Essential Reading
Acknowledgement

KidsMatter Australian Primary Schools Mental Health Initiative has been developed in collaboration with beyondblue, the Australian Psychological Society, the Principals Australia Institute and, with funding from the Australian Government Department of Health and Ageing and beyondblue.

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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 in July 2013
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Mental health and wellbeing is vital for learning and life. Children who are mentally healthy are better learners, 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. Many children who have adequate support, good coping skills, and a manageable level of environmental stress can progress through to adolescence and adulthood without showing significant behavioural or academic difficulties.

By contrast, children who are exposed to challenging circumstances without receiving adequate support 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 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. The effects of mental illness are felt across our nation.

It is not always possible to predict which children will develop mental health difficulties. Programs therefore need to target all children and a range of needs 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.

Children who are socially disadvantaged or exposed to multiple highly stressful life events are at considerably higher risk.
Mental health and learning

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 productively with their community members, reduce student behavioural issues, and achieve higher levels of staff satisfaction.

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, schools play a crucial role in building children’s self esteem and sense of competence. On the other hand, 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 are 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.

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 provides a literature review outlining the current research on 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 online.
What is KidsMatter Primary?

KidsMatter Primary is a flexible, whole-school approach to children’s mental health and wellbeing for primary schools. It works both on its own and as an umbrella under which a school’s existing programs can comfortably fit. KidsMatter Primary provides the proven methods, tools and support to help schools, parents and carers, health services and the wider community nurture happy, balanced kids.

KidsMatter Primary was developed in collaboration with beyondblue, the Australian Psychological Society, and the Principals Australia Institute, with funding from the Australian Government Department of Health and Ageing and beyondblue.

KidsMatter Primary fosters partnerships between the education and health sectors.

KidsMatter Primary takes schools through 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.

The KidsMatter Primary framework

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 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 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 current evidence and expert opinion on the factors that most influence children’s mental health and wellbeing. There is a particular focus on the 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 systematically reviewing school practice across each of the four KidsMatter 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 KidsMatter journey**

The KidsMatter Primary journey begins with school leaders and their communities reflecting on their vision and values. A commitment from the principal and leadership team (in consultation with staff and parents) is a crucial starting point. The implementation process enables schools to work with the framework in a planned and strategic way.

KidsMatter Primary has identified key target areas which will impact positively on children’s mental health. They can be considered the destination of a school’s KidsMatter Primary journey.

The journey begins with school leaders and their communities reflecting on their vision and values. A commitment from the principal and leadership team (in consultation with staff and parents) is a crucial starting point.

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

Risk and protective factors

Research has identified a range of risk and protective factors that impact on the mental health and wellbeing of children. Risk factors present in a child’s life increase the likelihood of experiencing a mental health difficulty. Protective factors strengthen a child’s mental health and buffer against risk, making them less likely to develop a mental health difficulty.

KidsMatter Primary guides schools to develop key protective factors that research shows 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 below. 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 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. Schools, through their ongoing contact with children and families, are well-placed to strengthen protective factors and minimise risk factors.

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Protective factors</th>
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<tbody>
<tr>
<td>Difficult temperament · Low self-esteem · Negative thinking style ·</td>
<td>Easy temperament · Good social and emotional skills · Optimistic coping style</td>
</tr>
<tr>
<td>Any form of child abuse, including neglect · Family disharmony · Instability</td>
<td>Family harmony and stability · Supportive parenting · Strong family values</td>
</tr>
<tr>
<td>or break up · Harsh or inconsistent discipline style · Parent with mental</td>
<td></td>
</tr>
<tr>
<td>illness or substance abuse · Peer rejection · School failure · Poor connection</td>
<td></td>
</tr>
<tr>
<td>at school · Difficult school transition · Death of a family member ·</td>
<td></td>
</tr>
<tr>
<td>Emotional trauma · Discrimination · Isolation · Socioeconomic disadvantage ·</td>
<td></td>
</tr>
<tr>
<td>Lack of access to support services ·</td>
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(Adapted from Commonwealth Department of Health and Aged Care, 2000; Spence, 1996)
The socio-ecological model

The socio-ecological model of human development recognises the many influences on children’s mental health and wellbeing. The child is at the centre of the model, which explains that 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.

(Adapted from Bronfenbrenner, 1977)
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 can have a negative impact. 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: organisation, ethos and environment; curriculum teaching and learning; and partnerships and services. Furthermore, KidsMatter Primary draws from the original WHO model for school mental health promotion (1994) to explicitly include the influence and involvement of parents and carers at each of the levels of intervention. 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.
The four components of KidsMatter Primary

Schools take action across four areas known as components. Research has identified that these are the areas where schools can make a real difference in supporting their students’ mental health and wellbeing. They 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 allows schools to focus their efforts more effectively, and include all the significant people and contexts in children’s lives that may impact on their mental health.

