

Evidence Summary



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Mental Health in Education initiative

Australia has been a world leader in taking a national leadership approach to school-based mental health. The evolution of MindMatters, KidsMatter Primary, and KidsMatter Early Childhood has resulted in robust frameworks and professional learning support for the promotion of mental health in Australian schools.

On 26 November 2015 the then Prime Minister, the Hon. Malcolm Turnbull, and the then Minister for Health, the Hon. Sussan Ley, announced a national mental health reform package. The package included that the Government will 'work across portfolios to join up child mental health programmes to reduce the impact of mental illness on children, commencing with the early years and going through adolescence.

This includes the development of 'a single integrated end-to-end school based mental health programme which will support promotion and prevention activity and help to build resilience skills ... covering the continuum from early childhood to secondary school'.

In December 2016, the Australian Government Department of Health issued the *National Support for Child and Youth Mental Health Program, Mental Health in Education ('Mental Health in Education')* grant opportunity 'to support promotion and prevention activities and assist in building resilience skills in children and young people by providing national leadership in positive environments in early childhood services and schools.'

The objectives of the *Mental Health in Education* initiative are to:

- increase the capacity of early childhood services, and primary and secondary schools to implement an approach to evidence-based mental health promotion, prevention and early intervention
- increase the inclusion and coverage of mental health and suicide prevention in pre-service education through the tertiary and Vocational Education Training sectors for teachers and early childhood staff
- design and deliver suicide postvention to respond to, and assist, secondary schools in supporting students in the event of a suicide of a student.

The associated theory of change for the Mental Health in Education initiative is that grant funding will facilitate practice change amongst educators. This will result in educators taking a more active role in supporting the mental health and resilience of children and young people, leading to improved access to early intervention and effective specialist support, and effective responses to suicide including postvention when needed.

On 8 June 2017, it was announced that Beyond Blue was the successful applicant for the Mental Health in Education grant, with its proposed National Education Initiative.

This grant opportunity supersedes a range of the existing initiatives funded by the Department of Health, including KidsMatter Early Childhood, KidsMatter Primary, MindMatters, **headspace** School Support and ResponseAbility.

The Beyond Blue National Education Initiative – to be known as Be You – will provide early learning services (ELS) and schools with a contemporary interactive framework of engaging evidence-based information, professional advice and support. The target audience of the initiative are current and future educators, including trainee early childhood assistants, student teachers, managers and staff within early learning services, and school leaders and teachers.

Through continuous professional development of current and future educators, Be You will:

- promote optimal social and emotional health and wellness (critical to academic and social success and future productivity)
- guide staff on how to influence good mental health
- build the capacity of staff, parents/guardians and students to intervene early to mental health challenges
- proactively plan against suicide and rapidly respond if it occurs.

Beyond Blue has partnered with Early Childhood Australia (ECA) and **headspace** to implement the initiative. ECA has been a close and effective partner to Beyond Blue for many years in KidsMatter Early Childhood and is an unmatched national influencer and player in that sector. **headspace** has successfully run the Schools Support Program for several years and has close relationships on the ground with schools and state education bodies.

Be You is based on Beyond Blue's learnings from the development, transition and expansion of KidsMatter and MindMatters. We have refined these frameworks and gained significant insight into effective drivers of change in ELS and schools.

Launched in 2018, Be You provides:

- An evidence-based multi-module information toolkit that early learning services and schools can use to develop and **implement** their own tailored mental health strategies.
- Access to an online platform housing a suite of interactive evidence-based resources. These resources have been developed by a panel of experts to promote good mental health, to foster resilience, and identifying and assisting children, young people (and their families) with emerging or existing mental health conditions, as well as suicide prevention, planning, and response.
- A blended model of professional learning and facilitated support by Be You Consultants located nationally (via implementation partners ECA and **headspace**). Early learning services and schools will be supported to establish an Action Team of leaders, educators, families and young people to implement Be You in their ELS/school using a Plan-Do-Review cycle.
- Educators with trackable personalised records contributing to their Continuing Professional Development. Pre-service educator resources are also embedded throughout the toolkit while a comprehensive advocacy strategy is implemented for the introduction of Be You into pre-service training offered by tertiary and Vocational Education Training providers.
- A dedicated suicide response service to actively support schools following a suicide and, through a collaborative effort, review and improve mental health strategies and preparedness plans to minimise risk into the future (an evolution of the **headspace** School Support program).

Review of Mental Health Programmes and Services

In April 2015, the Australian Government released the National Mental Health Commission's *2014 Review of Mental Health Programmes and Services*. The Review's Recommendation 23 states:¹

- Require evidence-based approaches on mental health and wellbeing to be adopted in early childhood worker and teacher training and continuing professional development.
- Adopt measures of mental fitness in early childhood services, preschools, primary and secondary schools and education institutions to support healthy development and wellbeing of children and resilient and mental health-literate adults.
- Engage with new parents, preschools and primary schools to fill the service gap for young children (aged birth-12 years) with mental health difficulties (social, emotional and behavioural) and ensure parents are supported to maximise their child's development and wellbeing.
- Integrate and coordinate existing programmes with school communities to better target school aged children and families on a regional basis, and to get better outcomes from existing programme investments (such as KidsMatter and MindMatters) across communities. This includes with Aboriginal and Torres Strait Islander children.
- Further, include in the national education curricula and pedagogical frameworks, strategies that address both resilience (universal programmes) and targeted interventions for children, families and communities with identified and emerging mental health difficulties.

In addition, the role of education in improving mental health outcomes is highlighted across numerous recommendations within the Review. The Review indicates the role of education in improving mental health outcomes could be through an approach which:

- is based on a broad 'mental fitness and wellbeing' agenda
- is incorporated into a national education curricula
- is both universal (all children) and targeted (those with mental health difficulties)
- provides for co-design by local communities
- recognises that some children experience significant risk factors for mental health conditions, through exposure to trauma, developmental problems, low socio-economic status, discrimination, which should be considered as part of a school-based response
- includes parents and guardians as both beneficiaries and supports
- has a strong focus on the earlier years, for children aged under twelve
- includes targets and outcome measures – for both mental health outcomes and education and employment participation
- incorporates mental health and wellbeing education and skills into teacher and early childhood worker training and continuing professional development.

¹ National Mental Health Commission, *Contributing Lives, thriving communities – Report of the National Review of Mental Health Programmes and Services, Volume 1*, November 2014, p 123.

The Review clearly indicates a continuing role for KidsMatter and MindMatters, but with better integration and coordination to get better outcomes, which are measured through longitudinal evaluation.

The Review clearly summarised the need for a whole-of-school approach to mental health, including:²

- Evidence-based programmes and initiatives focusing on children in their earliest years and their families improve educational outcomes, can reduce the need for mental health treatment in later and adult years and limit intergenerational cycles of poor mental health.
- Early childhood settings can be an effective point of intervention, both for building resilience and for support with identified early difficulties in young children.
- In the school setting, points of transition from preschool to school and from primary school to secondary school are critical turning point in a young person's life. The evidence shows that it is possible to prevent or ameliorate social and emotional problems, which in turn directly impact on educational outcomes using school-based interventions.
- There is a range of preventative and early intervention programmes (Commonwealth, state and local community) across the education sector addressing the mental wellbeing of young children and students. These focus more on those promoting resilience among school children rather than supporting those with emerging or established difficulties
- The problem lies with the plethora of initiatives, lack of consistent messaging and poor uptake across the country. There also are concerns about lack of comprehensive longitudinal evaluation of the impact of many initiatives, partly because they are not sustained over time.
- The impact of trauma on Aboriginal and Torres Strait Islander children and their families is a major determinant of mental health conditions in the Aboriginal and Torres Strait Islander adult population. However, services often fail to detect this trauma.

² National Mental Health Commission, *National Review*, V1, p 123.

