Supporting child mental health and wellbeing in primary schools

Murdoch Children's Research Institute
Melbourne Graduate School of Education

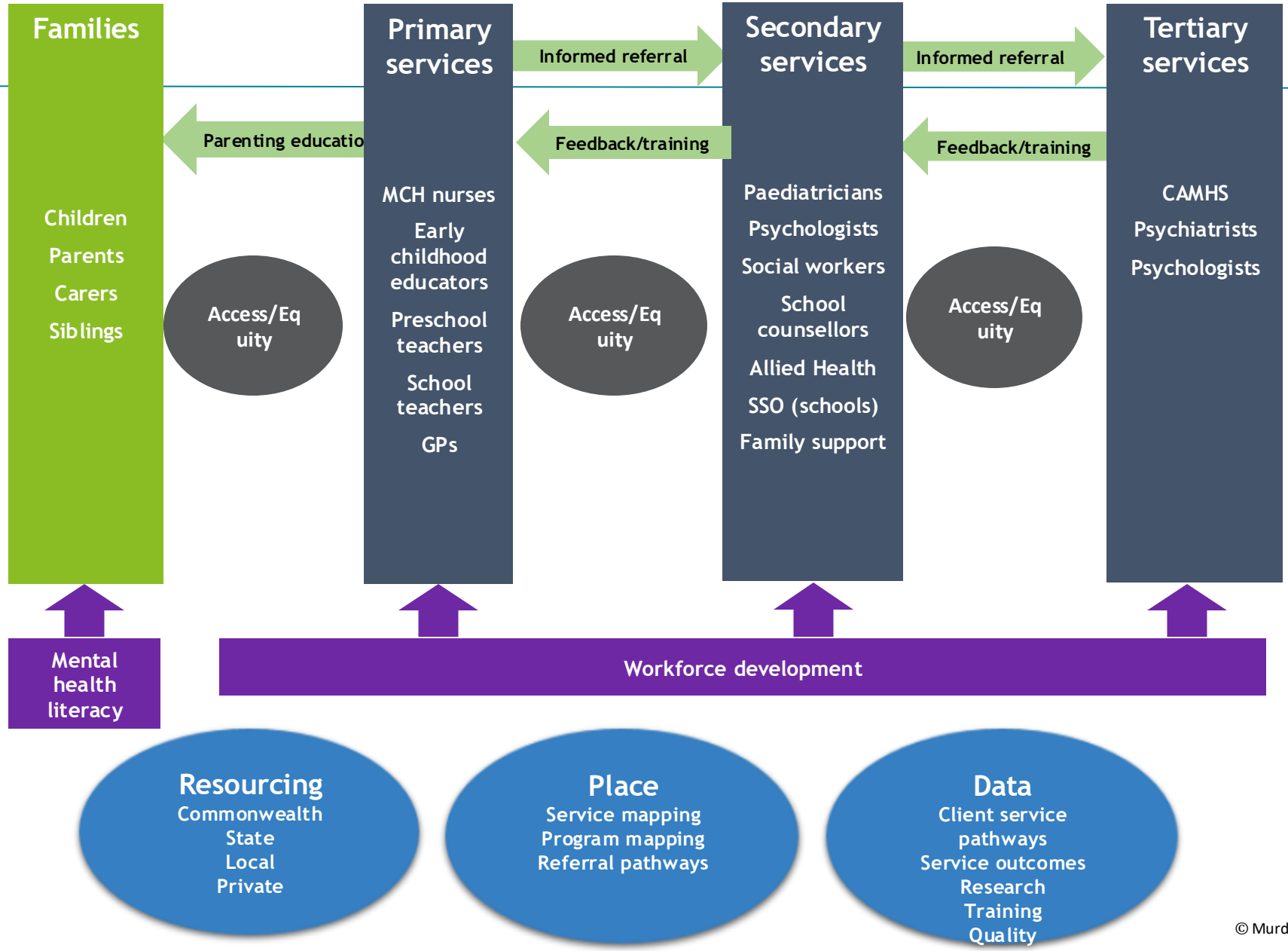
Introduction and context

- Professor Frank Oberklaid

Children's mental health is different

- Children depend on others to identify to when they're struggling and to help them get help
- Developmental stages mean children's emotional and developmental needs vary with age.
- Foundations for lifelong health and wellbeing are established years before they begin school
- There are many opportunities to leverage universal systems (e.g. schools) to reach vast majority of children and families with mental health promotion and early intervention

Integrated system of care for children's mental health



F. Oberklaid 12/2017

Perhaps that's why up until recently children's mental health has been the elephant in the room, or the poor Cinderella of mental health services

' For every complex problem, there is a solution that is clear, simple and wrong.'

- HL Mencken

Many reviews and enquiries in the past 2 years

- Productivity Commission's inquiry report on the social and economic benefits of investing in mental health.
- *National Framework for Protecting Australia's Children 2009-2020 – being updated*
- *National Action Plan for Children and Young People*
- Royal Commission into Victorian Mental Health System
- National Mental Health Workforce Strategy
- National Mental Health Research Strategy

The Mental Health in Primary Schools Project – (MHiPS)

- If we want to make a difference, why did we focus on schools?
- Why focus on the early grades?
- Why is the school's Mental Health and Wellbeing Coordinator (MHWC) from an educational background?
- Why have such a strong focus on research and evaluation? It seems like a great concept – why so much effort into producing evidence?
- Strong partnerships and strongly embedded in government policy
- Timing is important

Our presenters

- Dr. Jon Quach - CCCH at MCRI and MGSE
- Ms. Rachel Smith – CCCH at MCRI
- Dr. Georgia Dawson - MGSE

Understanding the role of schools

Dr Jon Quach

Determinants that influence child outcomes

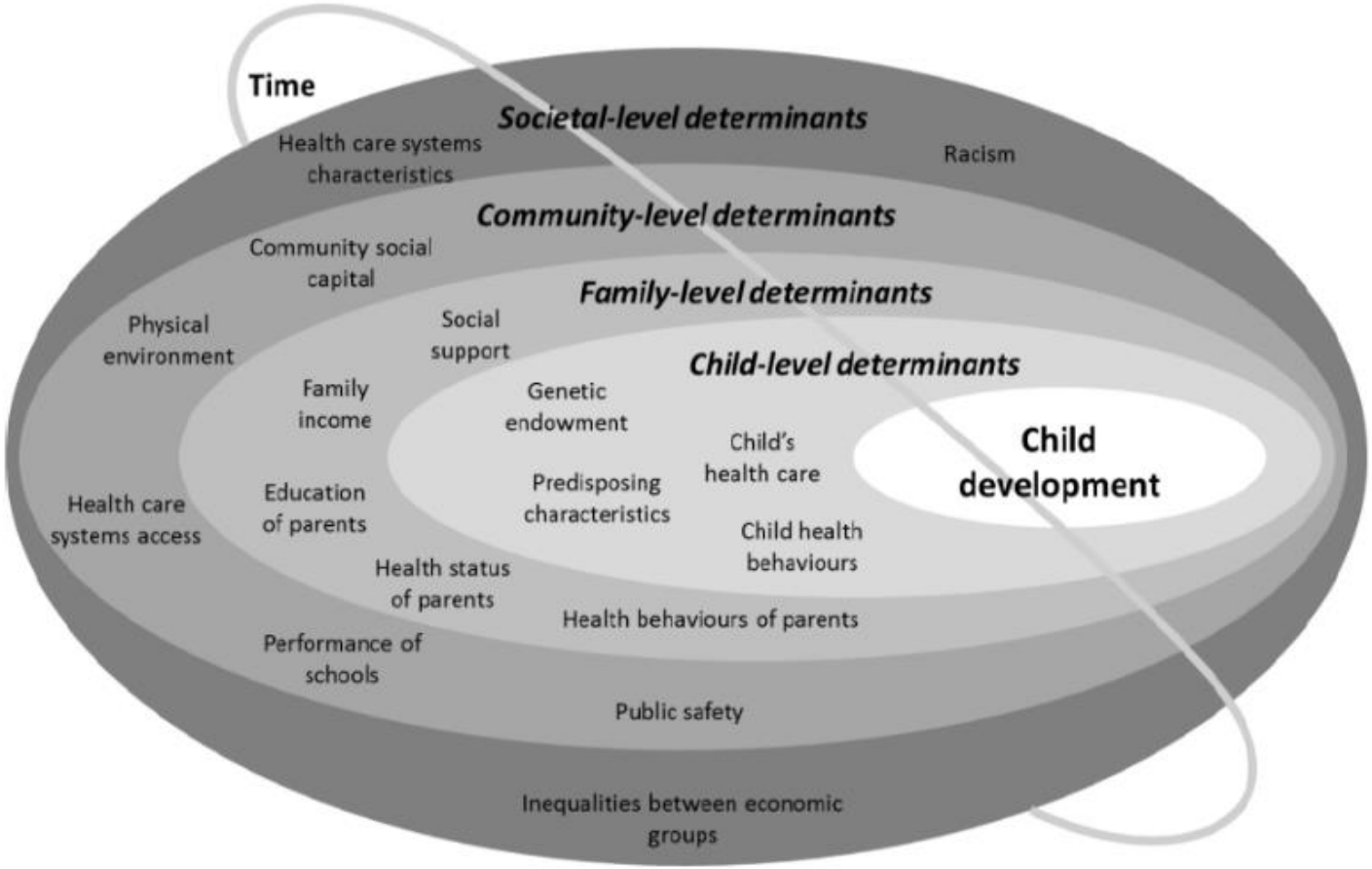
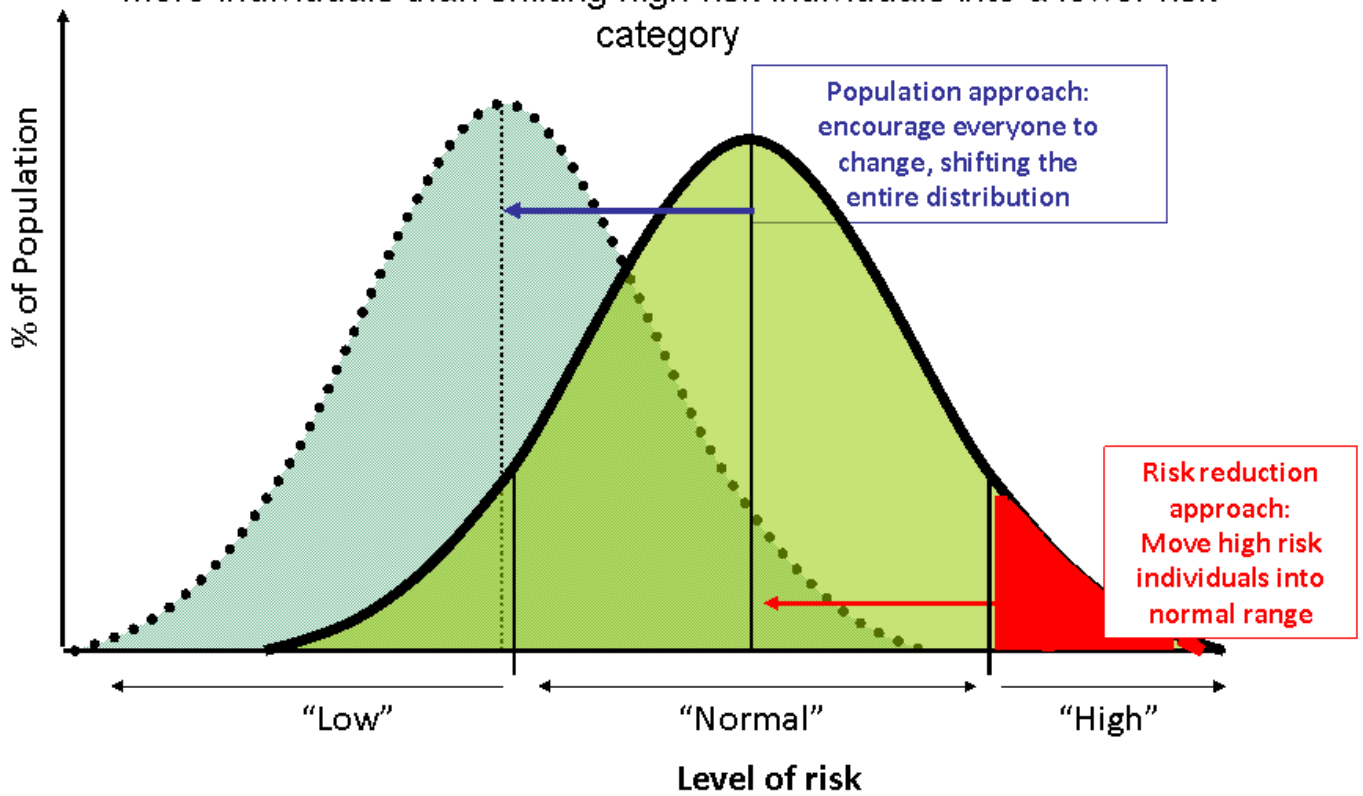


