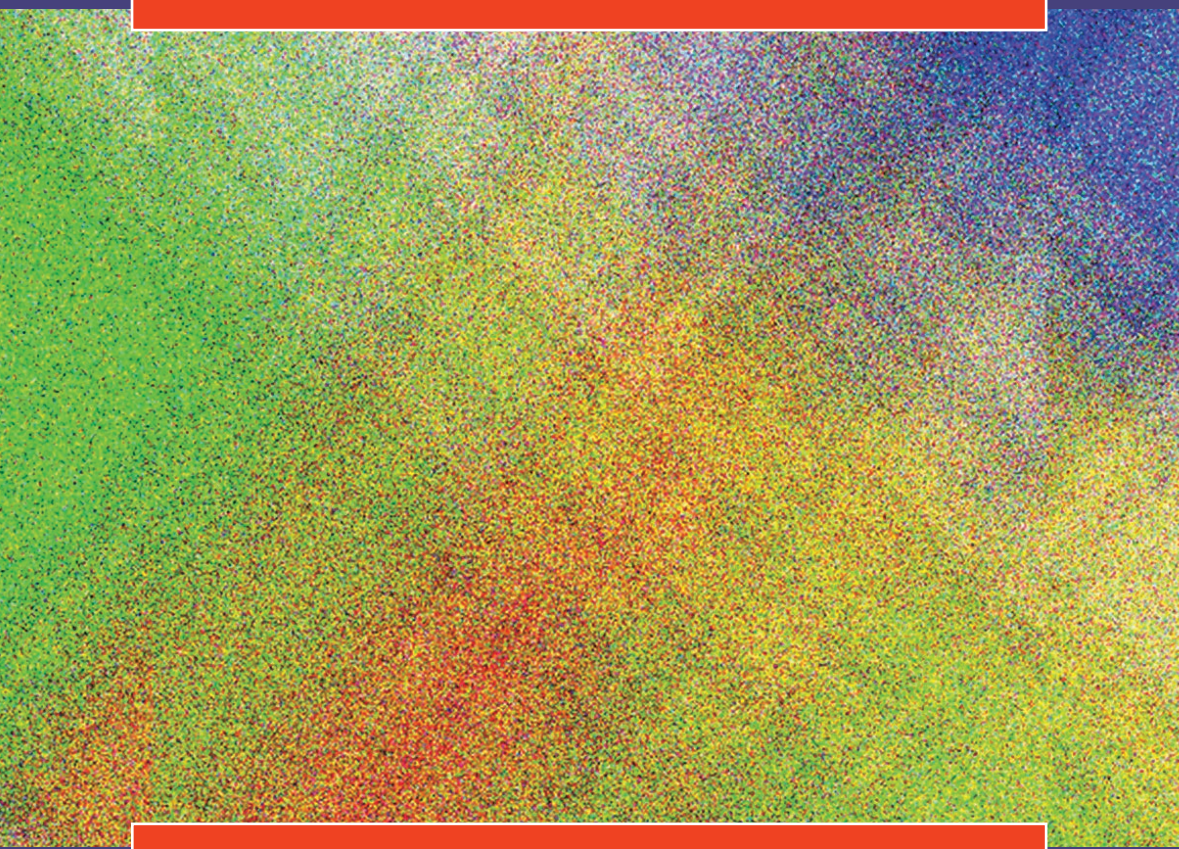
Mental Health Promotion in Schools

Cross-Cultural Narratives and Perspectives

Carmel Cefai and Paul Cooper (Eds.)



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Edited by

Carmel Cefai and Paul Cooper

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ADVANCE PRAISE FOR *MENTAL HEALTH PROMOTION IN SCHOOLS*

"This is a timely book since mental health difficulties among children and young people are on the increase across the world. The editors, Carmel Cefai and Paul Cooper, are passionate about the crucial role to be played by schools in creating safe spaces in which to learn, develop and socialise. They have spent many years in the development of creative initiatives for the promotion of emotional health and well-being amongst young people. The editors bring an international perspective to the issue of mental health and youth and show how important it is to collaborate and share expertise and knowledge. Cefai and Cooper have assembled an impressive range of authors to share their knowledge and to show how initiatives can be adapted to a range of cultural contexts."
– Helen Cowie, Professor, Faculty of Health and Medical Sciences, University of Surrey, UK

"This is an important resource for educators, policy makers and practitioners across the social sciences. It highlights the importance of listening to the voices of young people, teachers and parents, and brings an evidence-base to light through the stories, experiences and views of those who are on the front-line of mental health promotion in schools: the students and key stakeholders. It builds upon a growing movement which not only recognises the value in what young people, their teachers and parents/caregivers can tell us about their experiences, but sets it clearly within the frameworks of: cross-cultural learning; the UN Rights of the Child; and the importance of mixed methods in telling the whole story. I unreservedly commend the reader to this book, as it will leave them with a resolve to ensure that the lived realities of young people and the school settings in which they work and play, are foregrounded: and not lost or forgotten in the quest for generalisability."
– Barbara Spears, Professor, School of Education, University of South Australia

"I am very pleased to welcome an edited book drawing on cross-cultural contributions that embraces the combining of small scale narrative-qualitative with larger scale systematic studies of mental health promotion in schools. Not only does this bridge between an abstract and scientific approach and one drawing on participants' and stakeholders' perspectives, it enables improved use of research in school policy and practices."
– Brahm Norwich, Professor, Graduate School of Education, University of Exeter, UK

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PART 1

INTRODUCTION AND BACKGROUND ISSUES

CARMEL CEFAI AND PAUL COOPER

1. LISTENING TO VOICES ACROSS SPACES

In recent decades, the World Health Organization has been actively engaged in the promotion of mental health in schools, particularly in view of the concern about mental health difficulties in children and young people. About 20% of school children across different cultures experience mental health problems during the course of any given year and may need the use of mental health service (WHO, 2013). A recent report on adolescent health (WHO, 2014) portrays depression as the top global health issue amongst adolescents, with suicide being the third-biggest cause of death. The report mentions that half of mental health difficulties begin before the age of 14, underlining the need for early intervention and mental health promotion from an early age.

Schools are very well placed to provide mental health promotion and support for children and young people, having access to all school age children, and in many instances serving as centres where support is either provided or facilitated with referral to appropriate health and psychosocial services. Mental health promotion in schools is now becoming more established in various countries across the world including the US, Australia, UK and other European countries. Initiatives and frameworks such as the Collaborative for Academic, Social and Emotional Learning in the USA (www.casel.org), Social and Emotional Aspects of Learning (SEAL) programme in the UK (DCSF, 2009), KidsMatter (www.kidsmatter.edu.au) and MindMatters (www.mindmatters.edu.au) frameworks in Australia, and the Network for Social and Emotional Competence in Europe (www.ensec.org), highlight the benefits of broadening the educational agenda to address the mental health and wellbeing of children and young people as a key aspect of their education.

The rise of mental health promotion in school, construed as the positive social and emotional health and wellbeing of children and young people, including those with mental health needs, has been facilitated by research evidence which documents the effectiveness and value of school initiatives to promote the mental health of children and young people. Correlational and longitudinal research indicates that mental health promotion in school is related to positive mental health and reduced internalized and externalized conditions, such as anxiety, depression, substance use, violence, and antisocial behavior (Durlak, Weissberg, Dymnicki, & Taylor, 2011; Payton et al., 2008; Sklad, Diekstra, De Ritter, & Ben, 2012; Slee, Murray-Harvey, Dix, Skrzypiec, Askell-Williams, Lawson, & Krieg, 2012; Weare & Nind, 2011). It also contributes to improved academic learning, resulting from the development

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of such skills as emotional regulation, coping with classroom demands, problem solving, healthier relationships, and working more collaboratively with others (Côté-Lussier & Fitzpatrick, 2016; Diamond, 2010; Durlak et al., 2011)

Although schools still face various hurdles in promoting the mental health of their students, such as limited resources and staff capacity, lack of training, as well as relegation and marginalization due to international pressure to improve academic performance (Cefai et al., 2014; Cefai & Askell-Williams in this edition; Patalay et al., 2016; Vostanis et al., 2013), mental health in school is establishing itself as one of the primary objectives in educational systems in various parts of the world, particularly North America, Europe and Australia and New Zealand. This book is based on cross cultural perspectives on mental health, focusing on contributions from Australia and Europe (namely Malta, England, and Greece). It focusses on specific and culturally contrasting countries that share a strong European heritage, in contrast to many of the studies in the area which have been carried out in the US. In this respect, it diverges from the more traditional and mainstream research in mental health and social and emotional learning (SEL) characterized by evidence-based studies coming from the US. Although the authors in this edition have been influenced by the traditional mental health and SEL paradigm, this book is focused on stakeholders' perspectives which is often neglected or marginalized in the evidence-based approach.

We do not take an either or approach, however, but argue that while the evidence based approach should keep developing and improving the field, it stands to gain by taking into consideration the experiences, stories and views of the stakeholders involved. The latter approach, which is sometimes discarded as anecdotal or unscientific, has a key role to play in understanding what works or not work in actual practice and in bridging the gap between scientific evidence and school practice. Listening to the experiences of children, teachers, school leaders, parents and professionals, helps to illuminate the facilitative and inhibitory processes in the promotion of mental health in schools as well as develop, apply and improve evidence-based practices. It also helps policy makers, school staff and practitioners to make sense of, and apply, evidence-based approaches in actual contexts. Both science and stakeholders need to tell their stories in ensuring the effectiveness and sustainability of mental health in school.

This volume thus provides a platform for children, teachers, school leaders, parents, professionals, policy makers and teacher educators, to express their experiences and views on what works and does not work in mental health promotion in school, and how it can become a more meaningful and relevant experience for children and young people as they navigate the various challenges they face in an ever changing world. Most of the chapters in this book present original research carried out in schools, services, universities and other contexts, with the various stakeholders involved in mental health promotion in school. Before we start listening to the voices of the various stakeholders involved in the promotion of mental health in schools, however, we present a chapter which focuses on the more traditional

evidence-based approach to mental health in school. The chapter sets the scene for a broader research perspective, seeking to bridge the gap between the evidence-based and narrative approaches by focusing on research that is relevant to key stakeholders in mental health promotion in schools; we will return to this issue in the concluding chapter in this edition. Cooper (Chapter 2) reviews the evidence of school-level preventive and targeted interventions, such as the qualities and skills of effective teachers and teaching, and the various empirically validated psychologically-based interventions (e.g., behavioral, cognitive-behavioral and ecosystemic), along with strengths-based approaches (e.g., resilience and positive education) which provide a valuable basis for the continuing development of policy and practice in mental health in schools.

Part 2 in this edition presents the voices of children and young people, usually the stakeholders with the weakest voice, on mental health promotion in schools. The child perspective is gaining more salience as the children's rights movement recognizes children's right for an active voice in research and practice as agents who actively construct and influence their own lives (McAuley & Rose, 2010). This movement has been supported by child development findings which has shown not only that children's views on their learning, behaviour and relationships are different from those of adults, but that their unique insider experience is a valuable source of knowledge in seeking to understand and promote their mental health (Cooper, 1993; Fielding & Bragg, 2003; McAuley & Rose, 2010). The first chapter in this part by Askell-Williams and Cefai (Chapter 3) reports the perspectives of about 300 Maltese primary and secondary students about their school experiences and their mental health. Analysis of the data indicated six selected variables that have the potential to be influenced by schools' policies and practices, namely, positive school community, coping with school work, social and emotional education, friendships, safety, and teachers' responses to bullying events. The chapter illustrates identifiable patterns of students' social, emotional and academic wellbeing, highlighting the need for intervention programs that are conceptualised to meet the needs of different student groups.

The child's perspective which construes the child as an active subject rather than a passive object of research, has led to various initiatives to develop child-centred as opposed to adult-centred research methodology (Fattore, Fegter, & Hunner-Kreisel, 2014; McCauley & Rose, 2010). The chapter by Cefai, Galea and Vassallo (Chapter 4) presents the findings of a small scale qualitative study with Maltese eight and twelve year old children. It makes use of the qualitative research framework developed by Fattore, Fegter and Hunner-Kreisel (2014) to explore children's understandings and meanings of their wellbeing through the use of maps and posters. The wellbeing maps enabled the participants to provide their views of what it means to be a child at home, at school, and in their local community. They were able to take a critical look at the various systems in their lives and suggest how their wellbeing may be improved through changes to those systems, such as stopping bullying at school, decreasing academic pressure, and improving the play areas and safety in their local

community. In Chapter 5, Matsopoulos and colleagues made use of drawings and stories to explore the psychological wellbeing of primary school children in Greece. Ecomap drawings and accompanying narratives (Nastasi & Borja, 2016) were conducted as an extension of focus groups to provide participants the opportunity to provide useful information about their relationships as sources of stress, support or both (ambivalent relationships).

In the following chapter, Grandin (Chapter 6) takes a historical biographical approach, exploring the life histories of past students who attended an alternative school for disadvantaged students in Australia. The chapter is built upon the narratives of the students and their perceptions of how another way of delivering the curriculum impacted their education and wellbeing, both during their time at the school and once they left the school. The author develops a relationship model of schooling for disadvantaged students on the basis of what past students had to say about their experiences in the alternative school as well as the school processes which had a positive impact on their education, career and wellbeing.

The commitment and active engagement of school teachers is critical for the success of mental health promotion initiatives in school. Their role is primarily focused on universal interventions such as developing students' social and emotional learning, programme implementation, establishing healthy relationships with students, contributing to a supportive classroom climate and whole school ecology, and working collaboratively with parents. They also contribute to targeted interventions such as recognizing and responding to mental health difficulties and transdisciplinary collaboration (Askell-Williams & Lawson, 2013; Humphrey, Lendrum, & Wigelsworth, 2010). Part 3 in this book opens with three consecutive chapters on Australian school teachers' perspectives on mental health promotion in school. Cefai and Askell-Williams (Chapter 7) explored Australian school staff's perspectives on mental health promotion at whole school and curricular levels, discussing such areas as curriculum, programmes, pedagogy and assessment, the role of parents, teacher education, and staff wellbeing. The participants, most of them classroom practitioners actively involved in mental health promotion in their own schools, found the promotion of mental health a highly useful and meaningful aspect of their students' education, and underlined various processes which need to be taken into account for mental health promotion in school to be effective.

Similarly Baldacchino (Chapter 8) examines school teachers' and school leaders' perspectives on universal social and emotional programmes in a number of Australian schools. On the basis of her classroom observations and interviews with school staff, the author draws various examples of good practice which may serve as guidelines for schools whose work in this area is still at a developmental stage. One key recommendation from the study is that any framework for mental health promotion in school needs to start from the school staff's existing knowledge which is then integrated with established mental health promotion principles and practices.

As mental health promotion is becoming more established in schools, attention is being directed towards quality implementation and sustainability of programmes

(Greenberg, 2010). Sustainability of programmes in complex systems such as schools, offers various challenges for school practitioners and school leaders, and Askell-Williams (Chapter 9) explores Australian teachers' perspectives on the contextual facilitators and barriers to program sustainability in school. Extended focussed interviews with teachers engaged in school-based initiatives in mental health promotion, identified a number of themes in programme sustainability, such as the need for leadership support, continuous staff professional education, and ongoing program evaluation, adaptation and renewal.

One of the most frequently mentioned issues by school staff in the implementation of mental health promotion in school is the need for adequate staff training (Cefai & Askell-Williams, this edition; Skrzpiec & Slee, this edition). Inadequate teacher education is related to lack of teacher engagement and commitment, low self-efficacy, as well as poor quality teaching and programme implementation (Askell-Williams et al., 2012; Lendrum, Humphrey, & Wigelsworth, 2013; Reinke et al., 2011). In Chapter 10, Cefai and Askell-Williams explore Australian University lecturers' views on initial teacher education in mental health promotion, including such areas as content, teaching methods and assessment modes, student teachers' own wellbeing, as well as the Faculty's strengths, needs and challenges. There was a shared belief that mental health promotion is an integral part of initial teacher education and should be faculty-wide, with scope for both curricular and cross curricular approaches. An interesting finding was that mental health promotion was not considered just as another content area of the curriculum, but a whole way of being and becoming, with Faculty staff walking the path of transformation along with the students in helping them to become caring and responsive educators. The authors propose a framework for initial teacher education in mental health promotion developed from the perspectives of the participants as well as existing literature.

Parents and carers may be considered as the 'third force' in the promotion of mental health in school. Their active collaboration is critical to realise the schools' goals in mental health promotion, enabling them to develop more positive attitudes and consequently actively support the schools' efforts in mental health promotion (Cefai & Cavioni, 2016; Downey & Williams, 2010; Weare & Nind, 2011). Bringing the parental perspective to the fore as part of a multi-systemic approach is, therefore, of fundamental importance to the development of a comprehensive understanding and promotion of mental health in school. In the first chapter in Part 4, Skrzypiec, Slee and Askell-Williams (Chapter 11) discuss the importance of schools and early childhood education and care centres reaching out to collaborate, share decision making, and work with parents/carers in the delivery of mental health promotion initiatives. They report two studies about parents/carers involvement with the KidsMatter mental health promotion initiative in Australian schools and early childhood education and care centres. The first study, with parent/carer focus groups, demonstrated that when parents became engaged with the KidsMatter primary initiative, they held positive perspectives about the impact of KidsMatter on a range of outcomes. The second study illustrated that better quality assessments

of young children's mental health difficulties were achieved when information from both parents/carers and early childhood education and care educators was combined.

In the following chapter, Bartolo and Cefai (Chapter 12) discuss how parents/carers perceive their role and contribution in school mental promotion initiatives in schools. The chapter reviews various studies which explored parents'/carers' views on mental health promotion in school and their participation in such initiatives, making various suggestions on how parental participation may be facilitated. They argue that parent/carer participation in school mental health promotion is not an easy option and requires a commitment and relevant strategies to succeed. Schools need to be empathetic to the diverse needs and world views of parents in order to build effective partnerships that can ensure persevering engagement and successful outcomes for children's mental health.

The final two chapters in Part 4 explore the perspectives of other stakeholders involved in mental health promotion in school, such as policy makers, program managers, mental health workers and service managers. Skrzypiec and Slee (Chapter 13) examined the views of education policy makers, program managers and leaders on the implementation of mental health and wellbeing programs in Australian schools, seeking to understand the real-life conditions under which such programs were being implemented so as to inform future intervention protocols. All participants had direct experience of the issues and difficulties associated with the promotion of mental health in schools. The authors identified specific barriers to program implementation and threats to program integrity, including overcrowded curriculum, inadequate professional development, staff resistance, need for collaboration amongst all the stakeholders involved, and issues of programme adaptation amongst others, and suggested a number of lessons from the field that may enhance the quality implementation of mental health promotion in school.

In the final chapter in this section, Hughes (Chapter 14) reports the findings from a study involving interviews with stakeholders from education, health and the welfare organisation in Australia and England to explore their experiences of mental health services for children and young people. Analysis of the data identified that an awareness of policy and the need for greater mental health management did not equal greater service provision. There was evidence of different levels of understanding about mental health and that most stakeholders continue to work in isolation. The data demonstrates how ambiguity over direction of services, competing agendas within organisations and constraints due to professional regulations contribute to animosity and poor communication. The chapter conclusion provides a framework of what stakeholders found effective for developing mental health services and what needs further consideration.

In the concluding chapter in this edition (Part 5), we review some of the main issues raised in the book and reflect on their implications for the present and future of mental health promotion in school. We discuss the value and relevance of narratives and perspectives in mental health promotion, which has been the focus of this book. We then discuss the value of large scale quantitative research approaches, arguing

for an integrated approach where both approaches have their own important role to play in contributing to our knowledge and understanding of mental health promotion in school. Finally we reflect on issues relevant to future research, particularly the need to address specific cultural differences in mental health promotion.

The narratives of the children and young people, school teachers and school leaders, parents and carers, policy makers and service managers, and mental health workers and professionals, presented in this book, should provide an invaluable resource for all those involved in mental health promotion in school. The insights drawn from such direct field experiences may help to inform policy and good practice and serve as an inspiration to schools in their efforts to introduce and promote mental health for their communities. They should also contribute to knowledge and theory development in mental health promotion in school. This book should be of particular interest to those involved in mental health promotion in school at practice, training and research levels, including educational authorities, policy makers, school leaders, teachers, teacher educators, researchers and mental health professionals amongst others. We are sure that among these chapters they will discover many new and stimulating insights into the promotion of mental health in such complex systems as schools.

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PAUL COOPER

2. EVIDENCE BASED APPROACHES TO MENTAL HEALTH ISSUES IN SCHOOLS

Effective Strategies for the Classroom Practitioner[1]

INTRODUCTION

Social, emotional and behaviour difficulties (SEBD) have been defined as referring to: 'Behaviours or emotions that deviate so much from the norm that they interfere with the child's own growth and development and/or the lives of others' (Woolfolk, Hughes, & Walkup, 2010, p. 165). In the school setting, SEBD can manifest themselves in many different ways, including inattentiveness in lessons; non-compliant behaviour and oppositionality; anti-social behaviour including physical and verbal aggression; bullying, extreme shyness and social withdrawal; test and performance anxiety; stealing; school refusal and truancy, and general disaffection. It is important to note that SEBD may be the result of a mental health problem, including specific diagnosable disorders, but that this is not always the case. SEBD may emanate from the relationship between the student and the educational environment which can be alleviated through adjustments to the environment or the student's manner of engagement with it. In such cases SEBD are not full blown mental health problems. However, if such problems are not dealt with in an appropriate manner, they may well develop into mental health problems affecting students' lives in more pervasive ways. Where SEBD are related to diagnosable disorders, there is a great deal that schools can do, often in collaboration with psychologists and other mental health professionals, to accommodate the student's needs in ways which enable positive educational engagement and contribute to the alleviation of distress. Therefore, it is important to stress the point that schools have a significant role to play in promoting the positive mental health and social-emotional engagement of their students, including those with mental health problems, but not focusing on this group exclusively.

APPROACHES TO SEBD INTERVENTION

Historically, there are five key psychological 'families' of approaches to intervention for SEBD:

Psychodynamic approaches which focus on the ways in which early interpersonal relationships influence personality development and social-emotional engagement

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with others (e.g., Bowlby, 1975; Shaver & Mikulincer, 2004). Such approaches provide important insights into the ways in which psychological health can be promoted through the development of relationships which enable individuals to overcome problems associated with foundational emotional needs which have been unmet, by providing experiences which meet these needs and thus enable interruptions to development to be overcome.

Behaviourist approaches which are based on the ways in which behaviour can be understood in terms of involuntary responses to external stimuli. Behavioural interventions exploit this theory by encouraging desired behaviours and extinguishing undesired behaviours through the manipulation of the stimuli which precede target behaviours and the consequences which follow from target behaviours.

Humanistic approaches which focus on ways in which self-concept is influenced by social and interpersonal relationships. Interventions based on psychological humanism, such as Rogers's (1951) person-centred approach, emphasize the value of affirming relationships characterized by unconditional positive regard, empathy and honesty.

Cognitive and Cognitive-Behavioural approaches are concerned with the ways in which the relationship between external stimuli and target behaviours can sometimes be mediated and moderated by thought processes (Meichenbaum, 1977). The aim of Cognitive Behavioural Therapy (CBT) is to encourage the development of functional ways of behaving by challenging and changing dysfunctional ways of thinking.

Systemic approaches focus on the ways in which an individual's thinking and behaviour can be understood as functions of the social systems in which he or she is embedded (Bronfenbrenner, 1979). Systemic interventions combine features of the above approaches and are designed to seek ways of enabling individuals to continue to participate in key social systems (such as families, partnerships and work places) in ways which are functional in relation to their mental health (e.g. Selvini-Palazzoli, 1984). These approaches are based on theories of social and emotional development and learning. Interventions exploit such theories to influence social and emotional learning.

Before looking into these approaches in a little more detail it is important to examine findings that have emerged from empirical studies of effective teaching and learning, many of which can be seen to relate to one or more of the psychological approaches just outlined.

EMPIRICAL STUDIES OF EFFECTIVE TEACHING AND LEARNING

Teacher–Student Relationships

The teacher–student relationship stands at the heart of the formal educational process. This view is evident in approaches to teaching and learning which stress the central importance of social interaction in the learning process (Bruner, 1987; Cooper & McIntyre, 1996). Research showing the association between aversive relationships with teachers and negative student outcomes has a long tradition, revealing, for example, long-term intensification of problem behaviours in those children who

experience negative relationships with teachers (Myers & Pianta, 2008). Similarly, one study found that teachers working in schools with high levels of suspensions were more likely to self-report that they had bullied students (Twemlow & Fonagy, 2005), echoing findings from seminal studies which associate coercive teaching with student deviance and disaffection and emphasise the ways in which coercion leads to resentment and resistance, the response to which is to intensify the coercion, resulting in the escalation of conflict (Reynolds & Sullivan, 1979; Tattum, 2006).

Teachers' Personal Warmth

On the positive side, teachers who demonstrate emotional warmth have been shown to improve the social-emotional well-being of students. Teacher emotional warmth helps children presenting with both externalizing and internalizing behavioural problems to develop non-conflictual relationships in classrooms (Buyse et al., 2008). Similarly, high school students in the US who reported that their teachers were supportive were more likely to report a healthy school climate and lower drug use, greater social belonging and lower levels of depression than those who did not attribute these qualities to their teachers (LaRusso, Romer, & Selman, 2008). These qualities of personal warmth and supportiveness are also associated with positive academic outcomes. It has been shown that students tend to be most socially and academically engaged when they feel supported and respected by their teachers, and when they express a sense of trust in their teachers (Cooper & McIntyre, 1996). These teacher qualities have also been found be associated with effective language skill acquisition (McDonald-Connor et al., 2005). Furthermore, it has been shown that teachers who are skilled communicators, ask meta-cognitive questions, and who mediate learning in a social-constructivist manner (such as through the use of scaffolding) are most successful in enabling students to achieve success in reflective thinking (Gillies & Boyle, 2008), a skill which is important in both higher level academic development and social-emotional problem solving. Other studies emphasize the importance of teacher reflexivity in classroom interaction, whereby they monitor and adjust their emotional responses to students and adjust their communications accordingly (Flem, Moen, & Gudmundsdottir, 2004; Kremenitzer, 2005; Poulou, 2005).

Teacher Management of Physical Conditions in the Classroom

One of the ways in which teachers take account of their pupils' needs is through their management of the physical environment of the classroom. Teachers often make choices in relation to this that impact on the quality of students' experience and sense of self-worth (Cooper, 1993; Cooper & Tiknaz, 2007; Savage, 1999). Having said this, it should be acknowledged that teachers sometimes have limited control over such setting factors. The spatial structure of the classroom, which involves patterns of student seating, the physical proximity of students to teachers, routes of physical

circulation, and the overall sense of atmosphere and order, can have a significant effect on student engagement (Bettenhausen, 1998; Quinn et al., 2000; Stewart & Evans, 1997; Walker, Colvin, & Ramsey, 1995; Wannarka & Ruhl, 2008).

Teacher Utilisation of Student Peer Influence in Classrooms

Where disruptive students serve as role models they serve to promote classroom disruption (Barth et al., 2004), undermine interventions designed to address these problems (Dishion, McCord, & Poulin, 1999) and promote 'deviancy training' (Gottfredson, 1987). Other negative aspects of negative peer influence include 'grassing' and 'tattling' (Skinner et al., 2002). Grassing and tattling involve informing on pupil misdeeds to authority figures in order to curry favour and/or invoke punishment of peers. As such they are sometimes experienced as malicious acts aimed at marginalizing targeted persons. On the other hand, positive peer reporting (PPR) has been shown to reverse these negative effects of 'grassing'. PPR involves students being rewarded for reporting on peers' positive behaviour, and has been shown to be effective in increasing positive peer interaction, and in increasing peer acceptance of children presenting with SEBD (Bowers et al., 2000; Jones, Gottfredson, & Gottfredson, 1997; Moroz & Jones, 2002). One of the most strongly evidenced behavioural interventions for academic progress in children with SEBD is peer-assisted learning, which aims to improve academic outcomes for children at risk, through peer-assistance (Pigott, Fantuzzo, & Clement, 1986; Sutherland, Alder, & Gunter, 2003; Topping, 2005). One of the best known of these strategies is Class-Wide Peer Tutoring (CWPT) (DuPaul & Henningson, 1993).

INTERVENTIONS TO ENHANCE TEACHERS' SKILLS

The previous section dealt primarily with teacher and student qualities, and the ways these can be exploited to positive effect. This section deals with theoretically grounded approaches that are often made available in the context of more formalized interventions which can be accessed through professional training programmes.

Behavioural Programmes

Behavioural interventions (see earlier) are primarily concerned with the manipulation of surface behaviour through the management of external stimuli. There is now a long history of their use in educational settings, where, when employed appropriately, they have been found to be to be cost effective and to combine minimal training requirements, ease of implementation and effectiveness (Walker, Colvin, & Ramsey, 1995). Embry (2004) and Embry and Biglan (2008) have identified and described 52 strongly evidence-based behavioural strategies which they term 'kernels'. These are specific strategies (such as response cost, verbal praise and 'time out') that are commonly embedded in more elaborate schemes and intervention approaches. There

is strong evidence to suggest that if employed appropriately, competently, and with sufficient frequency, they can produce significant and lasting positive behavioural change. All of these kernels are supported by strong empirical evidence (Embry & Biglan, 2008).

One of the most powerful 'packaged' applications of behaviourist principles to problem behaviour in classrooms is the Good Behaviour Game (GBG) (Barrish, Saunders, & Wold, 1969). European and North American studies, since the 1960s, have demonstrated the effectiveness of the GBG in dealing with a wide range of social, emotional and behavioural difficulties and in a wide range of educational settings with students from 4 to 18 years of age (Tingstrom, Sterling-Turner, & Wilczynski. 2006). Longitudinal studies (e.g., Kellam et al., 1994) indicate that its positive effects are often maintained over time.

The purpose of the GBG is to promote positive behaviour through compliance with selected behavioural rules. The GBG is a team game in which participants are rewarded for the aggregate performance of their team, thus encouraging collectivist, as opposed to individual, effort. The GBG has been found to have a significant impact in reducing aggression and preventing externalising aggressive behaviour and anxious internalising behaviours (Dolan et al., 1993; Kellam et al., 1994; Poduska et al., 2008). It has also been found to decrease the manifestations ADHD symptoms in classrooms.

Another empirically tested behavioural approach is functional behavioural analysis (FBA) (Baer, Wolf, & Risley, 1968). FBA is a data driven approach, which involves assessing the child's relationship to the environment by analysing rate and frequency of problem behaviours, as well as their 'antecedents' and 'consequences'. In this way the approach eschews explanations of behaviour which appeal to the internal states of individuals (including psycho-medical accounts which might invoke diagnoses such as ADHD, CD or ASD) in favour of a focus on the search for the stimuli which reinforce behaviours in a specific setting. The purpose of FBA, therefore, is to determine the fitness for purpose of specific interventions and assist selection from the wide array of options. FBA has been shown to be highly effective in promoting behavioural change across a wide range of SEBD (Kamps, Wendland, & Culpepper, 2006; Sutherland, Wehby, & Copeland, 2000; Umbreit, Lane, & Dejud, 2004). FBA is usually most effective when carried out by psychologists who have been formally trained in the method. There is evidence that teachers can be trained in the techniques and achieve positive effects (Chandler et al., 1999), but it has also been shown that, even with training, teachers sometimes find it difficult to implement this complex and time consuming approach effectively (Blood & Neel, 2007; Scott et al., 2005). A recent and welcome contribution to this debate is the 'Keystone' skills approach (Ducharme & Shecter, 2011), which recognizes the challenges classroom practitioners face in relation to FBA and offers instead a highly focused approach which involves the identification of a limited range of target areas for change which are then the focus for cognitive and behavioural 'compliance' strategies (e.g. reinforcement).

Cognitive Behavioural (CB) Strategies for Acting-out Behaviour

Cognitive Behavioural (CB) approaches are concerned with the ways in which the relationship between external stimuli and target behaviours can sometimes be influenced by thought processes. The aim of CB intervention is to encourage the development of functional ways of thinking by challenging and changing dysfunctional ways of thinking. A wide body of research attests to the efficacy of CB interventions to promote cognitive flexibility (Amato-Zech, Hoff, & Doepke, 2006); to help overcome self-monitoring difficulties among children with ADHD (Reid, Trout, & Schartz, 2005), and to promote improved self-regulation among children with oppositional defiance disorder (ODD) and Conduct Disorder (CD) (Fonagy & Kurtz, 2002; Kazdin, 2002), anxiety disorders (Schoenfeld & Janney, 2008) and depressive disorders (Fonagy & Kurtz, 2002).

