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KidsMatter: A Population Health Model to Support Student Mental Health and Well-being in Primary Schools

Keywords: KidsMatter; school mental health; student mental health and well-being

Introduction

Epidemiological data suggests that mental health problems are common among children of primary school age. In Australia, findings from the National Survey of Mental Health and Well-Being indicate that one in seven children

of primary school age has a mental health problem (Sawyer *et al*, 2001), with anxiety, depression, hyperactivity and aggression being among the more common problems. Children with mental health problems experience considerable distress and have reduced capacity to engage with their schooling and to form and maintain positive peer relationships (Adelman & Taylor, 2000; Rutter & Smith, 1995). Children whose mental health problems persist and go untreated have poor long-term outcomes (Campbell *et al*, 2001), which is of

A B S T R A C T

This article provides an overview of a new school-based mental health initiative currently being trialed in 101 primary schools in Australia. KidsMatter: the Australian Primary School Mental Health Initiative is a population model for supporting student mental health and well-being. Using a whole-school implementation model, it provides schools with a framework, a guided process and key resources to develop and implement a co-ordinated set of mental health promotion, prevention and early intervention (PPEI) strategies for the specific mental health and well-being needs of their students.

Through KidsMatter primary schools are engaged in building their capacities for PPEI by promoting a positive school community, teaching social and emotional skills, providing parenting support and education, and facilitating early intervention for students experiencing mental health difficulties. The article describes the rationale and theoretical underpinnings of KidsMatter, outlines key features of the framework, implementation process and resources, and concludes with an overview of the major goals of the trial and the anticipated learning from the evaluation.

concern given that only a minority of children with mental health problems present to services (Sawyer *et al*, 2001).

The high prevalence of mental health problems in children, coupled with the low rate of attendance at mental health services, has driven the development of population-based models with a view to prevent mental health problems in young people (Hoagwood & Johnson, 2003). Over the years these models have become increasingly sophisticated, adopting much from the public health models used to tackle major illnesses such as cancer and heart disease (Strein *et al*, 2003; Adelman & Taylor, 2003). For example, whereas early models tended to focus solely on intervening at the level of the individual child, contemporary approaches, informed by social-ecological models (Bronfrenbrenner, 1989), also target key 'environmental' influences. These include peers, schools, neighbourhoods and, in particular, parents and families, who play a critical role in the mental health and well-being of children (Patterson *et al*, 1982; Taylor & Biglan, 1998).

Another advance has been the adoption of the risk and protective factors framework that targets the precursors of mental health (Hoagwood & Johnson, 2003; Strein *et al*, 2003). Recognition that there are multiple pathways to mental health problems and that diverse problems often share similar risk factors has led to prevention efforts that target multiple negative outcomes (Coie *et al*, 1993; Greenberg *et al*, 2001). The introduction of protective factors (factors that decrease the chances that a mental health problem will occur) saw prevention approaches move beyond simply trying to decrease problem behaviours, to incorporating approaches intended to strengthen or promote positive behaviours. In the area of child mental health, promotion of social, emotional, behavioural and cognitive skills is now viewed as playing a critical role in prevention (Catalano *et al*, 2002; Durlak & Wells, 1997).

Because of the central role schools play in the lives of children, they are often promoted as settings for these population models (Coie *et al*, 1993; Hoagwood & Johnson, 2003). Over the past 30 years, schools have engaged in a wide variety of mental health programs and strategies. Some reflect whole-school approaches directed to enhancements to the school environment, often in pursuit of achieving a greater sense of belonging or 'connectedness' among students, key protective factors for mental health (Resnick *et al*, 1997; Patton *et al*, 2003; Spence *et al*, 2005; Stewart *et al*, 2004). Another approach has been implementation of classroom-based skills programs intended to enhance students' social and emotional skills. Although there is considerable variation in the skills targeted by these programs (and in the evidence for such programs), being socially and

emotionally competent is important for children. It enables them to cope better with the stressors of life, have better relationships with parents, teachers and peers, and do better academically (Caprara *et al*, 2000; Malecki & Elliott, 2002).

