

IMPLEMENTING SCHOOL-BASED MENTAL HEALTH PREVENTION PROGRAMS



This toolkit provides information and practical tips about implementing youth mental health programs in schools. It has been designed with school leaders and school-based mental health professionals in mind, though other education and wellbeing professionals may find it useful.

Implementation considerations in this toolkit are based on research evidence and the experiences of young people, researchers, clinicians and program implementation and evaluation professionals with expertise in school settings. A summary of the current evidence for secondary school-based mental health prevention programs can be found in the Orygen evidence summary, [A review of secondary school-based mental health prevention programs](#).

WHY IMPLEMENT MENTAL HEALTH PROGRAMS IN SCHOOLS?

Schools are a natural environment for supporting the wellbeing of young people. Young people spend more time in school than in any other formal institution. For some, school may provide a more supportive place than home for developing resilience and coping skills. Many schools also have the opportunity to reach large numbers of young people, including those from marginalised communities who may not readily access mainstream mental health support.

As well as supporting the mental health of students, school-based mental health programs can provide benefits to the whole school community. Implementing a school-based mental health program can help support positive academic outcomes for schools, improve community mental health literacy and early identification of mental ill-health, and support care pathways into the health system.

Cultural and language barriers to accessing mainstream mental health services make schools an ideal setting for engaging diverse groups of young people in wellbeing support.





WHAT ARE SCHOOL-BASED MENTAL HEALTH PREVENTION PROGRAMS?

School-based mental health prevention programs are designed to prevent the development of common mental disorders such as depression, anxiety or substance use disorder. Programs vary widely in terms of activities, who facilitates them, who participates in them and how they are delivered.

Figure 1 summarises some examples of components, facilitators, participants and delivery approaches of school-based prevention programs.

FIGURE 1: EXAMPLE ELEMENTS OF SCHOOL-BASED MENTAL HEALTH PREVENTION PROGRAMS.

COMPONENTS	FACILITATORS	PARTICIPANTS	DELIVERY
Structured psychological interventions, e.g. cognitive behavioural therapy	External mental health professionals	Students	One-on-one
	School wellbeing staff	Parents	Group-based
Resilience or life skills training	Teacher	Teachers	Part of school curriculum
		Local community	Outside regular class time
Yoga			Online
Exercise			Face-to-face
Mindfulness			

CONSIDERATIONS BEFORE IMPLEMENTING YOUR SCHOOL-BASED MENTAL HEALTH PROGRAM

Several factors should be considered when deciding on which program components, facilitators, participants and delivery mode will be best for your school community.

CREATING SUSTAINABLE CHANGE

Implementation takes time, energy and resources to ensure a program suits your local needs and will be sustainable into the future.

Practical issues to consider for sustainable implementation include:

- Time - be aware of the time needed for engagement, establishing infrastructure and any training before you start on your implementation journey; map out all the people you need to talk to and things you need to do, allowing enough time to establish genuine partnerships; think about how long you want to run your program to support the mental health of your community long-term.
- Budgets - think about additional staff hours needed, printing for written resources, purchasing or upgrading digital resources; consider where funding might come from 10 years from now, and how you might maintain your budget.
- Governance and partnerships - establishing and maintaining a school-based mental health program needs a long-term vision that is shared between program developers, implementers, schools and other services in your community; consider who will manage the program and necessary relationships over time.
- Continuous improvement - implementation of a mental health initiative should be an iterative process, where you learn from what works and what can be improved for the future; build in evaluation processes to support continuous improvement and add to the broader evidence-base.
- Student voice - involving students in their own mental health care is not only empowering, it can help to ensure programs stay relevant to young people over time; for further detail on the importance of student voice, see the Orygen toolkit: [Including student voice in school-based mental health programs](#).

WELLBEING IS A WHOLE-SCHOOL ISSUE

Young people have reported that wellbeing is a whole-school issue. Taking a whole-school approach to student wellbeing includes all members of the school community (e.g. teachers, school students, staff, families) and considers curriculum, teaching and learning, as well as school ethos, organisation, environment and partnerships.(1) This requires careful planning and communication,(2, 3) which should start well before you aim to start delivering your program.



ESTABLISHING AND STRENGTHENING RELATIONSHIPS

Implementing a school-based mental health program requires relationships with a range of local people and services. Schools should consider who is best-placed to build and maintain strong relationships with individuals and organisations in your community, including:

- Health services – this may help schools act as effective referral points into the health system when needed, supporting information flow between education and health systems and preventing young people slipping through the cracks between services.
- Community and other support services – this may help to provide social and other kinds of support to young people, such as peer support, housing or financial support.
- Families and community leaders – genuine partnerships should include shared decision-making around issues such as recruitment, consent, confidentiality and curricula.



