

COMPLETE THE PICTURE



Strategy Research Analysis

Analysis of the Mental Health Literacy Survey Questions From Principals Australia's Market Research Survey

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Table of Contents

| | |
|--|----|
| Disclaimer | 2 |
| Copyright | 2 |
| Acknowledgment of Funding | 3 |
| Table of Contents..... | 4 |
| Executive Summary..... | 6 |
| Introduction..... | 8 |
| Mental Health Literacy – Key Performance Indicator | 8 |
| Use of the Principals Australia Market Research Survey to Measure Mental Health Literacy.. | 9 |
| Principals Australia’s Market Research Survey | 9 |
| Development of Mental Health Survey Questions | 9 |
| Mental Health Survey Questions | 10 |
| Demographic Survey Questions | 11 |
| Analysis of the Survey Data | 12 |
| Provision of Data | 12 |
| Originally Proposed Analysis of Survey Questions | 12 |
| Data Cleaning..... | 12 |
| Removal of Unwanted Responses | 12 |
| Regrouping of Response Categories..... | 13 |
| Final Data Reduction | 15 |
| Demographics | 16 |
| Respondent Jurisdiction | 16 |
| Jurisdiction by School Type | 17 |
| Jurisdiction by Sector..... | 18 |
| Jurisdiction by School Location (Metropolitan-based or Not) | 19 |
| Jurisdiction by School Size | 20 |
| Jurisdiction by Proportion of Aboriginal and/or Torres Strait Islander Students | 21 |

| | |
|--|----|
| Mental Health Questions | 22 |
| Response to the initial filter question | 22 |
| Mental Health Frameworks Implemented and in Use..... | 25 |
| The provision of mental health programs and resources for staff, students or parents | 30 |
| The benefits of having mental health frameworks, program and resources | 35 |
| Staff capacity to undertake particular roles in relation to mental health issues | 38 |
| Opportunities for students to participate in mental health related activities..... | 40 |
| A Brief Discussion | 43 |
| Proxy Information for the Key Performance Indicator | 43 |
| The Findings | 43 |
| The Limitations | 44 |
| The Implications | 44 |
| The Future Measurement Challenge..... | 44 |
| Further Queries..... | 45 |

Executive Summary

In the Fourth National Mental Health Plan, one of the key performance indicators developed for measuring the success is:

the proportion of primary schools and secondary schools with mental health literacy component included in the curriculum (P77 in Appendix 2 Fourth National Mental Health Plan).

The Department of Health and Ageing (DOHA) has sought a high-level measurement of the mental health literacy concept and a set of survey questions was developed jointly by DOHA, Principals Australia and Complete the Picture Consulting for inclusion in Principals Australia's National Market Research Survey 2011.

It was originally thought that routine data collection from the KidsMatter and MindMatters Programs would contribute data that would enable the measurement of this key indicator. Principals Australia identified that, due to a range of issues, there were no data currently available that could be used to for measuring this key performance indicator. Consequently, the DOHA agreed to fund the development of survey questions that could be incorporated in the Survey that would serve as proxy measures for this key performance indicator.

The Survey was conducted in April and May 2011 and was intended to capture data about a variety of issues affecting school principals in Australia, including mental health issues.

The survey was distributed via a variety of mechanisms and resulted in data being collected from approximately 1,500 individuals, with 83% reporting that they were school principals and a further 11% reporting that they were either assistant or deputy school principals.

The Survey contained 8 specific mental health survey questions and also captured various demographic data.

The analysis of the data was restricted to responses provided by Australian principals only and resulted in the inclusion of 1,285 responses being included in the analysis of the mental health survey questions.

A key question was designed to determine whether survey respondents' schools were involved in mental health and wellbeing related initiatives. The question sought to determine whether respondents' schools:

- Have mental health frameworks implemented and in use (e.g., KidsMatter, MindMatters etc.)
- Provide mental health programs for staff, students or parents
- Have mental health literacy resources that can be accessed by teachers and students (e.g., specific printed material, web resources to online services, use computer programs etc.).

Survey responses were received from principals located at primary, secondary and F-12 schools in all states and territories, from all educational sectors and from metropolitan and non-metropolitan based schools.

Approximately 82% of the respondents included in the analysis of the mental health survey questions reported that they used at least one mental health framework, provided a mental health program or provided mental health resources. The provision of mental health resources was the most frequently reported initiative undertaken by at respondents' schools (69% of respondents), while the provision of mental health frameworks was the least reported initiative (45% of respondents). This would suggest that awareness of mental health issues and the need to address them is relatively high. Given the sample size and the inclusion of data from all sectors, jurisdictions and school types, this finding is likely to hold true for all Australian schools. However, the notion of mental health literacy is a complex concept that is not necessarily well understood by principals and teachers, despite recent headways made in improving their understanding of mental health. Thus, while these responses indicate that principals (and schools) are aware of mental health issues, they only represent a proxy measure for the proportion of primary schools and secondary schools with mental health literacy component included in the curriculum.

Principals reported a high-level of agreement that the implementation of mental health frameworks, provision of programs and resources conferred benefits to a range of parties, particularly themselves and students. Principals were unsure whether the wider community received benefits from such initiatives.

The use of mental health frameworks and the provision of mental health programs and resources was found to influence the capacity of staff to deal with mental health issues and the opportunities provided to students to participate in mental health learning and activities. Staff capacity to undertake mental health related tasks, however, still requires significant improvement and represents a challenge in terms of this will be achieved. Indeed, the survey findings suggest that there is more that can be, and must be, done to help schools address the mental health issues that confront both students and teachers on a regular basis.

The development of a direct measure of mental health literacy is likely to represent an ongoing challenge for at least the short-term. Thus, in the absence of an alternative mechanism, the ability to re-survey principals on a regular basis (e.g., annual) in order to measure progress in improving mental health is warranted.

Introduction

This paper documents the analysis of the resulting responses to web-based market survey questions relating to the measurement of the development of mental health literacy, as required in accordance with the Fourth National Mental Health Plan.

Principals Australia developed the survey and designed questions to capture the views of school principals, deputy principals and aspiring school leaders concerning a number of issues affecting school leaders. The survey included questions designed to examine particular aspects of mental health and wellbeing.

Mental Health Literacy – Key Performance Indicator

One of the key performance indicators developed for measuring the success of the Fourth National Mental Health Plan is:

the proportion of primary schools and secondary schools with mental health literacy component included in the curriculum (P77 in Appendix 2 Fourth National Mental Health Plan).

There has been an expectation that measurement of this indicator would occur through data routinely collected in relation to the KidsMatter and MindMatters programs run through Principals Australia. According to Principals Australia, however, direct measurement of this indicator is not yet possible for the following reasons:

- The notion of *mental health literacy* is a complex concept that is not necessarily well understood by principals and teachers, despite recent headways made in improving their understanding of mental health
- KidsMatter and MindMatters are actually organising frameworks and provide all school staff with professional development in understanding and implementing whole school approaches to mental health. These programs do not provide specific curriculum content *per se*, and thus, the ability to capture appropriate data relating to the key performance indicator is difficult
- Irrespective of the aforementioned difficulties, there is a lack of appropriate measurement mechanisms in place to capture the necessary data from schools participating in KidsMatter and MindMatters.

Thus, the ability to report against this key performance indicator using data captured from participants involved in KidsMatter and MindMatters is currently unlikely as the data will not be appropriate (i.e., it will not be fit for purpose). Consequently, an alternative approach was designed to capture data that would provide a reasonable proxy measure for the previously stated key performance indicator and also capture some additional information including:

- What frameworks, programs or resources are provided or will be provided in schools
- The reasons for using such frameworks, programs or resources, and
- The capacity of staff to provide assistance to students in relation to mental health issues.

Use of the Principals Australia Market Research Survey to Measure Mental Health Literacy

Heather Parkes, Kids Matter National Program Manager & National Business Manager, from Principals Australia proposed that Department of Health and Ageing (DOHA) could participate in the development of some survey questions that could be included in Principals Australia's National Market Research Survey of school principals and aspiring leaders in order to capture the necessary data to fulfil reporting in relation to the mental health literacy key performance indicator. DOHA agreed to this proposal.

Principals Australia's Market Research Survey

Principals Australia's National Market Research Survey was conducted using an online survey tool.

The invitation to undertake the survey was distributed through the following channels:

- To people who had registered with Principals Australia in late 2010 following a promotion about the forthcoming market research survey
- Promotion on Principals Australia's website
- Promotion in Principals Australia's newsletter Principals Byte
- Through the local networks of the Principals Australia Branch Convenors in each state/territory
- Through the state and territory networks of the various national principals' associations
- Through the Education Review Magazine
 - Promotion in the May 2011 edition
 - An email alert directly to subscribers regarding the survey, and
 - Promotion in the weekly Education Review newsletter (emailed)
- Directly to principals and schools through their contact email address

Principals, deputy or assistant principals and aspiring leaders were able to complete the survey during the period 21 April to 20 May 2011.

Development of Mental Health Survey Questions

The survey questions relating to the capture of mental health related issues were developed by Complete the Picture Consulting in conjunction with Principals Australia and DOHA.

The survey questions included the generic demographic questions, such as school type, location, age of respondent (that were already part of the survey design) and the survey questions specifically designed to capture data concerning mental health and wellbeing issues.

DOHA advised that it required only a high-level measurement of the mental health literacy concept and proposed a set of survey questions for the survey.

Following a teleconference was held on Monday 21 March 2011 between Heather Parkes (Principals Australia), Karnain Johnson (an Assistant Director within the Mental Health area

within DOHA) and Mark Mackay (Complete the Picture Consulting) regarding the proposed survey questions, the initial survey questions underwent further refinement.

Mental Health Survey Questions

The following questions were included in the final survey:

Q56-Does your school currently:

- Have mental health frameworks implemented and in use (e.g. KidsMatter, MindMatters etc.)
- Provide mental health programs for staff, students or parents
- Have mental health literacy resources that can be accessed by teachers and students (e.g. specific printed material, web resources to online services, use computer programs etc.).

Q57-Please select the main mental health frameworks implemented and in use at your school (list shown in Appendix).

Q58-Please select from the list below the main uses for the mental health frameworks implemented and used at your school. Please select as many as apply.

Q59-Please select the main mental health programs and/or resources for staff, students or parents currently provided at your school.

Q60-Please select from the list below the main uses for the mental health programs and resources for staff, students or carers currently provided at your school. Please select as many as apply.

Q61-To what extent do you agree that the mental health frameworks, programs and resources currently provided at your school confer benefits to the following:

- School Principals
- School leadership team
- Teaching staff
- Other school staff
- General school student population
- Students within the school that are at risk or in some way disadvantaged
- Parents of students at the school
- Families of students at the school
- The wider community (that relates to your school).

Q62-Please indicate the percentage of staff at your school that have the capacity to do the following:

- Give direction and provide advice to students or staff about where they can seek advice or support concerning mental health issues
- Provide an explanation of the mental health and wellbeing issues affecting students and teachers to other school staff

- Provide an explanation of the mental health issues affecting students and teachers to health professionals
- Provide an explanation of the mental health and wellbeing issues affecting students and teachers to parents.

Q63-Please indicate the percentage of students at your school who will be provided with an opportunity this year to do the following:

- Participate in mental health related programs (e.g. anti bullying, suicide prevention etc.)
- Learn about mental health issues as part of the curriculum provided within the school
- Listen to speakers/presenters who visit the school specifically to present information about mental health and wellbeing issues
- Access material through the school library or computing resources related specifically to mental health and wellbeing issues

Q64-During 2011 does your school plan to:

- Introduce and implement any mental health frameworks (e.g. KidsMatter or MindMatters)
- Provide any new or additional mental health programs for staff, students or parents
- Provide access to any mental health literacy resources for teachers and students (e.g. specific web resources to online services, computer programs, printed material etc.).

Demographic Survey Questions

The following questions were also asked as part of Principals Australia's Market Research Survey:

- Respondent role
- Respondent sex
- Respondent age
- Respondent years to retirement
- Respondent school type
- Respondent state or territory
- Respondent location (e.g., metropolitan, regional, etc.)
- School size
- Proportion of students that are Aboriginal and/or Torres Islander
- Proportion of students that speak a language other than English at home.

Analysis of the Survey Data

Provision of Data

The survey data required for analysis of the mental health survey questions from the Principals Australia Market Research Survey was supplied to Complete the Picture Consulting by Principals Australia. Only the data relating to the mental health and demographic questions were provided for analysis.

