

## Why was the program developed?

The growing mental health crisis has been well documented over the past decade. Children and young people in particular are faced with mounting challenges including trauma, family stressors (including domestic and family violence), pandemics and natural disasters. Fifty percent of all mental health concerns start before the age of 14 (Kessler et al., 2005). Wesley Kids is committed to developing preventative and early intervention programs as they are essential in reducing the number of children and young people experiencing mental health concerns.

## Why is it important for students?

Existing literature suggests improving mental health literacy and strengthening the coping skills of children in primary school reduces the likelihood of developing severe mental health problems through adolescence and into adulthood (Kei Yan Ma et al., 2022; Taylor et al., 2017). Schools play a key role in supporting and developing psychological supports for children, which will assist in ensuring they know when and how to ask for help and how to do so.

## What is the purpose of the program?

In consultation with teachers, Wesley Kids developed a suite of trauma-informed psychoeducation sessions designed to improve mental health literacy and adaptive coping skills in children. By providing children the opportunity to name, question and talk openly about their feelings whilst practising different techniques to self-regulate, express emotion, and realise their strengths, we hope to see improved mental health for years to come, resulting in a reduction of mental health concerns requiring professional support throughout life.

## How can my school get involved?

The Wesley Kids in Schools program is in pilot phase at a number of schools in South East Queensland. Our ongoing co-design and evaluation will lead to refinements to our program to ensure we are market-ready at the completion of the pilot phase. Schools who contact Wesley Kids during the pilot phase period to express an interest in being part of the program will be given priority access when the open program commences!

## What sessions are available?



### Foundation year

**4 x 45 minute  
psychoeducation  
sessions -  
Years 3 - 6.**

The sessions are designed to meet the needs identified by schools, parents and stakeholders as the key mental health issues facing children. The four sessions provide foundational knowledge and skills around emotional literacy; feelings in your body; whole body wellbeing; and self-care planning; for children to develop emotional and mental health literacy and coping strategies.



### Intermediate years

**Topics relevant to the  
needs of the student  
cohort.**

Following the foundation year, schools are able to select topics, relevant to the needs of their student cohort, from a suite of content that has been developed after consultation with schools, parents and stakeholders. These topics include relationships, communication, mindfulness, anxiety and stress, and conflict resolution.



### Advanced year

**Topics targeted to  
senior primary  
students.**

The advanced year content has been specifically designed to support senior primary students, building on a deeper level of understanding of mental health concepts. Topics include acceptance, overcoming negative thoughts, connecting with others and transitioning to high school.

## How are teachers briefed and supported?

Teachers are briefed on the program and its aims during a staff meeting prior to Wesley Kids presenters attending their classrooms. Teachers are also provided introductory and follow-up resources and activities to support strengthening and embedding content within curriculum delivery.

## How are parents briefed and supported?

Parents/caregivers are informed that Wesley Kids is attending classrooms and are given an opt-out method for consent.

A Parent Information Sheet will accompany each session. Optional parent sessions are also available to provide additional support to parents on ways to identify and discuss mental health and wellbeing with their children.

## How does this program link with Department of Education agendas and expectations?

The program has close links with and can support schools and teachers to implement the ACARA Personal & Social Capabilities and the Student Learning and Wellbeing Framework. Through an initial meeting with the school leadership team, links are also made to the school's explicit improvement agenda and behaviour expectations. We can also link to and enhance the learnings from other existing social and emotional learning programs in the school (eg. Berry St, Zones of Regulation, Reboot).

## Initial findings and feedback

Initial feedback from teachers indicates that students improved in their mental health literacy and practical coping skills. Students reported gratitude as a predominant learning, along with breathing, resilience and practical strategies such as getting enough sleep.

## Pre and post session data

Studies have shown that students who participated in psychoeducation programs demonstrated greater emotional and mental health literacy, fewer behavioural conduct problems within the classroom, lower levels of emotional distress, stronger peer relationships, greater rates of school attendance and significant improvement in academic performance (Taylor et al., 2017)

Longer-term studies have shown that children who participated in psychoeducation programs were less likely to have a mental health diagnosis, thus needing less support from mental health services; experienced greater connection to schools and communities; and consequently had higher levels of education attainment (Durlak et al., 2011).

**“We have seen the students really absorb the things you’ve been saying. They are now talking to each other differently, encouraging each other to be grateful and empathetic.”**  
(Year 6 teacher)

**“Loved the last session activity, it was so hands-on, and it was great to see the class working as a team to solve the puzzle.”**  
(Year 5 teacher)

**“The biggest benefit has been the normalising of difficult feelings like anxiety and worry. A lot of kids don’t realise they aren’t the only ones feeling that way and that’s where your program has really helped.”** (Year 3 teacher)

## References

- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., & Schellinger, K. B. (2011). The impact of enhancing student's social and emotional learning: a meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405-432.
- Kei Yan Ma, K., Anderson, J. K., & Burn, A. (2022). School-based interventions to improve mental health literacy and reduce mental health stigma - a systematic review. *Child and Adolescent Mental Health*. <https://doi.org/10.1111/camh.12553>
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry*, 62(6), 593-602.
- Taylor, R. D., Oberle, E., Durlak, J. A., & Weissberg, R. P. (2017). Promoting positive youth development through school-based social and emotional learning interventions: a meta-analysis of follow-up effects. *Child Development*, 88(4), 1156-1171.

Please contact our friendly team if you'd like to know more about the Wesley Kids in Schools program or register an interest in the program upon completion of the pilot phase.

## Wesley Kids

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