

**NATIONAL SURVEY OF  
HEALTH AND WELL-BEING PROMOTION  
POLICIES AND PRACTICES  
IN SECONDARY SCHOOLS**

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## EXECUTIVE SUMMARY

This report details the results of a survey a nationally representative sample of secondary schools on matters concerned with health promotion and student well-being. Within the general area of health promotion and well-being the survey included information on school knowledge about and evidence of implementation of *MindMatters*.

### Survey Methods

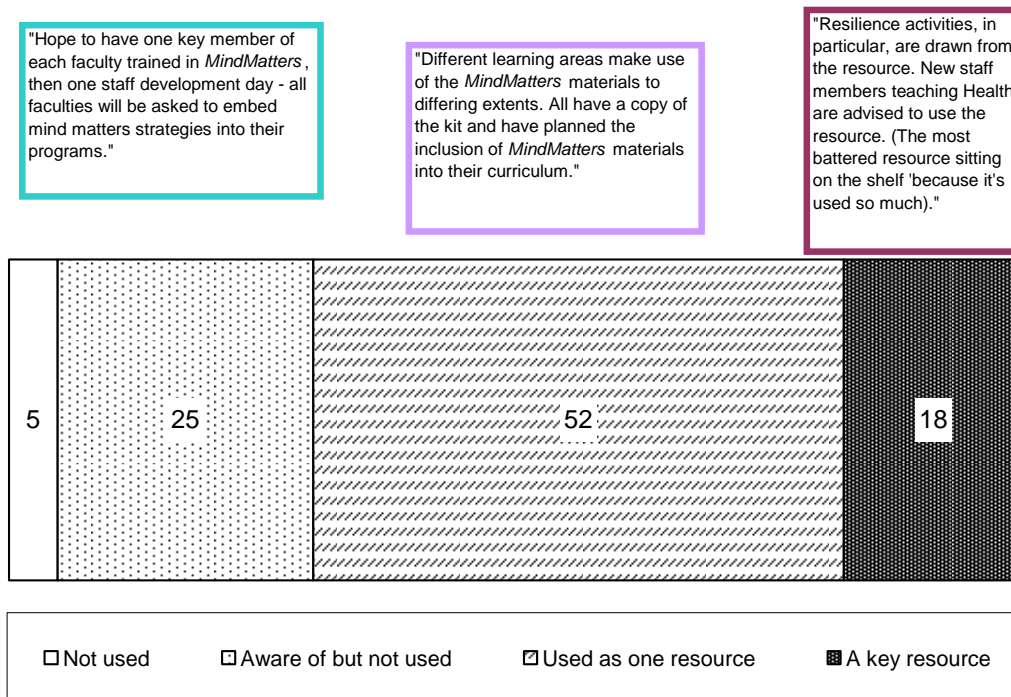
The methodology involved two parallel surveys. One of the surveys was an on-line survey of 197 secondary schools defined as “schools with students in the secondary years”. The survey was completed by designated school coordinators using a form provided on a specified website. The on-line survey was intended to provide information that could be generalised to the population of Australian secondary schools. An analysis of characteristics of the schools that provided responses to the on-line survey indicated that the sample was unbiased in terms of the distribution across school sectors (government, Catholic and independent), geographic location (metropolitan, provincial and remote), or the socioeconomic status of the area in which the school was located. The sample was designed to represent States and Territories disproportionately so as to provide estimates of similar precision for the mainland States as well as national estimates.

An in-depth survey based on a script to which designated respondents could provide extended responses was conducted among 70 secondary schools. This survey was intended to provide more elaborated information about mental health promotion and well-being in secondary schools. The format for this survey facilitated the provision of information about how schools interpreted concepts such as “resilience” and they provided policies, practices and programs to support mental health promotion and student well-being.

### Adoption and implementation of *MindMatters*

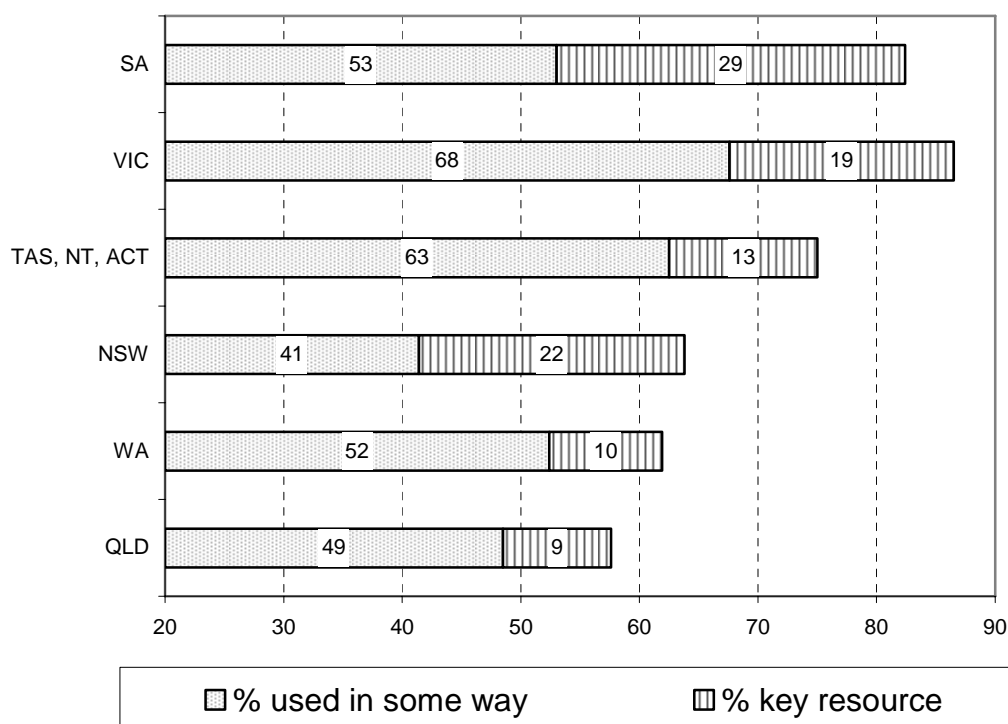
The data from the on-line survey concerning the adoption of and implementation of *MindMatters* are consistent with the corresponding data from the in-depth survey and consistent with the open-ended descriptions of the use of *MindMatters* provided by schools (selected examples are shown in Figure ES 1 and more are recorded in Panels B, C and D in Chapter 3). This pattern of implementation is summarised in the following terms and represented in Figure ES 1.

- Fewer than five per cent of schools are not aware of *MindMatters* at all.
- For approximately one secondary school in four there is little or minimal use of *MindMatters*.
- Approximately one half of the secondary schools in Australia make use of *MindMatters* as one resource among others.
- For a little less than one secondary school in five *MindMatters* is a key resource with some of these schools indicating that *MindMatters* has had a great impact on the way we act to protect and enhance student mental health and well-being.



**Figure ES 1 Implementation Levels for MindMatters in Secondary Schools**

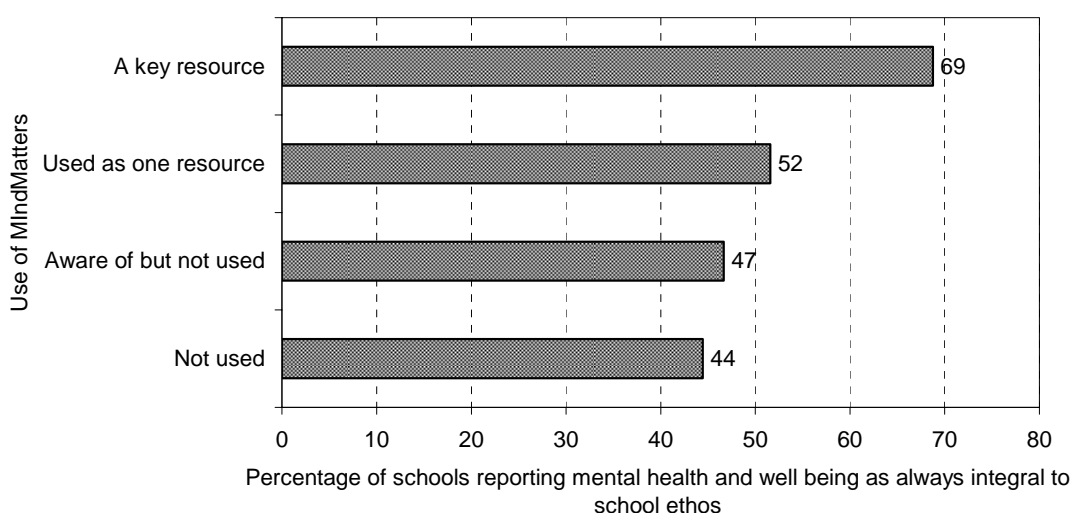
Hence, in two thirds of secondary schools *MindMatters* is used in some way. *MindMatters* is more extensively used in government schools than in independent schools and is a key resource in one quarter of the government secondary schools in Australia. As shown in Figure ES 2, *MindMatters* is more extensively used in South Australia and Victoria than in other States. The implementation of *MindMatters* is not associated with geographic location or the socioeconomic status of the school.



**Figure ES 2 Implementation of MindMatters by State and Territory**

## Aspects of school practice and policy associated with *MindMatters*

Half of the secondary schools indicated that promotion of student mental health and well-being was an integral part of the school ethos and environment “always” and a further third said that this was the case “usually”. In schools that used *MindMatters* as a key resource the view that mental health and well-being was an integral part of the school ethos and culture was greater than in other schools. Two thirds of these schools indicated that student mental health and well-being was “always” an integral part of the school ethos and environment. Figure ES 3 summarises the relevant data. In addition the adoption of a whole-school approach was stronger in *MindMatters* schools than in other schools. This could be because *MindMatters* resulted in a stronger emphasis on these approaches or because schools with such an approach were more likely to adopt *MindMatters*. In addition schools that used *MindMatters* as a key resource reported that it was of considerable influence in developing policies and programs.



**Figure ES 3 Percentage of schools reporting that mental health and well being is always integral to school ethos**

### Perceived challenges

Schools nominate a number of challenges to the mental health and well-being of students in the compulsory years of schooling and the post compulsory years of schooling. Family and parenting issues were frequently mentioned for both age groups although they loomed larger for the compulsory (59% of schools) than the postcompulsory years (37% of schools). Bullying and harassment also loomed larger for students in the compulsory (25% of schools) than the postcompulsory years (3% of schools). Academic pressure and maintaining a life-study balance was seen as more of a challenge for the postcompulsory years (41% of schools compared with 18% of schools for the compulsory years) as were perceived challenges associated with drugs, alcohol and depression (26% of schools in the postcompulsory years compared with 17% in the compulsory years).

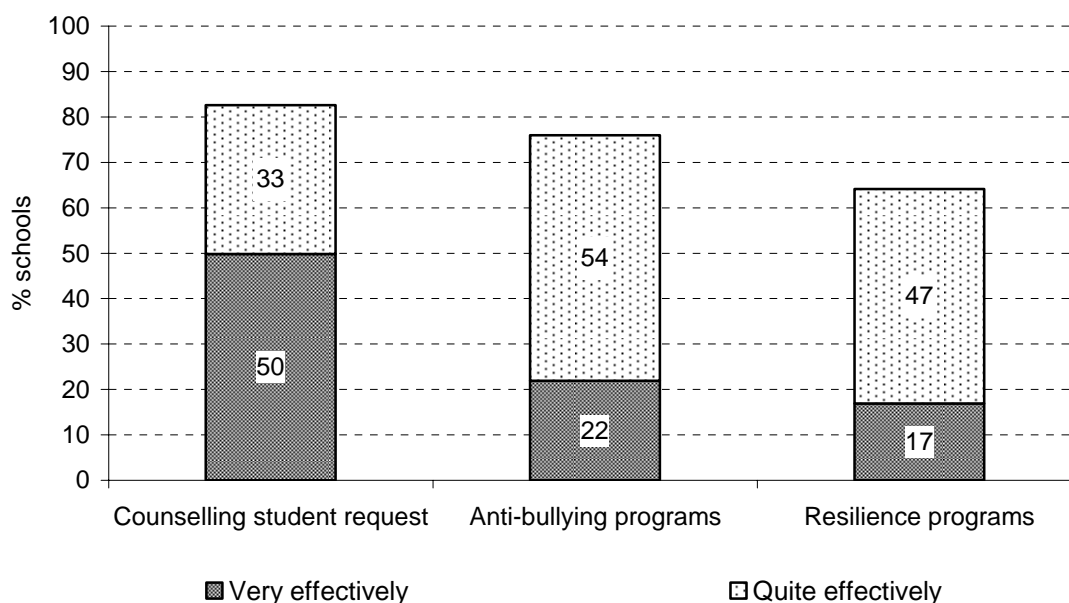
### Recent changes

Three quarters of the schools had made changes the way they provided for student mental health and well-being over the previous 18 months. One quarter of the schools

had introduced a nominated program, one quarter had introduced, amended or reviewed their bullying and harassment policies or programs, and one fifth had made changes to curriculum and teaching approaches. A further fifth had increased the numbers of staff concerned with health programs and policies. One in eight schools had introduced or amended drug education programs and the same number had changed provisions for pastoral care or life skills. One school in 12 had introduced *MindMatters* and the same number had been involved in various other mental health activities. In more than one third of the schools that had introduced changes students had influenced those changes significantly and in a further half students indirectly influenced the changes.

### Perceptions of success

School approaches to nurturing student mental health and well-being take a number of forms that can be grouped as those aimed at general protection of mental health (e.g. programs aimed at developing resilience) or those concerned with intervention once student well-being has been disturbed (e.g. counselling services). Secondary schools have various views of the success of each type of program but overall a greater percentage of schools consider that their intervention approaches are very effective than consider that their general protection approaches are very effective. Data for the perceived success of three approaches to mental health and well-being are recorded in Figure ES 4. It can be seen that half the schools consider that counselling is very effective but that approximately one-fifth of schools consider their anti-bullying and resilience programs to be very effective. Of course, these are relative indicators and around half the schools consider these programs to be quite effective. This perception of success is consistent with reports from schools that they consider they are more successful with special needs students than mainstream students.



**Figure ES 4 Percentage of schools reporting effectiveness of selected approaches to mental health and well being**

## **Barriers**

The two strongest barriers to the promotion of student mental health and well being were the access to time in the school curriculum and the attitudes and priorities of teaching staff. There was a perception that once time was allocated to “core” academic studies provision for mental health and well- being had to compete with a range of other co-curricular activities. The respondents to the survey also commented on the attitudes of staff regarding the relative priorities accorded to their main teaching discipline and student well-being. These barriers of curriculum space and teacher orientation are linked in that both reflect ambiguities with respect to the expectations of schools. Schools are expected to fulfil both instructional and social development roles. There is a body of research literature that supports the argument that these purposes are not antithetical to each other but sometimes in the world of practice these orientations have not been implemented in the way schools, and other institutions, respond to challenges. It is also of interest that when respondents were invited to identify gaps or barriers the responses were almost entirely focussed on barriers.

## **Conclusions**

This survey of nearly 200 secondary schools reveals a principled commitment to the promotion of student mental health and well-being. This commitment is evident in the number of changes made in the period prior to the survey as well as in their indications of the extent to which student health and well-being was integral to the school ethos. Access to time or space in the school curriculum and conflicting attitudes of teaching staff were seen as the main barriers to the promotion of student mental health and well-being. Schools general believed that they were more successful with intervention strategies than with protection programs (although there many examples of successful protection programs). The script survey highlighted the importance of the linkages to the mainstream curriculum and to the school organisation for successful general programs concerned with student well-being. *MindMatters* was a key resource in one fifth of the schools and an ancillary resource in one half of the schools. Wider implementation of *MindMatters* is likely to depend on moving schools that are currently using it as an ancillary resource to using it more widely as a key resource.



# 1

## INTRODUCTION

The promotion of student well-being has long been of central concern to schools. Part of the vision of schools has always had to do with ensuring that students grow to adulthood as self-respecting, responsible autonomous and healthy people. And, schools have long been aware that for some students additional support and attention is necessary to help them develop in these ways. However, it is less clear how schools set about this aspect of their mission, what resources they use to assist them and how they balance these aspects of what they do in relation to their other goals. The purpose of the project was to survey a nationally representative sample of secondary schools on matters concerned with health promotion and student well-being. Within the general area of health promotion and well-being the survey included information about school knowledge about and evidence of implementation of *MindMatters*.

### CONTEXT

Schools and school authorities articulate a wide range of goals when they are invited to comment on the quality of schooling (McGaw et al, 1992: 174). Included in these goals are those concerned with health and well-being. The national goals for schooling agreed by the Commonwealth, State and Territory Ministers of Education include the statements that when students leave schools they should “have the knowledge, skills and attitudes necessary to establish and maintain a healthy lifestyle, and for the creative and satisfying use of leisure time” (MCCETYA, 1999). Other related goals refer to “their potential life roles as family, community and workforce members”, “the capacity to exercise judgement and responsibility in matters of morality, ethics and social justice”, and “the capacity to accept responsibility for their own actions”.

These aspects of student well-being are addressed and managed using broadly similar strategies across the Australian States and Territories. In all States and Territories, extensive student support services exist to support student well-being. These services provide support to students, teachers and parents in the form of personnel, resources, projects and programs. In some States the term well-being is used to define organisational divisions of the support service organisations. Student well-being is also extensively represented in State and Territory curriculum documents. These documents generally include pervasive value statements relating to aspects of well-being with some incorporation into the substance of the curriculum. The generalisable cross-curricular outcomes of learning relating to student well-being have been given new prominence through more recent curriculum initiatives. For example, the Essential Learnings in South Australia, Tasmania, the Northern Territory and Victoria and the Queensland New Basics documents make explicit learning outcomes relating to aspects of well-being such as communication, social responsibility, personal identity and collaboration.