Principals Australia received the data extract from newfocus, the organisation that hosted the survey on behalf of Principals Australia.

No warranty over the accuracy of the provided data was sought. The data has been received on good faith that it accurately represents what it is intended to represent.

Originally Proposed Analysis of Survey Questions

The original proposal relating to the development of the mental health survey questions stated that only one survey response per school would be included in the analysis.

As responses from both principals and non-principals form part of the data collected, and there was no ability to determine if the responses from non-principals related to any or all of the same schools, it was necessary to exclude responses relating to non-principals from the analysis.

Data Cleaning

Data cleaning was required prior to the commencing the analysis of the data.

Removal of Unwanted Responses

The original data extract contained 1,555 responses. This data include responses from assistant or deputy principals, aspiring principals and respondents with other roles. The data also included four responses from respondents based in overseas countries.

The responses from respondents based in overseas countries and the responses from persons with the position type "other" were removed. This resulted in the deletion of 81 records as shown in Tables 1 and 2¹.

Table 1: Removal of responses by persons with "other roles" or from an "overseas" country - effect on role description shown.

| Respondent Position | Number of Original Responses | Number of Responses After Filtering | Number of Responses Removed | % Responses Retained for Analysis |
|-------------------------------|------------------------------|-------------------------------------|-----------------------------|-----------------------------------|
| Principal | 1,288 | 1,285 | 3 | 99.8% |
| Assistant or deputy principal | 165 | 164 | 1 | 99.4% |
| Aspiring principal | 25 | 25 | 0 | 100.0% |
| 777 (Other) | 77 | 0 | 77 | 0.0% |
| Total | 1,555 | 1,474 | 81 | 94.8% |

¹ Note – percentages have been used in many tables. The percentages do all sum correctly to 100% (where appropriate). However, no correction has been made to the results to adjust for rounding of figures. Any errors are an artefact of presentation and not calculation of the results.

Table 2: Removal of responses by persons with "other roles" or from an "overseas" country - effect on respondent location shown.

| Respondent Location | Number of Original Responses | Number of Responses After Filtering | Number of Responses Removed | % Responses Retained for Analysis |
|-------------------------------|------------------------------|-------------------------------------|-----------------------------|-----------------------------------|
| NSW | 418 | 402 | 16 | 96% |
| VIC | 308 | 298 | 10 | 97% |
| SA | 140 | 130 | 10 | 93% |
| ACT | 36 | 35 | 1 | 97% |
| WA | 258 | 246 | 12 | 95% |
| NT | 61 | 54 | 7 | 89% |
| TAS | 71 | 67 | 4 | 94% |
| QLD | 259 | 242 | 17 | 93% |
| Overseas/outside of Australia | 4 | 0 | 4 | 0% |
| Total | 1,555 | 1,474 | 81 | 95% |

After these data were removed 1,474 responses remained.

Regrouping of Response Categories

Due to the small number of some school types reported, it was necessary to collapse the number of categories used to report school type. This was particularly necessary in order that cross tabulations of the variables could be undertaken without resulting in "cell sizes" (i.e., counts of responses) that were too small. The following tables detail the reclassification of variables that was undertaken.

Table 3: Reclassification of school type.

| School Type | Number of Original Responses | % of Total | Comment |
|------------------|------------------------------|-------------|------------------------|
| Junior primary | 16 | 1% | Grouped with Primary |
| Primary | 792 | 54% | |
| Middle | 14 | 1% | Grouped with Secondary |
| F-10 | 41 | 3% | Grouped with F-12 |
| F-12 | 206 | 14% | |
| Secondary | 372 | 25% | |
| Senior secondary | 33 | 2% | Grouped with Secondary |
| Total | 1,474 | 100% | |

Table 4: Effect of school type reclassification.

| Grouped School Type | Number of Responses | % of Total |
|---------------------|---------------------|-------------|
| Primary | 808 | 55% |
| F-10/12 | 247 | 17% |
| Secondary | 419 | 28% |
| Total | 1,474 | 100% |

Table 5: Reclassification of Lutheran as Independent.

| School Sector | Number of Original Responses | % of Total | Comment |
|---------------|------------------------------|------------|--------------------------|
| Government | 979 | 66% | |
| Independent | 158 | 11% | |
| Catholic | 324 | 22% | |
| Lutheran | 13 | 1% | Grouped with Independent |
| Total | 1,474 | 100% | |

Table 6: Effect of reclassification of Lutheran.

| Grouped School Sector | Number of Responses | % of Total |
|-----------------------|---------------------|------------|
| Government | 979 | 66% |
| Independent | 171 | 12% |
| Catholic | 324 | 22% |
| Total | 1,474 | 100% |

Table 7: Reclassification of Aboriginal and/or Torres Strait Islander status.

| % of Students Identifying as Aboriginal and/or Torres Strait Islander | Number of Original Responses | % of Total | Comment |
|---|------------------------------|------------|-----------------|
| 0-10% | 1,153 | 78% | |
| 11-20% | 166 | 11% | |
| 21-30% | 54 | 4% | Combine 21-100% |
| 31-40% | 22 | 1% | Combine 21-100% |
| 41-50% | 15 | 1% | Combine 21-100% |
| 51-60% | 8 | 1% | Combine 21-100% |
| 61-70% | 6 | 0% | Combine 21-100% |
| 71-80% | 5 | 0% | Combine 21-100% |
| 81-90% | 6 | 0% | Combine 21-100% |
| 91-100% | 39 | 3% | Combine 21-100% |
| Total | 1,474 | 100% | |

Table 8: Effect of reclassification of Aboriginal and/or Torres Strait Islander groups.

| % of Students Identifying as Aboriginal and/or Torres Strait Islander | Number of Responses | % of Total |
|---|---------------------|------------|
| 0-10% | 1,153 | 78% |
| 11-20% | 166 | 11% |
| 21-100% | 155 | 11% |
| Total | 1,474 | 100% |

Table 9: Regrouping of the percentage of students that speak a language other than English at home.

| % of Students that Speak a Language Other than English at Home | Number of Original Responses | % of Total | Comment |
|---|-------------------------------------|-------------------|-----------------|
| 0-10% | 866 | 59% | |
| 11-20% | 195 | 13% | |
| 21-30% | 114 | 8% | Combine 21-50% |
| 31-40% | 69 | 5% | Combine 21-50% |
| 41-50% | 41 | 3% | Combine 21-50% |
| 51-60% | 35 | 2% | Combine 51-100% |
| 61-70% | 43 | 3% | Combine 51-100% |
| 71-80% | 31 | 2% | Combine 51-100% |
| 81-90% | 25 | 2% | Combine 51-100% |
| 91-100% | 55 | 4% | Combine 51-100% |
| Total | 1,474 | 100% | |

Table 10: Effect of reclassification of the percentage of students that speak a language other than English at home.

| % of Students that Speak a Language Other than English at Home | Number of Responses | % of Total |
|---|----------------------------|-------------------|
| 0-10% | 866 | 59% |
| 11-20% | 195 | 13% |
| 21-50% | 224 | 15% |
| 51-100% | 189 | 13% |
| Total | 1,474 | 100% |

Final Data Reduction

After establishing that the data provided did not easily enable the elimination of responses from respondents from individual schools, all responses from persons other than principals were removed.

The final number of records available for analysis was 1,285.

Demographics

Analysis of the demographic data was undertaken in order to provide some contextual background for the analysis of the mental health survey questions. The results of the demographic data analysis are presented in the following subsections. Tabular and graphical representation of the results is provided.

Respondent Jurisdiction

The distribution of the responses loosely follows the population distribution across Australia and is reported in Table 11 and Figure 1. Some variation was noted with responses from Western Australia (WA) accounting for a larger share than might be expected on the basis of population size.

Table 11: Distribution of responses by State and Territory

| State or Territory | Number of Respondents | % of Total Respondents |
|--------------------|-----------------------|------------------------|
| NSW | 372 | 29% |
| VIC | 262 | 20% |
| SA | 100 | 8% |
| ACT | 28 | 2% |
| WA | 213 | 17% |
| NT | 44 | 3% |
| TAS | 54 | 4% |
| QLD | 212 | 16% |
| Total | 1,285 | 100% |

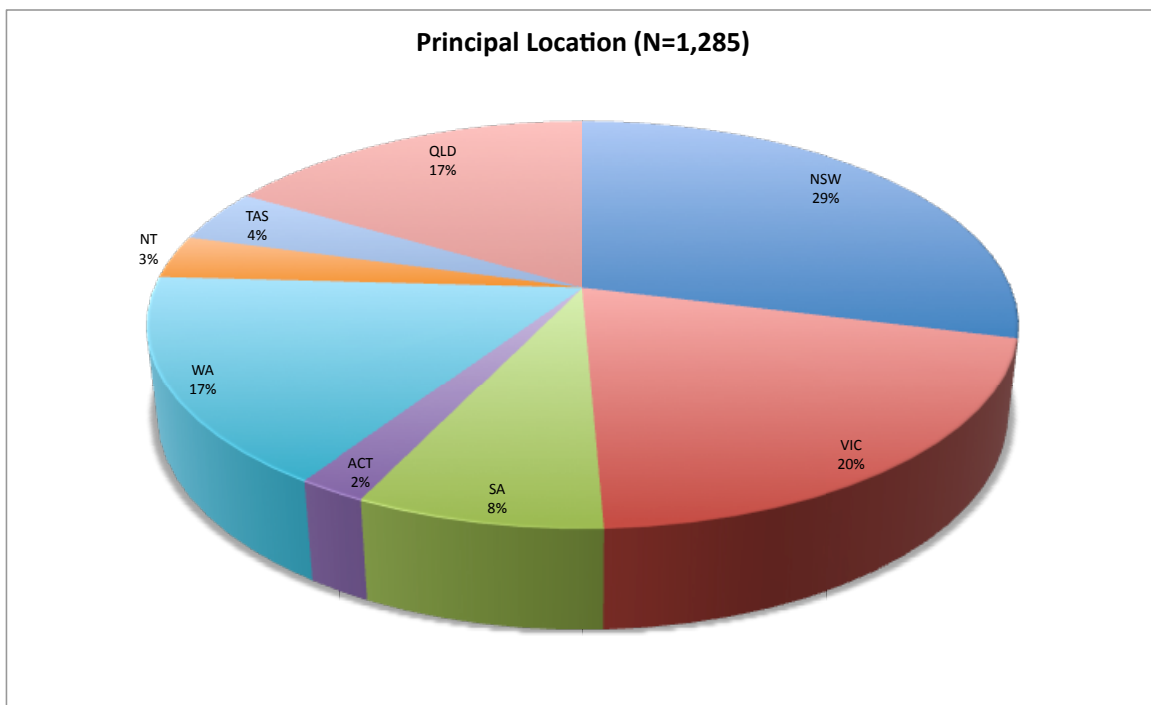


Figure 1: Respondent location (state and territory)

Jurisdiction by School Type

There was some variation in the proportion of responses based on school type and state and territory location of principals as shown in Table 12 and Figure 2.

