

Excerpts from MindMatters Evaluation Summaries 2006

MindMatters 2000-2006:

Lessons Learnt and Outcomes Achieved

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What is MindMatters?

The Australian Government's MindMatters initiative is a mental health promotion, prevention and early intervention initiative for Australian secondary schools.

MindMatters aims to foster a positive school environment that promotes young people's mental health and provides them with the skills and resources to meet life's challenges. The initiative also supports teachers, parents and school communities to provide support to young people at risk of developing mental health problems.

MindMatters provides:

- Professional development and training for school staff that aims to provide participants with the knowledge, skills and understandings to successfully implement MindMatters in the school community;
- A resource for schools;
- A dedicated website; and
- Project officer support for schools in each State and Territory.

MindMatters has also included three component projects that have operated over 2001-2006:

MindMatters Plus, MindMatters Plus GP and Families Matter.

Lessons Learnt and Outcomes Achieved

An evaluation of the MindMatters core initiative was conducted between 2001 and 2005. The MindMatters initiative has been evaluated in several different ways, using both quantitative and qualitative approaches.

The first evaluation was conducted by the Hunter Institute of Mental Health and focussed on the success of the initiative in:

- Raising awareness of the underlying principles of MindMatters; and
- Encouraging schools to utilise the resources in a whole-school manner to promote positive mental health in schools.

The evaluation provided information about the professional development activity, indications of schools' plans to implement MindMatters and assessed early impacts in key indicator areas of school life and student outcomes.

The second evaluation was a whole school evaluation conducted by the Australian Council for Educational Research (ACER). The evaluation utilised a survey that provided information about the national uptake of, and extent to which MindMatters

was being embedded into Australian secondary schools. The design involved a stratified random selection of 400 secondary schools (not necessarily MindMatters schools) that completed two surveys in 2005. One of the surveys was an on-line survey of 197 secondary schools and was intended to provide information that could be generalised to the population of Australian secondary schools. The second survey was an in-depth survey designed to elicit information about how schools interpreted concepts such as resilience and their policies, practices and programs to support mental health promotion and student wellbeing. This survey was administered to 70 secondary schools. The data from these two surveys was compared with data from a schools audit conducted in 1996.

The third evaluation was a classroom study conducted by the School of Education at Flinders University. The design involved three classrooms, each of whom used the same module of work from the MindMatters resources, "Understanding Mental Illness". The study aimed to:

- Identify key features of teaching practices in the implementation of the Understanding Mental Illness module;
- Gather teachers' and students' perspectives about the module, including positive and negative aspects, and suggestions for improvement;
- Identify links between the module and student's knowledge, attitudes and behavioural intentions;
- Identify teachers' perspectives about the relationship between the module and students' knowledge, attitudes and behavioural intentions; and
- To yield well-supported and useful generalisations about the relationship between key variables of classroom practice during the implementation of the module and students' understanding of mental health.

The teaching of the Understanding Mental Illness unit was observed in-depth. The evaluators adopted a combination of quantitative and qualitative approach to the evaluation. Pre- and post-teaching questionnaires were administered to students and teachers and in-depth interviews were held with teachers and school administrators.

Key Findings

The education sector, and schools embraced the initiative, with 87% of all Australian secondary schools participating in the professional development activities;

Of fifteen case study schools that commenced using MindMatters in 2001 or 2002, thirteen were continuing to implement the program after three years. This indicates that schools were committed to the implementation of MindMatters for longer than three years;

Based on information provided by surveyed participants, it is estimated that 35% of schools that attended the Professional Development training and decided to use the MindMatters resources utilised a 'whole-school' approach to implementing the program;

The initiative raised awareness of mental health issues and encouraged schools to develop policies, structures and procedures, and curriculum around supporting the mental health of students and staff;

There was some early evidence of a reduction in the rates of truancy and retention, an increase in retention rates and an increase in the number of students seeking help from teachers. This suggests that there was an increase in student attachment to school.