When a program or activity in schools does not have a clear defined place in the curriculum (as for example does mathematics) and spreads across several curriculum and co-curriculum areas it is necessary to survey school policies and practice.

## **MINDMATTERS**

*MindMatters* is a mental health promotion program to support secondary schools by using a whole school approach aiming to enhance school environments for young people to be safe, valued, engaged and purposeful (Sheehan et al, 2002). *MindMatters* helps schools and their communities including teachers, parents and students to take positive action to create a climate of mental as well as physical health within secondary schools. The program aims to enhance the development of school environments where young people feel safe, valued, engaged and purposeful. Social and emotional wellbeing have been linked to young people's schooling outcomes, their social development, and their capacity to contribute to the workforce and the community and to reducing the rate of youth suicide.

An audit of Mental Health Education in Australian Secondary Schools in 1996 recommended schools as appropriate settings for the promotion of mental health among young people. Subsequent Commonwealth funding established a National Mental Health in Schools Project managed by a consortium of Melbourne, Sydney and Deakin Universities and the Australian Council of Health, Physical Education and Recreation. *MindMatters* is the result of a successful national pilot program involving 24 schools in the government system, Catholic and independent sectors from 1997 to 1998. The *MindMatters* program is conducted by the Australian Principals Associations Professional Development Council (APAPDC) and Curriculum Corporation and is funded by the Commonwealth Department of Health and Ageing.

Since the adoption and implementation of *MindMatters* is based on decisions taken by schools it is only through surveys of practice that knowledge about the extent and nature of its use can be developed. This survey contributes to the building of that base of knowledge. An evaluation conducted by Hazell et al (2005) showed that the professional development program influenced the implementation of *MindMatters* but that the decision to adopt the resource was taken prior to involvement in the professional development. The same evaluation indicated that congruence with other policies and support from school leadership were essential elements of successful implementation. All of this suggests that there will be variation in the extent to which *MindMatters* is adopted and variations in the way it is implemented.

## **BROADER ASPECTS**

The notion of student well-being is part of the collective wisdom of educators. The term itself is used routinely in the working vocabulary of teachers and is widely referred to in academic and non-academic education literature. Fraillon (2005) notes that well-being has been a pervasive and extensively researched construct in psychology and education for over forty years but with a diversity of definitions and models of well-being (Pollard & Lee, 2003). Broadly, well-being has been defined from two perspectives. The clinical perspective defines well-being as the absence of negative conditions and the psychological perspective defines well-being as the prevalence of positive attributes. Over recent years there has been a general move from the clinical perspective to a psychological perspective that focuses on the prevalence of positive attributes. This is most evident in the uptake of the "positive psychology" as a basis for policy and practice (Snyder & Lopez, 2006). In this report the balance of emphasis is on the second perspective which is more consistent with the approach of *MindMatters*.

Fraillon (2005) also argues that student well-being needs to be viewed in a broader school context. Schools provide both the defining context and have the potential to significantly influence well-being. School communities have often been defined in terms of belonging, participation and influence, values and commonality. Each of these defines membership of a school community in terms of an individual's beliefs about their own membership. Noddings (1992) developed the concept of circles of care as a way of linking individual well-being and the broader context. She groups the purposes of education around caring for self, caring for the inner circle, caring for strangers and distant others, caring for animals, plants and the earth, and caring for ideas.

Some years ago Rutter et al (1980) argued that schools differed in the behaviours and attitudes of their students. Moreover, they suggested that these differences could be related to the school climate: how teachers and pupils usually interacted with each other. More recently, Mooij (1999a) argues that prosocial pupil behaviour can be seen as arising from influences at three levels: the social-pedagogical climate of the school, social climate and didactic aspects of the classroom and characteristics of the classroom. Mooij argues that teachers are responsible for establishing and maintaining this climate. Mooij (1999b) applied this model in the study of interventions in a number of secondary schools and found effects on aggressive behaviour. Research on schools as "caring communities" (Battistich et al, 1997) has indicated that a sense of school community can be enhanced through identifiable classroom practices and is associated with a range of positive outcomes including concern for others, acceptance of out-groups, social skills, conflict resolution skills and empathy.

Ainley et al (1998) argue that what schools do in relation to the social purposes of schooling is pervasive through many aspects of a student's daily experience of school. Activities can be seen in the curriculum, and co-curriculum, as well as through procedures for pastoral care, behaviour management and welfare. Overall these can be captured in the notion of the school climate or school social environment. This does not ignore the role of specific programs such as peer support, peer mediation, values education programs, training in conflict resolution and programs of social service. These and other programs influence student social development in a range of ways. There is unequivocal evidence for the existence of a relationship between student well-being and the other outcomes of schooling. Improved student well-being is positively associated with improved outcomes in other aspects of schooling (Ainley, 2006; Battistich, Solomon, & Watson, 1997).

## **REPORT OUTLINE**

There are five sections in this report. The second, next, section is concerned with aspects of the survey methodology. The third reports on the patterns of health promotion and practice from a predominantly statistical perspective. The fourth section reports on the detail of the comments made by schools in response to prompts about the meaning and operation of policies and program to promote student mental health and well-being. The fifth section provides a brief conclusion that integrates the perspectives from the parallel surveys.

## ASPECTS OF METHODOLOGY

The purpose of the project is to survey a nationally representative sample of secondary schools on matters concerned with health promotion and student well-being. Within the general area of health promotion and well-being the survey planned to include information about *MindMatters* and its implementation. The survey was conducted in the period from September to December 2005. It was planned to approach a sample of approximately 400 schools so that the attained sample would provide an appropriate level of precision.

### GENERAL APPROACH

#### Original plan

The original intention was to conduct the survey by telephone interview. The survey was to be conducted with the Principal (or a designated representative such as an Assistant Principal) plus a school counsellor, student welfare coordinator or person in a similar role. Preliminary contact would be made by mail and telephone follow-up. After contact with the school a questionnaire (made available as printed, computer-based or web-based form) would be sent to the schools. Schools would be requested to form a group of people to contribute to the completion of the question with a designated senior person as the coordinator. A telephone interview would then be arranged with the designated coordinator to go through the answers to the questionnaire so that amendments and additions could be made. Each interview was to be of approximately 30 to 40 minutes duration.

#### Modifications to the original plans

It was established during the pilot of the survey instrument during school visits that schools were reluctant to participate in a tape recorded telephone interview. However they were far more receptive to either completing electronically or in hard copy format the survey then having a member of staff from ACER contact the schools designated coordinator to follow up on any responses that might need clarification or further elaboration. This change in procedure was discussed with the *MindMatters* organisation.

#### Two parallel surveys

During operations it became necessary to conduct two parallel surveys. As a result of the first modification, schools were sent the script survey which provided for open-ended responses to questions. It was derived directly from the planned telephone interview. However, this approach resulted in poor response rates even though it yielded detailed responses from those schools that did reply. To overcome the low response rates an on-line survey using a simplified questionnaire and more highly structured response categories was devised. The on-line survey covered the same topics as the script survey and was conducted with a parallel sample. Schools that were sampled for this on-line survey received a letter with instructions for accessing the web site and completing the on-line questionnaire. They also received a copy for printing if they chose to complete a printed copy of the survey.

In summary two surveys were conducted that covered the same content and which were conducted in parallel similarly structured samples. One provided for extended responses in a script format and the other provided for responses to pre-coded response categories with a few opportunities for comment.

## **SURVEY INSTRUMENTS**

### **Original and script survey**

A survey instrument was developed and piloted in a small number of schools. It was circulated to education authorities as part of the approach seeking permission to contact schools. Two small changes were made at the request of state education authority. The focus of the survey was on school practice and policy in relation to health promotion. It included specific reference to *MindMatters* and Families Matter and requested topics such as bullying and harassment. It covered school policies, school programs, the practical operation of school programs, student issues and knowledge and use of *MindMatters*. In terms of *MindMatters* the survey examined three levels of influence: knowledge about *MindMatters*, evidence of the influence of *MindMatters* and evidence of use of *MindMatters* as a key resource. The questionnaire was designed to be completed in 30 minutes but required consultation with colleagues. Details of the questionnaire were agreed with the *MindMatters* National Coordinator and the National Evaluation Committee. A copy of the instrument is attached as Appendix A.

### **On-line survey**

The on-line survey covered the same topics as the script survey but in a more concise way. The on-line survey was developed from the script survey and its development was informed by the responses provided in the early returns to the script survey. The survey was built using an ACER platform that is used for on-line data collection so that respondents could log on to the web site and complete the questionnaire. For those who preferred to provide a paper response a form was provided for printing. A copy of the instrument is included as Appendix B.

## **SAMPLE**

### **Population definition**

The population to be surveyed was specified as schools containing secondary school level enrolments (hereafter referred to as secondary schools). In practice this includes schools with only secondary level enrolments (in 2005 there were 1,468 stand-alone secondary schools) and schools that combined primary and secondary schools (in 2005 there were 1,164 combined primary-secondary schools).

### **The Script survey**

A nationally representative sample of 400 secondary schools was drawn from the ACER sampling frame. The sampling frame was stratified by State with minor disproportionate sampling to improve the precision of estimates for the smaller mainland states. The sample is outlined in Table 2.1 along with the numbers that responded to the script survey.

**Table 2.1 Sample for the script survey**

State	Total number of secondary schools	Proportional allocation of 400 schools	Designed sample	Achieved sample
New South Wales	805	122	90	18
Victoria	557	85	90	26
Queensland	478	73	70	4
South Australia	235	36	60	13
Western Australia	333	51	60	4
Tasmania, NT and ACT	224	33	30	5
Total	2632	400	400	70

*Notes: Number of secondary schools is from ABS Schools Australia 2005. Schools for the Northern Territory include one school from Christmas Island.*

Of the 70 responses 37 were from government schools, 14 were from Catholic schools and 19 were from independent schools. This distribution of 53 per cent, 20 per cent and 27 per cent is similar to the distribution of secondary schools in the population: 58 per cent government, 17 per cent Catholic and 25 per cent independent.

It can be seen that the response rate for the script survey was low (17.5%) so the emphasis on the analysis of those data was in terms of the meaning contained in the detailed responses rather than in generalising frequencies and other statistics to the population of secondary schools. Most of the analysis was of the text responses provided by respondents. Weighting procedures were not invoked for the data from the script survey.

### The On-line Survey

When the sample for the script survey was drawn a parallel sample of replacement schools was drawn. At the time the decision was taken to implement an on-line form of the sample survey most of the replacement schools had not been used. The issue with the script survey was not that schools refused to participate but that they did not return the forms. Fifty-six of the replacement schools had been approached so 344 schools were available to be used as the sample for the on-line survey. Details are provided in Table 2.2.

**Table 2.2 Sample structure for the on-line survey**

	Population of schools	Designed sample	Attained sample	Response rate
New South Wales	805	76	37	49%
Victoria	557	73	51	70%
Queensland	478	64	37	58%
South Australia	235	53	28	53%
Western Australia	333	51	24	47%
Tasmania, NT and ACT	224	27	20	74%
Total	2632	344	197	57%

Responses to the on-line survey were received from 197 schools of the 344 approached. The overall response rate was 57 per cent ranging among the larger states from 47 per cent in Western Australia to 70 per cent in Victoria.

## Weighting procedures

For the on-line survey weighting procedures were used so that results reflected what would have been obtained had the sample been a proportionate reflection of the population. The weights that are applied reflect any differences in sampling fractions between strata (called stratification weights) and differences in response rates (post-stratification weights). Since the survey unit was the school the weights were computed so that the distribution of schools in the data file reflected the distribution of schools in the population. However, in one instance weights were computed to reflect the distribution of students rather than schools because that perspective was necessary when reporting on differences among schools sectors<sup>1</sup>.

## Representation in the achieved sample

The extent to which the achieved sample for the on-line sample was representative of the population of schools was tested by comparing the distribution of certain characteristics of schools in the sample with what was known about the population of secondary schools. The comparison was made with respect to school sector, geographic location, socio-economic status of the area in which the school was located and the State or Territory in which the school was located. Table 2.3 contains information about the distribution of schools in the sample compared with the expected distribution of schools in the population for three characteristics: school sector, school geographic location and school socioeconomic status.

**Table 2.3 Characteristics of the school sample for the on-line survey**

	Numbers of schools in	
	Sample distribution	Expected distribution
<u>School sector</u>		
Government	120	114
Catholic	36	33
Independent	41	50
<u>School geographic location</u>		
Metropolitan	101	130
Provincial	79	59
Remote	17	7
<u>School socioeconomic status</u>		
Lowest ( $\leq 90$ )	41	33
Low (91 - 100)	92	66
High (101 – 110)	39	66
Highest ( $> 110$ )	25	33

(a) For school sector the expected distribution was taken from the Australian Bureau of Statistics publication *Schools Australia: 2005* (Catalogue Number 6220) (ABS, 2006)

(b) For school geographic location the expected distribution is taken from the MCEETYA Performance Measurement and Reporting Taskforce Report of Achievement in Civics and Citizenship (MCEETYA, 2006)

(c) For area socioeconomic status the expected distribution is based on the normal curve distribution of Indicator A for which the population mean is 100 and the standard deviation is 10.

<sup>1</sup> Independent schools are on average considerably smaller than government or Catholic schools and therefore results that reflect student numbers give a different perspective from results that reflect school numbers.

For none of the characteristics of school sector, geographic location or area socioeconomic status was the distribution in the sample significantly different from the expected distribution. There was a tendency for the sample to slightly over-represent schools from lower socioeconomic areas, non-metropolitan schools and government schools. However, there was no evidence that any bias was of sufficient size to distort the results.

In terms of distribution across States and Territories, it was intended to over-sample smaller states so as to obtain similar precision for each of the mainland States. The difference between the achieved sample and the expected distribution was intended and the results were weighted to reflect the population as shown in Table 2.4.

**Table 2.4 Achieved and expected sample of schools by State and Territory**

	Attained sample	Designed sample	Proportionate distribution	Weighted sample
New South Wales	37	76	60	60
Victoria	51	73	42	42
Queensland	37	64	36	36
South Australia	28	53	18	18
Western Australia	24	51	25	25
Tasmania, NT and ACT	20	27	16	16
Total	197	344	197	197

## ADMINISTRATION

### Permissions from Education Authorities

Permission to approach schools has been received from all State and Territory education departments and from Catholic Archdioceses and dioceses. The final permission was obtained early in September 2005.

### Contact with schools

As soon as permission was received from education authorities letters were sent inviting participation in the script survey. In part the letter indicated.

*The survey aims to gather information on school policies, programs and practices concerned with health promotion and the support of student well-being, with a fairly broad scope in what it seeks to find out from schools. Questions will encompass curriculum, teaching and learning, school ethos and environment, and the partnerships and services which schools might use to support its practice. The survey will focus particularly on those measures schools take to stimulate and foster their students' resilience in the face of the various challenges to well-being and mental health as faced by adolescents and young adults.*

*In order to gain insight into schools, data will be collected via a survey. A copy of the survey will be posted or emailed to you, and should take approximately 30 to 40 minutes to complete after collaboration with other relevant staff (i.e. the Principal, or a designated representative such as an Assistant [Deputy] Principal, the school counsellor, and the student welfare co-ordinator, or people on staff in similar roles) or people on staff with in*

*similar roles with a particular professional interest in these areas. We would like to conduct the survey during August to 24 October on a date that is convenient to each school.*

*The completed survey may be returned either electronically or by post. On receipt of your completed survey a member of the research team may follow-up with a telephone call at which time we will ask permission to tape the conversation, if we need to seek clarification or elaboration on any responses. Schools may elect not to have the telephone call taped and then only notes will be taken. Any telephone calls would be arranged at a time and date convenient to respective schools. Telephone conversations where necessary should take no longer than 30 minutes.*

*Data obtained from both the survey and where necessary a telephone call, may be used in the preparation of the report. All materials would remain confidential between the research team and each respective school, and any comments printed in the report would be anonymous, identified only by State and school type.*

*We very much hope that you can find time to participate in this study. Prior knowledge of, contact with or use of, MindMatters and its materials is not a necessary condition for involvement. (All secondary schools should have received a complimentary copy of these resources: for any further information, please consult <http://cms.curriculum.edu.au/mindmatters> .*

In the event the time for completion was extended to the end of the year and follow up contacts by mail and telephone were made.

The decision to initiate the on-line survey was made in early November and schools were contacted, inter alia, in the following terms.

*The survey is available on-line and can be completed quickly and confidentially and should take no longer than 10 minutes to complete. The survey aims to gather information on school policies, programs and practices concerned with health promotion and the support of student well-being. Questions will encompass curriculum, teaching and learning, school ethos and environment, and the partnerships and services which schools might use to support its practice. The survey comprises questions only requiring a tick the box response and a few short open ended responses.*

*In the first instance schools might like to collaborate with other relevant staff such as those with a particular professional interest in the areas of student health and well-being before completing the survey on-line or in hard copy format.*

*We would be grateful if you would consider taking the time to assist us by completing the survey either by accessing the link below or alternatively printing a hard copy form of the survey.*

<http://survey.acer.edu.au/index.php?survey=HPPS05>

*We would like schools to complete the survey by the end of your school term.*

Again a series of follow up contacts were initiated to enhance the response rate.

### **Characteristics of the school survey coordinator**

Whenever surveys seek data concerned with school policies, programs and practices there is an issue of who within the school completes the survey. In both the script survey, and the on-line survey, the invitation to participate was addressed to the Principal. The invitation suggested collaboration among relevant staff such as an Assistant [Deputy] Principal, the school counsellor, and the student welfare coordinator, or people on staff in similar roles or people on staff with a professional interest in these areas. The position of the person who coordinated the response was not specifically sought (although the name of the person was used in communication with school). Approximately half of the schools indicated the position of the survey coordinator. In three quarters of cases the survey coordinator was the Principal. In 11 per cent of schools the survey coordinator was deputy (or assistant) Principal or a campus head. In 14 per cent of schools the survey coordinator was a person with designated student welfare responsibilities (such as a school counsellor, a welfare coordinator, the head of transition, a dean of students and (in one case) a nurse).