Figure 1: Social determinants of child development, adapted from Newacheck et al

Shifting the bell vs. individuals

The Bell-Curve Shift in Populations

Shifting the whole population into a lower risk category benefits more individuals than shifting high risk individuals into a lower risk category

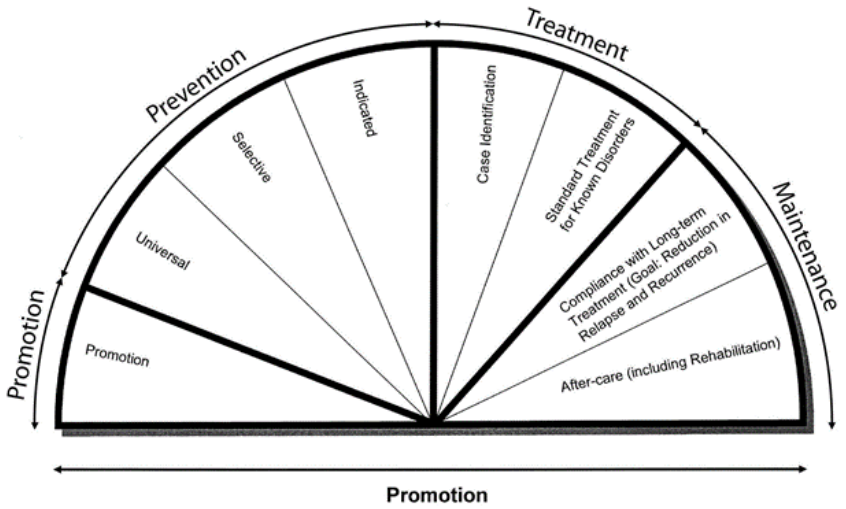


Source: Rose G. Sick Individuals and sick populations. *Int J Epidemiol.* 1985; 12:32-38.

Why schools?

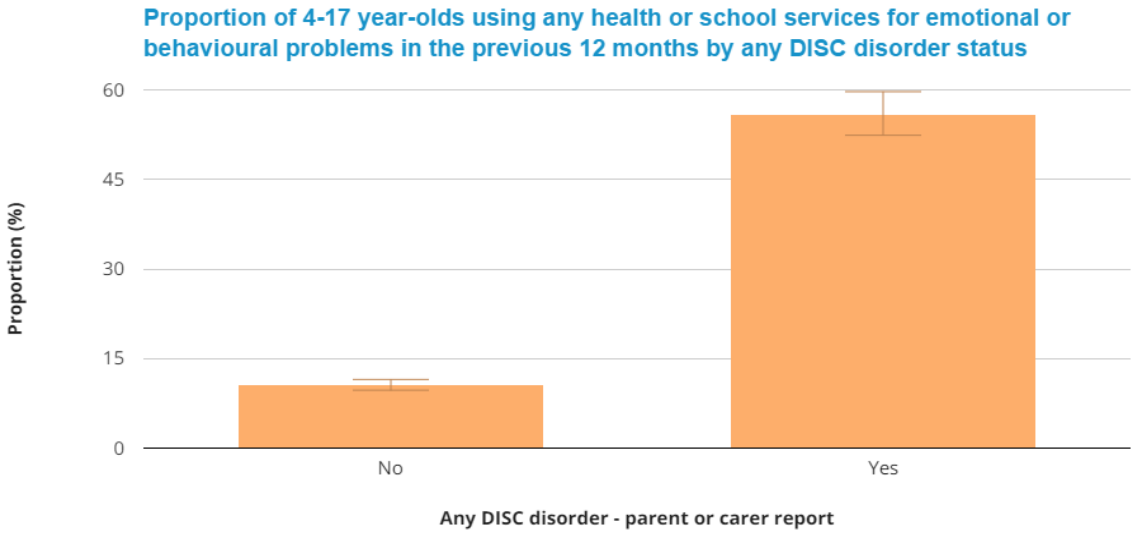
- Universal system
  - 99% of Australian children attend formal schooling
  - ~ 1000hrs per year in class
  - ~ 9 hrs per year with a health professional

- Potential Intervention vehicle
  - Low intensity, universal
  - Screening and targeted intervention



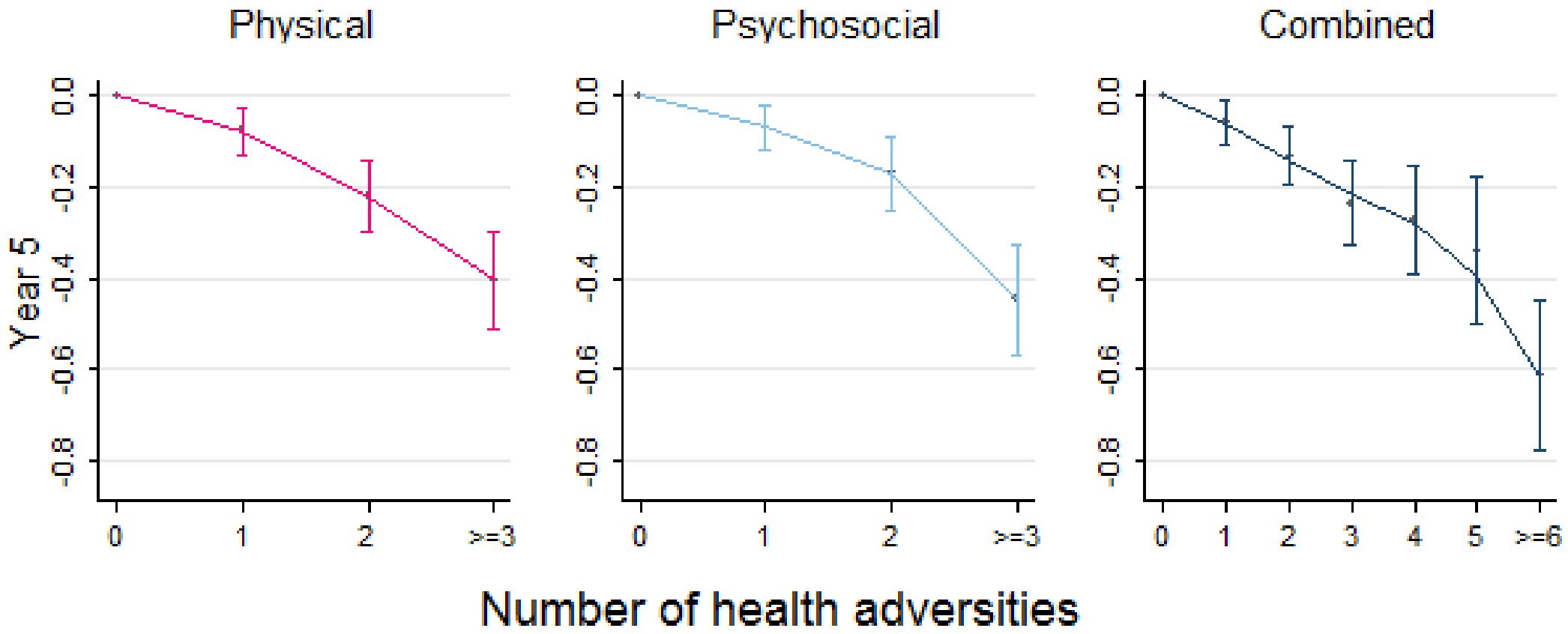
Mrazek and Haggerty, 1993

Services children with MH are accessing?



