Important Notice

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While the resources are available freely for these purposes, to realise the full potential of KidsMatter Primary, it is recommended that the resources be used with the appropriate training and support under the KidsMatter Initiative.

Last updated February 2012
Mental health and wellbeing is vital for learning and life. Children who are mentally healthy learn better, benefit from life experiences and have stronger relationships with family members, school staff and peers. They are better equipped to meet life’s challenges and to contribute productively to their families, friends and society in ways that are appropriate for their age.

Good mental health in childhood also provides a solid foundation for managing the transition to adolescence and adulthood, for engaging successfully in education, and for making a meaningful contribution to society. With adequate support, good coping skills and a manageable level of environmental stress, many children progress through to adolescence and adulthood without showing significant behavioural or academic difficulties.

By contrast, when children are exposed to challenging circumstances without receiving adequate support, they may experience distress and have difficulty coping. Children who experience multiple stressors – such as family breakdown, lack of academic success, parental mental illness, bullying, parental substance abuse, living in poverty or experiencing racism – are more likely to develop emotional or behavioural problems that can continue to affect their mental health into adulthood.

Currently in Australia nearly one in five people are affected by a mental illness in any one year, and the effects of mental illness are felt across our nation.

It is not always possible to predict which children will develop mental health difficulties, so programs need to target all children, with support ranging from teaching skills for emotional wellbeing to specific mental health interventions. It is now recognised that at least one in seven children will have significant mental health difficulties with serious associated problems at some time during their childhood.

Most commonly in primary school-aged children mental health difficulties will present as disruptive behaviour, anxiety and depression.

Children who are socially disadvantaged or exposed to multiple highly stressful life events are at considerably higher risk.
Good mental health and wellbeing is integral to academic learning. 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.

Conversely, poor mental health reduces students’ ability to learn and can lead to school failure and drop out. 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 and wellbeing is prioritised and addressed with the same enthusiasm as numeracy or literacy. Schools that promote mental health are also more likely to engage more productively with their community members, reduce student behavioural issues and achieve higher levels of staff satisfaction.

Promoting the mental health and wellbeing of Aboriginal and Torres Strait Islander children in Australian primary schools

Australia’s Aboriginal and Torres Strait Islander peoples have much poorer health when compared to the non-Indigenous members of the population. KidsMatter Primary has commissioned a literature review which outlines the current research when considering the issues affecting the mental health and wellbeing of Aboriginal and Torres Strait Islander peoples and the associated implications for schools.

The literature review is available on the KidsMatter website: www.kidsmatter.edu.au
The role of schools in improving children’s mental health and wellbeing

Schools, with the full support of families and the community, are currently one of the best places to comprehensively support children’s mental health and wellbeing for the following reasons:

- School is the most significant developmental context, after family, for primary school-aged children, with almost all children attending school at some time in their lives.

- Through their role in supporting children’s learning and learning behaviour, schools play a crucial role in building children’s self-esteem and sense of competence. Conversely, when children’s learning and wellbeing needs are not met at school, their overall development and mental health may be undermined.

- Schools can act as a safety net and assist in protecting children from circumstances that affect their learning, development and wellbeing.

- 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 comprehensive mental health programs, the interventions can reach generations of children.

- School-based interventions can provide students with experiences to strengthen their ability to cope with environmental stresses and help them to feel supported.
KidsMatter Primary is a national initiative that aims to contribute to improving student mental health and wellbeing, reducing mental health difficulties amongst students, and increasing support for students experiencing mental health difficulties.

Through KidsMatter Primary, schools undertake a two-to-three year cyclical process in which they plan and take action using a comprehensive whole-school approach to mental health promotion, prevention and early intervention. It allows for flexibility and can be tailored to schools’ local needs. In this way, KidsMatter Primary builds on the work schools are already doing to address the mental health of their students through national, state, territory and sector-based mental health initiatives and policies. KidsMatter Primary provides a range of resources and support throughout the implementation journey.
KidsMatter Primary provides schools with a comprehensive framework made up of three main areas, depicted in the following diagram:

### GUIDING PRINCIPLES

| The best interests of children are paramount |
| Respectful relationships are foundational |
| Diversity is respected and valued |
| Parents and carers are recognised as the most important people in children’s lives |
| Parents and teachers support children best by working together |
| Students need to be active participants |
| Schools, health and community agencies work together with families |