### **REPORTING SURVEY RESULTS**

Survey results are reported in two forms: frequency distributions for individual items (expressed as percentages giving particular responses to those items) and mean scores. Percentage frequencies are used as the predominant statistic for reporting information from the questionnaires. However, both frequencies and mean scores are used to report information based on the questionnaire. Mean scores provide an efficient way of reporting and comparing associations with various school characteristics.

### **SUMMARY**

A set of two parallel surveys using different methodologies were employed. The script survey provided extended responses from a small sample of schools. The on-line survey provided largely pre-coded responses from a larger sample of schools from which results could be generalised to the wider population of secondary schools.

## MENTAL HEALTH PROMOTION POLICIES AND PRACTICES IN AUSTRALIAN SECONDARY SCHOOLS

This chapter provides a description of school policies and programs in mental health promotion and the support of student well-being. The data that are presented are based on the responses of a national survey of 197 secondary schools to a survey conducted during the second half of 2005. Section 3 contains data derived from the web-based questionnaire that was completed on-line by almost all respondents. The results are based on the analysis of data that have been weighted so that they reflect the population of secondary schools across Australia. The results cover school policies, school programs, aspects of implementing policies and programs in practice and the use of *MindMatters*.

### SCHOOL POLICIES

From the survey data it is possible to form a picture of school policies that relate to the promotion of mental health and well-being. This section begins with a consideration of school orientations to these matters. It examines whether student mental health and well-being is informed by a whole-school approach and whether it is an integral part of the school ethos and environment. The section then examines the sources that have been used to guide the development of policies and programs to promote student mental health and well-being. Following this the survey data are analysed to provide information about the extent to which various school policies are seen as being enacted effectively in the school. Finally, there is an analysis of the barriers and gaps in school policies.

#### Approaches

Two of the key features of the promotion of mental health and well-being are the principles of a whole-school approach and the extent to which mental health and well-being are integral to the school ethos. As shown by the data in Table 3.1, more than half (52%) of the schools indicated that promotion of student mental health and well-being was an integral part of the school ethos and environment “always” and a further third (33%) said that this the case “usually”. Taken together this indicates that more than four schools out of every five (85%) consider student mental health and well-being is integral to the environment of the school. Matters to do with student mental health and well-being were said to be “always” informed by a whole-school approach by one quarter (26%) of schools and “usually” by another half (53%). In other words almost four out of five schools claim to embrace a whole-school approach to these matters, although a little less strongly than they assert that the issues are integral to their ethos.

The adoption of a whole-school approach and the principle that mental health and well-being was an integral part of the school ethos and culture was greater in schools that used *MindMatters* as a key resource or as one resource than in other schools. This could be because *MindMatters* resulted in a stronger emphasis on these approaches or because schools with such an approach were more likely to adopt *MindMatters*.

**Table 3.1 Approaches to student mental health and well-being**

	Whole-school approach	Integral to school ethos
Always	25.8	52.0
Usually	53.1	33.3
Sometimes	16.5	13.2
Rarely	4.6	1.5
Total	100	100
Number of responses	197	196
Mean rating	3.00	3.36
Standard error	0.06	0.05
<i>MindMatters</i> schools	3.09	3.46
Other schools	2.86	3.20
Significance of difference	p≈0.05	p<0.01

Note: Mean rating on a scale 1= rarely, 2 = sometimes, 3 = usually; 4 =always

### Sources

Schools can use a variety of resources as guidance for their student mental health and well-being policies. The data in Table 3.2 indicate that school-developed policies are the most important source of guidance (they are very important for nearly six schools out of ten) but it needs to be recognised that these policies may represent an articulation of ideas gleaned from a range of other places. System-wide documents and the general literature on mental health and well being are very important for more than one third of schools (37% and 34% respectively). The data in Table 3.3 also indicate that *MindMatters* is very important in one-sixth (17%) of schools and important in an additional half (51%) of secondary schools.

**Table 3.2 Importance of sources for the development of policies and programs to support student mental health and well-being**

	School developed policies	System-wide documents	Literature on health and well being	<i>MindMatters</i> documents
Very important	58.2	36.6	34.3	16.7
Important	35.6	45.9	50.8	51.3
Minimal use	5.7	16.5	12.1	25.4
Not used	0.5	1.1	2.8	6.6
Total	100.0	100	100.0	100.0
Number of responses	197	195	197	197
Mean rating	3.52	3.18	3.17	2.78

Note: Mean rating on a scale 1 = not used, 2 = minimal use, 3 = important, 4 = very important

For those schools that used *MindMatters* as a key resource some 44 per cent rated it as very important and 53 per cent rated it as important. In other words for schools that used *MindMatters* it was of considerable influence in developing policies and programs. In contrast system-wide documents were very important for only 26 per cent of those schools that used *MindMatters* as a key resource.

## Effectiveness

Schools were asked to indicate the extent to which various programs, policies and services operated in a way that effectively promoted student mental health and well-being. As can be seen from the data in Table 3.3 the provision of counselling was seen to operate very effectively in more than four schools in ten or quite effectively in a further third of schools. Taken together four-fifths of schools considered that counselling services were either very or quite effective.

**Table 3.3 Effectives of counselling in promoting student mental health and well-being.**

	Counselling student request	Counselling teacher referral	Counselling parental request
Very effectively	49.8	44.2	39.9
Quite effectively	32.8	39.1	36.2
Somewhat effective	12.6	13.9	18.0
Not very effectively	4.7	2.7	5.9
Total	100	100	100
No. of responses	196	195	194
Mean rating	3.28	3.25	3.10
Standard error	0.06	0.06	0.06

*Note: Mean based on a scale of 1=not very effectively, 2=somewhat effectively, 3=quite effectively, 4=very effectively*

Schools reported that programs fostering relationships, anti-bullying or resilience were somewhat less effective. The data in Table 3.4 indicate that one quarter of schools considered programs fostering relationships to be very effective, one fifth considered their anti-bullying programs to be very effective and one sixth considered their programs fostering resilience to be very effective. It also appeared that schools using *MindMatters* reported greater effectiveness of anti-bullying programs (a mean rating 3.06 compared with 2.76) and a tendency for programs fostering resilience to be more effective (a mean rating of 2.86 compared to 2.61<sup>2</sup>).

**Table 3.4 Effectives of programs and policies in promoting student mental health and well-being**

	Programs fostering relationships	Anti-bullying programs	Programs fostering resilience
Very effectively	25.4	21.9	16.9
Quite effectively	54.1	54.1	47.2
Somewhat effective	19.2	19.2	30.2
Not very effectively	1.3	1.3	5.7
Total	100	100	100
No. of responses	196	195	195
Mean rating	3.04	2.94	2.75
Standard error	0.05	0.05	0.06

*Note: Mean based on a scale of 1=not very effectively, 2=somewhat effectively, 3=quite effectively, 4=very effectively*

<sup>2</sup> The difference was significant at the six per cent level.

Counselling services can be considered to be concerned with intervention once student well-being has been disturbed whereas the other approaches can be considered to be aimed at general protection of mental health. It would appear that many schools report greater effectiveness in intervention than protection. However, approximately one school in five considers that their general programs are very effective. The challenge is to learn more about how those schools achieve that success.

### Barriers

In the survey schools were invited to identify gaps in or barriers to the school's efforts to promote student mental health and well being. These responses were "open" responses that were then coded by the research team into categories that emerged during the process of coding. In total 121 comments about gaps or barriers were made with a further four comments that indicated there were no major impediments. Many more of the comments referred to barriers than to gaps. Relevant data are recorded in Table 3.5.

**Table 3.5 Categories of barriers to the schools efforts to promote student mental health and well-being**

Category of response	Number	Percentage
curriculum space	22	18.2
staff roles and skills	22	18.2
access to specialists	18	14.9
parents and families	11	9.1
resources	10	8.3
time	9	7.4
coordination and consistency	8	6.6
social attitudes	6	5.0
attendance	2	1.7
remoteness	2	1.7
other	11	9.1
Total	121	100
no problems	4	

The two largest categories of barriers referred to curriculum and teaching staff (18 per cent of comments referred to each of these). In terms of curriculum the issue most frequently raised referred to space in the crowded curriculum. For example:

*Crowded curriculum is always difficult within the classroom. Helping teachers to be alert and aware when responding to incidents, of the possible broader picture,*

*Time constraints-- teachers are incredibly busy with constant demands on their time. Introducing new initiatives can sometimes be met with resistance. Fitting programs into an already very crowded curriculum and timetable can be very challenging.*

*The MindMatters resources are fantastic. It is difficult however to find room in the curriculum for them. It is one of my objectives to have MindMatters embedded in the curriculum.*

Comments about staff roles and skills frequently referred to the orientation of teaching staff to their main teaching disciplines.

*Not all staff have an understanding of how to promote student well-being in the classroom. Some staff have an inconsistent approach to managing bullying.*

*Teacher expertise and confidence in dealing with mental health issues. Access to professional help.*

Access to specialist professional help was mentioned by 15 per cent of the comments. For several of the schools this was associated with the rural location of the school,

*Our school only has counselling services three times a week split between two counsellors. It is very difficult to have continuity and immediate action when needed.*

*Problems in accessing health professionals because we are a small rural centre and a significant distance from the major centres.*

Issues associated with parents and families were mentioned in just less than one in ten comments.

*Some families lack of understanding of mental health and well-being and / or unwillingness to acknowledge their need for support.*

*Instances of lack of parental support for welfare teachers who went to refer students to [regional] network student services.*

Comments also referred to resource needs to match demands.

*Individual programs for students are often very effective but the nature of our student cohort and our immense student welfare needs make it difficult to cater for issues at the best of times.*

*Insufficient resourcing to follow up student needs, particularly as our students are newly arrived requiring interpreters which prolongs the counselling process.*

In one sense the barriers identified with respect to curriculum space and teacher orientation are linked in that both reflect ambiguities with respect to the expectations of schools. Schools are expected to fulfil both instructional and social development roles. There is a body of research literature that supports the argument that these purposes are not antithetical to each other but sometimes in the world of practice these orientations have not been implemented in the way schools, and other institutions respond to challenges. It is also of interest that when respondents were invited to identify gaps or barriers the responses were almost entirely focussed on barriers.

## **SCHOOL PROGRAMS**

This section of the chapter is concerned with programs and activities that either protect student mental health and well-being or provide intervention if student well-being has been disturbed. It also considers the challenges to the mental health and well-being of students in both the compulsory school years (up to and including Year 10) and the postcompulsory years (Years 11 and 12). In addition to examining the programs and activities of school programs the section considers evidence about the presence of characteristics of effectiveness and the sorts of changes that have been made to programs.

## Main programs

As part of the survey schools nominated up to four of their programs or events which either protected student mental health and well-being or provided intervention if student well-being had been disturbed. These responses were coded in categories that emerged from the responses. The categories are recorded in Table 3.6. *MindMatters* was nominated by one eighth of the schools. The most frequent nominations were specific programs (nominated by more than four schools out of five) followed by professionals to whom referrals were made (nominated by just fewer than half the schools) and pastoral care groups and related activities (again just fewer than half the schools). Approximately one third of schools nominated peer support or mentoring programs, health and physical education curriculum initiatives or a special event such as health week. Anti-bullying and harassment programs were mentioned by one quarter of the schools.

**Table 3.6 Main programs for mental health and well-being**

Program Code	Percentage of nominations	Percentage of schools
Program/resource (eg rock/water; beyond blue)	22.9	84.5
Professional (psychologist/counsellor etc)	12.4	45.7
Pastoral care/home group/camps	12.2	45.0
Peer support/buddies/mentors	9.9	36.4
Health/PE/curriculum initiative	8.5	31.6
Event (eg health week/expo/guest speaker)	8.1	29.9
Anti-bullying/harassment	6.9	25.5
<i>MindMatters/Families Matter</i>	3.3	12.1
Mentoring	2.4	8.9
Alcohol/drug awareness	1.6	5.9
Extra-curricular activities	1.4	5.1
Other	10.5	38.9
Average number of programs identified per school	3.5	

## Challenges

Schools were invited to list some of the challenges to the mental health and well-being of students in the compulsory years of schooling and the post compulsory years of schooling. Relevant data are recorded in Table 3.7 as the percentage of schools that nominated a particular challenge as one of their four nominations and as the percentage of all nominations. As might be expected, there were many similarities but some differences between the two age groups. Family and parenting issues were frequently mentioned for both age groups although they loomed larger for the compulsory (59% of schools) than the postcompulsory years (37% of schools). Bullying and harassment also loomed larger for students in the compulsory (25% of schools) than the postcompulsory years (3% of schools). Academic pressure and maintaining a life-study balance was seen as more of a challenge for the postcompulsory years (41% of schools compared with 18% of schools for the compulsory years) as were perceived challenges associated with drugs, alcohol and depression (26% of schools in the postcompulsory years compared with 17% in the compulsory years).

**Table 3.7 Challenges to mental health and well-being**

Compulsory Years Challenges	% schools	% challenges	Postcompulsory Years Challenges	% schools	% challenges
Family/parenting issues	58.9	19.7	Academic pressure/work-study balance	40.9	16.6
Other individual related	35.7	11.9	Family/parenting issues	37.2	15.1
Bullying/harassment	25.0	8.4	Perception of drugs/alcohol	25.9	10.5
Peer relationships	24.4	8.2	Peer relationships	22.8	8.0
Academic pressure/work-study balance	17.7	5.9	Other individual related	19.7	5.6
Perceptions of drugs/alcohol	17.0	5.7	Depression	11.7	4.8
Peer pressure	16.6	5.6	Anxiety/stress	11.6	4.7
Self esteem/body image	15.4	5.2	Disengagement/attendance	11.5	4.7
Lack of support services	13.7	4.6	Self esteem/body image	10.8	4.4
Disengagement/attendance	12.8	4.3	Other individual related	9.0	3.8
Other school related	12.2	4.1	Other school related	8.6	3.7
Other community/society related	9.5	3.2	Lack of support services	8.2	3.5
SES/money related	7.5	2.5	Peer pressure	7.1	3.4
Isolation	6.8	2.3	Other community/society related	6.8	2.9
Depression	6.2	2.1	SES/money related	5.6	2.8
Development/adolescence/puberty	6.1	2.0	Isolation	3.9	2.3
Incident/trauma/loss/grief	5.4	1.8	Bullying/harassment	2.9	1.6
Anxiety/stress	3.9	1.3	Development/adolescence/puberty	0.9	1.2
Abuse	3.2	1.1	Incident/trauma/loss/grief	0.5	0.4
Other family related	0.9	0.3	Abuse	0.2	0.2
Total	290	100	Total	246	100
Average number of challenges / school		2.9	Average number of challenges / school		2.5

A comparison of these data with the policies and programs that are mentioned elsewhere in the chapter prompts the observation that there are relatively few policies and programs concerned with life-study balance for senior students and dealing with family issues for either of the age groups.

### Success in promoting mental health and well-being

Schools were invited to assess the extent to which they were successful in promoting the mental health and well-being of mainstream students and students with special needs. As shown by the data in Table 3.8, two thirds (66%) of schools consider that they are quite successful in promoting the mental health and well-being of mainstream students but only one in eight (13%) consider themselves to be very successful. Schools generally consider that they are more successful with respect to students with special needs than with mainstream students. More than one quarter (28%) consider themselves to be very successful in promoting the mental health and well-being of students with special needs.

**Table 3.8 Ratings of success in promoting mental health and well-being of students**

	Percentage of schools nominating in category	
	Mainstream students	Students with special needs
Very successful	13.1	27.9
Quite successful	65.7	54.7
Somewhat successful	20.7	16.8
Not very successful	0.6	0.5
Number of respondents	176	182

### Characteristics of school programs associated with mental health and well being

Schools also rated the effectiveness of their programs in terms of a number of dimensions or characteristics. The results shown in Table 3.9 refer to the inclusiveness of school educational programs in terms of providing for a range of student abilities, interests and needs. Those data indicate that schools believe they are moderately successful in terms of providing for a range of student interests, abilities and needs. Typically between one fifth and one quarter of the schools consider their programs to be very effective against these criteria and a further three-fifths consider themselves to be quite effective. Interestingly these three items form a tight one-dimensional set reflecting inclusivity<sup>3</sup>. There was no significant difference between *MindMatters* and other schools with respect to this measure of inclusivity.

<sup>3</sup> The first principal component accounts for 72 per cent of the variance in the item responses.

**Table 3.9 School ratings of dimensions of inclusivity of programs**

	Percentage of responses in each category		
	Student abilities	student interests	student needs
Very effectively	21.6	26.1	21.8
Quite effectively	62.8	58.0	61.5
Somewhat effectively	14.2	15.9	16.7
Not very effectively	1.4	0.0	0.0
Total	182	182	182
Mean rating	3.05	3.10	3.05
Standard error	0.05	0.05	0.05

*Note: mean rating on the scale 1=not very effectively, 2=somewhat effectively, 3=quite effectively, 4=very effectively.*

Table 3.10 records data derived from respondents' views of the effective presence of other characteristics considered to promote student mental health and well-being. These data refer to aspects of curriculum and teaching such as providing meaningful and relevant tasks, work experience and community service as well as attendance and truancy. Almost half of the schools believe that that they are very successful in terms of providing work experience programs (this may simply mean that most schools do this in some form). The data in Table 3.10 also suggest that schools consider themselves less effective in community service programs (one quarter of schools consider they provide this very effectively), including relevant and meaningful tasks (one fifth of the schools consider themselves very effective in this respect) and in programs that address attendance and truancy issues (one fifth of schools).