Mental health and wellbeing

Defining 'mental health'

The ultimate objective of Be You is to improve the mental health of children and young people. Mental health is a positive concept and a state of wellbeing, as defined by the World Health Organization.³

There are many terms used to describe an individual's social and emotional wellbeing and their experiences of mental health. Many terms do not have a definition that is universally used or accepted. In practice, the term 'mental health' is often used in different ways – for example:

- it is sometimes used as an overarching term, which describes a continuum of states which range from positive mental health at one end and mental health conditions at the other end
- it is also used interchangeably with terms like 'mental illness/mental disorder/mental health difficulty/mental health condition'.

The term 'mental wellbeing' is often used instead of 'mental health' to describe a positive state. 'Social and emotional wellbeing' is the preferred term for referring to Aboriginal and Torres Strait Islander mental health as it encompasses a holistic conception of health that includes wellbeing, culture and community (as opposed to simply an absence of illness or disease).

Having positive mental health or mental wellbeing does not mean that an individual feels good all the time. Everyone experiences painful emotions (for example, disappointment, failure, grief) and this is a normal part of life. Being able to manage these negative or painful emotions is important for a person's wellbeing.⁴

It is important to remember that an individual's mental health is not fixed or static; it can change depending upon a range of circumstances. There is a continuum with positive mental health at one end, emerging mental health difficulties in the middle and more serious mental health conditions at the other end. Depending on circumstances, an individual can move back and forth along this continuum. This movement is influenced by a complex interplay of social, psychological, biological and cultural elements in everyone's life.⁵

³ World Health Organization, *Social Determinants of Mental Health*, 2014

⁴ Huppert, F.A. (2008). *State of Science Review: SR-X2. Psychological wellbeing: evidence regarding its causes and consequences*. Accessed 19 June 2014: http://webarchive.nationalarchives.gov.uk/20121212135622/http://www.bis.gov.uk/assets/foresight/docs/mental-capital/sr-x2_mcvv2.pdf

⁵ MindMatters (2014). *Module 1.3. What is mental health?* Accessed online 29 August 2014: http://www.mindmatters.edu.au/docs/default-source/learning-module-documents/mm-module1-3_module_guide_v2.pdf?sfvrsn=0



Positive mental health/ good
mental health/ mental
wellbeing

Emerging mental health issues/
psychological distress

Serious mental health
conditions/ mental illness

What are mental health issues?

Mental health issues are a broad range of cognitive, emotional and behavioural difficulties that can cause concern or distress. This can include the problems people experience in relation to normal life stressors (for example, feeling sad following bereavement, or feeling anxious before a major life change). When the thinking, mood or behaviour difficulties someone experiences are ongoing, severe, and are having a negative impact on their capacity to function at home, work, school, or socially, they may be diagnosed as having a mental health condition.⁶

What is mental illness?

The Australian National Mental Health Policy defines mental illness as: 'A clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities.'⁷

The diagnosis of mental illness is generally made according to the classification systems of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD).

Resilience

The foundation of a single integrated end-to-end education based mental health initiative should be the building of resilience skills of children and young people.

Beyond Blue's [Building resilience in children aged 0-12: A practice guide](#) discusses the importance of resilience and how to build it. It recommends looking for opportunities to improve resilience during times of transition, such as the transition to primary school and the transition to secondary school. An integrated end-to-end education based mental health initiative provides an opportunity to focus on these transitions while maintaining consistency across settings.

Research by VicHealth in 2015 identified that approximately one in four young people (aged 16 to 24) may be more vulnerable to depression, due to poor subjective wellbeing. The study found that the level of subjective wellbeing of young Victorians is positively and moderately correlated with resilience. Although there is a complex relationship between subjective wellbeing and resilience scores, the study supports the belief that resilience and subjective wellbeing are related.⁸

⁶ MindMatters (2014). *Module 1.3. What is mental health?*

⁷ Australian Government Department of Health (2017). *The Fifth National Mental Health and Suicide Prevention Plan*: <http://www.health.gov.au/internet/main/publishing.nsf/content/mental-fifth-national-mental-health-plan>

⁸ VicHealth, Young Victorians' resilience and mental wellbeing survey, 2015

Prevalence of mental health issues

The second national survey of the mental health and wellbeing of Australian children and adolescents aged 4 to 17 years in 2013-2014 found 1 in 7 (13.9%) of young Australians to be experiencing mental health issues, with prevalence higher in males than females.⁹ This was not a significant change from the first national survey in 1998 but prevalence of major depressive disorder appears to have increased, which has significant impact on functioning at school. Reported rates of self-harm (10.9% of 12-17 year olds) are of concern, with rates higher in females than males. Encouragingly, rates of service use by children and young people with mental health issues appear to have increased significantly in the period between the two national surveys, with schools playing an important role in supporting and/or referring on students and their families.

Evidence about the prevalence of mental health issues in early childhood is emerging, with research suggesting that anxiety and depressive symptoms increase over the first 5 years of life.¹⁰ Attachment, brain development, emotional regulation, social relationships, and internalising and externalising behaviours are important areas influencing child mental health, learning and development.^{11, 12}

Of concern is the emerging evidence of suicidal ideation and behaviours from much earlier in life than has previously been understood. The Australian Bureau of Statistics (ABS) in September 2016 identified suicide as the leading cause of death for children between 5 and 17 years of age. Research drawing on KidsHelpline records of contact and consultations with individuals with lived experience of suicide showed that, in 2016, 27.6% of all suicide-related contacts were with children aged 14 years or younger, and less than half of those who reported suicidality had received any kind of help, even among younger respondents.¹³ Parents, peers and school staff were the most likely source of support. Reported barriers included stigma, shame, fear of not being believed, and worry about stressing or hurting other people.

Impact on educational outcomes

The 'Student Wellbeing, Engagement and Learning across the Middle Years' report (2018)¹⁴ prepared by The Centre for Adolescent Health, Murdoch Children's Research Institute examines changes in student wellbeing and learning across the middle years, drawing on recent longitudinal data on Australian students from the Childhood to Adolescence Transition Study (CATS). The CATS sample comprised over 1200 students and their parents recruited in 2012 from schools in metropolitan Melbourne, Victoria. Key research questions include:

1. To what degree does student wellbeing in the middle years influence school engagement and learning?
2. To what degree does student learning in the middle years influence school engagement?
3. To what degree do peer relationships in the middle years influence school engagement and learning?

⁹ Lawrence, D., et al., *The mental health of children and adolescents: Report on the second Australian child and adolescent survey of mental health and wellbeing*, 2015, Canberra, ACT: Department of Health.

¹⁰ Côté, S.M., et al., *Depression and anxiety symptoms: onset, developmental course and risk factors during early childhood*. *Journal of Child Psychology and Psychiatry*, 2009. **50**(10): p. 1201-1208.

¹¹ Grace, R., A. Hayes, and S. Wise, *Child development in context*, in *Children, families and communities*, R. Grace, K. Hodge, and C. McMahon, Editors. 2017, Oxford University Press: South Melbourne, Vic. p. 3-25.

¹² Hunter Institute of Mental Health, *Connections: A resource for early childhood educators about children's wellbeing 2014*, Australian Department of Education: Canberra, ACT.

¹³ Batchelor, S., *Suicidal thoughts start young: The critical need for family support and early intervention*, in *National Suicide Prevention Conference*. 2017: Brisbane, Qld.

¹⁴ The Centre for Adolescent Health, Murdoch Children's Research Institute (2018). *Student Wellbeing, Engagement and Learning across the Middle Years*. Canberra: Australian Government Department of Education and Training.