Particularly interesting features of several of these and other similar studies (Hoff & DuPaul, 1998) is the apparent success that they are able to achieve with students diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), a condition that is commonly treated with stimulant medication (Greenhill & Ford, 2002; National Institute for Clinical Excellence, 2008). Studies have shown that CB may have a significant value-added effect when combined with medication (Kazdin, 2002). It may also be the case that CB strategies competently applied at the initial onset of ADHD symptoms, may reduce the need for medication (Young & Amarasinghe, 2010). CB technique have also been found to be highly effective in dealing with anger management problems (DeCastro et al., 2003; Kellner, Bry, & Colletti, 2001) and social skills development (Battistich et al., 1989), often through the use of self-instruction techniques.

CB Strategies for Internalising Problems

There is a strong tendency for educational approaches to SEBD to focus on acting-out behaviours to the neglect of internalizing (i.e. 'acting in') problems. This is in spite of the widespread prevalence of internalizing disorders as well as evidence of their serious impact on educational functioning (Schoenfeld & Janney, 2008). It has been shown that CB interventions such including modelling, *in vivo* exposure, role-playing, relaxation training, and contingency reinforcement when used with middle school aged children with anxiety disorders enable children to recognise anxious feelings; clarify their cognitions is such situations; implement coping strategies (such as positive self-talk); and administer self-reinforcement where appropriate (Kendall, 1994).

Applications of Mindfulness Training

Mindfulness is a relatively new form if cognitive therapy, with its roots in Buddhist meditation practices, in which individuals are trained to focus on their immediate

situation and thoughts in an accepting and non-judgmental way. Its effect is to produce a heightened sense of wellbeing and reduced levels of stress associated with concerns about future and/or past events. The approach been shown to be highly effective with adults experiencing internalizing problems, such as anxiety and depression (Baer, 2003). A recent successful application has been demonstrated in its application to the parents and teachers of students with SEN (Benn, Akiva, Arel, & Roeser, 2012), leading to significant reductions in levels of stress and anxiety, as well as increases in their levels of self-compassion, and empathic concern and forgiveness – qualities which are noted for their impact on positive adult-child relationships (see above). A recent study in which mindfulness interventions were applied to adolescents with ADHD and their parents found significant improvements in adolescents' performance in sustaining attention and reductions in behavioural problems as well as improvements in their executive functioning (a core deficit for many individuals with ADHD) . Parents also reported reduced parenting stress (van de Weijer-Bergsma, Formsma, de Bruin, & Bogels, 2012). These studies are particularly interesting because they recognize the importance of the interactions between parent and teacher sub-systems in relation to childhood SEBD and show the beneficial effects of the interventions to all parties.

Cognitive Behavioural Approaches in Schools

It is often the case that Cognitive Behavioural Therapy is seen as the exclusive province of specially trained psychologist or health professionals. Indeed, it has recently been argued that (in the US context) school psychologists have a major role to play in delivering CBT to people of school age (Allen, 2011). It should also be noted, however, CB strategies are to be found increasingly as key components of social-emotional learning packages which offer teachers manualized programmes for the delivery of social-emotional training for students (see Cooper & Jacobs, 2011a, 2011b). The conspicuous success of some of these programmes, such as F.R.I.E.N.D.S (Barret et al., 2006), as demonstrated through RCT studies, suggests that teachers might benefit from specific training in the use of certain CB techniques.

Systemic Interventions

Space does not permit anything more than a cursory reference to the extremely important areas of wider systemic interventions and parenting interventions. Dishion (2011) calls for a 'systemic concatenation' of empirically based approaches which draw on the wide range of proven strategies that focus on the need for school based teacher behavioural management strategies (see above) and systems of parent support, coupled with the kinds of strategies cited above, aimed at promoting students' social-emotional and behavioural health. It is argued that such approaches needed to be embedded in a context of effective school leadership which ensures

the provision of appropriate support and engages in rigorous assessment of process outcomes. It should be added that such a 'concatenation' will be all the more effective if it is manifested within an integrated trans-disciplinary farmework (Hernandez & Blazer, 2006).

CONCLUSION

This chapter has reviewed research evidence on effective interventions for SEBD, with a particular focus on teachers' qualities and skills and some of the intervention approaches that can be introduced to support and develop their skills. Attention has also been given to wider systemic factors including whole-school strategies and interventions, and multi-disciplinary approaches. The clear message from this is that there is a wealth of empirically supported interventions representing a diversity of approaches to SEBD. Their diversity and success might be taken to suggest the importance of recognizing the polymorphic nature of SEBD and the need for flexibility and openness in the search for appropriate responses.

The key message of this brief exploration is that there is an extensive intervention technology available that is likely to provide enormous support for children with or at risk of developing SEBD. It is suggested that the contribution that such interventions can make to the promotion of social and emotional competence for all students will not only lead to improvements in educational engagement but will also contribute to the development of behaviours and attitudes that will benefit the wider society now and in the future.

NOTE

[1] The chapter is substantially based on a detailed and extensive review of this topic that was commissioned by the National Council for Special Education (Ireland) and a subsequent extension and updating of the original study (Cooper & Jacobs, 2011b). It is further supplemented by a review of sources which appeared after these two publications went to press.

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PART 2

STUDENTS' PERSPECTIVES

HELEN ASKELL-WILLIAMS AND CARMEL CEFAI

3. LIFE AT SCHOOL AND MENTAL HEALTH FROM STUDENTS' POINTS OF VIEW

A Study from Malta[1]

INTRODUCTION

The World Health Organisation (WHO, 2016) advised that,

> mental health and well-being are fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world.

It is of great concern to note statistics indicating that, in Australia for example, almost half of the population experience a mental disorder at some point in their lifetime (Slade et al., 2009) and 14% of children and adolescents have been identified as having mental health problems (Sawyer, Miller-Lewis, & Clark, 2007). This leads to an estimated annual cost of mental illness in Australia of $20 billion, which includes the cost of lost productivity and labour force participation, with mental disorders identified as the leading cause of healthy years of life lost due to disability (ABS, 2013).

Meanwhile, a national study from Malta found that about 10 per cent of the Maltese student population experienced social, emotional and/or behavioural problems (Cefai, Cooper, & Camilleri, 2008). In a WHO (Currie et al., 2008) international comparative study, Maltese students rated their health and wellbeing relatively poorly. They reported that they felt amongst the most pressured students in the study, with the pressure increasing across the secondary school years (43% of 11 year old females and 30% of 11 year old males reported feeling stressed by school work). Although school-based bullying in Malta was reported to be lower than the European Union (EU) average, violence was reported to be well above the EU average, particularly amongst 13–15 year old students (Currie et al., 2008). A study amongst OECD countries suggested that almost half of lower secondary students in Malta intimidated or verbally abused other students, which was significantly higher than the study average (OECD, 2009). In a study with Maltese primary school children, bullying at school was one of the strongest predictors of social, emotional and behavioural problems and mental health difficulties (Cefai & Camilleri, 2011).

C. Cefai & P. Cooper (Eds.), Mental Health Promotion in Schools, 25–52.

Recently, a survey by Slee and Skrzypiec (2016) identified that one fifth of Maltese students aged 11 were involved in bullying once per week or more. Such bullying takes the form of name-calling, being ignored and excluded from social circles, physical bullying (hitting, punching and kicking) and cyber-bullying.

Of particular concern are suicide statistics. The Australian Bureau of Statistics (ABS, 2016) reported that in 2015, 3,027 people died from intentional self-harm in Australia. This equates to a standardised death rate of 12.6 deaths per 100,000 people. Suicide is the 13th leading cause of death in all age groups in Australia. But concerningly, it was the leading cause of death for people aged 15–44. Added to these figures are attempted suicides and suicidal ideation, which multiply the individual and societal burdens of mental health difficulties exponentially. In Malta, the reported age-adjusted rate of suicide is 7.4 per 100,000 people (OECD, 2012), and although lower than in Australia, is equally concerning.

Why do we mention suicide in this chapter about students' school life and mental health? Because cross-national research, such as the meta-analysis by Holt (2014), shows that youth involved in bullying in any capacity are more likely to think about and attempt suicide than youth who were not involved in bullying. Furthermore, reports show that, notwithstanding the growing corpus of research and recommendations about early intervention for promoting population mental health and preventing mental illness, not enough is being done at policy and practice levels to ensure intervention and support to stem this preventable human tragedy (WHO, 2015). In raising the topic of suicide, we join a chorus of researchers, practitioners and affected families who are attempting to bring this problem out of hiding and to the surface – to talk about it and to raise awareness – so that more is done. Our own work, as reported in this chapter, is just one part of a whole of community approach that is needed to actively promote population mental health and prevent some people from spiralling into the worst of situations.

Concerns about population mental health are reflected in government policies. For example, in 2014 the United Kingdom government called upon the Personal Social and Economic Health Association (PSHE) to assist schools with teaching students about mental health and to banish the stigma associated with mental health issues (DfE, 2014). And more recently, in January 2017, the UK Prime Minister Teresa May announced policy initiatives that aim to transform attitudes towards mental health, with a particular focus on children and young people (BBC, 2017). These policy initiatives include: every secondary school to be offered mental health first aid training – which teaches people how to identify symptoms and help people who may be developing a mental health issue; trials on strengthening links between schools and NHS specialist staff, including a review of children and adolescent services across the country; and, by 2021, no child will be sent away from their local area to receive treatment for mental health issues. In the United States, the Collaborative for Academic, Social and Emotional Learning (CASEL, 2016a) welcomed and applauded new federal education legislation, the Every Student Succeeds Act (ESSA), which President Obama signed into law in December 2015.

Particularly important, according to CASEL, are new provisions in the law that support SEL mandated social and emotional education in schools. In Malta, the 2014 Addressing Bullying Behaviour in Schools Policy (MEE, 2014) adopts a whole school approach in the form of a unified collective and collaborative action in and by educators, administrators, parents and students that has been strategically constituted to improve student learning behaviour and wellbeing. Meanwhile, relevant government policies in Australia include the National Mental Health Policy: 2008, the Fourth National Mental Health Plan: 2009–2014 and current consultations about the Fifth National Mental Health Plan, and the Roadmap for National Mental Health Reform: 2012–2022 (DoH, 2014), which identify promotion, prevention and early intervention for positive mental health as essential actions.

A strategic response to such government policies is a settings-based approach to early intervention and prevention (WHO, 2016, 2017), with a key setting being schools, due to their almost universal access to young people, experience with providing sequenced curricula, and staff who have in-depth knowledge of student characteristics and developmental progressions (Greenberg, 2010; Greenberg, Domitrovich, & Bumbarger, 2001; Greenberg, Domitrovich, Graczyk, & Zins, 2005; Peth-Pierce, 2000; Pullmann, Bruns, Daly, & Sander, 2013; Weare & Gray, 2003).

Students' lives at school consist of many components, including engagement with their school community, success at learning endeavours, positive relationships with teachers and peers, developing social and emotional competencies, and coping with negative influences such as bullying/harassment. This is the case across nations, as evidenced by the perspectives we bring to this chapter from Australia and Malta, as well as the range of countries represented in the literature review in the next section. Following the literature review, we report our investigation of Maltese students' perspectives about various facets of their lives at school. Our data analysis and interpretation include the creation of student profiles that reflect different patterns of experiences according to students' involvement in bullying as a bully, victim or bully/victim. We discuss the observable patterns of relationships between involvement in bullying and friendships, learning, motivation and mental health. Finally, we point to the implications these identifiable student profiles have for the design of interventions to support students' social and emotional health.

FEATURES OF SCHOOL ENVIRONMENTS

Interventions for Mental Health Promotion

Contemporary school-based models for intervention advocate that mental health is a function, at the micro-level, of the psychological world of each child; at the meso-level, of close settings such as families; and at broader macro-settings, of environments such as schools, community facilities and government policies (Graetz et al., 2008). This indicates that risk and protective factors within school settings may operate to either exacerbate or minimise students' mental health difficulties.

Recognising the macro-level influence of schools, contemporary frameworks for mental health promotion initiatives in schools are typically founded in a "whole school approach", with focused attention on developing school policies, improving social relationships, and building individual competencies (Adi, Killoran, Janmohamend, & Stewart-Brown, 2007; Greenberg, 2010; Weare & Nind, 2011). These efforts are relevant to teachers as well as students. School policies and individual teachers' perceptions about the role of teachers in, say, intervening in bullying, determines whether a school might operate as a social determinant of mental health, or of mental ill-health. Similarly, the social, emotional and academic curricula of a school have the potential to build students' capabilities to, inter alia, establish friendships with their peers, learn productive strategies for coping with bullying, and develop strategies for self-regulated learning.

There is now a vast array of social and emotional programs being rolled out in schools. For example, in the USA, the Collaborative for Academic, Social and Emotional Learning (CASEL, 2016d) has driven substantial reforms that demand attention to the social and emotional lives of students, including self-awareness, social awareness, self-management, relationship skills, and responsible decision making. Similarly, in the UK, initiatives such as the Social and Emotional Aspects of Learning (SEAL) program show awareness of the need to address a range of students' developmental needs (DCSF, 2010). In Australia, the National Review of Mental Health Programs and Services (NMHC, 2014) supports the roll-out of programs such as KidsMatter (DoH, n.d.-a) and MindMatters (DoH, n.d.-c) through primary and secondary schools as part of a broader mental fitness and wellbeing agenda within schools. In Malta, Personal and Social Education, Nurture Groups, Circle Time and Learning Support Zones, and related initiatives have been introduced in various primary and secondary schools to promote mental health and emotional literacy amongst children and young people (Cefai & Cavioni, 2014; Cefai, Grech, Mallia, & Borg, 2011; Fabri & Bezzina, 2010).

Curriculum Frameworks

The National Australian Curriculum (ACARA, 2015b) provides details of provisions for the various learning areas, including English and Mathematics, Science, Humanities and Social Sciences. It also designates General Capabilities that "encompass the knowledge, skills, behaviours and dispositions that, together with curriculum content in each learning area and the cross-curriculum priorities, will assist students to live and work successfully in the twenty-first century" (ACARA, 2015a). One of the General Capabilities is 'personal and social capability', which is supported by the following preamble:

In the Australian Curriculum, students develop personal and social capability as they learn to understand themselves and others, and manage their relationships, lives, work and learning more effectively. Personal and social capability involves students in a range of practices including recognising and regulating emotions,

developing empathy for others and understanding relationships, establishing and building positive relationships, making responsible decisions, working effectively in teams, handling challenging situations constructively and developing leadership skills.

Personal and social capability supports students in becoming creative and confident individuals who, as stated in the Melbourne Declaration on Educational Goals for Young Australians (MCEETYA, 2008), 'have a sense of self-worth, self-awareness and personal identity that enables them to manage their emotional, mental, spiritual and physical wellbeing', with a sense of hope and 'optimism about their lives and the future'. On a social level, it helps students to 'form and maintain healthy relationships' and prepares them 'for their potential life roles as family, community and workforce members' (MCEETYA, p. 9).

Students with well-developed social and emotional skills find it easier to manage themselves, relate to others, develop resilience and a sense of self-worth, resolve conflict, engage in teamwork and feel positive about themselves and the world around them. The development of personal and social capability is a foundation for learning and for citizenship. Personal and social capability encompasses students' personal/emotional and social/relational dispositions, intelligences, sensibilities and learning. It develops effective life skills for students, including understanding and handling themselves, their relationships, learning and work. Although it is named 'Personal and Social capability', the words 'personal/emotional' and 'social/relational' are used interchangeably throughout the literature and within educational organisations. The term 'social and emotional learning' is also often used, as is the SEL acronym.

> When students develop their skills in any one of these elements, it leads to greater overall personal and social capability, and also enhances their skills in the other elements. In particular, the more students learn about their own emotions, values, strengths and capacities, the more they are able to manage their own emotions and behaviours, and to understand others and establish and maintain positive relationships. (ACARA, 2015a #1)

Similarly, on the other side of the globe, the *Maltese National Curriculum Framework for All* (MEEF, 2012) values the role of social and emotional dimensions in education from the early years, drawn from insights provided by the international literature on emotional intelligence, emotional literacy and social and emotional learning. The Maltese curriculum states:

> The learning experiences that take place during health education activities aim at equipping learners with the necessary knowledge, competencies, skill, attitudes, and values which they need to maintain, promote and enhance physical, emotional, psychological and social well-being throughout their school life and as lifelong learners. Educators are encouraged to collaborate with parents and the wider community to ensure meaningful and long-lasting experiences in order to inculcate a deep understanding of 'self', 'other' and

> the impact of choices and actions upon individuals, communities and the environment. (MEEF, 2012, p. 35)

Such broad policy statements are typically translated into conceptual frameworks to guide teachers' thinking and practice to promote students' strengths in areas such as academic achievement, emotional control and social interactions.

Conceptual Frameworks for Promoting Wellbeing and Mental Health in Schools

Initiatives for promoting student wellbeing in schools often design or adopt a conceptual framework to guide practitioners' thinking and practice. Such conceptual frameworks are typically grounded in reviews of relevant literature, discussions with practitioners, and emerging evidence that particular initiatives show improvements in students' wellbeing and mental health. For example, the South Australian Department of Education and Child Development *Wellbeing for learning and life* framework (DECD, n.d.), proposes five principles, namely, child-centered, strengths-based, learning success, relationships, and inclusion. These five principles are incorporated into actions that seek to inspire, engage and empower all students.

Similarly, the KidsMatter (DoH, n.d.-a) Mental Health Initiative in Australian Primary schools, which was developed following extensive negotiations by partners including the Australian Psychological society and *beyondblue: the national depression initiative*, promotes four components for explicit intervention, with seven guiding principles that inform a whole school approach, as displayed in Figure 1. A similar four-component model has been adopted for KidsMatter Early Childhood (DoH, n.d.-b) and MindMatters (secondary) (DoH, n.d.-c).

In the US, the Collaborative for Academic Social and Emotional Learning (CASEL, 2016b) supports the inclusion of social and emotional education in curriculum frameworks, based on evidence that social and emotional education significantly improves students' social-emotional skills, attitudes about self and others, social interactions, attitudes towards school and academic achievement, whilst also decreasing students' levels of emotional distress and conduct problems.

A framework for social and emotional education in Malta was proposed by Cefai and Cavioni (2014), as displayed in Figure 2. The authors advised that the framework is, based on the integration of six strands in the field of health and well-being in children, namely, social and emotional learning (Collaborative for Academic, Social, and Emotional Learning, 2005; Mayer & Sallovey, 1997), positive psychology and education (Seligman, 2011; Seligman et al., 2009), mindfulness education (Kabat-Zinn, 2004; Siegel, 2007), resilience in education (Benard, 2004; Masten, 2001), inclusive education (Booth & Ainscow, 1998; Oliver, 1996) and caring community perspectives (Sergiovanni, 1994; Battistich et al., 2004; Cefai, 2008)…. These six perspectives are underpinned by the theory and practice of teaching and learning, with a focus on the twin processes of curriculum pedagogy … and the use of social and emotional skills in the learning process such as persistence, goal setting, monitoring and academic regulation (Bernard, 2012; Seligman et al., 2009; Noble & McGrath, 2008) (p. 12).

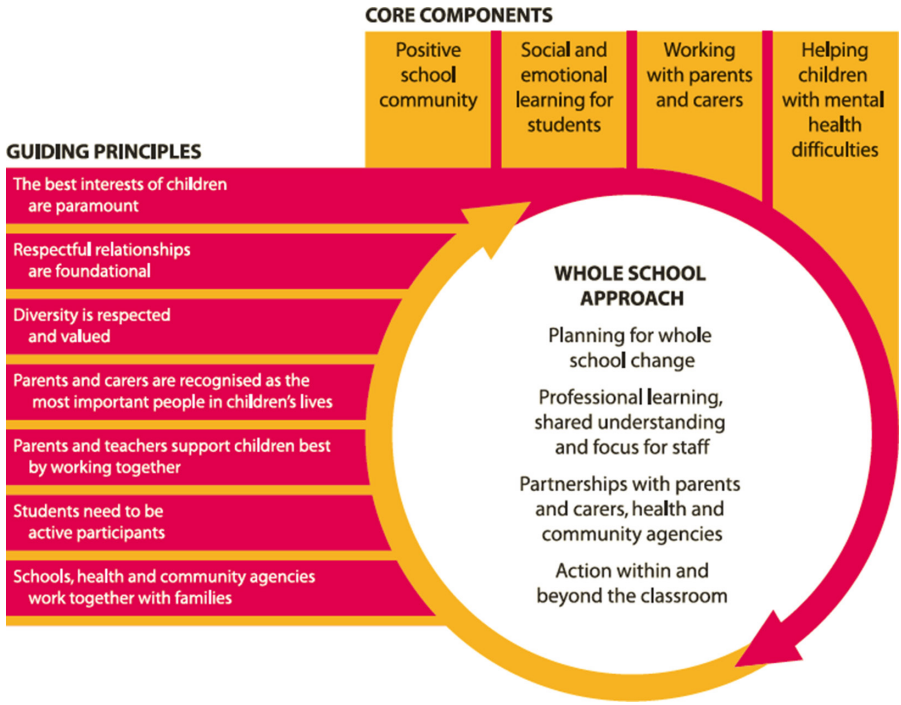


Figure 1. The four KidsMatter components for school-based interventions (KidsMatter, n.d., #1). Reproduced with permission

The various frameworks generated from different school systems and organizations illustrate the different contexts and needs of different communities, whilst at the same time showing substantial conceptual overlap. Many research reports indicate the success of well-designed and well-implemented interventions such as social and emotional learning programs (Cefai & Cavioni, 2014; Dix, Slee, Lawson, & Keeves, 2012; Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Sklad, Diekstra, de Ritter, Ben, & Gravesteijn, 2012; Weare & Nind, 2011). Stewart-Brown's (2006) early synthesis of evidence for the effectiveness of mental health promotion in schools concluded that, school-based programmes that promote mental health are effective, particularly if developed and implemented using approaches common to the health promoting schools approach: involvement of the whole school, changes to the school psychosocial environment, personal skill development, involvement of parents and the wider community, and implementation over a long period of time (p. 16).

The inclusion of mental health promotion initiatives in schools and early childhood centres leads to associated professional learning needs for school staff. Our other chapters in this volume report the perspectives of in-service teachers' and university lecturers' about current strengths and weaknesses in professional

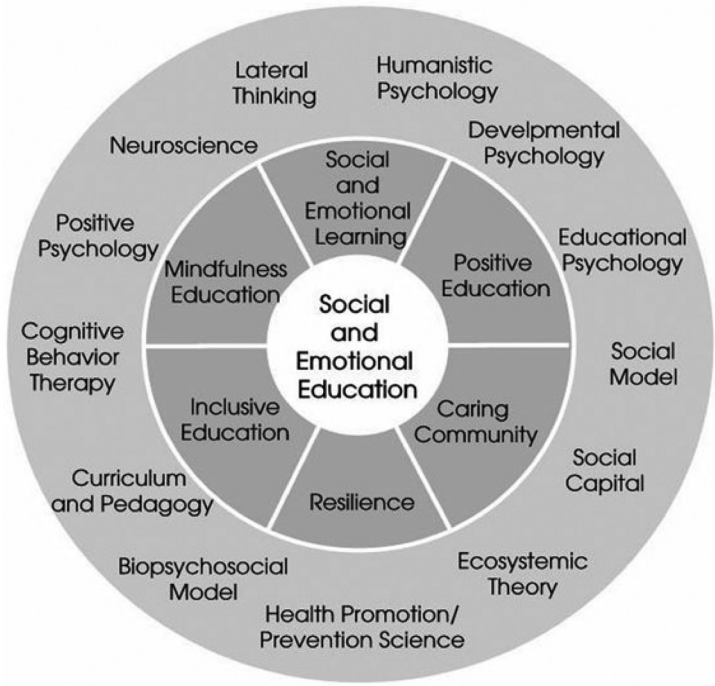


Figure 2. A social and emotional education framework by Cefai and Cavioni (2014). Reproduced with permission

development programs for mental health promotion. These professional learning needs are becoming recognised by tertiary institutions. For example, in 2015, Flinders University in South Australia introduced a Master of Education degree in Promoting Wellbeing and Positive Mental Health. At the time of writing, Flinders University is also in the process of designing curricula for postgraduate study by a broader range of human services professionals (e.g., nurses, psychologists, counsellors) addressing the wellbeing, resilience and positive mental health of clients across the life span.

Thus, a common theme that emerges from the curriculum frameworks and research interventions is that promoting wellbeing and positive mental health needs a multi-faceted approach. This is consistent with the WHO definition of mental health, which highlights that mental health is not just the absence of dysfunction, but also the positive expression of each person's full potential

> Mental health is "a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". (WHO, 2016 #1)

However, there are many questions still to be answered. What particular evidence supports the inclusion of which particular components in curriculum frameworks? Is it sufficient to focus upon, say, social and emotional education? Or should other components, such as, academic wellbeing, be included? What are the relationships between each component and mental health, and between the components themselves? For example, Askell-Williams and Lawson (2015) reported a study that used the correspondence analysis technique to identify a pattern of progression from mental health difficulties to mental health strengths in association with students' perceptions of a number of facets of their experiences at school, such as effective learning strategies, motivation for schoolwork and friendships. However, there is scope to investigate more fully the components that are included in curriculum frameworks for student wellbeing and mental health promotion, and in particular, to investigate these components from different perspectives. This leads to the research focus of this paper, which is to enquire about students' perspectives about their lives at school.

Students' Lives at School

Students are a valuable source of information about the impact of features of school settings on their lives at school. For example, Fabri (2011) provided evidence that Maltese students are aware of, and can usefully reflect upon, a number of interacting components that impact upon their school lives. By listening to students' voices, we can learn what is working well and not so well, from their points of view (Cefai & Cooper, 2011; Cooper & McIntyre, 1996; Lanskey & Rudduck, 2010; Rudduck, Day, & Wallace, 1997; Rudduck & Flutter, 2000). For example, in Holfve-Sabel's (2014) study, the participating Year 6 students demonstrated that they were capable of having and expressing their attitudes about their life at school, and that these attitudes towards school, teachers and peers encompassed their well-being. Holfve-Sabel proposed that students' attitudes are developed from experiences with both overt and covert components of schools, such as school ethos, connectedness, peer and teacher relationships, inclusivity, safety, teachers' profiles and classroom environments. As Roeser and Eccles (2000) stressed, if we know more about how issues particular to school contexts interact with children's social and emotional health, then we can provide better policy and practice advice to educational policy makers and practitioners. In the following sections we review literature on three areas of students' school life, namely, academic achievement, bullying and friendships, which subsequently informed the study reported in this chapter.

Academic Achievement

Brand, Reimer and Opwis (2007) showed that people don't as learn well in a negative mood. As Roeser, Eccles and Strobel (1998) have argued, it is important to study educational and mental health issues simultaneously as there is, at least

for some children, a co-occurrence of academic problems and emotional distress. A strong correlation of 0.78 between students' self-reports of their learning and their wellbeing was recently reported by Holfve-Sabel (2014). Similarly, Roeser et al. argued that emotional distress negatively predicts academic achievement, (controlling for motivation, prior achievement, and socio-demographic characteristics). For example, in a meta-analysis of over 200 studies, Durlak, Weissberg, Dymnicki, Taylor and Schellinger (2011) found that students who participated in universal social and emotional learning programs showed a significant increase in their academic performance, scoring significantly higher on standardised achievement tests when compared to peers not participating in the programs. Their study clearly indicates that education to enhance students' social and emotional capacities does not hinder academic progress, and that any perceived 'extra work' on the part of the teacher due to the introduction of social and emotional education can be expected to be rewarded with enhanced learning and achievement on the part of their students.

Meanwhile, students who lack declarative, procedural and conditional knowledge about productive learning strategies, and motivational knowledge such as attributing success to effort, may find their academic progress at school hampered (Anderson, 2010; Borkowski, Carr, Rellinger, & Pressley, 1990; Dweck, 1999; Graham & Weiner, 1993). This is likely to lead to a loss of self-efficacy for academic work, which can lead to an inter-related downward spiral of self-efficacy and grades (Pajares & Urdan, 2006; Zimmerman, 2000). For example, Roeser, van der Wolf and Strobel (2001) reported that early adolescents' self-efficacious expectancy of success and valuing of subject-matter was found to be related to their academic achievement, with greater efficacy and expectancy related to higher grades. In a national study in Maltese schools, Cefai, Cooper and Camilleri (2008) reported that students' [low] academic engagement and achievement were the strongest predictors of social, emotional and behavioural difficulties at school, underlining the inextricable link between academic and social-emotional learning.

Bullying

In recent years it has become increasingly apparent that a distressing feature of students' social and emotional lives at school is involvement in bullying. A broad definition of bullying is the repeated and systematic abuse of power (Olweus, 2007; Smith, Cowie, Olafsson, & Liefooghe). In Skrzypiec, Slee, Askell-Williams and Lawson's (2012) study in South Australian secondary schools, links were found between students' mental health problems and involvement in bullying. Approximately one-quarter of students in the bully–victim group, and one in five students in the victim group, scored in the abnormal range of the Strengths and Difficulties Questionnaire, (SDQ:Youth-in-Mind, 2016). The authors compared these figures to statistics from the general population, where, as reported above, approximately one in seven adolescents (in Australia) are reported to experience mental health or behavioural difficulties. Similarly, in a study of 123,227 students

aged 11, 13 and 15 years across 28 countries (in eastern and western Europe, Scandinavia, North America, Israel and Russia), Due et al. (2005) found significant associations between victimisation and psychological symptoms, such as feeling nervous, feeling low, loneliness and helplessness. Victims have also been found to be at a higher risk for psychosomatic complaints and depression than bullies (Fekkes, Pijpers, & Verloove-Vanhorick, 2004; Juvonen, Graham, & Schuster, 2003; Menesini, Modena, & Tani, 2009; Veenstra et al., 2005). Meanwhile, a study of over 26,000 Finnish adolescents found that involvement in bullying was associated with a range of mental health problems such as anxiety, depression and psychosomatic symptoms (Kaltiala-Heino, Rimpela, Rantanen, & Rimpela, 2000).

Similarly, in a longitudinal study with Maltese children, Cefai and Camilleri (2011) found that increases in social, emotional and mental health difficulties were more likely to occur for pupils attending schools where bullying was prevalent. In that study, school bullying was the strongest whole school predictor of social, emotional and behavioural difficulties in school amongst young children. A study by Baly, Cornell and Lovegrove (2014) found, from self- and peer-reports of bullying others across six waves of surveys across three years, that the majority of the reported bullying was transient. However, recently, Skrzypiec, Askell-Williams, Slee, and Lawson, (in preparation) have conducted a longitudinal study that tracked students' involvement in bullying over five years of secondary school. Initial findings indicate that the probability of becoming a victim of persistent bullying was one in three, and of persistently bullying others was one in six. Furthermore, the risk increased to two in three, and one in two, if the student had been a victim of persistent bullying or of persistently bullying others (respectively) in primary school. Importantly, Skrzypiec et al. found that *new* bullies and victims can emerge during any year of high school. Skrzypiec et al's study about the onset of involvement in bullying for previously uninvolved students shows that such involvement is an ongoing risk in school environments.

Friendships

The extant literature indicates that friendships operate in interaction with bullying. Victims of bullying report having fewer friends than their classmates (Veenstra et al., 2005). Similarly, Hodges, Malone, and Perry (1997) reported that the number of friends held by a young person was negatively correlated with being victimised. Recently, Skrzypiec et al. (2012) found a three-way relationship, whereby the likelihood of obtaining an abnormal mental health difficulties score on the SDQ decreased with an increasing number of good friends for students in victim, bully and bully–victim groups.

RESEARCH QUESTIONS

Following from the above literature review, and our proposition that an important, but relatively overlooked, source of information about student wellbeing and mental

health at school can come from students themselves, we investigated the following research questions:

1. What are students' perceptions of their lives at school, with reference to areas such as the school environment, their academic motivations and learning strategies, mental health, bullying and friendships?
2. In what ways do these perceptions differ according to students' involvement in bullying?

METHOD

Ethics

Ethics approvals were obtained from our Universities' Research Ethics Committees, the Maltese Education Directorate, the College Principal and Heads of Schools. Participation was informed, voluntary and anonymous.

Questionnaire Items

Students were administered a purpose designed questionnaire, which drew where possible from existing, validated, questionnaires. The items about positive school community were taken from the KidsMatter Primary mental health promotion initiative evaluation (Slee et al., 2009). Items about social and emotional learning were constructed from the components outlined by the Collaborative for Academic, Social and Emotional Learning (CASEL, 2016d). Items about peer relationships and bullying were taken from the Peer Relations Questionnaire (Rigby & Slee, 1993). The design of the motivation and learning items drew from Mayer's (1998) framework of motivation, cognition, and metacognition, and from existing questionnaires and checklists (such as PALS, Midgley et al., 2000; MSLQ, Pintrich, & DeGroot, 1990; SEM, Schraw, & Dennison, 1994). The items about positive mental health were adapted from information provided by CASEL, while the items about mental health difficulties were adapted from information provided by SANE (n.d.) and *beyondblue: the national depression and anxiety initiative* (Beyondblue, 2016). Table 1 provides an overview of the themes and factors in the questionnaire, and sample items.