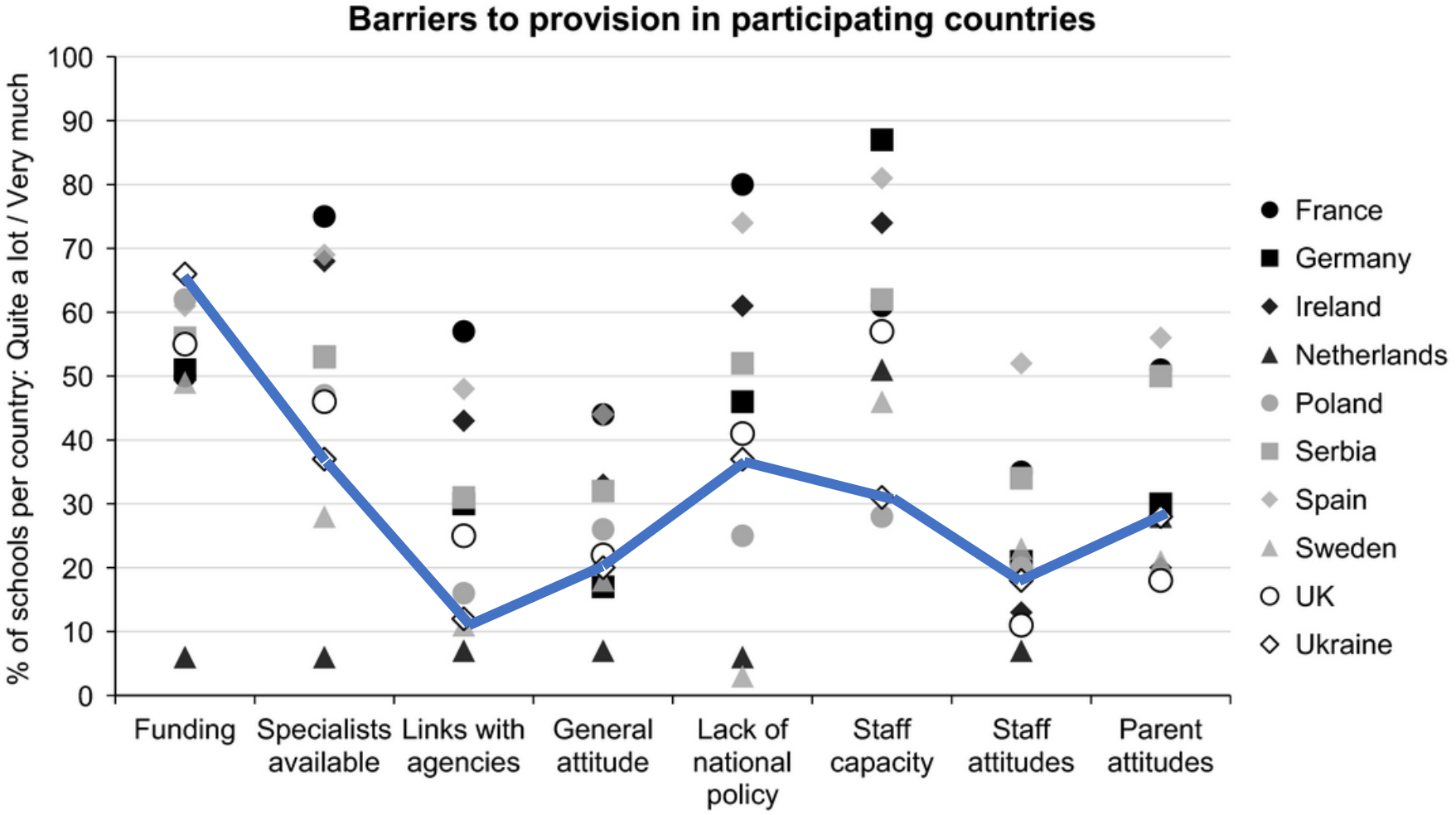
- For those that seek support, both the education and health systems provide a major resource
- Schools are often the first line of action
  - 40% of 4-17-year-olds access mental health services at school
  - 3% receive support from specialised mental health services

Accumulation of health ‘adversities’ at 8-9 years with Year 5 NAPLAN at 10-11 years



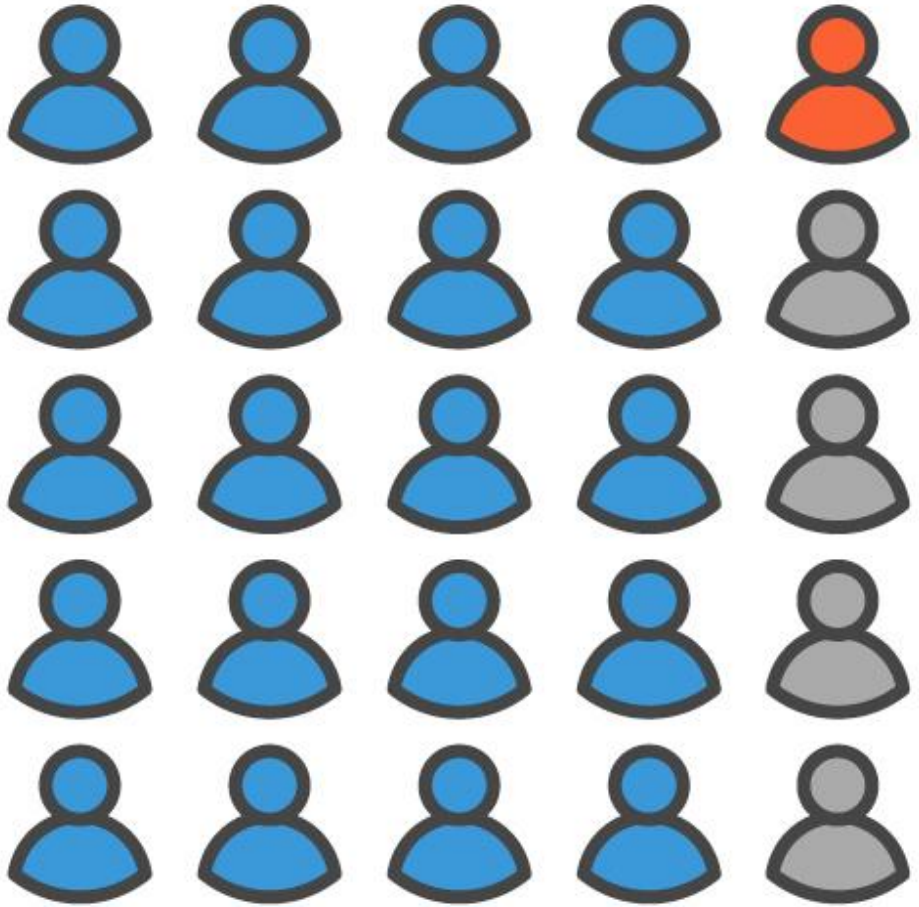
Quach J, Nguyen C, O'Connor M, Wake M. The cumulative effect of health adversities on children's later academic achievement. Academic Pediatrics. 2017 Sep 1;17(7):706-14.

Barriers to mental health support



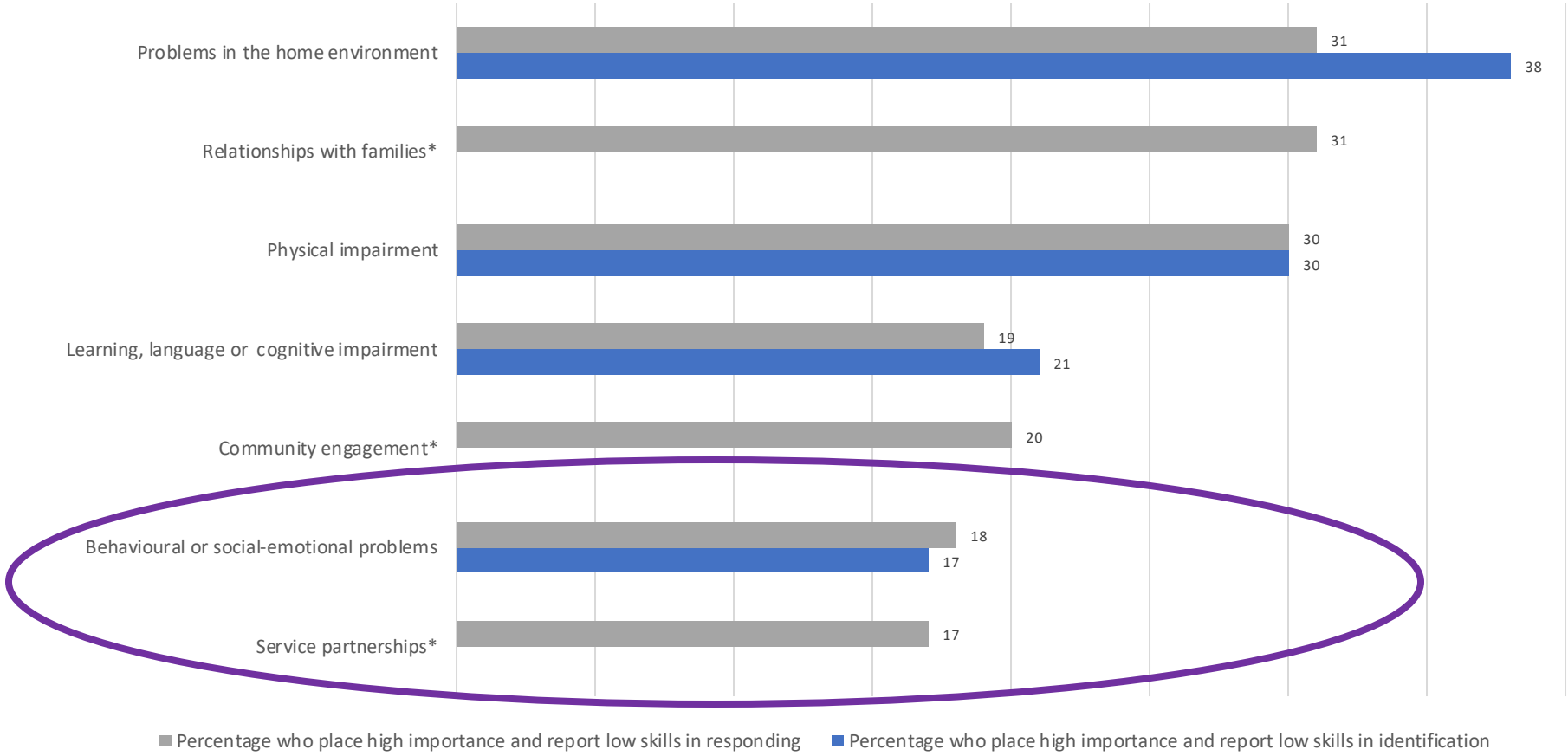
Child and Adolescent Mental Health
Volume 21, Issue 3, pages 139-147, 27 APR 2016 DOI: 10.1111/camh.12160
http://onlinelibrary.wiley.com/doi/10.1111/camh.12160/full#camh12160-fig-0003

Who is in a classroom?



Goldfeld S, O'Connor M, Sayers M, Moore T, & Oberklaid F. Prevalence and Correlates of Special Health Care Needs in a Population Cohort of Australian Children at School Entry. *Journal of Developmental & Behavioral Pediatrics* 2012;33(4):319-327

Gap between importance and skills

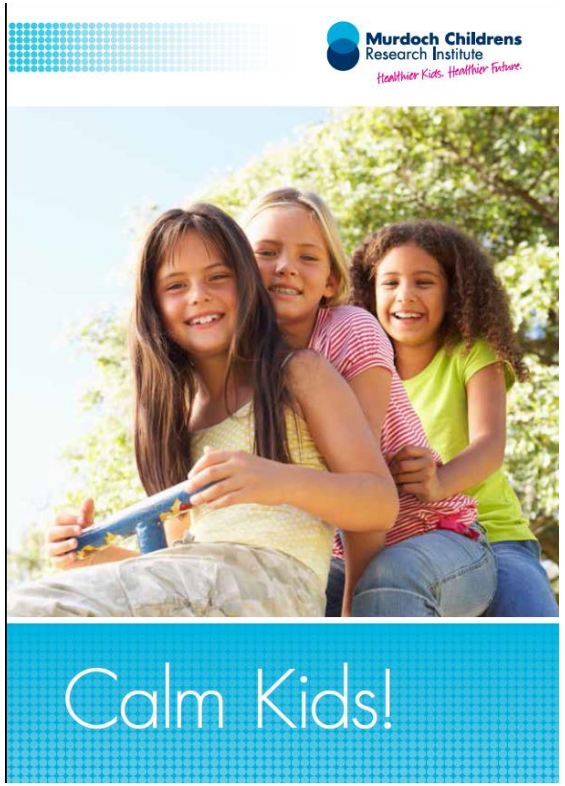


- Elek, C., Quach, J., Moore, T., West, S., Goldfeld, S., Symes, L., & Oberklaid, F. (2017). Supporting teachers, supporting children: Teacher professional development needs at the health-education interface. Commissioned by the NSW Education Standards Authority

Recognising social anxiety at school

- Top 10 social fears

1. Reading aloud or giving a report in front of the class
2. Taking tests in class
3. Talking to people they don't know well
4. Written tasks
5. Showing schoolwork to others
6. Asking the teacher a question/for help
7. Musical/athletic performances
8. Being called on by the teacher in class
9. Raising hand to answer a question in class
10. Attending parties, dances or school activity nights



What to do?