**Table 3.10 School ratings of presence of characteristics of effectiveness**

	Percentage of responses in each category			
	Relevant tasks	Work experience	Community service	Attendance & truancy
Very effectively	23.3	49.2	25.2	21.3
Quite effectively	57.9	34.2	33.5	31.4
Somewhat effectively	18.8	12.3	32.0	37.5
Not very effectively	0.0	4.2	9.3	9.8
Total	182	181	178	178
Mean rating	3.04	3.29	2.75	2.64
Standard error	0.05	0.06	0.07	0.07

*Note: mean rating on the scale 1=not very effectively, 2=somewhat effectively, 3=quite effectively, 4=very effectively.*

### Changes in the past 18 months

Schools reported a number of changes over the 18 months prior to the survey at the end of 2005. Table 3.11 provides data about the types of changes introduced.

**Table 3.11 Changes to school policy, programs or practice in promoting student mental health and well-being within the past 18 months**

	Number of nominations	% nominations	% schools
Nominated program	38	10.9	25.7
Bullying and harassment	37	10.6	25.0
Staff numbers in health promotion practice	33	9.5	22.3
School curriculum and teaching	31	8.9	20.9
Drug education	18	5.2	12.2
Pastoral care / life skills	18	5.2	12.2
Peers (support, mediation etc)	16	4.6	10.8
Behaviour management	15	4.3	10.1
Mental health activities	12	3.4	8.1
<i>MindMatters</i>	12	3.4	8.1
Students (includes indigenous)	11	3.2	7.4
Student services/support	10	2.9	6.8
School policy	9	2.6	6.1
Whole school policies and programs	9	2.6	6.1
Attendance at school	8	2.3	5.4
Counselling	7	2.0	4.7
Relationships	7	2.0	4.7
Community links	6	1.7	4.1
Health education	6	1.7	4.1
School organisation	6	1.7	4.1
Data collection for policy and evaluation	6	1.7	4.1
Parents and families	5	1.4	3.4
Restorative	5	1.4	3.4
Safe schools	5	1.4	3.4
Staff development	5	1.4	3.4
Mentoring	4	1.1	2.7
Child protection	3	0.9	2.0
Unspecific information provision	3	0.9	2.0
Transitions on entry to secondary school	3	0.9	2.0
Total	348		148

More than three quarters (78%) of schools had nominated one or more changes, more than one half (55%) nominated two or more changes, more than one quarter (29%) indicated three or more changes and one fifth (19%) indicated four or more changes over that time span. This level of activity suggests that issues concerned with student mental health and well-being are “on the agenda” of many secondary schools.

One quarter of the schools had introduced a nominated program over that period and one quarter had introduced, amended or reviewed their bullying and harassment policies or programs. More than one fifth of the surveyed schools had made changes to curriculum and teaching approaches and a further fifth had increased the numbers of staff concerned with health programs and policies. One in eight schools had introduced or amended drug education programs and the same number had changed provisions for pastoral care or life skills. Approximately one tenth of the schools had changed programs involving peers (peer support or peer mediation) and one tenth had changed behaviour management procedures. Eight per cent of schools had introduced

*MindMatters* and eight per cent had been involved in various other mental health activities.

In more than one third (35%) of the schools that had introduced changes students had influenced those changes significantly and in a further half (49%) students indirectly influenced the changes. Only in 14 per cent of schools did students have no influence on the changes.

## **POLICIES AND PROGRAMS IN PRACTICE**

As part of the survey schools were invited to provide information about characteristics of policies and programs that were intended to promote student mental health and well being. These concerned the people and resources involved in those policies and programs, the extent to which programs were inclusive of a range of students and the involvement of students in policies and programs.

### **Resources used in promoting student mental health and well being**

Table 3.12 provides data about the extent to which different personnel resources are used in supporting mental health and student well-being. The most frequently used resources are external agencies (always for one third of schools) followed by staff acting as mentors (always in just less than one school in three). The least used resource is the whole school approach (always for one school in 15) with external people acting as mentors also being infrequent (always for one school in 12). The middle frequency of use is students acting as mentors (always for one school in eight) and parents (always for one school in ten).

**Table 3.12 Resources used to promote student mental health and well-being**

	Percentage in Each Frequency Category for Each Group					
	Staff mentors	Student mentors	Whole school	External people	Parents	External agencies
Always	29.9	13.6	6.4	8.4	10.5	32.9
Usually	37.7	30.0	24.2	30.4	29.2	51.3
Sometimes	30.4	45.2	35.9	41.8	46.7	13.3
Rarely	2.0	11.1	33.5	19.4	13.7	2.5
Total	100	100	100	100	100	100
Responses	182	183	179	183	183	181
Mean	2.96	2.46	2.03	2.28	2.36	3.15
SE	0.06	0.06	0.07	0.06	0.06	0.05

*Note: Mean scores based on a scale of 1=rarely, 2=sometimes, 3=usually and 4=always.*

### **Variations in programs that promote student mental health and well being**

Schools were asked to indicate the extent to which programs that promote student mental health and well-being were varied to account for differences among students. Table 3.13 provides data about the extent of these variations. Those data show that schools believe that there is considerable variation to account for students in the transition from primary to secondary school (always in slightly more than four schools in ten) and substantial variation to account for students with special needs (always for one third of schools) and even for students with challenging backgrounds

or experiences (always for just more than one quarter of the schools). There is less variation invoked to account for differences in socioeconomic background (always for less than one fifth of the schools), in sex (always for a little more than one school in six) or in culture, ethnicity or religion (always for a little more than one school in eight).

**Table 3.13 Variations in programs that promote student mental health and well being**

	Percentage in Each Frequency Category for Each Group						
	Age	Sex	Cultural	Transition	SES	Challenging	Special needs
Always	20.1	17.4	13.0	43.6	17.9	28.4	33.5
Usually	49.5	36.9	46.1	39.4	35.0	48.7	46.1
Sometimes	19.4	29.5	27.2	11.3	29.5	17.7	17.5
Rarely	11.0	16.2	13.7	5.6	17.6	5.1	3.0
Total	100	100	100	100	100	100	100
Responses	167	178	113	173	179	181	180
Mean	2.79	2.55	2.58	3.21	2.53	3.00	3.10
Std error	0.07	0.07	0.08	0.07	0.07	0.06	0.06

*Note: Mean scores based on a scale of 1=rarely, 2=sometimes, 3=usually and 4=always.*

Response to the set of items that were concerned with the extent to which programs are varied to account for variations in student characteristics appeared to be manifestations of one underlying dimension concerned with inclusivity. One principal component accounted for 58 per cent of the variance in responses and a scale with a reliability of 0.87 could be formed from these items. There was no difference in inclusivity between *MindMatters* schools and other schools.

### **Students' roles in programs that promote student mental health and well being**

Students have a variety of roles in programs that promote mental health and well being from being actively involved in program developments, through setting goals and expectations for their own development and through having their improvements acknowledged to having their rights and privacy being a key consideration in programs. From the perspective of the student this ranges from active to passive involvement. Data from the question concerned with the role of students in programs that promote student mental health and well being are recorded in Panel A and Table 3.14.

**PANEL A**  
**EXAMPLES OF STUDENT ROLE IN MENTAL HEALTH AND WELL-BEING PROMOTION**

Small school community advantage. Very supportive, quick to respond and students valued. All programs have been developed to be student-centred and feedback is sought at regular intervals.

Consistent and appropriate and ongoing support for students by outside agencies is an issue. Appropriate funding for schools to support student wellbeing is a huge issue as is Training and Development of staff.

Employment of a Youth Minister has enabled us to tap into student needs easier than with the Counsellor - as a result we are able to focus on the kids that are misfits in the mainstream, but not draw attention.

Our SRC is in its fledgling state but we are hoping that this will develop strongly in 2006. Our Peer Skills Helpers will have more input into various aspects of student Mental Health & Wellbeing in 2006.

Review to occur in 2006 - have noted our lack of student input.

Student input in this area has to be carefully managed to avoid undue influence of pressure groups which exacerbates the problems rather than solve them.

Students are included in discussions. We acknowledge their ownership of their issues, we don't reward as such but do encourage.

Students can be so deeply distressed they are unable to engage in planning

Students were involved in the changes made to the Positive Relationships Policy in 2005 and were members of the National Safe Schools Framework Committee as well as attending Student Welfare Committees from time to time.

The College has used surveys via the student leadership groups to assess the needs and perceptions of the whole student body. This has been a significant step in getting students to feel empowered

The effectiveness of program, whether they are benefited by student or staff input, is the implementation across the whole

The number and intensity of student mental health issues is rapidly increasing. Staff are generally not trained to handle these and levels of external support are insufficient.

We have a very diverse group of students and trying to meet the needs of all is a challenging task, but we believe we are making huge in-roads.

As our welfare system is based on Glasser principles, student input into the welfare structure is always a key element as it provides ownership for the students of the system being used.

Evaluation of sessions is common practice. Student surveys directed program design (7-12) used student to make school pastoral care disability video and included 'depressed student' as a study.

Having developed a male and female counselling role, students are now more proactive in seeking help.

Student surveys post-courses in health ed (mental health) always occur and the feedback is used to adjust the next course programme.

Students are encouraged to provide input through several groups and forums including interact year level meetings form time and leadership forums

Students have been an excellent source of *MindMatters* data. Also 4 students (two yr 8 and two yr 9) volunteered to be members of the *MindMatters* core program development team - very valuable contributions.

**Table 3.14** Extent of student involvement in programs that promote student mental health and well being

	Percentage in Each Frequency Category for Each Group			
	Program development	Setting goals	Development recognised	Recognition of student rights
Always	5.8	11.8	26.5	52.8
Usually	24.9	39.8	50.3	35.9
Sometimes	50.2	42.4	18.2	11.3
Rarely	19.1	6.0	5.0	0.0
Total	184	183	182	182
Mean	2.17	2.57	2.98	3.41
Std. Error	0.06	0.06	0.06	0.05

The data in Table 3.14 indicate that:

- Student rights are a key consideration in policy and program development (either always or usually) in 90 per cent of schools.
- Students are acknowledged for their attempts to improve their mental health or well-being in three quarters of all schools (either always or usually).
- Students have a significant input into setting goals and expectations for their own learning and development (either always or usually) in just over half of the schools but only in one in eight schools is this always.
- Students have a significant input into program development (either always or usually) in just less than one third of the schools but always only in one in eight schools.

The items concerned with student involvement appear to represent a logical progression along one dimension but although there is one underlying dimension the responses reflect particular characteristics of the items and the dimension only accounts for 48 per cent of the variance in responses.

Panel A records some of the views expressed by school respondents in relation to student issues in programs and policies that promote student mental health and well being.

## ***MINDMATTERS* IN SCHOOLS**

### **Levels of use in schools**

*MindMatters* is an important resource for schools concerned with mental health promotion. As shown in Table 3.15, over 70 per cent of schools use *MindMatters* in some way; 18 per cent as a key resource and an additional 52 per cent as one resource. Only five per cent of schools are not aware of *MindMatters*. From another part of the survey it was noted that two thirds of schools (68%) consider *MindMatters* documents are very important (17%) or important (51%) in the development of policies and programs to promote student mental health and well-being. These two pieces of data are from different parts of the survey and are consistent with each other. Together they suggest for between one in five and one in six schools *MindMatters* is a

significant part of what they do in relation to mental health and well-being and for half of Australian secondary schools *MindMatters* contributes to what happens. Information in Panel B, Panel C and Panel D indicate the differences in what schools said in relation to how *MindMatters* is used. These open-ended comments are consistent with the coded responses from schools about their level of use of *MindMatters*.

**Table 3.15 Knowledge and use of *MindMatters* and Family Matters in Australian secondary schools**

	Percentage of schools with each level of use	
	<i>MindMatters</i>	<i>Families Matter</i>
Not used	4.8	31.9
Aware of but not used	25.2	43.5
Used as one resource	52.3	22.5
A key resource	17.7	2.1
Total	100	100
Valid responses	181	172

*Note: Data are weighted to reflect the Australian population of schools with secondary students.*

**PANEL B:  
SCHOOLS THAT USE MINDMATTERS AS A KEY RESOURCE**

**(22 Comments 10 selected)**

*MindMatters* material used as basis of some activities in induction days and extended home group; *MindMatters* materials used in health classes; some of it has informed policy and program development and data collection -e.g. surveys

*MindMatters* material has been used extensively in the development of the health curriculum at years 7-10 and in implementing resilience training and strategies for the start program.

*MindMatters* used in Yr 8 & 10 Health programs - and within Health area. Need to be more inclusive in other KLAs. The introduction of VELs is an excellent time to review the cross curriculum use.

*MindMatters* is used in both Stage 4 and Stage 5 PD HPE programs. it is also used as a basis for many whole school welfare programs and focus groups

*MindMatters* lessons form the basis of some of our pastoral lessons. We have set up a Parent Net group and are in the process of having parent nights to assist in keeping them up to date with current issues

*MindMatters* materials have been used within our whole school Learning, Attendance and Welfare program. These lessons are conducted in small groups 1 period per week.

*MindMatters* is used in a welfare period once a fortnight for each year group FM has been used three times and we are endeavouring to implement its usage at transition stages and for aboriginal parents

Resilience activities, in particular, are drawn from the resource. New staff members teaching Health are advised to use the resource. (The most battered resource sitting on the shelf 'because it's used so much)

Resources being used across Year 7 to 9 in health and within the pastoral care program which incorporates vertical home rooms from year 7 to 12.

We use *MindMatters* in our Personal Development program, also used in one on one sessions for counselling or small group sessions. We also use activities from *MindMatters* for our 7/8 transition program. I have attended the National *MindMatters* Conference.

This pattern is further corroborated by other data. The in-depth survey in a different sample of schools provides a very similar perspective (see Chapter 4, pages 47 - 48 and Chapter 5 pages 49 – 50). Hence there is consistent evidence from different aspects of the survey that confirms the pattern shown in Table 3.15.

Only one quarter of schools use *Families Matter* with very few using it as a key resource. Thirty two per cent are not aware of *Families Matter*.

### Level of use of *MindMatters* by schools according to distribution of students

The data in Table 3.15 possibly understate the impact of *MindMatters* because they use the school as the basis of analysis and therefore reflect the fact that there are larger numbers of small secondary schools in the independent sector (where *MindMatters* is less extensively used) than in the government and Catholic school sectors. When the data are weighted to reflect the distribution of students by State and sector the distribution of levels of use of *MindMatters* is as shown in Table 3.16. On the basis of these data it can be concluded that one fifth of Australian secondary schools attend schools where *MindMatters* is used as a key resource.

**Table 3.16 Knowledge and use of *MindMatters* in secondary schools weighted by student numbers in each State and sector**

	Percentage of schools
Not used	4.2
Aware of but not used	24.4
Used as one resource	50.9
A key resource	20.5
Total	100
Valid responses	179

*Note: Data are weighted to reflect the Australian population of secondary school students.*

### Variations in use of *MindMatters*

There was no significant variation in the use of *MindMatters* by geographic location (metropolitan, provincial and remote) but there was a tendency for remote schools to be more likely to use *MindMatters* as “one resource” (60%) than as a “key resource” (7%).

There were some differences among States and Territories, as shown in Table 3.17. A comparison of means<sup>4</sup> showed that usage was significantly higher in South Australia and Victoria than in either Western Australia or Queensland. Usage was significantly higher in New South Wales than Queensland. These data hide the apparently high use of *MindMatters* in the Northern Territory and the Australian Capital Territory where the numbers in the sample are too few to enable reliable estimates to be reported.

<sup>4</sup> Using the least significant difference method for multiple comparisons.

**Table 3.17 Use of *MindMatters* by State and Territory**

State/territory	Mean	Standard Error	% used in some way	% key resource
South Australia	3.15	0.13	82.4	29.4
Victoria	3.00	0.10	86.5	18.9
Other (Tasmania, NT, ACT)	2.88	0.14	75.0	12.5
New South Wales	2.87	0.13	63.8	22.4
Western Australia	2.57	0.19	61.9	9.5
Queensland	2.55	0.14	57.6	9.1
Total (weighted)	2.83	0.06	79.8	18.7

Mean based on a scale of 1 = not used, 2 = aware of but not used, 3 = used as one resource, and 4 = a key resource

**PANEL C:**

**SCHOOLS THAT USE *MINDMATTERS* AS A ONE RESOURCE**

**(40 Comments 12 selected)**

Activities are used in tutor periods - vertical groups containing three pupils from each of years 8 to 12.

Different learning areas make use of the *MindMatters* Materials to differing extents. All have a copy of the kit and have planned the inclusion of *MindMatters* materials into their curriculum.

Ideas of *MindMatters* have been disseminated but not used except as a resource for the H/PE programs (tutors/pastoral care staff not using them)

*MindMatters* - used to support Stage 6 Crossroads course, and the Stage 4/5 PD & HPE syllabus. Plan to use *MindMatters* in a community/school resilience program 2006.

*MindMatters* has been used with some middle school students in Pastoral Care Time but not a major focus. It is programmed to be used in 2006 with middle school and senior school students.

*MindMatters* is used in the Pastoral program at Years 7 to 9 which is one lesson per week delivered by the homeroom teacher.

*MindMatters* is used mainly in the Health Program but we have just run some PD on how it can be used in every curriculum area.

Staff professional development sessions, hands on use of the resources and how they work, what they feel like when used with a group. Staff then use the resources within their classes. Families Matter has been introduced to a small number of parents.

Used in conjunction with other resources when planning activities etc. for Student Groups (SGs) our pastoral care program

We were one of the original *MindMatters* schools and continue to look to this resource for ideas; both in class and for special events

The *MindMatters* kit is used in the secondary pastoral care sessions, the primary school and in the PD/H/PE course. Many of our staff (both primary and secondary) have attended *MindMatters* in-service workshops.

