Thrive Framework: Conceptual Overview

**Mechanisms for Change**

**Interpersonal**
- Positive and trusting relationships develop and students feel valued and accepted
- Social support is provided and accessed
- Increased awareness of others

**Intrapsychic**
- Coping styles and resources are identified and developed
- Increase in self-efficacy and self-esteem
- Perception that life can improve/attributional style

**Stressors**
- Life events and daily hassles
- Developmental challenges including disabilities

**Developmental Mental Health Outcomes**

**Connectedness/ Belonging** (1, 2, 3, 4, 5, 22)
- Increase in quality relationships
- Increase in sense of connectedness
- Improved interpersonal skills

**Emotion/ Self Regulation** (6, 7, 8, 9, 13)
- Reduction in emotion dysregulation
- Increase in resilience
- Increase in adaptive coping (health behaviours and help seeking)

**Purpose & Meaning** (10, 12, 16, 17, 18, 19)
- Increase in grit and determination
- Increase in autonomy and decision making (via project-based learning)
- Improved self concept and awareness*

**Impact**

**Mental Wellbeing** (14, 15)
- Improved emotional wellbeing
- Improved social wellbeing
- Improved psychological wellbeing

**School Functioning** (20, 21, 23)
- Increased attendance
- Reduction in behavioural incidences
- Improved academic performance
- Improved vocational education and training performance

**Mental Illness***
- Reduction in mental illness symptomology

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References


Key Models & Theories

A Working Model of Promoting Resilience & Flourishing Mental Health (Shochet, Keyes & Smith, n.d.)
Attachment Theory (Bowlby, 1969)
Circle of Security (Cooper, Hoffman, & Powell, 2016).
Cognitive Model (Beck)
Growth Mindset (Dweck)
Narrative Therapy
Solution-Focused Therapy
The Neurosequential Model of Therapeutics (Perry, 2002)
The Two Continua Model of Mental Health (Keyes, 2005).