Additionally, there was evidence to suggest that teacher responses to bullying had improved;

There was some evidence that students who participated in the skills building activities felt more confident in their ability to deal with mental health issues and were comfortable talking about such issues with staff and others;

Teachers reported that the initiative gave them the confidence and skills to better support and understand the needs of students, and to identify those children who may need additional support;

Teacher and student reports indicated an increase in student help-seeking behaviour as well as an increase in their knowledge, awareness, skills and attitudes towards mental health problems.

MindMatters Plus Evaluation

What is MindMatters Plus?

MindMatters Plus was a national whole-school initiative that built on the universal approach of MindMatters. MindMatters Plus arose from teacher concern about how to provide for students at risk of mental health problems. MindMatters Plus sought to describe current school processes and strategies that support students, including (but not limited to) the identification of students requiring enhanced support, support mechanisms, teaching and learning strategies, referral pathways and methods of coordinated care. The range of health promotion and early intervention resources that are available were examined and fifteen programs with a strong evidence-base for their effectiveness were selected by the Australian Guidance Counsellors Association (AGCA) and offered to schools.

The primary aim of the project was to enhance the capacity of secondary schools to support students with high mental health needs. Students with high mental health needs refers to students at risk of developing a mental health problem, students showing early signs of developing problems or students with an existing mental health problem. MindMatters Plus was a demonstration project managed by the Australian Principals' Association Professional Development Council (APAPDC) and the AGCA.

Lessons Learnt and Outcomes Achieved

The MindMatters Plus project involved 17 demonstration schools across Australia. The schools represented the State, Catholic and Independent education systems and varied in size, location and socio-economic profile. Demonstration schools were selected on the basis of school type, their use of MindMatters as a universal

approach and commitment to the initiative by school leadership and staff. The 17 participating demonstration schools were selected from 65 schools who applied to take part in the project.

The evaluation of MindMatters Plus includes consideration of the whole school system in each of the 17 demonstration schools. Universal health promoting programs and the whole school system affect both the students with high support needs and the capacity of the school to provide support to them. Students with high support needs are part of the whole school, so it was deemed as being invalid to try to isolate the aspects of the school support system that relate to high support needs students. The evaluation of MindMatters Plus focused on describing the systems that the 17 demonstration schools have in place to support mental health promotion.

The evaluation used an investigative approach to examine the combinations of programs and strategies that the schools adopted, including promotion, prevention and early intervention in combination with MindMatters. The evaluation was based on a program logic approach which was tested using a range of qualitative and quantitative data to determine schools' self perception of their support systems for students. Schools' perceptions about the extent and manner of the influence of MindMatters Plus were also investigated. The evaluation utilised methods including a whole school audit, a student survey and focus groups with teachers and students. The evaluation occurred in the last year of the three year demonstration project.

Key Findings

All schools reported that the most important component of the MindMatters Plus initiative were the programs. All schools reported that the programs were a useful means of assisting students with high support needs in mental health;

Schools reported that their involvement in the project helped engage their school executive in mental health issues;

Many schools changed pastoral care lessons in order to implement programs and they trialled programs across whole year groups;

Some students reported that they recognised that they needed to seek extra support;

Teachers who ran the programs identified more high support needs students and referred them to welfare staff;

Many of the schools reported an increase in the number of students who accessed welfare services after implementation of the project. Additionally, there was an improvement in student knowledge about external services;

The professional development for staff was rated as exceptional, with staff reporting that they felt well supported;

Schools reported that staff increased their solution focused thinking in addressing promotion, prevention and early intervention;

Fifteen schools believed that they had well-established referral pathways and links to external agencies prior to implementing MindMatters Plus. Twelve schools reported

that they maintained a detailed and up to date knowledge of other agencies' operational practices;

One school felt that the professional development provided by MindMatters Plus had increased staff skills and enabled them to more effectively manage high support needs students issues within the school setting;

Regarding referral to external services the main issues identified by schools were: lack of services in rural communities, limited access to bulk-billing and long waiting lists to access mental health services;