Table 12: Principal location by school type.

| State or Territory | School Type | | | Total |
|--------------------|--------------|--------------|--------------|-----------------|
| | Primary | F-10/12 | Secondary | |
| NSW | 51% (189) | 12% (46) | 37% (137) | 100% (372) |
| VIC | 64% (168) | 13% (33) | 23% (61) | 100% (262) |
| SA | 52% (52) | 25% (25) | 23% (23) | 100% (100) |
| ACT | 61% (17) | 11% (3) | 29% (8) | 100% (28) |
| WA | 64% (136) | 15% (31) | 22% (46) | 100% (213) |
| NT | 43% (19) | 41% (18) | 16% (7) | 100% (44) |
| TAS | 59% (32) | 17% (9) | 24% (13) | 100% (54) |
| QLD | 62% (131) | 19% (40) | 19% (41) | 100% (212) |
| Overall | 58% (744) | 16% (205) | 26% (336) | 100% (1,285) |

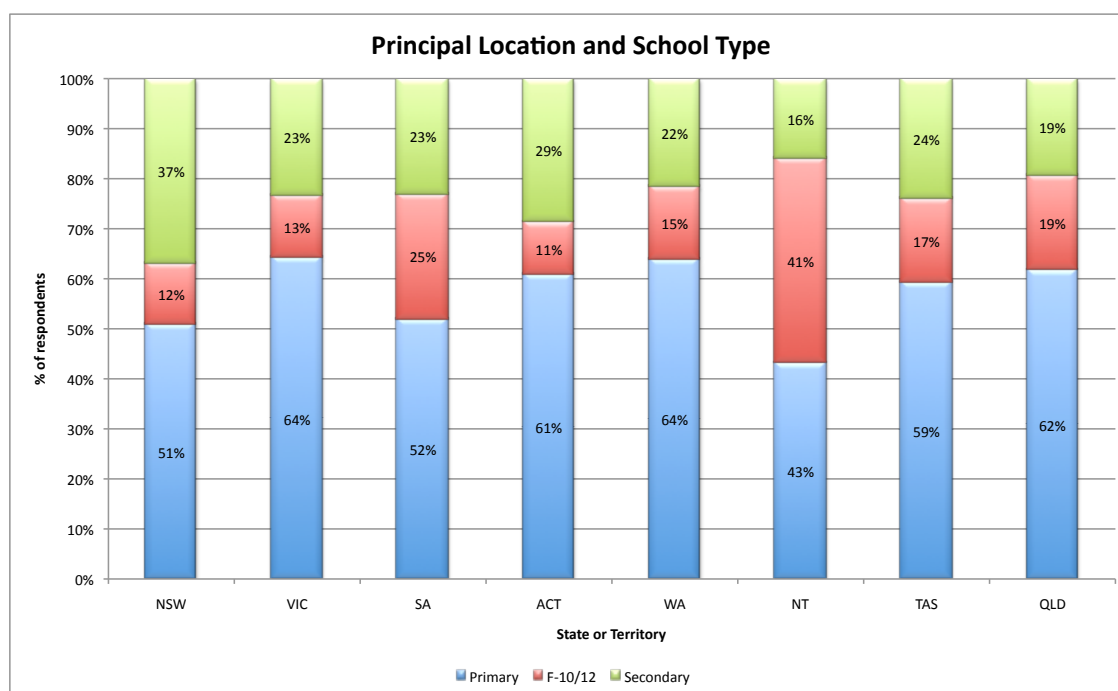


Figure 2: Proportion of survey responses by jurisdiction and school type.

The proportion of responses from principals at F-10/12 type schools was noticeably greater in South Australia (25%) and Northern Territory (41%) compared to other states and territory.

Jurisdiction by Sector

The proportion of responses from principals in each sector and by state and territory are reported in Table 13 and Figure 3.

Table 13: Proportion of responses by state and sector.

| State or Territory | School Sector | | | Total |
|--------------------|---------------|--------------|--------------|-----------------|
| | Government | Independent | Catholic | |
| NSW | 68% (252) | 12% (43) | 21% (77) | 100% (372) |
| VIC | 63% (165) | 10% (27) | 27% (70) | 100% (262) |
| SA | 70% (70) | 17% (17) | 13% (13) | 100% (100) |
| ACT | 61% (17) | 14% (4) | 25% (7) | 100% (28) |
| WA | 72% (153) | 7% (14) | 22% (46) | 100% (213) |
| NT | 86% (38) | 5% (2) | 9% (4) | 100% (44) |
| TAS | 83% (45) | 4% (2) | 13% (7) | 100% (54) |
| QLD | 50% (105) | 16% (33) | 35% (74) | 100% (212) |
| Overall | 66% (845) | 11% (142) | 23% (298) | 100% (1,285) |

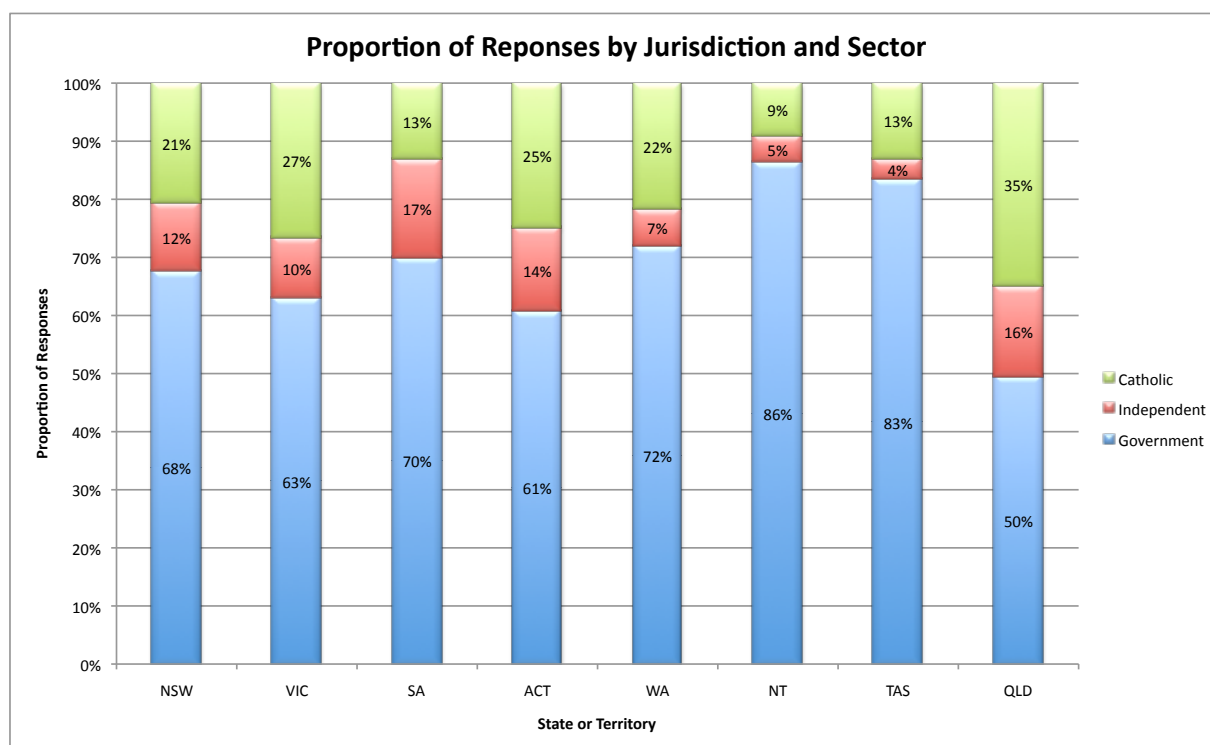


Figure 3: Proportion of responses by state and sector.

Northern Territory and Tasmania were found to have a greater proportion of respondents from the Government sector compared to other jurisdictions. However, this was expected. The proportion of responses from the independent sector was the lowest for all states and territories.

Jurisdiction by School Location (Metropolitan-based or Not)

The proportion of responses from principals in each sector and by state and territory are reported in Table 14 and Figure 4.

Table 14: Proportion of responses by jurisdiction and school location.

| State or Territory | School Location | | | | Total |
|--------------------|-----------------|--------------|--------------|-------------|-----------------|
| | Metropolitan | Regional | Rural | Remote | |
| NSW | 50% (185) | 24% (91) | 21% (79) | 5% (17) | 100% (372) |
| VIC | 57% (150) | 18% (47) | 24% (62) | 1% (3) | 100% (262) |
| SA | 56% (56) | 15% (15) | 26% (26) | 3% (3) | 100% (100) |
| ACT | 89% (25) | 11% (3) | 0% (0) | 0% (0) | 100% (28) |
| WA | 58% (123) | 15% (31) | 20% (42) | 8% (17) | 100% (213) |
| NT | 20% (9) | 9% (4) | 5% (2) | 66% (29) | 100% (44) |
| TAS | 28% (15) | 46% (25) | 24% (13) | 2% (1) | 100% (54) |
| QLD | 38% (80) | 38% (81) | 19% (40) | 5% (11) | 100% (212) |
| Overall | 50% (643) | 23% (297) | 21% (264) | 6% (81) | 100% (1,285) |

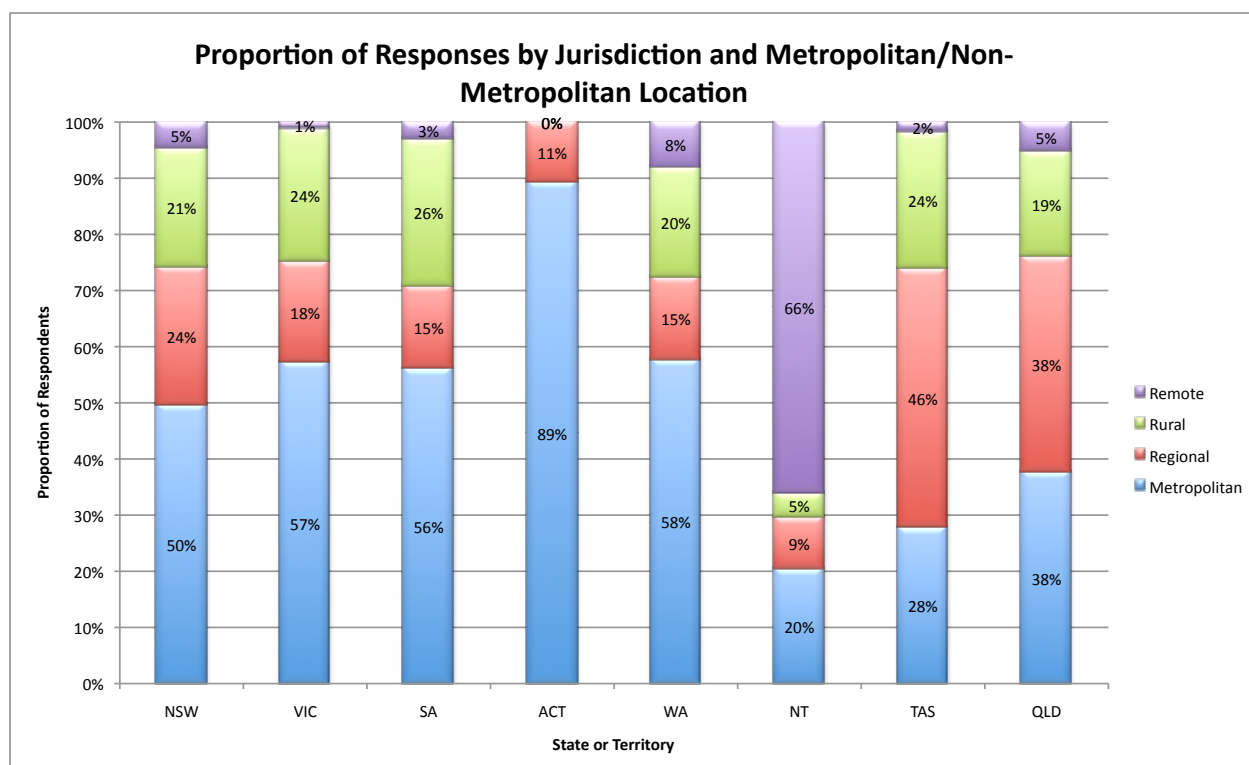


Figure 4: Proportion of responses by jurisdiction and school location.

Not surprisingly, there is far greater variation between states in terms of the proportion of responses from principals of schools that are located in the metropolitan and remote areas. For example, the proportion of principals based in remote schools was much greater in the Northern Territory (NT) than other jurisdictions, while the proportion of responses from principals in the metropolitan area was greater in the Australian Capital Territory (ACT) than other jurisdictions.

Jurisdiction by School Size

The proportion of responses from principals by school size and by state and territory are reported in Table 15 and Figure 5.