Within health program - inter-related with sexuality; self-awareness; bullying programs - worksheets and activities are incorporated into whole school health program.

The data in Table 3.17 also show some differences in patterns of use. In South Australia the high level of use is associated with 30 per cent of schools using *MindMatters* as a key resource (and half using it as just one resource) whereas in Victoria the relatively high level of use is associated with two thirds of schools using *MindMatters* as one resource (and one in six using it as a key resource). In New

South Wales there is a tendency for a greater number of schools to use *MindMatters* as a key resource rather than as one resource.

There are differences between government schools and independent schools in the extent of use of *MindMatters* but not between government and Catholic schools or between Catholic schools and independent schools. In independent schools only two per cent of schools used *MindMatters* as a key resource but 60 per cent used it as one resource. In comparison 25 per cent of government schools used *MindMatters* as a key resource but an additional 46 per cent used it as one resource. For Catholic schools the corresponding figures were 13 per cent and 64 per cent.

**PANEL D:**  
**SCHOOLS THAT ARE AWARE OF BUT DO NOT USE *MINDMATTERS***  
**(13 Comments 8 selected)**

Have used in previous school and attended in-service. Reading to introduce in current school in 2006.

Heard the term *MindMatters* - but that is all

Only acquired this year

These resources have only just been physically relocated due to high turnover of staff etc.

*MindMatters* -did not engage students - drew tattoos on the body shapes. did not enjoy agree/disagree activities, dislike panel discussions.

Hope to have one key member of each faculty trained in *MindMatters*, then one staff development day - all faculties will be asked to embed *MindMatters* strategies into their programs.

*MindMatters* is currently being developed at this school for greater use in 2006.

Students were involved in the *MindMatters* group project in 2005.

## SUMMARY

A large majority (85%) of schools consider that mental health promotion and student well-being is integral to the environment of the school and for half of Australia's secondary schools this is "always" the case. Student mental health and well-being is "always" informed by a whole-school approach in one quarter of schools and "usually" by another half. What schools do is guided by a variety of resources. School-developed policies are the most important source of guidance for nearly six schools out of ten, system-wide documents and the general literature on mental health and well being are very important for more than one third of schools and *MindMatters* is very important in one-sixth of schools and important in an additional half of secondary schools. Schools rate the effectiveness of interventions once student well-being has been disturbed (e.g. through counselling services) as operating more effectively than approaches aimed at general protection of mental health (e.g. programs that build resilience). The major barriers that schools report are concerned with time in the crowded curriculum of schools and the orientations of staff towards student well-being as a priority.

The main activities in schools were specific programs, referrals to professionals, pastoral care groups and related activities, and peer support or mentoring programs. Anti-bullying and harassment programs were mentioned by one quarter of the schools.

Challenges to the mental health and well-being of students included family and parenting issues (especially for younger students), bullying and harassment for students in the compulsory years and maintaining a life-study balance for students in the postcompulsory years. Perceived challenges associated with drugs, alcohol and depression were more prevalent for senior students. Two thirds of schools consider that they are quite successful in promoting the mental health and well-being of mainstream students but only one in eight consider themselves to be very successful. Schools generally consider that they are more successful with respect to students with special needs than with mainstream students.

More than three quarters of schools nominated one or more changes related to student mental health and well-being that had been introduced over a period of 18 months. One quarter of the schools had introduced a nominated program over that period and one quarter had introduced, amended or reviewed their bullying and harassment policies or programs. More than one fifth of the surveyed schools had made changes to curriculum and teaching approaches and a further fifth had increased the numbers of staff concerned with health programs and policies. Eight per cent of schools had introduced *MindMatters*. In more than one third of the schools that had introduced changes students had influenced those changes significantly. The most frequently used resources in programs are external agencies followed by staff acting as mentors and the least used resource is the whole school approach. Schools believe that there is considerable variation to account for students in the transition from primary to secondary school and substantial variation to account for students with special needs and even for students with challenging backgrounds or experiences. There is less variation invoked to account for differences in socioeconomic background, in sex or in culture, ethnicity or religion. Students have a significant input into program development in just less than one third of the schools.

In more than two thirds of schools *MindMatters* is used in some way. For 18 per cent it is a key resource and for an additional half it is one resource that is used. One in five secondary students attends a school where *MindMatters* is a key resource for mental health and well-being in Australian secondary schools. *MindMatters* is more extensively used in South Australia and Victoria than in other States.

## **SCHOOL RESPONSES TO MENTAL HEALTH PROMOTION AND STUDENT WELL-BEING**

This chapter provides an analysis of the extended responses provided by schools of what they intended and did in mental health promotion and the support of student well-being. The data that are presented are based on the responses of a national survey of 70 secondary schools to a survey conducted during the second half of 2005. The survey was conducted using a questionnaire that provided for consultation with colleagues in each school and an extended response in relation to a series of detailed prompts. The analysis of the responses was intended to probe the understandings that informed what schools did and to report what schools said in their own words. The results cover school policies, school programs, aspects of implementing policies and programs in practice and the use of *MindMatters*.

### **SCHOOL POLICIES**

#### **Systemic policies and documents**

A series of linked questions explored schools' relationships with any systemic policies and documents relating to student mental health and well being. A majority reported that there were system-wide documents or policy statements relating to student mental health and well being (in particular, bullying or harassment) available to the school (57: 81%). With three exceptions, those who reported that there were none were from the Catholic and independent sectors. From other comments made, it is possible that the three government schools did not respond to the term "system-wide", choosing to interpret the question as referring to "school-wide".

Thirty-seven schools (53%) reported the use of these policies as mandatory. A further 20 schools reported basing the school's policy on existing documents, five use them as occasional resources, and the remaining eight either did not complete the question, or made the comment that, not being part of a system or without access, such documentation was irrelevant.

In terms of other policy documents relating to student well-being and mental health 52 schools (74%) use school-developed policy documents: 31 of these supplement these with other documents available from external sources, including 14 schools who also report use of available literature as well. Seven schools use externally-provided documents only, and three add literature resources to those documents. Eight schools did not answer the question.

#### **Whole-school approach**

Three questions were posed seeking schools' response to the relevance of using a whole school approach for the promotion of with student well-being and mental health. Thirteen schools responded that such matters were informed by such an approach, but made no further comment: another four amplified that response by saying they actively dealt with such matters (total: 24%).

*One of our school priorities, as developed from all staff input, is 'Student Involvement and Wellbeing'. These priorities are in place for three years. The*

*kinds of strategies included on our action plan are to do with student involvement in decision making on committees and informal discussions, health and wellbeing curriculum approaches from R-12, cross age curriculum opportunities and students taking on responsible roles while at school.*

*The Health Promoting School [HPS] framework is a whole school holistic approach to health and the relationship to learning. We became a HPS in 2004 and the school community has taken it on in a positive manner. There have been special health related events occur (healthy eating days, mock accident, healthy lifestyles forums, etc) as well as informed school decisions being based on the ideas behind being a HPS (sun protection policy, canteen policy)*

Thirty six schools in total (51%) indicated that matters of student well-being and mental health were dealt with using a whole school approach. Two schools responded that they sometimes did, and only one school said that it did not.

Eighteen schools (25%) reported making exceptions to the policy where necessary, but only twelve (16%) of these went on to be specific about the nature of such exceptions. Such exceptions tended to be with regard to specific year levels and particular student groups, such as junior classes or special needs students.

*For example – a student with psychotic episodes in the early stages of a schizophrenia diagnosis was dealt with on an individual basis by a team including: School counsellor, Year Advisor, IM Support Teacher, Teacher Aides, Adolescent Mental Health Team. She was closely supervised and monitored whilst keeping details of her case confidential. In another case of a student with clinical depression, arrangements have been made with him to provide time out from the classroom as he needs it, with the support of his class teachers. He is also being supported by the school counsellor in consultation with outside agencies and personnel.*

### **School ethos and environment**

Schools were asked about aspects of the school's ethos and whether its environment could be cited as being specifically and importantly relevant to protecting and enhancing student well-being and mental health. Multiple answers were acceptable and often submitted. Religion was specifically mentioned by 14 schools (20%), pastoral care by 22 (31%) and counselling processes by 11 (16%). Just over half the schools (36) claimed that the school's values and goals were explicit, and accommodated both protection and enhancement, and 23 (32%) mentioned the existence and formal implementation of a welfare philosophy as part of their ethos and environment. Other issues were mentioned by smaller numbers (six or fewer), such as vertical grouping; peer counselling; a general health policy; or an emphasis on close family contacts. Seven schools omitted the question.

*Mission Statement is "Striving for excellence in all endeavours in a happy, caring and supportive environment". We also have a statement on the School's Christian ethos which fleshes out this mission statement and underpins our approach to welfare issues as well as spiritual ones.*

*The school is in a small country town setting with large playing fields, plenty of garden area and lots of fresh air and native flora/fauna. Most students are engaged in out of school sporting/recreation activities. 60% of students come from farms. The majority of students have a positive, life affirming approach to life and are very open and welcoming.*

*This is an isolated rural community with an historical and ongoing on going culture of male domination and inbred male images that if you do not play football or cricket, netball or tennis then you are not really accepted. Put downs and low self esteem are rife amongst many of the students and the females in the community. Mental health issues in the past have been treated as being something you need to snap out of and get over. The tradition is that men/boys don't talk about their emotions, needs or wants in these areas and females also have their role to play and the isolation compounds these roles. This culture is beginning to change with more awareness from the various agencies, visiting practitioners, visiting groups to the school and a focus on our own mental well being, whole school literature distributed to parents and the community and the availability to ready access to outside help when needed.*

*Student well-being is considered to be a curricular issue in that the way we teach can affect student well-being, so there is a strong focus on effective pedagogy. We also have a Student Services Team – Deputy Principals, Nurse, Psychologist, Chaplain, Students at Educational Risk Coordinator, Pastoral Care Coordinator – whose brief is to monitor the well-being of individuals, groups, and the student body as a whole.*

### **Potential changes**

Schools were asked whether they were satisfied with the situation as it is. They were also asked what changes or innovations might be important and powerful ways to improve matters. Twenty-nine schools (41%) professed themselves as satisfied with their current arrangements, though four of these would also like to make some change or introduce some innovation, and 20 (29%) other schools looked forward to changing matters for the better. Few schools were specific about the changes they contemplated: in general the need seemed to be for greater specificity or wider application of particular policies, or the introduction of new programs on a trial basis. Almost a third of the respondents (21: 30%) did not answer this pair of questions.

*This [mental health] needs to become an everyday thing and this focus needs a lot more work from the parents, the community and the staff and students. All of the above needs to be funded and to become an integral part of this community, and of all areas of Australia not focussed on for a while. The 'She's ok' mentality means great programs get dropped and forgotten about. It will take a long time before mental health and wellbeing is seen as just as important and accepted as a person's physical health.*

### **Counselling Services**

Two questions were posed regarding the use and nature of counselling services available to students. One remote school reported that no counselling services were directly available. Of the others, significant majorities of schools reported using such services in the various ways mentioned: 91 per cent by teacher referral, 86 per cent by student request, and 85 per cent by parental request. Referrals to service providers outside the school were made by 71 per cent of the schools. Fourteen per cent reported the likelihood of their expanding the range of services.

*Takes a bit of accessing but if we are determined enough we can access them. But unfortunately they are overloaded, and it sometimes takes a while, or the visits are too far apart due to the case loads and the distance to travel.*

## Fostering relationships

An opportunity was provided for schools to report any ways in which they attempted to foster positive relationships generally within the school. The wording was purposely left quite broad, to see what schools made of the possible range of such relationships and the policies and programs which related to them. The most common responses involved the provision of pastoral care (23%), mention of a formal anti-harassment policy (20%), and peer relationships, either as peer counselling, in either same age or across age-groups (14%) or as generalised peer support (14%) – some schools distinguished between the two. Other forms of multi-age grouping were mentioned by a further 10 per cent. A group of schools made mention of its general school ethos as contributing to positive relationships (16%), and smaller numbers made mention of staff-student relationships (9%) and contacts with families (4%).

*At this College a number of positive relationship(s) programs are offered to students at different year levels. At Year 7 students are linked with Peer Support Leaders (trained Year 10 students) for a semester program. Year 7 students undertake a Social Skills Program delivered by a core teacher. At Year 8, all girls are involved in a program we refer to as PINK (Peers Influencing Positive Kulture) which is delivered over a semester by workers from two outside agencies, a local Youth Foundation's Project Co-ordinator, and the municipal Youth Services Youth Worker together with the College Nurse Educator. Selected boys (14) in Year 8 are involved in a 7 week relationships program known as 'Going Off Tap', run by two facilitators from the Melbourne City Mission's Reconnect Program. Year 10 students experience two sessions with the Reach Foundation. Year 10s' also do one session on Safe Partying presented by the Ambulance Service.*

*We run the following programs annually: Resourceful Adolescent Program (Year 8's). Rock & Water (Y9 boys). Promoting Adolescent Sexual Health (Y9 girls). Seasons For Growth (a few students from across the school). Peer Skills (selected Year 10's for implementation in Year 11). Shared Concern (Year 8's). Wilderness Challenge (selected Y9's). African Drumming – cooperation, coordination, socialisation (selected Y7's from feeder primary schools + selected Y8's). Peer tutoring (Y10 students teach an oracy program to primary school students)*

*I do not believe it is the programs that foster positive relationships, but people. Where students have a say in the programs they are involved with and contribute to the organisation of their own learning- this promotes healthy relationships*

## Recent Changes

The questionnaire also made an attempt to tap into the degree of dynamism with which schools were approaching the task of securing student mental health. It also seemed important to find out the degree to which student involvement could help shape the changes or innovations. The responses indicate a great deal of flux in the arrangements schools make, or propose to make, to their programs and practice relating to student mental health. Nineteen per cent reported having made changes in semester 2 of 2004, double that proportion (38%) were in the process of change (semester 1, 2005) and even more (64%) were proposing change or innovation during the remainder of 2005. Just over half the schools (53%) reported that student views

had had some impact on the proposed changes. Sixteen schools (almost a quarter) did not record any answers to these questions.

*In 2004 we introduced a tutorial program for students in Years 7 & 8, 11 & 12. We hope to extend this further to include Years 9 & 10. It is an opportunity to promote positive relationships and well-being.*

*We developed a change to the way the Student Representative Council operated for 2005 based on a model from another school we liked. The reason for the change was to really incorporate our priority of student 'involvement' rather than just student 'voice'. The term took on more action and therefore more accountability on the students' behalf. The model also allowed more students to have the opportunity to take on leadership roles rather than a select few.*

*We had students make an application responding to key questions and representatives from each class were chosen. Throughout the year specialised committees were offered to the whole student body with at least one SRC representative also. Committees included a student canteen committee, fundraising committees (for charities & school), social committee, locker committee, youth week committee etc. So if someone who was particularly interested in being involved in something, but wouldn't have had the chance if they weren't on SRC, now has the opportunity. If there were lots of nominations for the committees then a balanced selection of students occurred by SRC and supervising staff.*

### **Enhancing resilience**

It seemed important to try to tap into school views of what contribution school programs and resources might make to fostering or enhancing the resilience of an individual to various negative factors that a young person might face, in school or outside. Although the term resilience has come to be fairly widely used, some respondents offered only a question mark as their response to the questions in this section. Almost 20 percent offered no comment. Others offered no more than a general definition of what they took to be "resilience", and ignored the school's role or capacities in enhancing it. However there were several thoughtful and comprehensive views offered of the issue, as shown below. The question was "what do you perceive to be the essence of a good policy or program aimed at enhancing or strengthening student resilience to negative social or psychological challenges".

Of the more specific responses, 38 per cent maintained that curriculum content was the key to promoting resilience, and 33 per cent mentioned student involvement or active learning as being essentials in a program. Other issues mentioned (by quite small numbers) included sports and outdoor education activities; teacher modelling and mentoring (the subject of a later survey question).

*A good policy is specific with an implementation strategy that is straightforward enough to be followed consistently and maintained when staff change. A good program is evidence-based, selected for the purpose for which it was designed (e.g. for 'universal' or 'targeted' intervention), and delivered by appropriate staff. The necessary conditions are: effective practitioners; training; more training available to cope with staff turnover; commitment from administrators in the school; collection and analysis of data to demonstrate/review effectiveness; keeping staff and parents informed about the*

*reasons for and effectiveness of such programs; fitting them into the school timetable.*

*It has been acknowledged by the school that a policy of straight punishment is not effective. There is an emphasis conveyed to students that everyone has a role in fixing a problem and that there should be a moving away from a 'victim' attitude. There has been further use made of the strategy of allowing students to confront their bullies personally which has been seen to have an empowering effect on the student.*

*There have been some problems from well-meaning parents who do not allow their children to see the consequences of their actions. Resilience in students is harder to build without parents entering into the social contract.*

*The essence of good policy or programs must include student involvement in their development, parental involvement where possible and the support of the entire staff especially the administration. Friendly relationships and positive modelling are also essential. Student must feel that they can approach teachers and have their concerns both listened to and when necessary addressed.*

*Whole school approach and commitment as a priority. Specific approaches that show sequence of development of skills across all year levels. Practical and easy to implement in the classroom. Focussing on building positive skills, capacity building rather than focussing on negative aspects. Evidence based programs reviewed and selected to match the local school environment*

*Firstly, the Policy must be easily read and understood. It must be well known and it must be implemented 100% by all staff and students. Secondly, it must contain up to date practices that ensure that staff and students have clear guidelines to assist with the variety of circumstances that would warrant the enhancing or strengthening of student resilience to negative psychological or psychological challenges and it must be relevant to the student population.*

*A good example of this would be in the use of "Restorative Justice' practices in the implementation of the School's Behaviour Management Policy. These practices do not focus on punishment, but on the reduction of harm. Instead of questions like what happened, who is to blame and how do we punish, questions are asked such as what happened, what harm has resulted and what is required to fix the problem. The necessary conditions for such a program, in terms of school resources are. primarily, staff need to be trained and they need to experience success in the use of the policy. Staff who do not take it on must be encouraged to do so or they will continue to have adversarial meetings with students. All staff require training, mentoring and support. Parents need to be introduced to the style of management and should also be given opportunities to use the style at home. Students become very well versed in the style and in the design of the questions and they become less confrontational during times of stress and behaviour problems. Other issues to be taken into account include the ages of the children, experience of the staff and the willingness and ability to have a whole- school approach.*

*All staff must be committed to a programme for it to work across the school and for it to have the maximum benefit for all the students. They need training that is compulsory and on going accountability and recording of what is happening on a regular basis and strategies to help reluctant staff to come on board.. If a programme that is readily available and staff are shown how to implement it without costing a lot in photocopying or other resources than you have a*

*chance of success. Staff must realise this is ongoing and the profile of good mental health and wellbeing is the root of many of the problems that take up so much time, effort and emotion for all involved.*

Respondents were asked about the necessary conditions for such a program, in terms of school resources and what else might usefully be taken into account. Professional development of staff was identified by 20 per cent of respondents to this question: the existence of a pastoral care program was mentioned by 11 per cent, and four issues (staff morale; the use of age-appropriate resources; employment of outside agencies to help schools; making sure that arrangements were duly flexible) each attracted nine per cent. The key condition for many (24%) was that all staff and students should be involved in the programs and enactments of policy.

