are central in the planning process. The model is flexible enough to allow KidsMatter Primary to be tailored to meet the specific needs of schools and to build on what is already being achieved in the area of student mental health.

The 7-step process is a problem-solving model that systematically guides the planning and implementation of KidsMatter Primary in schools. It enables each school to identify their specific needs and concerns in relation to the KidsMatter Primary objectives, develop strategies that best address these and review progress.

Aiming for a continuum of improvement

KidsMatter Primary acknowledges the uniqueness of each school and the efforts that may be already underway to address students' mental health. Therefore, in relation to addressing each of the four KidsMatter Primary components, the aim is for each school to identify how well they are currently meeting the objectives and to set goals in relation to this. Schools are encouraged to move forward at a pace that is manageable, no matter how small the steps.

Assistance from KidsMatter Primary

Each KidsMatter Primary school will be supported by people who have been trained in KidsMatter Primary. These people will work closely with schools to assist in two key areas:

1. Implementation, including planning under each Component, reviewing plans and goal, and accessing resources; and
2. Professional Learning for all school staff.

Evaluation of the KidsMatter Primary initiative

KidsMatter Primary was trialled in 101 schools across Australia during 2006 – 2008. Part of the trial included an extensive and rigorous evaluation conducted by Flinders University in South Australia. The evaluation found that KidsMatter Primary resulted in positive outcomes for schools, staff, students and parents and carers. For further information on the evaluation please refer to the KidsMatter Primary website, www.kidsmatter.edu.au.

A note on the KidsMatter Primary development partners

The Department of Health and Ageing

The Department of Health and Ageing is responsible for achieving the Australian Government's priorities for mental health, population health, medicines and medical services, aged care and population ageing, primary care, rural health, hearing services, Indigenous health, private health, health system capacity and quality, acute care, and health and medical research.

beyondblue: the national depression initiative

beyondblue is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related substance-use disorders in Australia. *beyondblue* is a bipartisan initiative of the Australian, State and Territory Governments with the key goals of raising community awareness about depression and reducing stigma associated with the illness. *beyondblue* works in partnership with health services, schools, workplaces, universities, media and community organisations, as well as people living with depression, to bring together their expertise. One of the main priorities of *beyondblue* is to fund research initiatives such as KidsMatter Primary which focus on the prevention and early intervention of mental health problems in Australian communities.

Australian Psychological Society (APS)

The Australian Psychological Society is the largest professional association for psychologists in Australia, representing more than 19,000 members. The APS is committed to advancing psychology as a discipline and profession. It spreads the message that psychologists make a difference to people's lives, through improving their health and wellbeing and improving scientific knowledge. The APS works on understanding important social issues facing Australian society and contributes to community wellbeing by promoting access to better health care and evidence-based treatments. To achieve these objectives, the APS is also involved in several projects that promote mental health and the benefits of early intervention for identified mental health difficulties across the lifespan, including KidsMatter Primary.

Principals Australia (PA)

Formerly the Australian Principals Associations Professional Development Council, PA is the national professional development body owned by the four Australian peak principals' association – the Australian Secondary Principals Association, Australia Primary Principals Association, Association of Principals of Catholic Secondary Schools of Australia and Association of Heads of Independent Schools of Australia. It is governed by a board representing these four associations and is managed by a secretariat based in Adelaide.

PA supports principals, their associations and their schools, to build effective and sustainable leadership in Australia, so that the learning and wellbeing of students and staff are optimised. It provides access to professional development activities and resources on leadership development, leading learning and leading the promotion of social and emotional wellbeing.

