

ISSUE BRIEF

# SCHOOL MENTAL HEALTH PROMOTION: SUPPORTING CHILDREN IMPACTED BY FAMILY AND PARENT MENTAL HEALTH CONDITIONS

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Given the high prevalence of children living with a parent who has a mental health condition, prevention and early intervention strategies have attracted much attention over the past decade.<sup>1</sup> Given the role teachers and educators play in children's academic and social development, the school context has gained much attention in mental health promotion research. There is a growing evidence of the effectiveness of school-based mental health programs to facilitate strategies that address some of the challenges associated with stigma and prejudice.<sup>2</sup>

**M**ental health promotion and literacy have been identified as important in raising awareness and understanding of mental health conditions within community sectors, such as schools.<sup>3,4</sup> School-based mental health programs offer the promise of potentially reducing stigma and judgmental responses towards children and parents experiencing mental health challenges.<sup>5</sup> Mental health promotion programs in schools that target teachers as well as students are more likely to be successful in changing stigmatizing attitudes than those interventions that focus on individual cases. This is important because many children report stigma and prejudice by their peers because they have a parent who has a mental health condition.<sup>6,7</sup> Therefore, many children and parents affected by mental health



## supporting kids in primary schools



conditions are reluctant to seek help and support. Research has shown that community-based stigma can be potentially reduced through raising community awareness of the impact of parental mental health conditions on children.<sup>8</sup> School-based mental health promotion is one way this can be achieved.<sup>4</sup> However, despite the growing evidence of the importance of school-

based mental health promotion, funding for such programs is virtually non-existent. Therefore, it is important that an evidence-base is generated so that school-based programs that are educational and help reduce stigma are prioritized by government in terms of funding support.

**Supporting Kids in Primary Schools (SKIPS)** is an Australian school-based mental health program that aims to increase understanding and reduce stigmatizing attitudes about mental health conditions within school communities and beyond. The SKIPS program focuses on educating teachers and children about mental health conditions and how they might affect children and families. The aim of the program is to encourage help

**“ The kids are comfortable within the safe classroom setting... barriers are slowly broken down; entire thinking is changed, and mental illness seems less scary.”**

seeking behavior of parents and children by raising awareness and understanding of mental health conditions among members of the school community and reducing stigmatizing attitudes. Expe-

rienced SKIPS facilitators provide face-to-face workshops in two sessions for teachers and three classroom sessions for students in grades 5 and 6.

#### ***The teacher workshops provide:***

- » Information about the potential impact of mental health conditions on parents and their children.
- » Resources and strategies on how teachers and other staff might support children who are struggling at school, who have parents with mental health conditions.

#### ***The classroom sessions provide:***

- » Age-appropriate and language-appropriate information about the nature and impact of

mental health conditions, and the person behind the illness.

- » A focus on improving mental health literacy and encouraging school communities to raise awareness of the impact of mental health conditions on families; as well as help students support peers who have lived experience of mental health conditions.

Over a 15-year period, 345 teachers and 1635 grade 5 and 6 students participated in the SKIPS program across Australia. SKIPS was evaluated to ascertain whether the program was effective in increasing teacher knowledge and confidence and reducing prejudice among students towards those with a mental health condition. To measure program effectiveness, surveys were completed before and after the program. Alongside this data, interview data were collected from six experienced SKIPS facilitators involved with the delivery of the program. They provided insights about aspects of the program they believed worked well and how SKIPS might be improved. Survey and interview data indicated that SKIPS was effective in increasing teachers' mental health knowledge and confidence in supporting a child whose parent(s) live with a mental health condition. Student responses indicated an improved understanding of mental health conditions such as depression and schizophrenia.

#### ***Program facilitators highlighted two important components of the program:***

- » providing teachers with the 'language' to speak to families about mental health conditions; and
- » having guest speakers from outside the school system who shared their lived experience with mental health conditions with teachers and students.

The results of the evaluation highlight that schools are in a prime position to effect change and facilitate social justice outcomes for children living with parents with mental health conditions. Given the growing evidence of the effectiveness

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of school-based mental health programs,<sup>2</sup> programs such as SKIPS should be prioritized for funding support by the government sector.