Evidence Rating	Implementation Rating
• **A rating of 1 ('emerging')** means the program meets the minimum entry standard for research design and rigour and have at least one evaluation or research study demonstrating their effectiveness in improving child health outcomes. • **A rating of 2 ('developing')** means the program has demonstrated research design of increasing rigour and a positive impact on mental health outcomes for children and young people. Studies generally have a pre-post design with no comparison group. • **A rating of 3 ('promising')** is for programs with moderate evidence of a long-term positive impact through multiple rigorous evaluations. Research design generally reflects non-randomised controlled comparison. • **A rating of 4 ('established')** is given to programs with extensive and strong evidence through rigorous research design (such as a randomised controlled trial) and a positive impact through multiple rigorous evaluations.	• **A rating of 1 ('emerging')** means the program meets the minimum criteria for providing training and support, and for acceptability by participants and instructors. • **A rating of 2 ('developing')** means the program meets some of the criteria for providing training and support, and for acceptability by participants and instructors. • **A rating of 3 ('promising')** is for programs with moderate implementation support meeting most of the criteria for providing training and support, and for acceptability by participants and instructors. • **A rating of 4 ('established')** is given to programs with well-established program implementation support meeting all the criteria for providing training and support, and acceptability (including multiple delivery options, training for instructors, ongoing support offered to instructors and participants and accompanying resources provided to participants).

Fit for context challenges

Identification and care

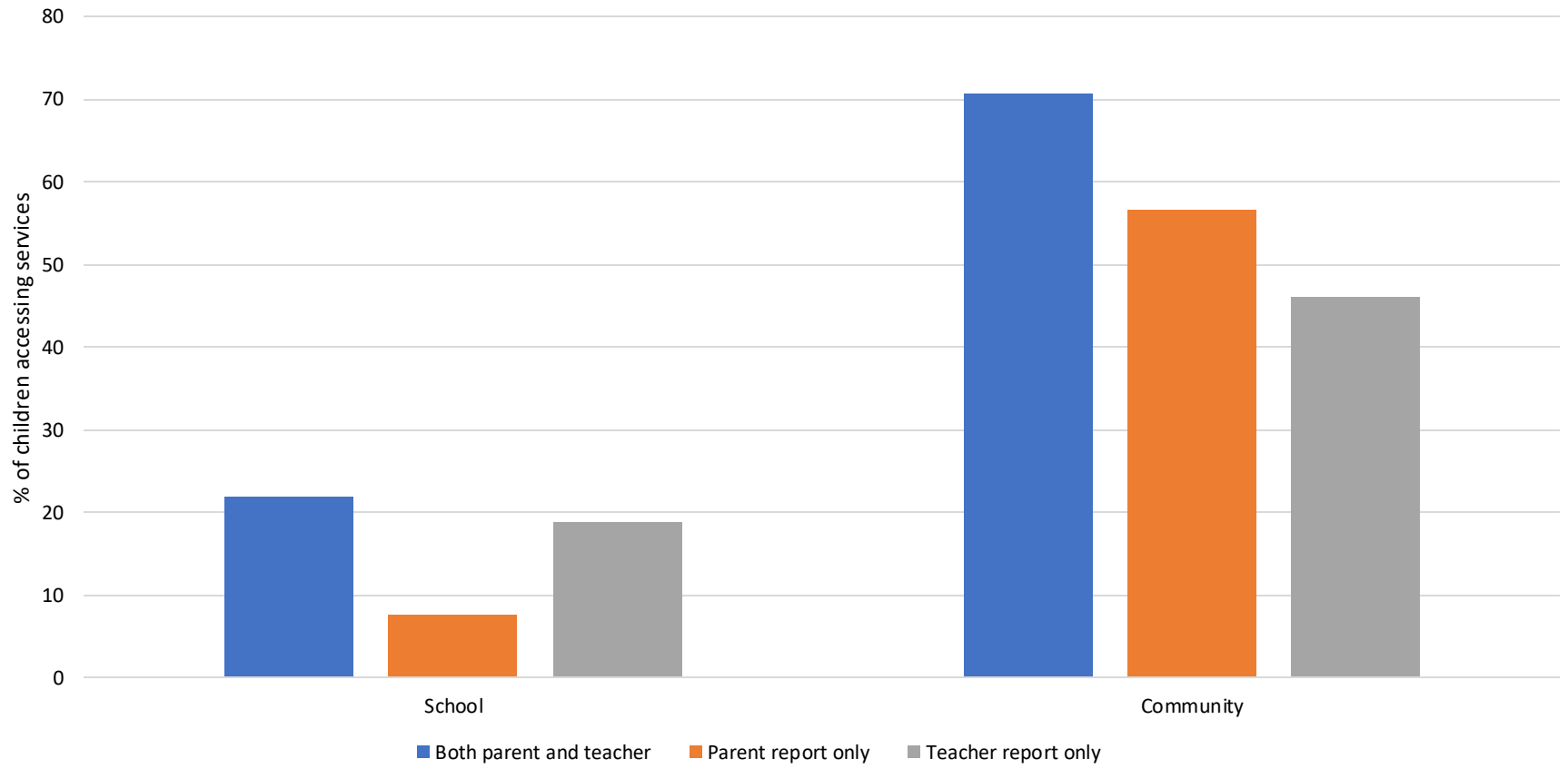
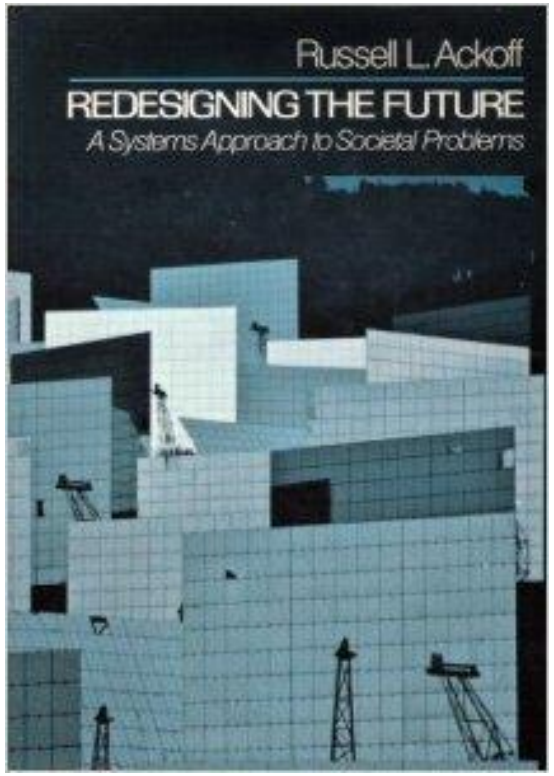


Figure 1. Percentage of children accessing services at school or in the community, according to consistency in parent and teacher reports of AHDN.

- O'Connor M, Rosema S, Quach J, Kvalsvig A, Goldfeld S. Special health care needs across the school and family contexts: Implications for service utilization. Academic Pediatrics. 2017 Mar 7.

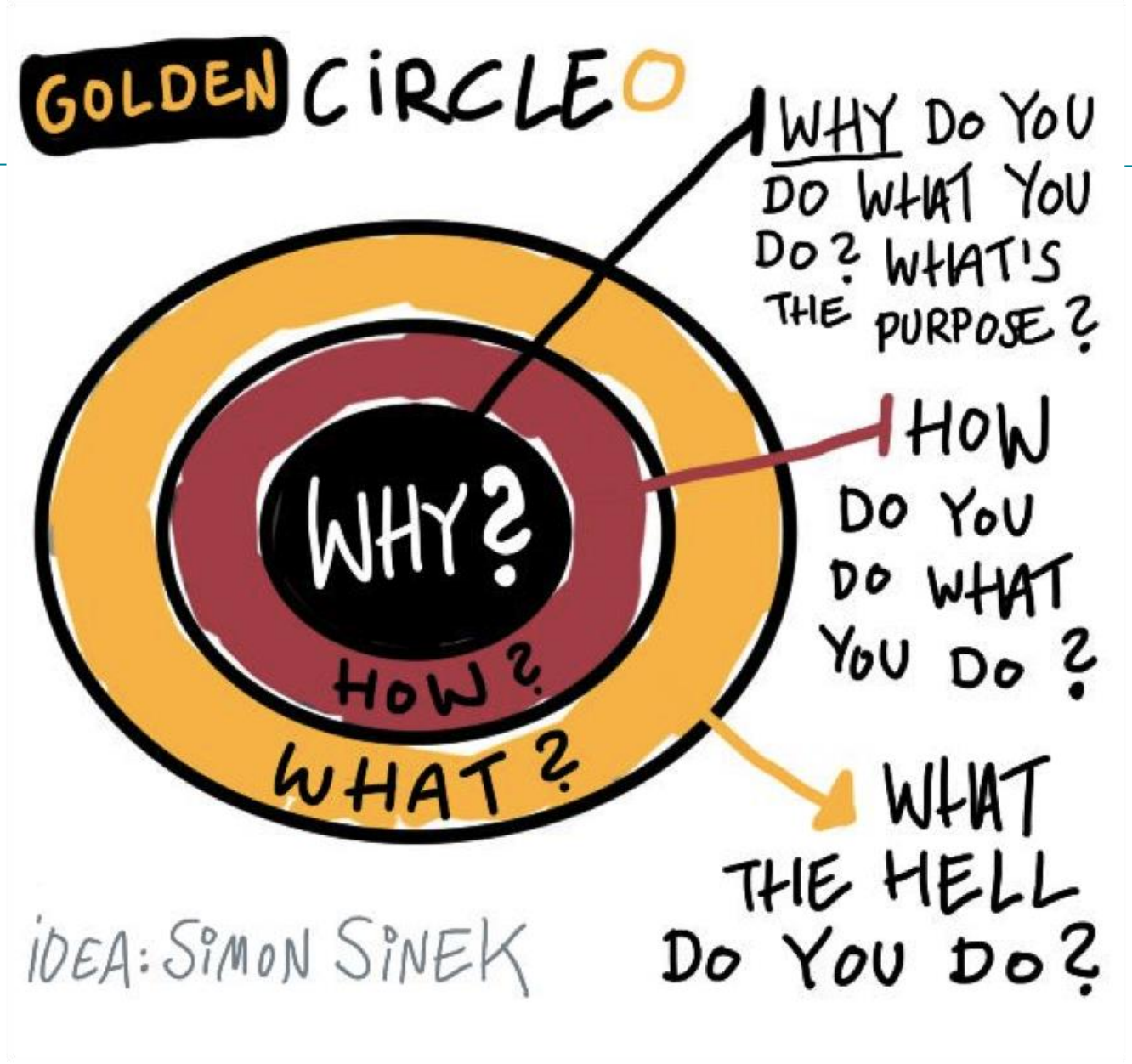
Connecting health and education systems



"Every problem interacts with other problems and is therefore part of a set of interrelated problems, a system of problems …. I choose to call such a system -a mess.“

Opportunities to do more

- Increase school capacity to address mental health and well-being
- Support students and prioritise mental health and well-being
- Improve access to supports
- Increase funding and resources



Needs Analysis and Co-design Phase

Needs Analysis

To understand the perspectives of school leadership, educators and wellbeing staff across Vic on the mental health needs of primary school children

Mixed methods study – qualitative and quantitative components

Phase 1 March; phase 2 late July/Aug 2020

- Two co-design workshops with 10 pilot schools
- Focus groups from metro, regional and rural Vic state primary schools
- On-line survey, distributed to 1100 Vic primary schools
  - What are the main barriers/enablers of supporting child mental health in primary schools?
  - How could the current system be improved to better identify and support children with mental health concerns?