II. Implementing KidsMatter Primary in your school

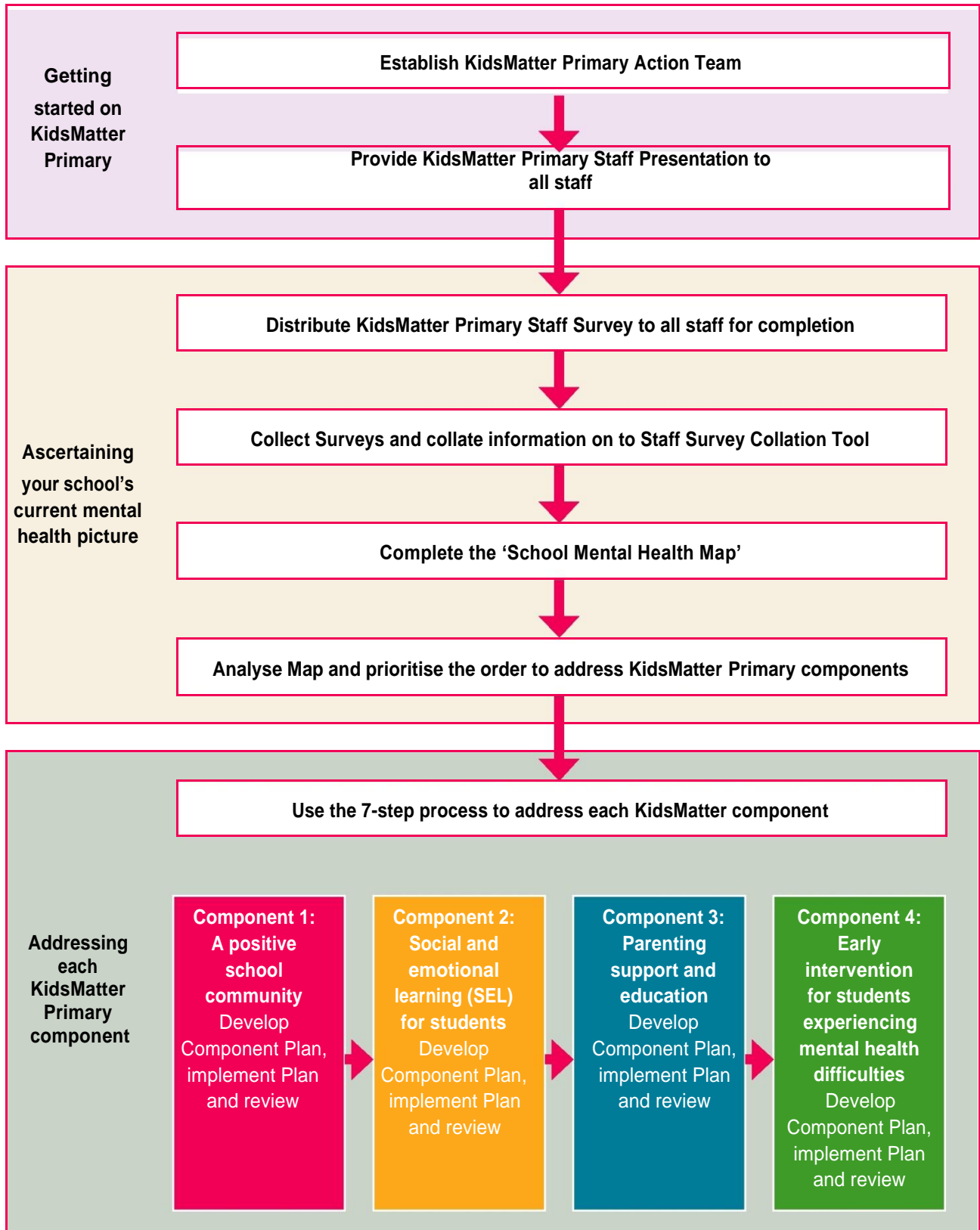
The flow chart next depicts the implementation process of KidsMatter Primary. This implementation is comprised by 3 major stages. To get started schools have to define their Action Team who will plan and lead the implementation of KidsMatter Primary in your school and give to all staff the presentation with the explanation of KidsMatter Primary Framework.

The next stage is directed to define the current mental health picture of the school. To do so, KidsMatter Primary provides each school with a set of tools including a group of surveys addressing each of the 4 KidsMatter Primary Components to be filled in by all school staff. The answers to these surveys are to be gathered using a collation tool that will make easier for the School Action Team to complete the School Mental Health Map, a graphic representation of the situation of the school in reference to the target areas of KidsMatter Primary Framework. KidsMatter Primary recommends that schools implement strategies under the Component in order, that is starting with Component 1, then 2, then 3, then 4, as each Component builds on the ones before it.

After prioritizing the areas for action under each component, the School Action Team develops a Plan for each component of the framework. This planning is a 7 step process, an implementation model that includes consultation with staff so that their needs and concerns are central in the planning process. The model is flexible enough to allow KidsMatter Primary to be tailored to meet the specific needs of schools and to build on what is already being achieved at schools in the area of student mental health.