Table 15: Proportion of responses by jurisdiction and school size

| State or Territory | School Size - Number of Students | | | | | | | Total |
|--------------------|----------------------------------|--------------|--------------|--------------|-------------|------------|-------------|-----------------|
| | 1-100 | 101-200 | 201-400 | 401-800 | 801- 1000 | 1001-1200 | 1201+ | |
| NSW | 12% (44) | 12% (45) | 21% (77) | 30% (110) | 13% (47) | 9% (34) | 4% (15) | 100% (372) |
| VIC | 13% (34) | 18% (47) | 28% (73) | 24% (62) | 4% (11) | 5% (13) | 8% (22) | 100% (262) |
| SA | 17% (17) | 16% (16) | 22% (22) | 25% (25) | 7% (7) | 8% (8) | 5% (5) | 100% (100) |
| ACT | 4% (1) | 14% (4) | 14% (4) | 46% (13) | 4% (1) | 7% (2) | 11% (3) | 100% (28) |
| WA | 16% (35) | 12% (25) | 26% (55) | 34% (73) | 5% (10) | 4% (8) | 3% (7) | 100% (213) |
| NT | 34% (15) | 16% (7) | 25% (11) | 25% (11) | 0% (0) | 0% (0) | 0% (0) | 100% (44) |
| TAS | 9% (5) | 13% (7) | 37% (20) | 33% (18) | 6% (3) | 2% (1) | 0% (0) | 100% (54) |
| QLD | 17% (36) | 9% (19) | 19% (40) | 34% (72) | 8% (16) | 3% (7) | 10% (22) | 100% (212) |
| Overall | 15% (187) | 13% (170) | 24% (302) | 30% (384) | 7% (95) | 6% (73) | 6% (74) | 100% (1,285) |

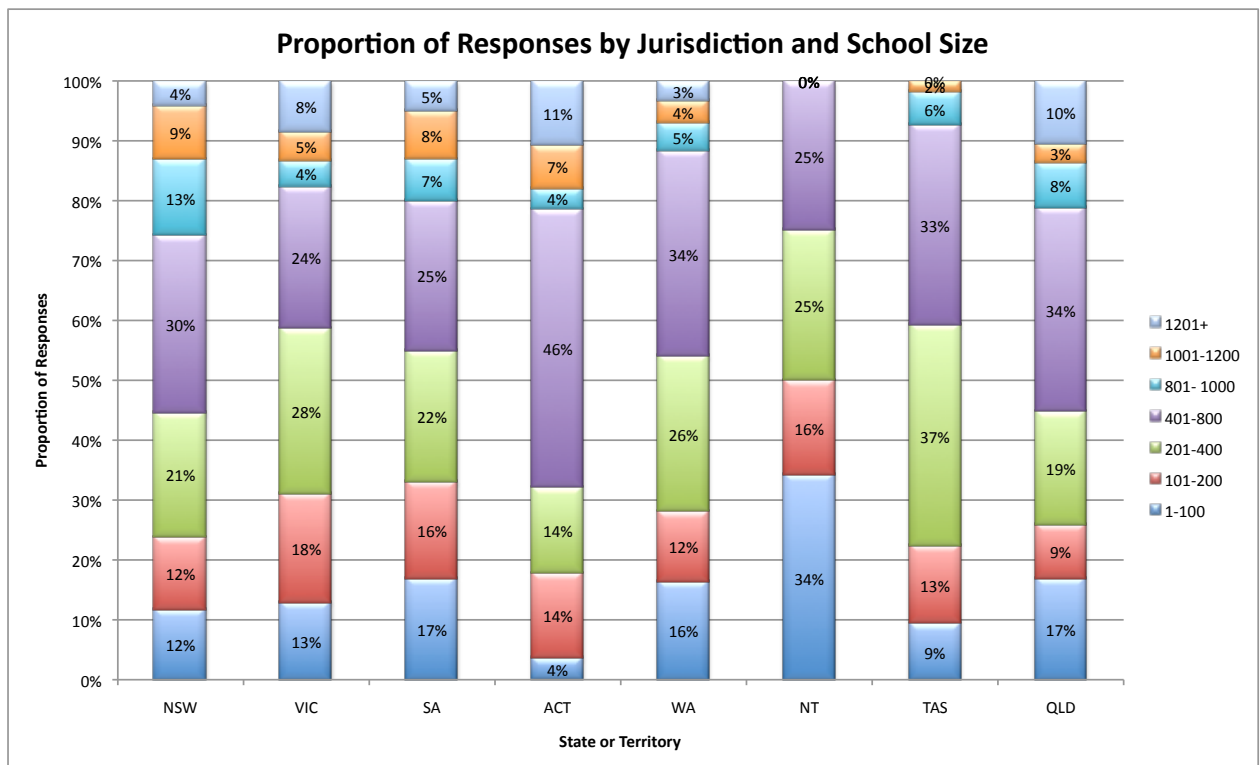


Figure 5: Proportion of responses by jurisdiction and school size.

The mix of responses from principals from different school sizes varies across the states. Without the baseline data, it is not possible to determine if the sample reflects the actual mix of schools in each jurisdiction.

Jurisdiction by Proportion of Aboriginal and/or Torres Strait Islander Students

The proportion of responses from principals by the proportion of students who are Aboriginal and/or Torres Strait Islanders and by state and territory are reported in Table 16 and Figure 6.

Table 16: Proportion of responses by principals based on Jurisdiction and the Proportion of Aboriginal &/or Torres Strait Islander Students at the Respondent's School

| State or Territory | % of Students that are Aboriginal and Torres Strait Islander | | | Total |
|--------------------|--|--------------|--------------|-----------------|
| | 0-10% | 11-20% | 21-100% | |
| NSW | 79% (294) | 12% (45) | 9% (33) | 100% (372) |
| VIC | 95% (250) | 3% (8) | 2% (4) | 100% (262) |
| SA | 87% (87) | 10% (10) | 3% (3) | 100% (100) |
| ACT | 93% (26) | 7% (2) | 0% (0) | 100% (28) |
| WA | 69% (147) | 14% (30) | 17% (36) | 100% (213) |
| NT | 5% (2) | 7% (3) | 89% (39) | 100% (44) |
| TAS | 69% (37) | 24% (13) | 7% (4) | 100% (54) |
| QLD | 78% (165) | 11% (24) | 11% (23) | 100% (212) |
| Overall | 78% (1,008) | 11% (135) | 11% (142) | 100% (1,285) |

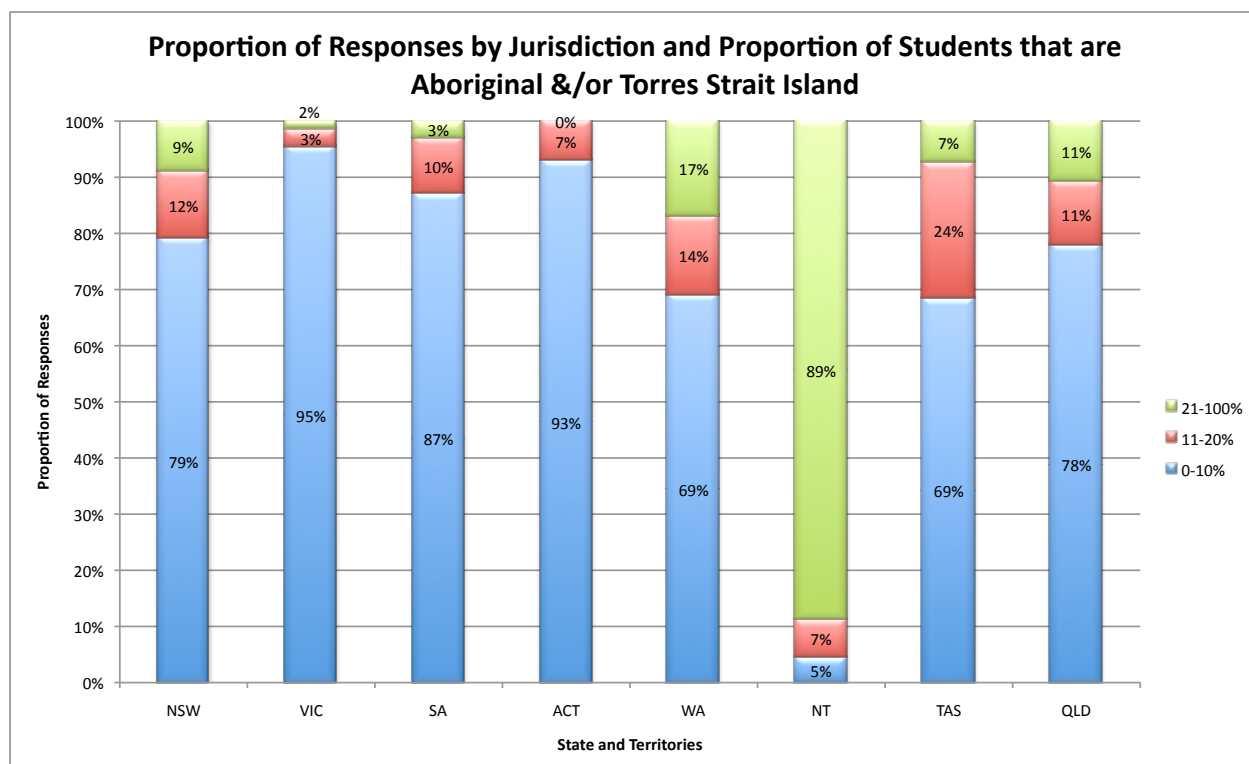


Figure 6: Proportion of principals from each jurisdiction by the proportion of Aboriginal &/or Torres Islander Students at the Respondent's School.

Not surprisingly, the majority of principals reported that a relatively small proportion of their students were Aboriginal and/or Torres Strait Islanders. Northern Territory has a very different student profile compared to the other states and territory.

Mental Health Questions

The analysis of the mental health survey questions is presented on the basis of theme and not survey question number, i.e., the results are presented according to:

- Response to the initial filter question
- Mental health frameworks implemented and in use
- The provision of mental health programs and resources for staff, students or parents
- The benefits of having mental health frameworks, program and resources
- Staff capacity to undertake particular roles in relation to mental health issues
- Opportunities for students to participate in mental health related activities.

Response to the initial filter question

Question 56 of the survey was a filter question to discriminate between those respondents who had implemented some aspects of mental health services at their school, namely frameworks, programs or provided resources.

As might be expected, the number of schools that had implemented frameworks, provided programs or provided resources was not equal. Approximately 70% of the responses indicated that some level of mental health resources (e.g., printed material or web resources) was most frequently provided, which is not surprising, as this is the easiest level of “service” to provide (see Table 17).

Table 17: Answer to the filter question.

| Does the school currently: (filter question) | Response to Filter Question | | | Total | Number of Respondents |
|---|-----------------------------|-----|------------|-------|-----------------------|
| | Yes | No | Don't know | | |
| Have mental health frameworks implemented and in use | 45% | 53% | 2% | 100% | 1,285 |
| Provide mental health programs for staff, students or parents | 60% | 39% | 1% | 100% | 1,285 |
| Have mental health literacy resources that can be accessed by teachers and students | 69% | 27% | 4% | 100% | 1,285 |

Conversely, only 45% of respondents indicated that mental health frameworks had been implemented. Mental health frameworks are likely to be the most difficult level of “service” or “strategy” to implement, as they should affect the way in which the whole school approaches mental health.

The response to the filter question varied across the different school types as shown in Tables 17a to 17c.

Table 17a: Answer to the Filter Question - Mental Frameworks Implemented and in Use by School Type.

| School Type | Mental Frameworks Implemented and in Use | | | Total |
|--|--|--------------|------------|-----------------|
| | Yes | No | Don't know | |
| Primary | 37% (276) | 61% (453) | 2% (15) | 100% (744) |
| Secondary (incl Middle & Senior Secondary) | 59% (197) | 39% (132) | 2% (7) | 100% (336) |
| Combined (F-10/12) | 53% (109) | 44% (91) | 2% (5) | 100% (205) |
| Total | 45% (582) | 53% (676) | 2% (27) | 100% (1,285) |

Table 17b: Answer to the Filter Question – Provision of Mental Health Programs for Staff, Students or Parents by School Type.

| School Type | Provide Mental Health Programs for Staff, Students or Parents | | | Total |
|--|---|--------------|------------|-----------------|
| | Yes | No | Don't Know | |
| Primary | 52% (390) | 46% (344) | 1% (10) | 100% (744) |
| Secondary (incl Middle & Senior Secondary) | 73% (246) | 26% (86) | 1% (4) | 100% (336) |
| Combined (F-10/12) | 64% (131) | 35% (71) | 1% (3) | 100% (205) |
| Total | 60% (767) | 39% (501) | 1% (17) | 100% (1,285) |

Table 17c: Answer to the Filter Question – Mental Health Literacy Resources that can be Accessed by Teachers and Students by School Type.

| School Type | Have mental health literacy resources that can be accessed by teachers and students | | | Total |
|--|---|--------------|------------|-----------------|
| | Yes | No | Don't Know | |
| Primary | 64% (478) | 32% (239) | 4% (27) | 100% (744) |
| Secondary (incl Middle & Senior Secondary) | 75% (251) | 21% (69) | 5% (16) | 100% (336) |
| Combined (F-10/12) | 79% (162) | 19% (39) | 2% (4) | 100% (205) |
| Total | 69% (891) | 27% (347) | 4% (47) | 100% (1,285) |

Segregation of the responses to the filter question by school type reveals that primary schools consistently had a lower percentage of respondents that answered “yes” when compared to the other school types.