Co-design Workshops

Two workshops with pilot schools, presented model of Mental Health and Wellbeing Coordinator

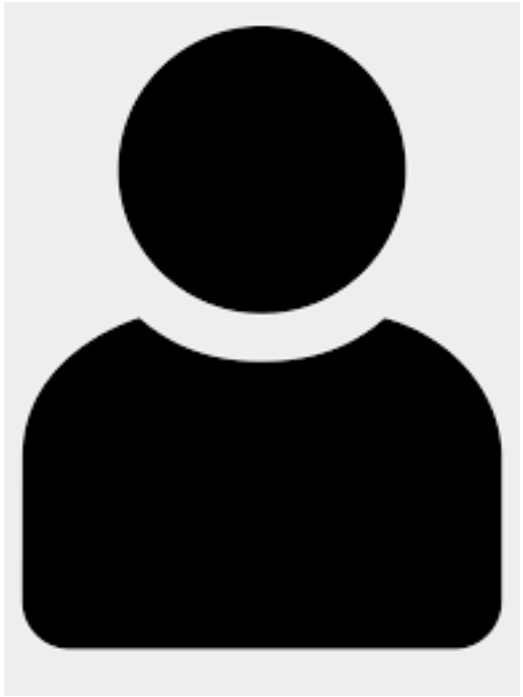
1. Does the model align with existing mental health and wellbeing programs and practices?
2. Do you think the model would be feasible in your school? Why or why not?
3. Do you have feedback on developed resources?
4. If the model ”works”, what would you expect to see?

Needs Analysis

Barriers	Opportunities to do more
Capacity of teachers and wellbeing staff	Increase school capacity to address MH&W
Funding	Increase funding and resources
Access to training	Support students and prioritise MH&W
Availability of specialists*	Improve access to supports
Family finances/lack of engagement	

The Mental Health and Wellbeing Coordinator Role

Create clear referral pathways (within school and externally) and forge relationships between school and community services.



Work with regional staff, school wellbeing team, and other health professionals to **engage appropriate mental health support.**

Embed evidence-based training and resources across the school to **build the capability of staff.**

Implement whole school approaches to MH&W, including the social and emotional learning curriculum

2020 Pilot: Evaluation Design

- Ms Rachel Smith

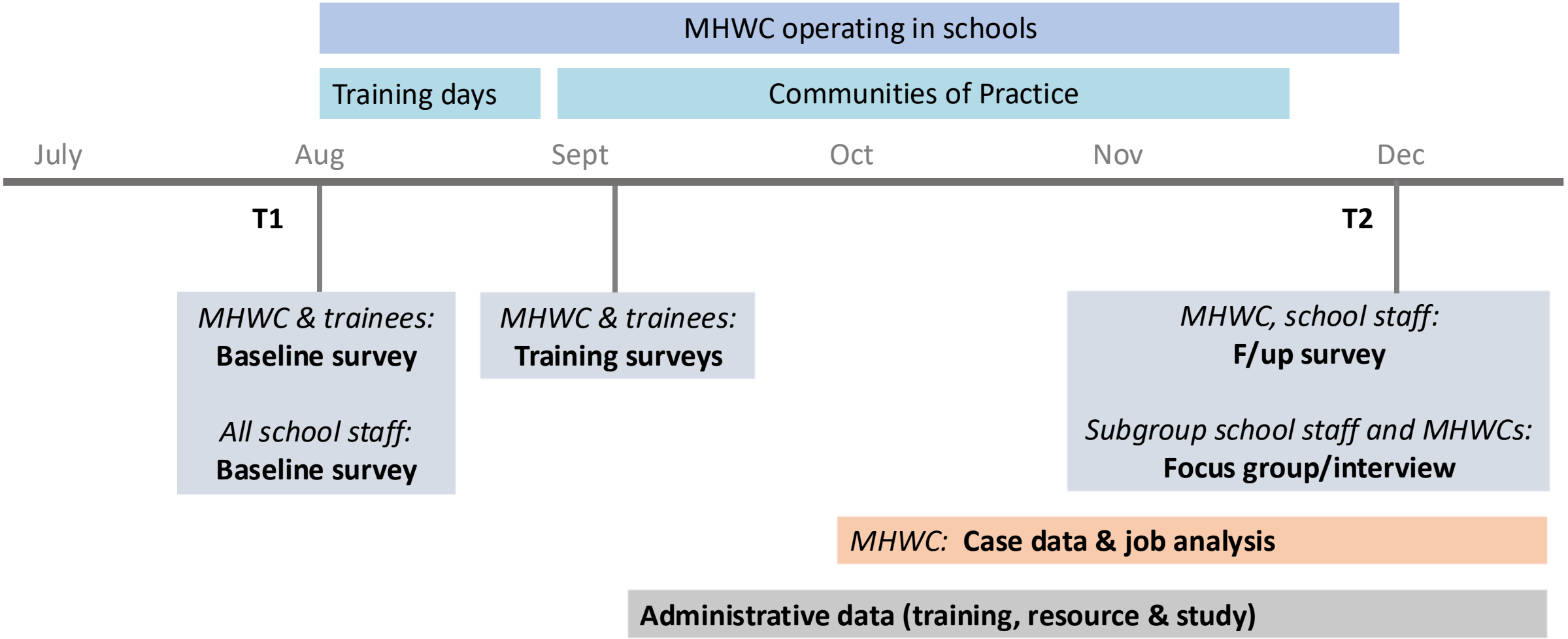
Objectives

1. To assess the implementation

2. Assess changes in mental health literacy, stigma, school support, engagement and prioritisation

3. Feasibility of pilot measures

Data Collection Time Points and Methods

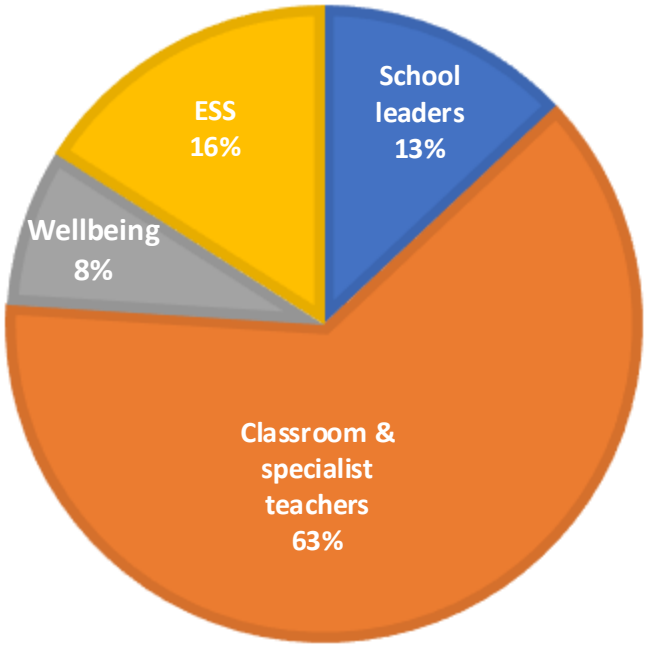


Participants

- 10 pilot schools from North West Victoria Region

- A total of 143 participants across a range of professions
  - Mental Health and Wellbeing Coordinators (MHWCs)
  - School Leaders (Principals, APs, leading teachers)
  - Classroom & specialist teachers
  - Wellbeing staff
  - Education Support Staff

- COVID Challenges



2020 Pilot: Baseline Findings

Baseline: Readiness

- Confidence school leaders would be supportive of efforts to implement the model
- Model addresses a significant need
- Model fits well with other initiatives in our school

(Bliss & Wanless, 2018)

Baseline: Mental Health Literacy

- MH Knowledge, Skills and Confidence amongst teachers:
  - High general / context knowledge (e.g. social and emotional wellbeing; resilience; risk and protective factors)
  - Lower confidence and skill in recognising or responding child mental health concerns, e.g.:
    - differentiating between a child with emerging mental health problems and a child with developmentally appropriate, transient problems
    - appropriately responding to a child in an acute mental health crisis
    - knowing when to refer a student to school support services (e.g. Psych, SP, SW)

Baseline: Stigma

- No / Low agreement with “self-reported” stigma, e.g.
  - Children with MH concerns not as smart as other children
  - Children with MH concerns are troublemakers
  - Children with MH concerns will not be successful as adults
- Agreement with stigmatizing attitudes of “others”, e.g.
  - Many teachers would rather not have a child with MH concerns in their classroom
  - Many teachers do not want to deal with the parents of children with MH concerns

Baseline: Support & Engagement

- **Support** in managing MHWB needs of students
  - *High level of support expected from leadership & wellbeing team*
  - *Mismatch between expectations and actual support received → less support from leadership and wellbeing than expected and more support from other teachers*

- Good school **engagement** with DET-based student support services and (to a lesser extent) external MH services

Baseline: School Prioritisation

- Strong focus on students with additional learning needs or previously identified MH concerns, less focus on preventing students' mental health concerns from arising

2020 Pilot: Implementation of the MHiPS Model

- Dr Georgia Dawson

Aims of the MHiPS model

The model aims to achieve three long-term outcomes:

1. Train experienced MHWCs to build capacity within schools to better detect and address mental health issues and respond to need.
2. Delineate a clear pathway referral model, within the school and to external community-based services, for children identified as requiring further assessment and intervention.
3. Use these referral pathways to build bridges between the education and healthcare sectors and with community services in the early identification and management of emerging difficulties to prevent the development of subsequent mental health problems.

What do teachers say they need?

Evidence suggests:

- Teachers have low confidence in their ability to identify and support MH problems
- Classroom teacher is most often the first identifier
- Knowledge to work in a proactive way
- Practical short-term strategies they can implement confidently and not increase risk for the child
- Direction on building referral networks and accessing support

What do teachers say they need (training)?