The report highlighted that:

- A substantial proportion of Australian students in the middle years are not tracking well. Twenty percent have persistent emotional problems and a similar number have persistent behaviour problems. Around 10% self-report persistent low wellbeing.
- Student wellbeing in the middle years matters for learning. Students with persistent emotional or behaviour problems fall a year behind their peers in numeracy in the four years between Years 3 and 7 with similar, although smaller trends in reading.
- Student wellbeing in the middle years matters for school engagement. One in six students disengage from school during the late primary years and have lost a year's progress in numeracy compared to peers by the start of secondary school. Maintaining engagement in primary school is likely to be essential for improving learning outcomes in the secondary years.
- Subjective wellbeing in primary school predicts poor engagement and learning. Students reporting persistent low levels of wellbeing in mid primary school lose eight months of numeracy and are twice as likely to be disengaged from school by Year 7.
- Persistent bullying has damaging effects on learning. Students who are bullied for two or three years in mid primary school fall nearly 10 months behind their peers in numeracy by Year 7. Given that around a half of students report some level of bullying and over one in five report persistent bullying, it should be considered a major barrier to effective learning.
- Transition to secondary school is a difficult time for a small minority of students. Difficulties with academic studies, peer relationships, teacher relationships or changes in daily routine are encountered by 13% of students in Year 7. Year 6 teachers are good at predicting difficulties and are able to identify which students are likely to encounter problems in secondary school, including losses in their learning progress.

The results from this report confirm the reciprocal relationships between wellbeing, engagement and learning, an important consideration for the development of Be You. These research findings suggest that by working on all three aspects simultaneously, schools and education systems will achieve synergies in their efforts to provide quality education. In demonstrating the relationship between wellbeing and school engagement and learning outcomes, this report provides strong motivation for education systems, schools and teachers to:

- Promote the social and emotional development of students to help each and every student reach their full learning potential.
- Support positive peer relationships to enhance student wellbeing, learning and engagement. These findings highlight the importance of peer relationships on learning and engagement. Promoting positive peer relationships and investing in the prevention of bullying from the earliest years of school is important.
- Maximise and maintain student engagement with school and learning in the primary school years and across the school transition. It is important to identify children who are at risk of school disengagement and to provide the best possible learning environment for all students. This may be achieved through teacher training and policies aimed at: improving skills for recognising the individual learning needs of students; providing a safe, secure environment characterised by good teacher/student relationships, as well as the implementation of whole-school programmes.

- Improve the primary to secondary school transition experience. Primary and secondary schools can work together to develop continuity of learning approaches where possible. Ensure optimum support is provided to Year 6 students. Encourage secondary and feeder primary schools to develop partnerships to optimise and coordinate information and support.

Mentally healthy learning communities

The aim of Be You is to create mentally healthy learning communities across Australia. To achieve this outcome, it is important to think about how the NEI can build the capacity of a learning community to embed each of the below principles at the beginning of the implementation process.

Beyond Blue has an extensive history in supporting workplaces create mentally healthy cultures and the core evidence-based principles on the Heads Up Initiative¹⁵ equally apply to Be You.

A mentally healthy learning community can be underpinned by the following:

- Everyone in the learning community plays a role in creating a mentally healthy learning community.
- Leaders in the learning community make visible, long-term commitments to mental health and role model the use of positive, inclusive and respectful behaviours and actions.
- All individuals within the learning community (including staff, families, children and youth and wider educational and mental health settings and systems), have a shared vision of, and commitment to, positive mental health.
- Everyone in the learning community has the opportunity to, and feels comfortable to speak openly about mental health and mental health conditions, without fear of stigma or discrimination, further creating a culture of respect and inclusivity.
- The Plan-Do-Review process is contextualised and tailored to the needs of the learning community and is embedded into regular practice to ensure continuous progression and improvement is maintained. The process is also underpinned by sound policies and procedures that are relevant to the learning community setting.
- The learning community collectively and actively identifies potential risk factors that could impact the mental health of individuals and groups within the community and actively plans to reduce and prevent these risks.
- The learning community collectively and actively identifies protective factors that could improve mental health outcomes for individuals and groups within the community and actively plans to embed strategies to promote these factors.

¹⁵ The Heads Up initiative launched in 2014 and was collaboratively developed by the Mentally Healthy Workplace Alliance and *beyondblue*. The initiative aims at giving individuals and businesses the tools to create more mentally healthy workplaces. <https://www.headsup.org.au/>

Brief literature review

A brief review of recent research and literature confirmed the continuing importance of building the capacity of schools and early childhood services to foster mental health and assist children and families who are managing mental health issues. It is clear that mental health issues, especially anxiety and depression, emerge from the earliest years of life. There is also much evidence that many children and young people experiencing issues do not seek or receive adequate support, although some progress is being reported in this area.

Lancet Commissioners

A decade on from the 2007 *Lancet* Series on global mental health, which sought to transform the way policy makers thought about global health, a *Lancet* Commission report aims to seize the opportunity offered by the Sustainable Development Goals to consider future directions for global mental health.

In its 2018 report, the Commission proposes that the global mental agenda should be expanded from a focus on reducing the treatment gap to improving the mental health of whole populations and reducing the global burden of mental disorders by addressing gaps in prevention and quality of care.¹⁶

The Commission outlines a blueprint for action to promote mental wellbeing, prevent mental health problems, and enable recovery from mental disorders. It identifies a need to shift from focusing on reducing the treatment gap to the improvement of mental health for the whole population.

It is reconfirmed that the mental health of every person is a unique product of social and environmental influences in particular during the early life course, and that a staged approach [continuum approach] to understanding and responding to mental health problems needs to be a key principle of reframing mental health.

To create the greatest positive impact, digital platforms to facilitate the delivery of interventions need to be scaled up, while non-specialised workforces need to be a foundation of the mental health care system.

It is identified that acting early [during the early years] is likely to be the most promising investment in population mental health. This is because families, parents, peers, school and community can provide the crucial protective inner circle, and that universal social and emotional learning (SEL) interventions in communities and schools promote children's social and emotional functioning, improve academic performance and reduce risk behaviours.

It is identified that the most effective interventions use a whole-school approach in which social and emotional learning is supported by a school ethos and a physical and social environment that is health enabling involving staff, students, parents, and the local community.

¹⁶ Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., ... & Herrman, H. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet*.

Early intervention

A synthesis of the evidence of how children grow, learn and thrive, by the Australian Research Alliance for Children & Youth (ARACY), identifies that prevention and early intervention initiatives are critical, and that interventions and systems need to be designed to support optimal child development.¹⁷ The evidence shows:

- Early childhood provides a crucial 'window of opportunity' for public policy interventions to shape long-term trajectories driven the brain development occurring over the period of 0-3 years.
- Child health is a strong predictor of adult health.
- Genetics are a considerable non-modifiable factor in predicting health and wellbeing outcomes. However, epigenetics helps us to understand the importance of potentially modifiable parental behaviours and in particular maternal health, not only for the parent's current child but for generations to come
- Brain development during adolescence presents another window of influence as the brain continues to grow at what is a time of transition from family to increasing peer influence, and exposure to risky behaviours increases.
- Disadvantage, poverty and inequality are contributors to poorer outcomes for health and wellbeing. However, services targeted only to those living with disadvantage will not address developmental vulnerability at a population level.
- Parents, play and education environments are critical to child development and health and wellbeing outcomes. Parenting is so influential that it can moderate the impact of social and economic disadvantage.
- There is typically no one driver or no one point of intervention that can ensure positive child development – combinations of risk and protective factors can create developmental pathways, leveraging and building resilience or exposing or escalating vulnerabilities.

The literature review identified that investments in the early years and in prevention and early intervention more broadly yield significant financial returns, and that the return on investment for prevention and early intervention is consistently greater than costly remedial responses.

ARACY also confirmed that current research provides a strong theoretical underpinning for building systems that reflect the best available evidence about what children, young people and families require to enable them to thrive. Furthermore, they identified that 'the aim must be an agile and responsive system comprised of cultures, structures and processes that produce service responses to the needs and circumstances of families and communities; systems underpinned by robust accountability and governance mechanisms that enable adaptation and problem-solving; and an explicit focus on delivery interventions that are grounded in evidence'.¹⁸

¹⁷ Fox, S., Southwell, A., Stafford, N., Goodhue, R., Jackson, D. and Smith, C. (2015). *Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention*. Canberra: Australian Research Alliance for Children and Youth (ARACY).