We translated the questionnaire items from English into Maltese. The translation was undertaken by the second author and then independently verified against the English version by two Maltese/English speaking teachers. Minor changes were made following verification, until all three translators agreed upon the final translation. Responses to each question were on Likert scales, with scale anchors typically of Very Strongly Disagree to Very Strongly Agree, or Never to Always. Appendix A provides summary details about the questionnaire items and scales.

Table 1. Questionnaire themes and sample items

Broad theme	*Item or factor*	*No. items*	*Sample Question*
School climate	Emotions	1	Which [emoticon] is most like you at school?
	Positive school Community	7	My school makes me feel welcome
School work	Motivation	5	I am sure that I can do well at school
	Learning strategies	6	When I don't understand something I go back over it again.
	Coping with school work	1	Overall, how well do you cope with school work?
Social-emotional wellbeing	Social and emotional learning	9	The teachers help me to manage my own emotions
	Prosocial strategies	4	I share things with others.
Friendships	Friendships	1	How many good friends do you have at your school?
	Coping with friendships	1	Overall, how well do you cope with friendships?
Bullying/ harassment	How often bullied/harassed	1	How often this year have you been bullied or harassed by student(s) at your school?
	How long bullied/harassed	1	If you were bullied or harassed this year, how long did it last?
	Emotions	1	Which [emoticon] is most like you when you are being bullied/harassed?
	Safety	1	How safe do you feel from being bullied/harassed?
	Teachers' interventions?	1	What do teachers usually do when they see bullying?
Coping with bullying harassment	Coping with bullying	1	Overall, how well do you cope with bullying/harassment?
	Emotional responses	4	Cry
	Assertive responses	6	Tell a teacher
	Aggressive responses	3	Fight back
	Passive responses	4	Give in
Mental health	Positive Mental Health	10	[over the past month] I have shown that I can manage my own emotional, social or behavioural situations
	Mental Health Problems	5	[over the past month] I have often felt nervous and anxious

Sampling Design

Heads of Schools of the four primary schools and three secondary schools comprising one of Malta's 10 State district colleges agreed to participate. We determined that the level of reading difficulty of the items in the questionnaire would be suitable for students in Grade 5 and above. We were advised by the schools that students in Grades 11 and 12 were unavailable due to their need to prepare for examinations. Therefore, the sample consisted of students from Grades 5 to 10. Each school provided a de-identified (numerical IDs) enrolment list of their students in the relevant grade levels. This identified that there were 1465 students in the sampling frame. As we needed to work within budgetary, time and statistical constraints, we assessed that we would like to achieve a sample of 300 students (for a confidence level of 95% and a confidence interval of 5%). Using SPSS, a random sample of 40 students plus 6 per cent of the remaining students in each school was selected from each school enrolment list. In the co-educational primary schools, equal numbers of boys and girls were selected. The secondary schools comprised either all girls or all boys. An identified contact person in each school was asked to match the selected de-identified IDs to their confidential list of student names. Questionnaires were delivered to students via the school contact person and returned in anonymous, sealed envelopes to the school and then to the researchers.

Data Preparation

Of the 360 questionnaires delivered, 281 were returned, giving a response rate of 78 per cent.[2] Missing data was less than 1 per cent per question, and was not replaced. Girls comprised 49.5 per cent of the sample. Students' ages ranged from 10 to 15 years, with a median age of 11.3 years.

To enable comparisons between items measured on different scales, all single items were standardised for use in subsequent analyses. Principal Components Analysis and Reliability Analysis routines were run on thematic groups of items, and confirmed the original conceptual design and selection of items for each theme.

The details of the PCA and reliability analyses are included in Table 2, which shows that the statistics are acceptable for all but the last two scales, which have relatively low indices. For the items that were thematically grouped, factor scores generated by the PCA were used for subsequent analyses. We used students' scores on the Peer Relations Questionnaire to classify students into four groups, as follows: not involved in bullying (139 students); bullies (29); victims (56); and, both bullies and victims (35).

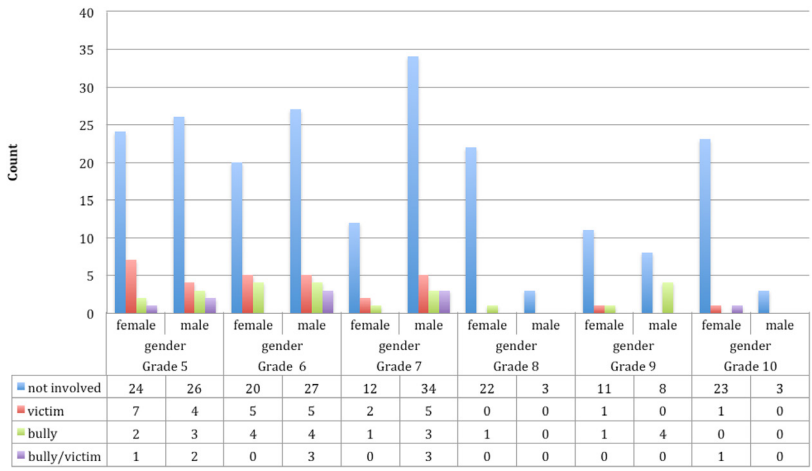
RESULTS

Figure 3 displays the frequencies of Involvement in Bullying by Gender and Grade. It can be seen that most students' were classified as not involved in bullying. Around one quarter to one half of students were involved in bullying in most Grades, but

Table 2. Principal components analyses and reliability analyses of questionnaire items

Factor	*Scale anchors*	*No. of items*	*Item Correlations*	*Mean Factor Score*	*SD*	*Kaiser-Meyer-Olkin*	*Bartlett's Test (p)*	*Cronbach's alpha*	*Eigen-value*	*% of Variance Explained*
Positive School Community	1 (SD) to 7 (SA)	7	.24–.61	41.09	6.09	0.81	0.000	0.82	3.43	49.00
Social/Emotional Learning	1 (SD) to 7 (SA)	9	.32–.62	49.60	10.16	0.91	0.000	0.88	4.68	52.00
Victims of Bullying	1 (N) to 4 (VO)	6	.38–.56	10.09	3.69	0.87	0.000	0.84	3.35	55.89
Pro-social	1 (N) to 4 (VO)	4	.19–.38	12.88	2.35	0.68	0.000	0.60	1.87	46.75
Bullies	1 (N) to 4 (VO)	5	.18–.43	6.08	1.93	0.71	0.000	0.68	2.21	44.18
Motivation	1 (SD) to 7 (SA)	5	.22–.63	21.80	3.39	0.79	0.000	0.77	2.62	52.46
Learning	1 (SD) to 7 (SA)	6	.22–.63	23.72	5.14	0.87	0.000	0.84	3.37	56.19
Mental Health Strengths	1 (SD) to 7 (SA)	9	.24–.67	52.37	9.32	0.91	0.000	0.88	4.62	51.28
Mental Health Problems	1 (SD) to 7 (SA)	5	.40–.72	17.88	8.60	0.85	0.000	0.86	3.28	65.65
Emotional responses to bullying	1 (N) to 4 (VO)	5	.19–.57	8.81	3.21	0.76	0.000	0.76	2.55	50.95
Assertive responses to bullying	1 (N) to 4 (VO)	6	.14–.57	18.21	3.88	0.76	0.000	0.70	2.47	41.14
Aggressive responses to bullying	1 (N) to 4 (VO)	3	.22–.33	5.74	2.14	0.60	0.000	0.53	1.54	51.35
Passive responses to bullying	1 (N) to 4 (VO)	4	.09–.22	7.55	2.37	0.60	0.000	0.42	1.45	36.34

(SD) Strongly Disagree to (SA) Strongly Agree; (N) Never to (VO) Very Often



	Grade 5		Grade 6		Grade 7		Grade 8		Grade 9		Grade 10	
	female	male	female	male	female	male	female	male	female	male	female	male
not involved	24	26	20	27	12	34	22	3	11	8	23	3
victim	7	4	5	5	2	5	0	0	1	0	1	0
bully	2	3	4	4	1	3	1	0	1	4	0	0
bully/victim	1	2	0	3	0	3	0	0	0	0	1	0

Figure 3. Descriptive statistics of gender, grade and involvement in bullying

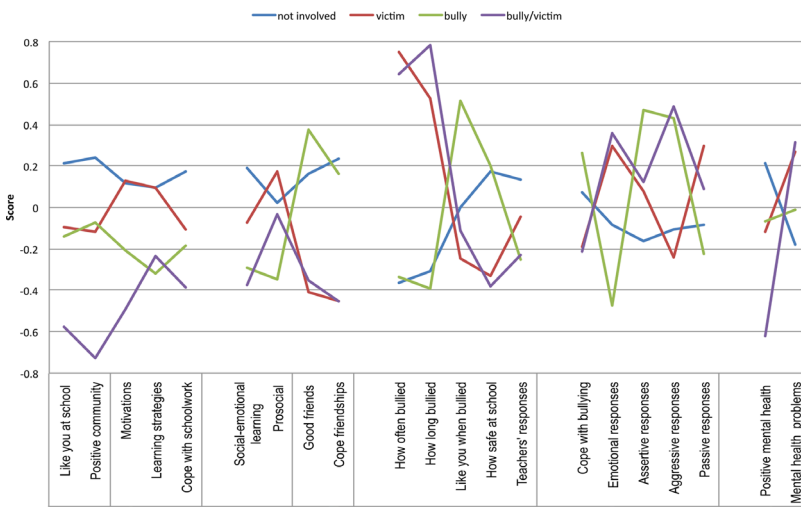


Figure 4. Profiles of "Involvement in Bullying" groups and features of school settings

fewer in Grades 8 and 10. The distribution of boys and girls across the Involvement in Bullying groups was similar ($\chi^2(3) = 4.95$ *ns*).

To investigate whether there were identifiable patterns of responses to the variables in the questionnaires we created profiles of the four *involvement in bullying* groups' mean scores on each variable. The profiles, displayed in Figure 4, show consistent patterns of reported difficulties for students involved in bullying across the broad range of influences in school settings, as well as for indicators of positive mental

health and mental health difficulties. Starting from the left of Figure 4 , bully/victims have lower scores on the items related to engagement with school, motivation and learning, with bullies also showing lower scores than victims and non-involved students on the motivation and learning strategies scales. Whereas bully/victims and victims have less desirable scores over the range of variables in these profiles, it is notable that for the Learning Strategies factor this trend is reversed, with bullies and bully/victims having relatively low scores, but victims scoring similarly to non-involved students. This finding could point to a pervasive influence of poor self-regulatory skills, both for learning and for emotional control, by bullies.

In the second section from the left of Figure 4, the three groups involved in bullying show relatively lower scores on measures of social skills and friendships, with the exception of victims who rated themselves higher on pro-social strategies, and bullies, who claim to have the most friends. Bullies' claim about having more friends was also found by Skrzypiec et al. (2012) in a study with Australian students. Bullies also showed similarity with non-involved students in their rating of their ability to cope with friendships at school. Our findings about bullies' perceptions of their friendship status raises interesting questions about the quality of friendships, and whether peers are genuinely friendly with bullies, or use such friendships as a protective factor against bullying.

In the third section of Figure 4, the frequency and duration of bullying is in expected directions given the classification of students into the four groups. Noteworthy are students' responses to the question about 'Feeling Safe' from bullying, where victims and bully/victims feel less safe, but bullies score at the same level as students not involved in bullying. The response from bullies to the item, "Like you when being bullied", appears peculiar, as it indicates that bullies, on average, were not unhappy when being bullied. This points to the complex social and emotional goals that bullies might satisfy through bullying. It is similar to Borg's (1998) study of 6282 students in Maltese schools, which found that whereas victims experienced mostly feelings of vengefulness, anger and self-pity, bullies were mainly sorry or indifferent.

The final item in this section of Figure 4 indicates that, compared to students not involved in bullying, students in all three involved groups consider that 'Teachers Respond' to bullying less often. This latter finding could indicate, at least in part, teachers' attitudes towards bullying and the effectiveness of school bullying policies.

The fourth section of Figure 4 shows students' accounts of their different strategies for coping with bullying. Bullies seemed to consider themselves more able to cope than the other groups, resorting to emotional and passive responses less often, and assertive and aggressive responses more often. Victims and bully/victims score more highly on emotional responses, and it is interesting that bully/victims also score relatively highly on aggressive responses. These preferred responses to bullying can be compared to work by Murray-Harvey, Skrzypiec and Slee (2012), whose study of the views of expert researchers' and practitioners' in bullying prevention programs clearly indicated that assertive responses to bullying are the most productive. Another perspective is provided by Hanish and Guerra (2004) who

reported associations between peer rejection, chronic bullying and being identified as a passive or aggressive victim.

Finally, to the far right of Figure 4, bully/victims show the lowest positive mental health and the highest mental health difficulties. This trend is in the same direction, but less steep, for bullies and victims, and reversed for non-involved students. These relationships between bullying and mental health are consistent with findings in the literature (e.g., Cefai & Camilleri, 2011; Slee & Murray-Harvey, 2011), although the relatively more extreme scores for bully/victims highlights that this group of students may be particularly vulnerable.

The profiles displayed in Figure 4 clearly show that students involved in bullying experience a range of potential difficulties in conjunction with their bullying status. The next question that arises is whether these differences are of any substantive significance. As expected in a study of this kind, most of the participants were classified in the non-involved in bullying group, and scored in positive directions on the indicators. This caused most of the items and scales to violate assumptions of normal distribution, and thus be unsuitable for parametric tests. Furthermore, it would also be unwieldy to test the significance of such a large number of items and scales in the same study, as this could potentially lead to falsely rejecting the null hypothesis (of no difference between groups) due to an increased chance of obtaining significant results due to many tests.

We therefore decided to use conservative non-parametric methods to selectively investigate the differences between the four student groups (Field, 2006). We identified six variables, two variables from each of the first three sections of Figure 4, that are within the power of schools' to directly influence; namely, Positive School Community, Cope with School Work, Social and Emotional Education, Cope with Friendships, How Safe Do You Feel at School, and What Do Teachers Do When They See Bullying. As we were conducting six concurrent tests of significance, we applied a Bonferroni correction to the usual $p < .05$ level of acceptance of a significant effect, giving $p < .008$ as the benchmark for this study (Field, 2006).

We used the non-parametric Jonckheere-Terpstra test in SPSS to investigate differences among the medians of the four groups and whether the order of the medians was meaningful. Based on the profiles displayed in Figure 4, we hypothesised that the medians would follow the order of non-involved, victim, bully, bully/victim. Table 3 shows that the Jonckheere-Terpstra tests revealed significant trends in the data for all six variables. As predicted, as involvement in bullying escalated, from non-involved through to being both a bully and a victim, students reported significantly less desirable responses to the six measured aspects of their life at school. Effect sizes were small, except for Positive School Community, which was medium. Note however that small effects, repeated across communities and cumulative across time, can amount to practically important impacts.

Table 3. Significance of associations between 'involvement in bullying' group and six variables related to students' lives at school

	N	*Observed J-T*	*Mean J-T statistic*	*SD J-T statistic*	*Z-score*	*Sig. 1-tailed*	*r*	*effect size*
Positive school community	281	9018.5	12597	718.357	–4.982	0.000	-0.30	medium
Cope with school work	268	9629.5	11309.5	624.633	–2.690	0.004	-0.16	small
Social & emotional learning	281	10031	12597	718.544	–3.571	0.000	-0.21	small
Cope with friendships	255	8222	10193.5	557.473	–3.536	0.000	-0.22	small
How safe from bullying	274	10090	11997.5	657.626	–2.901	0.002	-0.18	small
What do teachers do	269	10121	11437	547.134	–2.405	0.008	-0.15	small

Effect sizes: small = r > 0.1; medium r > 0.24; large r > 0.37, (Kirk, 1996)

DISCUSSION

In this chapter we began with an overview of literature and current initiatives for promoting wellbeing and positive mental health in educational settings. Next, a particular focus was placed upon students' perspectives of their life at school. We reported a study that used students' questionnaire responses about their lives at school to create profiles of students' involvement in bullying, mental health, and 19 features of school settings. The prevalence of bullying reported by students in our study is similar to earlier reports about Maltese and Australian school students. For example, Borg (1998) found that one in three Maltese students were involved in bullying as a victim or perpetrator. And in an Australian study, Cross et al. (2009) reported that approximately one in four Year 4 to Year 9 students reported being bullied every few weeks or more often overtly and/or covertly.

The data analysis produced student profiles, which illustrated that sub-groups of students experience recognisable patterns of responses to features of school environments. Students who reported being involved in bullying also reported experiencing a range of school events in more detrimental ways than students not involved in bullying. Of particular note are the more extreme responses from bully/victims to some of the measured variables, such as emotions, safety, coping and mental health. As Skrzypiec et al. (2012) noted, bully/victims have some responses in common with bullies, and some in common with victims. The present study indicates that these commonalities consistently err on the side of more disadvantageous perceptions of school life for bully/victims, and are associated with relatively more poor scores for both mental health difficulties and mental health strengths.

The six variables selected for the Jonckheere-Terpstra test have the potential to be within the control of teachers, schools and school systems. It would not be difficult to find intervention programs that deal with one, two or a few, of these areas. For example, as noted above, the KidsMatter Mental Health Promotion Initiative in Australia identifies four areas for intervention, namely, building a positive school community, social and emotional education for all students, parenting education and support, and early intervention for students at risk or experiencing difficulties (KidsMatter, n.d., p. 6). Within that broad framework, KidsMatter schools can choose intervention programs that suit their own contexts. Thus, some schools might select an intervention program that has more emphasis on the psychological world of the child, while others might select a program that has more emphasis on system-level determinants. As indicated by Askell-Williams and Lawson (2015), it may be difficult to find integrated programs, that are well scoped and sequenced, and which attend to social, emotional, motivational and academic components, at individual, school and family/community levels. It is this need for integrated attention to various influences that is highlighted by our study.

This need for integration is consistent with the concerns raised by Cooper (2011), who proposed that popular programs, such as Circle Time, may be undermined if the need to embed the initiative within a broader range of school influences is ignored.

Cooper argued that simply implementing the visible features of a program, for example, in the case of Circle Time, enabling students to share their thoughts and feelings in a non-judgmental atmosphere, is insufficient. Rather, programs such as Circle Time must be understood and embedded within a supportive humanistic approach in the whole-school social, emotional and academic environment. For example, in a study in Maltese primary school classrooms, Cefai, Cooper and Camilleri (2008) found that schools that promoted caring classrooms and communities were more likely to have students who demonstrated pro-social, inclusive and collaborative behaviours. Also from a study in Malta, Cefai and Camilleri (2011) suggested that interventions to prevent social, emotional and behaviour difficulties in school, including bullying behaviours, need to be multifaceted, including individual, classroom, whole school and family factors. Cefai and Camilleri found that the most salient predictors of pro-social behaviour included caring and supportive relationships with teachers, supportive peer groups, engagement in the learning process, and schools with low levels of bullying and pupil fighting.

Recommendations for Practice

The profiles uncovered in our study raise further questions. The first is the clear relationship between students' reports of being involved in bullying and their mental health. Recognising the seriousness of possible links between involvement in bullying and mental health, Lieberman and Cowan (2011) and Skrzypiec et al. (2012) recommended that children and teens who are frequently involved in bullying behaviour, either as victims or as perpetrators, should be actively screened for mental health problems. The profiles generated from participants' reports in our study lend support to that suggestion.

A second issue is whether bullies, victims and bully/victims' responses to questions about issues such as coping with schoolwork and coping with friendships indicate that these different student groups might require differently targeted, and also, differently conceptualized, intervention programs. "Whole school" approaches are typically recommended in order to raise levels of awareness and strategies for dealing with bullying (Australian Education Authorities, 2013), and for developing social and academic skills (CASEL, 2016c). Our study provides evidence that more nuanced, differentiated programs may be needed *alongside* whole school approaches. This recommendation is consistent with advice from Greenberg (2010) and Weare and Nind (2011). For example, bullies may construe "good friends" in different ways to victims, and may need to build their social skills from potentially different underlying assumptions about friendships. In the academic domain, victims may be suffering at school, but nevertheless may have relatively good learning strategies, motivational dispositions and self-regulatory skills. However, bullies, with arguably poor skills of self-regulation, may see the effects of that poor self-regulation played out not only in their social relationships but also in their academic endeavours and their emotional control, as explained by Lawson and Askell-Williams (2011). Hence,

explicit teaching of productive learning strategies, effort-based attributions and self-regulatory strategies may be of particular benefit for students exhibiting bullying behaviour, both for their social-emotional development and also for their academic development. However, caution would need to be exercised with the introduction of targeted intervention programs in order to avoid dangers associated with labelling students as bullies or victims.

It is notable that students in our study classified into the Bully group reported that they were not necessarily unhappy when being bullied themselves. And yet, the lower reported levels by the Bully group of other variables in this study, such as mental health and coping with school work, indicate a much more complicated picture of bullies' lives at school that might belie claims about not being unhappy about being bullied.

The relatively low responses from all three groups of students involved in bullying about "Teachers' Responses [when they see bullying]" and "Feeling Safe [at school]" send clear messages about the importance of regularly reviewing school policies and procedures about acceptable behaviours in class and in school grounds. A related issue is whether the school policies and procedures for early intervention and support for counteracting bullying are visible and accessible to the students.

CONCLUSIONS

This study has illustrated that not all students experience social, emotional or mental health difficulties. However, for those who do experience difficulties, patterns of influences can be observed according to group membership, and these patterns are predictably different. Students belonging to identifiable groups of involvement in bullying show similar patterns of responses to questions about a range of features of their lives at school. Promotion and prevention programs that provide integrated and individualised attention to students' emotional, social and academic needs, at whole school and sub-group levels, appear warranted.

To account for such individual needs, Fuchs (2006) has proposed that there is a case to be made for more precise profiling of relevant characteristics of students in order to best maximise the allocation of resources to school-based interventions for, say, mental health promotion, or social and emotional literacy, or learning strategies instruction to particular student subgroups. This chapter has reported one such profiling analysis, based upon students' involvement in bullying. We have shown that different profiles do exist, and therefore different profile-based interventions may be warranted. Further, more nuanced, research into students' lives at school is recommended.

Limitations

This study included Maltese primary and secondary school students randomly selected from one school district. While there are no apparent reasons to consider that the participants were not typical of Maltese children and youth, the fact that

they were not a random sample across the whole Maltese student population is a limitation of the study. This study used self-report questionnaires. All methods of data collection have limitations (Muijs, 2006). Questionnaires take a broad perspective and may lack contextual sensitivity. Furthermore, self-reports may be coloured by socially desirable responses or self-reflective blind spots. This may particularly apply to reports of involvement in bullying. However, an alternative perspective is that the most informed person to report upon a student's involvement in bullying is the student him or herself. Nevertheless, future research in this field could triangulate assessments from other informants such as teachers and parents.

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NOTES

1 This chapter is an updated and substantially expanded version of a paper originally published as: Askell-Williams, H., Cefai, C., and Fabri, F. (2013). "Maltese students' perspectives about their school experiences and mental health". *Australian Journal of Guidance and Counselling,* Vol. 23, Special Issue 02, pp. 252–270. http://dx.doi.org/10.1017/jgc.2013.13

2 The results section discusses our selection of conservative non-parametric tests that accommodate this lower than hoped for response rate.

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CARMEL CEFAI, NATALIE GALEA AND
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4. WELLBEING MAPS

Accessing Students' Voices on Their Wellbeing

INTRODUCTION

Children's perspectives on their learning, behaviour, wellbeing and other aspects of their lives, are different from those of adults such as teachers and parents, and are a valuable source of information on how contexts such as schools, home and the community may improve the children's wellbeing and quality of life (Cefai & Cooper, 2010; Hofve-Sable, 2014; Rees & Main, 2015; Ruddock & Flutter, 2000). Children have a unique insider experience of what it means to be a child in a particular context which may be different from that of adults and thus are an important source of knowledge (Cooper, 1993; McAuley & Rose, 2010). What they have to say about their experiences at school, at home, and with friends provides a more adequate understanding of the situation and may throw light on important issues which are sometimes overlooked by adults (Fielding & Bragg, 2003; Hamill & Boyd, 2002; Rudduck & Flutter, 2000). Various studies have shown the usefulness of tapping into children's perspectives and how such knowledge helps to enhance their development, learning and wellbeing, such as learning processes and achievement (Askell-Williams, Cefai, & Fabri, 2013; Fielding & Bragg, 2003), behaviour (Cefai & Cooper, 2010; Cooper, 1993), relationships (Holfve-Sabel, 2014; McAuley, McKeown, & Merriman, 2012); inclusion (Norwich & Kelley, 2006), bullying (Askell-Williams, Cefai, & Fabri, 2013; Downes & Cefai, 2016), and wellbeing (Cefai & Galea, 2016; Rees & Main, 2015).

The inclusion of the children's voice in research has also been supported by the children's rights movement which underlines that children have a right to participate actively in research and interventions targeting their welfare. This reflects models of childhood which construe children as agents who actively construct their own lives, seeing childhood not just a preparation for adulthood (becoming), but also as an important state of being in the present, with children actively influencing and shaping their own lives (McAuley & Rose, 2010; McAuley, McKeown, & Merriman, 2012).

Children's views of their wellbeing have been the focus of two recent ongoing, complementary movements in the subjective wellbeing of children. The Children's Worlds international quantitative study (Ben-Arieh, 2008; Rees & Main, 2015) seeks to understand children's subjective wellbeing, focusing on their experiences at

C. Cefai & P. Cooper (Eds.), Mental Health Promotion in Schools, 53–67.

home, in their community, with their peer group, at school, and during leisure time. It explores 8–12 year old children's views on their economic wellbeing, emotional wellbeing, life satisfaction, relationships, and safety amongst others. An emerging multinational quality study on Children's Understandings of Wellbeing (Fattore, Fegter, & Hunner-Kreisel, 2014) complements the quantitative wellbeing approach, but focuses on children's meanings of their daily experiences at home, at school, in their community and with their friends in relation to local and cultural contexts. Both these international research movements construe children as active agents of their own lives and as possessing expert knowledge on their wellbeing across various systems. They also underline that the children need to be actively represented and involved in researching their own wellbeing as subjects and actors, rather than objects, through the use of child-friendly and emancipatory, as opposed to adult-centred, oppressive, research methodology (Ben Arieh, 2008; Fattore, Fegter, & Hunner-Kreisel, 2014; Kellett, 2010; McAuley & Rose, 2010).

This chapter presents the findings of a small scale qualitative study with Maltese eight and twelve year old children as part of the multinational quality study on Children's Understandings of Wellbeing (Fattore, Fegter, & Hunner-Kreisel, 2014). It makes use of the qualitative research framework developed by Fattore, Fegter and Hunner-Kreisel (2014) to explore children's understandings and meanings of their wellbeing at home, at school and in their community. This framework has been developed as a child-driven, emancipatory research tool to facilitate the children' voice in researching subjective wellbeing. Although various studies have been carried out on Maltese children's mental health and wellbeing (Askell-Williams, Cefai, & Fabri, 2013; Cefai & Camilleri, 2015; Cefai, Cooper, & Camilleri, 2009; Cefai & Galea, 2016), few of these studies have made use of tools which enabled children to be actively and directly engaged in making meaning of the various aspects of their lives. This study seeks to engage with children through the use of such measures to explore their views on their lives at home, at school, with their friends, in their neighbourhood and how these may be enhanced to enhance their wellbeing and quality of life on the basis of their current lived experiences.

METHODOLOGY

Two focus groups with students were held, one at a state primary school and the other at a state middle school. Ten mixed gender students from each school, aged 8/9years (Year 4, primary) and 12/13 years (Year 8, middle school) respectively, were randomly selected to participate in each focus group. Ethical approval was sought from the University of Malta and the Education Directorates, while the consent of the two Heads of School, the parents of the students and the students themselves, was secured prior to data collection.

The sessions consisted of a number of tasks based on the qualitative research framework developed by Fattore, Fegter and Hunner-Kreisel (2014), namely

mapping important aspects of the participants' wellbeing, exploring what makes participants feel good at home, community and school, and making changes to improve their wellbeing in these systems. The students were divided in small groups and through drawing, colouring or pasting pictures, had to produce a map illustrating their lives at home, school, and community, and what they like and do not like. Once they finished their maps, they were asked to talk about it. The participants then went back to their small groups and were asked to draw a magic wand on their map and make a red circle to mark the things they would like to change; again they then talked about the changes they would like to see in their contexts.

Two trained researchers led the focus groups, one leading the session while the other observing, taking notes and providing support and prompts as required. The maps of each focus group and the transcripts of participants describing and explaining their maps, were then analysed thematically to identify the common themes across the data (Braun & Clarke, 2006). The thematic analysis sought to capture the participants' views on the various aspects of their experiences and wellbeing at school, at home and in their community, with various themes identified though an iterative process of coding, grouping into themes and reviewing the themes. These were then discussed with the third researcher in the project as part of the verification and validation process.

FINDINGS

Five major themes were developed from the data, with various subthemes in each theme (Table 1). These themes are related to the support systems in the participants' lives, leisure time, improving school experience, school bullying and safety, and

Table 1. The themes and subthemes developed from the data

Theme	*Subthemes*
Support systems	Family Friends
Leisure time	Indoor vs outdoor activities Issues about designated areas, safety and sociability in the community
Enhancing school experience	Less academic pressure More engaging lessons Understanding teachers
Bullying and safety	Different meanings of bullying Inadequate bullying approach: need for staff action and protection
More voice and respect from adults	

children's voice. Each theme is presented according to the two groups of participants, namely the eight year (referred to as the younger participants) and twelve year olds (referred to as the older participants) respectively.

Support Systems

Family. Participants from both age groups acknowledged the importance of supportive systems in their lives in contributing to their emotional and physical wellbeing. The family dominated the discussion in both groups, familial ties being perceived as a crucial source of support in children's lives. The younger participants emphasized the role of the family more often than the older ones, reflecting their high dependence on the family for most of their needs at this developmental stage:

> The thing that I love the most, is that when I arrive home back from school, we are all together, the whole family, even for dinner. (8 year old male)

The younger participants mentioned the mother more frequently, indicating she has a primary role in providing care and wellbeing. Siblings, usually same age ones, were often portrayed a source of companionship, especially during play. The father was the least mentioned family figure by the younger participants. Although the older participants did not give the same importance to the family as a source of support as the younger ones, they still referred to their family as the backbone of their development and wellbeing:

> For me the most important thing is the family…the family is the primary basis of education, it starts from there. If it wasn't for our parents, we wouldn't be here. (12 year old male)

> You find support from your parents… for example if you feel like giving up, they help you and even if you do something wrong, they will tell you about it but not shout at you, for example they provide you with good advice. (12 year old female)

Some participants however, underlined the need for more family support for some children, describing how parental conflict and lack of quality time may compromise the wellbeing of the children:

> Their (some children's) parents would be there to just eat and sleep, and other things…they don't see their parents. (8 year old male)

> This happens to a lot of children, when their parents keep arguing between themselves, this impacts the children as well. For example, they (parents) are upset and unhappy at home…you feel more upset, when someone talks to them, they snap at you. (13 year old female)

Extended family members, particularly grandparents also have an essential role in young children's support systems. The younger participants frequently mentioned the grandparents as an important aspect of their family life; one of the participants expressed her love for her grandmother describing her "just like my mother". This may reflect the important role that grandparents have in contemporary Maltese families reflecting changing family patterns, such as increased life expectancy of grandparents and the growing numbers of families where both parents work. Such involvement tends to have a positive impact on the wellbeing of children, with reduced social, emotional and behaviour difficulties (Griggs, Tan, Buchanan, Attar-Schwartz, & Flouri, 2010).

Friends. Friends were perceived by most of the participants as another vital source for their wellbeing. The younger participants explained that they spend considerable time with friends who live in the same block/building or friends who attend the same recreational classes. They also appreciated the importance not only of having friends, but also the need to nourish and maintain their friendships:

> I feel very happy when I'm with my friends and playing with children. (8 year old female).

> What I mean is that if you neglect them [your friends] they will leave you eventually, you cannot do anything without your friends. (9 year old male)

As children go into adolescence, they become more independent from their parents, and their support systems develop and expand outwards to friends and peers. This was clearly evident during the focus group with the older participants, frequently mentioning that friends have a central place in their lives both at school as well as outside. Some participants underlined however, that choosing good friends was an important task in this developmental stage:

> I think that friends, to have friends who are good and exemplary, is very important, and that you feel happy with them and not just friends only at school, but also to meet outside school, for instance you go out together… (12 year old male)

Leisure Time and Activities

Indoor vs outdoor activities. The participants in both groups described leisure time as a very important part of their lives and expressed the need for more time to engage in leisure activities. Time spent on passive indoor leisure activities appeared to be the dominant mode for most participants in both groups. During the mapping exercise, participants in both groups repeatedly selected images related to their bedrooms, suggesting that rest and time alone in their rooms as their preferred way of spending their free time:

I attached [a picture of a] bedroom [on the poster] because that is where I spent most of my time in order to relax and…I think. (12 year old female)

Media-related leisure activities are also common among the participants. In their pictures as well as their discussions, both groups frequently referred to the use of computer and tablets for gaming, and the use of digital technology such social networking sites and listening to music among the older participants. When prompted whether they will be able to refrain from the use of technology for one week, the majority of participants responded in the negative:

M: Would you be able manage to spend a week without the use of internet or mobile?