### **Bullying and harassment**

Schools were asked whether they had developed a policy statement or advisory document relating to bullying or harassment or whether they intended to develop such a policy in the near future. Systemic documents (and the press) have over the last decade made much of anti-bullying and anti-harassment measures as key aspects of a school's ethos or philosophy. The schools in this sample were clearly consistent with these pressures: 89 per cent have a policy statement, and a further seven per cent have an advisory document. Of the three schools which said they have no such documents, two intended to develop one.

*The school has an extensive formal anti-bullying and harassment policy. This is also referred to in the Student Code-of-Conduct. The policy is followed across student year levels within the school. The issue is often spoken about at whole school assemblies. Incidents of bullying and harassment are dealt with by the Assistant Principal Staff and Student Welfare. The school uses as a basic reference the "The Anti Bullying Handbook".*

*All of Year 8 is cycled through a 10 week course in Drama. One aspect of that course is that Drama classes explore battles over status and power that may lead to bullying. Students develop skills in assertive behaviour as well as ways to resolve conflict. Year 8 English do a unit with a Bullying theme, exploring it from a number of perspectives.*

*Year Coordinators regularly conduct assemblies which deal with acceptable community behaviours as well as one-on-one counselling and behavioural modification programs for people affected in one way or another by anti-bullying and harassment.*

Schools were asked to describe the importance and impact of the policy on bullying and harassment<sup>5</sup>. Ninety-one per cent of school respondents reported that every teacher and student was aware of the existence of the policy statement on bullying and harassment. Fifty-nine per cent made it available to parents and expected their support. Forty-one per cent reported that students are placed under specific

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<sup>5</sup> The options were:

- A Every teacher and student is aware of its existence, and use it when need arises.
- B It is available to parents, and they are obliged to be supportive of its recommendations,
- C Students are obliged to be aware of its recommendations and act accordingly.
- D It is available but we rarely need to enact its recommendations

obligations to know it, and act accordingly. Eleven per cent reported that it is rarely needed.

In terms of impact 61 per cent maintain it has been directly useful to students who suffer bullying or harassment, with another 13 per cent assessing it as 'moderately' useful. No school denied its usefulness, but just over a quarter of the respondents did not offer a comment.

*The only program I can think of is learning support. Any student that has a record of learning difficulty is offered a place in learning support. I feel that this is a great benefit to the student as they avoid potential bullying (because they are not learning as fast if they were in a conventional class). The learning support environment is a very nurturing one and is very successful. Bullying for slowness would have a major impact on their emotional health.*

Schools were asked what specific programs, if any, are part of this policy. Forty per cent of schools omitted this question. Of those who responded, 21 per cent referred to a specific anti-bullying program, 17 per cent mentioned one of a range of social skills programs, and 12 per cent mentioned pastoral care procedures. Smaller numbers (less than 9 schools) evidenced use of peer support; mediation programs; *MindMatters*; and their student monitoring procedures.

### **Gaps and barriers in student well-being and mental health**

Two thirds (68%) of the respondents identified deficiencies in their schools policies regarding student mental health with the remaining one third (32 %) reported none or left the question unanswered. The major difficulty discerned by those identifying gaps or barriers (20%) related in some way to the school staff: either lack of professional development, lack of time or, occasionally, non-compliance with policy. Other issues related to student factors, lack of parental support, or a general consideration of community relationships and values. For solving problems, 15 per cent would look outside the school and 39 per cent inside the school, the latter including the 24 per cent who would look in both directions.

*Major barriers are staff confidence and willingness to become involved and the time constraints of timetabling. We are continuing to offer sessions for staff and this year have initiated a pastoral care program throughout the whole school.*

*The main barriers to managing mental health issues in our students are external factors residing in the cultural and socio-economic situation of the students in their community. There are a large number of families in the community who are dependent on welfare, there is a large problem with alcoholism and there is a very large Aboriginal population in the community whose values are sometimes at odds with those of mainstream society and this can sometimes be reflected in the expectations of behaviour within the school system.*

*The community and many of the parents are steeped in the traditions of the past but we hope with the education and gradual change in the students that parents will also see the change in the students' well being and so work with us and support what we are trying to do. Immersing them in various types of information and education through newsletter items, school mental health visitors, or contact with people who have suffered and now manage their own*

*condition , There are men's mental health nights at the local health centre, breakfasts at the school or in the town, and plays put on by the children at the assemblies, plus projects done through out the year levels. Up to date, simple but catchy, appealing DVDs that can be shared throughout a region to assist might also be valuable.*

## **SCHOOL PROGRAMS**

The second major set of questions in the survey concerned school programs more directly. The first group of questions attempted to tease out some of the relationships between curriculum, teaching and learning and the promotion of student understanding of the various challenges to their well-being and mental health. Respondents were asked to distinguish between programs aimed at general protection of mental health and well-being, and programs aimed more at intervention once student well-being has been disturbed. They were also asked to note any evidence for the success of such programs and any changes in progress or foreshadowed.

### **Protection and intervention programs**

The attempt to distinguish between protection and intervention programs did not yield much detailed information. Respondents often recorded the view that they could not see the difference, or that various programs or initiatives had a dual purpose. Where a distinction could be made, the major difference seems to be that curricular programs (71%) are seen as more important for protection than co-curricular activities (61%), but that each domain rated about equally (47% and 44% respectively) when it came to interventions. For protection, health education, pastoral care and peer support programs were those most often mentioned: for interventions, the most common reaction was to mount a program specific to individuals or small groups of students. Thirty per cent of respondents claimed some success for their programs, but almost no specific evidence for such success was offered. Few changes were mooted (21%).

#### *Protection*

*As well as referrals, we have a Martial Arts Therapy Program (new program currently in operation), and an Adventure Therapy program has been used in the past. We use "Smokebusters". We have: forums on drug and alcohol use, sexual health, farm safety; discussion groups to address issues of pastoral care; drama performances to raise issues such as self esteem; drug and alcohol abuse; healthy eating/body image. Other issues are dealt with across the curriculum.*

#### *Intervention*

*Shared concern approach: Rock and Water and other practical / hands on approaches; behaviour management referral system; restorative justice.*

*Because we are a small school, we are able to intervene with students who may need extra help as appropriate to the student and their needs. It is usually through informal discussions with the student, more formal meetings with the student that may also include the parents/caregivers or sending a guidance referral for outside services. The Senior School Coordinator and Principal met with all year 11 and 12 students to discuss their achievements so far this year and their aims and goal for the future. Students' openly discussed their*

*thoughts and feelings giving staff and good understanding of 'where they were at'. It was a reasonable indication of their general well-being.*

Responses to follow-up questions about which programs appear to work best for students shared a similar lack of specificity<sup>6</sup>. Forty-four per cent mentioned that they believed curricular programs to have been effective, 31 per cent of co-curricular were believed to be effective, but only 24 per cent were specific about what these programs were. The origins of such programs were more likely to be within the school, but 43 per cent did not respond to that particular question at all. Likewise the questions about missing programs or possible improvements were each ignored by four-fifths of the respondents. However schools were much more specific when it came to identifying prominent challenges to student well-being and mental health.

### **Prominent challenges to student well-being and mental health**

Schools were asked what challenges seemed most prominent amongst students at your school during: the compulsory years and the senior, post-compulsory years. The responses from the 70 schools are summarised in Table 4.1.

**Table 4.1 Numbers of schools identifying factors associated with challenges to student well-being and mental health**

Challenge	Number of schools identifying challenge in:	
	Compulsory years	Postcompulsory years
Substance abuse	14	10
Violence, harassment & bullying	15	6
Learning difficulties, including motivation	6	11
Peer relationships	24	17
Family circumstances and problems	28	19
Identity, image and self-esteem	14	16
Stress, depression, inc. eating disorders	5	22
General mixture, unspecified	5	5
Other	9	9
Blank	10	9

<sup>6</sup> What programs or approaches do you feel work best for your students in this regard? Once again, please distinguish between programs aimed at: general protection of mental health and well-being, and programs aimed more at intervention once student well-being has been disturbed.

Were such programs school-developed or imported from external sources?

Are there any known or published programs which the school would like to make available to students, but finds it cannot?

If you feel that the school's approach to program delivery could be improved, what programs or approaches do you think would work best for your students?

Few gender differences were mentioned (although they were invited: ten schools mentioned boys and seven girls. The remainder of the responses omitted the question, including those from the 12 single-sex schools.

#### *In the compulsory years*

*There is at present a conflict developing between the expectations of grade based assessment which is being pushed at a national level and formative based assessment which is designed to reflect the progress of each individual student within their capabilities. There is also a conflict between teachers' expectations that what is being taught is important and the perception of many students that what is being taught is irrelevant to their needs.*

*There is a wide pervasiveness of consumer values in the students' lives which emphasise immediate gratification. This is in conflict with the expectations placed upon students by the school that they should tolerate difficult or unpleasant experiences in order to receive rewards later in their life.*

#### *In the senior years:*

*The main problem identified in the senior years is the workload being placed on students. Many are trying to hold down a job and working up to 35 hours a week as well as studying. The school nurse is of the opinion that they should be provided with relaxation classes, that many students fill their lives up with too many things and don't have the space necessary to reflect on their own development and on their own self concept.*

*Taking all years together, some of the challenges students face include great competition for jobs/ careers/ university places; higher demands on employees; increasing demands on family life, changes in family structure and lifestyle; concerns about terrorism and environment; instant gratification mentality which often leads to substance use & abuse; Older parent families juggling career demands with raising adolescents.*

### **Providing for diversity**

By the time respondents reached the questions relating to the way in which their schools catered for the range of student abilities, interests and needs, quite a few felt that they had already covered such issues in previous answers<sup>7</sup>. No attempt was made to track back through those responses, because it was not possible to be certain exactly which specifics they might have had in mind.

There were very few specific responses made to these issues. With regard to abilities, a few pointed to special education provisions: with regard to interests, about a third pointed to opportunities for curricular choice or co-curricular activities. Student needs were most often accounted for by allowing students subject selection (electives or mainstream).

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<sup>7</sup> The question was: Educators often refer to programs which directly cater for the whole range of individual differences students as being important in promoting student well-being and mental health. Are there any ways in which the range of student abilities is catered for, in accordance with this view? Likewise, the range of student interests? Likewise, the range of student needs?

*Students have many opportunities to engage in programs that offer diversity and choice – self-directed learning, learning with educational support, Pathways, etc. However I would suggest that a greater degree of genuine participation is achieved if students have the opportunity to take on leadership roles, with student-directed and focused learning objectives - recognition of them as key stakeholders in their education.*

*Our staff, over the last few years have, completed a range of good quality professional development sessions about learning, the brain, thinking skills and student inquiry. The main focus in all of this learning is about recognising the differences in students' learning and thinking and being able to design our curriculum to support and challenge them. Independent studies, roundtable assessments, cross curriculum units of work, peer support are all strategies used throughout our school to cater for the range of abilities, interests and needs of our students. Most of our classes across the school are composite classes of one or two year levels, so it is expected that teachers are able to cater for a range of abilities within the one classroom. Professional development and performance management meetings support staff with this expectation.*

*We have an excellent program running where, for an hour a week, students select a subject which interests them, and which is taught by teachers who have a particular interest in that topic. We have found that this program promotes student interests well being as it is so enjoyable for them, and is aimed at their interest level.*

Similar responses, lacking specificity, often occurred when schools were asked to give examples of ways in which meaningful and relevant tasks might be included in their programs. This question followed the prompt that teaching and learning based on “meaningful and relevant tasks” in school experience and learning is important in promoting student well-being and mental health.

*At year 9 level, the level where we find greatest disengagement with traditional curriculum, we have developed programmes such as Marine Studies, Carnival of Thinking, Bees in Space which directly links curriculum to hands on experiences.*

*We have a very successful program called Hands-on Learning which allows students to work in small, multi-age groups doing very practical projects. This often helps to improve social skills and well-being.*

*In our senior school, students have the opportunity to complete a range of VET units which can count towards further training. Students are also able to complete School Based New Apprenticeships (SBNA), which are certainly meaningful and relevant for students to gain real life work experience with an actual business. Both VET and SBNAs count towards their SACE. We also use 'The Real Game' in which students receive an occupation and then need to go through a series of real life simulation activities (budgeting, leisure choices etc) to gain a better understanding of life after school.*

*Student learning (rather than student life) is based on Outcomes Focused Education in all learning areas in the school. Students are taught the skills and knowledge they need to work through open-ended assessment tasks (which allow them to achieve at the level of which they are capable and enable them to analyse their own achievement) and every attempt is made to create tasks which are engaging and relevant.*

Work experience, career guidance and planning and use of hands-on learning styles were each mentioned by a few schools. The first factor, work experience, was also the subject of a separate question, in a group relating to extra-mural and co-curricular activities. The overwhelming majority replied in the affirmative to the existence of a program (91%), but few made a value judgement about its efficacy.

*Work experience is directly useful especially with students 'at risk' – it has been very helpful in providing positive experiences and highlighting areas of success for students who are otherwise disengaged with the learning process. It has also benefited all students by helping them to clarify their work choices, goals for the future and in many cases motivating them to achieve at school in order to be more competitive when seeking employment. In-school work experience programs including recycling, library & café have been beneficial for student with special needs and those needing additional pastoral care.*

A slightly lesser majority (80%) replied in the affirmative to the question about whether the school had a community service program or activities but, again few supplemented their answer with a judgement.

*Both work and community programs do seem to encourage students to experiment and take controlled risks.*

The most commonly cited examples of extra-mural or co-curricular activities that might contribute to well-being and mental health were outdoor education (29%) and youth groups and clubs (28%).

### **Attendance and truancy**

The questions relating to non-attendance and truancy were answered by a large majority of respondents. The measures reported were largely traditional (roll-calls, often more than once a day, and in some cases during every period). Seven schools reported data capture by electronic means (including PDAs and the like), and several more announced intentioned to move to such a system.

*We have a daily monitoring system which sends a text message to the parent if student is absent. We also have a lesson attendance check which runs through the day. In the event of prolonged absence, contact is made with the care giver. If a satisfactory answer isn't found, we use departmental attendance counsellors to assist.*

The main recourse for schools in dealing with non-attendance was contact with parents (cited by 66% of schools), and 44 per cent followed this up with use of in-house counsellor action or other-in-house strategies (17%). Twenty-nine per cent also had recourse to outside agencies (such as departmental support officers) but few (3 schools) mentioned police or other legal action.

## STUDENT MENTAL HEALTH AND WELL-BEING IN PRACTICE

### Whole-school approach

An earlier question about use of a whole school approach in conceiving or applying policies about student mental health and well-being was supplemented by a similar question relating to practice<sup>8</sup>.

More than one-quarter (27%) of the respondents went beyond the terms of the question, and maintained that such a whole school approach was essential. An additional third (31%) indicated that the approach was “more likely” and one quarter (23%) indicated that the approach was “less likely”. Evidence of success of promotion of mental health in practice with mainstream or special needs students however was sparse<sup>9</sup>.

Increased enrolment and attendance were each mentioned by six schools with regard to their mainstream students, and increased retention by four schools with regard to their special needs students. Apart from this, evidence was merely “anecdotal” (reported by around half the schools with regard to either category of student – 46 per cent for mainstream: 54 per cent for special needs). One third (34%) of the sample did not respond to the question.

*Students with special needs are included in all school activities as far as possible. The focus of their integration is more often more social rather than academic. The evidence we use to determine success in these programs is mostly related to connectedness to school through level of attendance, rates of suspension, incidences of inappropriate referrals, etc, as well as opinion surveys, individual feedback from students and parents, and teacher observations of changes in behaviour, attitude, work output. We are now in the second year of the Boys' Education Lighthouse Schools Program and the ACER Social Emotional Well-being Test was administered at the beginning of the year and will be done again soon to measure (for all students) whether there have been measurable changes as a result of our interventions.*

### Pastoral care and mentoring

In terms of specific activities, programs duly labelled as pastoral care were reported from 76% of the schools<sup>10</sup>. A small proportion (7%) of respondents regard them as separate from student welfare programs in general, but remain unspecific about benefits or drawbacks.

*In Primary classes, pastoral care and student welfare activities are integrated within the classroom. In Middle School we have two lessons a week of Pastoral Care. The teachers which run these lessons are also home-group teachers and*

<sup>8</sup> Is promotion of student mental health and well-being in practice more likely to be done using a whole school approach, or less likely?