Training needs to be:	More than just a description of MH issues their students might face
	Adaptable to different settings with acknowledgement of the varied experiences teachers bring
	Delivery using a mix of mediums and methods
	Learning outcomes that can be directly implemented in the classroom
	Accreditation and certification available

Does training work?

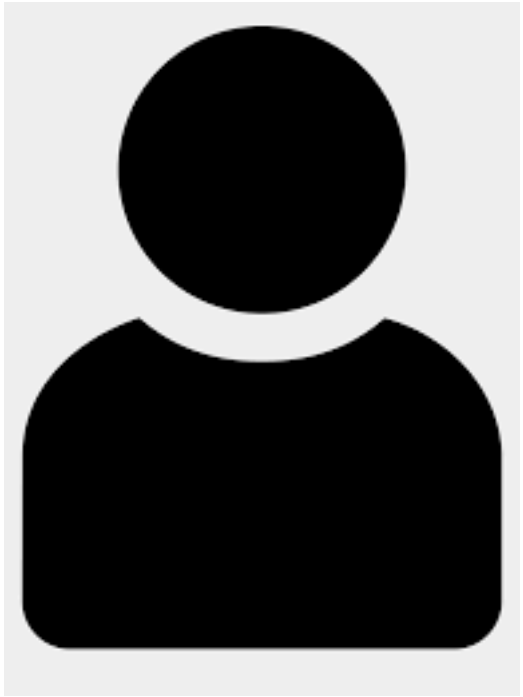
- Acquired knowledge about mental health/illness
- Reduced stigmatizing attitudes
- Enhanced confidence helping students
- Improving or increasing behaviours in teachers to help students (intention)

Role + training + well supported implementation

- Yamaguchi et al., 2020

The Mental Health and Wellbeing Coordinator Role

Create clear referral pathways (within school and externally) and forge relationships between school and community services.



Work with regional staff, school wellbeing team, and other health professionals to **engage appropriate mental health support.**

Embed evidence-based training and resources across the school to **build the capability of staff.**

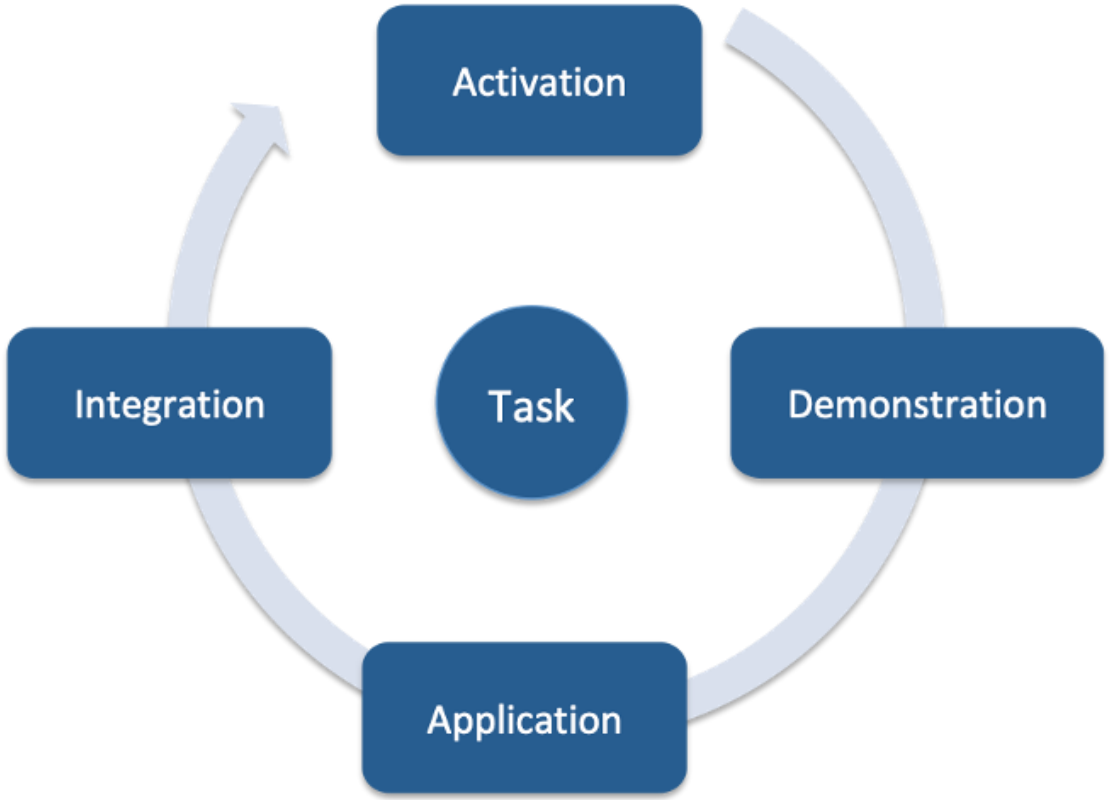
Implement whole school approaches to MH&W, including the social and emotional learning curriculum

Knowledge, skills, attitudes

Knowledge	Skills	Attitudes
Child wellbeing and mental health issues and understanding the mental health continuum	Effective engagement with parents and carers	Valuing student voice and agency in their wellbeing and mental health needs
Referral pathways for primary students with wellbeing and mental health needs	Effective engagement with students who require support for their wellbeing and mental health	Reduce stigma associated with mental health issues through education and capacity building of staff, students and families
Risk and protective factors for primary school children in regard to wellbeing and mental health	Identifying students with needs across the mental health continuum	Valuing teacher and other school staff perspectives on children with wellbeing and mental health needs
Privacy and confidentiality issues when working with primary aged children	Effective liaison and relationship management between child and referral pathways	

Teaching and learning principles

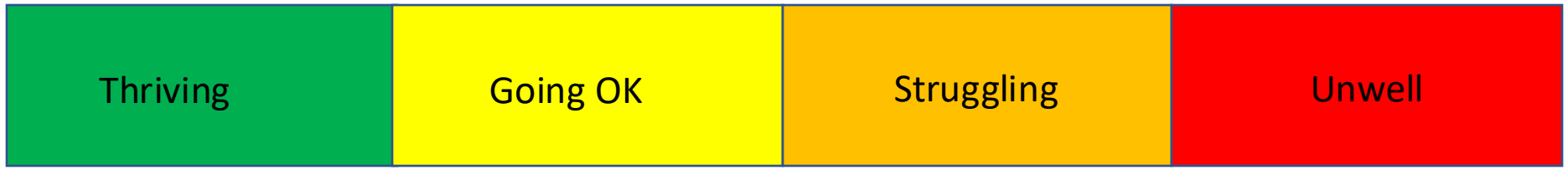
- Problem solving, task orientation
- Activation
- Demonstration
- Application
- Integration



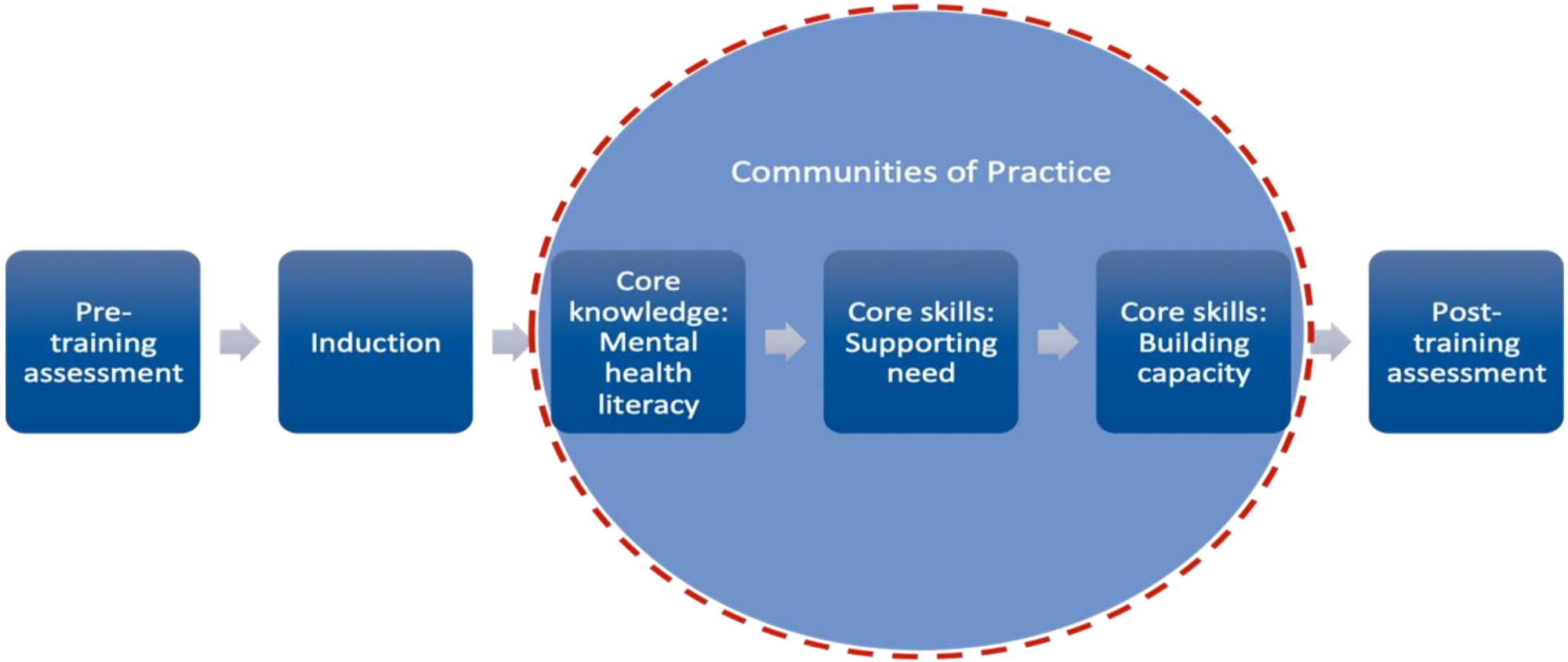
- Merril, 2002

Principles underlying the content

- Evidence based
- Development and use of tasks and tools that promote the role and reinforce the content
- Not reinventing the wheel
- A deliberate shift in the language of mental health in schools



Macro design



Overview of core modules

Mental Health Literacy

- foundational knowledge about child mental health and wellbeing
- Child Mental Health Literacy and child wellbeing
- The Mental Health Continuum
- Common Child Mental Health Concerns and Conditions

Supporting Need

- identification of mental health and wellbeing concerns
- basic screening and assessment processes
- providing support colleagues in the classroom
- managing referrals and supporting students to care
- work with parents and families to support student wellbeing

Building Capacity

- whole school approaches to mental health and wellbeing
- assessing the wellbeing profile of your school
- creating a school-wide mental health and wellbeing plan and evaluating programs that will support your plan
- using evidence
- the importance of implementation and context when choosing and evaluating approaches.