C1: No. (8 year old female)

C5: I would turn to sweets. (8 year old female)

The data from most participants in this section suggests a heavy reliance on technological devices over outdoor and active activities as a means to unwind and enjoy their free time. Passive leisure activities such as use of technology may have negative effects on children's overall wellbeing, such as social isolation, reduced physical activity, obesity and boredom (Cefai & Galea, 2016; Guruprasad, Banumathe, & Sinu, 2012; Holder, Coleman, & Sehn, 2009). Some participants however, particularly the younger ones, did regard participation in outdoor activities with family and friends as an essential aspect of their leisure time. They also claimed that they engage in activities held by community organisations such as the local council.

I [attached a picture of a] car [on the poster] because you don't want to spend all the time inside the house. You need to go out to different places. (8 year old male)

Gender patterns in the choice of leisure activities among the older participants are quite similar to previous research (Athenstaedt, Mikula, & Bredt, 2009; Cefai & Galea, 2016; Leversen, Torsheim, & Samdal, 2012). Overall, girls tend to enjoy spending time in their own bedrooms or else engage in individual activities such as dancing. On the other hand, male participants preferred more active and physical activity such as sports:

We have a big playground, but since we are boys… my friends and I spend a lot of time playing football. (12 year old male)

Issues about designated areas, safety and sociability in the community. From the discussion with the two groups, it emerged that various neighbourhood issues were a cause of concern for many of the participants. The older participants complained about a lack of designated play areas for children and adolescents in their community, while mentioning that traffic-related dangers was a major barrier to play outside:

> If I had to go out I have places where to go to, but our road is dangerous…lots of cars. (13 year old male)

Another safety concern amongst the older participants relates to the adults living in the community, namely people with drug and drinking problems:

> We have a neighbour who is crazy. He gets drunk and if he does not take his medication he starts throwing glasses out of the window. When the police came to take him to 'Frankuni' [the traditional reference to a mental hospital], his mother did not want to let him go, so they left him there… (12 year old male)

> For example…there is a family who uses drugs and so, and they [the police] already came four times for them. Recently, they came again and took them to the police station and they spent three days there. And now they are back and they started using drugs again. And people come to their house and so on. It's no use what they [the police] are doing, they can leave them where they are. (12 year old male)

Such a perceived hostile environment discourages participants from playing outdoors and socially integrate within the community. As a result, they exhibited low levels of trust towards their community and the police as well as a sense of helplessness and injustice felt by some of the older participants. It may also explain, in part, why they prefer to spend their free time inside in their own bedroom or with family members (cf. Holt, Spence, Sehn, & Cutumisu, 2008).

On the other hand, the younger group seemed to benefit from a relatively more perceived secure neighbourhood as they preferred to spend more time outdoors. When asked if they had any designated areas where they can play, one participant mentioned a large garden in front of his house where they can play football and ride the bike, while another said that she plays on the sidewalk. The neighbourhood environment was also a prime locus for sociability for the younger children, with various participants claiming to enjoy spending time with neighbours and other children in their community. Two of the participants also shared how living in the same block of apartments increases their time to play with, and find support in, one another (e.g. with school work). Other participants similarly expressed that knowing most of the neighbours increased their feeling of safety towards the community in which they live.

> I don't get scared because my grandmother lives nearby and I know many people who live close by. (8 year old female)

Enhancing School Experience

School is one of the primary systems in children's life and one of the major contexts for the promotion of their social and emotional wellbeing. The main finding from this study however, suggests that for both groups, school is perceived as a stressful experience interfering with their enjoyment, good time

and wellbeing. When asked what they would change if they had magical powers, one of the suggestions by the participants was to acquire what they learn at school without having to go to school. While they appreciate the relevance of learning, participants argued for less academic pressure, more engaging activities, and more understanding teachers.

Less academic pressure. Both groups suggested that the heavy academic pressure they were experiencing, such as too much homework and examinations, was leading to feelings of being overwhelmed and exhausted:

> What bothers us is that you wonder what you are going to be given as homework – at that time you won't think whether you will have time at home, you'll start thinking 'how am I going to finish it?' 'How am I going to manage?' (12 year old male)

> I like school but one thing I don't like is that we write a lot. (8 year old female)

> Exams worry me because there are a lot…and then also you have to write a story and reading… (8 year old male)

A young participant mentioned also the academic pressure from home:

> My mother annoys me when she tells me 'why did I pay for your school then?' (8 year old male)

The older participants also referred to school and academic stress as interfering with their social and leisure activities, particularly during examination periods. They described leisure time as diminishing drastically during examinations:

> For example right now, since exams are coming up, we have a lot of school work and… I get very stressed. (12 year old female)

More engaging lessons. Various participants described lessons as tiring, particularly having to sit down for long periods with relatively short break time:

> You need your break because you are not going to learn by just sitting, looking at the white board or write. (12 year old male)

The younger participants enjoy changing environments rather than remaining in one classroom, suggesting that this change of activity and movement is seen also as a break from the long periods of sitting down in the classroom. Likewise, when the older participants were asked what they would like to change, they suggested more interactive and enjoyable lessons:

> They can make school much more fun and not so boring, so that you would say "Hey today I'm going to have fun!", you won't say 'Uff I woke up for nothing and I have to work hard!'. (12 year old male)

Understanding teachers. Participants in both groups argued that the teacher-students relationship and the teachers' approach could positively impact their school experience. Teachers who add humour to the lessons and establish a good relationship with the students help to counteract the negative perception of lessons. When asked what makes them happy at school, the younger participants mentioned teachers with a sense of humour. However, the older participants in particular suggest that this varies from one teacher to another:

> It depends on the teachers… they influence your behaviour. Because if you have a teacher who is strict you become annoyed, but if you have teachers who jokes with you, you feel happy. (12 year old female)

Bullying and Safety

Different meanings of bullying. Bullying appeared to cause more concern amongst the older participants than the younger ones, with the younger participants not distinguishing bullying from fighting or aggression:

> I was bullied…and a teacher passed by… and she saw the child bullying me and she came over and told us to make peace, we made peace and later she told him to calm down, so, we later became friends and we continued playing. (8 year old male)

The younger participants did not seem to be concerned about intentional, repeated bullying from more powerful others. While possibly indicating lack of bullying at this particular school, this finding might also be partly explained by confusing bullying with fighting/aggressive behaviour. It could be participants might have needed more prompting to distinguish bullying from other forms of behaviour problems, and also asked about other forms of bullying such as relational and indirect bullying.

Inadequate bullying approach: Need for staff action and protection. In contrast to the primary school participants, the middle school participants appeared more aware of bullying and saw it as an issue of concern in their daily life at school. One of the main issues was a perceived general lack of support by teachers in preventing and curbing bullying. The participants felt that school staff did not provide adequate supervision so that they did not always notice instances of bullying while at other times they chose to ignore it:

> Sometimes the teachers see bullying but they say "it's nothing" and don't do anything. (12 year old female)

> Supposedly the teachers are all on supervision in that area, but they form a group and talk and sometimes they don't even realise that something is happening, for instance a fight or something else. (12 year old male)

The participants' responses also indicated that school staff may lack appropriate skills in handling bullying effectively. Staff are portrayed as either remaining passive, or showing concern but give inappropriate advice, such as asking students to ignore the bully. Such an approach was viewed as ineffective particularly since they felt that it disregards their emotional experience, leading to feelings of frustration and injustice:

> The first time he (victim) went to the Head but she didn't do anything, and the second time he went to the guidance teacher and she still didn't do anything! (12 year old male)

> Then again you will find a teacher who tells you to ignore her (perpetrator). If she decides to hit you, how are you going to ignore her? How is it possible to ignore her?! (12 year old female)

They also suggested that the action taken by the school are often inadequate and do not prevent further bullying or aggressive behaviour from taking place again in the future:

> For instance, if there is a fight, and you are caught that's it, you are given a detention. The detention is not going to stop these children (perpetrators). The break-in for them is so frequent, that this has become something normal… when they are told they have a break-in they almost start laughing. (12 year old female)

When asked how one should react to incidents of bullying, there were mixed responses. While some suggested going to the guidance teachers, others suggested that ne has either to fight back to ensure his or her own safety ("you need to protect yourself"), or else involve their parents, possibly as a reaction to the perceived ineffective response by the staff:

> I will tell the teacher…probably that boy is not normal like us…so they talk to him quietly and ask him why he is behaving in this way…and maybe they will find something which will help him learn. (8 year old male)

> If he hits you, you hit back. (12 year old male)

> Because…the teachers do not really care, I think it's better that you tell your parents because I think that the parents can help you more. (12 year old female)

The older participants also expressed concern that peer bullying might continue outside school especially through cyberbullying. They also mentioned their concern with fake profiles, however the subject was not discussed at length.

> This year we went for a school outing in Gozo and I and my friends posted some photos that we took on facebook… she [one of the girls in her school started saying so many things [about the photos on facebook] and at school she started to call us names and insult us. (12 year old female)

More Voice and Respect from Adults

Another theme emerging from the focus groups, particularly from the older participants, was the desire for adults, particuarly parents and teachers, to treat children with more respect and see them as responsible individuals who can have a say and participate in decisions affecting their lives at school, at home or during leisure time. They wished that adults would give more value to their perspectives:

> A lot of them still treat us like small children. (12 year old male)
>
> Even the parents, you will tell them something and they don't always understand… they don't take your perspective. (13 year old female)

Sometimes they have to seek the support of their parents for schools to take action against bullying, as their views are not considered at school:

> If you tell the parents or an adult, they will give more attention. (12 year old female)

Participants in the older groups also claimed that despite the apparent prominence of technology in their lives, adults may not always understand this as they grew up in different times, suggesting that adults are not able to bridge the generation gap to understand the views and needs of children and young people:

> For example, older people do not consider mobiles as important because they grew up in a different time. (12 year old female)

As described in the previous sections, various participants also expressed their views that adults such as teachers and parents are not sensitive to their needs, such as when parents do not provide enough quality time or keep fighting between themeslves, upsetting their children, or when teachers do not provide support and understanding during incidents of bullying, or giving too much academic work.

DISCUSSION

The findings of this study help to identify those issues which define and influence the wellbeing and quality of life of children from their own perspective. The participants made various suggestions on how their wellbeing and quality of life may be improved at home, in their neighbourhood and at school. The participants focused on two systems which they perceived as lacking in safety for children and which needed to improve their physical and psychological climates, namely the locality and the school. In line with previous research on Maltese children, the participants, particularly the older ones, indicated that they spend most of their leisure time indoors engaged in sedentary activities such as computers/social media and academic work (Cefai & Galea, 2016). Lack of exercise is reflected in the quantitative study on subjective wellbeing with about 2600 eight to twelve year old Maltese children by Cefai and

Galea (2016); when compared to the fifteen other countries in the study, Maltese children spend most time on the computer, reading for fun and doing homework, and least time in sports and exercise. In another study with a representative sample of 1126 ten-to-eleven year old Maltese children, Decelis, Jago and Fox (2014) reported that only 39% of boys and 10% of girls met the recommendation of one hour of daily physical exercise, while one-fourth exceeded guidelines of two hours of television on weekends, and double the amount on weekdays. It is not surprising therefore that Maltese children have one of the highest rates of overweight and obesity in the world (Grech et al., in press; Inchley et al., 2016).

One of the reasons mentioned by the participants for staying indoors was the lack of play and recreational facilities in their community and the lack of safety in their neighbourhood both in terms of traffic and people. This resonates with the study by Cefai and Galea (2016) who found that when compared to the other countries in the study, Maltese children are some of the least satisfied and happy children with their area and the people in their area. Clearly, Maltese children and young people need to spend their leisure time in more health-promoting activities such as physical exercise, and would benefit from the provision of more child friendly and safe recreational spaces in their own communities, where they can not only engage in physical exercise, but have the opportunity to socialise and establish friendships and support networks in a safe and healthy environment within their own community.

Safety issues were raised again by the participants in relation to the school context, particularly the older participants. While the participants appeared to enjoy good relationships with school staff, they expressed concern that the staff were not providing adequate action and protection from peer bullying at the school. They indicated that there was a lack of a clearly defined and enforced whole school policy to bullying, with school staff either ignoring victimised students' complaints or else taking ineffective actions to stop the bullying. Some were not sure what they could do themselves to deal with bullying, with some saying that they can report to the school staff, but others arguing that they need take action to protect themselves or report to their parents for action to be taken by the school. In their subjective wellbeing survey, Cefai and Galea (2016) had found that bullying is a serious issue in Maltese schools, more than one fourth of students reporting frequent physical or relational bullying.

Clearly, there needs not only to be a well-defined and disseminated whole school policy on bullying, but such policy needs to be implemented with immediate and effective action by all those concerned, including school staff. Students themselves need to be key partners both in the design of the policy and in its enforcement as part of the anti-bullying coordinating committee at the school (Downes & Cefai, 2016). It also appears that while the older group were quite clear on what constitutes bullying, probably as a result of Personal, Social and Career Development lessons which form part of the Maltese curriculum in middle schools, the primary school participants confused bullying with aggression and fighting and would benefit from more awareness on what constitutes bullying and what they can do to prevent and deal with it.

Another school concern raised by the participants in the study was that the school experience was causing considerable stress and seen as a threat to their happiness, wellbeing and leisure time. They particularly underlined the academic pressure being exerted on them through excessive homework and examinations. The latest Health Behaviours in School-aged Children study reported that 11 to 15 year old Maltese students are the most pressured by school amongst forty countries across Europe, with pressure increasing significantly from eleven to fiftenn years (Inchley et al., 2016). The participants also called for more enjoyable, interactive and engaging classroom activities. The international ranking of countries on academic performance increases the pressure on schools to raise academic standards, reducing teaching and learning to a narrow set of cognitive tasks, making learning less meaningful and enjoyable and leading to lack of motivation and engagement (Berliner, 2015; Cefai et al., 2014).

One way to create engaging and meaningful learning experiences is to engage the students actively in the teaching and learning processes. This includes listening to the students' perspectives of what they like and do not like during lessons, including the students in the design and development of classroom resources, involving the students in the evaluation of their learning, and giving students a say on classroom management and the behaviours which will guide student behaviour (Cefai, 2008; Fielding & Bragg, 2003; Rudduck & Flutter, 2000). Another key area for the inclusion of the student voice is in the development of the whole school bullying policy and in the prevention and management of bullying. The participants' concerns about the lack of safety at their school may also be a reflection of an adult school culture which determines policies and practices without taking account of what the students think and feel about the situation. Similarly, the views of the participants about their neighbourhood raise concerns which are very real and important for the children and which impact both their physical and psychological wellbeing in significant ways. Adults such as parents and community leaders many not only not share such views but may be also unaware of the needs of their children and young citizens in this regard. This study thus underlines the need for adults such as parents, school staff and community leaders to listen and include the child's voice when seeking to promote and nurture the healthy development, growth and wellbeing of children and young people and in designing and enhancing systems, services, policies and practices for children and young people (Fielding & Bragg, 2003; Rudduck & Flutter, 2000).

This study has illustrated the value of involving children in researching their own wellbeing as active agents with expert insider knowledge on their lived experiences through child-centred research methodology. The participants not only enjoyed the process of data collection but were empowered to share their thoughts and feelings about their families, schools, communities and peer group without fear, social desirability and adult expectations. They felt free to critically analyse the systems they are operating in, express what they like and do not like and suggest how their lives and wellbeing may be improved by making changes to the systems. This opportunity to have a real voice contrasts with the sense of frustration and helplessness expressed by some of the participants regarding aspects of their daily lives such as lack of

action to stop bullying at school, lack of adequate leisure time, academic pressure, and lack of adequate and safe recreational space in the community.

CONCLUSION

This was a small scale study with two focus groups in one particular context and the findings have to be treated with great caution, even if they correspond with the findings of another study on Maltese children subjective wellbeing making use of a nationally representative sample (Cefai & Galea, 2016). The use of qualitative and child driven methods of data collection, however, may be the more important aspect of the study, illustrating the value and usefulness of these methods in helping children to express their authentic thoughts and feelings about their current wellbeing-related experiences as active agents and subjects in their own right. Further qualitative studies, making use of more diverse populations and contexts, such as age, culture and socio-economic background, and similar emancipatory methods of data collection and analysis, will help to contribute to knowledge of how children construe and make sense of their wellbeing in the various systems in their lives.

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ANASTASSIOS MATSOPOULOS, BONNIE NASTASI,
EVA FRAGKIADAKI AND EIRINI B. KOUTSOPINA

5. EXPLORING STUDENTS' VIEWS ABOUT THEIR PSYCHOLOGICAL WELLBEING THROUGH ECOMAPS

INTRODUCTION

The economic crisis and severe austerity measures that have engulfed Greece over the last decade have had a significant impact on the people's mental health and mental health services (Economou et al., 2013; Triliva, Fragkiadaki, & Balamoutsou, 2013). Increased child poverty is one of the consequences of the economic crisis in Greece. According to Eurostat (2013, 2016), 30.4% of children under 18 in Greece are at risk of poverty or social exclusion. The number of children deprived of basic material goods has climbed from 10% in 2008 to 26% in 2014. From 2006 to 2016, Greek adolescents have significant lower life satisfaction as the economic crisis in the country put significant stress on families (Kokkevi et al., 2014). In addition, the economic restrictions on families resulted in 27.9% of adolescents reporting that their families stopped going on vacation, 27.3% saying that the number of fights among family members increased, and 21.35% reported that one of their parents lost their work due to the economic crisi (ibid.).

This chapter focuses on the psychological wellbeing of children living in Crete, Greece, within the context of the international Promoting Psychological Wellbeing Globally (PPWG) project (Nastasi & Borja, 2016) in an effort to build a culturally – sensitive intervention model of children's wellbeing (Nastasi et al., 2014). The authors built their ecological model on the use of a clinical social work intervention (Ecomaps) as a research tool which provides information on the wellbeing of children in various cultural contexts (Nastasi & Borja, 2016). The overall goal of this study was to collect data in response to the following questions:

- What are the significant stressors identified by children in Crete?
- How do children react to these significant stressors?
- What are the sources of support that children identify across contexts?
- How do children react to these sources of supports?

METHODOLOGY

The study used a mixed method design to address the above research questions (e.g. Mertens, 2012). This research paradigm uses multiple data collection techniques

C. Cefai & P. Cooper (Eds.), Mental Health Promotion in Schools, 69–83.

(qualitative and quantitative) to ensure that participants take an active role in the data collection process. Ecomaps and focus groups were used to capture children's and young people's voices, perceptions, and experiences about their wellbeing. Ecomap drawings and accompanying narrative (elicited via a set of questions) were conducted as an extension of the focus group activities so they can corroborate information which emerged from focus group discussion and generate richer data. Ecomaps as a research tool is relatively new in research with children (Baumgartner, Burnett, DiCarlo, & Buchanan, 2012; Borja, 2013; Summerville, 2013) but has been used successfully to collect information both in projective and narrative forms. The goal of ecomaps as referred by Nastasi and Borja (2016) is to give students the opportunity to provide useful information about their relationships as sources of stress, support, and both stress and support (ambivalent relationships).

In a graphic way, the participants were asked to depict themselves in their social networks and represent the qualities of their significant relationships. Then they were invited to verbally describe the network relationships, their qualities and the emotions they experience in association with each relationship (Nastasi & Borja, 2016). Consequently they were asked to narrate one incident representing the quality in each relationship and the emotion they felt towards it. All participants' drawings and responses were recorded. This process was conducted in the form of two small focus-groups according the participants' age (Nastasi & Borja, 2016). The analysis followed the deductive coding paradigm drawing on the culturally sensitive concepts developed by Nastasi and Borja (2016), namely competences, stress, support, reactions to stress and reactions to support.

The study was conducted in the city of Rethimno, in Crete, Greece. One elementary school agreed to participate in the study, and 32 children from the first to the fifth grade, were selected randomly from the school. In total 16 boys and 16 girls participated in two focus groups and ecomaps activities. The first focus group consisted of 16 children (8 boys and 8 girls) aged 7–9 years old, while the second focus group consisted of a similar group of children aged 9–11 years old. The researchers had two sessions of about one and half hours each with each of the two groups. In the first meeting the researchers got to know the participants and explained the objective and nature of the study and the activities to be undertaken. They described that the focus of the activities was to understand the stressful situations the children face, the sources of support they usually have and how they manage stressful situations and challenges. It was emphasized that there are no correct or wrong answers. The researchers followed the research protocol and the questions provided by the lead investigator from Tulane University (Nastasi & Borja, 2016) [see Appendix 1].

The analysis of the data followed the protocol suggested in Nastasi and Borja (2016). A descriptive quantitative analysis was carried out with the ecomaps so as to get a clear picture of the children's relationships. The qualitative analysis initially followed the deductive paradigm where statements were organized in the specific constructs of interest (competences, stressors, support, coping) (Nastasi & Borja, 2016).

An inductive qualitative analysis of the stories that accompanied participants' ecomaps and the focus groups transcripts generated themes that appeared most frequently in the children's narratives. A pattern analysis was then conducted so that codes could be induced across deductive categories (Nastasi & Borja, 2016). An in-depth hermeneutic analysis (Rennie, 2000) of the data was also conducted so that deeper meaning-making of the participants' world could be explored. The results are presented in accordance to these stages of analysis ending with a coherent narrative of the sources and reactions to stress and support in the relationships of the participants.

Quantitatively, due to the small size of sample, only descriptive results in the form of pie charts and tables are presented, providing a concise picture of the relationships' networks and qualities presented in the ecomaps.

The initial qualitative analysis of the data was conducted by the principal investigator and the fourth researcher who collaboratively collected the data. The second analysis took place by the third author independently. Analysis continued until consensus was reached between the two researchers. The first author audited the analysis processes, coding and ultimate results for consistency and reliability. A journal was kept by all researchers actively involved so that thoughts and preconceived ideas are recorded and the impact on the analysis (bias) minimized (Morrow, 2005).

RESULTS

Quantitative Analysis

The 32 students drew 276 significant relationships in their ecomaps. As shown in Figure 1, they identified 181 sources of supportive relationships followed by 76 sources of ambivalent relationships and finally 19 sources of stressful relationships. The participants represented a variety of significant relationships they construed as supportive. As one can see in Figure 2, they found their relationships with their grandparents as sources of support. They mentioned the supportive nature of their relationship with their siblings followed by friends. Mother and father seem to appear later as sources of supportive relationships, having the same percentage as the cousins. Lastly, the participants mentioned godparents, uncles, aunts and teacher as sources of supportive relationships.

They found their siblings as their main source of stressful relationships followed by their relationship with their grandparents (Figure 3). Their relationship with the father appeared as the next source of stress followed by the mother, uncle, cousin and friends. As far as the sources of the ambivalent relationships are concerned, the participants mentioned mainly the relationships with their parents and siblings. Figure 4 shows high frequencies in the relationship with the mother, the father and brothers and sisters, followed by the grandparents, teachers, cousins, uncle and aunts, godparents and friends.

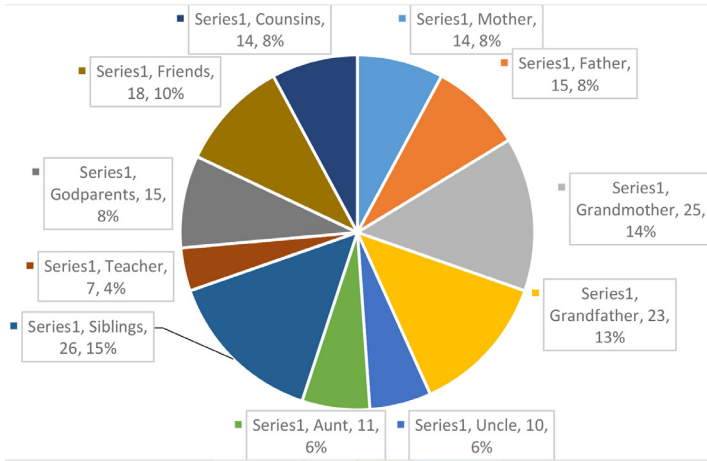

Figure 1. Frequency and percentages of types of relationships

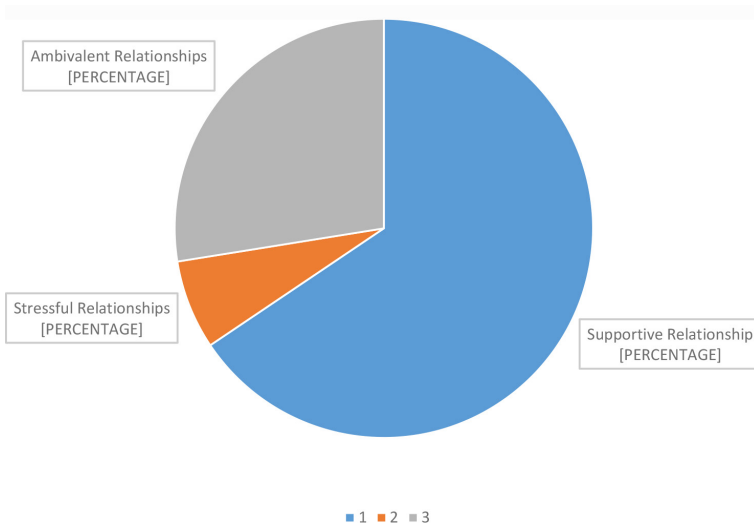

Figure 2. Frequency of sources of supportive relationships

Conclusively, the participants in this study value their nuclear and extended family relationships as significant aspects of their lives. The grandparents appear as supportive figures whereas children had difficulty acknowledging sources of stressful relationships. In this context they focused on their relationship with their siblings, as it is more "acceptable" for them to feel distress with their brothers and sisters. Grandparents also appear as sources of stressful relationships, however as safety

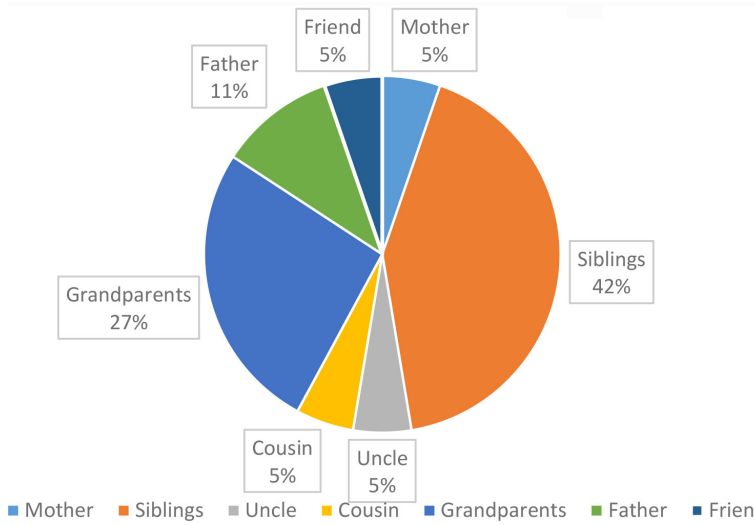

Figure 3. Frequency of sources of stressful relationships

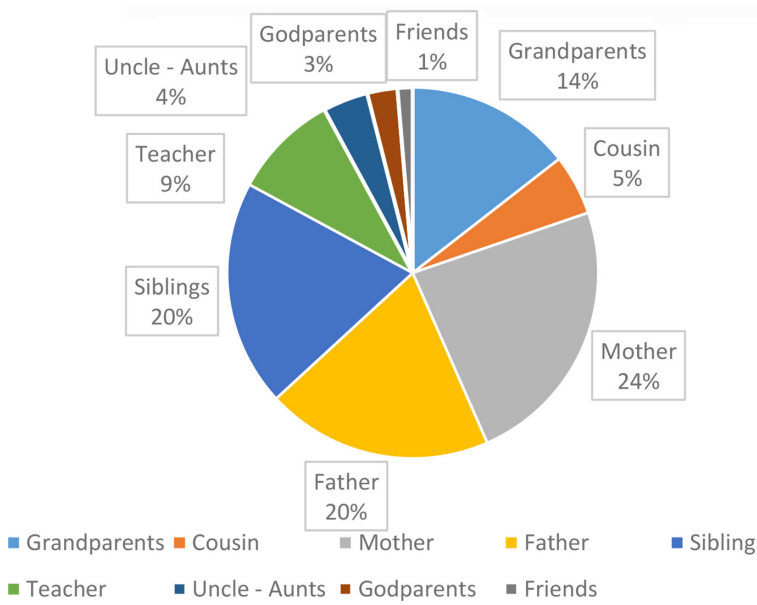

Figure 4. Frequency of sources of ambivalent relationships

figures, namely that they may become the target of the children's anger, anxiety or other distressing emotions. The participants also suggest that they struggle with their relationship with their parents, finding it hard to allocate a clear quality in these relationships, perhaps reflecting feelings of anger, fear, anxiety as well as love, trust, care towards (or from) their parents.

Qualitative Analysis

Ecomap stories. The participants presented their stories in the forms of images and narratives. When discussing sources of supportive relationships, the younger children tended to draw their stories whereas they presented most of the sources of stressful relationships in narratives. The opposite took place with the older children in the study. A deductive qualitative analysis (Nastasi & Borja, 2016) making use of the ecomaps methodology (competences, stress, support, reaction to stress, reaction to support) was used to analyse the stories. Difficulties arose when it came to images without narratives, but the researchers sought to remain as close to the description of the drawings as possible. An initial presentation of the results appears in Table 1.

In their sources of *supportive relationship* stories, the participants described situations of vacation, play and games, family holidays, birthdays, home, friends, family excursions, school excursions and pets. They drew pictures of themselves and their families on the beach with smiling faces. Vacation narratives included, "the year before last we went to Kythira (Greek island) with my family and I had a great time and then I thanked my mum and dad". In this quote the competence of "gratitude" is evident. A drawing and a narrative read "my sister bought me my favourite magazine" accompanied with a picture of smiling faces. School excursions were also mentioned "last year my school organized a trip to Santorini (…), when my mother signed the consent form I felt great joy especially when we went". A birthday occasion with the parents was also described: "my mum put a candle with the number 9 on a cake (…) when I saw it I gave her a hug and a kiss". In this narrative the competence of gratitude is also evident. In another story, the father shows strength and saves a bunny with the child beside him (competence of resilience). Most narratives were accompanied with feelings of joy, love, happiness and trust as well as behaviours like smiling and hugging (care).

In their drawings and narratives regarding their sources of *stressful relationships* the participants generated situations with pets, being told off by mother, hurting during playing, studying and playing (time), vacation, restrictions by mother, isolation by friends, excursions, loss, bullying, injustice, punishment by mother, being called names by cousin, loss of mother in the street, studying and tests, hospital and health problems, loss of brother in the street, siblings and losing in game. The relationship with the mother and family situations seem to prevail in the stories. However, the mother appears as a supportive figure in sources of stressful situations stories [ambivalence] "my toy car fell and broke (…) I was sad (…) but my mother came with glue and fixed it". Even though studying appears as a

Table 1. Qualitative analysis of ecomap stories

Sources of supportive relationships	*Reactions to supportive relationships*	*Sources of stressful relationships*	*Reactions to stressful relationships*	*Competences (coping strategies)*
Relationship/ Situation (Frequency of appearance in stories)	*Thoughts/ Behaviours/ Emotions*	*Relationship/ Situation (Frequency of appearance in stories)*	*Thoughts/ Behaviours/ Emotions*	
Mum (6)	Trust	Time (4)	Crying	Gratitude
Dad (2)	Love	Mum (5)	Sadness	Strength (to save the pet)
Family (8)	Hug	Broken Toy	Anxiety	Friendship
Vacation/ Holidays (9)	Happiness	Dad (1)	Stress	Program ("study early, play more")
Play & Games (5)	Smiling	Siblings (5)	Anger	Care
Birthdays (3)	Joy	Friends/ Other children (5)	Fear	
Siblings (2)		Loss (3)	Pain	
Friends (6)		Studying (4)	Fainting	
Pets (2)		Cousin (1)		
		Hospital/ Health (7)		

stressful situation ("I was studying with mum and she tore my book apart"), it also generated competence in one of the stories [organizing time] "I studied early, finished and played more". The Kithira (see Support) story became a stressful one when "father and brother went swimming in deep water and left me behind" which caused anxiety [ambivalent situation]. Friends also appear frequently in these stories "I went to my friend's place and he didn't let me play with his toys". Death also appears especially in the stories of older participants "I was very sad when my grandfather died because he used to tell jokes and he was very nice". Health and hospitalization was also a prominent theme in sources of stressful relationships "I went to Athens for surgery (…) my mum and dad were very stressed (…) I couldn't believe it was over". Two stories in particular have an intense stressful element both in drawing (a picture of a human figure, sad face, saying "my bones hurt", "pain" and a breaking heart) and narrative forms ("my mum doesn't let me play, the children don't play with me").