¹⁸ Fox, S., et al.

Evidence-based approaches to school based mental health promotion

Research continues to produce evidence of effective strategies to promote mental health, resilience and wellbeing in schools and early learning settings, taking whole of setting approaches which recognises the importance of positive environments and intentional teaching of social and emotional learning skills and competencies.^{19, 20, 21} Evaluations of school-based programs and strategies emphasise common characteristics of more effective interventions: explicit teaching of mental health or social and emotional learning skills and competencies; focusing on positive mental health not problems; balancing universal and targeted approaches; starting with the youngest children and building throughout their education; using a multimodal, whole school approach with links to academic learning, school ethos, professional learning, and involvement of parents and community.^{22, 23}

Research continues to highlight the usefulness of an ecological approach in understanding and responding to the multiple influences on mental health and wellbeing within interconnected contexts of families, early childhood services and schools, communities, and the wider society.^{24, 25, 26} Within such an approach, evidence continues to support identification and addressing of risk and protective factors in and across contexts to promote resilience, mental health and wellbeing.^{27, 28, 29} Recent Australian research on risk and protective factors in early childhood demonstrates that 1 in 12 infants (aged 0-1) has risk factors for adult mental illness, with 1 in 40 having more than five risk factors, and that these rates increase throughout childhood.³⁰ Many of these risk factors can be addressed in early childhood services and schools as these are key contexts for development, learning and wellbeing.³¹ The importance of connectedness, belonging and inclusion as protective factors for mental health continues to be emphasised,^{32, 33} and is particularly important in Aboriginal and Torres Strait Islander approaches to social and emotional wellbeing.^{34, 35}

¹⁹ Carneiro, P. and R. Ginja, *Long term impacts of compensatory preschool on health and behavior: Evidence from Head Start*. 2012, Bonn, Germany: Institute for the Study of Labor (IZA).

²⁰ Dray, J., et al., *Systematic review of universal resilience-focused interventions targeting child and adolescent mental health in the school setting*. *Journal of the American Academy of Child & Adolescent Psychiatry*, 2017. **56**(10): p. 813-824.

²¹ Taylor, R.D., et al., *Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects*. *Child Development*, 2017. **88** (4): p. 1156-1171.

²² Weare, K., *Editorial: Child and adolescent mental health in schools*. *Child and Adolescent Mental Health*, 2015. **20**(2): p. e6-e8.

²³ Weissberg, R.P., et al., *Social and emotional learning: Past, present, and future*, in *Handbook of social and emotional learning*, J.A. Durlak, et al., Editors. 2015, The Guilford Press: New York, NY. p. 3-19.

²⁴ Bronfenbrenner, U., *The ecology of human development*. 1979, Cambridge, MA Harvard University Press.

²⁵ Roffey, S. 'Ordinary magic' needs ordinary magicians: *The power and practice of positive relationships for building youth resilience and wellbeing*. *Cognition & Pedagogy*, 2017.

²⁶ VicHealth, *Epidemiological evidence relating to resilience and young people: A literature review*. 2015, Victorian Health Promotion Foundation: Melbourne.

²⁷ Grace, R., A. Hayes, and S. Wise, *Child development in context*, in *Children, families and communities*, R. Grace, K. Hodge, and C. McMahon, Editors. 2017, Oxford University Press: South Melbourne, Vic. p. 3-25.

²⁸ Center on the Developing Child at Harvard University, *From best practices to breakthrough impacts: A science-based approach to building a more promising future for young children and families*. 2016, Harvard University.

²⁹ Bauer, L. and D.W. Schanzenbach *The long-term impact of the Head Start program*. 2016.

³⁰ Guy, S., et al., *How many children in Australia are at risk of adult mental illness?* *Australian & New Zealand Journal of Psychiatry*, 2016. **50**(12): p. 1146-1160.

³¹ Cahill, H., et al., *Building resilience in children and young people: A literature review for the Department of Education and Early Childhood Development*. 2014, Melbourne Graduate School of Education, University of Melbourne: Parkville, VIC.

³² Centres for Disease Control and Prevention, *School connectedness: Strategies for increasing protective factors among youth*. 2009, Centres for Disease Control and Prevention: Atlanta, GA.

³³ Hawe, P., et al. *Replication of a whole school ethos-changing intervention: Different context, similar effects, additional insights*. *BMC Public Health*, 2015. **15**, DOI: 10.1186/s12889-015-1538-3.

³⁴ Roffey, S. 'Ordinary magic' needs ordinary magicians: *The power and practice of positive relationships for building youth resilience and wellbeing*. *Cognition & Pedagogy*, 2017.

³⁵ Gee, G., et al., *Aboriginal and Torres Strait Islander social and emotional wellbeing in Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice (pp. 55-68)*, N. Purdie, et al., Editors. 2014, Commonwealth of Australia.: Barton, ACT. p. pp. 55-68.

A useful distinction is increasingly being made between the strength-based promotion of mental health and wellbeing as embedded in everyday educational practice and implementation of specific evidence-based interventions (from prevention to postvention) focused on mental health and wellbeing.^{36, 37, 38}

This suggests the need for greater clarity in teacher education and professional learning about the potential of everyday educational practice to promote mental health and wellbeing as well as about the importance of high quality implementation of selected, evaluated programs.^{39, 40} The former is crucial for pre-service education and the latter for school/system and early childhood services' planning processes, including professional learning related to mental health. Recent Australian research within early childhood settings has also highlighted the direct influence of relationships between parents, educators and children on children's social and emotional development,⁴¹ and called for better preparation of early childhood educators for this role.

Challenges of implementation: balancing fidelity, dosage and sustainability with feasibility and practicality

The importance of the quality of implementation of evaluated programs continues to be emphasised, with a focus on fidelity (quality of implementation), dosage (amount of implementation) and sustainability (duration of implementation).^{42, 43, 44} Increasingly, though, researchers are recognising the challenges of implementing interventions in busy, complex, real-world educational settings and the importance of aligning this work with the everyday practice of educators. Research on educators' attitudes to the promotion of mental health and social and emotional wellbeing suggests that Australian educators generally agree that this is important work in schools and that they have a key role to play in it.^{45, 46, 47}

³⁶ Powell, M.A. and A. Graham, *Wellbeing in schools: Examining the policy–practice nexus*. The Australian Educational Researcher, 2017. **44**(2): p. 213-231.

³⁷ Roffey, S. 'Ordinary magic' needs ordinary magicians: *The power and practice of positive relationships for building youth resilience and wellbeing*. Cognition & Pedagogy, 2017.

³⁸ Jones, S.M. and S.M. Bouffard, *Social and emotional learning in schools: From programs to strategies*. Social Policy Report, 2012. **26**(4): p. 1-22.

³⁹ Askill-Williams, H. and M.J. Lawson, *Teachers' knowledge and confidence for promoting positive mental health in primary school communities*. Asia-Pacific Journal of Teacher Education, 2013. **41**(2): p. 126-143.

⁴⁰ Mazzer, K.R. and D.J. Rickwood, *Teachers' role breadth and perceived efficacy in supporting student mental health*. Advances in School Mental Health Promotion, 2015. **8**(1): p. 29-41.

⁴¹ O'Connor, A., et al., *Early childhood education and care educators supporting parent-child relationships: a systematic literature review*. Early Years, 2017. **37**(4): p. 400-422.

⁴² Dix, K.L., et al., *Implementation quality of whole-school mental health promotion and students' academic performance*. Child and Adolescent Mental Health, 2012. **17**(1): p. 45-51.

⁴³ Weissberg, R.P., et al., *Social and emotional learning: Past, present, and future*, in *Handbook of social and emotional learning*, J.A. Durlak, et al., Editors. 2015, The Guilford Press: New York, NY. p. 3-19.

⁴⁴ Werner-Seidler, A., et al., *School-based depression and anxiety prevention programs for young people: A systematic review and meta-analysis*. Clinical Psychology Review, 2017. **51**: p. 30-57.