- Young people – young people should be meaningfully consulted and involved in every step of program selection, implementation, and evaluation; this can be done through existing school structures such as student councils, by establishing a youth wellbeing leadership program or action group as part of a whole-school approach to mental health, or by partnering with youth organisations or groups within your local community.

“Society is evolving and so is the need for programs developed for young people by young people. Until people acknowledge and see the importance of working with young people, the programs will not have near as much impact or positive outcomes as they should.”

BRIDGET MOORE, ORYGEN YOUTH ADVISORY COUNCIL MEMBER

CONSIDERING THE NEEDS OF YOUR SCHOOL COMMUNITY

To guide decisions about implementation, schools should consider the characteristics of their local community. This includes the diverse experiences and backgrounds of students and families, as well as overall level of mental health support needed.

There are two main types of school-based mental health prevention programs: universal programs and targeted programs. Universal programs involve all students, regardless of their experience, identity or level of risk for developing a mental disorder. Targeted programs are aimed at particular groups of young people who are identified as having a higher risk of developing a mental disorder, or young people who are already experiencing mental ill-health.

Research does not strongly suggest that one approach works best. There are practical benefits to both universal and targeted programs, which should be considered in relation to your students' needs and preferences.

UNIVERSAL PROGRAMS	TARGETED PROGRAMS
<p>No burden of screening students for program inclusion.</p> <p>Students are not 'singled out' for participation, potentially reducing risk of stigma.</p> <p>Readiness to implement may be easier to achieve across whole school.</p>	<p>Coordination may be easier for smaller number of students involved.</p> <p>Programs may be more easily tailored to diverse student groups (e.g. Aboriginal and Torres Strait Islander, sexuality or gender diverse or culturally diverse students).</p> <p>Integration with local support services may be easier for students experiencing higher need for services.</p>

Your school might combine a universal and targeted approach.(4, 5)
Integrated programs that offer different interventions depending on students' level of need are becoming more popular in schools, and may offer a way to gain the benefits of both universal and targeted approaches.(6, 7)

CONSIDERING RESEARCH EVIDENCE

When selecting an established program to implement in your school, it is always worth investigating whether there is any research or evaluation evidence for that program. If a program has shown positive outcomes for youth mental health before, this helps build confidence that it will show positive outcomes again. For a more in-depth consideration of the evidence for school-based mental health prevention programs, see the Orygen evidence summary: [A review of secondary school-based mental health prevention programs.](#)

Understanding different types and quality of research evidence is a skill in itself - for more information on how to critically consider evidence for practice, see the Orygen resource, [A quick reference guide to evidence translation.](#)

Questions to think about when considering the evidence for school-based mental health programs include:

- Are evaluation procedures and results transparently and clearly reported? Different methods and ways of reporting can indicate higher or lower quality of the evidence for a program.
- Has the program shown positive results in more than one trial or project?
- Have positive program outcomes been shown for similar geographic or social contexts to your local community?

If the program does not have any available evaluation or research evidence, consider whether it includes evidence-based practices, such as cognitive behavioural therapy. Always consider where and how a school-based mental health program was developed - was it co-designed or developed in consultation with young people, families or community? This is likely to affect how relevant it will be for your school community.

“Any program designed for a group of people absolutely should consult that group... This is especially important for young people, who are generally be given less voice and agency in the things that affect them..”

KATE KNUDSEN, YOUNG PERSON



HOW SHOULD OUR PROGRAM BE DELIVERED?

Although school-based mental health programs have traditionally been delivered face-to-face, digital technologies such as computers and smartphones may offer cost-effective, scalable options for delivery. While evidence for digital mental health programs in schools is still relatively limited, available research suggests that the effectiveness of these programs may be similar to face-to-face approaches.(8-11)

When it comes to choosing mode of program delivery, schools should consider:

- Infrastructure - will you need to buy or upgrade any facilities to deliver your program, such as smartphones or computers for digital programs?
- Expertise - do you have staff with expertise in digital technology to help with problem solving or management of an online platform?
- Engagement - how will students be supported to complete self-guided online programs?
- Program availability - what types of face-to-face programs are available locally compared to the range of programs available online?

WHO SHOULD FACILITATE OUR PROGRAM?

School programs can be facilitated by external facilitators and by school staff, including education and wellbeing staff. While research is not clear about which type of facilitator leads to the best outcomes, mental health professionals are natural champions of both youth mental health and evidence-based practice and should be involved in implementation in some way.