In the stories specific competencies emerged as themes of roles, situations and characteristics the participants valued as important coping strategies in the resolution of stressful situations. These include gratitude, strength, friendship, programming and caring. It was difficult to recognize stories with sources of ambivalent relationships due to the projective nature of the data. However, stories (like the Kithira story) appear as a source of ambivalent relationships, similarly to the figure of mother who appears supportive as well as stressful in many stories. There were two stories which were not categorized under the pre-conceived codes which were depicted in two pictures without narratives (flying a kite and picture with colours).

Focus groups. An inductive analysis of the focus groups transcripts (Nastasi & Borja, 2016) revealed that younger children in this study (7–9 years old) tended to focus on rules and expectations by parents and teachers when they assess a "good student" or a "good friend". Studying, playing and their behaviour in class appear as the most important criteria. Violent and battering behaviour (bullying) by other children also appear quite important for these participants when distinguishing their good friends from their not so good ones. Thus, a good student is one who "studies, is careful in class, does not interrupt the teacher and listens" whereas a not so good student "is lazy, plays and does not study, talks with other children in class, hits other children and does not pay attention in class". Similarly, for good friends the criteria contain "being a good student, studying, cares and plays" whereas a not so good friend "does not want to play, annoys, lies, is not a good student and hits, calls names and pushes other children".

When asked about the sources of supportive relationships with adult figures in their lives, the younger children focused on "gifts, care, cooking and cleaning, love, respect and kindness as well as looking for the better of the child in terms of well-being and learning". "Punishment, yelling, being wild, doesn't care for children's needs, fighting and doesn't love their children" are prominent characteristics of sources of stressful relationships (Table 2). Younger children look at feelings in

terms of observable sources, reactions and coping strategies. They focus on external situations with friends, parents and siblings when they look for the sources of their feelings. Happiness is about friends and playing, gifts, pets and anniversaries (i.e. birthdays). They understand joy from a person's face (smiling), a person's body (jumping, laughing loudly), but in practical terms they see it when one can be with friends in playing. Sadness is linked to fighting with friends and feeling isolated, to restrictions from parents and lack of playing. They understand sadness through tears and crying, when hugging a plush or when they can't study (indication of stress). They understand the feelings when someone does not play or frowns or sits alone. The coping strategies include making up with friends and playing but primarily cognitive techniques of distraction.

Anger is about fighting and is linked to siblings and friends. The image of anger entails pushing, hitting, screaming and staring with eyes wide open. Playing with friends and siblings seems to be the basic strategy when dealing with anger, as well as studying and drawing as distraction techniques. One child repeated "sit on a bench and talk to them". Physical affection (hugging and kissing) is preferable when dealing with an angry person, and they calm down by "forgetting" and playing. Fear is the basic emotion when children express their need for their parents. Darkness, monsters, animals, bad people, horror films are the basic objects of fear which cause shaking or immobilization. The mother can take the fear away or other distraction strategies may serve as coping mechanisms. They believe that someone who is afraid needs protection and strategies to help them forget. Only one child mentioned a direct coping strategy "turn on the lights when you are afraid of the dark".

The older participants (10–12 years old) use more abstract concepts to describe their sources of supportive and stressful relationships. They value respect, consistency and attentiveness when it comes to school and studying. They feel that TV and video games are a distraction against being a good student. Eight participants "described an image of a fat boy, eating junk food and sitting in front of the TV". With regards to friendship, children value trustworthiness, sharing, love, respect and support, whereas, they cannot be friends with children who fight, swear, are indifferent and do not stand by their side, do not listen and cannot keep secrets. A good parent is one who cares for and protects the children. Teaching, helping and not quitting are valuable characteristics of a good parent in contrast to a parent who does not care, love or respect their children. A not such a good parent is the one who oppresses their children, hits them and yells at them and leave them alone. With regards to teachers, the participants seem to legitimize yelling when it is "for the good of the students, for the students to learn" but the teachers need to listen to them, love them and help them learn. A not so good teacher is one who is indifferent, does not care about the students' learning and achievement, punishes and is angry and may even take advantage of the children (Table 2).

Happiness is about presents, outdoor activities, sports, love and fun. A smiling and laughing face is a happy, while sadness is linked to loneliness (don't have any

Table 2. Summary of focus groups results

Sources of rtressful relationship	*Reactions to stress*	*Sources of supportive relationship*	*Reactions to support*
Children (siblings and friends): violence, loneliness, hitting, annoying, lying, pushing, isolation, screaming, "staring with eyes wide open", not playing	Emotional: Anger, frustration, crying, tears, kicking things	Adults (parents): gifts, caring, cooking, cleaning, teaching, promoting learning, respectful, kind, ensuring children's wellbeing, taking the fear away, helping, doesn't quit	Studying, good behaviour in class, Playing, Smiling, jumping, laughing loudly
Adults (parents): indifferent, punishment, yelling, fighting, not caring/ loving, disrespectful, restrictions, oppression, "leaving the child alone", not having fun, betrayal, not providing (presents/ financial restraints)	Behavioural: Laziness, "fat boy in front of TV", no reaction, doing nothing, doesn't study, doesn't play, Talking, hugging, isolation, sitting alone, being in room alone	School (teacher): listening, loving, learning, resting, yelling for the good of the students	*Coping Strategies (Competencies):* Cognitive Strategies: thinking about what happened and dealing with it next time, thinking about what one can do, distraction strategies: studying/ drawing/ playing/ reading book/ staying in bed/ sleeping in order to forget
School (teacher): doesn't care about learning, tests, grades	Physical: Stomach ache, headache, frowning, shaking, making a fist	Children: caring, playing, gifts, pets, anniversaries (birthdays)	Emotional: regret: if I hadn't done it I wouldn't be in this situation.
	Vulnerability: Impasse, not finding solution, feeling they cannot cope, yearning for parents	Values: respect, consistency, attentiveness, trust, sharing, love, support, fun, gratitude, resilience	Behavioural: walking, closing eyes, finding solutions, playing, talking, hugging, kissing, telling jokes
		Situations: outdoors activities, sports	Individual: turn on the lights when afraid of dark, learn how to live with loss, think about the reasons why

friends to play with) as well as with fighting with parents or parents fighting between themselves. Moreover, they link sadness to situations of impasses, when they find themselves "having problems they cannot solve" or "when something they believed would be fine goes wrong". Tears, crying and long faces are the main indications and expressions of sadness. As coping mechanisms, they describe distractions like "read a book", "stay in bed and sleep" or "let time pass and you will forget"; but they also mentioned strategies such as "learn how to live with loss" or "think of the reasons why you are sad". They believe that jokes and laughter are the strategies to cope with sadness and help someone deal with their sorrow.

They feel angry when they feel oppressed "when something they want to happen does not take place" or "when they do not do what their parents tell them to do". They also link anger to fighting with siblings and peers, hitting and mocking. They perceive anger as a wild, shaking, screaming image which "makes a fist" "ready to attack". The basic expression of anger is acting out, breaking and throwing things "unable to control their behaviour", "breathing heavily" and "clenching their teeth". They suggest physical techniques such as breathing, dancing or hitting a pillow as ways of dealing with anger, as well as talking to a friend or, more directly, "think over and find the best solution" to "unload the anger". Playing, running, hitting a punching bag as well as talking and reassuring would help an angry person.

The objects of the fear are horror films, animals, scary stories, darkness as well as the "100 thing I have to study which make me afraid of parents and teacher". When they are afraid they tend to be alone, immobile, shaking and hugging themselves, sometimes crying. Even though the parents are mentioned as sources of relief, older participants tend to rely more on themselves and mention "sitting alone doing nothing" when dealing with fear, or trying to deal with it cognitively "think about what happened so that they can deal with it the next time" or "understand what scared them so it doesn't scare them any more". Behaviourally they close their eyes, go for a walk or play. Playing and trying to find solutions to problems is the main support they provide to people who are scared.

DISCUSSION

The descriptive quantitative analysis offers a map which is an important starting point in seeking to understand the participants' sources of supportive, stressful and ambivalent relationships. A tentative conclusion from the results is the significance of the involvement of the extended family, and the grandparents in particular, in the lives of the participants. Parent-figures tend to be sources of ambivalent relationships for the participants in this study. This may be explained by the current economic situation in Greece and the impact the austerity measures have had on families and their structure (Economou et al., 2013).Thus, children spend most time with grandparents who may become the primary caretakers. However, the grandparents are rarely mentioned in the stories or in the focus groups. Perhaps they are too

intertwined with the participants' day-to-day reality that the children do not include them in their imagery, stories and narratives. It is like they expressed wishes rather than realities in their narratives.

In their stories, the participants tended to provide a "good ending" even for their sources of stressful relationship stories. Therefore, many stories with an ambivalent storyline or drawings had intense "happy" colours even when they represented stressful events. Only two stories had a stressful quality and projected the agony of the children. Older children look at the deeper qualities of the adults in their supportive relationships, whereas younger ones tend to focus on "concrete" caring such as cooking, cleaning, gifts, studying and other observable behaviours. Overall, the participants want their needs to be heard and respected regardless of their age. They want the adults to be happy to have them (as children or students) and their friends to be happy to be with them. Younger participants understand that in times of distress someone is not cognitively available to study or enact one's responsibilities. When dealing with intense emotions, younger participants tend to project the coping strategies to the adults, especially their parents, and ask them for relief. Especially when it comes to fear, children yearn for their mother to be with them. Older children tend to rely more on themselves and their coping strategies.

The findings from the Greek sample are quite similar to the overall, cross-site findings of the international study (Nastasi & Borja, 2016). The extended family (grandparents, aunts, uncles) were listed as sources of support but not the most significant one, since parents and peers occupied that position. Similarly, in the Greek study, grandparents were important sources of support. The findings across sites also concluded that violence (verbal as well as physical) was rated as one of the most important stressors for children. This finding is also similar to that in this study, where younger participants reported that fighting with peers and punishment from parents was a significant source of stress. Interpersonal problems and social isolation were also mentioned as significant sources of stress in both studies. Moreover, the participants in the Greek study were deprived of vacation, presents and other activities that require spending money, and this was linked to stress and called for coping strategies.

The findings of this study, even though they are based on one elementary school in Crete, should be useful for educators, parents and school psychologists in understanding individual and systemic factors related to the wellbeing and resilience of children and in designing and implementing prevention programs in schools (Matsopoulos, 2011). Parent training should be an essential part of the promotion of wellbeing of school children as parental behaviour accounted for a significant variance in children's stress. Training will include how to express care and provide support, manage conflict with their children and prevent and manage conflicts between siblings; the latter also emerged as another major source of stress for the participants. Parent education may also be broadened to grandparent education since grandparents played a significant role in the Greek children's lives.

Another recommendation emerging from the findings is for teachers to find alternative ways to evaluate students and avoid tests which was related to increased stress. They may consider the use of portfolio assessment which allows all students to work productively according to their needs. School psychologists may also provide professional development sessions on how teachers actively listen to, and build caring and supportive relationships with, students. Teachers also need to remain vigilant to detect signs of bullying and social isolation which may lead to problematic behaviour and reduced academic achievement.

This study has documented and recorded the voice of children via drawings and stories on their wellbeing. Educators, parents and psychologists need to exercise active listening in the context of the pedagogy of relationships as demonstrated in this study (Rinaldi, 2006). This child-centred approach has contributed to a deeper understanding of children's stressors and supporting factors, while underlining their perspectives about school, family and other important issues impacting their mental health and wellbeing. This approach may be explored further in future research, even with younger populations, as it provides useful material which helps to uncover new understandings on children's wellbeing and resilience. It in line with the Reggio Emilia philosophy in education where co-construction of knowledge takes place between the children and the teacher (Rinaldi, 2006). In the Reggio Emilia philosophy the researcher-teacher can be conceptualized as the adult who listens to children's voices and opinions about learning and designs learning activities based on children's interests, learning styles and trajectories.

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APPENDIX 1: RESEARCH PROTOCOL STUDENTS ECOMAP PROTOCOL (ADAPTED FROM NASTASI & BORJA, 2016, PP. 28–30)

Data Collection

The researcher introduces the ecomaps in a depictive and verbal way. They can say: "the purpose of today's activities is to talk about the people that are important to you and events that are important to you, for example at home, at school or other places". Then the researcher draw an ecomap as an example: "Here is me, I use these circles to depict my family, but you can use more circles or other shapes to show other people as well". The researcher also introduces the way the children can draw the qualities of their relationships "You can use lines to show how you feel about each of these relationships; you can show if someone creates distress for you, if someone comforts you or if someone creates both difficulty and comfort".

After each child draws their ecomaps they are asked questions about the relationship, with questions focused on description of the event, what makes the relationship supportive, stressful or ambivalent and the feelings each child felt in that situation.

Data Analysis

The qualitative thematic analysis evolved around the central constructs of the protocol and the researcher followed the guidelines and questions as indicated:

1. Competences: what are the culturally valued competencies, how each competence is defined, what cultural norms are reflected in the competencies.
2. Stressors: what type of stressors children experience, which of them are internal or external, and what the sources of this stress.

3. Response to stress: what are the emotional, cognitive, behavioral and body reactions.
4. Supports: what types of social support participants describe, what are the sources of this support.
5. Reaction to support: what are the emotional, cognitive, behavioral and body reactions.

ROBERT GRANDIN

6. A RELATIONSHIP MODEL OF SCHOOLING FOR DISADVANTAGED CHILDREN

The Life Histories of Past Students

INTRODUCTION

This chapter discusses a whole school intervention for "disadvantaged" children and the outcomes of the process from the perspective of past students some 20 years later. The goal is to illustrate that a focus on relationships and the emotional health of the students can lead to the redevelopment of self-worth from which a meaningful life can be fulfilled. In the nineteen eighties when this school was operating, the term "disadvantaged" was used for young people from lower socio-economic circumstances, remote communities, diverse cultural backgrounds and disengaged from the schooling process. With time this classification became more focussed on the individual, and terms such as students with 'social, emotional and behavioural difficulties' (SEBD) became used. Most recently the term 'mental health problems' has been used to describe those having issues within the schooling process. No matter what the term that is used, it is recognised that there has always been a significant number of students who struggle to meet the "normal" standards of school performance and behaviour. When there were unskilled jobs within the workforce, there was a natural direction of flow for students as they found difficulties with the academic process of schooling. The technological revolution within society has dramatically reduced these opportunities and governments have responded by raising the school leaving age and by attempting to provide a wider curriculum, including more vocational activity, to include all students. However, increasing difficulties with student behaviour issues, irregular attendance and declining performance standards, illustrate that there is still a need for a review based upon the role of schooling for some children within society.

This chapter describes the life history of past students experiencing disengagement and exclusion from mainstream education but who found meaning and fulfilment in another alternative school focused on building healthy relationships and emotional competence.

METHODOLOGY

Contacts with past students of the school were re-established through the use of a past students Facebook page and visits arranged throughout North Queensland

C. Cefai & P. Cooper (Eds.), Mental Health Promotion in Schools, 85–95.

where the school was situated. Volunteers were invited to discuss their memories of the school, the impact they believed it created and their life experiences following school. Participants included indigenous and non-indigenous past students, both male and female, from a variety of communities and urban areas. Having been at the school from 1984–1989, the past students were now around 40 years of age. Meetings occurred in locations chosen by the participant and included personal homes, coffee shops and outside/beach environments.

Table 1. Information on participants in the study

	Recorded interviews	*Personal discussions*	*Information provided*
Past Students	20 (10M; 10F)	31 (21M; 10F)	25 (10M; 15F)
Past Staff	3 (2M; 1F)	5 (2M; 3F)	

Table 2. Qualifications of past students

	Degree	*Trade qualification*	*Leadership positions*
Non-Indigenous	5 (1 Teach; 2 Health; 2 Aviation)	8	6
Indigenous	4 (3 Teach; 1 Health)	11	7

Individual semi-structured interviews explored the participants' views of their involvement at St Bs' School and the impact it believe had on their lives. The questions explored such issues about how students felt before and after they started attending the school, their expectations and impressions of the school, their overall experience at the school, particular positive and negative events they recall, and what happened after they left the school.

Some of the discussions were recorded and at other times, where it was inappropriate to record, the researcher noted the content of the discussion. The recordings were then analysed for key concepts that illustrated memories of the nature of the impact upon mental health wellbeing. Key concepts were mapped onto a flowchart to develop the school organisational principles that were seen to influence these ideas. The narratives were then used to illustrate the principles upon which the intervention focussed and the perceived outcomes.

FINDINGS

The School

St Bs' School was situated on a dairy farm in Australia and had been an annex to a school some 500km away. This was found to be difficult to manage and the

decision to establish it as a school in its own right was made back in 1984. As the Foundation Principal, I came to the school with a drive to work with "unsettled" students. Over the next few years I worked with the students and we changed the focus from daily classroom theory which was then applied to the farm, to one of work-based activity, a wide range of adventure activity, limited classroom time and a focus on each experience as a learning activity. The students self-selected activities which motivated them towards participation. The excitement of canoeing, abseiling, rafting, horse-riding and generally being outdoors appealed to the young people. Each activity was regarded as a learning experience through which curriculum knowledge was gained as the staff took the opportunity to include the academic principles that underpinned the experience. Engagement of the students increased along with enrolment numbers that grew from 70 to 200 in a few years.

The diversity of backgrounds of students attending the school illustrated the challenge facing society. The school promoted its desire to enrol students who were unsettled or excluded from other more traditional schools. The initial population was predominantly Indigenous Australian, from aboriginal communities throughout Far Northern Queensland, the Northern Territory and islanders from the Torres Strait Islands. Within each of these groups there was a variety of tribal associations and cultural practices. Gradually more and more non-indigenous students enrolled in the school till their population was half that of the school. These students tended to come from remote locations and unsettled backgrounds. Many students had a history of avoiding attendance at school or other different forms of school exclusion. As the student population was predominantly drawn from remote communities and properties, they also suffered from the disadvantages caused by isolation. Each had their own set of needs and ways of relating to others.

To complement the small teaching staff at the school, individuals were employed who could bring worldly experience and practical skills to the program. An agriculture teacher was appointed as Farm Manager. Specialist leaders were employed for the adventure program in rafting, canoeing and abseiling who came from tourism adventure contexts. A specialist horseman, with a high reputation within the district, was encouraged to share his skills with young people and he provided the guidance in breaking horses, riding and saddlery. Together with the dairy farmer, this diversity in staff supported a mentorship program in which the students chose a staff member to be the one to whom they turned first in a time of need. These "family" groups could be as little as one person or up to 15. Time was allocated each week for meeting, especially to arrange activity together, but it was well understood that a student could access this staff member whenever they felt the need.

> You know that mechanic fella…. Dave wasn't it…. I spent a lot of time with him….that was good. (Aboriginal male past student)

> My life as a teenager was pretty messed up…. especially my love life…. I used to go to Mrs G and she would make a cup of tea…. she also taught me how to make scones…. and we would talk… that helped me a lot. (Female past student)

Mobility was a key element in providing a flexible and outgoing program and so a range of transport was acquired as student numbers grew. The inherent mobility that the transport provided meant that it was rare that a group needing transport could not access something. This "need" was often a response by a staff member to the fact that a specific group needed to leave the school and go somewhere unstructured for a while – be it hours or days – in response to social or emotional tension within the group. The students responded to space and lack of pressure when they felt stress. Also, individuals could negotiate time out of school in which they worked alongside a member of staff of their choosing. These approaches illustrated the desire to put the emotional needs of the children first. Experience illustrated that the students did not abuse this opportunity, but rather saw it as a way to control the tensions in their life, be they relational or a time of personal dysfunction.

> I just loved the way we could pack-up and go out exploring for the day. The kids were all from the "bush" and loved being outdoors. (Female past primary teacher)

> The weekend camps, when the whole Dormitory went away for a weekend, they helped resolve the tensions that were building up in the girls, sometimes caused by living all-together in a confined space. Talks around the campfire sorted a lot of things out. (Female past dormitory supervisor)

Activity Based Approach

Much has been learned about the way individuals learn over the past fifty years. In particular, the way in which social factors impact on a child's learning (Bandura, 1977; Bronfenbrenner, 1979) and the socio-cultural nature of learning (Vygotsky, 1978). The goal of the school was to create a social environment, much like a family, that would put learning in cultural context. Many traditional schooling systems had predominantly followed a simple behaviourist learning pattern approach with recall of information in an ordered way and relied on testing of recall in a written form. This "academic" way of learning did not engage all children.

> I would not have finished school if I hadn't been able to come to this school. I can't sit behind a desk all day. We knew that the pain of our classes would be over by morning tea. (Male past student)

> Couldn't live much in the classroom… I was outside helping the yardman…. Best time of my life at that school, plenty of things to do… (Aboriginal male past student)

> I would do anything to get out of written stuff… After school I went to college and did a Tropical Animal Production Certificate and have never used any of it. (Male past student)

Many of the students wished to learn through doing. This included learning through trial and error. It can be argued that this form of learning was normal before traditional schooling. Cottage industries thrived in an apprenticeship model of learning. Fifty years ago apprenticeships also provided the alternative pathway to schooling, those that were not coping academically transitioned to unskilled work or traineeships. However, more recently, the technological revolution had diminished the number of un-skilled opportunities. In an effort to provide further opportunity Government reacted by raising the leaving age of students and keeping all students within the schooling community who did not have work placements. Our students negotiated an increased number of practical elements into the curriculum. The breadth of potential in each established syllabus was utilised to the fullest extent in applying practical activity through which to teach required elements to a diversity of students.

> The farm was great for work-making exercises that got kids interested…it taught responsibility and commitment …agriculture and animals is a great way to have influence over them… and exposing them to life's lessons. (Male past farm manager/teacher)

> I just loved the agricultural side of it…different to any other school I went to. (Aboriginal female past student)

A motive for the activity-based approach was the development of social relationships within group work and to illustrate how theory applied to the practical world. The activity program was designed around the natural routines and requirements of a working property as this was the context of the school. It is important to recognise that these principles and examples can be translated to other contexts, for example an urban community within which the students develop a range of involvements depending upon those available. In another school this included activity with the old-age community, community support programs, light industry, markets – both for production and retail, community arts and crafts, and resources for youth – skate park design and development. The essential concept is that the learning community follows a natural way of life for the context within which it is placed. Similarly, the activities were not artificially contrived, but formed a part of the successful productivity of the enterprise.

The range of activities depended upon student choice, the environmental context and the availability of supervising staff. Groups were vertically integrated across a range of ages, determined by the ability to participate in the activity. Choices were generally fixed for one term at a time, but any issue from a failure to function within a group was responded to with a movement to another group. This approach was designed to avoid pressure caused by direction by others to carry out a task that the student was not willing to do at that time. It focussed on students making decisions based on their own view of their needs, which was seen to develop self-esteem and intrinsic motivation over time. Farm activities included dairying, farm-based work

projects, horticulture, stock management – cattle, sheep, horses, horsemanship, saddlery and leather craft, mechanics, driver training, building and fencing. The adventure training included abseiling, canoeing, rafting, bushwalking and camping. Group size depended upon staff supervision and a rotation system was often needed to cope with student demand. Staff included planning and recording of routines within each activity to recognise elements of the curriculum that were being covered.

> I learned so much about horsemanship from Geoff. It helped me after school when we formed a mustering team and went out west working. I went on to get my helicopter license and do mustering. What I had learned at school was so important. (Male past student)

> We learnt about life…. what we could do. I always remember that. It made me ready for my future. (Aboriginal female past student)

An example of the latter approach can be illustrated through a cemetery visit. Groups would often discover older cemeteries from pioneering days when "out and about" on activities. A return visit would be planned and a range of "curriculum" activities included in an outing. These would include the option of several writing and researching tasks, such as recording information, creating stories from the headstone information, free writing on reactions or feelings, and historical research. Others may take a more mathematical approach and tabulate the data from headstones to investigate timelines, average ages, family groupings or general statistical information. The use of materials and relevant longevity or erosion may be tabulated. Some rubbings, photography or drawings could include curriculum items from Art. Group discussions, around a picnic, would allow the staff member to draw out reactions of the students to issues confronting early settlers such as longevity, child mortality, diseases, accidents and religion.

> Balance between curriculum and why the children where there. Open licence, if the kids were not settled we would go for a bushwalk and make that the basis of a language learning experience the next day. (Female past teacher)

The daily routine commenced at 8 am (apart from milking – 5.30 am) and usually finished at 4.30/5.00 pm. Recreational activity was decided by the students and included sports in season and a band. In hot weather a popular student choice was to go to the river for a swim. There was a quiet time after dinner in which the students were encouraged to read, write a letter, extend their class work and generally relax. The extended day and high intensity routine meant that students were usually quite tired. Weekends were focussed around voluntary activity and included adventure excursions, such as sporting teams, horse riding and town shopping. Students would often take camping gear and camp away from the school. This was often the opportunity for a specific cultural group to be together. There was a high level of responsibility placed upon students within each of these contexts and leadership was encouraged. Frequently a dormitory group would take a bus and go camping together for the weekend.

> My mob used to go out to the Millstream camping on the weekend and that was how we kept together. It was my responsibility to see that everyone from my community were ok. (Aboriginal male past student)

The Relationship Process

The fundamental premise of the school was to create a relationship with each incoming student. In many ways it was based upon a "family" approach. Each student was accepted for who they were and a range of people with whom they could relate was established. This included the Principal as a "father" figure; Dormitory Supervisor as the first-line of authority and "mother"; an established student as a peer advisor or "brother/sister"; Domestic Staff that would be concerned with health, food, laundry as "aunties"; and Chaplain for spiritual comfort. The focus was to establish a sense of belonging and attachment. Included in discussions was the sense of responsibility that came with being a part of a group and the principle that trust was developed through cooperation and participation.

> I remember the school as my family. I can only remember good things. (Aboriginal male past student)

> You guys are like parents…Prepared us well for life. (Male past student)

> Developed a relationship with kids while you were trying to act as an example to them. (Male past farm manager/teacher)

> Teachers were great to get along with…just the whole lifestyle, I found it more family – people cared. (Aboriginal female past student)

The other important premise was that activity would be a natural part of the program, it would be meaningful and focussed on building skills. This was predominantly achieved through the working nature of the farm context. As a commercial dairy, milk was collected daily, but to achieve this output a wide range of husbandry and rural maintenance activity was necessary. Students were either rostered (milking) or chose to join activity groups that carried out these chores (fencing, tractor work, irrigation, maintenance). A range of other rural activities were managed in the same way, such as horticulture, sheep, mechanics, metal work and building. Many of the students came from environments where horses were a normal part of activity so an extensive focus was developed on horses. The introduction of a well-known horse-breaker drew interaction with surrounding cattle stations as they contracted the school to prepare horses for station work. Under his guidance, the students developed a range of paddocks, yards and equipment that was necessary to carry out this work. The students were involved at all levels in this development. Apart from the specific skills associated with each activity that developed competence, the students discovered self-reliance, problem-solving and adaptability as things did not always go as planned. Having responsibility for the

task they were assigned in a "real" situation they quickly recognised the trust that the instructor had placed in them. When there was a need for correction it was work related activity that could be seen as a natural consequence in context. All the above situations developed "life skills" for young people from a rural/outback environment.

> It prepared you for life – not much you couldn't turn your hand to. Gave you a kick-start in life. (Male past student)
>
> I enjoyed doing the farm and things…different activities… more to life than just schoolwork…learning everyday life stuff, life skills. (Female past student)

An example of the way the activity program developed a range of skills can be seen in the participation of 24 students in a Bicentennial Year 10-day horseride from Maytown to Cooktown. This followed the historical route from the goldfields to the sea port. When they volunteered to participate, the students knew that it involved a six-month commitment. Horses had to be selected, trained and cared for, involving lengthy rides, overnight hobbling, feet management skills – including shoeing – and general horse husbandry. Equipment had to be developed – old saddles were sourced and repaired – each student needed to make a canvas swag for overnight stops, extra bridles needed to be made, hobbles designed and developed. Each student recognised that they were responsible for themselves and their horse for the whole of this period.

> Put what they learn to a practical use. They can see that it is worth learning. It is not sitting them down and hammer, hammer, hammering them and at the end of the day there is just a piece of paper. Not actually saying to them that what they have learned has value. When it is practical they can see what they have learned has value. (Male past horse instructor)

The adventure activity program was designed to challenge young people in a way that developed excitement, cooperation, resilience, leadership and self-reliance. In the spirit of the scouting movement, challenges were designed to confront the adolescent, teach skills to cope and help them to discover inner strength. It was recognised that many of the students had come from environments where camping was a natural activity and the space of the outdoors was a place of escape. Building on this platform, abseiling, canoeing and rafting were designed to provide more challenging skills and a sense of achievement. The Duke of Edinburgh Scheme was introduced so that student achievement could be recognised through focussed activities, structured challenges and certification of levels of outcome. These became recognition of another skill and placed in a young person's portfolio. Like so much of the activity at the school, it also provided a platform to incorporate academic curriculum elements in a non-classroom context. For example, the building of canoes from moulds incorporated both mathematics and science. These challenges remained strong in the student's minds many years later.

> Memories … Dorm trips, day trips, weekends, different areas for camping, horse sports. (Female past student)
>
> Taught me a lot of things, abseiling, did this and did that, did Duke of Edinburgh, I regret I didn't finish it, I did finish it but didn't hand the thing in, I can describe all the things I done. (Aboriginal female past student)

Adult Trajectory: Resilience and Self-Actualisation

A consistent aspect of the histories of the past students was that they were employed or in a strong family relationship and many had leadership positions. Information on 50 past students indicated that 20% had a university qualification and a further 30% had tertiary/trade qualifications. Twenty-two percent held positions of responsibility within Indigenous organisations. The past twenty years have not been ones of economic stability. However, the past students have demonstrated high levels of resilience, moving from job to job, location to location, retraining as necessary. Another interesting aspect of their approach has been to be satisfied with their level of work, rather than continually trying for promotion.

> Make laminated beams…leading hand on the floor…baby sitter…still on the floor, don't want to go to the office. (Male past student)
>
> I got to management but realised that I was so busy I would come home and say "hi" to my kids and they would look up and say "g'day" and go back to their game. I realised I was missing their lives, so I returned to a station job. (Male past student)
>
> I moved to aged care as I just love the oldies, it is a bit tough at times, but regular and steady. (Female past student)
>
> Happy to do what I am doing at work, I have no interest in moving up the food-chain. (Male past student)

Many past students had maintained contact with other past students. There was regular contact for many on Facebook, some would ring trusted friends from school when they needed advice or comfort, birthday milestones meant a gathering of past friends and visits without notice often occurred. Weddings were a time to regather as friends. A reunion at short notice attracted more than 100 past students and staff, with many complaining that there was not enough notice and looking forward to the next opportunity. The intensity of the memories was striking.

> I can remember more of the one year of being up there than the four years of high school. (Female past student)
>
> Hard to explain to people about school friends…it was a different school like that…we lived and worked together 24 hours… weekends we would find the

> teacher on duty and con someone to drive a bus and take us somewhere. (Male past student)

The expressed goal of the school was to help young people from unsettled backgrounds to rebuild their self-esteem, or in other words, to discover their individual self-worth. The focus of relationships was to allow students to take responsibility and learn from mistakes if necessary. In keeping with Maslow's view, "self-actualization is not an endpoint, but rather an ongoing process that involves dozens of little growth choices that entail risk and require courage" (O'Connor & Yballe, 2007), the school provided the variety of opportunity that encouraged and allowed each student to discover who they were.

> Learning about themselves … Find out who they are… (Male past horse instructor)

> We relied a lot on good communication…not sit down and say 'what does this kid need' …take them horse riding or something…. this might be a chance for the staff member to talk and connect or to talk and let them get it out of their system… I think it was quite effective with the clientele we had. (Female past teacher)

The past students illustrated a group of people who were in control of their lives, where choices were often made as a part of a "whole life approach" rather than compulsion or desperation. They illustrated the person described in O'Connor and Yballe (2007, p. 749) – "You become a person who has needs, not a needy person." They described fulfilment in their lives.

> Looking forward to being some kind of instructor, to pass my knowledge down. Denote some time to Manual Arts at the Bwgcolman School (Palm Island State School), give them the opportunities I didn't get growing up on Palm. (Aboriginal male past student)

> I work for mining companies as a negotiator with aboriginal elders as they work out mining agreements. If it is a difficult one and I mention a few names that I went to school with, they see me as a different person in their minds and things become much easier. (Past student female)

CONCLUSION

To assist students who are sidelined for support in schools to return to "mainstream" activity it is necessary to focus on their mental health as a priority before attempting to redevelop "academic" skills. Once young people have been able to recover their self-worth they are able to discuss the unique attributes that they apply when they are learning something new. This interaction with a teacher enables them to focus learning in a way that allows meta-cognitive growth and understanding of underlying principles. From this position a determination to achieve self-directed goals can develop and necessary academic building blocks achieved.