The seven steps are comprehensive and are designed to deal with implementation issues that may arise, including addressing any concerns or issues that teachers and school staff may have or that may be present in the school. The 7-step process is used to develop an action plan that incorporates planning through problem-solving and a programmed review of the implementation of each component.

KidsMatter Primary flow chart: How to implement KidsMatter Primary in your school



Resources for implementing KidsMatter Primary

KidsMatter Primary website

The KidsMatter Primary website (www.kidsmatter.edu.au) provides access to KidsMatter Primary resources and further information regarding the background and the progress of the initiative. Schools can also receive updates on the process of KidsMatter Primary implementation nationally through the electronic newsletter (eNewsletter).

All schools have open access, via the KidsMatter Primary website, to a number of essential KidsMatter Primary resources as follows:

Resource	Description
Overview booklet	Overviews the rationale for KidsMatter Primary, the four components that comprise the KidsMatter Primary framework and general approach to implementation.
Information sheets for parents and carers	2-page information sheets on more than 30 topics covered under the KidsMatter Primary framework relating to children's social and emotional development, parenting issues and children's mental health.
Parent, carers and school staff Resource Packs	KidsMatter Primary Resource Packs provide information for parents and carers, and school staff about children's mental health and wellbeing. They focus on specific topics relevant to each of the four KidsMatter Primary components and include a range of suggestions to help parents, carers and school staff work together to support children's development and mental health. These resources can be accessed via the KidsMatter Primary website; www.kidsmatter.edu.au/primary/resources/
E-newsletter	Schools can sign up to receive latest updates on KidsMatter Primary Initiative.
Information on how schools have implemented KidsMatter Primary	The "KidsMatter Primary Stories" of individual schools are featured as well as a range of specific strategies schools have implemented.
Evaluation information	Overviews the evaluation strategy for the national trial involving over 100 schools with links to the Evaluation Report.
Programs Guide	<p>The KidsMatter Primary Programs Guide provides summarised information on school-based mental health programs that can be used to address each KidsMatter Primary component. This guide can be used to help make decisions about which programs are most suitable for your school and the needs of your students. The Programs Guide includes materials on each of the four components.</p> <ol style="list-style-type: none"> 1. A positive school community: Programs that use a whole-school approach to improve your school environment and ethos 2. Social and emotional learning (SEL) for students: Curriculum programs that teach social and emotional competencies 3. Parenting support and education: General parenting education programs and parenting programs for parents and carers of students with mental health issues 4. Early intervention for students experiencing mental health difficulties: Programs that address the needs of students who are showing early signs of difficulty or who are experiencing mental health difficulties.

	The Programs Guide can be accessed on the KidsMatter Primary website, www.kidsmatter.edu.au/primary/ programs-guide/
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KidsMatter Primary is currently working in partnership with both education and health systems to identify regions/dioceses where schools can be provided with the support required to formally implement the initiative. There is an expectation that more regions will be included over the next few years.

To register your interest in the initiative and to keep in touch with KidsMatter Primary developments, subscribe to the free E-Newsletter.

Schools that are formally participating in KidsMatter Primary are provided with access to the following additional support and resources:

Implementation Support

When a school is formally engaged with KidsMatter Primary it will be supported by a person trained in the KidsMatter Primary implementation process (KidsMatter Primary Implementation Support Person) who will assist the Action Team to plan and implement the four components of KidsMatter Primary using a whole-school approach and to guide ongoing progresses.

Implementation in each State and Territory will also be supported by a KidsMatter Primary State and Territory Coordinator who will liaise with your school's KidsMatter Primary Implementation Support Person.

Professional Learning

All school staff at participating schools are provided with 3 hours of professional learning for each of the four Components. In addition, Action Team members attend a 1-day professional learning session about KidsMatter Primary Implementation.

The KidsMatter Primary Implementation Manual

The manual includes detailed sections on:

- **Getting started on KidsMatter Primary:** a full explanation of the steps to follow in the first stage of the implementation of KidsMatter Primary, shown on the flow chart presented above, to establish the school action team and provide the KidsMatter Primary Presentation to all school staff.
- **Ascertaining your school's current mental health picture:** for the implementation process it is important to first understand what the school is currently doing to address the mental health of students. This process involves obtaining information from the school staff via the KidsMatter Primary Staff Survey. Collated information from this survey will then be used to complete the KidsMatter Primary School Mental Health Map.
- **Addressing each component of KidsMatter Primary and The 7-step process:** The comprehensive 7-step process is used to systematically guide the planning and implementation of each of the four KidsMatter Primary components at your school. The 7-step process will enable you to identify the specific needs and concerns of your school in relation to addressing each KidsMatter Primary component and will assist you to develop strategies that best address these. Addressing students' mental health by the four KidsMatter Primary components ensures that the efforts your school is putting into this initiative are being focused in the most effective areas