Most of the schools found it difficult to identify specific measurable impacts of MindMatters Plus on students with high support needs. However, they reported seeing changes amongst many of the students who had participated in the MindMatters Plus programs. Student changes reported included:

- increased self-esteem;
- reduced bullying;
- greater awareness of the reasons why their fellow students misbehave or perform badly at school;
- less 'acting out'.
- greater connectedness between students; and
- greater support and understanding amongst students

Being a MindMatters Plus school resulted in a more consistent approach amongst staff in managing student behaviour;

Some schools did not effectively handle the issue of confidentiality and reported that information available to students about confidentiality was limited;

Schools identified a weakness in the area of reintroducing students to the classroom after an absence related to a mental health issue. Seven schools said they had work in practices and procedures for this, four schools said that practices and procedures were unclear and three said that they did not know of any practices and procedures in this area. Specific practices and procedures were not developed directly through the implementation of MindMatters Plus.

MindMatters Plus General Practice Evaluation

What is MindMatters Plus General Practice?

The MindMatters Plus General Practice (GP) initiative focused specifically on secondary school students with high mental health support needs. The program was managed by the Australian Division of General Practice (ADGP) and managed by project officers in each of the Divisions of General Practice in whose catchment each of the MindMatters Plus demonstration schools was located. MindMatters Plus GP commenced in July 2003 and has been implemented in two phases. The MindMatters Plus demonstration schools are part of Phase One of the MindMatters Plus GP initiative.

The aims of the project were to:

- Significantly improve relationships between Divisions, GPs, schools and other local service providers. Included in this is a greater understanding of their own roles, and the roles of other partners in providing support to students with high mental health support needs;
- Improve mental health literacy through the provision of psycho-education activities in classrooms, thereby increasing student confidence to consult a GP;
- Improve the confidence of teachers to identify students with possible mental health problems and increase their willingness to refer identified students to a GP;
- Develop strong, local referral pathways to support students with high mental health support needs; and
- Increase the ability of GP's to provide appropriate evidence-based care for young people at risk of mental health problems and, where appropriate, refer them on to specialist mental health care.

Lessons Learnt and Outcomes Achieved

Six MindMatters Plus GP projects were selected by the ADGP to participate in the evaluation. The methodology adopted for the evaluation was on site interviews conducted with staff from each Division and a set of questions put to key school staff at the first site visits made in early 2005 for the evaluation of MindMatters Plus. MindMatters Plus GP used a program logic approach. The program logic proposed a theoretical causal pathway where outcomes (such as improved student mental health and wellbeing) are theorised to depend on impacts such as changes in modifiable risk, protective factors operating in individuals and the school environment, and improved access to and engagement with support services. These impacts are presumed to be caused by certain processes or structures being in place within schools, such as clear systems and procedures, curriculum, resources and leadership. The elements identified from the program logic were: communication structures; referral protocols and procedures; feedback mechanisms between

schools and GPs; awareness of mental health issues and accessing the health system; youth friendly GPs linked to allied health professionals with relevant skills available for young people; affordable, accessible services available for young people. Interview questions reflected these key elements.

Key Findings

There was great variation in the way the MindMatters Plus GP initiative was implemented at each school. Where relationships between schools and the Division were long standing and a mutual agreement existed, the project added to the development of some significant resources for the relationship;

MindMatters Plus schools generally considered that their relationships with external agencies and referral pathways were well-established prior to participation in the project;

Most schools expressed the view that the main effect they were seeking to achieve through their participation in the MindMatters Plus GP initiative was the addition of one or two youth friendly GP's to their referral pathways;

The most frequently reported benefit by schools was that they had the name of an appropriate local GP;

Schools who achieved their aim of locating student friendly GP's with bulk billing services indicated high levels of satisfaction with their experience of the initiative; GP's reported that they found contact with staff beneficial as it enabled them to gain a better understanding school needs regarding the referral of students;

Many schools strengthened their communication structures with Divisions and allied health professionals;

The short time frame of the evaluation meant that there were limited opportunities to map what was occurring in each Division in relation to students, schools, GP's, referral pathways and existing networks of care prior to the project;

Protocols and procedures development was not a strong area of activity, primarily because schools believed they were already well established.