A necessary adjunct to this approach is that curriculum structures allow groups of students to work at a common performance level, often requiring multi-aged groupings, or with self-directed approaches such as thematic projects. This becomes a challenge to the highly sequential nature of curriculum development and timetabling in traditional schooling. In a similar way the use of outcomes based authentic forms of assessment may be necessary to provide an individual focus rather than that provided by common testing. The priority remains individual health over a common rate of curriculum development.

The apparent success of the school offers a guide to the needs of those students that struggle with the intensity, structures and discipline of the traditional schooling process. The process in this school moved from the arbitrary curriculum of traditional schooling to the meaningful activity of a working society. It focussed on learning by doing, rather than learning theory and applying it later. It moved from an artificial to an authentic context. The "alternative" approach was focussed on inclusion as distinct from the exclusion that the students had experienced in "traditional schooling". This occurred without the loss of future academic opportunity. Building relationships focussed on self-actualization, created the potential to decide when and where choices would be made and a variety of potential pathways followed. It is argued that students with mental health problems created by a breakdown of relationships between a school and the student can be helped to prepare for a positive future if the focus moves from simple academic achievement to a relationship model of interaction and the development of life skills.

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PART 3

TEACHERS' PERSPECTIVES

CARMEL CEFAI AND HELEN ASKELL-WILLIAMS

7. SCHOOL STAFF' PERSPECTIVES ON MENTAL HEALTH PROMOTION AND WELLBEING IN SCHOOL

INTRODUCTION

Universal interventions in mental health promotion in schools are increasingly gaining salience as schools seek to provide more relevant and meaningful education matched to the realities of the twenty first century. A universal perspective of mental health is focused on mental health promotion for all students through a whole school approach. This includes integrating the development of students' social and emotional competencies with the creation of mentally healthy communities at classroom and whole school levels (CASEL, 2013; Cefai & Cavioni, 2014). Within this perspective, the curriculum, classroom practices, relationships, and school culture and policies, are all geared towards the creation of classrooms and school climates conducive to the development of mental health and wellbeing. Particularly, universal approaches consist of specific curricula in social and emotional learning; integration of social and emotional education curricula into other content areas; classroom climates where social and emotional competencies are practised, reinforced and modelled through caring relationships and connective, meaningful and inclusive practices; and engagement with and contributions from school leaders, teaching and support staff, students, parents and the broader community (Cefai & Cavioni, 2014).

There is consistent evidence that universal approaches are effective with children and young people from diverse cultures, at all school levels, and in both academic and social and emotional learning. Reviews have found significant impacts of universal programs on students' behaviour, including enhanced social and emotional learning, more positive mental health, improved academic achievement, and reduced internalized and externalized conditions, such as anxiety, depression, substance use, violence, and antisocial behavior (Durlak, Weissberg, Dymnicki, & Taylor, 2011; Payton et al., 2008; Sklad, Diekstra, De Ritter, & Ben, 2012; Slee, Murray-Harvey, Dix, Skrzypiec, Askell-Williams, Lawson, & Krieg, 2012; Weare & Nind, 2011). A balanced, holistic approach to education seeks to integrate the cognitive and affective dimensions in children and young people's development, thus leading to the formation of academically, socially and emotionally competent young people who have the skills to grow and thrive in a challenging world (Cefai & Cavioni, 2014). Rather than being diametrically opposite to, or in conflict with,

C. Cefai & P. Cooper (Eds.), Mental Health Promotion in Schools, 99–119.

academic learning, social and emotional learning and mental health promotion actually support and contribute to academic learning (Côté-Lussier & Fitzpatrick, 2016; Diamond, 2010; Durlak et al., 2011) Social and emotional learning and mental health promotion provide a foundation for effective learning and academic success (Adelman & Taylor, 2009). It facilitates learning-useful skills such as regulating emotions and dealing with emotional distress, coping with classroom demands and frustration, solving problems more effectively, building healthier relationships, and working more collaboratively with others. In their meta-analysis of over 200 studies, Durlak et al. (2011) reported that students who participated in universal social and emotional learning programmes, scored significantly higher on standardised achievement tests when compared to peers not participating in such programmes.

The pressure emanating from highly-published externally imposed standards, including ranking countries according to students' academic performance on international academic league tables, runs the risk of relegating non-cognitive aspects of education, such as promoting mental health, to the periphery of education. Berliner (2015) and Ercikan, Roth, and Asil (2015) highlighted concerns with international assessments that tend to overlook the social determinants of educational success (which, in many cases, parallel the social determinants of mental health). Focusing upon academic successes measured by potentially misleading international assessments may lead to schools being more concerned with raising academic standards than providing a broad based and meaningful education (Cefai et al., 2014; Meyers, 2013).

Thus, in this chapter we present findings from staff working in schools with active mental health promotion initiatives. We asked participants about their efforts to promote student mental health, including the challenges faced when implementing universal interventions, as well as the perceived benefits not only for the students but for the whole school community. The objective of our study is thus to capture the thoughts and feelings of teachers and school leaders (principals and deputy principals) in schools that had embarked on various universal initiatives to promote mental health and wellbeing for all their students. We explore participants' perspectives about such areas as the curriculum, programmes, pedagogy and assessment, whole school interventions, the role of parents, teacher education, and staff education, amongst others.

METHODOLOGY

The study was carried out in two primary schools and one secondary school in metropolitan Adelaide, South Australia. We used purposive sampling, recruiting schools that were actively engaged in the promotion of mental health and which were willing to participate in the study. Early years, primary and secondary schools were identified with the help of Flinders University colleagues and other stakeholders involved such as personnel from the Department of Education in South Australia. One of the main criteria for inclusion in our study was that the schools had to be

KidsMatter[1] or MindMatters[2] schools, or schools that were using mental health, wellbeing or resilience programmes, or schools that had recently embarked on innovative changes related to promoting mental health and wellbeing. Five schools were identified and contacted and four schools, two early years/primary and two secondary, met the criteria for selection (one secondary school dropped out of the project at the beginning of data collection). Ethical approval was obtained from our two universities (University of Malta and Flinders University, South Australia), the Department of Education and Child Development in South Australia, and the respective heads of school.

Schools

The first school was a Birth to Grade 7 (0 to 12 years of age) relatively high socio-economic disadvantage[3] state school. The student population speaks 42 different languages, with 65% of pupils having English as a second language. Sixty per cent of students receive school fee relief. The school population, including preschool, was around 400, with a teaching staff of 38 (full time equivalent). The school was participating in an innovative education programme, making use of the Reggio Emilia (http://www.reggiochildren.it/identita/reggio-emilia-approach) approach to education, including social and emotional learning programmes such as *Play is the Way*[4] and *A Flying Start.*[5]

The second school was a Reception to Grade 7 (student ages 5 to 12) state school with students from 40 different cultural backgrounds, with relatively high socio-economic disadvantage. It consisted of the mainstream multicultural school and the New Arrivals Program (recent immigrants and refugees). It had a school population of around 250 and a teaching staff of 25 (full time equivalent). It was a *Kids Matter School*, making use of such programmes as *You Can Do It! Programme Achieve*[6]*, Restorative Justice*[7] and *Peer Mediation Programme.*[8]

The third school was a middle/high Catholic School (Years 7 to 12, student ages 12 to 17), with a relatively low socio-economic disadvantage, a school population of 750 and a teaching staff of 70 (full time equivalent). It was participating in *MindMatters*, and had in place such programmes such as *Restorative Justice*, *Youth Empowerment Process*[9] and *beyondblue.*[10]

Participants

Twenty four members of staff from the three schools, representing school leaders and teaching staff, participated in semi-structured interviews carried out at the schools. Staff who were engaged in mental health promotion programmes were identified by the school principal, deputy principals and/or head of care services, and invited to participate. Participation was voluntary and written consent was sought from each participant. All participants were free to quit at any point during the study. The great majority were females, with only five male participants (two school leaders, three teachers).

Interview Schedule

The semi-structured interviews with school staff were all carried out by the researcher at the schools. The interviews sought to capture the views of staff on their experiences in mental health initiatives at the school, including current programmes, classroom practices, staff professional education and competence, staff wellbeing, and the schools' strengths and weaknesses in implementing such initiatives. When school leaders were interviewed, these included both the principal and the deputy principal(s) together; teachers were interviewed individually. Interviews followed the interview schedule, but participants were encouraged to elaborate on issues and to talk on related issues not raised in the interview schedule. Most interviews with teaching staff lasted between 45 minutes to one hour, whilst interviews with school leaders took about one and half hours. All interviews were recorded and were later transcribed by a research assistant in collaboration with the researcher.

Analysis

Thematic analysis of the data sought to capture the participants' views on various aspects of mental health promotion at their school, grouped according to four major areas in mental health promotion (Durlak et al., 2011; Greenberg, 2010; Sklad et al., 2012; Weare & Nind, 2011), namely whole school approach initiatives, programmes and classroom practices, school staff initial and continuing professional education, and the schools' strengths and weaknesses. Themes were identified in each of the four areas though an iterative process of coding, grouping and regrouping into themes and subthemes, going back and forth to the data and themes and subthemes, until the final themes were developed for each area. An interrogative and reflexive stance during data collection and analysis was adopted with a view to avoiding bias and ensuring data fidelity and trustworthiness.

FINDINGS

Table 1 shows the themes that emerged from the interviews with the participants grouped according to the four main areas of mental health promotion as listed above.

A Whole School Approach to Wellbeing

Shared vision, common language, common spaces. A common factor across the three schools was the involvement of the whole school community in promoting mental health and wellbeing as a key common goal. As one teacher put it,

> Wellbeing is the key to education in the future, slowly becoming part of the literacy of the school. There's a huge push for wellbeing, and that's what really underlines everything. (School 2, Primary-Reception, Teacher, Female)

Table 1. List of themes which emerged from the interviews

Whole school approach to mental health	Shared vision, common language, common spaces
	Integrated approach: 'from fixing kids to building capacity and empowerment'
	Inclusion and diversity as facets of wellbeing and mental health
	Whole staff engagement and collaboration
	Parents as active partners
Classroom practices and processes	Wellbeing and mental health competencies
	Programmes
	Assessment
	Experiential, skills based, inquiry based learning
	Students with a voice
	Embedded learning
	Staff-students relationships
Teacher competencies and education	Need for more staff professional education in mental health promotion
Strengths and challenges	Commitment by whole school to mental health promotion as a key area in education
	Adequate resources and support at school

The whole school approach included a shared belief that a focus on wellbeing and mental health is related to learning and positive behavior*;* shared practice with all staff involved in the implementation of programme/s at classroom and whole school levels*;* active involvement of the parents and students at classroom level (e.g., programmes) and across years (e.g., peer mentoring):

> We have all the same goals, use same language…the staff is really on board in the school's programme in wellbeing. (School 2, Primary, Administration, Female)

> We use space and language to get people thinking differently about spaces and within their studios and learning commons…We've got to move past 'this is my studio I only teach there'…we're trying to promote the idea that the kids belong to a whole neighbourhood not just this bit of the neighbourhood … and not just one learning advisor, it's two teams working together and learning advisors are responsible for the learning of all children in their synergy…and it's giving children a choice, they can choose the right person, we're not good at everything… So one of the learning advisors could be working intensely

> with the small group, other kids can be getting on with what they're doing and another one can have another group, so it's making a smarter use of human resources. (School 1, Primary, Administration, Female)

An integrated approach: From fixing kids to building capacity and empowerment. Another whole school theme was the view that mental health promotion is, and should be, a universal approach across the whole school for all students, combined with targeted interventions for students at risk/facing difficulties. It was considered that school staff are responsible for universal mental health and wellbeing promotion, while therapeutic services are provided by other professionals at the school (and externally), consisting of a chain of support for teachers and students in mental health implementation and delivery. In one school, there was an emphasis on the provision of integrated health, education and social welfare services, with community services and family professional services provided at the school:

> If I look at how things were 10 years ago, counsellors were really the only people who knew when a young person wasn't coping very well or when things were happening in their lives, but what's happened now, because of this structure and because of the emphasis on wellbeing, I can go to talk to a teacher and say 'Did you know what's happening to so and so in your class?' And they'll go 'yes and…' and they can actually tell me more because they are actually the ones with the relationship with these young people, so there's been this massive swing from, if you've got a problem you go and talk to a counsellor to now; mentoring teachers are really, really in touch with their young people and how they're doing. (School 3, Secondary, Teacher, Female)

Inclusion and diversity as facets of wellbeing and mental health. Participants expressed the need to recognise, address and celebrate different cultures, languages and ethnic groups in their school as an important part of mental health and wellbeing, both for students coming from such cultures as well as for the whole school. Multiculturalism and diversity were seen as assets for the school, and inclusion was considered as an important value in children's development, like academic achievement. Being valued, respected and recognised, irrespective of any linguistic, ethnic, cultural or other differences, was one of the key goals of the schools:

> Even though we are a Category I [high socio-economic disadvantage] school we have to be careful about assumptions that we make about such schools, because multiculturalism brings a whole other richness to the school. (School 1, Primary-Reception, Teacher, Female)

> I think one of the biggest strengths that we have as a school is that we have a very big focus on inclusive practices, and when I send the children to another classroom, like right now they are in Media, I know that the same kind of learning and understanding for all kids would be there. (School 2, Primary, Teacher, Female)

Whole staff engagement and collaboration. The active engagement of the whole staff in a collaborative effort, with a supportive and empowering management, was a key process at the schools. Some examples of "creating spaces together" included team teaching, staff planning wellbeing curriculum and activities together in regular meetings, staff engaging in regular professional dialogue with the opportunity to make use and develop their strengths, staff participating actively in decisions at the school, and support and encouragement from administration for staff participation. The following excerpts illustrate instances of such whole staff engagement and collaboration:

> One of the really important things is that we have enquiry time with the learning teams and learning advisor teams every fortnight. So we've got the time to sit and talk and unpack some of the stuff that we're thinking about. Unpacking and thinking, having real discussions… (School 1, Primary, Teacher, Female)

> I think the fact that we started the Play is the Way program as a whole school, everybody is trained and the school has bought the resources to support us, like the manuals, the DVDs. They are part of our staff meetings, we reflect what we are going to present more on a daily basis, we've developed a kind of policy where we see how we can use that program, so it's a whole school language, I am just one of the cogs in the wheel really, linked to the chain. That's what we're all aiming for, that all of the students across the board will have that same language, so when you are outside and you come across a situation you use the same language…and help…There was that distance but now you go out and see them in the yard… the children it's more community, more family, more positive interaction. (School 1, Primary-Reception, Teacher, Female)

Parents as active partners. Our participants underlined the key role of parents as active partners in mental health and wellbeing initiatives at the school. Parents participated in activities held at the school (e.g., coming to listen to reading, participate in circle time) while students were given tasks to work at home with their parents. In the primary schools, the parents also participated actively in resolving learning and behaviour difficulties at school. The schools also provided – to varying degrees – parental education, attachment theory and practice courses, weekly 'learning together' sessions (supportive playgroup), talks and seminars, family support coordination and family support groups:

> We had a little boy who was having difficulty moving from the Preschool into the school…he was out in the yard totally terrified, so we said you don't have to start school now, come back to school when you feel safe. In the meantime the Community Development Coordinator (CDC) was saying "Hello" to mum, and sit down and have a cup of coffee…the mum talked about the difficulties she was having with the child, so the CDC organised for an Afghani speaking

> community person to come in and the outcome of that was we now have a Muslim mothers group of nine parents talking about child development and bringing up children. So that's the potential to be responsive to the community, the Muslim mothers now have a voice and a safe space to be talking about the things they want to know about. They've been empowered to work with their children and with us. (School 1, Primary, Administration, Female)

Empowering parents to take an active part at the school in the promotion of students' mental health and wellbeing meant also deconstructing the traditional role of parents in schools and transforming it into a more proactive and equal one:

> One of the challenges is about rethinking the role of parents in the learning community so that the traditional idea that parents can help out, they can do dishes, they can do fundraising…we're starting to interrupt that with things like the learning projects' volunteers and we're trying to think of ways to actually connect parents with their kids' learning. We're doing something that's really untraditional and I think at the moment parents are kind of going along with us but I'm not sure that they're actually understanding, so the challenge is how do we actually bring them into the understanding and to be partners in their children's learning. (School 2, Primary-Reception, Teacher Female)

Classroom Practices and Processes

Wellbeing and mental health competencies. When we asked participants what are the key mental health and wellbeing competencies that schools and teachers should be nurturing, their suggestions could be grouped into four main sets of competencies that produce happy, confident and well-adjusted individuals. These included safety issues, namely the need for students to feel safe from bullying, cyberbullying and to recruit help when needed; resilience skills, such as confidence in learning, good problem solving skills, autonomy, and building on strengths; emotional literacy such as expressing and regulating emotions; and developing healthy and collaborative relationships with others in work and play:

> What we aim to do is that by the time they get to Year 12, when the pressure is really on, the plan is that they should have these skills or they can actually start to kick in with those skills and teachers can say ' Well, you know all that stuff you've been doing for the past 4 years, this is when you start using it because you really need it' …dealing with stress, anxiety, all of those things that are just as important, well they're going to be absolute barriers to their success if they don't deal with them. (School 3, Secondary, Teacher, Female)

Programmes. When asked about the various mental health and wellbeing programmes available at their schools, most of the staff said that such

programmes provide a solid structure for a whole school approach, including classroom activities and the involvement of all staff, students (e.g., mentoring programmes, assemblies) and parents (e.g., take home activities). Programmes and frameworks included, amongst others, the *KidsMatter* Framework, (early years and primary schools) *MindMatters* Framework (middle and high schools), social and emotional learning programmes, resilience programmes, safety and child protection programmes, and mentoring programmes (staff-students and students' peer mentoring). While most staff appreciated structured programmes, they advised that programmes need to be adapted according to the school's culture and the need for programmes to remain relevant and meaningful. Some teachers, particularly in the secondary school, argued that some of the activities and resources in ready-made programmes may be out of touch with young people's realities, and become outdated or overused. While programme activities may serve as a guide, they need to be modified according to the needs of the students, as one teacher put it,

> Giving a world view through stories, face to face discussions, peer mentoring, and not just through programme worksheets. (School 2, Primary, Teacher, Female)

> When we first introduced the Programme and we started to get feedback from the students and the staff, some of the students didn't like the graphics, they thought they were a bit childish, they were finding some of the lessons to be paper driven and they didn't want to photocopy millions of pieces of papers. So what's actually happened, it's morphed into our programme, we used the foundations, but now teachers use newspapers articles**,** YouTube clips and all those kind of things…there might be something in the paper about a football team who wins a Premiership and you look at the coach; what qualities would the coach use, such as resilience and persistence… I can remember a couple of years ago Venus Williams, there was a picture in the paper and she had a diary on the tennis court about what she could do, say to herself etc. so we used that in the classroom of someone at elite level and what they were doing with their self-talk. (School 3, Secondary, Teacher, Female)

Assessment. Teachers carried out various forms of social and emotional learning and wellbeing assessment, such as individual and group observations; note taking, completing programme checklists; discussion with colleagues; interviews and mentoring sessions with students (collaborative assessment); and recording of students' work in different forms, such as learning journals profiling students' wellbeing achievements, and regular tracking of students' wellbeing behaviours at periodic intervals. Assessment however, was formative and dynamic, and some

teachers referred to the trappings of traditional academic testing, and highlighted that mental health and wellbeing do not follow a high-stakes testing route: such a focus on testing and performance may constitute a threat to children's wellbeing

> We look at a lot of skills and we have a wellbeing assessment checklist that we do after 4 to 6 weeks, then after 2 terms… we actually track wellbeing as we go along, so we are looking at and pinpointing areas that children need to develop more; it could be about working with other children, how well they follow instructions, whether they have friends, whether they are playing with different children at recess and lunchtime…. (School 2, Primary, Administration, Female)

Experiential, skills based, inquiry based learning. When asked about the pedagogy adopted during mental health and wellbeing activities, the teachers spoke about enquiry based, personalized, experiential, and child directed learning, *"this helps children to develop agency, to look after themselves, to make decisions".* Strategies included role plays, worksheets and video clips, while one group of teachers drew attention to their use of the Reggio Emilia's '100 ways of learning' such as play, art, music, gardening, cooking, book making, physical activity/ sports, and information technology. Making use of, and working with, children's strengths, interests, and learning styles, and providing choice of learning according to strengths and needs (in big groups, in small groups, in pairs, on their own, one to one with teacher, outside the classroom), were other pedagogical strategies mentioned by the participants:

> We use the language of the campfire, the watering hole, the cave and the mountain top to describe different spaces…the camp fire would be whole group, like storytelling… then the watering hole is a small group, collaborative session… the cave is central, a child can go and they can actually learn on their own, reflecting**,** making sense of their learning and understanding…and the mountain top is meant to be how you physically or virtually celebrate your work. (School 1, Primary-Reception, Teacher, Female)

Students with a voice. We're making use of the knowledge and skills kids bring with them, they feel valued, appreciated, we develop strengths not focus on risks… giving kids power to bring about change, feeling masters not victim of their feelings – there is the expectation that you will be able to engage in your learning (despite your background), you have a right to this (voice). (School 1, Primary, Teacher Female)

A common element in participants' narratives was the importance of students' active involvement and autonomy in their own learning. Participants advised that they encouraged students to enact change, and to engage in self-directed learning.

To enable this, teachers provided students with choices of activities and a variety of modes of learning. Students also organised whole school activities in wellbeing and mental health, such as regular assemblies, peer mentoring and peer mediation to fellow students (such as the *Youth Empowerment Programme*, peer mediation scheme, and buddy system), and participated in the school council:

> If we bring it back to some of our beliefs and principles for effective learning, we believe that children are competent. They are born competent and it's what we do with them that nurtures that or takes it away. So the learning advisors and the children were talking about wanting a sandpit…for some reason they built this school without a sandpit for Early Years. So then we talked about what is it that we really want? And they actually wanted access to sand to play. So we came up with the idea of getting a pile of sand delivered into the forest area. One of the learning advisors took it on with her kids, and a couple of boys got right into it! They ordered the sand, they had to make a sign out there for the trucks, showing the trucks where to come in, with their helmets on…they had to do all the research and they had to make it happen… so now they have this connectedness with the whole sand thing…(School 1, Primary-Reception, Administration, Female).

Embedded learning. Besides explicit teaching of social and emotional learning, there was also an emphasis on embedded learning, with mental health and wellbeing integrated into academic learning activities and promoted through the classroom climate and school ecology. In one school there was a focus on the environment and space as the third teacher, providing opportunity for learning in enquiry-based ways within a safe environment, thus promoting agency, self-reliance, and self-efficacy. The programmes included activities that could be integrated into other academic subjects, such art and music. Meanwhile the teachers used the programme language, skills and activities during daily classroom life and activities:

> As a whole school we are developing the Reggio Emilia pedagogy which connects children and the community as partners in learning, and has a strong emphasis on valuing the knowledge and skills that children bring with them… so we are trying to focus on those aspects, so that the children feel valued, that they have a place at school, they have a place in their learning, they have a place in others' learning, to build up their confidence, their enquiring mind, … respect for others, respect for the environment. That is really what I am trying to do with my students…we work with a very low socio-economic district, so the wellbeing of many of the children and families may be at risk… so we try to turn that round, that school is not a place of punishment and strictness but a place of learning and appreciating ourselves. (School 1, Primary-Reception, Teacher, Female)

A music teacher in a primary school described how music is used to contribute his students' mental health and wellbeing:

> For example learning music can have social and emotional benefits: to deal with emotions, providing an outlet for aggression, good for shy kids to feel confident and improve their self-esteem, provide safe space where kids can be brave and perform, move and listen. I have a hip hop (rap) group for a handful of Year 6–7 kids who often get into trouble. I have also a rock band, choir (Festival of Music), cup (percussion) group, ukulele, drums, and radio station. (School 1, Primary, Teacher, Male)

Staff-student relationships. The participants emphasized healthy relationships with students as one of the key determinants of students' wellbeing and mental health, providing a foundation upon which skills are developed and practiced. They discussed the need to connect with students, broadening their role from academic learning to being 'open teachers' and caring educators: *"relationships are the key to everything"*

> In this school children know that they are respected and they are trusted and if you go around and ask the children what they like about this school, trust and respect are two things that come out and they will tell you that we like this school; because they trust us and that's huge. (School 3, Secondary, Administration, Female)

> Without personalising their lives, I make myself available to them so I'm approachable. The body language allows me to read them over a period of time. For instance I have a girl who started the year off very cheery and bubbly, and I noticed for the last two weeks she's been very tired, so I called her aside and I told her 'these are the things I noticed different with you; you are playing with your feet, you are sitting with your arms crossed and you're falling asleep as soon as you stop'. That's the only things I said to her that morning, and within four lessons, she came to me and spoke to me about she's having issues with friends because one of them has got a new relationship, so I split the group…. (School 2, Primary, Teacher, Female)

Teacher Competencies and Education

Need for more staff education in mental health. The staff mentioned that they need to have adequate education in social and emotional education and mental health promotion. While such education was provided by the schools as continuing professional learning experiences, participants indicated that they felt that initial teacher education in this area was in most cases insufficient, particularly for secondary school teachers, and there was a need for more education in strategies for building healthy relationships with children and dealing with mental health issues. (It must be mentioned here that many

participants had completed their university training a number of years prior, and this reality may not reflect what is actually happening today in initial teacher education). Most staff indicated that they felt competent in teaching and promoting mental health and wellbeing, but underlined the need for continuing education, particularly in developing skills to support children with mental health difficulties.

> When I think back at university there wasn't enough work done on the relationships with students. It was very factual and very direct…it was more on how to get kids to learn and why is it they learn, so the classroom stuff as far as wellbeing and talking, that was ok, but as far as specifically thinking about their overall wellbeing, it was kind of not really mentioned at all. I think the longer I've been here, in the real world of teaching, the more I'm learning that the role of wellbeing is more and more of the school. So when I see teachers coming out now… I'm not sure… I hope they're better prepared than I was…. (School 3, Secondary, Teacher, Male)

Strengths and Challenges

Commitment by whole school to mental health as a key area in education. Participants were asked about their schools' strengths in the promotion of mental health and wellbeing, and what contributed to their school's successful efforts in this regard. A major theme that emerged was the schools' focus on, and priority for, social and emotional wellbeing and mental health, regarded as a key, specific area in the curriculum and a major goal in education -similar to academic achievement. This meant having the whole school on board 'versed in common wellbeing language', with school leaders, staff, students and parents knowing what is happening, actively engaged, and working and collaborating together. Some participants referred to the school's focus on inclusive practices, understanding and celebrating different cultures and diversity, as another important factor for the promotion of mental health in school.

On the other hand, some of the participants remarked that change is slow and that it is sometimes difficult to change fixed mindsets against the value of mental health promotion in school, with some staff either feeling threatened by or seeing little value in it:

> There's been a little bit of resistance in the sense of you do have to step out of your comfort zone as a teacher because lots of the issues we look at, – bullying and harassment, anxiety, metal health issues, – can be quite confronting … We have the statement that all teachers are teachers of wellbeing, and there's been a few teachers who found that a bit difficult to cope with, because 'I'm a high school teacher and I just need to teach what's in the textbook' that's it. Whereas for us, relationships are the key to everything. (School 3, Secondary, Administration, Female)

Adequate resources and support at school. Issues such as good planning, having adequate resources and support for implementation; ensuring the curriculum is relevant to the students' needs; making use of staff's existing knowledge and skills; staff supporting each other; and parents actively contributing to their schools' initiatives, were mentioned as strengths by participants from the three schools. The participants particularly stressed the importance of the guidance, encouragement and support of the school leaders in the planning and implementation of any initiative, and in dealing with emerging issues and problems. As one teacher put it:

> The leadership team has given us permission to value social and emotional learning as much as academic learning for the whole school and to do things differently. (School 1, Primary-Reception, Teacher, Female)

Some participants however, called for more practical support for implementing mental health promotion initiatives at school. They mentioned lack of time and a crowded curriculum, need for staff education and access to resources, more collaboration and support from parents, and better coordination between the whole class (universal) and individual children (targeted) interventions.

DISCUSSION

The three school communities in our study strongly believed in mental health and wellbeing as a key area in children's education, both academic and social and emotional, and were strongly committed to providing a quality education in this area for their students. This commitment was characterized by various processes at the whole school and classroom levels, including support and guidance by the school leaders, shared practice with all staff involved in the implementation of programmes at classroom and whole school levels, active involvement of the parents, and active involvement of students both in the classroom and across the school year level. Participants noted that the success of mental health initiatives at their school was the result of a whole school approach, particularly three key processes, namely, the commitment and active participation by all members of the school to a shared vision; the support and guidance by the school leaders; and the support of the parents. The commitment of the whole school community was highlighted as one of the strengths of schools in their efforts to promote students' mental health. Interestingly it was also listed as one of the challenges, and some of the participants said that even within their schools (operating as models of good practice in mental health promotion), they experienced resistance by some members of staff who saw little value in this area or felt that it was undermining the focus on academic learning (Adelman & Taylor, 2000). Lack of positive attitudes towards mental health and wellbeing amongst school staff may not only lead to uncommitted and disengaged staff, but also to fragmented and poor implementation (Askell-Williams, Dix, Lawson, & Slee, 2013; Lendrum, Humphrey, & Wigelsworth, 2013; Reyes, Brackett, Rivers, Elbertson, & Salovey, 2012).

One of the implications of this study therefore, is for pre-service and continuing teacher education programmes to promote a broader vision of education and emphasize the value, benefits and meaningfulness of mental health and wellbeing for young people, underlining both academic, and social and emotional benefits (Cefai & Cavioni, 2014; Diamond, 2010). In fact the teachers mentioned that while they did receive professional education in mental health and wellbeing at their own schools, in most instances such education was either lacking or not useful in their initial teacher education programme, particularly in areas such as building healthy relationships and responding to mental health issues. This is no doubt a genuine reflection of the fact that mental health promotion in schools is a relatively recent addition to school curricula, and is seeing a similar entry into pre-service teaching curricula. Although feeling competent in the area, possibly because the teaching of mental health and wellbeing has a backwash impact upon teachers' knowledge and practices (Jennings & Greenberg, 2009), our participating teachers stressed the need for continuing professional learning in order that they could continue to operate as effective educators in mental health and wellbeing (Askell-Williams, Cefai, Skrzypiec, & Wyra, 2013; Reinke, Stormont, Herman, Puri, & Goel, 2011; Schonert-Reich, Hanson-Peterson, & Hymel, 2015; Vostanis, Humphrey, Fitzgerald, Deighton, & Wolpert, 2013).

Studies indicate that classroom teachers' sense of competence and confidence in mental health promotion is relatively poor, particularly if initial teacher education was inadequate (Reinke et al., 2011; Vostanis et al., 2013). Building healthy relationships with students; developing students' social and emotional learning and resilience skills; creating and maintaining safe spaces at school; recognizing and responding to mental health difficulties; program implementation; working with parents and transdisciplinary collaboration are some of the key competencies teachers need (Askell-Williams & Lawson, 2013; Humphrey, Lendrum, & Wigelsworth, 2010). In their study of teacher education for mental health promotion in Australia, Askell-Williams and Murray-Harvey (2016) highlighted essential educative practices such as building content knowledge, collaboration with colleagues and active engagement with learning. The authors also identified a number of challenges, such as differentiation to meet individual staff learning needs, face-to-face versus online delivery models, staff work schedules (part-time and full time) and staff transience. Similarly, Schonert-Reich, Hanson-Peterson and Hymel (2015) suggest that teacher education in mental health promotion, should include child and adolescent social and emotional development at both curricular and cross-curricular levels, a balance between taught content and application of content in the classroom through practical, and attention to the teachers' own social and emotional competence.

The teachers in our study mentioned the vision, guidance and support of the school leaders as being essential to the success of mental health initiatives at their school, facilitating readiness and building capacity whilst providing adequate resources and support. The school leaders in our study believed in mental health promotion as a key aspect of their schools' mission and provided the space and

opportunity for such initiatives to be initiated and sustained, supported by provision of professional learning and adequate teaching/learning resources. While most participants mentioned adequate resources and support as their schools' strengths in mental health and wellbeing initiatives, some highlighted the need for more practical support in implementation and raised challenges such as lack of time and a crowded curriculum. Reports from the literature also indicate that many teachers are concerned that while they believe that they have a role in promoting children's wellbeing and mental health, they are often not provided with adequate resources and support when engaging in such initiatives (Askell-Williams et al., 2013; Patalay, Giese, Stankovi, & Curtin, Moltrecht & Gondek, 2016; Reinke et al., 2011; Vostanis et al., 2013).

Our participants also mentioned the active support and engagement of parents as an important factor for the success of their schools in mental health promotion. Parental engagement included both work related to the wellbeing and mental health programmes and activities for students, as well as initiatives to support the parents' own education and wellbeing. Engaging with parents as active, empowered partners is imperative to realise schools' goals in mental health and wellbeing (Downey & Williams, 2010; Humphrey et al., 2010; Weare & Nind, 2011). It also helps parents to deal with resistance resulting from anxiety, prejudice or lack of information; develop more positive attitudes towards mental health and wellbeing, such as seeing the relevance of such initiatives for both academic achievement and social and emotional learning; and take an active interest in developing their own wellbeing both for their children's sake such as through improved parenting, as well as for growth in their own education and wellbeing (Cefai & Cavioni, 2016).