When choosing who is best-suited to facilitate a program, schools should consider competencies such as:

- expertise in youth mental health and evidence-based practice;
- knowledge of local youth mental health services and systems;
- knowledge of school policy and procedures;
- existing relationships with students and families; and
- knowledge of local community needs including considerations for cultural safety and appropriateness.

Program facilitators can play a key role in supporting the cultural safety and appropriateness of school-based mental health programs.

Professionals offering wellbeing support in schools should always be appropriately trained in evidence-based knowledge and skills to support youth mental health, with structures and processes in place for supervision and ongoing professional development. This is particularly important if school personnel are facilitating the program, otherwise they can feel overburdened by the additional responsibilities within an already complex system.(3, 12)



CASE STUDY

NATIONAL IMPLEMENTATION OF THE AUSTRALIAN 'MINDMATTERS' PROGRAM(13)

Evaluation of the Australian school-based mental health promotion and prevention program, MindMatters, provides useful insights into systemic implementation of a secondary school-based mental health program delivered by school staff across a geographically large and diverse country.(13) Factors that appear to be important for successful implementation include leadership support, program fit with existing school directions, adequate professional development for implementers, sufficient resources, embedding within structures and accountability processes to allow monitoring and review. Challenges to implementation included competition for staff time, staff turnover, and large school size making communication and quality monitoring difficult.(13) Learnings from MindMatters have contributed to the development of the new national program, Be You, which will support mental health across primary and secondary schools by developing the education workforce.

TAILORING PROGRAMS TO DIVERSE STUDENT NEEDS

Any school-based mental health program must consider the diverse needs of students. One way of doing this is to consider local data related to youth mental health, such as youth mental health service use in your region. Another way is to involve students themselves in the design and implementation of school-based mental health programs. For more information on collaborating with young people in program design, see the Orygen resource: [Co-designing with young people](#).

Considerations for different student experiences are a matter of safety as well as appropriateness. Schools should think about:

- Safety and support around sexuality and gender diversity – school can be a site for experiences of homophobia and transphobia, from teachers as well as from other students;(14) schools should be aware that school chaplains may not be readily trusted by trans and gender diverse students, possibly due to fear of being referred for conversion therapy.(15, 16)
- Culture, language and faith – this includes the unique needs of students and families from migrant and refugee backgrounds, as mental ill-health can be a taboo subject in some communities; schools can engage a specialist youth and family worker for advice on how to talk to family members, using accredited interpreters if needed.(17)
- Aboriginal and Torres Strait Islander experiences – programs for Aboriginal and Torres Strait Islander students should incorporate cultural connectedness, with research showing that wellbeing is supported when Aboriginal and Torres Strait Islander students can engage in learning about identity and connection to Country.(18, 19)
- Disability and neurodiversity – consider the physical, social, and other elements of school-based mental health programs that might influence accessibility and inclusivity for students with disability or who identify as neurodiverse.

Schools should ensure that wellbeing staff are competent and confident to support students who identify as Aboriginal and Torres Strait Islander, neurodiverse, culturally and linguistically diverse, gender diverse or sexuality diverse.

ADDITIONAL RESOURCES

ORYGEN RESOURCES

[A quick reference guide to evidence translation](#)

Evidence summary, [A review of secondary school-based mental health prevention programs](#)

Toolkit, [Including student voice in school-based mental health programs](#)

Guidelines, [Co-designing with young people for program design](#)

AUSTRALIAN RESOURCES

[Interim map of key student wellbeing interventions and supports](#). Victorian State Government.

[Wellbeing Hub](#). Resources for educators, students and parents. Education Services Australia.

[Be You](#). Information and resources related to Australia's national school mental health initiative, including [literature reviews](#) on family and community partnerships. Beyond Blue, Early Childhood Australia, headspace.

[The Teaching and Learning Toolkit](#). A comprehensive summary of evidence-based approaches that can improve academic outcomes in primary and secondary school students. Evidence for Learning.

[e-Mental Health in Practice: A guide to digital mental health resources](#). An overview of Australian online and teleweb mental health programs developed by credible sources, such as the Australian Government, universities, and national non-government organisations.

INTERNATIONAL RESOURCES

[Wellbeing for success: a resource for schools](#). New Zealand Government, Education Review Office, 2016.

[Schools in Mind](#). Anna Freud Centre, UK.

[A whole school framework for emotional wellbeing and mental health](#). National Children's Bureau, UK, 2017.

[Health promoting schools](#). World Health Organization, 2017.

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