Approximately 82% of the 1,275 respondents² answered “yes” to at least one of the filter questions, as shown in Table 18, indicating that at least some schools were adopting a multiple

² While 1,285 principals completed the survey, not all responses were useful when analysing particular issues. Such responses have been excluded where appropriate. In such cases, the adjusted number of respondents will not equal 1,285. The actual number of responses used in the analysis is stated.

pronged approach to addressing mental health issues i.e., a combination of frameworks and/or programs and/or resources were used.

Table 18: Respondent sex and positive answers to Question 56 (the filter question).

| Response to Q56 - Mental health frameworks, programs or resources provision | Respondent Sex | | Total (N=1,275) |
|--|-----------------------|-----------------------|------------------------|
| | Male (N=640) | Female (N=635) | |
| At least one positive response | 81% | 83% | 82% |
| Either not answered or all answers were negative | 19% | 17% | 18% |
| Total | 100% | 100% | 100% |

The respondent sex did not influence the decision to provide at least one of the mechanisms (frameworks, programs and/or resources) as shown in Table 18.

The age profile of the proportion of respondents that implemented mental health frameworks, provided programs or resources did not appear to differ greatly to that of the age profile of the proportion of respondents that did not implement mental health frameworks, provide programs or resources as shown in Tables 19-21.

Table 19: Implementation and use of mental health frameworks and respondent age profile.

| Respondent Age | Mental health frameworks are implemented and in use | | Total (N=1,256) |
|-----------------------|--|--------------------------------|------------------------|
| | Implemented and in use | Not implemented or used | |
| 27-37 years | 1% | 3% | 2% |
| 38-45 years | 8% | 13% | 11% |
| 46-56 years | 60% | 55% | 57% |
| 57-65 years | 29% | 29% | 29% |
| 66 years and over | 1% | 1% | 1% |
| Total | 100% | 100% | 100% |

Table 20: Provision of mental health programs and respondent age profile.

| Respondent Age | Provision of mental health programs for staff, students or parents | | Total (N=1,266) |
|-----------------------|---|---------------------|------------------------|
| | Provided | Not Provided | |
| 27-37 years | 2% | 2% | 2% |
| 38-45 years | 10% | 12% | 11% |
| 46-56 years | 58% | 56% | 57% |
| 57-65 years | 30% | 27% | 29% |
| 66 years and over | 1% | 2% | 1% |
| Total | 100% | 100% | 100% |

Table 21: Provision of mental health resources and respondent age profile.

| Respondent Age | Provision of mental health literacy resources | | Total (N=1,236) |
|-------------------|---|--------------|-----------------|
| | Provided | Not Provided | |
| 27-37 years | 2% | 2% | 2% |
| 38-45 years | 9% | 13% | 11% |
| 46-56 years | 57% | 55% | 57% |
| 57-65 years | 30% | 28% | 29% |
| 66 years and over | 1% | 1% | 1% |
| Total | 100% | 100% | 100% |

The only minor age-related pattern appeared to be that there was a greater proportion of principals aged between 38-45 years that had not implemented mental health frameworks, provided programs or resources compared to those that had implemented mental health frameworks, provided programs or resources and were the same age. Given that for principals aged between 45 and 65, the proportion of those that had implemented frameworks, provided programs or resources was greater than those who had not, this may suggest that younger principals require more support or encouragement to address mental health issues earlier in their careers.

Mental Health Frameworks Implemented and in Use

While half of the respondents who had implemented and were using mental health frameworks used only one framework, the average number of frameworks implemented and in use was found to be 1.7. One principal reported using 5 of the frameworks listed in the survey. The profile of the number of frameworks used is reported in Table 22.

Table 22: Profile of the number of mental health frameworks reported to have been implemented and that are currently in use by respondents.

| Mental Health Frameworks Implemented and In Use at Respondent's School | % of Total (N=582) |
|--|--------------------|
| 1 framework implemented and in use at school | 50% |
| 2 frameworks implemented and in use at school | 35% |
| 3 frameworks implemented and in use at school | 12% |
| 4 frameworks implemented and in use at school | 3% |
| 5 frameworks implemented and in use at school | 0% |
| Total number of frameworks implemented and in use | 100% |

The MindMatters and KidsMatter mental health frameworks were the two most frequently listed frameworks as shown in Table 23. The four most frequently reported frameworks in use accounted for more than 80% of the frameworks in use.

Table 23: Frequency of mental health framework use by respondents who had implemented a mental health framework.

| Mental Health Framework Implemented and In Use | Number of Listings | % of Total Framework Listings | Cumulative % |
|---|--------------------|-------------------------------|--------------|
| MindMatters | 284 | 29% | 29% |
| KidsMatter | 215 | 22% | 51% |
| Health Promoting Schools | 189 | 19% | 70% |
| State specific education department framework | 139 | 14% | 84% |
| School based/developed programs | 21 | 2% | 86% |
| YCDI/You Can Do It | 19 | 2% | 88% |
| BounceBack | 10 | 1% | 89% |
| PATHS/Promoting Alternative Thinking Strategies | 8 | 1% | 90% |
| School staff/counsellor/psychologist | 8 | 1% | 91% |
| Other frameworks (58) | 89 | 9% | 100% |
| Total | 982 | 100% | |

The profile of use of individual mental health frameworks that have been implemented and are currently in use across the states and territories is reported in Table 24.

Table 24: Profile of mental health framework reach across states and territories.

| State/Territory | Framework | | | | | Total (N=982) |
|-----------------|---------------------|--------------------|----------------------------------|---|---------------|---------------|
| | MindMatters (N=284) | KidsMatter (N=215) | Health Promoting Schools (N=189) | State Specific Education Department Framework (N=139) | Other (N=155) | |
| NSW | 36% | 22% | 24% | 27% | 25% | 28% |
| VIC | 19% | 22% | 29% | 27% | 16% | 22% |
| WA | 12% | 19% | 16% | 17% | 26% | 17% |
| QLD | 13% | 14% | 11% | 8% | 21% | 13% |
| SA | 12% | 9% | 10% | 15% | 6% | 10% |
| ACT | 4% | 5% | 5% | 2% | 3% | 4% |
| NT | 1% | 5% | 4% | 2% | 2% | 3% |
| TAS | 4% | 5% | 2% | 1% | 1% | 3% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |

While the take up of the various mental health frameworks generally follows the population size of the states and territories, it is possible to identify differences across and within the states. For example, while New South Wales (NSW) has the largest share of MindMatters (which is in line with population size), the adoption of KidsMatter has not been as widespread. Western Australia (WA) shows a greater uptake of KidsMatter than MindMatters, and its share of MindMatters is greater than may have been anticipated based on population share.

The take up of the various mental health frameworks by school type is reported in Table 25.

Table 25: Mental health frameworks and school type.

| School Type | Framework Used | | | | | Total (N=982) |
|-------------|---------------------|--------------------|----------------------------------|---|---------------|---------------|
| | MindMatters (N=284) | KidsMatter (N=215) | Health Promoting Schools (N=189) | State Specific Education Department Framework (N=139) | Other (N=155) | |
| F-10/12 | 26% | 20% | 15% | 14% | 17% | 20% |
| Primary | 17% | 74% | 42% | 46% | 58% | 45% |
| Secondary | 57% | 6% | 43% | 40% | 25% | 36% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |

There are more primary schools than secondary schools and thus it is little surprise that the number of mental health frameworks implemented and in use is greatest for this school type. The difference in take-up of KidsMatter compared to MindMatters in secondary schools reflects the greater focus on younger children in the KidsMatter framework and should be on little surprise. The converse is also true, i.e., there is a greater emphasis on KidsMatter in primary schools than MindMatters, because of the age-related nature of the frameworks.

The differences in the use of the mental health frameworks across the schooling sectors are reported in Table 26.

Table 27: Mental health frameworks and school sector.

| School Sector | Framework Used | | | | | Total (N=982) |
|---------------|---------------------|--------------------|----------------------------------|---|---------------|---------------|
| | MindMatters (N=284) | KidsMatter (N=215) | Health Promoting Schools (N=189) | State Specific Education Department Framework (N=139) | Other (N=155) | |
| Catholic | 20% | 32% | 19% | 8% | 32% | 23% |
| Government | 60% | 54% | 68% | 88% | 52% | 63% |
| Independent | 20% | 14% | 13% | 4% | 16% | 14% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |

The greater use of the frameworks by the government sector should be of little surprise, as the government sector still represents the largest sector in Australia. With the exception of use of MindMatters (both Catholic and Independent sectors are the same), it would appear that respondents made more use of the frameworks in the Catholic sector. However, this is an artefact that arises from considering the depth of uptake of individual frameworks across the sectors, as shown in Table 27.

Table 26: Mental health framework use by sectors.

| Sector | Use of Frameworks relative to Total Sector Responses | Share of Total Respondents |
|-------------|--|----------------------------|
| Catholic | 52% | 23% |
| Government | 41% | 66% |
| Independent | 58% | 11% |

While the volume of responses shows that the reach of individual frameworks across the sectors is dominated by the Government (Table 26), Table 27 shows that the use of the frameworks is greatest by the Independent Sector.

Table 28 shows the profile of framework implementation and use across school location types.

Table 28: School location and use of mental health frameworks.

| School Location | Framework Used | | | | | Total |
|----------------------|----------------|------------|--------------------------|---|-------|-------|
| | MindMatters | KidsMatter | Health Promoting Schools | State Specific Education Department Framework | Other | |
| Metropolitan (N=529) | 28% | 21% | 20% | 15% | 16% | 100% |
| Regional (N=240) | 32% | 23% | 18% | 9% | 17% | 100% |
| Rural (N=172) | 31% | 22% | 19% | 15% | 13% | 100% |
| Remote (N=41) | 17% | 24% | 20% | 27% | 12% | 100% |
| Overall (N=982) | 29% | 22% | 19% | 14% | 16% | 100% |

The profile of framework use and implementation by remote schools appears differ compared to the other location types. Notable differences occur in relation to MindMatters and State Specific Education Department Frameworks. The reasons for the difference can only be speculated upon and thus further commentary on the differences is not given.

Respondents were asked to report the uses of the mental health frameworks based on a predefined list. On average, respondents reported more than 5 uses for mental health frameworks, although the range of uses was wide, as shown in Table 29.

Table 29: Number of uses identified for mental health frameworks by those principals reporting that frameworks have been implemented and are in current use.

| Statistics regarding the number of uses of the mental health frameworks implemented and in use identified by respondents | |
|---|-------|
| Number of Individuals | 582 |
| Total number of uses identified | 3,011 |
| Average number of uses identified per respondent | 5.2 |
| Standard deviation | 2.2 |
| Median number of uses identified | 5 |
| Mode number of uses identified | 4 |
| Minimum number of uses identified by a respondent | 0 |
| Maximum uses identified by a respondent | 10 |

The profile of mental health framework use is reported in Table 30.

Table 30: Mental health framework use profile.

| The main uses for the mental health frameworks implemented and in use | % of Total (N=3,011) |
|--|-----------------------------|
| As part of extracurricular activities for students | 4% |
| For professional development | 15% |
| For teacher training | 10% |
| To assist or guide curriculum development | 10% |
| To help achieve or improve parental engagement | 10% |
| To help achieve or improve staff engagement or satisfaction | 10% |
| To help achieve or improve student academic performance | 12% |
| To help achieve or improve student engagement | 17% |
| To help achieve or improve wider community engagement | 6% |
| To assist with any other aspects of school life not mentioned above | 6% |
| Total | 100% |

The two most commonly listed uses are to achieve or improve student engagement and for professional development.

While cross tabulations of use and school sector, school type and school location (metropolitan, etc.) were undertaken these have not been reported, as little variation from the overall profile of mental health framework use was found.

Respondents were asked to report whether any mental health frameworks were planned for introduction at their school during 2011. Responses are reported in Table 31.