### CORE COMPONENTS

<table>
<thead>
<tr>
<th>Positive school community</th>
<th>Social and emotional learning for students</th>
<th>Working with parents and carers</th>
<th>Helping children with mental health difficulties</th>
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</thead>
</table>

### WHOLE-SCHOOL APPROACH

- **Planning for whole-school change**
- **Professional learning, shared understanding and focus for staff**
- **Partnerships with parents and carers, health and community agencies**
- **Action within and beyond the classroom**

#### 1 GUIDING PRINCIPLES

These principles underpin the development of the initiative and its successful implementation in schools. The development of the principles has been informed by research as well as the experiences of schools undertaking KidsMatter Primary to date. The principles are not only foundational, but also provide checking points for schools to review their progress throughout implementation. In this way, they serve as a navigation aid during the journey.

#### 2 CORE COMPONENTS

The four components known to have a positive impact on children’s mental health are:

1. **Positive school community**
2. **Social and emotional learning (SEL) for students**
3. **Working with parents and carers**
4. **Helping children with mental health difficulties**

The selection of these four components has been informed by the current evidence and expert opinion about the most significant influences on children’s mental health and wellbeing. There is a particular focus on those factors schools can influence. Target areas and goals are provided under each component to help guide schools to take action in these areas.

#### 3 WHOLE-SCHOOL APPROACH

It is now well understood that effective interventions in schools occur when all school community members (staff, parents and carers, health and community agencies) are consulted and collaborative partnerships are developed. This is particularly the case when addressing children’s mental health because of the significant influences of the family and community as well as the school.

A whole-school approach involves the school community in systematically reviewing school practice across each of the KidsMatter four components. The review identifies strengths and challenges, and incorporates strategies into a mental health and wellbeing strategic plan. This plan sits within the school’s broader strategic plan as part of the ongoing review and improvement processes.
The implementation process enables schools to work with the framework in a planned and strategic way.
How KidsMatter Primary seeks to improve children’s mental health

Research has identified a range of risk factors that are likely to increase the chances of children experiencing poor mental health. There are also a number of protective factors, characteristics or conditions that can improve children’s resistance to such risk factors. Protective factors act to strengthen children’s mental health and wellbeing, making it less likely that they will develop (or less severe, should they develop) mental health problems.

KidsMatter Primary guides schools to develop key protective factors that research has shown can make a difference to children’s mental health in the school environment.

Risk and protective factors can 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 opposite. The various interactions between risk and protective factors are complex and not yet well understood. It should be noted that the presence of risk factors does not mean a given child will experience mental health difficulties, just as a lack of apparent risk factors does not necessarily mean that mental health difficulties will not develop. However, research at present does suggest that the likelihood of mental health difficulties occurring is significantly increased when multiple risk factors are present. As it can be difficult or impossible to change some risk factors, efforts to build protective factors can serve to mediate the impact of risk factors.
The following table provides some 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, called components, 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.

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>PROTECTIVE FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INDIVIDUAL</strong></td>
<td>Poor social and emotional skills</td>
</tr>
<tr>
<td>Children’s abilities and needs</td>
<td>Impulsivity</td>
</tr>
<tr>
<td></td>
<td>Pessimistic thinking styles</td>
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<td></td>
<td>Difficult temperament</td>
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<td></td>
<td>Low IQ</td>
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<td></td>
<td>Low self-esteem</td>
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<tr>
<td></td>
<td>Disability</td>
</tr>
<tr>
<td><strong>FAMILY</strong></td>
<td>Family disharmony, instability or breakup</td>
</tr>
<tr>
<td>Circumstances and relationships</td>
<td>Harsh or inconsistent discipline style</td>
</tr>
<tr>
<td></td>
<td>Low parental involvement</td>
</tr>
<tr>
<td></td>
<td>Family substance abuse</td>
</tr>
<tr>
<td></td>
<td>Family mental illness</td>
</tr>
<tr>
<td></td>
<td>Disability of parent or sibling</td>
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<tr>
<td><strong>SCHOOL</strong></td>
<td>Negative school climate that does not effectively address issues of safety</td>
</tr>
<tr>
<td>Practices and environment</td>
<td>Peer rejection</td>
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<tr>
<td></td>
<td>School failure</td>
</tr>
<tr>
<td></td>
<td>Inadequate or harsh discipline policies and practices</td>
</tr>
<tr>
<td><strong>LIFE EVENTS / SITUATIONS</strong></td>
<td>Physical, sexual or emotional abuse</td>
</tr>
<tr>
<td>Opportunities and stressors</td>
<td>Difficult school transition/s</td>
</tr>
<tr>
<td></td>
<td>Death of family member</td>
</tr>
<tr>
<td></td>
<td>Emotional trauma</td>
</tr>
<tr>
<td><strong>SOCIETAL FACTORS</strong></td>
<td>Discrimination</td>
</tr>
<tr>
<td>Access, inclusion and social cohesion</td>
<td>Isolation</td>
</tr>
<tr>
<td></td>
<td>Lack of access to support services</td>
</tr>
<tr>
<td></td>
<td>Socioeconomic disadvantage</td>
</tr>
<tr>
<td></td>
<td>Neighbourhood violence and crime</td>
</tr>
</tbody>
</table>