Some schools have gone beyond such universal approaches to implement selective or indicated prevention strategies for students at risk or already experiencing mental health difficulties, respectively (Mrazek & Haggerty, 1994). Intervening early to prevent or lessen the impact of mental health difficulties can result in enormous benefits to the child and family which are often sustained over time (Barrett *et al*, 2001; Bayer & Sanson, 2004; Sanders, 1999; Stormshak *et al*, 2005). Although not all schools have the resources to deliver programs to subsets of children with high need, they are in a good position to support an early intervention agenda. Because of their ongoing contact with students, particularly in primary or elementary schools, teachers are well-placed to notice when a student appears to be troubled or having difficulties suggestive of mental health problems such as managing anger, coping with change, making and keeping friends (Tolan & Dodge, 2005). They can provide practical assistance in a number of ways, including assisting with referral, monitoring functioning at schools, and liaising with parents and health services (Weist, 2005).

Although a wide array of mental health programs are being implemented in schools, both here in Australia and overseas, the general picture is one of schools delivering short-term, narrow-band interventions to address problems of concern to them (such as bullying), rather than implementing a comprehensive and co-ordinated population strategy combining universal and targeted strategies in multiple domains (for example child, peers, school and family) (Adelman & Taylor, 2003). Not surprisingly, use of narrow-band programs to address complex multi-factorial problems has met with limited success (Catalano *et al*, 2002; Greenberg *et al*, 2001).

Over the past 10 years there have been increasing calls for schools formally to adopt a population health model to address student mental health and well-being (WHO, 1994; Hoagwood & Johnson, 2003; Tolan & Dodge, 2005; Weist, 2003). In the context of mental health, such a model reflects concern for the entire population and incorporates strategies across the continuum from mental health promotion and illness prevention through to targeted interventions and access to services.

Although there are sound reasons for the adoption of a population health model, there are also considerable challenges. Barriers such as lack of system support, leadership and staff turnover, lack of resources and access to professional

development can exist for individual programs, let alone for a comprehensive mental health strategy (Elias *et al*, 2003; Elliott & Mihalic, 2004). Given such barriers, it is evident that schools need considerable support to translate population health models into school practice. This is recognized by the World Health Organisation, which has produced guides and planning tools to support those working with schools to implement a health-promoting schools framework (WHO, 2000).

The task of implementing a population health model in school settings is substantial, and likely to require significant resources including:

- a conceptual framework that provides an accessible ‘big picture’ overview including the rationale, likely benefits and some clear achievable goals
- an implementation process that provides step-by-step guidelines geared to addressing those factors known to support implementation and maintenance of school-based mental health initiatives
- key resources such as staff training, ongoing project officer support and access to evidence-based programs.

It is important that the framework, goals, implementation process and resources be sufficiently flexible to ensure that the model has relevance in a broad range of schools and can be used to address the specific mental health and well-being needs of individual communities.

KidsMatter: Australian primary schools mental health initiative

KidsMatter is a national mental health initiative developed specifically for primary schools in Australia by the Australian Government Department of Health and Ageing, *beyondblue: the national depression initiative*, Principals Australia (formerly the Australian Principals Associations Professional Development Council) and the Australian Psychological Society, with additional financial support provided by the Australian Rotary Health Research Fund. These groups have come together to collaborate on KidsMatter with the aims of improving the mental health and well-being of students, reducing mental health problems among students and achieving more support for students experiencing mental health difficulties.

KidsMatter began in late 2006 with a two-year pilot involving 101 primary schools. Participating schools represented all eight States and Territories of Australia, all three education systems (Government, Catholic and Independent), and metropolitan, rural and remote communities. The

KidsMatter pilot is being comprehensively evaluated (Askell-Williams *et al*, 2008) with the view to informing a broader national dissemination strategy from 2009.

