

# Chapter 35

## Mental Health Education and Literacy in Schools: The Australian Experience

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### **ABSTRACT**

*This chapter will look at the current situation concerning youth mental health in Australia and provide information about youth mental health literacy, which was first coined by Jorm in 1997. A literature review of current Australian mental health promotion and education programs being offered in schools will be conducted as well as examples of some of the better-known ones that have been implemented internationally. The evolution of mental health education in Australian schools will be examined so as to provide a perspective of how some of the current programs came into being or existence. The main aim of this chapter will be to highlight the high prevalence of mental illness that exists amongst young people in Australia and how implementing mental health education in schools can be beneficial and helpful in improving their mental health and wellbeing. Mental health education in schools can help in breaking down the stigma surrounding mental illness. Another benefit is that young people will be able to identify mental health problems earlier amongst their peers and in themselves, which can lead to early help seeking, especially due to young people gaining a higher level of mental health literacy through mental health education programs.*

### **INTRODUCTION**

Australia has been active during the past 20 years in the development and implementation of Mental Health Policy and Mental Health Promotion. In the Fourth National Mental Health Plan 2009 - 2014 (Commonwealth of Australia, 2009), the Australian government in its wisdom and foresight choose to make Prevention and Early Intervention as its Priority Area 2. In the Summary of Actions (Commonwealth of Australia, 2009) in point one it noted that it would “work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience” (p.32). Following on from

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that it included as a further action to “implement targeted prevention and early intervention programs for children and their families through partnerships between mental health, maternal and child health services, schools and other related organisations” (p.32). One of the indicators for monitoring that this change had been made was to observe the “proportion of primary and secondary schools with mental health literacy components included in their curriculum” (p.32).

It is interesting to note that with all the best intentions of the Australian government to make Prevention and Early Intervention a mental health priority in the Fourth National Mental Health Plan that this was inexplicably missing from the Fifth National Mental Health Plan of 2017 - 2022. The Black Dog Institute in its *‘Submission in response to the Draft 5th National Mental Health Plan’* (Back Dog, 2016) said that the plan was “silent on prevention and yet it is potentially a powerful solution to chronic mental illness and should be included as a key strategy” (p.10). It went on to add that “prevention programs are most effective when implemented early” and that they “strongly believed that school-based prevention is critical to reducing the overall burden of mental illness on the community” (p.10).

This chapter will look at the current situation that exists in Australian schools concerning youth mental health and the seriousness of this health problem. It will explore why mental health education in schools is so important and the benefits for implementing it into curriculum. It will also investigate why being mental health literate is significant in improving both peers and a young person’s own mental health.

Before examining the various mental health promotion and education programs that currently exist in Australian schools, it will look at what has happened in Australian schools from a historical perspective, including initiatives such as MindMatters and KidsMatter. The Australian experience of mental health education in schools will also be compared to the international experience by examining what exists as well as what has worked and not been so successful overseas.

The chapter will also reflect on what are some of the problems and barriers that exist in implementing mental health education in Australian schools as well as the benefits of introducing it into the school curriculum and the future of mental health education in Australian schools.

## **YOUTH MENTAL HEALTH IN AUSTRALIA**

There has been considerable research and study carried out about the onset of mental illnesses and mental health problems in people, not only in Australia but around the world. The evidence suggests that three in four mental health disorders emerge by the age of 24 and half by the age of 14 (Kessler, Berglund, Demler, Jin, Merikangas, & Walters, 2005; Sawyer, Arney, Baghurst, Clark, Graetz, & Kosky, 2000; McGorry, Purcell, Hickie, & Jorm, 2007). In 2013 - 2014, around a quarter of all young people aged 16-24 years in Australia had a mental disorder (approximately 26% or 671,000 young people). One in seven children and adolescents aged 4 - 17 years experienced a mental disorder in 2013 - 2014, which is equivalent to 14% or 560,00 young people. Depression impacts on the lives of 1 in 35 or 2.8% of young Australians aged 4-17. The statistics for anxiety are even greater where 1 in 10 adolescents aged 18 - 25 and 1 in 25 children aged 13 - 17 experience the condition. (Orygen Youth Health, 2008). Of concern was the fact that there was an increase of probable serious mental illness in the age group 15 - 19 from 18.7% in 2012 to 22.8% in 2016 (Mission Australia, 2016). Lawrence and colleagues (2015) commented that mental disorders were the leading cause of illness and disability for young people aged 10 to 19 years, ahead of any physical disease.

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