How KidsMatter Primary seeks to improve children’s mental health

The socio-ecological model

The socio-ecological model of human development (The ARACY Report Card on the Wellbeing of Young Australians Technical Report 2008), as shown left, recognises that there are multiple influences on children’s mental health and wellbeing. The child is at the centre of this model, and development occurs within the context of relationships with family, school and community. Children are further influenced by the wider social, economic, cultural, workplace and political forces in which their families, communities and schools exist.

The family is the main context for children’s development, as it provides the most powerful and enduring influences on short and long term health and social adjustment. Schools, including peers, are another important environment that children experience, which can have a major impact on learning, socialisation and employment outcomes.

Children can be exposed to both nurturing and stressful experiences of the world around them. Such experiences can have differential effects on individuals and the environments in which they live.

The KidsMatter Primary framework views children as active participants in their own development, both shaping and being shaped by their environment.
KidsMatter Primary model for mental health promotion, prevention and early intervention (PPEI) in schools

KidsMatter Primary is a comprehensive model for improving mental health in schools that involves the entire school community. It targets the mental health and wellbeing of all students in primary schools through promoting a positive school environment and providing education on social and emotional skills for life. In addition, it provides information about getting help for those students who are exposed to psychological and social stressors. KidsMatter Primary also helps schools to address the needs of the estimated one in seven Australian children who are already experiencing mental health difficulties.

KidsMatter Primary considers all the aspects of school life – the school climate, policies, practices, events, teaching and learning – to enhance the mental health of children and reduce experiences that impact negatively on children’s mental health. This whole-school approach also involves the people who have a significant influence on the lives of children, including parents and carers, families, community groups and organisations.

The KidsMatter Primary initiative is also underpinned by the World Health Organization’s (WHO) Health Promoting Schools’ framework. This framework focuses on three core areas of operation in schools. These are organisation, ethos and environment; curriculum teaching and learning; and partnerships and services. While it draws substantially on the Health Promoting Schools framework, KidsMatter Primary has modified the original WHO model for school mental health promotion (1994) to include explicitly the influence and involvement of parents and carers at each of the levels of intervention, as indicated in the following model. The model has also been adapted to highlight the important role schools play in continuing to support and engage those students experiencing mental health difficulties. In this model, schools also work with parents and carers to facilitate help-seeking and referral pathways.

Who?

- Whole-school community, staff, students, parents and carers, health and community agencies
- All students (and their parents and carers)
- Students experiencing mental health difficulties (20-30% of students) and the 3-12% of students with mental health disorders, and their parents and carers

What does KidsMatter Primary do?

- Creates an environment to promote positive mental health and wellbeing
- Facilitates social and emotional learning (SEL) for students
- Supports student engagement and connectedness at school and facilitates help-seeking for mental health difficulties

How?

- Works with the whole community and provides support and information to staff, parents and carers
- Through the curriculum, creates opportunities to practise skills and engages parents and carers
- Supports children in school and develops clear processes and referral pathways (by working with parents and carers and health and community agencies)
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 schools focus the initiative in the most effective areas.

The four components of KidsMatter Primary are interrelated and each one is important for supporting student mental health, as shown in the diagram below.

Component 1: Positive school community

Component 2: Social and emotional learning for students

Component 3: Working with parents and carers

Component 4: Helping children with mental health difficulties
Component 1: Positive school community

Component 1 encourages the school community to develop a shared understanding of mental health and wellbeing. Respectful relationships enable the promotion of a sense of belonging and inclusion within the school community. A welcoming school environment reflects the diversity of the school and local community, as well as the active involvement of students, staff, families and the local community.