The KidsMatter Initiative is a population health model to support student mental health and well-being. With KidsMatter, schools are provided with a framework, an implementation process and a set of key resources which they use to develop and implement a co-ordinated set of mental health promotion, prevention and early intervention strategies to address the specific mental health and well-being needs of their student population. An overview of the framework, implementation process and resources underpinning KidsMatter follows.

The KidsMatter framework

The KidsMatter framework reflects a social-ecological approach that acknowledges explicitly the key influences of parents, families and schools on children’s mental health. The framework comprises four components identifying universal and targeted strategies:

- a positive school community
- social and emotional learning for students
- parenting support and education
- early intervention for students experiencing mental health problems.

For each of the four KidsMatter components, schools are provided with a series of target areas, each containing a set of objectives. These objectives are written as either ‘school actions’ or ‘school staff skills or capacities’, and are designed to target the key risk and protective factors associated with child mental health. For example, for the component Positive School Community, the school addresses a complementary set of objectives aimed at enhancing students’ (as well as parents’ and staff) sense of belonging and connectedness to school. With Parenting Support and Education, the objectives are concerned with enhancing supportive relationships in families and parenting strategies.

Although the objectives for the KidsMatter components are prescribed, they are deliberately broad so that individual schools can identify and implement strategies that are meaningful and achievable to them. The specific strategies a school chooses to adopt will be informed largely by the school audit and professional development. The school staff skills or capacities identified in the objectives are addressed specifically in the professional development packages. For example, for the component Early Intervention for Students Experiencing Mental Health Problems school

staff receive professional development on understanding the early signs of childhood mental health difficulties, the benefits of early intervention and classroom strategies to assist children with specific mental health difficulties. *Tables 1 to 4* below and following pages identify the target areas and objectives for each of the four KidsMatter components as well as examples of strategies that schools have pursued.

It is evident that some strategies cover multiple target areas and objectives. For example, developing a school-community pamphlet/handbook for parents containing information about school, specific programs, local support services and agencies addresses target areas related to ‘Parenting Information’ and ‘Belonging and Inclusion’.

Key implementation features

In developing KidsMatter, much attention was given to the implementation process and incorporating those factors shown

to facilitate successful initiation and maintenance of school-based initiatives. They include ensuring that staff have a sense of ownership by their participation at all stages of planning and implementation (Everhart & Wandersman, 2000; Gager & Elias, 1997; Ishler *et al*, 1998), active support and involvement from school leadership (Gager & Elias, 1997; Han & Weiss, 2005) and providing staff with professional learning and follow-up support to develop their skills and confidence in implementing the initiative effectively (Elias *et al*, 2003; Walker, 2004). Crucially, the framework and implementation processes were designed so that the initiative could be tailored to the specific needs of each school (Everhart & Wandersman, 2000; Gager & Elias, 1997; Ringeisen *et al*, 2003).

Resources

The implementation of KidsMatter was supported by a number of key resources including:

TABLE 1 Positive School Community

Target areas and objectives	Example of strategies/actions
<p>Belonging and Inclusion within School Community</p>	<ul style="list-style-type: none"> □ Whole-school professional development covering: (a) rationale for Target areas and their link with mental health; (b) factors that support the development of a positive school community; (c) awareness of diversity and inclusion issues and strategies for addressing these. In particular, professional development encourages schools to take a more critical look at inclusion (who is connected to/included in the school community and what more can be done), with a specific focus on relationships with parents/carers (What are they like? Who do we have a personal connection with? Who are we missing? What can we do better?)
<ul style="list-style-type: none"> a) Caring and supportive relationships are encouraged within the whole school community (staff, students and parents) b) School communications and activities are inclusive and accessible to all students and families c) School leadership addresses inclusion and belonging at a whole school level through specific policies and practices 	<ul style="list-style-type: none"> □ Various school community events such as regular morning teas, school picnics/ barbeques □ School community noticeboard, handbook or pamphlet providing information about the school including specific programs, local support services and agencies □ Parent and child activity sessions (e.g. family fun days) □ Translation services to support families of different cultures □ Official events welcoming new parents and school staff □ Improvements to school signage to ensure it reflects the various cultures and to make it easier for new families, agency workers etc to navigate □ School community mural developed by families and children reflecting different cultural groups □ KidsMatter Parent Action teams: development of sub-committees with diverse representation to ensure schools can hear the diverse voices of parents/carers
<p>Welcoming and Friendly School Environment</p>	
<ul style="list-style-type: none"> a) School staff are welcoming to families b) School environment (e.g. displays, artwork, facilities) reflects the varied cultures, family-types and needs of families at the school 	