⁴⁵ Powell, M.A. and A. Graham, *Wellbeing in schools: Examining the policy–practice nexus*. The Australian Educational Researcher, 2017. **44**(2): p. 213-231.

⁴⁶ Mazzer, K.R. and D.J. Rickwood, *Teachers' role breadth and perceived efficacy in supporting student mental health*. Advances in School Mental Health Promotion, 2015. **8**(1): p. 29-41.

⁴⁷ Rossi, T., et al., *Teachers as health workers: Patterns and imperatives of Australian teachers' work*. British Educational Research Journal, 2016. **42**(2): p. 258-276.

However, in Australia and internationally, educators often report feeling that they lack the requisite knowledge, skills and confidence, and/or time and resources for implementing mental health /wellbeing policies in practice, particularly in supporting those students experiencing mental health issues.^{48, 49, 50}

Research on educators' uptake of programs and practices increasingly highlights the need for resources and strategies to be relevant, accessible and feasible to incorporate into practice^{51, 52} and to be linked to national professional standards and curriculum frameworks.⁵³ Further, researchers and implementers of mental health and wellbeing programs are acknowledging that well-evaluated programs and strategies are necessary but not sufficient: understanding the values, attitudes and prior experiences of educators is key to the process of adoption and adaptation.^{54, 55, 56, 57} This extends to clarifying the relationship between mental health and wellbeing and the role boundaries between health and education professionals.

From promotion and prevention to intervention and postvention

Importantly, in supporting students with emerging or ongoing mental health issues, research suggests that educators and families need to work with appropriate services in a stepped care approach. The Mental Health in Education grant is part of the Australian Government's mental health reform program, aimed at providing a stepped care approach and joined up support between schools and early childhood services and regional mental health services.⁵⁸ This suggests the need to strengthen the areas of MindMatters, KidsMatter Primary and KidsMatter Early Childhood related to early intervention, intervention and postvention (referred in Be You as 'suicide response').

Studies of help-seeking among children and adolescents consistently identify parents and educators as first contacts for support with mental health issues.^{59, 60, 61} It is important to build the skills and confidence of parents and educators in this area.

⁴⁸ Mazzer, K.R. and D.J. Rickwood, *Teachers' role breadth and perceived efficacy in supporting student mental health*. *Advances in School Mental Health Promotion*, 2015. **8**(1): p. 29-41.

⁴⁹ Reinke, W.M., et al., *Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers*. *School Psychology Quarterly*, 2011. **26**(1): p. 1-13.

⁵⁰ Fortier, A., et al., *Educator mental health literacy to scale: from theory to practice*. *Advances in School Mental Health Promotion*, 2016: p. 1-20.

⁵¹ Jones, S.M. and S.M. Bouffard, *Social and emotional learning in schools: From programs to strategies*. *Social Policy Report*, 2012. **26**(4): p. 1-22.

⁵² Buchanan, R., et al., *Social and Emotional Learning in Classrooms: A Survey of Teachers' Knowledge, Perceptions, and Practices*. *Journal of Applied School Psychology*, 2009. **25**(2): p. 187-203.

⁵³ Powell, M.A. and A. Graham, *Wellbeing in schools: Examining the policy-practice nexus*. *The Australian Educational Researcher*, 2017. **44**(2): p. 213-231.

⁵⁴ Butler, H., *Unpublished thesis, Student wellbeing as educational practice: Learning from educators' stories of experience*. 2017, Australian Catholic University.

⁵⁵ Berends, L. *Embracing the visual: Using timelines with in-depth interviews on substance use and treatment*. *The Qualitative report*, 2011. **16**, 1-9.

⁵⁶ Young, I., L. St Leger, and G. Buijs, *School health promotion: evidence for effective action, Background paper SHE Factsheet 2*. 2013, Schools for Health in Europe: Utrecht.

⁵⁷ Laletas, S., A. Reupert, and M. Goodyear, "What do we do? This is not our area". *Child care providers' experiences when working with families and preschool children living with parental mental illness*. *Children and Youth Services Review*, 2017. **74**(Supplement C): p. 71-79.

⁵⁸ Commonwealth of Australia, *Australian Government response to Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services*. 2015, Australian Department of Health: Canberra, ACT.

⁵⁹ Lawrence, D., et al., *The mental health of children and adolescents: Report on the second Australian child and adolescent survey of mental health and wellbeing*, 2015, Canberra, ACT: Department of Health.

⁶⁰ Batchelor, S., *Suicidal thoughts start young: The critical need for family support and early intervention*, in *National Suicide Prevention Conference*. 2017: Brisbane, Qld.

⁶¹ Mazzer, K.R. and D.J. Rickwood, *Teachers' role breadth and perceived efficacy in supporting student mental health*. *Advances in School Mental Health Promotion*, 2015. **8**(1): p. 29-41.

In relation to suicide prevention and response, Be You aligns with emerging national and state/territory evidence-based and evidence-producing initiatives such as Primary Health Networks' (PHNs) suicide prevention strategies,⁶² LifeSpan⁶³ and Life In Mind,⁶⁴ as suicide prevention has been identified as a national whole of community priority.⁶⁵

Schools are acknowledged as key settings for this work, with most emerging evidence pertaining to secondary settings.^{66, 67} Acknowledgement of the need to develop strategies and support for primary schools is also emerging, with recognition that many children need support with recovery from suicides of parents and family but also that children's own suicidal ideation needs to be taken seriously.⁶⁸ Supporting schools to deal with media⁶⁹ and social media⁷⁰ are becoming increasingly important considerations.

A recent report by **headspace** School Support, reviewing postvention practice in secondary schools, proposes a model including ten core components for working with school communities to prepare for, respond to, and recover from a death by suicide.⁷¹ This emerging research can assist in building the capacity of educators to support children, young people and their families through early intervention, intervention and postvention processes.

The importance of leadership

The importance of leaders of early learning services and schools continues to be emphasised in research on effective and comprehensive health promotion, including influencing ethos and relationships within the learning community, supporting professional learning, and leading whole school planning focused on mental health.^{72, 73, 74} This research suggests the need to specifically include content targeted at leaders, and implementation processes which link to routine planning and accountability requirements. The need to pay attention to the wellbeing of leaders and staff has also

⁶² Australian Department of Health *Primary Health Networks grant programme guidelines: Annexure A1- Primary Health Care*. 2016: Canberra, ACT.

⁶³ Black Dog Institute. *LifeSpan*. 2017 [cited 2017 10th November]; Available from: <https://www.blackdoginstitute.org.au/research/lifespan>.

⁶⁴ Everymind. *Life In Mind*. 2017 [cited 2017 11th November]; Available from: <https://www.lifeinmindaustralia.com.au/#LifeFramework>.

⁶⁵ Commonwealth of Australia, *The fifth national mental health and suicide prevention plan*. 2017: Canberra, ACT.

⁶⁶ Robinson, J., et al., *A systematic review of school-based interventions aimed at preventing, treating, and responding to suicide-related behavior in young people* 34(3), 164-82. doi: 10.1027/0227-5910/a000168. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 2013. 34(3): p. 164-182.

⁶⁷ Cox, G.R., et al., *Development of suicide postvention guidelines for secondary schools: a Delphi study*. . *BMC Public Health*, 2016. 16(1): p. 1-11.

⁶⁸ Gostelow, C., et al., *Understanding and Responding to Suicidality in the School Setting*, in *Handbook of Australian School Psychology: Integrating International Research, Practice, and Policy*, M. Thielking and M.D. Terjesen, Editors. 2017, Springer International Publishing: Cham. p. 291-310.

⁶⁹ Hunter Institute of Mental Health, *Reporting suicide and mental illness: A Mindframe resource for media professionals*. 2014, Newcastle, NSW: Hunter Institute of Mental Health.