<table>
<thead>
<tr>
<th>TARGET AREAS</th>
<th>GOALS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A school community that promotes mental health</strong></td>
<td>a) School staff understand the importance of mental health and wellbeing, its impact on learning, and the significant contributions schools can make to improving student mental health.  \n    b) School staff have an understanding of their school community.</td>
</tr>
<tr>
<td><strong>Respectful relationships, belonging and inclusion</strong></td>
<td>a) School staff expect and model respectful and responsive relationships within the school community.  \n    b) Belonging and inclusion for all school community members is specifically addressed in school strategic planning, policies and practices.  \n    c) The school environment and communication reflects the diversity of the school community.  \n    d) School leadership and staff create opportunities for students, staff, families and the wider community to be involved in a range of school activities and contribute to school planning.</td>
</tr>
</tbody>
</table>
Component 2: Social and emotional learning (SEL) for students

Component 2 promotes the five core social and emotional competencies: self-awareness, self-management, social awareness, relationship skills and responsible decision-making as identified by the Collaborative for Academic, Social and Emotional Learning (CASEL).

School staff members are encouraged to:
- embed these competencies in the curriculum
- incorporate them into day-to-day interactions to provide opportunities for students to practise and transfer their skills, and
- collaborate with parents and carers to further assist students’ social and emotional skill development.

<table>
<thead>
<tr>
<th>TARGET AREAS</th>
<th>GOALS</th>
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<tbody>
<tr>
<td>Effective social and emotional learning (SEL)</td>
<td>a) School staff understand the interrelationship between social, emotional and academic learning.</td>
</tr>
<tr>
<td>curriculum for all students</td>
<td>b) Teachers understand the core social and emotional competencies of:</td>
</tr>
<tr>
<td></td>
<td>- Self-awareness</td>
</tr>
<tr>
<td></td>
<td>- Self-management</td>
</tr>
<tr>
<td></td>
<td>- Social awareness</td>
</tr>
<tr>
<td></td>
<td>- Relationship skills</td>
</tr>
<tr>
<td></td>
<td>- Responsible decision-making.</td>
</tr>
<tr>
<td></td>
<td>c) Social and emotional learning curriculum:</td>
</tr>
<tr>
<td></td>
<td>a) covers the core social and emotional competencies</td>
</tr>
<tr>
<td></td>
<td>b) has research evidence of effectiveness or is underpinned by a sound theoretical framework</td>
</tr>
<tr>
<td></td>
<td>c) is taught effectively, formally and regularly in a co-ordinated and supported way throughout the school.</td>
</tr>
<tr>
<td>Opportunities for students to practise and transfer</td>
<td>a) School staff use their daily interactions with students to support the development of students’ social and emotional learning skills, in and out of the classroom.</td>
</tr>
<tr>
<td>their social and emotional skills</td>
<td>b) Students are provided with regular opportunities to practise and adapt their social and emotional skills to new situations in the classroom, school and wider community.</td>
</tr>
<tr>
<td></td>
<td>c) School staff provide information to parents about the school’s social and emotional curriculum and work collaboratively with parents to assist students’ development of social and emotional skills.</td>
</tr>
</tbody>
</table>
Component 3: Working with parents and carers

Component 3 promotes collaborative working relationships between school staff and parents and carers, recognising the importance of these relationships in developing children’s good mental health and wellbeing. It encourages schools to facilitate access to information and services that support parenting, and provides opportunities for families to extend their social and support networks.

<table>
<thead>
<tr>
<th>TARGET AREAS</th>
<th>GOALS</th>
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</table>
| Collaborative working relationships with parents and carers | a) School planning, policies and practices support collaborative working relationships with parents and carers.  
b) School staff implement strategies to develop collaborative working relationships with parents and carers to promote children’s mental health, wellbeing and learning. |
| Support for parenting | a) School staff have knowledge and skills to communicate effectively with parents and carers about their children in areas related to child development, learning and mental health and wellbeing.  
b) School staff communicate effectively with parents and carers about child development and learning, mental health and wellbeing.  
c) The school has policies and practices to support staff to identify issues and, where appropriate, facilitate access for parents to resources and services that support parenting. |
| Parent and carer support networks | a) The school provides opportunities for parents and carers to connect with each other and develop support networks, and actively seek to minimise barriers to participation.  
b) The school identifies and promotes community groups which may act as a source of support for parents and carers. |
Component 4: Helping children with mental health difficulties

Component 4 assists schools to support students who may be experiencing mental health difficulties. Within the boundaries of their role, teachers and schools can help firstly by recognising when a child may be experiencing difficulties. They can then respond by promoting an inclusive, accepting environment and using school policies and practices to access support and referral pathways in collaboration with parents and carers. Schools also work closely with students, parents and carers and support services to help them remain engaged in their education.