Table 31: Schools planning to introduce mental health frameworks in 2011.

| School plans to introduce and implement a mental health frameworks (e.g. KidsMatter or MindMatters) during 2011 | Response to Q56 - Mental health frameworks, programs or resources provision | | Total (N=1,285) |
|--|--|--------------------------------------|------------------------|
| | At least one positive response (N=1,060) | No positive responses (N=225) | |
| Planned to introduce | 40% | 15% | 36% |
| Not planned to introduce | 48% | 72% | 52% |
| Don't know | 12% | 12% | 12% |
| Total | 100% | 100% | 100% |

Given that 45% of respondents indicated that mental health frameworks had already been implemented and were in use, it should not be surprising that 48% of respondents reported that there were no plans to introduce mental health frameworks during 2011. That only 15% of respondents who did not have a mental health framework, or provide programs or resources were planning to introduce a mental health framework during 2011 suggests that significant additional work may be required to encourage those principals who have not implemented a mental health framework to do so. It is not evident whether this group is relatively small (which the survey findings would suggest), as the methods of seeking survey participation may have encouraged a greater response from those already involved in undertaken mental health related

activities (i.e., introduced some degree of bias). Additional analysis of the number of schools involved in KidsMatter and MindMatters may clarify the level of, if any, bias.

The provision of mental health programs and resources for staff, students or parents

Approximately have of the survey respondents provided both mental health programs and also resources for staff, students or parents, while a further 30% provided only programs or resources (not both).

Respondents identified an average of just over 3 programs and/or resources that were currently available for staff, students or parents, as shown in Table 32.

Table 32: Statistics regarding the currently available programs and/or resources.

| Statistics regarding the main mental health programs and/or resources for staff, students or parents currently provided at respondents' schools | |
|--|-------|
| Number of individual responses | 767 |
| Total number of programs and/or resources | 2,624 |
| Average number of programs and/or resources identified per respondent | 3.4 |
| Standard deviation | 2.1 |
| Median number of programs and/or resources | 3 |
| Mode number of programs and/or resources | 3 |
| Minimum number of programs and/or resources identified by a respondent | 1 |
| Maximum number of programs and/or resources identified by a respondent | 14 |

The maximum number of programs and/or resources identified by a respondent as being currently available at their school was 14, while the minimum number was 1. This profile is skewed and the majority of respondents were providing relatively few programs and/or resources, while a few were providing significantly more (less than 10% of respondents reported providing 6 or more programs and/or resources). This profile is reported in Table 33.

Table 33: Profile of program and/or resource provision.

| Profile of Program and/or Resource Provision | Cumulative % (N=767) |
|---|-----------------------------|
| 1 program or resource | 18% |
| 2 programs and/or resources | 38% |
| 3 programs and/or resources | 60% |
| 4 programs and/or resources | 75% |
| 5 programs and/or resources | 84% |
| 6 programs and/or resources | 92% |
| 7 programs and/or resources | 95% |
| 8 programs and/or resources | 98% |
| 9 programs and/or resources | 99% |
| 10 programs and/or resources | 99% |
| 11 programs and/or resources | 100% |
| 12 programs and/or resources | 100% |
| 13 programs and/or resources | 100% |
| 14 programs and/or resources | 100% |

Respondents were asked to report the programs and resources currently in use at their schools (selecting from a pre-defined list). The top 12 programs and resources account for 80% of the responses provided, as shown in Table 34.

Table 34: Mental health programs and resources reported to be in use.

| The main mental health programs and/or resources for staff, students or parents currently provided at respondents' schools | % of Total (N=2624) | Cum % Total |
|---|----------------------------|--------------------|
| MindMatters resources and kit | 13% | 13% |
| You Can Do It - Program Achieve | 12% | 25% |
| Bounce Back | 8% | 33% |
| Rock and Water training | 8% | 41% |
| Seasons for Growth program | 8% | 49% |
| Beyondblue SenseAbility resource | 6% | 55% |
| Headspace Resources | 6% | 60% |
| Cool Kids | 5% | 65% |
| Mental Health First Aid training | 4% | 69% |
| FRIENDS | 4% | 73% |
| TRIBES | 4% | 77% |
| Rainbow | 3% | 80% |
| Other (89 other programs or resources) | 20% | 100% |
| Total | 100% | |

The profile of the main mental health programs and/or resources in use across the states and territories is reported in Table 35.

Table 35: Main mental health programs and/or resources use across the states and territories.

| The main mental health programs and/or resources for staff, students or parents currently provided at respondents' schools | State/Territory | | | | | | | | Total (N=2,624) |
|---|------------------------|--------------------|------------------|--------------------|-------------------|-------------------|--------------------|-------------------|------------------------|
| | ACT (N=67) | NSW (N=708) | NT (N=49) | QLD (N=358) | SA (N=241) | TAS (N=89) | VIC (N=646) | WA (N=466) | |
| MindMatters resources and kit | 13% | 15% | 6% | 13% | 15% | 16% | 11% | 10% | 13% |
| You Can Do It - Program Achieve | 4% | 7% | 14% | 19% | 14% | 12% | 16% | 9% | 12% |
| Bounce Back | 12% | 7% | 4% | 5% | 8% | 13% | 12% | 7% | 8% |
| Rock and Water training | 10% | 10% | 12% | 8% | 10% | 6% | 4% | 8% | 8% |
| Seasons for Growth program | 6% | 9% | 0% | 7% | 7% | 2% | 10% | 4% | 8% |
| Beyondblue SenseAbility resource | 4% | 8% | 8% | 6% | 9% | 6% | 5% | 3% | 6% |
| Other | 49% | 43% | 55% | 42% | 38% | 45% | 41% | 59% | 45% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

The table shows the proportional take-up of programs and resources within a state or territory. Some programs or resources have similar take up rates across the different jurisdictions, such as the MindMatters resource kit which has fairly similar take up across Australia, with the Northern Territory being the only exception. Other program/resources, such as the Seasons for Growth Program, have a much more mixed take up across the states and territories. The different take up rates of programs and resources will be determined by a range of factors, including promotion, budget, sector preference (or mandated use) and the exact causes for differences between states and territories in relation to any individual program or resource can only be a matter of speculation without additional investigation.

The differences in program and/or resource up take across the school types are reported in Table 36.

Table 36: The main mental health program and/or resource use across school type.

| The main mental health programs and/or resources for staff, students or parents currently provided at respondents' schools | School Type | | | Total (N=2,624) |
|--|-----------------|-------------------|-------------------|-----------------|
| | F-10/12 (N=456) | Primary (N=1,180) | Secondary (N=988) | |
| MindMatters resources and kit | 17% | 6% | 19% | 13% |
| You Can Do It - Program Achieve | 13% | 17% | 6% | 12% |
| Bounce Back | 7% | 13% | 4% | 8% |
| Rock and Water training | 7% | 6% | 11% | 8% |
| Seasons for Growth program | 6% | 9% | 6% | 8% |
| Beyondblue SenseAbility resource | 8% | 2% | 10% | 6% |
| Other | 41% | 47% | 45% | 45% |
| Total | 100% | 100% | 100% | 100% |

Differences in program and resource use across school type are evident. A range of factors is likely to contribute to these differences. The program or resource target group may be a key factor. For example, the MindMatters resource kit is less frequently reported for primary schools, and this is not surprising given that MindMatters is designed for older children (KidsMatter is designed for younger children).

Table 37 reports the frequency of use by respondents of mental health programs and/or resources by school sector. While there is some level of consistency of use (e.g., the You Can Do It Program), there are notable differences. For example, respondents from the Independent schools report an increased use of the MindMatters resources and kit, while respondents from the Catholic sector report an increased use of the Seasons for Growth Program.

Table 37: Main mental health program and/or resource use by school sector.

| The main mental health programs and/or resources for staff, students or parents currently provided at respondents' schools | School Sector | | | Total (N=2,624) |
|--|------------------|---------------------|---------------------|-----------------|
| | Catholic (N=703) | Government (N=1585) | Independent (N=336) | |
| MindMatters resources and kit | 10% | 13% | 17% | 13% |
| You Can Do It - Program Achieve | 11% | 12% | 13% | 12% |
| Bounce Back | 10% | 7% | 11% | 8% |
| Rock and Water training | 6% | 9% | 5% | 8% |
| Seasons for Growth program | 15% | 4% | 7% | 8% |
| Beyondblue SenseAbility resource | 6% | 6% | 7% | 6% |
| Other | 42% | 48% | 40% | 45% |
| Total | 100% | 100% | 100% | 100% |

The profile of program and/or resource use was found to be reasonably consistent across the different school location types, as shown in Table 38.

Table 38: Main mental health program and/or resource use across school location.

| The main mental health programs and/or resources for staff, students or parents currently provided at respondents' schools | School Location | | | Total (N=2,624) |
|--|------------------------|------------------|--------------------------|-----------------|
| | Metropolitan (N=1,408) | Regional (N=637) | Rural and Remote (N=579) | |
| MindMatters resources and kit | 12% | 14% | 12% | 13% |
| You Can Do It - Program Achieve | 11% | 11% | 14% | 12% |
| Bounce Back | 9% | 7% | 9% | 8% |
| Rock and Water training | 7% | 10% | 8% | 8% |
| Seasons for Growth program | 7% | 9% | 7% | 8% |
| Beyondblue SenseAbility resource | 6% | 6% | 5% | 6% |
| Other | 46% | 43% | 44% | 45% |
| Total | 100% | 100% | 100% | 100% |

The 767 respondents who use mental health programs and/or resources at their schools reported almost 3,700 uses, as shown in Table 39.

Table 39: Statistics regarding the uses for mental health programs and resources.

| Statistics regarding the main uses for the mental health programs and resources for staff, students or carers currently provided at the respondent's school | |
|---|-------|
| Number of individuals | 767 |
| Total number of uses of programs and/or resources | 3,695 |
| Average number of programs and/or uses identified per respondent | 4.8 |
| Standard deviation | 2.3 |
| Median - uses of programs and/or resources | 5 |
| Mode number of uses of programs and/or resources | 4 |
| Minimum number of uses of programs and/or resources identified by a respor | 1 |
| Maximum number of programs and/or resources identified by a respondent | 10 |

The profile of uses was found to have a less skewed distribution compared to the profile of uses of the mental health frameworks, as shown in Table 40.

Table 40: Profile of uses of programs and resources.

| Profile of Program and/or Resource Provision Use | Cumulative % (N=767) |
|--|----------------------|
| 1 use | 6% |
| 2 uses | 16% |
| 3 uses | 30% |
| 4 uses | 48% |
| 5 uses | 65% |
| 6 uses | 78% |
| 7 uses | 87% |
| 8 uses | 92% |
| 9 uses | 96% |
| 10 uses | 100% |

The most frequently cited use for mental health programs and resources cited by respondents was to help achieve or improve student engagement, as shown in Table 41.

Table 41: The main uses reported for mental health programs and resources by respondents.

| The main uses for the mental health programs and resources for staff, students or carers currently provided at the respondent's school | % of Total (N=3695) |
|---|----------------------------|
| To help achieve or improve student engagement | 18% |
| For professional development | 14% |
| To help achieve or improve student academic performance | 13% |
| To help achieve or improve staff engagement or satisfaction | 10% |
| To assist or guide curriculum development | 10% |
| To help achieve or improve parental engagement | 9% |
| For teacher training | 9% |
| To assist with any other aspects of school life not mentioned above | 6% |
| To help achieve or improve wider community engagement | 6% |
| As part of extracurricular activities for students | 5% |
| Total | 100% |

While cross tabulations of use of mental health programs and resources with school sector, school type and school location (metropolitan, etc.) were undertaken these have not been reported, as little variation from the overall profile of mental health framework use was found.

Table 42 details the proportion of respondents that indicated new or additional mental health programs would be introduced at their schools during 2011.

Table 42: Planned introduction of mental health programs during 2011.

| School plans to provide new or additional mental health programs for staff, students or parents during 2011 | Response to Q56 - Mental health frameworks, programs or resources provision | | Total (N=1,285) |
|--|--|--------------------------------------|------------------------|
| | At least one positive response (N=1,060) | No positive responses (N=225) | |
| Planned to introduce | 51% | 35% | 48% |
| Not planned to introduce | 37% | 54% | 40% |
| Don't know | 13% | 11% | 13% |
| Total | 100% | 100% | 100% |

Table 43 details the proportion of respondents that indicated new or additional mental health resources would be introduced at their schools during 2011.

Table 43: Proportion of respondents indicating that new or additional mental health resources would be available during 2011.

| School plans to provide access to mental health literacy resources for teachers and students during 2011 | Response to Q56 - Mental health frameworks, programs or resources provision | | Total (N=1,285) |
|---|--|--------------------------------------|------------------------|
| | At least one positive response (N=1,060) | No positive responses (N=225) | |
| Planned to introduce | 69% | 38% | 64% |
| Not planned to introduce | 17% | 45% | 22% |
| Don't know | 14% | 16% | 14% |
| Total | 100% | 100% | 100% |

A large proportion of respondents that have at least one mental health framework, program or resource already in use plan to introduce new or additional programs and resources during 2011. The proportion of those respondents that indicated that they did not have a mental health framework, program or resource in place, but will be introducing a program or resource during 2011 is between 35-40%. The planned introduction rates for programs and resources are much higher than for frameworks (see Table 31). This may in part be explained by the greater commitment in terms of resources and energy that is required for a principal to introduce a framework.