As practitioners directly involved in the implementation of wellbeing programmes in their schools, our participants were quite clear about what they believed works in mental health promotion in school. They stressed the need for a focus on mental health in the curriculum, high quality programmes matched to the needs of the school community, and high quality implementation. Being aware of potential resistance as well as barriers such as crowded curricula and limited time, our participants appeared committed to the need for a well-selected universal mental health and wellbeing curriculum that is taught and facilitated directly by classroom teachers. This is in contrast to relatively ineffective 'add on' programmes by external 'experts' (Durlak et al., 2011).

In many schools mental health and wellbeing may be still be regarded as marginal to the goals of education. Our participants suggested that there needs to be safeguards so that mental health promotion will remain a priority for schools. This will also ensure that any programme adaptations are positively valenced (made to reflect contextual and students' needs) rather than negatively valenced (spontaneous changes made because of lack of time, busy curriculum) (Lendrum, Humphrey, & Greenberg, 2016).

Our participants found the use of structured programmes very useful in mental health promotion, but suggested that programmes need to be suited and adapted to a particular schools' culture and needs for them to be relevant. The implementation demands of the programme and the extent to which it is matched, and may be

adapted, to the realities and demands of the school are key to the success of the programme (Graetz, 2016). When teachers appreciate the programme's relevance for their classrooms, they are more likely to deliver and adhere to the program (Askell-Williams et al., 2010). Lendrum, Humphrey and Greenberg (2016) suggested that schools need to find a balance between fidelity to the programme and necessary adaptations required to fit it to the local context and the needs of the students. The authors argued that it is more useful to speak of 'quality adaptation' than of 'implementation failure'; programme fidelity rarely goes over 80%, and positive outcomes may be achieved even with 60% fidelity (Durlak & Dupre, 2008). It is not just a matter of 'doing it right' but of 'doing it well' (Lendrum, Humphrey, & Greenberg, 2016).

An effective pedagogy for mental health and wellbeing includes experiential, child-centred, inclusive and a practical skills approach. This resonates with the SAFE approach proposed by CASEL (2008), namely a Sequenced step-by-step approach; Active, experiential learning; Focus on skills development; and Explicit learning goals. The Australian participants in our study placed a particular emphasis on the child being at the centre of the learning process, and having a voice in what is taking place. Raising the profile of students' voices would ensure that students take more ownership of, and responsibility for, their learning. This becomes an empowering tool for self-determination and agency, which are the building blocks of mental health and wellbeing (Fielding, 2010; Kroeger et al., 2004).

Our respondents suggested that the promotion of mental health and wellbeing in school goes beyond the set curriculum, suggesting an explicit and implicit approach to curriculum design (Cefai & Cavioni, 2014), with learning embedded in the very fabric of the classroom climate. A classroom climate characterised by caring and supportive relationships, good use of space and language, mentoring and differentiated teaching and inclusion, provides a very powerful context for learning mental health and wellbeing competencies (Adelman & Taylor, 2000; Durlak et al., 2011; Weare & Nind, 2011). Healthy relationships featured as one of the most important processes in our participants' narratives. Watson et al. (2012) argued that a 'relational ethics of care' is the heart of mental health and is a prerequisite to any initiatives to promote mental health and wellbeing in schools.

A whole school approach to mental health and wellbeing needs also to have in place targeted interventions for children at risk/experiencing mental health difficulties (DoH, n.d; Greenberg, 2010; Merrell & Gueldner, 2010). Our participants stressed the need for targeted interventions for children at risk who would need additional support over and above the provisions of the universal programme. Being the recipients of both universal and targeted interventions would be particularly beneficial for children experiencing difficulties. Participants saw themselves as partners with other professionals in the delivery of mental health and wellbeing provisions, with themselves being particularly responsible for universal interventions with the more intensive, therapeutic interventions delivered by other professionals in collaboration

with the school. This approach requires school's access to agencies and specialists within an integrated education-health-social welfare model, with mental health and wellbeing becoming a key part of education and schooling (Cefai & Cavioni, 2014; Patalay et al., 2016).

Limitations

Our findings, need to be considered in the light of the study's limitations, namely that they are based on interviews with a small number (24) of willing staff employed in three South Australian schools, with potential bias in favour of school-based mental health promotion. Our purpose in selecting such a sample was to demonstrate what has been happening in the practice of mental health promotion in schools, which could only be reported and reflected upon people engaged in that practice. Care should be taken if generalizing our findings to other settings. Our recommendation is that our findings are used as an interpretive lens, through which to review and reflect upon the situations in other settings.

CONCLUSION

The teachers and school leaders who participated in our study found the promotion of mental health and wellbeing as a useful, exciting and important venture that is highly relevant and meaningful for their students' education. Our participants alerted us to various processes at classroom and whole school levels that help mental health promotion initiatives to be successful. The insights drawn from school staff's own experience, most of them classroom practitioners actively involved in mental health promotion in their own classroom, helps to inform good practices for mental health promotion in schools, and serve as an inspiration to other educators embarking on mental health initiatives at their own schools.

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NOTES

1 www.kidsmatter.edu.au
2 www.mindmatters.edu.au
3 www.decd.sa.gov.au/doc/educational-disadvantage-index-explanation
4 https://playistheway.com.au
5 http://flyingstart.qld.gov.au/Pages/home.aspx
6 www.youcandoiteducation.com/whatis.html
7 www.restorativejustice4schools.co.uk/wp/?page_id=45

[8] http://www.stride.org.au
[9] www.mindmatters.edu.au/explore-modules/empowering-students
[10] www.beyondblue.org.au

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SARA BALDACCHINO

8. SCHOOL STAFF'S PERSPECTIVES ON SOCIAL AND EMOTIONAL LEARNING PROGRAMMES AT THEIR SCHOOL

INTRODUCTION

There is a growing awareness on the need to promote positive mental health as well as prevent the development of mental health problems in children, as half of mental health difficulties develop before adulthood (National Scientific Council on the Developing Child, 2012). Schools have the privileged position to become vehicles for wellbeing and mental health as they have access to all children and young people (Bodisch Lynch, Geller, & Schmidt, 2004). Effective school communities aim to cater for the needs of all their students on an emotional, academic, social, physical and spiritual level. This does not merely mean addressing the already existing difficulties but most importantly adopting the principles of early intervention and prevention. The latter implies the importance of helping children become more emotionally literate, resulting into resilient adults (Cooper & Cefai, 2013).

School-based social and emotional learning (SEL) practices have become vital for lessening the prevalence of mental health difficulties (Reinke, Stormont, Herman, Puri, & Goel, 2011). Schools can offer different mental health interventions which cater for the diverse realities that teachers and students regularly encounter; these include universal (i.e. for all students), selected (i.e. for at risk students), and indicated (i.e. for high-risk students) interventions. Such a multifaceted approach has been found to be supportive of the students' social and emotional development (National Institute for Health and Clinical Excellence, 2008; Weare & Nind, 2011; Williams-Splett, Fowler, Weist, McDaniel, & Dvorsky, 2013). Mental health interventions are therefore not restricted to supporting children with mental health difficulties but promoting the mental health of all children through a multilevel, whole school approach (Cefai & Cavioni, 2014). It is about building positive relationships and promoting wellbeing before actually teaching anything else (Hornby & Atkinson, 2003). Roffey (2011) underscores that

> Wellbeing is a strategy for everyone. It comprises the way the school environment promotes mental health for all students. This includes school vision, the centrality of the whole child, ethos and organisation, relationships, social and emotional learning, behaviour policies, curriculum and pedagogy. Rather than the student welfare being the province of senior staff and

C. Cefai & P. Cooper (Eds.), Mental Health Promotion in Schools, 121–139.

> specialists, schools can promote the message that 'every teacher is a teacher for wellbeing.' (p. 54)

During the past decades, there has been a significant development in research and interest in social and emotional learning in schools. Emotional and social competencies are being regarded as imperative to positive human development, effective social groups and communities and effective education. Weare (2007, p. 109) pinpoints that with this "growth of interest in the emotions, across the globe, a vast number of social and emotional learning (SEL) programs are springing up". *KidsMatter* is the major SEL framework for primary schools that is currently being promoted in most of Australia. The framework reflects a social-ecological approach that acknowledges explicitly the key influences of parents, families and schools on children's mental health (Graetz et al., 2008, p. 15). It seeks to provide schools with an all-embracing but flexible approach to the mental health and wellbeing of pupils. It identifies four component areas (Dix, Slee, Lawson, & Keeves, 2012) on which schools can focus their learning, planning and action in addressing children's mental health and wellbeing, namely: a positive school community, social and emotional learning for students, working with parents and carers, and helping children experiencing mental health difficulties. The selection of these components has been informed by research and expert opinions from different stakeholders about the factors that influence children's mental health and wellbeing (Commonwealth of Australia, 2009).

In their evaluation of KidsMatter, Slee et al. (2009) underscored the importance of a whole-school approach, factors that affect the school culture as well as protective factors within the school, family and child. But most importantly, KidsMatter has been found effective in improving "students' measured mental health, especially for students with higher existing levels of mental health difficulties" (Slee et al., 2009, p. 93). A number of limitations of KidsMatter were highlighted by stakeholders, namely, the importance of effective leadership to bring about change, the need for more time to implement all the four components due to an overcrowded curriculum, and the sustainability of such a framework (Slee et al., 2009).

Another framework that runs in parallel with KidsMatter is MindMatters (Wyn, Cahill, Holdsworth, Rowling, & Carson, 2000) designed for secondary schools. It promotes wellbeing and positive mental health, a whole-school approach and professional development programmes. A framework that supports the youngest school children is KidsMatter Early Childhood, which has been the most recent framework to be introduced in schools (Slee et al., 2012).

This chapter is based on a study carried out in Australian schools, with many of the participants engaged in the KidsMatter and MindMatters frameworks in their schools. It explores the perspectives and practices of school teachers in the implementation of social and emotional learning in their schools and classrooms. It examined such issues as staff training in SEL implementation, availability of resources, adequate support, and staff's own wellbeing amongst others.

METHODOLOGY

The aim of this qualitative project was to explore the perspectives of school staff about SEL programmes that are being put into practice in a number of schools in South Australia and observe their practices in the classroom. Since this is a relatively new area of research, the findings from various schools engaged in SEL, are also targeted to inform other school contexts planning to introduce and implement SEL.

Schools

The data were collected from two primary schools and one high school in South Australia. The schools were selected via purposive sampling, having specific criteria in line with the objectives of the study (Given, 2008): to offer an array of experiences, whilst being schools, which were putting into practise SEL frameworks. The three schools did not only offer different age groups but also presented major differences with regards to the students' socio-economic status. Below is a brief description of each school.

Primary School A. Primary school A is regarded as a community bound by strong positive relationships and a sense of working together towards a common purpose; as well as for their high state of individual and collective wellbeing and the high quality of their students' learning. The learning that takes place is based on the values of respect, caring, honesty, trust and friendship. The school has also developed various affiliations with several community groups so as to reach out to its students' cultures and realities. The school caters for pupils from Reception Year to Year 7 and it has roughly a population of 350 pupils coming from an average socio-economic status. It prioritizes SEL practices, being a KidsMatter school and also engaged in various other SEL initiatives.

Primary School B. The core values of this school are respect, responsibility, creativity and excellence. It aims to empower students to become a community of collaborative, life-long powerful learners achieving individual excellence as active global citizens. The school staff have high expectations of student behaviour and academic achievement, and they also focus on both the social, emotional and physical development of the students. It is a small to medium sized school with excellent facilities and a population of around 350 pupils. The school caters for pupils from Reception to Year 7 with most pupils coming from a relatively high socio-economic status. School B is also a KidsMatter school.

High-school. This is a comprehensive high school catering for Years 8 to 12, with an adult re-entry program for adults wishing to complete their secondary school education. The school offers academic and vocational pathways with a strong focus on literacy development. The teachers support students for them to be successful and pursue further studies, training or employment beyond school. There is also a special education unit co-located on site to support the learning and wellbeing needs of students with disabilities. The school works closely with the community and

the students'. The school has a population of about one thousand students, coming from very diverse cultural backgrounds but mostly having a low socio-economic background. It is a MindMatters school.

Participants

The teachers interviewed were classroom teachers (subject teachers in the case of the high school) who volunteered to participate in this research study. Although they were not solely teaching SEL they were all engaged in SEL practices by weaving it into their curriculum, sometimes carrying our specific SEL lessons and implementing it in their day-to-day practice with their students, as part of a whole-school approach. Twenty-one mainstream class teachers have been interviewed in total, nine primary school teachers and twelve high school teachers. Being a relatively small-scale study this was a non-probability sample; since a particular group was being targeted with the full knowledge that this sample does not represent the wider population (Cohen, Manion, & Morrison, 2007).

Data Collection

Data collection was based on semi-structured interviews with the class teachers. Additionally observation sessions were carried out in one of these schools to make the researcher more familiar with the particular SEL programs. The use of the semi-structured interviews gave allowance for specific pre-structured questions whilst still granting ample flexibility to probe beyond them when necessary. The interview schedule, sought to gain more knowledge about positive and less positive aspects in the implementation of SEL programs in schools. The questions focused on issues like programme implementation, availability of resources, adequate support, staff training and staff's own wellbeing. Prior to each interview, time was spent with each participant so as to help the respondents feel more at ease. All the interviews were audio-recorded and transcribed.

A total of five observation sessions were carried out in Primary School A in five different mainstream classes; the same participants who gave permission for the observations to be held were part of the twenty-one participants who agreed to participate in the interviews. Observation offers endless learning opportunities about human interaction (Lichtman, 2006); in fact observation was a way of achieving a real-life snapshot of SEL implementation. Yet the actions observed can be either too much or too little and capturing that snapshot realistically is the true challenge. The observation method, which was used, was a non-participant, structured one, during which a checklist of key criteria related to SEL programs was used. Although checklists are generally regarded as rigid, the type of checklist used allowed for further comments (short field notes), which helped clarify any queries that a basic checklist might have not addressed. The checklist also aided for a more focused approach; it aimed to identify how the teacher assists students to acquire social and

emotional competencies, whether the program is integrated within the curriculum and whether it is adapted to the students' needs and context amongst others. Ultimately it is imperative to keep in mind that any person who knows that she is being observed will generally go out of her way to behave as expected; whilst this may not necessarily happen, the researcher must be aware of this and consider any variance.

Data Analysis

The findings have been analysed by means of qualitative data analysis software and then they were manually split into various predominant themes and sub-themes. Clarke, Braun and Hayfield (2015) suggest that thematic analysis although often disregarded in literature, has specific steps that make up a process of data analysis. Firstly, researchers would need to familiarise themselves with the data, then initial codes are generated, themes are identified, and these themes are then reviewed, defined and named so as to produce the results. N-VIVO qualitative data analysis software was used to aid the process of coding but this surely did not replace the human intervention in reviewing codes and themes as well as in producing results. In the following stage of the analysis, an attempt was made to establish links between the initial themes. The identified themes have not been foretold and were successively considered in view of the literature relevant to this inquiry. The themes were crosschecked with each and every interview so as to make sure that they were relevant to the primary source. The field notes taken during the observation sessions were subsequently analysed by means of the same process to support or contrast the information extracted from the interviews.

Ethical Considerations

Ethical approval was obtained from the University of Malta, Malta and Flinders University, South Australia, the Department of Education and Child Development in South Australia, and the respective heads of school. The consent forms distributed to the educators briefly explained the aim of this study and described the research instruments and method. It was made clear that the collected data would be treated as strictly confidential and that digital voice recording was going to be used, hence explicit permission for this method was sought. Participation was strictly voluntary and no undue pressure has been made on the participants, while adequate time has been given for them to consider their participation without withholding any information. Participants' personal information has been safeguarded as outlined in the Data Protection Act (2001), as well as in two other important documents, which are relevant to the Government of South Australia: Information of Privacy Principles Instructions (2009) and the Commonwealth Privacy Act (1988). The real name of each participant has been changed and every one of them has been asked to choose a pseudonym of their choice; the names of schools were changed too.

A major ethical issue in all forms of research concerns reporting – overstatements and fabrication of findings are unacceptable. This was dealt with by making use of triangulation, having multiple analysts review the findings whilst using reflexivity during this exercise.

RESULTS

Following an analysis of the emergent themes from the different interviews as well as the observation sessions, various themes were identified around four areas, namely a whole-school approach, curriculum and implementation, relationships and students' well-being (Table 1).

Table 1. Themes identified from the interviews and observations

Area	*Theme*
A Whole-school Approach	A sense of belonging A common language
Programme implementation	SEL in the curriculum Learning through SEL games Flexibility Making time for SEL Resource and support
Relationships	Relationships as a process Relationships as positive outcomes School-parents relationships Peer support amongst colleagues
Students' Wellbeing	Enhancing students' self-esteem Resilience

A Whole-School Approach

A sense of belonging. All the teachers interviewed during this study showed a sense of accomplishment whilst speaking of their role and of the school they represented;

> When I spoke to teachers today, it felt that they were really keen on emphasising their efforts to make the school a happy place… they represent their ethos also in the way they speak about their place of work, which does not feel like a place of work at all. (Field notes August 22, 2011, Primary School A, Class 4)

This sense of belonging was evident throughout the observation sessions carried out at one of the schools – all the stakeholders, adults and children alike contributed to an overall homely environment.

> The school is a hub of ongoing activity, however the atmosphere is very relaxed and rather informal – respect amongst children and adults can almost be physically grasped … and there is lots of pride in what they do, as if they are representing 'family'. (Field notes August 18, 2011, Primary School A, Class 1)

One participant claimed that the key for bringing together a more emotionally literate cohort is "about making school more than an academic place… a fun place, school must be seen as a community". Students who can experience a strong sense of belonging have a better chance to absorb the academic as well as social skills, which form that learning community (Cefai & Camilleri, 2011).

A common language. After spending just a few hours in one of the schools, it became clear that there was a strong use of a common language and it was widely used by all the people in the school – it became part of the children's daily jargon.

> I heard the teachers often repeating the same jargon or similar comments: "Are you in control of your thinking? Do you think that you are doing the right thing? Why is that so? What made you choose that action? Good thinking! Good choice!" (Field notes, August 19, 2011, Primary School A, Class 3)

The teachers themselves highlighted the use of a common language as a very positive aspect of their SEL programme as it eventually brings about common thinking, and it is therefore reinforced daily. One teacher said:

> I think the SEL games in particular are quite amazing because the kids start to make statements they hear us adults say… so they actually learn those statements. (School A, Primary, Female Teacher)

In contrast, other participants mentioned this aspect as lacking; they regarded the absence of a common language as an overall drawback. Rather than lacking from the actual program, there is a lack of commitment from the entire staff as a team to make use of this positive practice. Participants commented that it becomes very frustrating when these programs are not seriously taken on board as a whole-school approach and they asked for more support from the schools' leadership. One participant claimed that

> The common language right across the school is what makes the program work… all the teachers are using the same language. If only a couple are doing that, that's not going to work… a whole-school approach is a major strength. (School C, HighSchool, Female Teacher)

Algozzine et al. (2000) as cited in Clough et al. (2005) call this sort of whole-school approach to positive behaviour as 'unified discipline'. They argue that the effective use of positive behaviour interventions require all the school staff to be participative and to hold on to specific united aims for the success of the organization, its staff and students.

Programme Implementation

SEL in the curriculum. The curriculum was mentioned frequently throughout the interviews, considered in its widest sense as affecting all the other occurrences that take place in schools. Some regarded SEL programmes and the curriculum as in a continuous conflict since the system is encumbered with assessment: "all this government benchmarking is worrying" (School B, Primary, Female Teacher). Others added that the curriculum leaves little space for SEL, as it is very time-expensive:

> It is very rich in content and very difficult to get through… it's a one size fits all curriculum which leaves little space for SEL and flexibility. (School C, High School, Male Teacher)

Some participants mentioned that the current curriculum does not make enough emphasis on SEL and therefore it hinders its acknowledgment:

> There is not enough emphasis on SEL … however we can still weave our hidden curriculum into those areas … but as far as time-frame, there is no real time forEL. (School B, Primary, Female Teacher)

Others however claimed that although curriculum is in conflict with SEL one can still work in a cross-curricular manner:

> I think, if you modify bits and pieces, it gives space… probably the strong points of SEL are the informal times across the curriculum… that collegial feeling with the children is the major strength. (School A, Primary, Male Teacher)

Another issue that was identified was the relevance of the curriculum to the children's life: "we need to teach them about the wider outlook on life, not just academics" (School C, High School, Female Teacher). Clough et al. (2005) suggest, that "creating and adapting curriculum to insure that children are successful learners increases self-esteem and reduces correlated problem behaviour (p. 267). Cotton (1999) stresses that the literature supports a correlation between academic engagement and a drop in problem behaviours; this academic engagement can be further enhanced by a curriculum that puts the cultural and diverse needs of the students first (Sugai & Horner, 2001).

Other respondents underscored the danger of compartmentalising SEL, claiming that it should be integrated within the mainstream curriculum. If the adequate training for educators to learn to do so is readily available, SEL could become the most important aspect of the curriculum. One particular teacher stressed that SEL should be

> Integrated within the mainstream curriculum yet with trained teachers… if it works well as an integrated subject, it can be one of the best things you would get in your curriculum. (School B, Primary, Male Teacher)

Clearly there is room for re-defining the already existing ideas about SEL and recommend implementation methods for development and improvement. As Roffey (2011, p. 201) well put it, "society is changing…we cannot realistically expect an educational system that harks back to the 20th century to meet the needs of the 21st.

Learning through SEL games. Participants commented that children learn to become responsible individuals by participating in SEL group games and activities:

> We have a lot of group activities, like circle time… we talk a lot together and they become more aware of their responsibilities. (School A, Primary, Female Teacher)

The majority of the participants highlighted the importance that young children need to learn through play:

> It's them gaining the skills to become successful themselves as learners … skills necessary to live life with others but it's done through the fun way of game. (School B, Primary, Male Teacher)

It has been mentioned that it is about learning the most important life skills in a fun way; whilst being faced with situations in which they are successful and sometimes they are not:

> The games are designed to have difficulty in them, where the children sometimes are successful and sometimes are not, in the same way that often life presents itself. (School A, Primary, Female Teacher)

The idea of having cross-curricular links was also brought to the fore – during the observation sessions it was evident that the educators were linking the actual SEL sessions to own experience, children's experience, background knowledge, family background, culture, previous lessons and preparations.

> The teacher is making use of previous SEL lessons, which are related to collaborative work to link with today's science experiment. Furthermore he is using the multi-cultural background of the children in his class to introduce different foods. Also, the children seem to be accustomed to make links to previously acquired knowledge and skills, as they do this with a high level of automaticity. (Field notes, August 23, 2011, Primary School A, Class 5)

The skills acquired through the SEL activities are not limited to the time which is allotted specifically to SEL but they need to be transferred to other activities and therefore to daily living. One participant commented

> You play games, but you bring that language back… if you are in a maths lesson and child has a crisis, we relate what we've learnt in the SEL games to that situation, you use the same language as you would in the games. (School A, Primary, Female Teacher)

Another asset that has been emphasised is that through these games the children get to know each other, they learn to collaborate whilst setting achievable targets for themselves and assess their achievements:

The program is made up of games and activities, processes and procedures to get the children to interact with each other, "it [the SEL program] really gave me a good chance to focus on individual children" and "it's fun but at the same timethey're learning" (School B, Primary, Female Teacher).

These experiences help the students learn to relate in a better way, become more united and therefore develop a sense of belonging and a community feeling (Johnson & Johnson, 2008; Friend & Cook, 2009, in Cefai & Camilleri, 2011).

SEL activities are given importance throughout the year but most importantly at the beginning of the year when children and teachers alike are still establishing ties within the group. One teacher suggested that

> Children would have come together from different classes, and some of them might not know each other, they might not like other students… we need to develop a feeling of belonging so I've got a whole lot of games that I do. (School A, Primary, Female Teacher)

She also suggested that SEL is about lots of little fun things that are ongoing and embedded in daily routines. The fun element in the SEL sessions observed was vividly evident throughout the activities prepared, the participating children were actively involved in the sessions whilst acquiring a strong sense of mastery – they were given time to express their opinions, whilst being totally accountable for their own self.

The children are all participating in the activity. They need to think quickly to find a solution to their game. They are divided into three groups, which has raised a certain degree of healthy competition. The teacher is making statements to prompt different children: 'How can you help your friends? In which way can you make your group go faster? Are you in control? Think about it!' (Field notes, August 23, 2011, Primary School A, Class 5).

Flexibility. Most participants mentioned the importance of having a flexible attitude to cater for the different and diverse needs of the pupils in their class. One major asset of the SEL programme taken on board is that it allows space for a flexible approach so that the teacher can adapt to the needs of the students.

> The teacher is taking on a very flexible approach. He is linking to this particular child's experience and is changing his game to accommodate the needs of this child… his child is now able to share his experiences. This is showing that the eacher is able to recognise the child's needs at this point in time and is accommodating to it in a simple way without putting the child in the limelight. (Field notes, August 23, 2011, Primary School A, Class 5)

One particular teacher claimed that the SEL program taken on board at his school allows a flexible approach so that the teacher can adapt to the needs of the students.

He continued to explain that this year is different from any other year, hence he is using

> Teaching and learning activities which build from within the students… my students need to take control of their behaviours and they need to learn to manage their emotions. (School C, High School, Male Teacher)

Making time for SEL. Even though the great majority of the participants claimed that time is always a struggle, others commented that they would not mind getting some more time for SEL. Making time for it also depends on the individual teacher, as one teacher commented:

> You always need more time… but it also depends on your personality. (School C, High School, Female Teacher)

Some participants added that SEL programmes are very important and should take place all year round – therefore they need to be included as any other subject in the timetable. Some teachers argued that when making that extra effort, one finds the time to put into practice SEL:

> Giving kids a little bit more time to really work on those things in class is very important, another colleague went on to say that children need time and they need to be trained. (School A, Primary, Male Teacher)

Different participants looked at this issue differently; time somehow bothers everyone and yet the attitude towards this sub-theme was not consistent. Some stressed that time is always a problem, but if one wants to make the class a happy class she has to provide these sorts of opportunities for children:

> Time is always a problem but I think you've got to make the class a happy classand you've got to provide these sort of opportunities for children to do things they enjoy doing. (School B, Primary, Male Teacher)

Other participants suggested that since time is always a problem, these activities can be amalgamated with other activities or subjects: "there is no real time for SEL unless it is weaved into other areas" (School C, High School, Female Teacher). Although admitting that it is sometimes difficult to play games, discuss them and follow them up, it almost becomes a question of prioritising:

> I make sure I take time to do as much as I can because the children are more successful. I guess it comes down to priority… I view this as life-long learning stuff. (School B, Primary, Female Teacher)

Resources and support. Various respondents mentioned different resources together with other forms of support, as imperative for the successful implementation of SEL programmes. Some attributed the hurdles that hinder this success to a lack of funding and hence a lack of resources; one teacher claimed that

> Resources are always an issue, not only for SEL… because our students for a variety of reasons lack resources from home and therefore the school needs tomake up for that. (School C, High School, Female Teacher)

Other participants commented that resources and support structures are quite good at their school. Some indicated that funding is spent on other priorities and therefore suggested that SEL was not one of the main priorities at that school. A participant mentioned that a lot of young people they work with

> Need people to work with them – the more money you have the easier it is becausevarious resources are needed as there are different needs. (School C, High School, Female Teacher)

Some respondents commented that rather than having material resources, for SEL programmes to be successful there needs to be investment in human capital – children need people to work with them, having more time to dedicate to each student and more motivation for school staff to deliver better SEL practices:

> The resources we need are people… it's having the staff… to help put into practice these programs and to support students within the classroom… people would be the biggest resource that we need. (School A, Primary, Male Teacher)

Crone and Horner (2003) suggest that the link with staffing does not merely depend on funding; it is also affected by the school's attitude towards SEL and positive school communities. Other participants emphasised the need for more professional development as a resource that is more accessible, one participant claimed that

> There should be more professional development in the area of SEL… they sayit's available but it's not that accessible. (School B, Primary, Female Teacher)

Conversely, other participants said that one major strong point of SEL programs is the training and development provided to support the implementation of the programs. One teacher claimed,

> The training and development provided to support the implementation of this SEL program is a major asset. (School A, Primary, Female Teacher)

Relationships

Relationships as a process. Relationship building was seen as a very positive aspect of SEL programmes and it was often referred to as one of the building blocks for the success of such programmes. Some respondents regarded relationships as the

starting point of SEL, others saw it as the outcome of SEL practices whilst, some felt that relationships are important and they need to be addressed through SEL. The sessions observed underscored the very strong relationship that is fostered in the different classes.

The children know exactly what is expected of them. The rules and expectaions are elicited from them at the beginning of the session. The children are immediately showing that they realise when they behave in an unruly/unfair manner and the teachers seek self-correction from the pupils in an immediate way (Field notes, August 18, 2011, Primary School A, Class 1).

Some participants underscored the serious consequence of not building good relationships with students – learning does not take place and issues are carried along across the lifespan. One participant claimed that the major strong point of SEL programs is Relationships… building relationships on an even level and listening to them [the students], making the interaction a two-way thing… all these things are justbasic human needs…there is a really serious consequence if we don't build those relationships: they don't learn, their learning doesn't get inspired and their issues are carried along through their lives (School C, High School, Male Teacher).

Cefai and Camilleri (2011, p. 197) suggest that "the teacher-pupils relationship is one of the strongest predictors in the prevention of SEBD and promotion of prosocial behaviour". Research has long established this relationship as the platform on which learning and positive behaviour in the classroom are built (Hamre & Pianta, 2001; Battistisch, Schaps, & Wilson, 2004; Cefai, 2008). Some participants claimed that schools can only become a learning community when teachers are caring enough to invest in relationships and when teachers have a keen interest in the children:

> Developing relationships with the kids starts by getting an idea where they're coming from and what their needs are. (School A, Primary, Male Teacher)

Relationships as positive outcomes. Most participants claimed that the strong point of their programme is relationships, students seem to attend school more happily:

> There are some kids who find it very difficult because they've got so much going on in their lives… but healthy relationships at school seem to improve attendance – relationships is the big key. (School B, Primary, Male Teacher)

Slee et al. (2009) found that teacher-pupil relationships are important to counteract truancy. Some respondents highlighted that having a smaller number of children in class would help build stronger relationships, aiding other underlying issues (Doll et al., 2005; Woolfolk, 2007). A number of participants pinpointed that building healthy relationships with others at school, helps students to be prepared for real life situations, "building relationships with others is preparing them for the outside world" (School A, Primary, Female Teacher). Goodenow (1993) suggests that the

quality of students' relationships with their teachers is "associated with students' sense of autonomy, personal control and active engagement" (p. 23).

Other participants added that the major strong point for the SEL programmes is the way the students learn to read other people's emotions, "because through that they become functional adults capable of building relationships" (School B, Primary, Female Teacher). The learning that takes place at school becomes relevant to everyday life. The relationships that children have with their peers and teachers impact their lives in different ways; inherent with these social ties lies the potential to generate the kinds of valuable support and resources necessary to make things happen (Valenzuela, 1999) – the development of social capital.

School-parents relationships. Some respondents underscored that home-school relationships need to be fostered in order to have fully functioning SEL interventions, these programs act as a "scaffold, a link" (School C, High School, Male Teacher) one participant said. Others insisted that when caregivers do not back up school practices, it can become really hard to reach the targets: "things can get really hard if what we do at school is not backed up at home" (School C, High School, Female Teacher). A number of participants suggested that parent involvement could also be done through courses so that caregivers can actually take on the same skills at home, "parent involvement can also be done through courses at school so that they can actually take that on at home" (School A, Primary, Male Teacher). Roffey (2011) suggests that presenting the parents with a list of events of misbehaviour that their child would have done is unlikely to help in order to build a relationship with the parents; rather they need to be understood and helped to acquire the necessary skills to support their children.

Peer support amongst colleagues. Many teachers mentioned that staff support gives added value, which in turn enhances the accessibility to resources. Some stressed that an efficient way to make the most of the resources they have is sharing: "sharing does occur between colleagues and this facilitates the availability of resources" (School B, Primary, Female Teacher). Rogers (2006) suggests that peer support amongst colleagues should not involve power issues; it should increase confidence and foster a sense of professionalism, whilst decreasing stress levels and increasing the enjoyment of the role that each individual holds.