### Target Areas

#### Understanding mental health difficulties and improving help-seeking

- **Goals:**
  
  - a) School staff have an understanding of childhood mental health difficulties including common signs and symptoms, the impact on children and families, and factors that put children at risk.
  
  - b) School staff understand that getting help and support early is important for students and families experiencing difficulties.
  
  - c) The school provides an inclusive and accepting environment for community members who may be experiencing difficulties with their mental health.
  
  - d) The school has policies and practices that support students and families to seek help for mental health difficulties.

#### Responding to students experiencing mental health difficulties

- **Goals:**
  
  - a) School staff have a shared understanding of their role, and its boundaries, in addressing the needs of students experiencing mental health difficulties.
  
  - b) The school has protocols and processes for recognising and responding to students experiencing mental health difficulties, including helping students to remain engaged in their education.
  
  - c) School staff have knowledge and skills for recognising and supporting students experiencing mental health difficulties, including how to access support and make appropriate referrals.
  
  - d) The school has effective working relationships and clear referral pathways with services and supports families to access these services.
  
  - e) The school works together with families and professionals who are involved in caring for their student’s mental health and learning.
Evaluation of the KidsMatter Primary Initiative

KidsMatter Primary was first piloted in 100 schools across Australia between 2006 and 2008. A comprehensive evaluation of the KidsMatter Primary Pilot, involving almost 5000 children, was conducted by the Centre for Analysis of Educational Futures, Flinders University of South Australia. The findings showed that KidsMatter Primary had a positive impact on schools, staff, children, parents and carers. While the Executive Summary provides an overview of the findings, the Full Report provides the comprehensive discussion of findings and recommendations. Both are available from www.kidsmatter.edu.au

KidsMatter Primary Pilot key findings

KidsMatter Primary was associated with:

- improved student mental health and wellbeing (for example, optimism and coping skills)
- reduced mental health difficulties such as emotional symptoms, hyperactivity, conduct and peer problems
- improved student school-work
- improved teacher capacity to identify students experiencing mental health difficulties
- improved teacher knowledge of how to improve students’ social and emotional skills
- increased parent and carer capacity to help children with social and emotional issues
- the placement of mental health as an issue on schools’ agendas and the provision of a common language to address mental health and wellbeing issues.

The quality of implementation matters

Further analysis of the pilot data found evidence that linked high quality implementation of KidsMatter Primary with improved NAPLAN outcomes, as well as improvements in students’ mental health and wellbeing.

The research found that schools who implemented KidsMatter Primary successfully reported improved student learning outcomes that placed their students’ average NAPLAN results up to six months ahead by Year 7. This is over and above any influence of socio-economic background. The results also support anecdotal reports by teachers during the pilot that implementation of KidsMatter Primary had led to improvements in students’ school work.

KidsMatter Primary and students with disabilities

The South Australian Ministerial Advisory Committee: Students with Disabilities worked with Flinders University to study the effect of KidsMatter Primary on the mental health of students with disabilities. Drawing upon the pilot data, they confirmed previous findings of the Committee that students with a disability are at significantly greater risk of developing mental health problems than students without a disability. The findings suggested that KidsMatter Primary had a positive effect on students with disabilities by strengthening their wellbeing and reducing the incidence of mental health difficulties.

Both reports can be downloaded at www.kidsmatter.edu.au
The Department of Health and Ageing

The vision of the Department of Health and Ageing is *Better health and active ageing for all Australians*. The department is responsible for achieving the Australian Government’s priorities for population health, aged care and population ageing as well as medical services, primary care, rural health, hearing services and Indigenous health. The department administers programs to meet the Government’s objectives in health system capacity and quality, mental health, health workforce, acute care, biosecurity and emergency response, as well as sport performance and participation. The department supports the Australian community’s access to affordable private health services and is responsible for policy on Medicare and the Pharmaceutical Benefits Scheme.

*beyondblue*

*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 which focus on the prevention and early intervention of mental health problems in Australian communities.
For more information

Further information about KidsMatter Primary can be found on the website: www.kidsmatter.edu.au

For KidsMatter Primary enquiries you can also phone the KidsMatter FrontDesk 1800 543 767 (1800 KIDSMP), or email frontdesk@kidsmatter.edu.au