⁷⁰ Luxton, D.D., J.D. June, and J.M. Fairall, *Social Media and Suicide: A Public Health Perspective*. *American Journal of Public Health*, 2012. 102(Suppl 2): p. S195-S200.

⁷¹ Baldwin, G., et al., *Delivering effective suicide postvention in Australian school communities*. 2017, Melbourne, VIC: : headspace National Youth Mental Health Foundation.

⁷² Weissberg, R.P., et al., *Social and emotional learning: Past, present, and future*, in *Handbook of social and emotional learning*, J.A. Durlak, et al., Editors. 2015, The Guildford Press: New York, NY. p. 3-19.

⁷³ Moore, G., et al., *Variations in schools' commitment to health and implementation of health improvement activities: a cross-sectional study of secondary schools in Wales*. *BMC Public Health*, 2016. 16(138): p. 1-11.

⁷⁴ White, M., *Welfare to Wellbeing: Australian education's greatest challenge*. *The Practising Administrator*, 2017. 39: p. 18-22.

been highlighted and needs to be considered in the content and implementation of any whole school or whole-setting approach.^{75, 76}

Many of the issues raised in this summary of recent research also emerged from examination of policy and programs of state and territory education sectors and systems.

⁷⁵ Lavis, P. and C. Robson, *Promoting children and young people's emotional health and wellbeing: A whole school and college approach*. 2015, Public Health England: London, UK.

⁷⁶ Riley, P., *The Australian Principal Occupational Health, Safety and Wellbeing Survey 2015*. http://www.principalhealth.org/au/2015_Final_Report.pdf. 2015, Institute for Positive Psychology and Education, Australian Catholic University: Fitzroy, VIC.

Integrated content framework

The Be You content framework aims to integrate and enhance the national school and early learning services mental health initiatives that preceded it. Also, of importance is continuing to build engaging strategies for introducing pre-service educators to this work.

It is important to take note of the changing context into which this new initiative is delivered. The field of mental health and wellbeing in early learning settings and schools is now one in which there are many players at the national, state and territory levels. Most educational systems and sectors are continuing to develop and implement initiatives around priority mental health and wellbeing issues, often including frameworks to guide local policy and practice. There is a plethora of programs, initiatives, and projects being offered to schools by researchers, not-for-profit organisations, entrepreneurs and consultants in health and education. Mental health and wellbeing is clearly on the educational agenda but educators often report feeling overwhelmed by the competing policy and practice offerings.⁷⁷

The challenge in developing an integrated content framework (Framework) for Be You therefore has been ensuring it covers not only in the 'what' of the content but also the 'how' of the implementation. It has been important to demonstrate alignment and compatibility with the Australian Student Wellbeing Framework; national curriculum frameworks for early childhood services and schools; professional standards for educators; state and territory approaches to mental health and wellbeing, and other evidence-based initiatives on offer. The Framework has been developed to be easy to navigate, with content that is complementary to, rather than competing with, state and territory learning and wellbeing frameworks and programs. Alignment has been demonstrated to educators through specific documentation within the resources of the initiative.

This section outlines the process and outcomes of a review of existing mental health frameworks used in education settings and makes recommendations for an evidence-based mental health framework for use by Be You. The paper describes the review process, including its aim, methodology, and recommendations for the shaping of an integrated mental health framework for use in education settings.

⁷⁷ Powell, M.A. and A. Graham, *Wellbeing in schools: Examining the policy–practice nexus*. The Australian Educational Researcher, 2017. **44**(2): p. 213-231.

Historical extract:

Theoretical underpinning of MindMatters

The MindMatters Framework is based on mental health promotion, prevention and early intervention frameworks developed for KidsMatter Primary and KidsMatter Early Childhood (Graetz et al., 2008) with adaptations that specifically address secondary schools contexts and adolescent development.

Aligning MindMatters to KidsMatter and providing a consistent mental health promotion, prevention and early intervention framework across K to 12 will support the large number of schools that span both primary and secondary enrolments.

Like KidsMatter, the MindMatters framework is underpinned by a small number of well-established theoretical foundations.

First, the model is designed to support a population health approach for schools helping them to implement evidence-informed programs and strategies likely to impact on the mental health and wellbeing of all students across the school community and particularly those with mental health concerns (Hoagwood & Johnson, 2003; Tolan & Dodge, 2005).

It draws heavily on the World Health Organization's health promoting schools model emphasising the importance of curriculum, school ethos and community partnerships, as well as the school community taking collective action to support student mental health and wellbeing (WHO, 2000). In targeting the knowledge and skills of staff, parents and peers to support young people, MindMatters explicitly reflects a socialecological approach acknowledging that if you wish to impact on youth mental health you need to focus not only on the individual child but also their key environmental influences (Bronfenbrenner, 1989).

Finally, implicit in the redeveloped MindMatters Framework is the understanding that the most effective means of preventing mental health difficulties is to impact on those factors that either make it more likely (risk factors) or less likely (protective factors) individuals will experience a mental health difficulty. These factors may reside with the individual (for example, temperament), their environment (for example, how supportive or 'welcoming' a school is) or experiences (for example, whether or not a person is bullied).

To this end, the MindMatters Target Areas and Objectives seek to address those risk and protective factors relevant to adolescent development and amenable within a secondary schools context (Commonwealth Department of Health and Aged Care, 2000; Sanson et al., 2011).

A strong starting point

Through the redevelopment of MindMatters in 2013/14, Beyond Blue undertook an extensive review of the mental health frameworks for KidsMatter and MindMatters.^{78,79} That review confirmed the existing structure of the initiatives was appropriate in supporting early learning services and schools to implement a mental health approach.

Therefore, through its application to the Department of Health, Beyond Blue highlighted that based on its experience with KidsMatter and MindMatters, and its concept for an integrated end-to-end mental health program, the new framework would build upon the existing structure of KidsMatter and MindMatters.

A review process for an integrated framework for Be You was undertaken through a consensus approach to identify improvements to the proposed framework. The review process prompted new discussion on how services and schools can best support child and youth mental health – but was also strongly guided by the discussions already undertaken through the redevelopment of MindMatters in 2013/14.

Ultimately, any discussions regarding the roles of services and schools in supporting child and youth mental health and wellbeing will continue to be cognisant of current education frameworks, curriculum frameworks and professional standards that guide the work of services and schools.

The Framework's domains are designed to provide a holistic and comprehensive view of mental health and wellbeing within the wider education community. The framework is designed around key principles which allow services and schools to build capacity to meet their unique needs, providing a support scaffold that services and schools can use to create their own mental health strategy.

The initiative advocates implementation at a whole-setting level. That is to engage with and involve the whole learning community and ensure that action is taken at an individual as well as organisational level. This is based on the principle that the most effective wellbeing interventions in schools occur when all school community members (teachers and school staff, parents and families, and health and community agencies) are consulted and collaborative partnerships are developed.

The Framework, which reflects the design of the previous MindMatters and KidsMatter Early Childhood initiatives, encourages retention by providing flexibility for educators, allowing them to choose their own path through the model based on need. The framework differs significantly from the previous KidsMatter Primary model where a linear progression model is required so that each module is completed sequentially. The evidence of this linear progression model is that there is a significant fall in engagement after schools have completed component one.⁸⁰ As a result, the Be You framework is non-linear.

⁷⁸ Mind Matters (2014), *MindMatters redevelopment: Background, framework and rationale*:

<https://www.mindmatters.edu.au/docs/default-source/fact-sheets/mindmatters--background-framework-and-rationale.pdf?sfvrsn=12>

⁷⁹ MindMatters (2014), *MindMatters: What's the evidence?*: <https://www.mindmatters.edu.au/docs/default-source/fact-sheets/what-is-the-evidence-.pdf?sfvrsn=6>

⁸⁰ Principals Australia Institute Ltd (2017), *KidsMatter Primary Final Report, from 18 April 2012 to 30 November 2017*

Evolution from KidsMatter and MindMatters

With the redevelopment of MindMatters in 2014, the frameworks of the preceding KidsMatter and MindMatters initiatives were better aligned. The Plan-Do-Review process was found to be applicable across all settings. Each initiative had four components addressing essentially the same areas, but the names of components and graphic representations of these differed somewhat. This was particularly confusing for settings which span developmental stages, for example K-12 or pre-school and primary. The multiplicity of different subsections across the programs was potentially confusing, including: Aims, Objectives, Key messages, Guiding principles, Targeted areas and goals, topics, modules.