(1 day synchronous; 1 day asynchronous)

Communities of Practice

- Throughout year
- Expansion on content taught in other modules
- A forum to understand how the role is functioning in each school
- Sharing of job-content experience and problem-solving needs
- Sharing of implementation related experience and problem-solving needs
- More informal, casual and relaxed approach

"Having the opportunity to listen to the paediatricians discuss their role and a case study, and to be able to ask questions and discuss this case with other participants bringing a range of expertise and experience, was highly valuable. It allowed me to bring my own experience, combined with the training from the pilot, into a real-world context."

2020

- Adjusted timeline
- Remote development
- Online delivery
- 31 hours
- 15+ presenters
- New MHWCs in schools
- Remote learning in schools
- Lockdown

Training Feedback

- Strong endorsement from participants (MHWCs & trainees)
  - Supported the needs of their role
  - Acquired knowledge
  - Learnt new skills (less so for trainees)
  - Activities supported learning
  - Learning increased confidence to undertake role (less so for trainees)
  - Intend to use the knowledge and skills in my role

Training Feedback

- Qualitative

  - Resources & tools consistently identified as being applicable
    (e.g. Mental Health Continuum, Care Pathways tool, decision-making template)

  - Group work structure identified as a particular strength

Training Feedback

" …. The positive thing was working together with our school team as it builds the sense of a collaborative team."

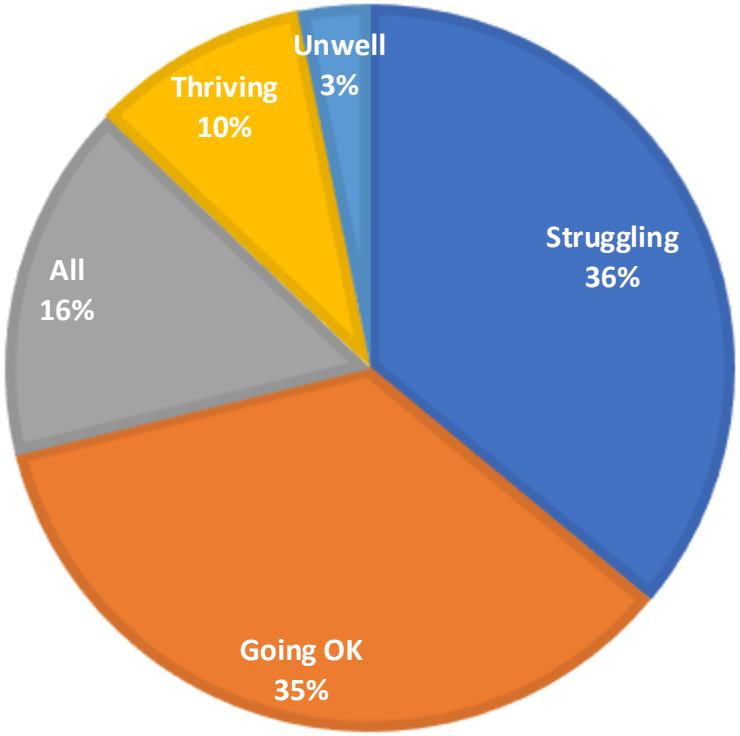
"I was impressed with the variety of resources and tools that we can implement at our school. ie., Care Pathways tool and the BETLS observational tool."

"Discussing the case study with other professionals allowed me to realise the knowledge and experience I hold from a classroom and school perspective, and the experience illustrated the positive way that teachers and schools can work with other professionals to provide holistic and effective support to children and families."

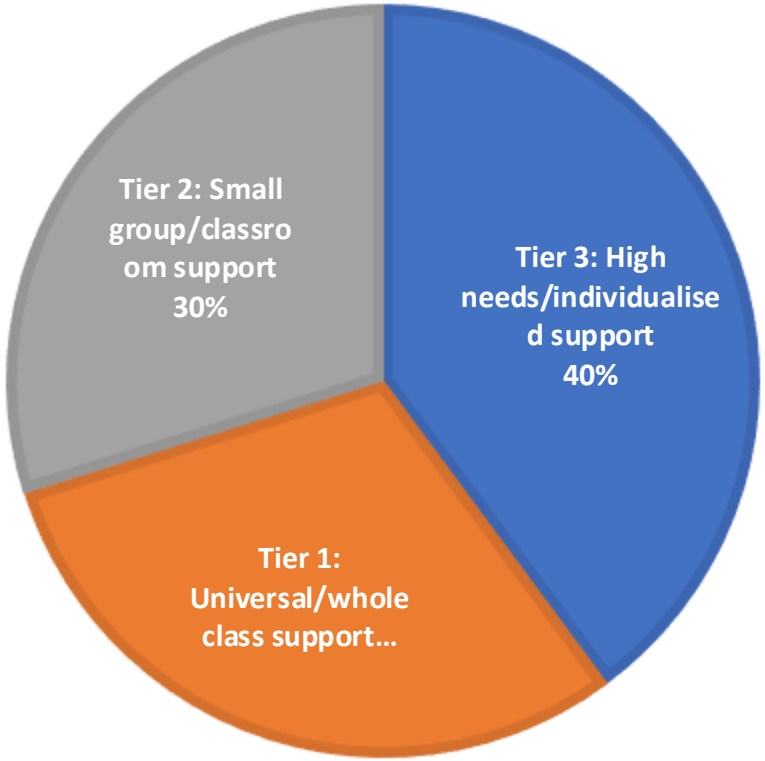
Barriers to applying learning

Module	Barriers	Enablers
Mental health literacy	Other teachers busy with home learning Time++	Leadership support and supportive school culture +++
Supporting need	Time++ Remote learning Attitudes of other staff	Leadership support and staff commitment to wellbeing of students +++ New tools – care pathway, BETLS observation tool
Building Capacity	Time++ Remote learning Stability of the position for 2021	Committed wellbeing team Support of DET Supportive leadership team

Job Analysis: the MHWC role in action

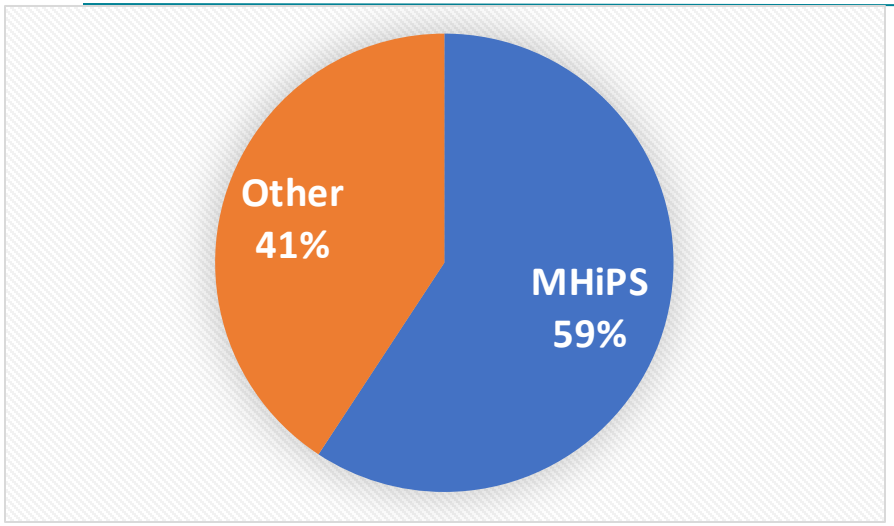


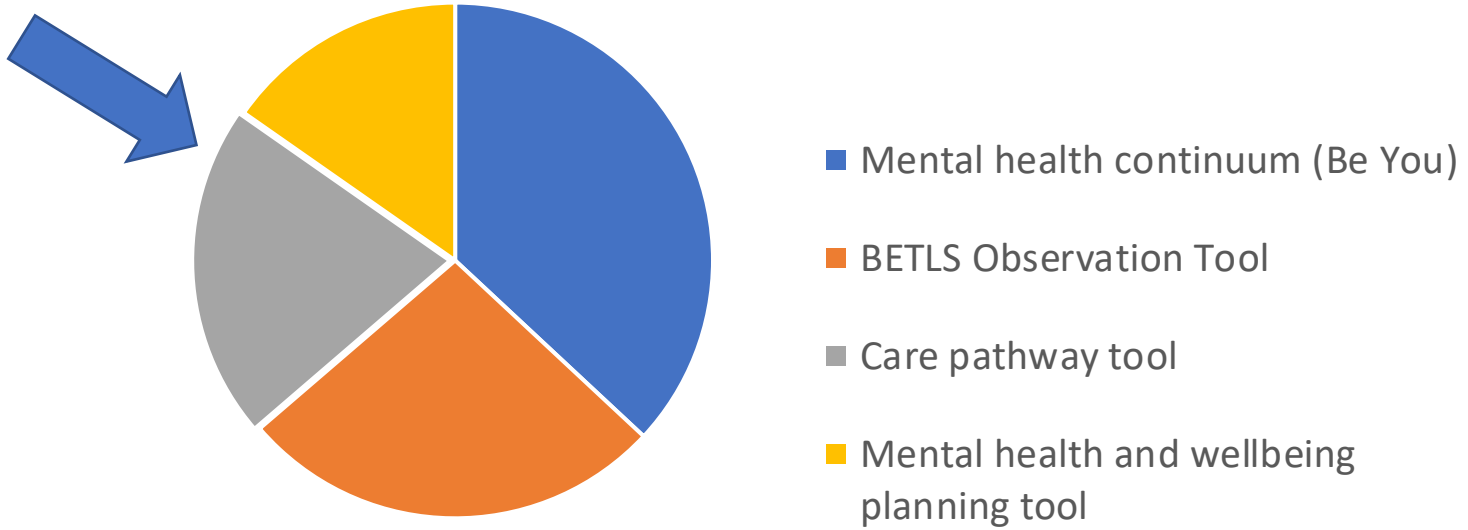
Mental health continuum



Multi-tiered system of support

Use of tools and resources





Data capture of the care pathway for students

A mix of age groups, gender

Most students referred by classroom teacher

Identified across MH continuum but predominantly in ‘Going ok” or ”Struggling”

Mix of issues: low mood, anxiety, attentional difficulties

Support in school: Peer support, social emotional education, respite, regular check-ins

Referral out: counsellor, paediatrician, GP

Time to care: 2 weeks to 90 days

2020 Pilot: Follow up

Follow up Survey: Implementation

- Strong endorsement of the model
  - Acceptable, e.g. "*I welcome the MHWC model*"
  - Appropriate, e.g. "*The MHWC model seems like a good match*"
  - Feasible, e.g. "*The MHWC model seems doable*"; "*The MHWC model seems easy to use*"

(Weiner et al, 2017)

Implementation: MHWC Focus groups

1. Integration of the role
   - *In all but one school there had been confusion re the responsibilities and scope of the role particularly in schools with existing wellbeing staff*

2. Implementation of the role
   - *Claiming time with staff to clarify the role or follow-up with teachers had proved very difficult*
   - *Staff were under the impression that MHWCs were available for student consultations*
   - *Participants who had received support from their leadership reported the most success in realising the role to date*

3. Future roll-out
   - *Participants believed the MHWC role should also drive MH literacy among the broader school community in order for the role to have more relevance and impact within schools.*

