

Mental Health in Primary Schools Pilot Evaluation

Summary report

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Department
of Education

Mental Health in Primary Schools Pilot Evaluation - Summary report

Research has shown an increasing and unsustainable rate of child mental health presentations to primary and tertiary mental health services¹. The Royal Commission into Victoria's Mental Health System (2021) identified education settings as a key place for supporting and promoting mental health and wellbeing. It also found that much of the burden to support students struggling with mental health challenges was falling on schools, school leaders, and educators.

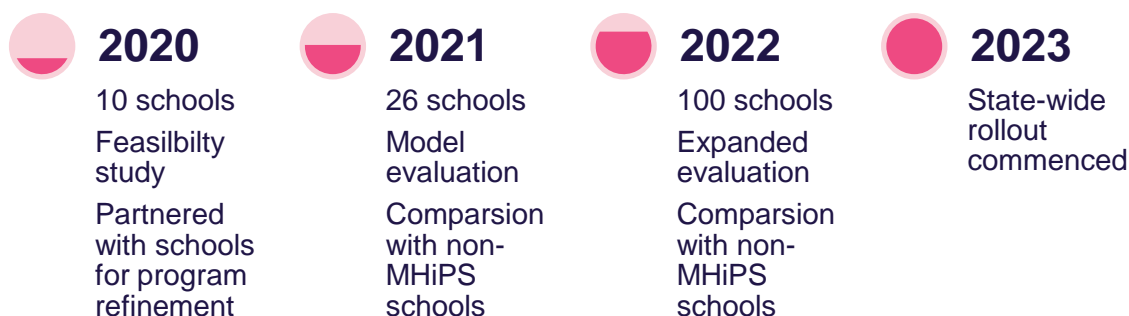
The pilot

In 2019, the Centre for Community Child Health at Murdoch Children's Research Institute (MCRI) and the Melbourne Graduate School of Education (MGSE), University of Melbourne conceptualised a model of school-based prevention and early intervention. The '*Mental Health and Wellbeing Coordinator*' model² (now known as a Mental Health and Wellbeing Leader) introduces a new role in primary schools. The Mental Health and Wellbeing Leader (MHWL) receives evidence-based training designed to build the capacity of schools to be more effective in supporting student mental health and wellbeing. The MHWL is typically a qualified teacher who will use their knowledge of the in-classroom experience of teaching to complement the school's existing wellbeing team.

In 2020, the Victorian Department of Education (the department), in partnership with MCRI, commenced MHIPS as a pilot. Participating schools received funding from the department to employ a MHWL to implement a whole-school approach to mental health and wellbeing and build the capacity of primary school staff to identify and respond to mental health issues affecting students.

Program expansion

Following positive feedback and preliminary evidence that the MHWL model increased the confidence of teachers to support student mental health, the Victorian Government is providing \$200 million over 4 years and \$93.7 million ongoing to expand the Mental Health in Primary Schools program to every government and low-fee non-government primary school in Victoria.



This will support individual students, help teachers better identify and support at-risk students, and build relationships and referral pathways to local mental health services.

¹ Hiscock et al., 2018

² © 2020 Murdoch Children's Research Institute and University of Melbourne.

The MHWL model was developed by the Centre for Community Child Health at the Murdoch Children's Research Institute and the Melbourne Graduate School of Education at the University of Melbourne.

The evaluation

In 2022, the department funded MCRI to undertake an evaluation of the feasibility, acceptability and impact of the MHWL model to inform the expansion of the program to all schools by 2026.

The evaluation was primarily based on data collected from 2021-2022 including feedback on the MHWL training program (2022), school staff and parent surveys completed at multiple timepoints during 2021 and 2022 and qualitative data collected from MHWLs, school leadership and class teachers in 2022.

Findings indicate that the model's feasibility, acceptability and impact were maintained as the program scaled up from 10 schools in 2020 to 100 schools in 2022. The department has worked with Murdoch Children's Research Institute (MCRI) and the Melbourne Graduate School of Education (MGSE) to incorporate key findings into planning for roll out in 2023 and beyond.

Key findings

Acceptance and endorsement of model

The final evaluation report found that overall, there was strong endorsement of the MHWL model by MHWLs and school staff.

Of the surveyed MHWLs:

96% agreed that MHWL training enhanced their skills

97% went on to apply the learning from the training program in their role.

Of the surveyed school staff:

87% agreed the MHWL role was accepted by classroom teachers

95% considered it important for the MHWL to have an education background.

Positive school outcomes

Findings show the model resulted in a sustained increase in classroom teacher confidence to support student mental health and wellbeing at six months, ten months, 18 months, and 24 months post MHWL introduction. Additionally, 95% of participating school staff agreed that the evidence-based professional development provided by the MHWL had enhanced their ability to identify and support students with mental health concerns.

Qualitative feedback indicates the MHWL model has helped schools to build social emotional learning approaches across the school and increase conversations about student mental health and wellbeing. Findings indicate the MHWL model has led to an increase in school capacity to support student mental health and wellbeing, including increased prioritisation of student mental health and wellbeing across the school and an increased likelihood of student mental health need being met within the classroom.

Positive parent outcomes

Parent survey data indicated greater knowledge of child mental health and wellbeing, with parents from MHiPS schools, on average, showing increased knowledge about child mental health than those from comparison schools. Qualitative feedback from MHWLs also indicate the model has generated increased engagement between parents and the school.

Positive student outcomes

Findings suggest early signs of positive effects on some student mental health and wellbeing outcomes. Feedback collected at 10-months follow-up indicated that 77% of MHWLs had observed a positive impact on student mental health and wellbeing since the program's implementation, including increased help-seeking behaviour related to mental health issues, increased implementation of coping strategies, and a greater willingness to discuss mental health and wellbeing. Parent-reported student outcome data also indicate potential longer-term effects on student mental health at 18 months and 24 months follow up.

Implementation barriers

Despite the positive feedback on the MHWL model, there were several challenges to implementation. Limited time to implement the role was the main challenge identified by MHWLs and school leadership. A range of other challenges documented were lack of staff buy in, lack of clarity around the MHWL role, competing priorities, engaging staff and understanding how the MHWL role aligns with existing wellbeing roles in schools.

These documented challenges are in the context of the widespread acceptance and support of the new model. They are acknowledged as an important part of the learning about implementation, and relevant to upscaling of the model.

Next steps

Ongoing evaluation of the MHiPS state-wide expansion is underway. MCRI and the department's Performance and Evaluation Division (PED) are jointly undertaking this work. This evaluation aims to assess and inform the continued implementation of MHiPS across Victorian government and low-fee non-government primary schools, building on the findings of the pilot evaluation. Annual evaluation of the expansion will have an increasing focus on program outcomes as the rollout progresses.

Acknowledgment

This summary report has been prepared by the Victorian Department of Education and is based on the **Mental Health in Primary Schools: Final Evaluation Report 2022** prepared by the Centre for Community Child Health, Murdoch Children's Research Institute and Melbourne Graduate School of Education, University of Melbourne.

For more information

Please visit:

- [Mental health support in primary schools | Victorian Government \(www.vic.gov.au\)](https://www.vic.gov.au/mental-health-support-in-primary-schools)
- [Home - Mental Health in Primary School \(MHiPS\)](#)

Or contact:

- mentalhealth@education.vic.gov.au