<sup>9</sup> What evidence can you point to of the success of programs promoting mental health with: mainstream students? special needs students?

<sup>10</sup> Are programs which might be collected under the heading “pastoral care” operating in your school?

Are they separate from policies and actions which might come under the heading “student welfare”?

If so, what benefits (or drawbacks) do you see arising from this separation?

*teach the students in other subjects also. Activities which are run within these lessons include team building exercises and activities from MindMatters and "The Heart Masters". We also run a health related unit to fit in with being a Health Promoting School. Last year it was tobacco, this year it was alcohol which included completing tasks from the 'Rethinking Drinking' student workbooks. Visiting Life Education sessions will also back up this learning later on in the year. 'The Real Game' was used with year 7-11 students this year and provided good activities for thinking about their futures and life after school.*

Mentoring programs at some level or another were reported by three quarter (76%) of the schools<sup>11</sup>. Two thirds (67%) reported staff involvement, one quarter (27%) used other students as mentors, and one sixth (17%) used mentors from the wider community. Some schools used two or all three of these structures. Social workers, chaplains, Indigenous community members and adult volunteers were cited by small numbers of schools as fulfilling the mentor role.

Contact with, and support from, parents and carers was as substantial as might be expected (76%) but 10 per cent of schools reported little contact or support from their parent bodies<sup>12</sup>. One third of respondents (34%) reported difficulties with particular groups or types of parent while admitting that contact in general was satisfactory.

*We have a range of support and interest from parent and caregivers. School functions are reasonably well attended and supported. A small group of parents were involved in our Learning to Learn Practicum we held this year, a commitment of being involved with the Learning to Learn program. Their evaluations displayed a great level of new knowledge and understanding gained about learning and thinking styles from the involvement in the practicum. As part of the practicum they attended a professional development session run by Julia Atkin and they also completed a Hermann Brain Survey to describe the way they work best. This proved very insightful for the parents and it was great to be able to discuss our new knowledge with parents when we had a common language. Teachers from the school ran information sessions about multiple intelligences, visualisation, play and projects and roundtable assessment and our principal facilitated conversation and strategies for working with their children at home. It was a great educational experience for our parents and it was a pity that we there weren't more involved.*

*We have a Year 7 program which uses parents as mentors. This program offers training to parents who wish to come to school and facilitate small discussion groups with Year 7 students on health and well being issues. Parents respond positively to the program - they value the training as well as the opportunity to be actively involved in the health and well being issues. We would like to enhance this aspect of our well-being curricula. Our 'Creating Conversations' evenings are well attended at Year 9 level and parents often report that these nights encourage the best the conversations they have had with their daughters.*

<sup>11</sup> Do such programs of pastoral care or student welfare make any use of the specialised structure usually known as mentoring? If so, distinguish between mentoring by: staff members; other students; people outside the school community, but sponsored by the school.

<sup>12</sup> What contact with or support from parents or carers does the school have? How would you rate the success of such contacts in promoting mental health and student well-being? What gaps or barriers do you perceive in the schools relationship with the parent body?

## External Agencies

Use of external agencies, resources and services appears to be extensive, as the data in Table indicate<sup>13</sup>:

**Table 4.2 Percentage of schools using external agencies and services to support student mental health and well-being**

Service	Percentage of schools
Legal	11
Medical	33
Counselling	43
Employment	24
General, or as needed	29
Used, but unspecified	11
Blank	10

The usefulness of external agencies went largely without comment. Gaps and barriers were mainly of three kinds: the costs involved, the difficulties and frustrations of waiting lists, and inconsistencies of treatment related to changing personnel in the service provider.

## Providing for diversity

An earlier question relating to individual differences amongst students was supplemented by an attempt to take a more detailed look at promotion in practice as it applied to specific groups<sup>14</sup>. Some information was derived about who was separately catered for, but very little about how such variation occurred for that subgroup. Many respondents merely ticked the printed list without further comment. Over a third of respondents did not offer any comment at all (37%). Of those who did, Table 4.3 provides some data.

<sup>13</sup> What contact with or support from outside agencies [legal; medical; counselling; employment] does the school seek? How important and/or useful do you find such contacts to be? Do gaps or barriers occur in the school's relationship with these agencies?

<sup>14</sup> In your school how are programs for, and promotion of, better mental health and well-being varied, to account for: differences in age? gender differences? differences of culture, ethnicity or religion? special needs of students in transition from primary school? socioeconomic differences? students with family backgrounds or living circumstances which are complex or challenging? other students with special needs [please identify the needs]?

**Table 4.3** Percentage of schools indicating programs that cater for various categories of difference among students

Category	Percentage of schools
Age	20
Gender	13
Ethnicity	15
Transition	19
Socioeconomic	11
Families	17
Handicapped	15
Slow learners	23
All of the above	17
"Yes", but not specific	8
Blank	37

## STUDENT ISSUES

The fourth main section of the script version of the survey dealt with several student issues which seemed important in acknowledgement and protection of individuals, as necessary for promoting their mental health or well-being. One referred to the acknowledgement of the success of students in personal attempts to improve their own mental health or well-being.<sup>15</sup> Although not all schools responded to this question (36% did not), acknowledgement of personal success was high in those which did. Ten schools (14%) acknowledge successes personally, to students, the same number acknowledges success publicly, and 36 per cent acknowledge students in both ways.

*The Real Justice system is practised throughout the school which is based on restorative rather than punitive strategies. A behavioural level system is used whereby students' positive behaviour is acknowledged through an award voucher system. Positive behaviours - moving up to higher levels on the behavioural level system - is acknowledged at school assemblies. Students on the higher levels of the behavioural level system are given rewards each end of semester. e.g. a trip to the movies, a picnic, pool hired for day, etc, paid for by the school.*

Students are also often partners in designing the pattern of their own progress<sup>16</sup>. In 29 per cent of the sample, students set expectations for themselves, and this is partly the case in another 24%. Nearly half (47%) did not respond to the question.

An emphasis on, and safeguards for, student rights and privacy is clear in a majority of schools<sup>17</sup>. Clear policies and practices are observed in nearly three quarters (73%)

<sup>15</sup> What acknowledgement is made of the success of students in personal attempts to improve their own mental health or well-being for example, no recurrence or re-offending)?

<sup>16</sup> What part do students play in designing or controlling their own development? (for example by themselves setting high but attainable expectations)

of the respondent schools, though it is regarded as a minor issue in one school. *Families Matter* are specifically safeguarded in 40 per cent and medical histories in 51 per cent. Two schools mentioned making use of electronic passwords to control access to such data. Students are certainly aware of the safeguards in one quarter (26%) of schools, and may be in a further 13 per cent. Conflicting demands may sometimes become apparent in 14 per cent of schools.

### **MINDMATTERS**

The final section of the survey concerned schools knowledge of, and reactions to, the existence of *MindMatters* and *Families Matter* materials. Knowledge of *MindMatters* materials, strategies and resources is fairly widespread, but their use is somewhat less so<sup>18</sup>. Ten schools (14%) omitted this question and one school made no use of or had no access to the materials. Other responses were as recorded in Table 4.4.

**Table 4.4 Usage of *MindMatters* by schools**

Response	Percentage of schools
We do not use or have access to <i>MindMatters</i> materials	1
We have information about <i>MindMatters</i> , but we develop our own policies and programs	33
We have information about <i>MindMatters</i> , but we develop our own policies and programs AS WELL AS <i>MindMatters</i> materials are an important resource, and we often consult or use them	13
<i>MindMatters</i> materials are an important resource, and we often consult or use them	31
<i>MindMatters</i> materials are an important resource, and we often consult or use them AS WELL AS <i>MindMatters</i> materials have had a great impact on the way we act to protect and enhance student mental health and well-being	10
<i>MindMatters</i> materials have had a great impact on the way we act to protect and enhance student mental health and well-being	3

Those schools that answered one of the three categories reflecting highest use indicated the ways in which they used *MindMatters* as a resource in planning and promotion of mental health. The influence and use of *MindMatters* materials varied somewhat. They were used as the basis of school documents in 30 per cent of schools, as reference materials in 11 per cent, and in course materials in 21 per cent. Counsellors and pastoral carers used them in seven per cent of schools. Thirteen per

<sup>17</sup> In what ways does the school have regard for issues to do with student rights and privacy? What safeguards are in place to ensure rights and necessary privacy (for example, medical records)? Are the students aware of these safeguards? Do conflicting demands become apparent when the school is involved in prosecuting these policies?

<sup>18</sup> Please indicate which of the following applies to your school.

- A We do not use or have access to *MindMatters* materials.
- B We have information about *MindMatters*, but we develop our own policies and programs.
- C *MindMatters* materials are an important resource, and we often consult or use them.
- D *MindMatters* materials have had a great impact on the way we act to protect and enhance student mental health and well-being.

cent of schools report participating in meetings and professional development activities of *MindMatters*.

Knowledge and use of Families Matter materials, strategies or resources is rather sparser and clearer. As shown in Table 4.5 the influence and use of Families Matter materials is slight. Seven per cent reported using them as the basis for school documents or practice. At the end of the survey document a chance was given to schools to offer comment, or raise other issues. Two schools asked for information about Families Matter (which has been provided). Two more offered brief statements of what they considered to be key issues (they concur in the opinion that consistency of treatment for all students is important), and one school asked for information about a Staff Matters program.

**Table 4.5 Use of Families Matter by schools**

Response	Percentage of schools
We do not use or have access to Families Matter materials	34
We have information about Families Matter, but we develop our own policies and programs.	36
Families Matter materials are an important resource and we often consult or use them.	7
Families Matter materials have had a great impact on the way we act to protect and enhance student mental health and well-being	0
Omit	23

## SUMMARY

On considering the whole corpus of written comments which arrived in response to the survey request, one is struck by several aspects.

The prime one is the comprehensiveness with which schools discharge their duty of care for their students. This appears to go far beyond safety and protection, to active interventions which not only attempt to preserve existing standards of mental health (however much these might vary amongst individual young people in their charge) but enhance mental well-being and social harmony and the processes of psychological and physiological development proper to adolescence. While some school respondents admit deficiencies in their arrangements, they never stop trying: to get all students and staff on side, to promote family/community/school relationships, and to reach a happy, friendly environment in which kids will feel safe and prosper in life as in learning.

The second major impression is that success has much to do with school (and sometimes community) size and geographical location. Rural and remote schools were more likely to report success and satisfaction, despite the drawbacks inherent in their location (poor access to services; lack of variety in community contacts; occasional community tensions and dysfunction). Large metropolitan schools do what they can, but rarely report happy students and unequivocally positive, harmonious environments. Those that do generally ascribe their success to having

found ways of breaking lock-step approaches to curricular programming or social contacts – they promote strong, varied cross-age relationships (adults and peers) and extra-mural experiences for their students rich in social, work or community contacts.

The third impression relates to the fostering of resilience to negative factors. While the definitions of resilience vary widely, the programs and procedures reported generally share the insight that more than lip-service needs to be paid to student independence, participation and decision-making. Many schools have found ways of attending to this, while fostering individual differences which do not jeopardise the duty of care. In a variety of ways they seek to enrol students to undertake their due share of exercising that duty towards their fellow students. Non-retributive forms of social justice are clearly (and increasingly) a key mode in this regard. Bullying policies are often less about guilt, and more about reasons and restorations: more explicit about the sort of reasonable adults schools want their students to become if they are not already.

## 5 CONCLUSIONS

Australian school communities see personal development, the enhancement of self-esteem and life skills and the emergence of well rounded confident individuals as of equal importance to success in academic disciplines (McGaw, Piper, Banks and Evans, 1992). However, an audit of secondary school practice in conducted in 1995 and 1996 indicated that there were deficiencies in provision for the promotion of mental health (Youth Research Centre and Centre for Social Health, 1996). Those deficiencies included the lack of appropriate curriculum resources, the lack of space for health in a crowded curriculum and teachers lacking confidence to teach about mental health (Sheehan et al, 2002). Recent years have increasingly seen schools as a place where initiatives are enacted to improve student mental health and well-being (Wyn et al, 2000). Those initiatives operate in a number of ways: enhancing the social environment or ethos of the school so that the well-being of students is nurtured, providing approaches and programs that protect student mental health and well-being or providing intervention for individuals when student well-being has been disturbed. The purpose of this project was to find out how, ten years after the national audit, schools supported student mental health well-being: how they address these matters, what resources they use to assist them and how they balance these purposes in relation to other purposes. An on-line survey and an extended script survey provided complementary perspectives on school policies and programs for mental health promotion and student well-being..

It is evident that schools feel under pressure from the incidence of students with learning and behavioural difficulties. The concentration of such students in some schools and classrooms poses challenges for the teachers, especially in an environment where there are significant proportions of students failing to meet benchmarks in foundation skills. Challenges to the mental health and well-being of students that are reported by schools include family and parenting issues (especially for younger students), bullying and harassment for students in the compulsory years and maintaining a life-study balance for students in the postcompulsory years. Challenges associated with the perception of drugs, alcohol and depression were more prevalent for senior students than for junior students.

Throughout Australia services exist to support student well-being. These services provide support to students, teachers and parents in the form of personnel, resources, projects and programs. Student well-being is also extensively represented in State and Territory curriculum documents. These documents generally include statements relating to aspects of well-being with some incorporation into the substance of the curriculum. Generalisable cross-curricular outcomes of learning relating to student well-being have been given new prominence through more recent curriculum initiatives. Schools discharge their duty of care for their students in a comprehensive manner that goes beyond safety and protection to active interventions to preserve standards of mental health, enhance mental well-being and promote social harmony.

A large majority of schools consider that mental health promotion and student well-being is integral to the environment of the school. A smaller proportion of schools report that student mental health and well-being is informed by a whole-school approach. However they are not fully convinced of their success of their endeavours.

The major barriers that schools report are concerned with finding time in a crowded curriculum and changing the attitudes of staff towards student well-being as a priority. Schools that report success generally ascribe their success to having found ways of breaking lock-step approaches to curricular programming or social contacts – they promote strong, varied cross-age relationships (adults and peers) and extra-mural experiences for their students rich in social, work or community contacts. One third of schools consider that interventions once student well-being has been disturbed (e.g. through counselling services) operate very effectively and a further half consider these interventions are quite effective. Approaches aimed at general protection of mental health (e.g. anti-bullying programs and programs that build resilience) are considered to be very effective by one-fifth of schools and to be quite effective by approximately half of the schools.

While the definitions of resilience vary widely, the programs and procedures reported generally share the insight that more than lip-service needs to be paid to student independence, participation and decision-making. Many schools have found ways of attending to this, while fostering individual differences which do not jeopardise the duty of care. In a variety of ways they seek to enrol students to undertake their due share of exercising that duty towards their fellow students. Non-retributive forms of social justice are clearly (and increasingly) a key mode in this regard. Bullying policies are often less about guilt, and more about reasons and restorations: more explicit about the sort of reasonable adults schools want their students to become.

Schools make use of referrals to professionals, pastoral care groups and related activities, peer support or mentoring programs and anti-bullying or harassment programs. Schools believe that they provide considerable variation to account for students in the transition from primary school and substantial variation to account for students with special needs and even for students with challenging backgrounds or experiences. More than three quarters of schools nominated one or more changes related to student mental health and well-being that had been introduced over a period of 18 months. One quarter of the schools had introduced a nominated program over that period and one quarter had introduced, amended or reviewed their bullying and harassment policies or programs, more than one fifth had made changes to curriculum and teaching approaches and a further fifth had increased the numbers of staff concerned with health programs and policies. One school in 12 had introduced *MindMatters* in the previous 18 months.

*MindMatters* had developed in 1997 and 1998 as resource concerned with whole-school models, curriculum materials and teacher professional development for mental health promotion programs in schools (Department of Health and Aged Care, 1997). The data from this 2005 survey indicate that the adoption and implementation of *MindMatters* in secondary schools has been substantial. The two sources of data contributing to this report provide the same perspective on the adoption and implementation of *MindMatters* as shown in Table 5.1.

- Fewer than five per cent of schools are not aware of *MindMatters* at all.
- For approximately one secondary school in three there is little or minimal use of *MindMatters*.

**Table 5.1 Percentage of schools in various levels of adoption and implementation of *MindMatters* in Australian secondary schools**

<u>On-line survey</u>		<u>Script survey</u>		<u>Overall</u>
Descriptor	% schools	Descriptor	% schools	% schools
Not used	5	We do not use or have access to <i>MindMatters</i> materials	1	
Aware of but not used	25	We have information about <i>MindMatters</i> , but we develop our own policies and programs	36	30 -37
Used as one resource	52	We have information about <i>MindMatters</i> , but we develop our own policies and programs AS WELL AS <i>MindMatters</i> materials are an important resource, and we often consult or use them	14	48 - 52
A key resource	18	<i>MindMatters</i> materials are an important resource, and we often consult or use them AS WELL AS <i>MindMatters</i> materials have had a great impact on the way we act to protect and enhance student mental health and well-being	11	14 - 18
		<i>MindMatters</i> materials have had a great impact on the way we act to protect and enhance student mental health and well-being	3	

- Approximately one half of the secondary schools in Australia make use of *MindMatters* as one resource among others.
- For a little less than one secondary school in five *MindMatters* is a key resource with some of these schools indicating that have had a great impact on the way we act to protect and enhance student mental health and well-being.

Hence, in more than two thirds of secondary schools *MindMatters* is used in some way. For approximately one in five schools it is a key resource and for an additional half it is one resource that is used as part of the schools approach to the promotion of mental health and well-being. *MindMatters* is a key resource in one quarter of the government secondary schools in Australia. It is more extensively used in South Australia and Victoria than in other States and it is more extensively used in government schools than independent schools.

