

10 January 2020

Mental Health Inquiry  
Productivity Commission  
GPO Box 1428  
Canberra City  
ACT 2601

Dear Commissioners,

**Re: Maroondah Positive Education Network Submission to the Mental Health Inquiry**

The Maroondah Positive Education Network (MPEN) is a partnership of community, government and academic stakeholders with a shared mission to raise student wellbeing and academic outcomes in the City of Maroondah.

The cross-sector partnership includes: Maroondah City Council, Victorian Department of Education, 27 government schools, The University of Melbourne, Communities of Wellbeing inc., and a range of other service providers and partner agencies who provide services that contribute to the wellbeing of Maroondah students and their families.

We welcome the opportunity to respond to the draft report from the Productivity Commissions Mental Health Inquiry, as our shared objectives align with the goals of the inquiry. Our project aims to improve the mental health of our community, and to work collaboratively on innovative approaches to practices that prevent illness, and build resilience in children, young people and their families, and the professionals who support them in their development and mental health. It mobilises a shared investment of time, resources and energy to build sustainable change with lasting impacts.

MPEN has established a community wide adoption of positive education - defined as the coming together of 'the science of positive psychology with best practice teaching and learning to encourage and support schools and individuals within their communities to flourish' (Norrish & Seligman, 2015, p19).

Positive psychology is the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups, and institutions (Gable & Haidt 2005). Positive education has developed from this, as an approach to deliver positive psychology based interventions in an education setting. Martin Seligman, co-founder of positive psychology and the concept of positive education (Seligman, 2013), defines it simply as 'education for both traditional skills and for happiness' and evidence demonstrates that it can act as an antidote to depression, as a vehicle for increasing life satisfaction and as an aid to better learning (Seligman et al, 2009).

Evidence continues to grow on the benefits of positive psychology and positive education in preventing mental illness, building resilience and supporting wellbeing, and the Maroondah Youth Strategy outlined its key mission 'to raise the wellbeing of young people', by adopting this evidence-based approach as a means to achieve this mission.

One of the most unique elements of our plan to fulfil this mission is the collaborative partnership across 'systems', where we are sharing responsibility between Council, education and community groups, including the sharing of knowledge and resources to achieve this common goal. It has now also helped to seed a new not-for-profit organisation

called Communities of Wellbeing Inc, who are aiming to expand this approach into all aspects of our community.

We believe our model provides a number of opportunities to address some of the recommendations outlined in the Productivity Commissions draft report. This submission will outline each of the relevant draft findings and discuss how our approach, if replicated, might help to address it.

### **DRAFT FINDING 10.2 — SUPPORTING COLLABORATION BETWEEN SERVICE PROVIDERS**

*A range of approaches to collaboration, including co-location, alliances and networks, can improve service delivery and benefit consumers. Depending on the scale and type of services involved, providers could consider formalising links using memorandums of understanding to create clear accountability structures and overcome barriers to collaboration.*

MPEN uses schools as a universal platform for prevention, early intervention and supported referral in relation to mental health. While schools can often work in isolation from community agencies and other supports, our shared approach and strengthening relationships, including Council's strong knowledge and role in the local service system provides opportunities to unify and bolster pathways between young people who need support, and the service providers funded to do this. Through recent community consultation for Council's Youth Strategy and Children and Families Strategy, students and parents alike told us that it is often hard to know where to get assistance. Alongside this, community agencies often tell us about some of the challenges of working with schools who are often under-resourced to support community wellbeing and consequently find it challenging to coordinate with local support services.

### **DRAFT RECOMMENDATION 17.3 — SOCIAL AND EMOTIONAL LEARNING PROGRAMS IN THE EDUCATION SYSTEM**

Positive education provides an evidence-based approach to building social and emotional skills in students. Although adoption of this approach is growing quickly, and has been implemented for over ten years, unfortunately much of the research and practice has only been possible in well-resourced private schools.

Research on formal positive education programs that have been delivered demonstrates it can reduce and prevent depression and anxiety, reduce hopelessness, and potentially reduce behavioural problems (Seligman et al, 2009); reduce depressive symptoms (Brunwasser et al, 2009) increase enjoyment and engagement in school, and improved strengths related to learning and improved social skills (Seligman et al, 2009). A number of other positive psychology interventions have been trialled and evaluated in schools demonstrating increases in hope, life satisfaction, gratitude, supportive relationships, resilience, wellbeing, focus, engagement and academic performance among others (Waters, 2011). A meta-analysis of 213 studies including social and emotional learning programs (Durlak et al, 2011) also showed that, on average, school students enrolled in these programs ranked 11 percentage points higher on achievement tests than school students who did not participate. These studies have demonstrated that wellbeing skills can be learned by students, that these skills have value, and that schools serve as an ideal vehicle for the delivery of this important part of human development (Clonan et al, 2004).

In Maroondah we are progressively building local capacity and capability by training our education staff about the approach and encouraging them to experience the practices for themselves. This supports staff wellbeing and brings authenticity to the delivery of this knowledge to students. This culture shift is building a common language and a culture of deep understanding and passion about wellbeing that is changing the thinking and

behaviours of our students and our staff. We are working with University of Melbourne to measure the impact of these approaches in each school and hope to have some useful data to share about the impacts on student and staff wellbeing in the near future.

We believe key to the success of our initiative is having an entire network of 27 schools focusing on this approach. This enables practice sharing and collaboration between and across schools, moving away from competition to collective efficacy, and building a cycle of ongoing learning and improvement through a larger group of professionals, who are excited to be part of an effort across a whole community.