Follow up Survey

- Limitations in detecting change due to timeframe and COVID context

- Some evidence of increased confidence among classroom teachers and wellbeing staff in identifying and managing child mental health concerns

Key findings from the Pilot

- Strong school readiness for the model
- A need to build confidence and skills among teachers, reduce stigmatizing attitudes and increase focus on prevention
- Strong endorsement of the training and CoP model, but:
  - need to incorporate further skills-based work in the training & focus on mental health 'action'
  - need to be more specific about who attends each module
- Acceptability, appropriateness and feasibility of the model generally strongly endorsed by MHWCs and school leaders but:
  - need to clarify MHWC role
  - focus on integration of the role

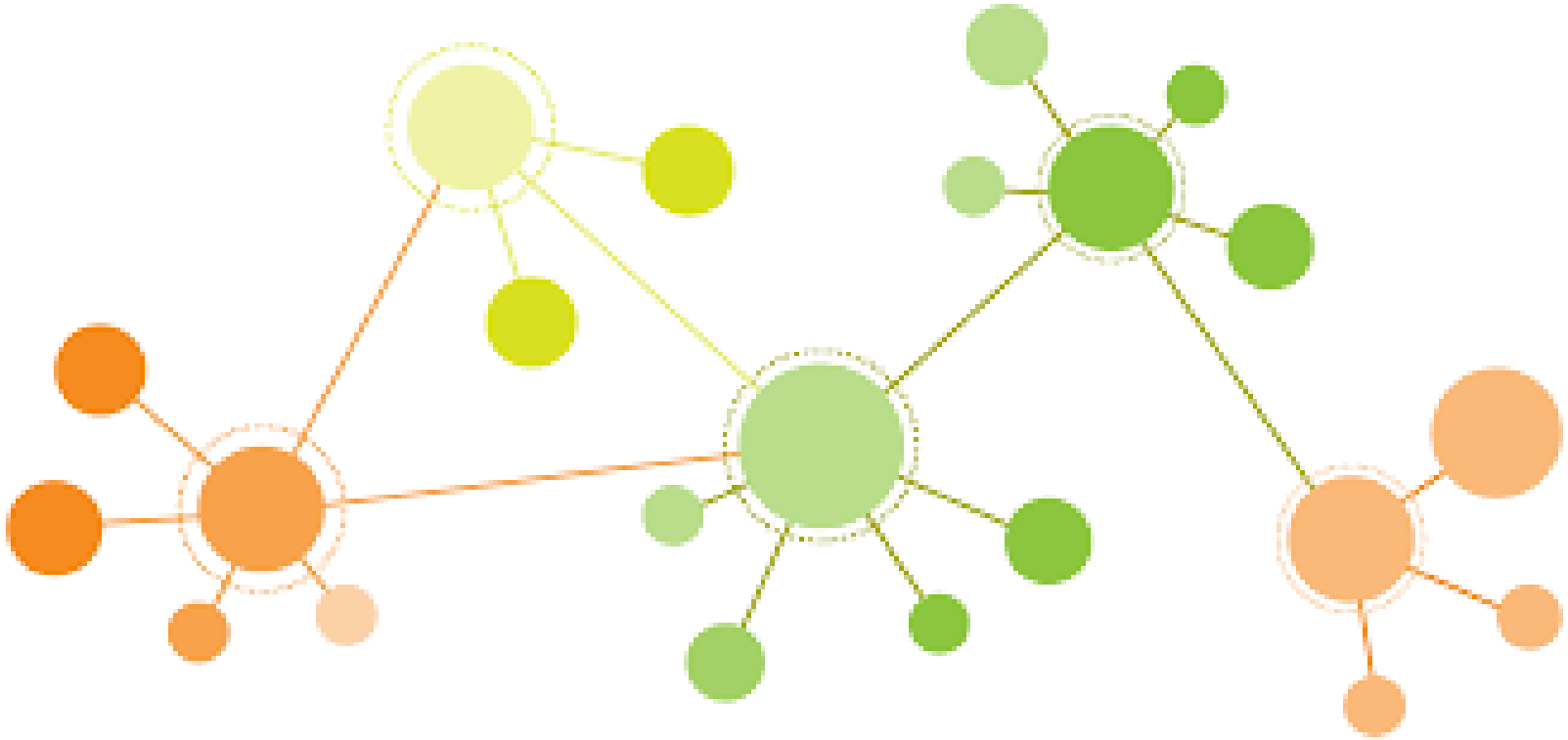
2021 refinements to training design and implementation of the MHWC role

- Leadership workshop to assist with role integration
- Clarification of role description – explicit communication at multiple forums

- Targeted decision making around who attends each module
- Increase teaching of explicit ‘skills’ and promote Mental Health Literacy in Action
- Introduction of PD delivered by MHWCs to school staff

- Jorm, 2020

2021 refinements: Staying local while expanding



2021 Expansion

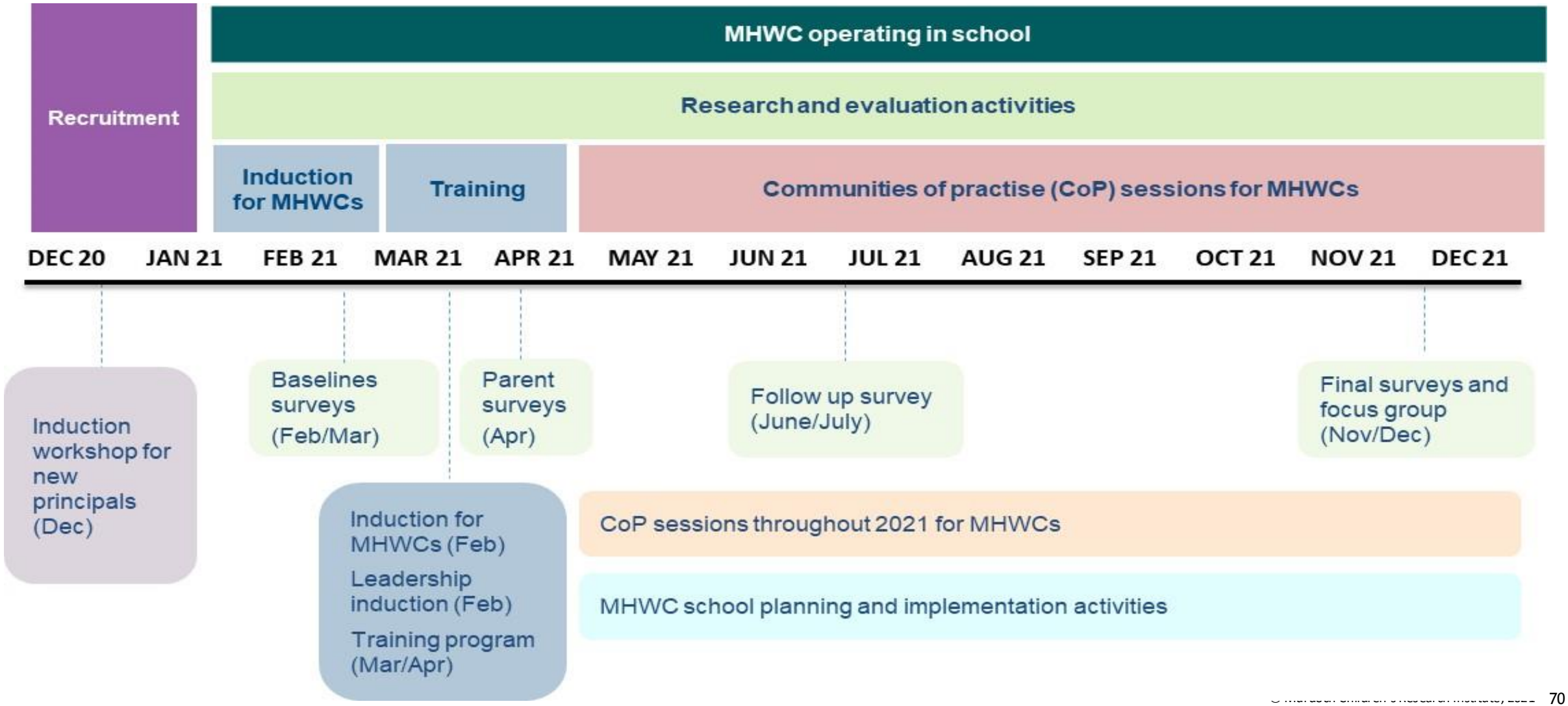
Plan for 2021

- Lessons from year 1 feasibility inform year 2 formal evaluation
- Refinements to MHWC role and training program based on findings from pilot
- Expand to 26 schools (10 original, plus 16 new)
- Include 16 matched Business As Usual (BAU) comparison schools
- Test implementation and feasibility at this larger scale

Key outcomes

- Evaluate a range of direct & indirect outcomes, including:
  - DIRECT
    - Teacher confidence
    - Teacher Mental Health Literacy (skills, ‘action’)
    - Teacher perceptions of support for managing CMH
    - Decreased stigma
  - INDIRECT
    - Long-term student mental health
  - PROCESS MODERATORS
    - School readiness

2021 Timeline



Plans for 2022 and beyond

- Professor Frank Oberklaid

Roadmap for the Future (2022 and Ongoing)

- Ongoing strong collaboration with Victorian DET
- Assessing feasibility, logistics and costs of implementing statewide (in collaboration with DET)
- Expansion to other sectors (e.g., CEO)
- Further test, evaluate and expand a model for regional/rural/remote schools
- Investigate potential of expansion to other states
- Continue to build bridges between Education and Health – care pathways, seamless referral

Acknowledgements

Thankyou

frank.oberklaid@mcri.edu.au
jon.quach@unimelb.edu.au
rachel.smith@mcri.edu.au
georgia.dawson@unimelb.edu.au

WILL INCLUDE EXTRA SLIDES WITH PILOT DATA

Evaluation of Training

Domains	Measurement
Translation of learning	**Participant survey**: intention to use, confidence to use, barriers and enablers to use learning **Use of tools and resources** **Job analysis (typical week)** **Focus groups**
Change in knowledge, skills and confidence	**Participant survey**: perception of change and provided example **Focus groups**
Relevance to role	**Participant survey** **Focus groups**
Implementation	**Tracking of service use** **Completion and monitoring of Mental Health and Wellbeing Plan** **Job analysis (typical week)** **Focus groups** **Discussions during Communities of Practice Sessions**

Evaluation of Outcomes

Outcome	Measure
Mental Health Literacy (skills ax)	Study designed- perceived knowledge & skills, confidence Study designed vignette – actual knowledge and skills
Stigma	The Attitudes about Child Mental Health Questionnaire (ACMHQ; Heflinger et al, 2014)
Support	Study designed
Prioritisation	State wide survey – based on Patalay (2017)
Engagement	State wide survey – based on Patalay (2017)
Resource impacts	Unmet need measure (McNab & Meadows, 2004)
Readiness to change	*Readiness to implement measure (Bliss & Wanless, 2018)*
School experience and engagement	*ATOSS*
Improved MH support	*ATOSS*
Social/emotional/mental health outcomes	