The four components of KidsMatter Primary are interrelated. Each is important for supporting student mental health and wellbeing.
Component 1 encourages the school community to develop a shared understanding of mental health and wellbeing. Respectful relationships enable a sense of belonging and inclusion within the school community. A welcoming environment reflects the diversity of the school and local community, as well as the active involvement of students, staff and families.

**Target Areas**

1. A school community that promotes mental health and wellbeing

2. Respectful relationships, belonging and inclusion

**Goals**

- 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.
- School staff have an understanding of their school community.
- School staff expect and model respectful and responsive relationships within the school community.
- Belonging and inclusion for all school community members is specifically addressed in school strategic planning, policies and practices.
- The school environment and communication reflects the diversity of the school community.
- 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.
Effective social and emotional learning curriculum for all students

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.

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.

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.

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, provide opportunities for students to practise and transfer skills daily, and collaborate with parents and carers to further assist students’ social and emotional skill development at home.

Target areas

1. Effective social and emotional learning curriculum for all students

2. Opportunities for students to practise and transfer their social and emotional skills

Goals

a. School staff understand the interrelationship between social, emotional and academic learning.

b. Teachers understand the core social and emotional competencies of:
   - self-awareness
   - self-management
   - social awareness
   - relationship skills
   - responsible decision-making.

c. Social and emotional learning curriculum is taught:
   - that covers the core social and emotional competencies
   - that has research evidence of effectiveness or is underpinned by a sound theoretical framework
   - effectively, formally and regularly in a co-ordinated and supported way throughout the school.

d. 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.

e. 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.

f. 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.
Component 3 promotes collaborative working relationships between school staff and parents and carers, and recognises the importance of these relationships in developing good mental health and wellbeing for children. 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.

**Target areas**

1. Collaborative working relationships with parents and carers

2. Support for parenting

3. Parent and carer support networks

**Goals**

1. School planning, policies and practices support collaborative working relationships with parents and carers.
2. School staff implement strategies to proactively develop collaborative working relationships with parents and carers to promote children’s mental health, wellbeing and learning.

3. 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.
4. School staff communicate effectively with parents and carers about child development and learning, mental health and wellbeing.
5. The school has policies and practices to support staff to identify issues and, where appropriate, facilitate access for parents and carers to resources and services that support parenting.

6. The school provides opportunities for parents and carers to connect with each other and develop support networks, and actively seeks to minimise barriers to participation.
7. The school identifies and promotes community groups which may act as a source of support for parents and carers.
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 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**

**1. Understanding mental health difficulties and improving help-seeking**

**2. Responding to students experiencing mental health difficulties**

**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.

- **e.** School staff have a shared understanding of their role, and its boundaries, in addressing the needs of students experiencing mental health difficulties.

- **f.** 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.

- **g.** School staff have knowledge and skills for recognising and supporting students experiencing mental health difficulties, including how to access support and make appropriate referrals.

- **h.** The school has effective working relationships and clear referral pathways with services and supports families to access these services.

- **i.** The school works together with families and professionals who are involved in caring for their students’ mental health and learning.
Evaluation of KidsMatter Primary

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 show 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 contains the comprehensive discussion of findings and recommendations. Both are available online at www.kidsmatter.edu.au/primary/research/publications

According to the evaluation, 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. The research (Dix et al, 2012) is available online at www.kidsmatter.edu.au/primary/research/publications

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. It is known that students with a disability are at significantly greater risk of developing mental health problems than students without a disability. The Committee reinforced findings from the pilot data that suggest KidsMatter Primary had a positive effect on students with disabilities by strengthening their wellbeing and reducing the incidence of mental health difficulties. Both reports are available online at www.kidsmatter.edu.au/primary/research/publications
KidsMatter Primary collaborators

**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.

**Australian Psychological Society**

The Australian Psychological Society (APS) is the largest professional association for psychologists in Australia, representing more than 20,000 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.

**Principals Australia Institute**

Principals Australia Institute (PAI) provides quality professional learning, leadership development and support to principals and school leaders throughout the country. PAI’s programs and services help build effective, inspirational and sustainable leadership in Australia’s 10,000 government, Catholic and independent primary and secondary schools. PAI helps school leaders to achieve the best possible outcomes for their students and school communities using resources that reflect the best evidence available. KidsMatter Primary is one of a number of national programs administered by PAI.

**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**

For further information about KidsMatter Primary, visit [www.kidsmatter.edu.au](http://www.kidsmatter.edu.au)

For enquiries about KidsMatter Primary, contact the KidsMatter front desk on 1800 543 767 (1800 KIDSMP) or frontdesk@kidsmatter.edu.au