### **DRAFT RECOMMENDATION 17.5 — WELLBEING LEADERS IN SCHOOLS**

*All schools should employ a dedicated school wellbeing leader, who will oversee school wellbeing policies, coordinate with other service providers and assist teachers and students to access support.*

Part of our MPEN model is the appointment of HOPE (Heads of Positive Education) Leaders in each school. This role is separate to traditional 'wellbeing' roles in schools which have historically been more about 'welfare' and responding to daily student challenges and crises. HOPE Leaders are being trained in the practice of positive education which has a focus on a more systemic approach to the broader concept of wellbeing in a school - and looks at the policies, culture, pedagogy and context of each school's ability to build wellbeing in students and staff. This preventative and proactive approach sees wellbeing prioritised in the school at the strategic and systemic level and supports every teacher to build wellbeing practices into every class, every day. Combined with the traditional responsive approach to wellbeing that supports students facing challenges, this builds greater capacity in schools to manage all aspects of mental health including: promotion, early intervention and response for all students.

Historically schools have had a 'student wellbeing coordinator' who is often overwhelmed with the number and complexity of students needing support. Often with only a part time allocation for this role, and at times untrained in dealing with the complexities students present with, it is often impossible for wellbeing staff to also proactively improve policy and practice in the broader school. It is even harder to engage with and respond to external agencies who may be able to provide additional support.

Again, our partnership approach enables Council to offer support with resources, referrals to other agencies, or programs and services that bolster school efforts. Through the Victorian Governments School Focused Youth Service, Council is also able to fund targeted initiatives supporting vulnerable students, and to build capacity in school staff through training and professional development about managing some of the complexities students bring to the classroom that impede teaching.

### **DRAFT RECOMMENDATION 17.6 — DATA ON CHILD SOCIAL AND EMOTIONAL WELLBEING**

*Governments should expand the collection of data on child social and emotional wellbeing, and ensure data is used (and used consistently) in policy development and evaluation*

A key partner in MPEN is The University of Melbourne's Centre for Positive Psychology. Through generous State Government funding, over the last 3 years we have been able to work with the University to survey over 10,000 students, teachers and parents on over 40 scientifically validated indicators of wellbeing. This has provided schools and Council with valuable information about wellbeing and enabled us to focus energy on both the strengths of our cohorts, and the areas for improvement. We believe providing schools with high quality wellbeing data facilitates good decision making about where to allocate resources and effort in each school community. Having collective data from across the community has also enabled Council to consider where its resources may be spent to build wellbeing.

### **DRAFT RECOMMENDATION 22.2 — A NEW WHOLE-OF-GOVERNMENT MENTAL HEALTH STRATEGY**

While this recommendation refers to a national approach to mental health, the need for cross-sectoral collaboration reflects our local community approach. A long history of working in silos exists at all levels, and it is only through true collaborative effort that we will truly reform the way we work and the subsequent outcomes we achieve for each person's mental health. MPEN has adopted the 'Collective Impact' Framework which has proven to be an effective way to implement local change to complex issues by working with multiple stakeholders to align effort and achieve positive change.

In 2014 the National Mental Health Commission (NMHC) undertook a comprehensive National Review of Mental Health Programmes and Services in response to criticisms of our failing mental health system and found that the mental health system has fundamental structural shortcomings and is a poorly planned and badly integrated system that drains peoples' wellbeing and participation in the community (NMHC, 2014). The review proposed reallocating funding from downstream to upstream services including evidence-based prevention and early intervention and supporting participation in education and training to bolster people's ability to lead fulfilling, productive lives. System improvement suggestions included:

- access in the right place at the right time
- a system that wraps around the person
- a proactive, strategically aligned system (shifting away from the acute, crisis end, towards prevention, early intervention, and community services).

While the education system was not explicitly suggested as a service delivery platform in this instance we believe it is the ideal place to provide a universal platform for equipping young people with the skills and resources they need to both prevent and address mental illness at the earliest possible point.

### **DRAFT RECOMMENDATION 23.3 — STRUCTURAL REFORM IS NECESSARY**

A key challenge with addressing poor mental health is the medicalisation and 'treatment' mentality of some of the resources allocated to improve it. Mental health is complex, with multiple influences on both its deterioration and its repair. In fact, illness and wellness co-exist in all people at all times, in all aspects of our lives. By medicalising the approach to mental illness, it limits the important influences of key aspects of people's lives that can often have the greatest impact on wellbeing - such as family and friends, work and recreation,

meaning and accomplishment. The most effective strategies to prevent and repair illness are to build strong social structures in the places where people exist every day, where they can be equipped with the skills and knowledge about how to build wellbeing when they are well, and how to handle challenges when they occur. A disproportionate amount of funding and support is provided at the tertiary level rather than prevention and early intervention where mental health can be built, rather than repaired. To achieve this cross-sectoral and integrated approaches like MPEN can assist in having children and young people prepared and equipped with the skills, and resources needed to face adversity when it happens, rather than being referred to services funded to repair poor mental health after it is damaged.

## Conclusion:

We welcome the Productivity Commission's Draft Report and commend its recommendations that align with much of our early work that seeks to pursue a collaborative and integrated approach to building mental health in our community. We urge the Commission to consider mental health as a community wide responsibility and to focus energy on building mental health, rather than repairing mental illness, as there is much evidence suggesting that investing resources upstream in building resilience, strong relationships, and a caring and connected community is the best antidote to declining mental health in Australia.

Our solution is one that sits in community, in the same place where mental health challenges occur. By empowering and connecting people in community we believe we can have the greatest impact in developing, maintaining and recovering wellbeing, rather than responding to illness. There is much interest in our approach and recently presented it on the international stage at the World Congress for Positive Psychology. We would welcome the opportunity to discuss this with you further as an innovative evidence based local solution to a pervasive and growing national problem.

Sincerely,

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