05 Susan Boucher

Susan Boucher is Joint Projects Manager of the MindMatters Program. Her role is to ensure that the program delivers quality professional development to Australia's secondary schools and that the team of professional officers working at both the national and state level have sufficient resources and innovative strategies for them to have an impact.

MindMatters is a program to support Australian secondary schools in promoting and protecting the mental health of members of school communities. 68% of secondary schools and in excess of 30,000 school based personnel have been involved in the training. MindMatters uses a whole school approach to mental health promotion and suicide prevention.

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, their capacity to contribute to the workforce and the community and to reducing the rate of youth suicide.

The MindMatters program is being conducted by the Australian Principals Associations Professional Development Council and is funded by the Commonwealth Department of Health and Ageing.

Interview with Susan Boucher

What were the key findings of the 1996 audit of Mental Health Education in Australian Secondary Schools?

The key findings for 1996 were that teachers needed more resources in the area of health and well being and that they felt uncomfortable addressing the issues.

Since then resources available have grown although space within the curriculum has not and that teachers still feel varying levels of concern. Through MindMatters we are clear that a teacher's role is to teach well and to refer on students who are concerning them in some way.

Is the MindMatters Program aiming to address specific mental health problems besides suicide amongst youth? Or does the Program allow for whatever problems are identified in student and staff bodies to be dealt with?

MindMatters is actually about emphasising the positive messages of looking at resilience, connection and helpseeking for all students - it is a universal program. Specific health problems are discussed as an information unit within MindMatters to raise the level of health literacy for students and teachers. Actual problems are dealt with through referral procedures in the school to specialists. There are other specific programs that deal with depression, anxiety in a more individualised and targeted way. MM is able to be used in conjunction with these programs within a school - this is what the MM plus demonstration program is about.

Does MindMatters provide the solution to the problem or is the school and wider community encouraged to develop the solution to the identified problems?

MM is an educational resource that can be used by all schools - however schools naturally need to adapt any resource to their location and population and the materials of course will need to have the professional judgement of the teacher as part of how they are delivered. No resource however detailed provides the solution without adaption and without consultation with the local community. MindMatters uses the health promoting schools model or metaphor of how schools operate - through the ethos of the school, the teaching and learning - both the how and what -and the community partnerships. Working with the community is the most rewarding and the hardest aspect for schools - time and knowing the networks are the major problems. Any solution or work towards resolving issues - needs to have a multilevel approach with a wide range of groups.

What is the procedure for MindMatters to be introduced in a School and how does this procedure evolve? Are schools approached to undertake the Program and do they need to meet certain criteria for involvement in the Program?

Schools usually send up to four people - some schools have sent numbers like 23 and 17 staff members to two-day workshops that we have operated for 3 1/2 years. Schools then establish a core group and start to build the number of staff trained or run whole school trainings and school audits within their own school. It takes time for schools to commit resources and to develop a multilevel whole school approach. Schools undertake this on a voluntary basis - the training and the trainer is free as is one resource kit to every school. Schools have to make the decision though to commit staff time to the initial training and to the subsequent development. Schools do not have to meet a criteria to attend training - merely show interest - most schools and individuals though have thought about the concepts involved in the training in some way.

How many schools have undertaken the Program? Do you have an ongoing relationship with the participants of the Program once it has been implemented?

Over 1800 schools have sent staff to a training and we know from our independent evaluation that upwards of 70% initiate curriculum when they return. It takes longer for the longer term and whole school changes to be developed. Schools may elect to simply have the training and undertake work themselves or to have an ongoing relationship - we have state-based officers in each state to provide the ongoing contact in clusters or as individual schools should schools want this.

How successful has the Program been in Schools and what have been some of the problems?

Schools have certainly voted in favour by sending with their staff for the two-day program literally after word of mouth got around that the training and the resource was excellent. Schools like the educational and health promotion ideas - often these link well with existing state-based

work. Schools and the evaluation tell us that it is useful but that like all things staff changeover, other demands and the pressure of outcomes means that this sort of development can exhaust schools - they have to think through how they undertake it very carefully. Often the key is working with the staff health and well being and we are currently undertaking the development of a new resource aimed specifically at the staff.

What are the future objectives for the Program?

The future for MM is to incorporate further work with the staff, perhaps working with parents and families - MindMatters staff also wrote the draft Families Matter package currently being trialled and to apply the learnings from our demonstration school initiative on young people with high needs.(MindMatters Plus).

Given that the World Health Organisation has estimated that depression alone will constitute one of the greatest health problems worldwide by 2020, is there any comparative program that is in place for adults in the wider community, for example in workplaces?