The benefits of having mental health frameworks, program and resources

Respondents were asked to identify the extent to which they agreed that the provision of mental health frameworks, programs and resources confer benefits to various individual and groups within their school. The results are reported in Table 44.

Table 44: The extent to which respondents agreed about the benefits conferred by implementing and using and/or providing mental health frameworks, programs and resources.

| The extent to which respondents agreed or disagreed that the mental health frameworks, program or resources provided confer benefits to: | Principal | School leadership team | Teaching staff | Other school staff | General school student population | Students within the school that are at risk or in some way disadvantaged | Parents of students at the school | Families of students at the school | The wider community (that relates to the school) |
|--|-------------|------------------------|----------------|--------------------|-----------------------------------|--|-----------------------------------|------------------------------------|--|
| Strongly agree | 16% | 10% | 11% | 8% | 15% | 28% | 9% | 9% | 4% |
| Agree | 59% | 45% | 56% | 46% | 62% | 53% | 46% | 46% | 26% |
| Strongly agree or agree | 76% | 55% | 67% | 54% | 77% | 82% | 54% | 55% | 30% |
| Don't Know | 2% | 3% | 2% | 3% | 2% | 2% | 3% | 2% | 7% |
| Neither agree nor disagree | 18% | 33% | 24% | 34% | 17% | 12% | 33% | 32% | 46% |
| Neither agree nor disagree or don't know | 20% | 36% | 26% | 37% | 19% | 14% | 36% | 35% | 52% |
| Disagree | 3% | 7% | 5% | 7% | 3% | 3% | 7% | 7% | 12% |
| Strongly disagree | 1% | 3% | 2% | 2% | 1% | 2% | 3% | 3% | 5% |
| Strongly disagree or disagree | 4% | 9% | 7% | 9% | 4% | 4% | 10% | 10% | 17% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

It is interesting to note that the principals perceived greater benefit accruing to themselves than to the school leadership team or teachers in general. The only group to receive a level of benefit greater than principals was the students at risk. The wider community was believed to receive relatively little benefit from the adoption and use of the mental health frameworks, programs and resources. The results are also presented graphically in Figure 7.

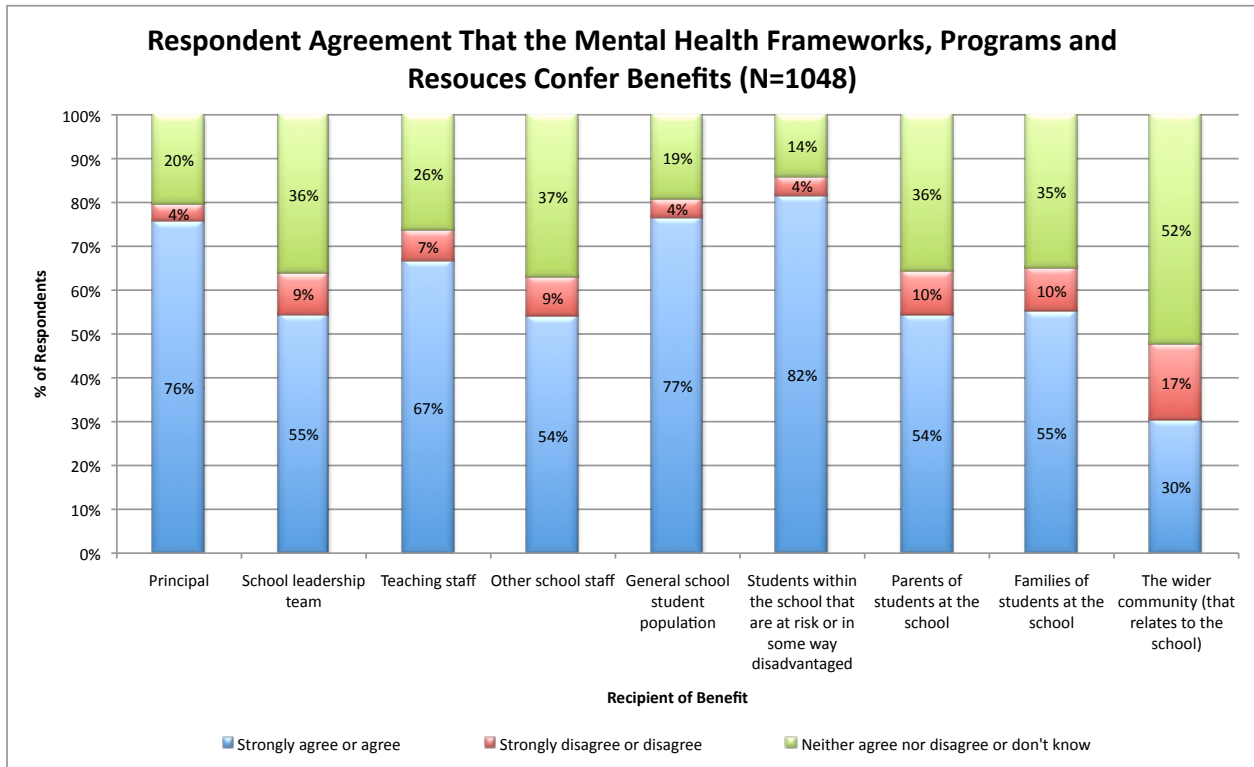


Figure 7: Profile of respondent agreement that the use of mental health frameworks, programs or resources confers benefits to individuals or groups.

Staff capacity to undertake particular roles in relation to mental health issues

Respondents were asked to indicate the percentage of staff at their school that had the capacity to undertake various tasks, such as provide an explanation of mental health and wellbeing issues affecting students and teachers to other staff. The results are reported for those respondents who had at least one mental health framework, program or resource in place and for those that had no framework, program or resource in place (see Table 45).

Table 45: Staff capacity to undertake various mental health tasks.

| Mental Health Frameworks, Programs or Resources in Place | Statistics | Percentage of Staff that have the Capacity to: | | | |
|--|----------------|--|---|--|--|
| | | Provide an explanation of the mental health and wellbeing issues affecting students and teachers to other school staff | Provide an explanation of the mental health and wellbeing issues affecting students and teachers to parents | Provide an explanation of the mental health issues affecting students and teachers to health professionals | Give direction and provide advice to students or staff about where they can seek advice or support concerning mental health issues |
| No Framework, Program or Resource in Place or No Response Provided | N | 225 | 225 | 225 | 225 |
| | Mean | 29 | 24 | 25 | 25 |
| | Std. Deviation | 31 | 29 | 30 | 26 |
| At least 1 Framework, Program or Resource in Place | N | 1060 | 1060 | 1060 | 1060 |
| | Mean | 50 | 44 | 42 | 43 |
| | Std. Deviation | 32 | 32 | 32 | 32 |

It can be seen that the average or mean percentage of staff with the capacity to undertake the various mental health related tasks varies by task and also whether the school has at least one mental health framework, program or resource in place. Figure 8 highlights the differences visually and shows that there is no overlap of confidence intervals between those schools with mental health resources compared to those without for a given task.

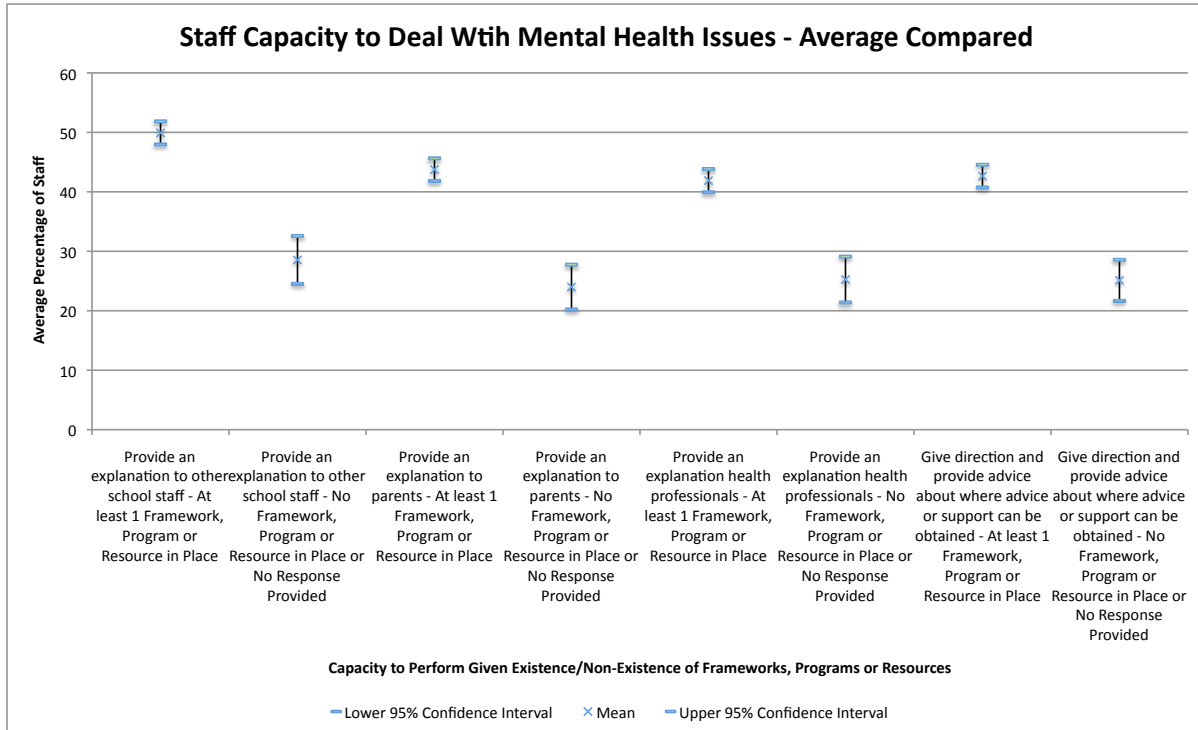


Figure 8: Average percentage staff capacity to undertake mental health related tasks showing the 95% confidence interval.

The lack of overlap of the confidence intervals indicates that the difference between those staff with some level of mental health resource (framework, program or other resources) is statistically significant. From a policy perspective, these differences are important and suggest that, at least from the viewpoint of Australian principals, the provision of mental health resources is important for staff. It would be worthwhile testing the perspective of teachers regarding their capacity to deal with mental health issues as a means of determining whether the principals' perceptions can be corroborated.

Table 46 reports the average percentage of staff with the capacity to address particular mental health related tasks by school location.

Table 46: The percentage of staff (average) with the capacity to undertake mental health related tasks by school location (mental health resources are available).

| Percentage of staff with the capacity to: (Average %) | School Location | | | | Total |
|--|-----------------|----------|-------|--------|-------|
| | Metropolitan | Regional | Rural | Remote | |
| Provide an explanation of the mental health and wellbeing issues affecting students and teachers to other school staff | 48 | 51 | 55 | 48 | 50 |
| Provide an explanation of the mental health and wellbeing issues affecting students and teachers to parents | 42 | 44 | 48 | 45 | 44 |
| Provide an explanation of the mental health issues affecting students and teachers to health professionals | 39 | 42 | 47 | 46 | 42 |
| Give direction and provide advice to students or staff about where they can seek advice or support concerning mental health issues | 41 | 42 | 48 | 40 | 43 |

The variation across the various tasks appears to be consistent across the school locations (i.e., the percentages change in the same direction between types of task). For 3 of the 4 tasks, less than 50% of staff have the capacity to undertake the task – even though the school has at least one mental health framework, program or resource in place. This suggests that significant additional effort is required in order to improve staff capacity to deal with mental health issues.

A similar pattern of trends arises when the staff capacity is considered by sector (for those respondents that indicated that they had at least one mental health framework, program or resource), as reported in Table 47.