The range of publications, links and other resources within the current initiatives was found to be comprehensive but overwhelming. Navigating the enormous range of material in the KidsMatter website was also particularly challenging. Sometimes the framework and guidance for strategic planning was lost in the resources and examples.

The development of Be You has addressed these challenges.

ResponseAbility materials

ResponseAbility was an initiative of the Australian Government Department of Health, implemented since 1997 by *Everymind* (formerly the Hunter Institute of Mental Health), in partnership with universities and registered training organisations throughout Australia. It provided a range of multimedia resources for pre-service teachers, including case study videos, fact sheets, guides for self-care, understanding particular mental health disorders, and promoting social and emotional wellbeing. The materials and processes for engagement of educators referenced MindMatters, KidsMatter Primary and KidsMatter Early Childhood and it was recommended that these be better integrated with these within Be You. This provides greater coherence and continuity across pre-service education and into careers in early learning services and schools.

The CHILD framework used in ResponseAbility guides for teachers and educators in addressing mental health covered similar content to the core components of MindMatters, KidsMatter Primary and KidsMatter Early Childhood, including the creation of safe and supportive environments; helping children and young people to develop effective social and emotional learning skills and manage their own behaviour; identifying those in need of additional support for mental health and wellbeing; linking families with support and information services; and developing organisational and community strategies that support wellbeing.^{81, 82}

ResponseAbility's GRIP framework⁸³ (Gather information, Respond, Involve others, Promote wellbeing) was found to be useful to consider alongside other similar frameworks to guide staff in making decisions about support required for a child or young person.

These key principles have been incorporated across Be You. Therefore, Be You will provide pre-service educators a consistency of information on mental health and wellbeing as pre-service educators progress from study into employment.

⁸¹ Response Ability, *Social and emotional wellbeing: A teacher's guide* 2013.

⁸² Response Ability, *Social and Emotional Wellbeing: A Guide for Children's Services Educators*. 2016.

⁸³ Response Ability, *Social and emotional wellbeing: A teacher's guide* 2013.

Evaluations of MindMatters, KidsMatter Primary and KidsMatter Early Childhood

Evaluations of MindMatters,⁸⁴ KidsMatter Primary^{85, 86, 87} and KidsMatter Early Childhood,^{88, 89, 90} suggested the following considerations. While much was related to the implementation process, this also had implications for the design of the content and framework.

Evaluations of the three programs generally endorsed the model of four components and the professional learning approach and recommend continuation and further development of each initiative. In some evaluations, it was recommended that the initiatives should be seen to operate as frameworks and processes rather than as programs or sets of resources. A range of recommendations have been made about the need to review the components, resources content and online presentation. Navigation of the components and modules has been recognised as a challenge in all initiatives and recommendations have been made for streamlining the implementation process and/or developing guidelines to clarify the process.

All evaluations noted positive impacts on educators' knowledge, skills and confidence in relation to supporting the mental health of children and young people. However, they also noted variability of implementation across participating sites, and the challenges of a crowded curriculum and competing demands on staff time. A hybrid model of implementation, through both online learning and support from facilitators/project officers is recommended for most settings, whilst the reservations of some staff about fully online learning were noted.

Regular support from facilitators/project officers and from other educators through networking and professional learning events, online and/or face to face, to share best practice was recommended. The need to better engage school leaders to improve uptake and implementation quality was also emphasised in evaluations, as was the importance of assistance for educators in linking the initiatives to other policies, frameworks and programs used in educational settings, especially those related to mental health. The importance of building the capacity of educators to use data and professional observations to inform practice in promoting mental health and responding to children and young people with emerging mental health issues was emphasised.

⁸⁴ Australian Council for Educational Research, *Evaluation of the redeveloped model of MindMatters: Final Report*. 2016: Canberra, ACT.

⁸⁵ Slee, P. T., et al., *KidsMatter Primary Evaluation Final Report*. 2009, Centre for Analysis of Educational Futures, Flinders University of South Australia.

⁸⁶ Dix, K.L., et al., *Implementation quality of whole-school mental health promotion and students' academic performance*. *Child and Adolescent Mental Health*, 2012. **17**(1): p. 45-51.

⁸⁷ Askell-Williams, H. and R. Murray-Harvey, *Did that professional education about mental health promotion make any difference? Early childhood educators' reflections upon changes in their knowledge and practices*. *Australian Journal of Guidance and Counselling*, 2013. **23**(02): p. 201-221.

⁸⁸ Askell-Williams, H. and R. Murray-Harvey, *Did that professional education about mental health promotion make any difference? Early childhood educators' reflections upon changes in their knowledge and practices*. *Australian Journal of Guidance and Counselling*, 2013. **23**(02): p. 201-221.

⁸⁹ Highfield, K., K. AWallis, and S. Stockman, *KidsMatter Early Childhood Rapid Review 2017*, Commonwealth of Australia: Canberra, ACT.

⁹⁰ Slee, P. T., et al., *KidsMatter Early Childhood Evaluation Report 2012*, Shannon Research Press: Adelaide.

National and international mental health and wellbeing frameworks

Learnings from exploration of other relevant mental health and wellbeing frameworks for use in educational settings show that the most common forms of visual representation are as:

- a pyramid representing the continuum of universal, targeted, and intervention/postvention strategies
- a Venn diagram depicting interacting spheres of activity
- or as relational diagrams demonstrating the interactions between recommended mental health promoting activities and contexts for these.

Clearly, the common aim is to demonstrate the interconnectedness of mental health strategies at a range of levels. Key frameworks and models differ in the extent to which they explicitly focus on mental health, rather than emotional wellbeing; include a focus on help-seeking and professional support, and demonstrate the links to the wider school, systems and community.

Some key frameworks relevant to the development of a content framework for Be You include:

- The 'Comprehensive School Mental Health Programme' model (WHO): this pyramid model of universal curriculum, targeted interventions and professional treatment has influenced many models and frameworks for comprehensive mental health programs in schools.⁹¹
- The 'Health Promoting Schools' model⁹² framing school-based health promotion through key areas of curriculum, teaching and learning; whole school organisation, ethos and environment; and partnerships and services continues to be influential and useful in relation to mental health in school settings.
- The widely used 'CASEL Framework for Systemic Social and Emotional Learning' (USA),⁹³ initially focused on five key SEL competencies (self-awareness, self-management, social awareness, relationship skills, and responsible decision making), has recently been updated to explicitly incorporate a systems approach.
- The recent 'Aligned and Integrated Model for School Mental Health and Wellbeing' (AIM) (Ontario, Canada)⁹⁴ uses an evidence-based multi-tiered pyramid of levels of support (like the WHO pyramid), focusing on the role and actions of the teacher/leader at each level and alignment with local education policies and programs.
- Another recent model, 'Promoting children and young people's emotional health and wellbeing: A whole school and college approach' (UK)⁹⁵ presents a streamlined approach for a whole school approach to promoting emotional health and wellbeing, including education friendly language, a circular model with leadership at the centre, eight principles, each with a guiding question, concise links to other policy and guidance documents and websites, and some illustrative examples.

⁹¹ Hendren, R., R. Birrell Weisen, and J. Orley, *Mental health programmes in schools*. 1994, World Health Organization: Geneva.

⁹² Australian Health Promoting Schools Association, *A national framework for health promoting schools (2000–2003)* Commissioned by the Australian Government Department of Health and Family Services, Department of Health and Family Services. 2001: Canberra, ACT.