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## APPENDIX A



### MENTAL HEALTH PROMOTION AND THE SUPPORT OF STUDENT WELL-BEING A NATIONAL SURVEY OF SECONDARY SCHOOL PRACTICE 2005

School Name: \_\_\_\_\_ Post Code: \_\_\_\_\_  
School ID: \_\_\_\_\_  
(for office use only)  
Designated School Coordinator: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### INSTRUCTIONS FOR COMPLETION

**Please respond to as many of the following issues as generally or as specifically as you wish. We do not anticipate you will respond to each and every question; however, we would welcome as much information as possible covering each of the five main headings. PLEASE RETURN SURVEY BY 9 DECEMBER**

Completed surveys can be emailed to Graeme Withers: [withers@acer.edu.au](mailto:withers@acer.edu.au) or they may be posted to ACER: Mr Graeme Withers ACER Private Bag 55, Camberwell VIC 3124.

On receipt of your survey a member of the research team may contact you by phone to follow up on any of your responses if necessary to seek clarification or elaboration. This will be at a time convenient to the school- nominated coordinator for the project.

In this survey, the term “*mental health*” will be used to cover a wide range of student characteristics, including:

- sound and purposeful personal development;
- inclination for and ability at problem-solving;
- positive self-concept;
- justified and consistent self-esteem;
- positive and valuable inter-personal relationships;
- positive and balanced behaviour;
- resilience to negative and potentially damaging habits and attitudes.

Likewise, the term “*student well-being*” is intended to encompass the above, as well as such other attributes as:

- happiness;
- enthusiasm;
- willingness to persevere;
- imagination and creativity.

#### 1 SCHOOL POLICIES

##### relationship with systemic policies and documents

*Are there any system-wide documents or policy statements relating to student mental health and well being (in particular, bullying or harassment) available to your school?*

*How would you describe their importance to your school's policy development?*

*Their application or use is mandatory.*

*We have based our school's policy directly on them, though they are not mandatory.*

*We have copies for reference, and use them as occasional resources.*

*What other policy documents relating to student well-being and mental health are available and used?*

*school-developed*

*available from external sources*

*available from the literature on student well-being and mental health*

whole school approach

*Are matters to do with student well-being and mental health informed by a whole school approach?*

*Are they dealt with using such an approach?*

*Are there exceptions to this? If so, please specify how and why such exceptions occur.*

school ethos and environment

*What aspects of the school's ethos and its environment can you point to as being specifically and importantly relevant to protecting and enhancing student well-being and mental health?*

*Are you satisfied with the situation as it is? If not, what changes or innovations might be important and powerful ways to improve matters?*

counselling access

*How widely are counselling services available to students at your school?*

*By teacher referral?*

*By student request?*

*By parental request?*

*By referrals to service providers outside the school?*

*Are any changes currently proposed or occurring to widen the range of such services?*

positive relationships

*Educators often refer to policies and programs which foster positive relationships within a school's environment as being powerful in promoting and enhancing student well-being and mental health.*

*Please indicate any such policies which are enacted in programs in your school.*

student involvement

*During the second semester of 2004, what (if any) changes, or innovations, to your school's policy, programs or practice in promoting student mental health occurred?*

*Are any changes currently occurring?*

*Are any changes being contemplated for the remainder of 2005?*

*Have student views had any impact on these developments?*

resilience

*What do you perceive to be the essence of a good policy or program aimed at enhancing or strengthening student resilience to negative social or psychological challenges?*

*What are the necessary conditions for such a program, in terms of school resources?*

*What else might usefully be taken into account?*

anti-bullying and harassment

*Has the school developed a policy statement or advisory document relating to bullying or harassment?*

*If "YES", how would you best describe its importance and impact?*

*A Every teacher and student is aware of its existence, and use it when need arises.*

*B It is available to parents, and they are obliged to be supportive of its recommendations,*

*C Students are obliged to be aware of its recommendations and act accordingly.*

*D It is available but we rarely need to enact its recommendations.*

*Has it been directly useful to students who suffer bullying or harassment?*

*What specific programs, if any, are part of this policy?*

*If "NO", does the school intend to develop such a policy in the near future?*

gaps and barriers

*Do you currently perceive any gaps, or barriers to greater success, within your school's policies in regard to student well-being and mental health?*

*If so, please give a brief account of where you see those difficulties arising or occurring.*

*If so, to whom would you turn in trying to overcome these difficulties?*

- *within the school;*
- *outside the school.*

## 2 SCHOOL PROGRAMS

### curriculum, teaching and learning promoting student understanding of the various challenges to well-being and mental health

*Student well-being and mental health are often the subject of specific learning programs or instruction in schools.*

*Please indicate (in broad outline or specific instances) up to five examples of such programs or occasions in your school.*

*Please distinguish between programs aimed at:*

- *general protection of mental health and well-being, and:*
- *programs aimed more at intervention once student well-being has been disturbed.*

*Please note any evidence for the success of such programs.*

*Are any changes to the school's overall program currently occurring or foreseen for the near future?*

### what programs work best for your students?

*What programs or approaches do you feel work best for your students in this regard?*

*Once again, please distinguish between programs aimed at:*

- *general protection of mental health and well-being, and:*
- *programs aimed more at intervention once student well-being has been disturbed.*

*Were such programs school-developed or imported from external sources?*

*Are there any known or published programs which the school would like to make available to students, but finds it cannot?*

*If you feel that the school's approach to program delivery could be improved, what programs or approaches do you think would work best for your students?*

### challenges to well-being and mental health

*What challenges seem most prominent amongst students at your school during:*

- *the compulsory years?*
- *senior, post-compulsory years?*

*[Please distinguish any gender differences if appropriate to your institution.]*

### catering for the range of abilities, interests and needs: how?

*Educators often refer to programs which directly cater for the whole range of individual differences students as being important in promoting student well-being and mental health.*

*Are there any ways in which the range of student abilities is catered for, in accordance with this view?*

*Likewise, the range of student interests?*

*Likewise, the range of student needs?*

### meaningful and relevant tasks; examples?

*Educators often refer to teaching and learning based on "meaningful and relevant tasks" in school experience and learning as being important in promoting student well-being and mental health.*

*Are there any ways in which student life at your school is organised or occurs in accordance with this view?*

### extra-mural and co-curricular activities

*Does the school have a work-experience program?*

*If "YES", do you feel it is directly useful to students in promoting or maintaining their well-being?*

*Does the school have a community service program or activities?*

*If "YES", do you feel it is directly useful to students in promoting or maintaining their well-being?*

*What other extra-mural or co-curricular activities at your school might also make a contribution to well-being and mental health?*

non-attendance and truancy

*Please briefly describe what measures the school has in place to monitor student attendance?*

*If non-attendance and truancy are persistent offences for a student, what actions does the school take to have the student become a regular attendee again?*

*Please distinguish between any measures taken with:*

- *the student;*
- *the student's parents or carers;*
- *outside agencies (e.g. using counsellors; legal issues; police).*

**3 PROMOTION IN PRACTICE**whole school approach

*Is promotion or student mental health and well-being in practice more likely to be done using a whole school approach, or less likely?*

evidence of success with mainstream or special needs students?

*What evidence can you point to of the success of programs promoting mental health with:*

- *mainstream students?*
- *special needs students?*

pastoral care and student welfare: integrated or separate?

*Are programs which might be collected under the heading "pastoral care" operating in your school?*

*Are they separate from policies and actions which might come under the heading "student welfare"?*

*If so, what benefits (or drawbacks) do you see arising from this separation?*

mentoring in the school?

*Do such programs of pastoral care or student welfare make any use of the specialised structure usually known as mentoring?*

*If so, distinguish between mentoring by:*

- *staff members;*
- *other students;*
- *people outside the school community, but sponsored by the school.*

contact with, and support from, parents and carers

*What contact with or support from parents or carers does the school have?*

*How would you rate the success of such contacts in promoting mental health and student well-being?*

*What gaps or barriers do you perceive in the schools relationship with the parent body?*

use of external agencies, resources and services: which, how and when?

*What contact with or support from outside agencies [legal; medical; counselling; employment] does the school seek?*

*How important and/or useful do you find such contacts to be?*

*Do gaps or barriers occur in the school's relationship with these agencies?*

"different strokes for different folks"

*In your school how are programs for, and promotion of, better mental health and well-being varied, to account for:*

- *differences in age?*
- *gender differences?*
- *differences of culture, ethnicity or religion?*
- *special needs of students in transition from primary school?*
- *socioeconomic differences?*
- *students with family backgrounds or living circumstances which are complex or challenging?*
- *other students with special needs [please identify the needs]?*

#### 4 STUDENT ISSUES

##### acknowledgement of personal success

*What acknowledgement is made of the success of students in personal attempts to improve their own mental health or well-being ( for example, no recurrence or re-offending)?*

##### setting and reaching high but attainable expectations

*What part do students play in designing or controlling their own development? (for example by themselves setting high but attainable expectations)*

##### emphasis on, or safeguards for, student rights and privacy

*In what ways does the school have regard for issues to do with student rights and privacy?*

*What safeguards are in place to ensure rights and necessary privacy (for example, medical records)?*

*Are the students aware of these safeguards?*

*Do conflicting demands become apparent when the school is involved in prosecuting these policies?*

#### 5 MINDMATTERS ISSUES

##### knowledge and use of MM materials, strategies and resources

*Please indicate which of the following applies to your school.*

*A We do not use or have access to MindMatters materials.*

*B We have information about MindMatters, but we develop our own policies and programs.*

*C MindMatters materials are an important resource, and we often consult or use them.*

*D MindMatters materials have had a great impact on the way we act to protect and enhance student mental health and well-being.*

##### influence and use of MM

*If you answered C or D to the previous question about MindMatters materials, please indicate briefly the ways in which they have been used as a resource in your planning and promotion of mental health.*

##### knowledge and use of Families Matter materials, strategies or resources

*Please indicate which of the following applies to your school.*

*A We do not use or have access to Families Matter materials.*

*B We have information about Families Matter, but we develop our own policies and programs.*

*C Families Matter materials are an important resource, and we often consult or use them.*

*D Families Matter materials have had a great impact on the way we act to protect and enhance student mental health and well-being.*

##### influence and use of Families Matter

*If you answered C or D to the previous question about Families Matter materials, please indicate briefly the ways in which they have been used as a resource in your planning and promotion of mental health.*

There are many questions concerning student mental health and well being which you might consider to be “missing” from the material in this survey.

For example, questions relating specifically to teaching methods and classroom procedures are being dealt with in a parallel survey.

However if there are any other matters particularly to your school which you feel would illuminate or extend your answers to our questions here, feel free to sketch them, either here or during the telephone conversation which will occur after our receipt of your responses.

## APPENDIX B



### MENTAL HEALTH PROMOTION AND THE SUPPORT OF STUDENT WELL-BEING

#### A NATIONAL SURVEY OF SECONDARY SCHOOL PRACTICE 2005

This survey can be completed online at <http://survey.acer.edu.au/index.php?survey=HPPS05>

If you choose instead to complete this hard copy of the survey, the completed survey may be posted to  
 Mr Graeme Withers, Australian Council for Educational Research, Private Bag 55, Camberwell VIC 3124.

For further information regarding the survey, please email [witthers@acer.edu.au](mailto:witthers@acer.edu.au) or call (03) 9835 7473 or Catherine Underwood (03) 9277 5658 or by email: [underwood@acer.edu.au](mailto:underwood@acer.edu.au)

#### BACKGROUND INFORMATION

SCHOOL NAME		SCHOOL ID ( <i>office use only</i> )	
POST CODE		EMAIL	
TELEPHONE NO			
DESIGNATED SCHOOL COORDINATOR			

#### 1 SCHOOL POLICIES

##### HOW IMPORTANT ARE THE FOLLOWING IN THE DEVELOPMENT OF POLICIES AND PROGRAMS TO PROMOTE STUDENT MENTAL HEALTH AND WELL-BEING AT YOUR SCHOOL?

	Very important	Important	Minimal use	Not used
System-wide documents and policy statements .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School developed policies .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documents from <i>MindMatters</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Literature on mental health and well-being .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

##### TO WHAT EXTENT ARE THE FOLLOWING STATEMENTS TRUE OF YOUR SCHOOL?

	Always	Usually	Sometimes	Rarely
Matters to do with student mental health and well-being are informed by a whole-school approach .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotion of student mental health and well-being is an integral part of the school ethos and environment .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

##### TO WHAT EXTENT DO THE FOLLOWING OPERATE AT YOUR SCHOOL IN A WAY WHICH EFFECTIVELY TO PROMOTE STUDENT MENTAL HEALTH AND WELL-BEING

	Very effectively	Quite effectively	Somewhat effectively	Not very effectively
Access to counselling services through:				
teacher referral .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
student request .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
parental request .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-bullying and harassment programs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programs that foster positive school relationships .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programs aimed at enhancing resilience to change .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

##### PLEASE IDENTIFY ANY GAPS OR BARRIERS TO YOUR SCHOOL'S EFFORTS TO PROMOTE STUDENT MENTAL HEALTH AND WELL-BEING (100 WORDS OR LESS)

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**2 SCHOOL PROGRAMS**

**PLEASE LIST UP TO *FOUR* OF YOUR SCHOOL'S PROGRAMS/EVENTS WHICH EITHER PROTECT STUDENT MENTAL HEALTH AND WELL-BEING OR PROVIDE INTERVENTION IF STUDENT WELL-BEING HAS BEEN DISTURBED**

1. \_\_\_\_\_ 3. \_\_\_\_\_  
 2. \_\_\_\_\_ 4. \_\_\_\_\_

**PLEASE INDICATE WHICH PROGRAM IS MOST EFFECTIVE AT YOUR SCHOOL**

\_\_\_\_\_

\_\_\_\_\_

**PLEASE LIST SOME OF THE CHALLENGES TO THE MENTAL HEALTH AND WELL-BEING OF STUDENTS AT YOUR SCHOOL IN THE: COMPULSORY YEARS OF SCHOOLING**

1. \_\_\_\_\_ 3. \_\_\_\_\_  
 2. \_\_\_\_\_ 4. \_\_\_\_\_

**POST COMPULSORY (SENIOR) YEARS OF SCHOOLING**

1. \_\_\_\_\_ 3. \_\_\_\_\_  
 2. \_\_\_\_\_ 4. \_\_\_\_\_

**EDUCATORS OFTEN REFER TO THE FOLLOWING AS BEING IMPORTANT IN PROMOTING STUDENT MENTAL HEALTH AND WELL-BEING. TO WHAT EXTENT DO THEY OPERATE AT YOUR SCHOOL IN A WAY WHICH *EFFECTIVELY* PROMOTES STUDENT MENTAL HEALTH AND WELL-BEING?**

	Very effectively	Quite effectively	Somewhat effectively	Not very effectively
Programs which cater for a range of student abilities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programs which cater for a range of student interests.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programs which cater for a range of student needs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programs which include meaningful and relevant tasks ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work experience programs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community service programs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programs which address attendance and truancy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE LIST ANY AREAS WHERE CHANGES TO YOUR SCHOOL'S POLICY, PROGRAMS OR PRACTICE IN PROMOTING STUDENT MENTAL HEALTH AND WELL-BEING HAVE OCCURRED IN THE LAST 18 MONTHS (*Please circle the time that change occurred in the brackets next to each area*)**

1. \_\_\_\_\_ (2004/2005) 3. \_\_\_\_\_ (2004/2005)  
 2. \_\_\_\_\_ (2004/2005) 4. \_\_\_\_\_ (2004/2005)

**DID STUDENT VIEWS INFLUENCE THESE CHANGES?**  Yes, significantly  Yes, indirectly  No

**3 PROMOTION IN PRACTICE**

**TO WHAT EXTENT DO YOU RATE THE SUCCESS OF YOUR SCHOOL IN PROMOTING THE MENTAL HEALTH AND WELL-BEING OF:**

	Very successful	Quite successful	Somewhat successful	Not very successful
Mainstream students .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students with special needs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TO WHAT EXTENT DOES YOUR SCHOOL MAKE USE OF THE FOLLOWING TO PROMOTE STUDENT MENTAL HEALTH AND WELL-BEING?**

	Always	Usually	Sometimes	Rarely
Staff acting as mentors .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students acting as mentors .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A whole-school approach .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People external to the school acting as mentors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents and carers .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External agencies .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TO WHAT EXTENT ARE PROGRAMS WHICH PROMOTE STUDENT MENTAL HEALTH AND WELL-BEING VARIED TO ACCOUNT FOR THE FOLLOWING?**

	Always	Usually	Sometimes	Rarely
Differences in ages .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender differences .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Differences in culture, ethnicity or religion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students in the transition from primary school .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socioeconomic differences.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student with challenging backgrounds or circumstances..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other students with special needs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4 STUDENT ISSUES**

**TO WHAT EXTENT ARE THE FOLLOWING STATEMENTS REFLECTIVE OF POLICIES AND PROGRAMS WHICH PROMOTE STUDENT MENTAL HEALTH AND WELL-BEING AT YOUR SCHOOL?**

	Always	Usually	Sometimes	Rarely
Students have a significant input into program development .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students have a significant input into setting goals and expectations for their own learning and development.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student rights and privacy are a key consideration in policy and program development.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students are acknowledged for their attempts to improve their mental health or well-being.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE MAKE FURTHER COMMENTS ON STUDENT ISSUES HERE**

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**5 MINDMATTERS**

**TO WHAT EXTENT ARE THE FOLLOWING KNOWN ABOUT AND USED AT YOUR SCHOOL?**

	Not used	Aware of but not used	Used as one resource	A key resource
<i>MindMatters</i> strategies and resources .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Family Matters</i> strategies and resources.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IF APPLICABLE, PLEASE GIVE EXAMPLES OF HOW THESE RESOURCES ARE USED**

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