There are a range of workplace well being programs that have been around since early 1990's - mostly though good occupational health and safety programs address some of these issues to some extent. Some other programs in the field have an adult component but mainly as an adjunct to the student health and well being. Professional programs are available for individuals and groups.

How did you come to be involved with the Program and what does your role involve as MindMatters' Project Manager? What leadership qualities and vision do you consider yourself using in your role?

I came to be involved with the program through my work with the Australian Principals Associations Professional Development Council. Quality school leaders are recognized as the key to bringing about successful, sustainable, and strategic change in schools and the Dept of

Health was aware of our work and recognized that we were well placed to undertake the roll out and the professional development.

My role is to ensure that the program delivers quality professional development to Australia's secondary schools. To do that a dedicated team of professional officers work at both the national and state level with clusters of schools, whole school staff and leadership teams. My role is to ensure that there are sufficient resources and innovative strategies for them to have an impact.

I believe that my role as a leader is to support, encourage and drive the project working closely with the national team so they can do their work. It is always important to ensure that individual members have a clear sense of what we are striving to achieve, are able to contribute to the direction we take, see themselves as a member of a team and are acknowledged for the work that they do. I believe that a sense of humour, a focus on health and wellbeing and a level of empathy are keys to this.

What interests you most about the Program?

Bringing health and education systems together – it is really important that all of the key groups are involved and that they understand the needs of different groups. Developing a shared understanding of the range of needs both at system and school level as well as pooling resources has been a significant outcome.

Are there any changes you would like to make to the Program?

Not changes so much as additions. I would love to extend it into primary schools – currently the program is only for secondary schools, but many primary schools are keen to be involved. I would also like the program to be available to a larger group of remote Indigenous communities – that is something we are working on at the moment.

Resource of MindMatters Program at
http://cms.curriculum.edu.au/mindmatters//resources/mmbook.htm

Almost 20 per cent of all children and adolescents in Australia are affected by mental health problems, with half of these showing impaired schooling and social development. It is estimated that one in five Australians will experience a mental illness at some stage in their life. This will vary from mild or temporary, to severe and prolonged.

Depression, is the most common mental health problem for young people. Behavioural and mental health problems such as depression, suicidal behaviours, eating disorders and the abuse of alcohol and drugs have increased in young people.

Students with mental health problems are five times more likely to have below-age academic competence when compared with students who do not (42 per cent compared to 13 per cent).

Self-esteem problems and major depression are among the key health concerns identified by young people themselves.

The World Health Organisation has estimated that depression alone will constitute one of the greatest health problems worldwide by the year 2020.

Despite the prevalence of mental health problems, stigma and worrying about what others will think can mean that young people or their families keep their problems a secret and fail to seek help. Schools can play a role in challenging and redefining the stereotypes about mental health and mental illness held by the general community.

What can the school do to enhance the resilience of its students?

Create supportive environments

- actively promote mutual respect and dignity, care and concern, and the acceptance and celebration of diversity within the school community
- implement educational programs to counteract racism, bullying, sexism, homophobia and discriminatory attitudes to people living with mental illnesses

Develop personal skills curriculum

- provide comprehensive life skills and personal development programs (for example, problem-solving, effective communication, enhancing help-seeking behaviour, increasing emotional literacy) at all year levels
- the MindMatters collection includes a range of activities suitable for inclusion in an ongoing Health or Personal Development program, or for use in English, Drama or Study of Society

Address teaching style

- use interactive techniques to enhance participation and connectedness
- maintain a positive class climate promoting a sense of respect and belonging

Enhance pastoral care, welfare and counselling services

- provide a well-resourced pastoral care program
- support and promote welfare services as an integral part of the core business of the school

MindMatters practice

'Next time, I'd start with the curriculum units and work out — teachers like practical stuff.'

- ensure that welfare services are accessible to students
- address structural barriers that could make welfare services inaccessible
- ensure that welfare staff roles are not mixed with disciplinary roles

Strengthen community action

- build links with community organisations, parents, Aboriginal and Torres Strait Islander and ethnic groups, health services, and mental health services in the development of programs
- ensure young people have an awareness of the range of support services available in the community
- advocate for appropriate and accessible services for young people

- determine referral procedures and update complete register of contacts
  Students at risk of alienation from the school.

 A whole school approach to promoting positive school experience is also critical for those students at risk or experiencing alienation from school. An examination of some of the key factors in the experience of alienation can give valuable pointers for school-based action.

MindMatters is influenced by the program described by the World Health Organisation. The triangle describes a whole school approach to mental health promotion.