- **A comprehensive explanation of each one of the 4 KidsMatter Primary Component:** the full rationale behind the selection of each one of the 4 Components, indicating what they mean, why they are important, how KidsMatter Primary addresses them, target areas, possible concerns for the school community, strategies to improve the implementation of them, how to finalise each component plan and put them into action.
- **KidsMatter Primary implementation tools:** This section complements Section II and provides all the materials and tools necessary to plan and implement KidsMatter Primary in your school. A guide to use the tools works as an introduction for the staff surveys, surveys collation tool (printed and electronic versions), mental health maps and plans per each component.

Glossary of terms

ADHD

See Attention-Deficit/Hyperactivity Disorder (ADHD).

Anxiety

Anxiety is defined as a feeling of worry or unease. Anxiety is made up of physiological symptoms (e.g., sweaty palms, 'butterflies' in stomach), behavioural symptoms (e.g., avoiding situations that trigger anxiety) and cognitive components (e.g., thinking 'I'm going to fail and everyone will laugh at me').

Anxiety Disorders

A group of mental disorders characterised by excessive or prolonged tension, worry or fear in the absence of any current threat. The anxiety symptoms cause distress and interfere with the person's ability to manage everyday activities. The main anxiety disorders experienced by children include separation anxiety disorder, social phobia, panic attacks, agoraphobia, obsessive compulsive disorder and post-traumatic stress disorder.

Attachment

An emotional bond between children and those who care for them that provides children with a sense of security and safety. Secure attachment in childhood is associated with better social and emotional skills and pro-social behaviour.

Attention-Deficit/Hyperactivity Disorder (ADHD)

ADHD is a mental disorder characterised by a persistent pattern of inattention and/or hyperactivity that is more frequent and severe than typically observed in children of the same age and gender.

Autism

Autism is a neurological disability that affects children's development across several areas. It is characterised by impairments in social interaction and communication, by a lack of flexibility in thinking and behaviour. Speech may be quite delayed or even absent. Problems may range from mild to severe and are evident in early childhood.

Child and Adolescent Mental Health Service (CAMHS) or Child and Youth Mental Health Service (CYMHS)

These are free services funded by relevant state health departments, which offer mental health care to children, adolescents (up to the age of 18) and their families or carers. They are staffed by psychiatrists, psychologists, social workers, occupational therapists, psychiatric nurses, paediatricians and speech therapists with specialist training in child and adolescent mental health.

Conduct Disorder

A mental disorder characterised by a repetitive and persistent pattern of behaviour that violates the basic rights of others or major societal norms or rules. This behaviour falls into four categories: (a) aggression towards people or animals, (b) destruction of property, (c) deceitfulness or theft and (d) serious violation of rules.

Coping skills

Ways of thinking and action taken deliberately to deal with situations a person may find difficult or stressful. Coping skills can be developed in many ways, for example, through formal teaching, observing one's parents or carers or through self awareness.

Depression

The term depression tends to be used in a variety of ways. It is often used to describe a general

emotional state (such as feeling sad or depressed) but is also used to describe a 'mental disorder'. While it is part of normal human experience to feel sad or depressed, when depressive symptoms are severe, ongoing and interfere with a person's ability to manage everyday activities, a diagnosis of 'depressive disorder' may be warranted.

Depth of instruction

The degree to which programs provide structure for a progression of instruction that promotes student mastery of the competencies (e.g., deep understanding versus surface learning).

Distortions in thinking

Patterns of thinking that affect how a person responds to everyday situations and have a significant influence on mental health. Typical distortions include exaggerations and overgeneralisations. For example, a child who is bumped accidentally in the playground may incorrectly come to the conclusion that the other child has deliberately tried to hurt him/her or take it as evidence that nobody likes him/her.

Early intervention

At its most basic level, this term refers to detecting the signs of a mental health problem and doing something about it. The goal is to prevent the problems worsening, for example, by providing support to the student or linking them to helpful programs.

Emotional and behavioural problems

The term 'emotional and behavioural problems' is used to describe a wide-range of individual behaviours or emotions that are commonly associated with personal distress or that interfere with everyday activities.