⁹³ Oberle, E., et al., *Establishing systemic social and emotional learning approaches in schools: a framework for schoolwide implementation*. Cambridge Journal of Education, 2016. 46(3): p. 277-297.

⁹⁴ Fortier, A., et al., *Educator mental health literacy to scale: from theory to practice*. Advances in School Mental Health Promotion, 2016: p. 1-20.

⁹⁵ Lavis, P. and C. Robson, *Promoting children and young people's emotional health and wellbeing: A whole school and college approach*. 2015, Public Health England: London, UK.

- The PERMA⁹⁶ (Positive emotion, Engagement, Relationships, Meaning, and Accomplishment) or PERMAH⁹⁷ (adding Health to PERMA) frameworks, is built on the positive psychology approach popularised by Martin Seligman. Derivations in Australia include the PROSPER framework⁹⁸ (Positivity, Relationships, Outcomes, Strengths, Purpose, Engagement, and Resilience).

Australian Student Wellbeing Framework

The Australian Student Wellbeing Framework⁹⁹ supports Australian schools to provide each and every student with the strongest foundation possible for them to reach their aspirations in learning and in life. The Framework is based on evidence that demonstrates the strong association between safe, wellbeing and learning.

The Australian Student Wellbeing Framework and the Be You initiative are complementary and mutually reinforcing.

The Framework's five elements of leadership, inclusion, student voice, partnerships and support provide the foundation for the whole school community to promote student wellbeing, safety and learning outcomes.

These elements are also embedded across the Be You initiative, throughout the professional learning modules of Be You, and the whole of community implementation processes.

The Australian Student Wellbeing Framework identifies a range of effective practices for principals, school leaders and teachers to use to build positive and inclusive learning environments. These practices include engaging in professional learning to both a) build social and emotional learning and b) support consistent implementation of plans for wellbeing and support.

Be You provides educators with this professional learning, particularly through the Learning Resilience, Early Support and Responding Together domains.

In addition, Be You provides schools with practical support via the Be You Consultants, who are available to guide Action Teams to embed whole school approaches.

⁹⁶ Seligman, M.E.P., *Flourish: A Visionary New Understanding of Happiness and Well-Being*. 2011, North Sydney, N.S.W. : William Heinemann.

⁹⁷ McQuaid, M., *The PERMAH workplace survey*, in *The wellbeing survey*. 2017.

⁹⁸ Noble, T. and H. McGrath, *The PROSPER school pathways for student wellbeing: Policies and practices*. 2016, Springer International Publishing Cham.

⁹⁹ Education Services Australia, *Australian Student Wellbeing Framework*, 2018; Education Services Australia is the legal entity for the Education Council

Facilitated implementation

Professional Learning

The 'Australian Charter for the Professional Learning of Teachers and School Leaders' explains that there is no higher priority than further improving the quality of teaching in Australian schools. The charter also identifies a growing body of research that emphasises the importance of professional learning in changing teacher and school leader behaviour in order to improve student outcomes.

Be You is aimed to be a capacity building framework that supports educators to promote and model positive mental health practices within their learning communities, as well as identify and appropriately respond to the mental health needs of children and young people in their care.

Principles of highly effective professional learning

The following seven principles for professional learning have been adopted to guide the development of Be You.

These principles, developed by the Victorian Department of Education,¹⁰⁰ are specific to the delivery of high-quality professional learning to improve student outcomes and apply to all levels of the system.

Principle 1: Professional learning is focused on student outcomes (not just individual teacher needs)

Professional learning is aimed at maximising student learning so that all students achieve their learning potential. Using multiple sources of student outcomes data, teacher professional learning should be guided by analyses of the differences between goals and standards for student learning and student performance. Such analyses will define what teachers need to learn, make teacher professional learning student centred, and increase public confidence in the use of resources for professional learning. Student outcomes will improve if professional learning increases teachers' understanding of how to represent and convey content in meaningful ways.

Principle 2: Professional learning is focused on and embedded in teacher practice (not disconnected from the school)

Teacher professional learning should be school based and built into the day-to-day work of teaching. The most potent and meaningful learning experiences occur in the school, where teachers can address the immediate problems and challenges of learning and teaching. Being situated close to the classroom and their colleagues enables teachers to work together to identify problems, find solutions and apply them. This does not imply that beyond school learning experiences, such as postgraduate studies or attendance at workshops and seminars, are not valuable. External learning opportunities can

¹⁰⁰ Victorian Department of Education & Training Leadership and Teacher Development Branch, *Professional Learning in Effective Schools: The Seven Principles of Highly Effective Professional Learning*, 2005

complement school-based professional learning. Professional learning should be anchored in the school-based work of teachers but enriched with ideas and knowledge sourced from outside the school.

Principle 3: Professional learning is informed by the best available research on effective learning and teaching (not just limited to what they currently know)

Teacher professional learning that improves the learning of all students prepares teachers to apply research to decision-making. Successful professional learning programs immerse teachers in the content they teach and provide research-based knowledge about how students learn that content. Results of research need to be made accessible to teachers to enable the expansion and elaboration of their professional knowledge base. This research should include information on effective teaching and learning, how students learn particular content, classroom management, assessment and curriculum.

Principle 4: Professional learning is collaborative, involving reflection and feedback (not just individual inquiry)

Teacher professional learning opportunities should relate to individual needs but be organised around collaborative problem-solving. Organised in teams, educators take collective responsibility for solving the complex problems of teaching and learning and improving student outcomes. Teams share knowledge, expertise and experience in order to deepen learning and to foster a mutual understanding of effective classroom practice. Teams create the conditions for collegial reflection and support and help to spread workloads more evenly. Constructive, objective and actionable feedback on teacher practice is important for targeting areas where a teacher needs to improve his or her performance and for the purpose of designing professional learning opportunities that address areas for improvement. Competent, experienced teachers, school leaders or external education experts can also provide teachers with feedback on their professional learning. For example, feedback from a trusted peer on the operation of a professional learning team or a coaching or mentoring partnership is useful to gauge the effectiveness of such strategies.

Principle 5: Professional learning is evidence based and data driven (not anecdotal) to guide improvement and to measure impact

Data from different sources can be used to determine the content of teachers' professional learning and to design and monitor the impact of professional learning programs. Evidence, rather than anecdotes, needs to be collected regularly at the student, teacher and school level to help focus teacher learning. Student journals, for example, can be analysed to identify areas where students are struggling or how students are progressing from one month to another. Data can be used to measure and improve the impact of professional learning. Formative evaluations allow teachers to make mid-program refinements and corrections, while summative evaluations measure the effectiveness of professional learning activities and their impact on teacher practice, knowledge and student learning.

Principle 6: Professional learning is ongoing, supported and fully integrated into the culture and operations of the system – schools, networks, regions and the centre (not episodic and fragmented)

Professional learning needs to be ongoing, long term and sustained. Significant and long-term change in teacher practice does not occur in a matter of weeks but more often over months or years. Learning by doing, reflecting and refining is a long, multistage process. Teachers need support for their professional learning. Solving complex problems and implementing innovative practices may require outside expertise and additional resources. Encouragement and recognition is also crucial to maintaining effort since finding new ways to do things is difficult and often painful. Sustained,

immediate and quality support is essential to ensure improvement in schools and classrooms, particularly when unexpected problems arise. Supported, ongoing professional learning must be embedded in the system. Central and regional staff have a responsibility to model good practice by participating in ongoing professional learning.

Principle 7: Professional learning is an individual and collective responsibility at all levels of the system (not just the school level) and it is not optional

Professional learning should occur at all levels of the system. It is an individual and collective responsibility encompassing schools, regions and the centre. For teachers and school leaders, professional learning needs to be linked to schools' performance goals. These goals in turn need to reflect the needs and aims of the regions and the centre. Professional learning is inextricably linked to enhancing the capacity of the system as a whole. Central and regional offices and key stakeholder groups should work collaboratively to determine strategies for improvement and share best professional learning practices to drive school and system-wide improvement.

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