TABLE 2 Social and Emotional Learning (SEL)

Target areas and objectives	Example of strategies/actions
<p>SEL Curriculum</p>	
<p>a) All students receive curriculum covering CASEL's (Collaborative for Academic, Social and Emotional Learning, 2003) five core social and emotional competencies. Selected curriculum programs:</p> <ul style="list-style-type: none"> ■ have research evidence of effectiveness (or an identified theoretical framework) ■ are developmentally appropriate ■ are taught regularly and formally (ie. structured sessions that adhere to the program manual) <p>b) School leadership coordinate and support the teaching of SEL curriculum throughout the school</p> <p>c) Teachers have the knowledge, confidence and commitment to effectively deliver SEL curriculum</p>	<ul style="list-style-type: none"> □ Whole-school professional development covering: (a) rationale for teaching SEL and the importance of SEL for children's mental health and learning; (b) core SEL competency areas and underlying skills for students; (c) factors that support the effective teaching of social and emotional competence (e.g. using evidence based programs, regular explicit teaching); (d) school resources and support (e.g. guidelines for selecting appropriate programs; staff knowledge, confidence and skills in teaching SEL); (e) timetabling and other ways schools can support the teaching of SEL □ Engage all staff in the selection of an appropriate SEL program using KidsMatter Programs Guide □ Provided additional PD for staff to increase their skills and confidence to teach SEL
<p>Practise and Generalisation of SEL Skills</p>	
<p>a) Students are provided with regular opportunities to generalise their SEL skills in the classroom, school and wider community</p>	<ul style="list-style-type: none"> □ Strategies to engender whole-school commitment to proactive, explicit and regular teaching of SEL to all students □ SEL teaching is coordinated and supported throughout the school through such things as school wide timetabling; scope and sequence planning and resourcing

TABLE 3 Parenting Support and Education

Target areas and objectives	Example of strategies/actions
<p>Parent-Teacher Relationships</p>	
<p>a) School staff have skills, confidence and commitment to form collaborative working relationships with parents</p>	<ul style="list-style-type: none"> □ Whole-school professional development covering: (a) the rationale for addressing this component and clarification of the roles of school staff; (b) strategies for proactively and systematically building relationships with parents/carers; (c) familiarization of the different types and levels of parenting information; (d) learning further skills for responding to parent/carer requests; (e) strategies for providing opportunities for families to develop support networks and increased awareness of the community resources available to parents and carers
<p>Parenting Information</p>	
<p>a) Parents are provided with high quality information on child development, effective parenting practices, and children's mental health</p> <p>b) Parents are encouraged to access programs to learn more about effective parenting</p>	<ul style="list-style-type: none"> □ Parent/s meeting room/resource centre as a space parents and carers can meet together socially as well as a means to providing parenting resources & materials through various mediums eg books, DVD's, internet
<p>Support Networks for Parents and Families</p>	
<p>a) Parents and families are provided with opportunities to get together in a supportive environment</p> <p>b) Parents are provided with information on local community resources whose role is to support the needs of parents and families</p>	<ul style="list-style-type: none"> □ KidsMatter Information Sheets covering a broad range of topics on child development, parenting issues and child mental health difficulties used as school newsletter inserts □ Establishing Parent Action Team (composed of parents) to facilitate information and general support to parents and to reach out to those who tend to have minimal contact with school □ Regular parent information sessions/workshops on areas of interest (eg how to interact/play with young children: cyberspace, bullying and anxiety issues) □ Facilitating or delivering formal parenting programs (eg Triple P and FAST)
	<ul style="list-style-type: none"> □ Appointment of Community Officers to provide general support and link them with appropriate services and agencies