Externalising problems

Externalising problems refer to a wide-range of disruptive, angry or inappropriate behaviours. These behaviours are generally readily observed and therefore are relatively easy to detect. The mental disorders most commonly considered under this label are Attention-Deficit/Hyperactivity Disorder, Oppositional Defiant Disorder and Conduct Disorder.

Internalising problems

Internalising problems refers to inhibited or over-controlled behaviours. Behaviours associated with internalising problems include withdrawal, worry and emotional responses that primarily affect the individual child rather than having effects on others. As such they may not be readily detected. Anxiety, depression, mood disorders and somatic (i.e., physical) symptoms are the most common of the internalising problems.

Mental disorder

'Mental disorders' are diagnosed by mental health professionals according to specific sets of criteria as defined in either the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association) or the International Classification of Diseases (World Health Organisation). The criteria specified in these manuals include symptom duration, age of symptom onset and level of impairment.

Mental health

Mental health for children means the capacity to enjoy and benefit from satisfying family life and relationships and educational opportunities and to contribute to society in a number of age-appropriate ways. It also includes freedom from problems with emotions, behaviours or social relationships that are sufficiently marked or prolonged to lead to suffering or risk to optimal development in the child, or to distress or disturbance in the family¹.

Mental health difficulties

The term 'mental health difficulties' describes a broad range of emotional and behavioural difficulties that cause concern or distress and frequently affect children's learning at school as well as their behaviour at home, at school and with peers. In this manual the term 'mental health problems' is used interchangeably with 'mental health difficulties'.

Mental illness

An equivalent term for mental disorder.

Obsessive-Compulsive Disorder (OCD)

An anxiety disorder characterised by frequent and persistent intrusive thoughts (obsessions) and feelings that compel an individual to engage in specific ritual actions in order to neutralise anxiety.

Oppositional Defiant Disorder (ODD)

A mental disorder that is characterised by a recurrent pattern of negative, defiant, disobedient and hostile behaviour towards an authority figure such as parents, carers or teachers

Paediatrician

A doctor who specialises in children's health.

Post Traumatic Stress Disorder (PTSD)

A mental disorder characterised by recurrent feelings of terror, frightening dreams or relived memories which result from a previous traumatic event (such as war, torture, accident or violence).

Prevalence

The percentage of the population suffering from a disorder at a given point in time (point prevalence) or during a given period (period prevalence).

Prevention

Actions taken early either to try and stop a mental health problem from developing in the first place or to ensure that children showing some signs of mental health problems do not get any worse.

Protective factors

Protective factors may be thought of as strengths that enable children to maintain positive mental health and wellbeing even though risk factors for mental health problems are present. Protective factors may include aspects of the child's individual abilities, their family circumstances and relationships or their school's practices and environment.

Resilience

Resilience refers to a person's capacity to adapt to adverse situations in ways that enable them to cope positively and reduce or minimise negative impacts on mental health and wellbeing.

Risk factors

Risk factors increase the likelihood that mental health problems will develop. Risk factors are commonly categorised in relation to individual factors, family factors, school factors, specific life events or circumstances and social factors.

Stigma

A negative association or preconception, which causes discrimination against a person or group. Negative stereotypes and misconceptions about mental health issues may lead to discrimination against those with mental health difficulties and make it harder for them to seek help and support.

Stress

Stress occurs when the demands of any given situation are greater than the resources available for dealing with it. It often leads to physiological and psychological symptoms of anxiety. Moderate

psychological stress can be a trigger for developing effective coping skills which help to reduce anxiety symptoms. Severe or prolonged stress may increase the risk of a mental health problem or disorder.

Temperament

Used to refer to the stable biologically-based characteristics that influence how children react and their likes and dislikes.

Trauma

Severe emotional shock caused by being exposed to extremely distressing or life-threatening experiences. Traumatic experiences often have long-lasting psychological effects.

Wellbeing

Wellbeing refers to the condition or state of being well, contented and satisfied with life. Wellbeing has several components, including physical, mental, social and spiritual.

Whole-school approach

A comprehensive and coordinated approach to developing school policies and implementing school practices to effectively meet the needs of students, staff, parents, carers and the wider community. A whole-school approach considers all the different aspects of a school, such as the curriculum, teaching style, classroom climate, school culture, student participation, physical environment, partnerships with the community, welfare services and the wellbeing of staff.

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