Table 47: Staff capacity to deal with mental health related issues by school sector.

| Percentage of staff with the capacity to: (Average %) | School Sector | | | Total |
|--|---------------|-------------|----------|-------|
| | Government | Independent | Catholic | |
| Provide an explanation of the mental health and wellbeing issues affecting students and teachers to other school staff | 51 | 46 | 49 | 50 |
| Provide an explanation of the mental health and wellbeing issues affecting students and teachers to parents | 44 | 41 | 43 | 44 |
| Provide an explanation of the mental health issues affecting students and teachers to health professionals | 44 | 36 | 40 | 42 |
| Give direction and provide advice to students or staff about where they can seek advice or support concerning mental health issues | 43 | 37 | 45 | 43 |

Table 48 shows the staff capacity to deal with mental health related issues by school type. Primary school teachers appear to have better capacity to deal with mental health issues compared to teachers based at the other 2 types of schools. This may relate to the differing nature of mental health issues for the very young students (less than 12 years), compared to those aged in their teens.

Table 48: Staff capacity to deal with mental health related issues and school type.

| Percentage of staff with the capacity to: (Average %) | School Type | | | Total |
|--|-------------|---------|-----------|-------|
| | Primary | F-10/12 | Secondary | |
| Provide an explanation of the mental health and wellbeing issues affecting students and teachers to other school staff | 55 | 47 | 42 | 50 |
| Provide an explanation of the mental health and wellbeing issues affecting students and teachers to parents | 50 | 38 | 36 | 44 |
| Provide an explanation of the mental health issues affecting students and teachers to health professionals | 49 | 37 | 32 | 42 |
| Give direction and provide advice to students or staff about where they can seek advice or support concerning mental health issues | 45 | 39 | 40 | 43 |

Opportunities for students to participate in mental health related activities

Respondents were asked to indicate the percentage of students at their school that will be provided with the opportunities relating to mental health and wellbeing issues (for example, learning about mental health issues). The results are reported for those respondents who had at least one mental health framework, program or resource in place and for those that had no framework, program or resource in place (see Table 49).

Table 49: Percentage of students who will be provided with opportunities relating to mental health.

| Mental Health Frameworks, Programs or Resources in Place | Statistics | Percentage of Students who will be provided with the opportunity to : | | | |
|---|----------------|---|--|--|---|
| | | Learn about mental health issues as part of the curriculum provided within the school | Participate in mental health related programs (e.g. anti bullying, suicide prevention etc) | Access material through the school library or computing resources related specifically to mental health and wellbeing issues | Listen to speakers/presenters who visit the school specifically to present information about mental health and wellbeing issues |
| No Framework, Program or Resources in Place or No Response Provided | N | 225 | 225 | 225 | 225 |
| | Mean | 35 | 64 | 38 | 37 |
| | Std. Deviation | 39 | 41 | 40 | 39 |
| At least 1 Framework, Program or Resource in Place | N | 1060 | 1060 | 1060 | 1060 |
| | Mean | 67 | 79 | 61 | 57 |
| | Std. Deviation | 36 | 31 | 37 | 37 |

It can be seen that the average or mean percentage of students who will be given the opportunities related to mental health and wellbeing issues varies by opportunity and also whether the school has at least one mental health framework, program or resource in place. Figure 9 highlights the differences visually and shows that there is no overlap of confidence intervals between those schools with mental health resources compared to those without for a given opportunity.

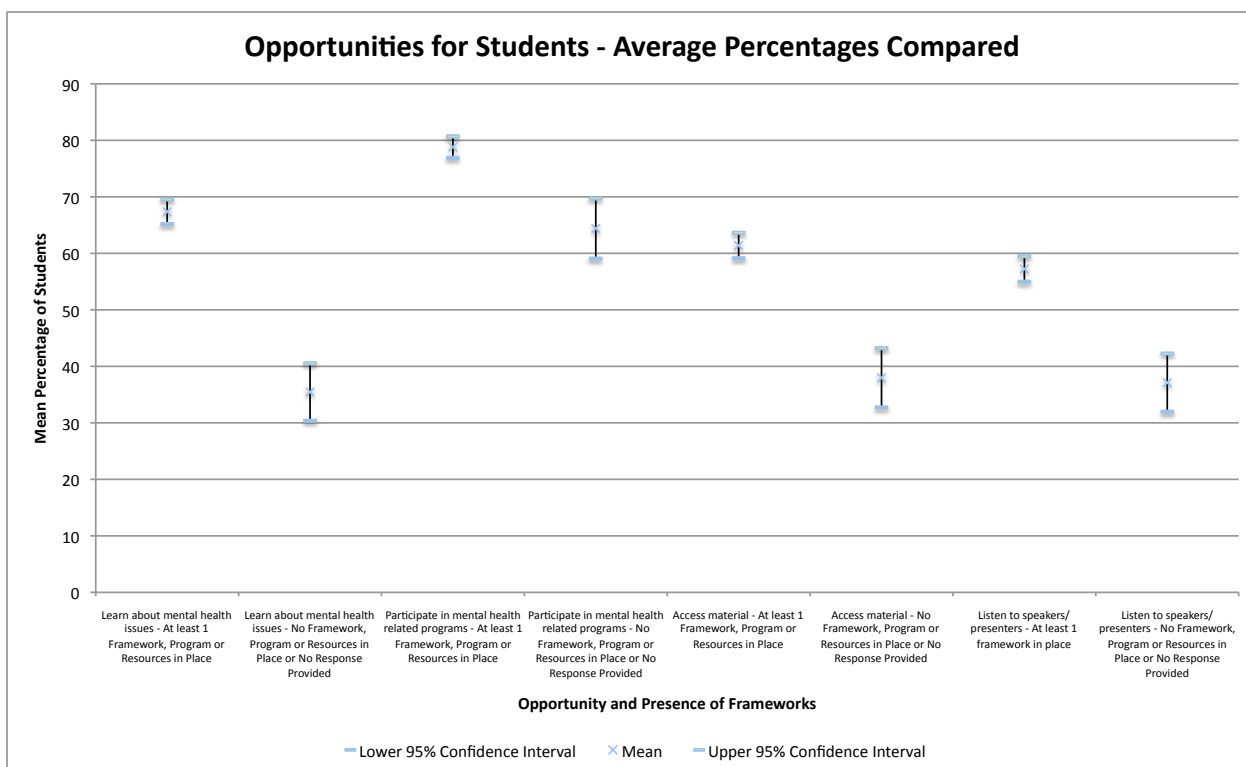


Figure 9: Student Opportunity to undertake mental health or wellbeing opportunities.

The lack of overlap of the confidence intervals indicates that the difference between the students with some level of mental health resource (framework, program or other resources) is statistically significant. From a policy perspective, these differences are important and suggest that, at least from the viewpoint of Australian principals, the provision of mental health resources enables more students to gain opportunities to participate in activities relating to mental health.

Table 50 reports the average percentage of students who will be given opportunities relating to mental health and wellbeing by school location.

Table 50: Student opportunity by school location.

| Percentage of students who will be provided with the opportunity to: (average %) | School Location | | | | Total |
|---|-----------------|----------|-------|--------|-------|
| | Metropolitan | Regional | Rural | Remote | |
| Learn about mental health issues as part of the curriculum provided within the school | 67 | 68 | 68 | 66 | 67 |
| Participate in mental health related programs (e.g. anti bullying, suicide prevention etc) | 78 | 81 | 80 | 75 | 79 |
| Access material through the school library or computing resources related specifically to mental health and wellbeing issues | 62 | 64 | 60 | 55 | 61 |
| Listen to speakers/presenters who visit the school specifically to present information about mental health and wellbeing issues | 58 | 57 | 54 | 58 | 57 |

The variation across the various tasks appears to be consistent across the school locations (i.e., the percentages change in the same direction between types of opportunity).

A similar pattern of trends arises when the student opportunity is considered by sector (for those respondents that indicated that they had at least one mental health framework, program or resource), as reported in Table 51.

Table 51: Student opportunity and school sector.

| Percentage of students who will be provided with the opportunity to: (average %) | School Sector | | | Total |
|---|---------------|-------------|----------|-------|
| | Government | Independent | Catholic | |
| Learn about mental health issues as part of the curriculum provided within the school | 66 | 72 | 68 | 67 |
| Participate in mental health related programs (e.g. anti bullying, suicide prevention etc) | 77 | 82 | 82 | 79 |
| Access material through the school library or computing resources related specifically to mental health and wellbeing issues | 62 | 65 | 57 | 61 |
| Listen to speakers/presenters who visit the school specifically to present information about mental health and wellbeing issues | 56 | 67 | 56 | 57 |

The Independent sector appears to be able to provide more students (on average) with opportunities to learn about or participate in mental health and wellbeing activities compared to the Catholic and Government sectors. This raises an equity and access issue in terms of providing opportunities for all students regardless of the schooling sector in which they participate.

Table 52 shows the student opportunities by school type. It would appear that primary school in have more opportunity (at schools where mental health resources are in place) to participate in programs compared to the other school types. However, the provision of library resources and speakers is greater at secondary and F-10/12 schools compared to primary schools (again for those schools that provide at least 1 framework, program or resource).

Table 52: Student opportunity by school type.

| Percentage of students who will be provided with the opportunity to: | School Type | | | Total |
|---|-------------|---------|-----------|-------|
| | Primary | F-10/12 | Secondary | |
| Learn about mental health issues as part of the curriculum provided within the school | 67 | 67 | 69 | 67 |
| Participate in mental health related programs (e.g. anti bullying, suicide prevention etc) | 82 | 76 | 74 | 79 |
| Access material through the school library or computing resources related specifically to mental health and wellbeing issues | 57 | 64 | 69 | 61 |
| Listen to speakers/presenters who visit the school specifically to present information about mental health and wellbeing issues | 51 | 59 | 68 | 57 |

A Brief Discussion

Proxy Information for the Key Performance Indicator

One of the key performance indicators developed for measuring the success of the Fourth National Mental Health Plan is:

the proportion of primary schools and secondary schools with mental health literacy component included in the curriculum (P77 in Appendix 2 Fourth National Mental Health Plan).

The difficulties of directly measuring this key performance measure in relation to the KidsMatter and MindMatters program conducted by Principals Australia has previously been detailed.

The inclusion of a series of mental health related questions in Principals Australia's National Market Research Survey has provided an alternative mechanism for capturing proxy information about mental health literacy in Australian schools.

The survey has managed to capture data from a large sample of principals based in all states and territories of Australia, and from all school types, sectors and all locations. Although the ability to drill down to examine some aspects of the survey findings is limited, the findings should broadly reflect those of the Australian principals.

The Findings

Data relating to approximately 1,300 principals was analysed.

82% of respondents indicated that their school currently had at least a mental health framework implemented and in use, or that a mental health program or mental health resource was provided to staff and students. The widespread nature of the use of the frameworks, programs and resources would suggest that the notion of mental health literacy should be improve. However, in order to better gauge this, these results should form a baseline against which progress can be measured (the proxy measures of how many schools are using frameworks, providing programs and resources).

The capacity of staff and the opportunities afforded to students where schools had implemented a mental health framework or program or provided resources was significantly different compared to schools where no such resources had been provided. These findings highlight the importance of ensuring that schools are able to have the opportunity to become involved in mental health issues.

Despite the use of the mental health initiatives, such as frameworks, programs and resources, it would appear that many staff do not yet have the capacity to deal with basic mental health issues.

The lower rate of short-term future uptake of mental health frameworks, programs and/or resources by schools currently not involved in mental health work is of concern and attempts should be made to identify schools where mental health initiatives are not occurring with the aim of encouraging involvement in the near future.

The Limitations

The information has been developed from data captured from principals. While it is likely that a single source of data would arise from other data capture mechanisms and possibly rely exclusively on the viewpoint of the school principal as well, the viewpoint of the principal may not coincide with that of other teaching staff or those of the students or student families.

Thus, it may be useful to consider what other information could be used to augment or complete the picture created through Principals Australia survey.

The Implications

The findings suggest that there is more that can be, and must be, done to help schools address the mental health issues that confront both students and teachers on a regular basis.

The Future Measurement Challenge

The notion of *mental health literacy* is a complex concept that is not necessarily well understood by principals and teachers, despite recent headways made in improving their understanding of mental health.

The development of a direct measure of mental health literacy is likely to represent an ongoing challenge for at least the short-term. Thus, in the absence of an alternative mechanism, the ability to re-survey principals on a regular basis (e.g., annual) in order to measure progress in improving mental health is warranted. Funding such a survey, however, may pose a challenge for Principals Australia if it cannot secure the necessary funding. This challenge should be discussed with the federal departments of education (DEEWR) and health (DOHA).

Further Queries

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