TABLE 4 *Early Intervention for Students Experiencing Mental Health Difficulties*

Target areas	Example of strategies/actions
<p>Promotion of Early Intervention for Mental Health Difficulties</p> <p>a) School staff understand the importance of early intervention and convey this to parents and families</p>	<p>□ Whole-school professional development covering: (a) the importance of early intervention; (b) tools for identifying students who may require early intervention; (c) establishing school processes for facilitating identification and early intervention for children experiencing mental health difficulties; (d) recognising common signs and understanding appropriate classroom interventions for students with common mental health problems and (e) addressing attitudinal barriers to effectively supporting children with mental health difficulties</p>
<p>Attitudes towards Mental Health and Mental Health Difficulties</p> <p>a) School implements strategies aimed at de-stigmatising mental health and mental health difficulties</p>	<p>□ Mental Health Day to destigmatise issues around mental health showcasing student views regarding what mental health is and activities (e.g. optimistic thinking, relaxation, healthy eating and exercise)</p>
<p>Identification and Support for Students experiencing Mental Health Difficulties</p> <p>a) School leadership works towards developing policies, processes and protocols to assist students experiencing mental health difficulties (particularly with respect to referral pathways)</p> <p>b) School staff can identify students who may be experiencing mental health difficulties by recognizing common signs and symptoms</p> <p>c) School staff have knowledge of classroom strategies to support students experiencing specific mental health difficulties</p> <p>d) School staff have general knowledge about appropriate interventions and referral pathways for students experiencing mental health difficulties</p> <p>e) School leadership develops strategies to help students and families access interventions</p>	<p>□ Making student support processes more explicit and accessible by:</p> <ul style="list-style-type: none"> ■ Establishing student support team to assist and advise teachers on students either 'at risk' or currently experiencing mental health difficulties ■ Developing a school mental health and well-being policy ■ Establishing or revising policies and procedures on internal/external referrals for children experiencing difficulties <p>□ Identifying and building relationships with local health and community agencies willing to work with schools to support families including:</p> <ul style="list-style-type: none"> ■ School establishes inter-agency group to share and coordinate information and to facilitate access to services ■ School Forum/Expo showcasing local community support services ■ Developing links with local agencies to conduct programs at the school for students experiencing mental health difficulties <p>□ Mental Health First Aid Training for school staff</p> <p>□ Professional development for staff members to deliver targeted programs to small groups of students</p>

- an implementation manual which details the overarching framework, rationale and aims and provides various tools including those used for the school audit
- a programs guide which identifies and summarises school-based mental health 'programs/packages' that schools can access under each of the four KidsMatter components
- State/Territory KidsMatter project officers to work with the school action team to deliver professional development and to provide ongoing support, particularly in facilitating access to programs and resources and developing school-community links
- professional development packages consisting of

- four half-day whole-school sessions (one for each of the KidsMatter components)
- information sheets for parents and carers on more than 30 topics covered in the KidsMatter framework, including children's social and emotional development, parenting and children's mental health
- resource packs providing additional information including detailed suggestions for supporting children's mental health and development as well as links to further information and support services
- funds ranging from \$4,000 to \$11,000 depending on student enrolment to schools participating in formal evaluation of KidsMatter; the funding was provided by the Australian Rotary Health Research Fund and was presented as a positive example of the potential

gains for schools in developing links with community organisations.

Conclusion

The challenge of implementing a population health model in school settings to support student mental health and well-being is considerable, and KidsMatter, in its current trial stage, should be viewed as a prototype rather than a fully developed model. It should also be acknowledged that not all elements of a comprehensive population health approach are being pursued under KidsMatter. For example, target areas under KidsMatter do not call for schools routinely to screen students to identify those 'at risk' or currently experiencing mental health difficulties. In Australia, such an approach is currently unfeasible and would be likely to generate considerable concern among school staff and parents. Nevertheless, KidsMatter aims explicitly to increase staff and parent awareness of children's mental health issues to promote early detection and assistance to those who might need it.