**“ The stories are the clincher that make a difference because people relate to these experiences to another person, they remembered... preconceived ideas are shifted, and fears tend to melt away when sharing a real-life story”**

### **School-based Mental Health Promotion Programs Can Help By:**

- » **Building positive relationships with children and parents:** Due to stigma and negative attitudes about mental health conditions, many parents and children are reluctant to seek help.
- » **Providing a basic level of mental health literacy:** Teachers are well placed to identify difficulties experienced by children and recognize when things are not going well for parents. Previous research found that all educators struggle with how to start a conversation about a parent’s mental health concerns thus, there need to be sensitive processes in educational settings for identifying families in need.<sup>9</sup>
- » **Promoting mental health awareness:** Having a better understanding of mental health and the impact of parental mental health conditions on children can help teachers create a supportive and welcoming environment for parents who may be experiencing feelings of guilt and shame, and fear that their children will be removed from their custody.<sup>10</sup>
- » **Decreasing misconceptions about people living with mental health conditions:** The program provides opportunities for teachers and students to hear from guest speakers with lived experience of mental health conditions. Research shows that the best way to challenge

people’s stereotypes and misconceptions about mental health conditions is through first-hand contact with individuals with lived experience of these conditions.<sup>8</sup>

### **Resources that Can Help:**

- » Prioritizing government initiatives that promote mental health education in school communities.
- » Creating safe environments to talk about parental mental health conditions and the potential impacts on children.
- » Creating community awareness and understanding of how a parent’s mental health condition might impact children through accessible websites, apps and e-learning programs for teachers, parents and children.

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## References

1. Fudge, E., & Mason, P. (2004). Consulting with young people about service guidelines relating to parental mental illness. *Australian e-Journal for the Advancement of Mental Health*, 3(2), 50-58.
2. Murphy, J. M., Abel, M. R., Hoover, S., Jellinek, M., & Fazel, M. (2017). Scope, scale, and dose of the world's largest school-based mental health programs. *Harvard Review of Psychiatry*, 25(5), 218-228.
3. Grove, C., & Laletas, S. (2020). Promoting student wellbeing and mental health through social and emotional learning. In L. J. Graham (Ed.), *Inclusive education for the 21st century: Theory, policy and practice* (1st ed., pp. 317-335). Crows Nest NSW Australia: Allen & Unwin.
4. Whitley, J., Smith, J. D., & Vaillancourt, T. (2013). Promoting mental health literacy among educators: Critical in school-based prevention and intervention. *Canadian Journal of School Psychology*, 28(1), 56-70.
5. Kelly, C., Jorm, A., & Wright, A. (2007). Improving mental health literacy as a strategy to facilitate early intervention for mental disorders. *Medical Journal of Australia*, 187(7), S26.
6. Grove, C., Reupert, A. E., & Maybery, D. J. (2015). Peer connections as an intervention with children of families where a parent has a mental illness: Moving towards an understanding of the processes of change. *Children and Youth Services Review*, 48, 177-185.
7. Grove, C., Reupert, A., & Maybery, D. (2015). Gaining knowledge about parental mental illness: How does it empower children? *Child & Family Social Work*, 20(4), 377-386.
8. Corrigan, P. W., Morris, S. B., Michaels, P. J., Rafacz, J. D., & Rüsçh, N. (2012). Challenging the public stigma of mental illness: A meta-analysis of outcome studies. *Psychiatric Services*, 63(10), 963-973.
9. Laletas, S., Reupert, A., & Goodyear, M. (2017). "What do we do? This is not our area". Child care providers' experiences when working with families and preschool children living with parental mental illness. *Children and Youth Services Review*, 74, 71-79.
10. Fraser, C., James, E., Anderson, K., Lloyd, D., & Judd, F. (2006). Intervention programs for children of parents with a mental illness: A critical review. *The International Journal of Mental Health Promotion*, 8(1), 9-20.

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