4. The MindMatters Plus GP Component

Faculty of Health Sciences, Australian Institute of Primary Care,
LaTrobe University, Bundoora Campus, December 2005

Summary of Learnings from Final Report

Summary prepared by the MindMatters Evaluation Committee

The MindMatters Plus General Practice (MM+ GP) Initiative is a component of the MindMatters suite of initiatives. The initiative was auspiced by the Australian Divisions of General Practice (ADGP), however the evaluation was part of the MMevaluation projects and overseen by the MindMatters Evaluation Committee. Divisions received funding under the initiative and Divisional Project Officers in the catchment of MM+ schools, were responsible for activities.

The project commenced in July 2003 in two phases; the MindMatters Plus demonstration schools were part of the first phase. Six of the MindMatters Plus GP projects were selected by the ADGP to participate in the evaluation based on their readiness conditions or capacity, and varying states and settings. Later staff in all MM+ demonstration schools were interviewed as well.

The overall aim of the project was to increase the school's referral of young people to GPs, increase the knowledge and confidence of all students in the schools on how to seek help from GPs, increase the use of appropriate protocols and procedures, and that GPs provide appropriate evidence-based care for the young people concerned and where appropriate refer them on to specialist mental health. The focus of the initiative was to develop and provide sustainable partnerships between GPs, Divisions and Allied Health professionals through implementation of referral pathways and networks of care.

On site interviews and a set of questions put to key school staff at the first site visits made in early 2005 for the evaluation of MindMatters Plus were the main methodology. MindMatters Plus GP used a Program Logic approach.

Elements of quality practice were identified from the Program logic established for the initial intervention. These included: communication structures; referral protocols and procedures; feedback mechanisms between schools and GPs; awareness of mental health issues and accessing the health system; youth friendly GPs linked to allied health professionals with relevant skills available for young people; affordable, accessible services available for young people.

The evaluators identified that there was a clear overlap between the activities provided through the MM Plus GP projects and MM Plus. Additionally the project operated in a context where existing local division support, statewide initiatives, Australian Government activities and other specialist mental health services among others operated to bring about similar aims.

There was a great variation in school experience within the case studies. Where relationships between schools and the division were long standing and a mutual agreement existed, then the project produced or added to the production of some

significant resources for the relationship. MMPlus schools had generally rated their relationships with external agencies strongly and referral pathways were considered to be well-established within the schools in the study.

Contact between staff and GPs was seen as very beneficial in GPs gaining more understanding of schools and school needs for the referral of students. Those schools who achieved their aim of locating student friendly GP's available at short notice and with bulk billing also available indicated high levels of satisfaction with their experience of the initiative.

The evaluators concluded with comments that the identification of youth friendly GPs with expertise in mental health within the existing role of divisions would be valuable. Some problems became apparent with that identification — there was a concern by GPs about inundation. However, the evaluators noted that given the relatively small numbers of referrals they saw being involved, this may not be a problem. They indicated though that the term "youth friendly" may need to have some discussion; they posed the question would this be self nominated or is the use of this nomenclature an area the local division could address.

The short time frame meant that there were limited opportunities to map what was already occurring in each Division in relation to students, schools, GPs, referral pathways and existing networks of care. This meant that at least one of the chosen schools and GP Division believed they already had well developed referral pathways and saw their priority as different and chose not to participate. The inflexibility of the funding guidelines whereby projects were to be identified in areas not perceived to be needed by schools and/or Divisions limited the development of local capacity. However there were some valuable insights into the elements of quality practice identified in the program logic model that were likely to produce the intended outcomes.

Many schools strengthened their communication structures with Divisions and allied health professionals. Protocols and procedures development was not a strong area of activity, principally because schools believed they were already well developed.