Given the large number and the diversity of schools participating in this initial trial, the evaluation is expected to yield much information about KidsMatter and the extent to which it represents a useful and viable model to support student mental health. It is expected that some schools in the trial will achieve greater success than others, and identifying the factors contributing to implementation success or otherwise is a key priority. Although adequate resources are an important prerequisite of implementation, the capacity of schools to embed and 'own' the initiative is likely to play a key role in determining the longer-term success of KidsMatter in their school.

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References

Adelman HS & Taylor L (2000) Promoting mental health in schools in the midst of school reform. *Journal of School Health* **70** 171–8.

Adelman HS & Taylor L (2003) Rethinking school psychology (commentary on public health framework series). *Journal of School Psychology* **41** 83–90.

Askill-Williams H, Russell A, Dix K L *et al* (2008) Early challenges in evaluating the KidsMatter national mental

health promotion initiative in Australian primary schools. *International Journal of Mental Health Promotion* **10** 35–44.

Barrett PM, Duffy AL, Dadds MR & Rapee RM (2001) Cognitive-behavioral treatment of anxiety disorders in children: long-term (6-year) follow up. *Journal of Consulting and Clinical Psychology* **69** 135–41.

Bayer JK & Sanson A (2004) Preventing the development of emotional mental health problems from early childhood: recent advances in the field. *International Journal of Mental Health Promotion* **5** 4–16.

Bronfenbrenner U (1989) Ecological systems theories. *Annals of Child Development* **6** 149–87.

Campbell SB, Shaw DS & Gilliom M (2001) Early externalising behaviour problems: toddlers and preschoolers at risk for later maladjustment. *Development and Psychopathology* **12** 467–88.

Caprara GV, Barbaranelli C, Pastorelli C, Bandura A & Zimbardo PG (2000) Prosocial foundations of children's academic achievement. *Psychological Science* **11** 302–6.

Catalano RF, Berglund L, Ryan JAM & Lonczak HS (2002) Positive youth development in the United States: research findings on evaluations of positive youth development programs. *Prevention and Treatment* **5** Article 15, <http://content.apa.org/journals/pre/5/1/15>.

Coie JD, Watt NF, West SG *et al* (1993) The science of prevention: a conceptual framework and some directions for a national research program. *American Psychologist* **48** 1013–22.

Collaborative for Academic, Social, and Emotional Learning (2003) *Safe and Sound: An educational leaders' guide to evidence-based social and emotional learning (SEL) Programs*. www.casel.org.

Durlak JA & Wells AM (1997) Primary prevention mental health programs for children and adolescents: a meta-analytic review. *American Journal of Community Psychology* **26** 775–802.

Elias MJ, Zins JE, Graczyk PA & Weissberg RP (2003) Implementation, sustainability, and scaling up of social-emotional and academic innovations in public schools. *School Psychology Review* **12** 303–19.

Elliott D & Mihalic S (2004) Issues in disseminating and replicating effective prevention programs. *Prevention Science* **5** 47–53.

Everhart K & Wandersman A (2000) Applying comprehensive quality programming and empowerment evaluation to reduce implementation barriers. *Journal of Educational and Psychological Consultation* **11** (2) 177–91.

