The ALIVE National Centre IMPLEMENTATION BRIEF

IMPLEMENTATION & TRANSLATION

A FIVE PART SERIES ON STIGMA AND ITS IMPACTS

MENTAL HEALTH STIGMA REDUCTION IN PRIMARY AND SECONDARY SCHOOLS

Mental health stigma is associated with reduced help-seeking, loss of hope and the negative impacts on self-esteem. Schools can address mental health stigma and change negative attitudes and the internalised shame that children, young people and their families may experience about mental ill-health. Schools can target public stigma and negative attitudes and the resultant discrimination experienced by people and families experiencing mental ill-health.

To date, contact-based approaches to stigma reduction and exposure to lived experience stories and views have been seen as effective in combating stigma, promoting empathy and understanding, and improving mental health understanding. Incorporating lived experience creates a more supportive social climate and has been found to encourage help-seeking behaviours in students. School programs combining mental health education with direct contact with people who have lived experience may be most effective. (Ma & Burn, 2023).

Stigma is a priority to action in the ALIVE National Centre Consensus Statements. **This Brief** expands on educational approaches detailed in Three Approaches Implementation Brief and describes implementation pathways for stigma reduction initiatives in schools.

LIVED-EXPERIENCE PERSPECTIVES ON STIGMA REDUCTION IN SCHOOLS

People with lived-experience of mental ill-health and carer, family and kinship group members see an important role for schools. Over the years, priorities shared include mental health courses in schools, help young people feel less alone and reduce the stigma associated with mental health challenges.

"Increasing mental health literacy and knowledge in school students and taught using lived experience."
The ALIVE National Priorities Database, Person with Lived-Experience (Consumer) 44 y/o.

"How do we better equip schools to deal with mental health issues?"
The ALIVE National Centre Priorities Database, Person with Lived-Experience (Consumer) 48 y/o Female.

SCALABILITY

Scalability refers to the challenge of how to transfer what may have worked in a research context, into the service or policy settings (Charif et al., 2022). At-scale considerations may include: the credibility or evidence regarding the innovation – such as stigma reduction interventions and the benefit and relevance for people who use or receive these; questions also include the cost to benefit ratio compared to current approaches; and usability and alignment of the innovation with the values and norms of the setting. Models do exist for story telling as a contact-based intervention, and education and awareness campaigns but implementation pathways to scalability in schools need further development.

Action to prevent and reduce the impacts of mental health stigma on students will require interventions to account for social and cultural contexts. To assist, we outline the pathways to support implementation which prioritise school community preparation, capacity growth and readiness. Much preparedness and delivery rests with teachers and staff. In addition, providing an opportunity for parents and carers to engage in an anti-stigma program that highlights strategies to help them support their children and young people is ideal. Providing education to both school staff and families first would likely strengthen the environment for students following a school based anti-stigma education. The following table highlights pathways to implementation that could assist in the absence of models ready to scale.

PATHWAYS TO SUPPORT IMPLEMENTATION

System Level	• State and Territory based Department of Education responsibility to collate evidence informed stigma reduction resources which consider social and cultural contexts, and to gather feedback about the resources and maintain up to date information.
	• Develop school specific implementation guidelines to support preparedness, capacity development and readiness.
	• Promote and encourage the use of the state-based resources that are available:
	   • Mental Health Menu in Victoria https://www2.education.vic.gov.au/pal/mental-health-fund-menu/policy
	   • ACT resources https://mieact.org.au/workshops/mental-health-and-me/

Teachers & School Community (Environment)	• Provide training to all school staff in appropriate ways to discuss mental health and mental health challenges For example Reachout • Training for all teachers and school staff to support individual students, for example the Berry Street Education Model • Training to enhance teachers' confidence, knowledge and ability to manage stigma and discrimination in the classroom • Improving the whole school environment (Rosvall, P. Å. 2019) to be psychologically safe and trauma informed for example the Be You Resources
Parents & Carers	• Promote the attendance of parents and carers at information sessions that are aligned with the education-based interventions being run at the school. • Support parents to access resources online by providing information about trusted sites. For example: Reachout
Students	• Involve students in the school's planning for implementation and seek feedback from the students regarding how programs worked (Marinucci & Rozendorn, 2022). • Provide in person education-based interventions, include material online that students can access afterwards for example Batyr@school is a national program for year 9 – 12 students. • Provide contact-based interventions such as that include a focus on recovery where story sharing may be a feature.

REFERENCES

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