Gager PJ & Eli MJ (1997) Implementing prevention programs

- in high-risk environments: application of the resiliency paradigm. *American Journal of Orthopsychiatry* **67** 363–73.
- Greenberg MT, Domitrovich C & Bumbarger B (2001) The prevention of mental disorders in school-aged children: current status of the field. *Prevention and Treatment* **4** Article 1. <http://content.apa.org/journals/pre/4/1/1>.
- Han SS & Weiss B (2005) Sustainability of teacher implementation of school-based mental health programs. *Journal of Abnormal Child Psychology* **33** (6) 665–79.
- Hoagwood K & Johnson J (2003) School psychology: a public health framework: 1. From evidence-based practices to evidence-based policies. *Journal of School Psychology* **41** 3–22.
- Ishler AL, Johnson DW & Johnson R (1998) Long-term effectiveness of a statewide staff development program on cooperative learning. *Teaching and Teacher Education* **14** (3) 273–81.
- Malecki CK & Elliott SN (2002) Children's social behaviours as predictors of academic achievement: a longitudinal analysis. *School Psychology Quarterly* **17** 1–23.
- Mrazek PJ & Haggerty RJ (Eds) (1994) *Reducing the Risks for Mental Disorders: Frontiers for prevention intervention research*. Washington, D.C.: National Academy Press.
- Paternite C (2005) School-based mental health programs and services: overview and introduction to the special issue. *Journal of Abnormal Child Psychology* **33** 657–63.
- Patterson GR (1982) *Coercive Family Process*. Eugene, Oregon, USA: Castalia Publishing Co.
- Patton G, Bond L, Butler H & Glover S (2003) Changing health? Design and implementation of the Gatehouse Project. *Journal of Adolescent Health* **33** 231–9.
- Resnick MD, Bearman PS, Blum RW *et al* (1997) Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association* **278** 823–32.
- Ringelstein H, Henderson K & Hoagwood K (2003) Context matters: schools and the 'research to practice gap' in children's mental health. *School Psychology Review* **32** 153–68.
- Rutter M & Smith DJ (1995) *Psychosocial Disorders in Young People*. Chichester: Wiley.
- Sanders MR (1999) Triple P – Positive Parenting Program: towards an empirically validated multilevel parenting and family support strategy for the prevention of behaviour and emotional problems in children. *Clinical Child and Family Psychology Review* **2** 71–90.
- Sawyer MG, Arney FM, Baghurst PA *et al* (2001) The mental health of young people in Australia: key findings from the child and adolescent component of the national survey of mental health and well-being. *Australian and New Zealand Journal of Psychiatry* **35** 806–14.
- Spence S, Burns J, Boucher S *et al* (2005) The *beyondblue* schools research initiative: conceptual framework and intervention. *Australasian Psychiatry* **13** 159–164.
- Stewart D, Sun J, Patterson C, Lemerle K & Hardie M (2004) Promoting and building resilience in primary school communities: evidence from a comprehensive Health Promoting School approach. *International Journal of Mental Health Promotion* **6** 26–33.
- Strein W, Hoagwood K & Cohn A (2003) School psychology: a public health perspective. 1. Prevention, populations and systems change. *Journal of School Psychology* **41** 23–8.
- Stormshak EA, Dishion TJ, Light J & Yasui M (2005) Implementing family-centered interventions within the public middle school: linking service delivery to change in student problem behavior. *Journal of Abnormal Child Psychology* **33** 723–34.
- Taylor TK & Biglan A (1998) Behavioural family interventions for improving child-rearing: a review of the literature for clinicians and policy makers. *Clinical Child and Family Psychology Review* **1** 41–60.
- Tolan PH & Dodge KA (2005) Children's mental health as a primary care and concern: a system for comprehensive support and service. *American Psychologist* **60** 601–14.
- Walker HM (2004) Commentary: use of evidence-based interventions in schools: where we've been, where we are and where we need to go. *School Psychology Review* **33** (3) 398–407.
- Weist MD (2003) Challenges and opportunities in moving towards a public health approach in school mental health. *Journal of School Psychology* **41** 77–82.
- Weist MD (2005) Fulfilling the promise of school-based mental health: moving toward a public health mental health promotion approach. *Journal of Abnormal Child Psychology* **33** 735–41.
- World Health Organisation (1994) *Mental Health Programmes in Schools*. Geneva: Author.
- World Health Organisation (2000, accessed July 2008) Local action: creating health promoting schools. *Information Series on School Health*. Geneva: Author. www.who.int/school_youth_health/media/en/sch_local_action_en.pdf.