Students' Wellbeing

Enhancing students' self-esteem. Bruce (2005, p. 199) suggests "self-worth, self-esteem and self-confidence are probably the most important aspects of human development. The way that people feel about themselves, their well-being, affects the way that they seem to others". Students' self-esteem was regarded as being of major importance in SEL, and SEL programs were referred to as one of the main tools for fostering self-esteem. One respondent went on to say that

> Having one young lad who at the beginning of the year had very little confidence, now deciding for himself… recognising what he wants to do, is really empowering. (School C, High School, Male Teacher)

Another colleague suggested that

> These programs help the students' self-esteem and their confidence on a regular basis… the self-esteem and sense of worth really just jumps up. (School B, Primary, Female Teacher)

Some respondents stressed that self-esteem is one of the first issues that needs to be tackled,

> The only way to build self-esteem is to find out where the issues are and help support those… you must deal with that before you deal with literacy – nuts and bolts will follow. (School C, High School, Female Teacher)

They added that self-esteem increases by consistent SEL practices. One educator clearly remarked that confidence is a major skill that is acquired through SEL practices and she mentioned that in order to foster confidence in young learning they

> Play voice games… and another one is that they need to make mistakes… and a lot of them have never lost, everyone has always made it right for them… so they need to understand that sometimes they are going to fail and that we always make mistakes… I deliberately make mistakes just to show them that it's ok to make mistakes and that we can learn from them. (School A, Primary, Female Teacher)

The latter approach was seen being put into practice during one of the observation sessions:

> The teacher is making deliberate mistakes; she lets a ball fall, says something which might sound unusual, questions the obvious and jumps or walks looking distracted and moody. All these elicit comments and discussion which make the children think about committing mistakes. (Field notes, August 23, 2011, Primary School A, Class 5)

Resilience. Resilience was mentioned as an outcome of self-esteem and other skills that make part of SEL programmes, as

> The SEL games are designed to progress with the challenges and they [the children] are not always successful, they sometimes take more time to be successful but we don't give up – it's determination built into the children. (School A, Primary, Female Teacher)

Some of the participants claimed that the build-up of SEL skills could help the students acquire the necessary resilience to stand up against all those things that

contribute to poor mental health. One of the respondents claimed that through the KidsMatter framework

> Children acquire resilience – bouncing back when bad things happen, which is very important in real life circumstances. (School A, Primary, Male Teacher)

Other participants added that the SEL games are designed in a way to help these children 'bounce back' in face of adversity. Borman and Overman (2004) as cited in Woolfolk (2007) identified two characteristics of schools associated with academic resilience: a safe, orderly environment, and positive teacher-student relationships (p. 192).

RECOMMENDATIONS FOR PRACTICE

Whilst taking into consideration these recommendations it must be borne in mind that what works in Australian schools may not necessarily work in other contexts due to variations in the general education system from one country to another and to the overall social and cultural differences between contexts. This is particularly true since the data presented in this chapter was collected from three schools and twenty one teachers in South Australia.

Since in some countries, formal SEL in schools is something that is still at a developmental phase, it would be worth starting from what the teachers already know and what they are already doing. Any national framework on SEL can start from the teacher's knowledge and combine it with various SEL principles on the basis of what has been found to work in the international literature. Teachers will be given recognition for the work that they are already doing whilst reinforcing the fact that it does not take major or daunting changes to put into practice SEL.

Changes must be supported with adequate training, resources and funding. Resources necessitate availability, for teachers to use without spending time liaising with authorities. Teachers might benefit from training that includes the sharing of experiences and success stories. Since some teachers are already putting SEL principles into practice, they might be key persons to convince their colleagues that SEL is definitely worth the effort. It is important to remember that a key factor to the success of this initiative would be to ensure that leadership teams in schools are convinced of the benefits of SEL; therefore training must be available for them too, otherwise a whole-school approach to SEL can by no means be fostered.

The importance of relationships together with the nurturing of a community that promotes self-esteem are key to the success of SEL programmes. Educators and school staff need to be helped to nurture healthy relationships with their students and amongst students. Role modelling of positive relationships amongst all members of staff is essential. Teachers as well as members of the Senior Management Team need ongoing training to embrace healthy relationships with parents. Where possible the caregivers and the educators need to form a cycle that represents the continuation of each other's work for the benefit of the children. After all "most parents are trying

to do well most of the time, and that fundamentally most parents love their children even when they fail to parent effectively" (Sharp, 2001, p. 60).

The curriculum can be structured in a way to convey the message that SEL is on the forefront of any desired success story implying that learning starts there. The latter statement asks for an effort to change mentality but unless we have the courage to start something we will never achieve. Sharp (2001) emphasises the need to "establish a national recognition of the potential value of promoting emotional literacy, and to embed this at the heart of the curriculum (p. 85). The curriculum together with assessment methods need to be restructured in a way to help teachers understand that they can find the time for SEL or rather – when SEL is put into practice learning will take place.

CONCLUSION

This study has outlined findings, which illustrate how SEL programmes can be enhanced or hindered by various factors that constitute the daily structure of a school day. Issues of time, resources, a whole-school approach and others that are linked with the general curriculum itself were all clearly delineated by the respondents. More often than not the importance of these issues vis-à-vis the smooth implementation of SEL programmes is underestimated. In the future it would be interesting to study the actual longitudinal build-up of a whole-school approach to SEL, looking at a school starting this process and viewing the way it would go about setting it up, then noting the outcomes and hurdles. More research could also be carried out with specific SEL programmes that are already in place; this might be done on a longer timespan, which would give more opportunities for fieldwork. In countries that are just starting on this venture, setting up a SEL framework would also be an important start, this would help local educational communities learn and invest more in SEL. Ultimately, research could also explore SEL practices and outlooks in different countries and cultures. This would shed light on different trends and help us understand SEL across cultural contexts.

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HELEN ASKELL-WILLIAMS

9. PERSPECTIVES FROM TEACHERS AND SCHOOL LEADERS ABOUT LONG-TERM SUSTAINABILITY

A Challenge for Mental Health Promotion Initiatives in Educational Settings[1]

INTRODUCTION

The chapters in this book report research into a range of programs, across many countries, which have as their central concern the promotion of young people's mental health and wellbeing. Funding has been directed towards introducing programs into primary schools, secondary schools and early childhood centres to develop young people's mental health and wellbeing. These have included initiatives such as regular social and emotional education for all children, establishment of more effective and efficient referral pathways, and working collaboratively with parents/carers to support children and youth. During the initial phases of these initiatives, attention has been directed towards designing and testing good quality evidence-based programs. As efficacious programs have been rolled-out, attention has turned to achieving good quality implementation of program components. Now, as the field has matured, the key issue that emerges is the sustainability of programs once the initial implementation phases are over, and start-up resources (often substantial) are withdrawn. This issue of sustainability is of concern across international boundaries. This chapter presents a research project that investigates teachers' and school leaders' perspectives about what has worked, and what has not worked, in achieving sustainability of wellbeing and mental health promotion initiatives in educational settings.

BACKGROUND

The World Health Organization (WHO, 2017) reported the sobering information that around 20% of the world's children and adolescents are estimated to have mental disorders or problems, with about half of mental disorders beginning before the age of 14. Slade et al. (2009) advised that the highest reported prevalence of mental health difficulties in an Australian sample, just over one in four (26.4%), was in the age group 16–24 years. Similarly, Sawyer et al. (2007) reported results of a survey indicating that 14% of Australian children and adolescents were identified

C. Cefai & P. Cooper (Eds.), Mental Health Promotion in Schools, 141–155.

as having mental health problems, but only 25% of children and youth with mental health problems had attended a professional service during the six months prior to the survey. The WHO reports that:

- More than 450 million people suffer from mental disorders. Many more have mental problems.
- Mental health is an integral part of health; indeed, there is no health without mental health.
- Mental health is more than the absence of mental disorders.
- Mental health is determined by socio-economic, biological and environmental factors.
- Cost-effective inter-sectoral strategies and interventions exist to promote mental health (WHO, 2016).

Following from the final point above, advocates such as the WHO (2016), the World Federation for Mental Health (2014) and beyondblue (2016) highlight the burden of mental illness to individuals, families and communities, and make a clear case for nations and communities to attend to people's mental health and wellbeing. For example, The Council of Australian Government's Roadmap for National Mental Health Reform 2012–2022 (COAG, 2014) identified promotion, prevention and early intervention for positive mental health as essential actions. Educational settings such as schools are conducive contexts for such health promotion activities.

A number of authors have undertaken evaluations that illustrate that well-designed and well-implemented social-emotional wellbeing programs can lead to positive changes in students' mental health and wellbeing (Adi, Killoran, Janmohamend, & Stewart-Brown, 2007; Askell-Williams, Dix, Lawson, & Slee, 2013; Durlak & DuPre, 2008; Weare & Nind, 2011). Furthermore, it has been found that many good quality educational initiatives are implemented well. Examples include promotion of student resilience, wellbeing and positive mental health; cyberbullying prevention; social skills training; and a range of health education programs such as sex and drug education. However, although many effective school-based programs are well designed, implemented with fidelity to program goals, and evaluated to have positive benefits for participating students, there are concerning reports, nationally and internationally, about poor program sustainability once start-up enthusiasm and resources are exhausted (Goodson, Murphy Smith, Evans, Meyer, & Gottlieb, 2001; Nilsen, Timpka, Nordenfelt, & Kindqvist, 2005; Rohde, Shaw, Butryn, & Stice, 2015; Scheirer, 2005; Shediac-Rizkallah & Bone, 1998; Swain & Drake, 2010).

And yet, an essential component of implementation success is sustainability (Gruen et al., 2008; Pluye, Potvin, Denis, Pelletier, & Mannoni, 2005). Sustainability has been variously defined, but generally includes embedding, diffusion and routinisation within initial contexts, and also, in some accounts, upscaling to wider contexts (e.g., from one school to a whole school district). Whereas guidelines for developing and evaluating program implementation may include a requirement for long-term follow-

up (Craig et al., 2008), this typically refers to long term follow-up of the participants (ongoing behaviour change or improved outcomes), but may not refer to long-term follow-up of the program itself, such as whether it is embedded, adapted, refined, up-scaled, and so on. For example, Bierman et al. (2013) observed that,

> recent research has validated the power of evidence-based preschool interventions to improve teaching quality and promote child school readiness when implemented in the context of research trials. However, very rarely are follow-up assessments conducted with teachers in order to evaluate the maintenance of improved teaching quality or sustained use of evidence-based curriculum components after the intervention trial. (p. 1194)

By way of example, the Australian Commonwealth Department of Health and Ageing funds the MindMatters secondary schools, the KidsMatter Primary Schools, and the KidsMatter ECEC mental health promotion initiatives in all Australian states and territories. The KidsMatter Primary School initiative (KidsMatter, 2013) was trialled in 100 schools during 2007 to 2009. The evaluation of KidsMatter Primary by Slee et al. (2009) followed the implementation framework proposed by Domitrovitch et al. (2008), consisting of indicators of Fidelity, Dosage and Delivery. Although the evaluation study was longitudinal, in that it tracked students' progress over the two year duration of the initiative, the evaluation design did not track longer-term *program* sustainability. Interestingly, in an independent follow-up study in 2010, the 100 trial schools were contacted by telephone and asked whether they continued to be a 'KidsMatter' school (Askell-Williams, Slee, & Van Deur, 2013). Twenty of the 100 trial schools reported, within the school year following the highly resourced two-year initiative, that they no longer identified themselves as KidsMatter schools.

However, as Askell-Williams et al. (2013) pointed out, analysing the reasons for this drop-out rate is not a straightforward task. Some schools said that they were KidsMatter schools, but were only implementing some of the program. Other schools said that they were not KidsMatter schools, but were still embedding social and emotional learning throughout the curriculum. The schools gave the following main reasons for dropping out of KidsMatter: changing and competing priorities in the school; leadership change impacting on continuity and sustainability; structural change through school mergers; no longer labelling various activities as KidsMatter; changed coordinator and lack of continued external support; and insufficient ongoing promotion of KidsMatter at the State level.

This KidsMatter example of the short-term life (in some schools) of a good quality educational program is not isolated (Askell-Williams, Slee, et al., 2013; Devaney, O'Brien, Resnik, & Weissberg, 2006; Scheirer, 2005; Wigelsworth, Humphrey, & Lendrum, 2012a, 2012b). For example, Elias et al. (2003) found that only six of fourteen sites were still using evidence-based social-emotional curricula five years after their introduction. Similarly, a follow-up study of the Life Skills Training school-based prevention program found that teachers were rarely implementing the

program according to its original design (Dusenbury, Brannigan, Hansen, Walsh, & Falco, 2005).

One issue is that teachers' education and skill levels may also affect their capabilities for sustained program implementation (Bierman et al., 2013). This has been evident in Head Start in the US and also in the KidsMatter ECEC Initiative in Australia, were ECEC educators vary considerably in their formal education, ranging from high school education to technical certificates, Bachelor's or Master's degrees (Askell-Williams & Murray-Harvey, 2015; Domitrovich et al., 2009). Meanwhile, in secondary schools, Humphrey, Lendrum, and Wigelsworth (2010) found that the range of teachers' interpretations and methods of delivery of the Social and Emotional Aspects of Learning (SEAL) program substantially influenced quality of delivery. This in turn led to disappointing short-term outcomes, which could be expected to translate into poor long-term sustainability (Pluye et al., 2005; Pluye, Potvin, & Denis, 2004; Pluye, Potvin, Denis, & Pelletier, 2004; Scheirer, 2005). Although secondary school teachers' levels of education are at the Bachelor and Masters level in their subject matter domain, they might still not have prior education and experience with subject-matter and pedagogy for social and emotional education. Another difficulty in secondary school settings is that some teachers do not believe it is their role to deliver curricula about topics such as promoting student mental health (see Cefai and Askell-williams in this volume, also Askell-Williams, Lawson, Murray-Harvey, & Slee, 2005; Wolpert, Humphrey, Belsky, & Deighton, 2013). Early stage implementation difficulties such as these have the potential to foretell poor long-term sustainability.

Askell-Williams, Slee and Van Deur (2013) reviewed extant literature and synthesised a list of implementation issues needing attention. This synthesis, shown in an adapted form in Table 1, suggests that the various phases of implementation each require phase-specific questions about processes as well as outcomes. The tendency of program evaluators to ask these types of questions only at the end of the trial period of a program can mean that it is too late to redress issues and oversights that might be leading to the long-term demise of the program.

A review conducted by the US National Institutes of Health (OBSSR, 2007) proposed that further systematic research is needed on the phase(s) of long-term sustainability of successful programs. The lack of sustainability research on health promotion initiatives was also noted by Salmon et al. (2011) who observed that such research is rarely reported, and Greenberg (2010), who called for the development of a new science of implementation and sustainability. The recently published Handbook of Implementation Science (Kelly & Perkins, 2012) noted that,

> implementation science [is] a new area of scientific, academic and practitioner interest focused on exploring and explaining what makes interventions work in real world contexts… Paradoxically, this new science has arisen mainly from the study of failure. Psychological interventions, or indeed any interventions involving people andresources in natural contexts, have notoriously unpredictable outcomes. (p. 3)

Table 1. Framework for monitoring and feedback during the trials of educational initiatives (adapted from Askell-Williams et al., 2013)

Phase	*Questions to be addressed*
Promotion	What is the demonstrated efficacy of the initiative? How well is information about the value of the initiative promoted to the site and the broader community?
Readiness	To what extent do the staff/communities recognise the imperative to introduce the initiative? What capacity building is required? What barriers need to be addressed?
Adoption	Does the initiative have the support of the staff, parents/carers, site leader, and other community stakeholders? What pre-intervention modifications need to be made?
Initial Implementation	To what extent is the initiative rolled-out with attention to fidelity, dosage and engagement with the processes of delivery? What is working well/ needs to be changed?
Sustainability	What aspects of design and the start-up phase establish conditions for long-term sustainability? Where do components for ensuring sustainability feature in each phase of the roll-out of the program? Who else needs to be involved? What is missing?
Monitoring and Feedback	What monitoring and feedback systems are in place, and do they provide timely information? Who gets the information? Who is responsible for follow-up? How does renewal occur?
Incentives	Are there incentives or recognition that implementation milestones and desired outcomes are achieved? Are these incentives valued?

Well-designed, trialled and effective initiatives can have a significant impact on child outcomes over time, but only if they are maintained with high-quality implementation (Durlak & DuPre, 2008). Partial, ad hoc, sporadic program maintenance by some teachers and not others within a school system is highly unlikely to achieve the original goals set for the initiative. The goal of sustained, high-fidelity program implementation is difficult to attain – evidence-based interventions often fade quickly or are replaced by alternative programs after initial funding and implementation support is withdrawn (Bierman et al., 2013; Elias et al., 2003; Florian, 2001; Han & Weiss, 2005; Pluye et al., 2005; Pluye, Potvin, & Denis, 2004; Pluye, Potvin, Denis, et al., 2004; Scheirer, 2005). But little research has addressed this issue in theoretical and practical ways.

Thus, the aim of this chapter is to raise awareness and understanding about how effective educational initiatives, delivered into complex systems such as schools, can be sustained over longer terms. This chapter investigates the perspectives of teachers who have been involved in school-based initiatives to support young people's wellbeing and positive mental health. The teachers were asked to think

about initiatives that had been introduced to their school, and to describe what had happened, and what had not happened, to ensure sustainability of the initiatives.

METHOD

Conceptual Background

The design of the research began with the observation that educational initiatives are situated within complex systems, which are in turn situated within communities with diverse cultural and social determinants. Lee et al. (2008) identified long-term problems with programs that have been piloted in relatively controlled, highly resourced situations, and are then broadly rolled-out to settings with fewer resources and limited controls over implementation processes. Thus the conceptual background to this chapter is informed by the ecological systems model proposed by Bronfenbrenner (Santrock, 2007), which also underpins other major studies, such as the Longitudinal Study of Australian Children (AIFS, 2017).

Within that broad systemic perspective, this study sits within the emerging field of implementation science. An example of the application of systems thinking to implementation of health sector interventions was provided by Pronovost et al. (Pronovost, Berenholtz, & Needham, 2008), who proposed iterative phases including, focussing upon how work is organised; engagement with inter-disciplinary teams; creation of centralised support; encouraging local adaptation and creating a collaborative culture locally and within the larger system. Interestingly, Pronovost et al. proposed the four E implementation cycle, namely, Engage-Educate-Execute-Evaluate, but initially failed to include the exact post-implementation issues that are the focus of long-term sustainability. Pronovost et al. later added endure (sustain) and extend (upscale) to make six Es in their implementation model.

Ethics

Ethical clearances were obtained from the Flinders University Social and Behavioural Research Ethics Committee, and from the South Australian Department of Education and Child Development. School principals provided permission for the research to be conducted at their school sites. Informed written consent was obtained from all participants.

Research Question

The broad research question addressed in this chapter is: What are the perspectives and experiences of teachers about current processes of implementation that do, and do not, support the long-term sustainability of effective educational initiatives for promoting young people's wellbeing and positive mental health?

Procedure

In 2015–2016 extended focused interviews were conducted with 17 South Australian teachers and school leaders about practices that ensured the sustainability of their school-based initiatives to develop students' wellbeing and positive mental health. The teachers were located in eight primary schools and four secondary schools that were involved in delivering programs to promote students' wellbeing and positive mental health (e.g., beyondblue, 2014; DEEWR, 2011; KidsMatter, 2013; Noble & McGrath, n.d.). Teachers' teaching experience ranged from 5 to 30 years. Examples of interview questions included:

> What, specifically, has caused some programs for promoting student wellbeing and positive mental health to be further developed and grown at your school? Can you give me an example(s)?
>
> What are some of the key reasons that have caused some programs for promoting student wellbeing and positive mental health to be dropped at your school? Can you give me an example(s)?
>
> What advice would you give to other schools about how to go about maintaining, sustaining and growing programs for promoting student wellbeing and positive mental health?

Data Analysis

Interviews were transcribed verbatim, and then parsed into identifiable "units of meaning". A unit of meaning could be a word, phrase, or (short) sentence. Next, the units of meaning were iteratively read and coded to emerging themes.

RESULTS

Many themes emerged, but for the purposes of this chapter, four main themes are reported below. Each main theme is accompanied by selected extracts, in italics, from the interview transcripts.

A Local Champion Is not Enough

> It lasted a year. It was a burnout factor because it was just two staff members.

Participants consistently referred to the dedicated work of one or a small few "champions" of the wellbeing initiative in their school – both in establishing the program, and for maintaining it. Having one or a few local champions of the initiative is commendable, but it emerges as a clear problem for long-term sustainability. Participants made many references to problems with program sustainability when local champions moved on to other schools or to Departmental activities such

as curriculum design. In fact, such local champions were seen as being the very innovative and enthusiastic types of teachers who were most attractive to being sought out by other schools and departments, and therefore likely to move onwards and upwards. Relying upon one or a few local champions, although perhaps important at early start-up, can be seen as a recipe for long term failure. Implementation plans and actions need to actively pursue the substantial involvement of a broad cross section of the school community to ensure program sustainability.

> But yeah, you can see that changes in staff are a really big thing, you know, if someone was passionate about something and they leave, often that expertise and passion goes.

Leadership Support Is Essential

> That would have to come from the leadership as an expectation that it's documented in our School Development Plan that it continues.

Participants referred to the need for active and visible leadership support for activities associated with wellbeing initiatives. School leaders' support to purchase materials, to include information in newsletters, to timetable wellbeing into the curriculum, to hold wellbeing promotion events, and so on, were considered necessary to communicate to the school community that the school values and promotes initiatives that promote student wellbeing and positive mental health. Some school leaders, in the spirit of delegation and less hierarchical leadership structures, were seen to adopt a 'hands off' approach to supporting program implementation. This was seen as being less than ideal at both early implementation and long-term implementation phases. Visible leadership support, including allocating resources for materials and professional development; support from the school governing council; realistic timetabling not only for lessons but also for lesson planning; including "wellbeing" in a leader's role description and title; and writing wellbeing into the school development plan (mission statement), were identified as signs of support necessary for an initiative to become part of the ongoing fabric of a school's life.

> Our Principal demonstrates the value of wellbeing by allocating to the teachers'timetables regular planning time to plan wellbeing lessons.

Staff Professional Education Must Be Continuous

> We've had this program that's lasted for fourteen years. One of the things that would help the mental, the emotional social, the wellbeing kind of programs if teachers had, if the school had more control over getting teachers who were au fait with Pastoral Care type programs. But that's probably a bit pie in the sky when you need teachers here who are subject teachers. You need physics

> teachers and chemistry teachers and technology teachers and so on. And to expect those teachers to come in with a background in the wellbeing, you probably couldn't do that.

Ongoing, whole staff (full-time teachers, part-time teachers, classroom support staff) professional education was considered vital. A major concern was evident with the typical approach to professional education, whereby such education is offered to staff at program start-up. However, in subsequent years, new staff are not provided with the same educational opportunities. Over the space of only a few years, the bank of knowledge created in the initial training round has dissipated due to staff turnover. This affects the quality of program implementation, dedication to maintain the program, and long term sustainability. A related concern that was noted more than ten years ago (Askell-Williams et al., 2005) and emerged again in this study, is that some staff, especially at secondary school level, do not consider it part of their role and responsibility to engage with promoting students' wellbeing and positive mental health. Rather, they consider that their responsibility is to teach the subject-matter, and it is the school counsellor's responsibility is in the area of wellbeing. Extended professional education can help to counter this perception.

> I mean some teachers don't see it as coming out of their job descriptions. They don't see well-being as being part of their job duties I guess.

Evaluation and Review Must Proceed throughout the Life of the Program

> And, the school will say, 'we need some kind of Pastoral Care Program for our students', and they will devote some time to it. It might be ten minutes, twenty minutes a day or one session a week, and they'll set an involved program with activities and that will go for two years, or three years, and people will say 'this isn't working', 'this is terrible', 'what a horrible waste of time', so it's thrown out and they go back to a minimalistic program which runs for two years and after two years they say 'things are terrible, the students don't have these skills or this information' or whatever we need a Pastoral Care Program and one is set up. And the cycle continues.

Teachers described previous programs that had worked for periods of time which had started with success, but then had faded away due to apparently being no-longer useful or effective. Although teachers did not appear to have the technical language to refer to the causes for such program fading, it appears that it is related to lack of ongoing evaluation, quality assurance, adaptation and renewal of programs as certain components become embedded, schools mature, and the student population changes. Whereas new programs are often evaluated as part of start-up implementation processes, ongoing processes for program evaluation appear to be rare, leading to the cycle referred to in the extract above.

DISCUSSION

This chapter identifies concerns with achieving long term sustainability of school-based initiatives to promote student wellbeing and positive mental health. Extended focussed interviews with teachers and thematic analysis of their responses identified four themes, namely, the limitations of relying upon a local champion to initiate, promote, lead and maintain the program; the need for leadership support, both from school principals, deputy principals and the school governing council; continuous staff professional education that goes beyond the start-up phase, and encompasses permanent and temporary staff, as well as new staff; and ongoing program evaluation, adaptation and renewal.

The champion: The participating teachers' perspectives add contextual detail to earlier recommendations about program champions from the literature. For example, Shediac-Rizkallah and Bone (1998) argued that programs need a champion who advocates for a focus on the initiative, and gradually brings other staff on board. The present study highlights how relying upon a program champion might be a double edged sword: She/he might get things going at start-up, but might also be left with keeping things going – an unsustainable long-term demand due either to staff mobility or staff burnout.

The leaders: If the local champion is not the leader, or at least in the leadership team, then active and visible support from school leaders is required. Mukoma and Flisher (2004) and Shek et al. (2009) alerted program designers and deliverers of the need to embed initiatives within school policies, including explicitly recognizing the initiatives within each institution's mid- and long-term goals. Without leadership support, other staff and the broader school community will not value and engage with the initiative, which is a prescription for long term failure. Furthermore, the participants in the present study highlighted that leadership does not just refer to the school principal and the leadership team, but also to the broader school leadership, such as the school governing council. Leadership can demonstrate active support by the giving public voice to the value of the initiative via school publications (formal and informal), and allocating financial (materials), human (staffing and professional education) and timetabling (class-delivery and lesson planning) resources.

The professional education: A number of researchers have addressed the necessary components of high quality professional development in educational settings (Darling-Hammond, 2006; Ingvarson, Meiers, & Beavis, 2005; Mitchell & Cubey, 2003). Desimone (2009) and colleagues (e.g., Garet, Porter, Desimone, Birman, & Yoon, 2001) provided a conceptual framework of five core features of effective professional education, as follows: content focus, which refers to the essential requirement to focus professional education on the core knowledge to be learned; active learning, which identifies the need for discussion and feedback – moving away from didactic lecture styles; coherence, which refers to the need for professional education to be consistent with the current levels of staff knowledge

and beliefs, and also to fit with changing educational policies and reform agendas; collective participation, which is facilitated through collegial exchange among staff who work collaboratively together; and duration, which highlights the limited value of one-off professional education sessions.

Duration is the issue that emerges strongly in the present study as a key component of sustainability. In order to achieve long-term, substantial changes in practice, professional education also needs to be sustained over time – for the same staff, and also for new staff. Following Desimone (2009), Askell-Williams and Murray-Harvey (2015) and Cefai and Askell-Williams (in this volume) extend Desimone's (2009) model of professional development, to recognise the differential learning needs of pre-service and in-service teachers and educators. Notably, duration is incorporated in those extended models in the form of learners undergoing a transformative journey.

The program renewal: The findings of this study identify, from the teachers' perspectives, the need for ongoing evaluation (quality assurance) and the need to identify specific components necessary for sustainability that have been identified in earlier work. For example, Askell-Williams et al. (2013) argued that there are two clear areas for potential short term and long-term failure of mental health promotion initiatives, namely: a lack of attention to quality assurance of components and implementation processes, and the absence of specific components that explicitly embed sustainability in the design and delivery of programs. The present study has also highlighted that, in practical application, the lack of ongoing evaluation and quality assurance has allowed programs to atrophy, to become no-longer relevant nor fresh, and to consequently die. Initiatives need constant monitoring, regeneration and renewal as staff and student capabilities develop and their needs change.

Limitations

This chapter reports an interview study with a relatively small sample of participants, located in the metropolitan area of Adelaide, South Australia. It is recommended that the findings of this study are used to provide a theoretical lens for considering implementation issues in other settings, but are not to be interpreted as prescriptively applying to other settings.

CONCLUSION

Governments invest strongly in the roll-out of mental health promotion programs in schools and ECEC centres. It is in the interests of the health and education systems, of local communities, and of individuals, that long-term sustainability of such programs be achieved. There are personal, social and economic benefits to finding more effective ways of ensuring sustainability of resource intensive educational interventions. Becoming involved in new educational initiatives requires allocation of substantial resources, such as, providing professional education programs for staff; paying for staff release time; establishing working groups with parents

and community stakeholders such as psychologists and counsellors; developing curriculum resources; and working with students/clients in new ways. These investments by educational communities imply intentions that, once a trial initiative is shown to be successful, the initiatives will continue. Schools expect that teachers and support staff will maintain the skills gained in the professional development associated with the initiative, and that curricular enhancements will become institutionalized and embedded into their permanent practice (Bierman et al., 2013). Funding bodies, organisations, staff, community stakeholders, and students/clients lose knowledge, capabilities and practices, as well as their financial and emotional investments, when effective programs are not sustained (Pluye et al., 2005; Pluye, Potvin, & Denis, 2004; Pluye, Potvin, Denis, et al., 2004; Shediac-Rizkallah & Bone, 1998).

The literature reviewed and research study reported in this chapter have the potential to contribute to new understandings about components and processes of sustainability in the complex contexts of educational settings. Collecting evidence from practitioners and leaders that is synthesised to create new knowledge that can be shared across international research and educational communities will make an important contribution to the new science of implementation and sustainability identified by Greenberg (2010) and Kelly and Perkins (2012). The perspectives from teachers described in this chapter illustrate some of the contextual facilitators and barriers to program sustainability within complex systems such as schools.

NOTE

[1] This chapter is an updated and substantially expanded paper originally published (in Italian) as: Askell-Williams, H. (2016). Sostenibilità dei programmi di promozione del benessere e della salute mentale a scuola: il punto di vista dei docenti. Uno studio australiano. *Psicologia dell'educazione,* 1/2016 pp. 25–39, with kind permission from the editor Maria Assunta Zanetti.

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CARMEL CEFAI AND HELEN ASKELL-WILLIAMS

10. UNIVERSITY LECTURERS' PERSPECTIVES ON INITIAL TEACHER EDUCATION FOR MENTAL HEALTH PROMOTION IN SCHOOLS

INTRODUCTION

A whole school approach to mental health promotion in schools takes a broad based systemic perspective, ranging from universal promotion of health and wellbeing to indicated and targeted interventions. This range encompasses staff education, curricula, classroom and school climates, and collaboration with parents, professionals and the community (Adelman & Taylor, 2009; Bywater & Sharples, 2012; Catalano et al., 2006; Cefai & Cavioni, 2015; Weare & Nind, 2011). Within such an approach school teachers are expected to be able to appreciate the importance of, developing and maintaining positive mental health as a key goal of education; establishing healthy relationships with students; fostering students' social and emotional learning and resilience through explicit teaching and program implementation; recognizing and responding in time to early signs of mental health difficulties; and working collaboratively with parents, support staff and professionals (Askell-Williams & Lawson, 2013; Humphrey, Lendrum, & Wigelsworth, 2010; Jennings & Greenberg, 2009). Such competencies require that school teachers are provided with professional learning opportunities to enable them to exercise their role effectively. Inadequate in-service and pre-service teacher education in mental health promotion is related to lack of teacher engagement and commitment as well as poor quality teaching and programme implementation (Askell-Williams et al., 2012; Lendrum, Humphrey, & Wigelsworth, 2013; Reyes, Brackett, Rivers, Elbertson, & Salovey, 2012).

While school staff believe that they have a key role in mental health promotion (eg. Bridgeland, Bruce, & Hariharan, 2013), they sometimes argue that they have not been provided with adequate professional learning opportunities (Askell-Williams & Cefai, 2014; Reinke et al., 2011). Studies indicate that classroom teachers' sense of competence in mental health promotion is relatively poor compared to their subject matter expertise, particularly if initial teacher education was inadequate (Askell-Williams & Cefai, 2014; Reinke et al., 2011; Vostanis et al., 2013). In a recent study with school teachers in South Australia, the authors (see Cefai & Askell-Williams, in this edition) found that while some teachers mentioned that they did receive professional learning opportunities about mental health promotion at their own schools, in most instances such education was either lacking or not useful in their initial teacher education programme, particularly in areas such as

C. Cefai & P. Cooper (Eds.), Mental Health Promotion in Schools, 157–177.

building healthy relationships and responding to mental health difficulties. Also in this edition, Skrzypiec and Slee report that their participants, (school principals and counsellors), considered that staff knowledge and opportunities for professional learning are essential components for effective implementation of mental health promotion programmes. In their review of studies in initial teacher education in mental health promotion in the US, Schonert-Reich, Hanson-Peterson and Hymel (2015) reported that teachers in university education received little training on how to promote students' social and emotional learning and to create positive classroom contexts. In a nationwide investigation of current practices in teacher education programmes in the US, the authors found that few state level standards for teacher education programmes focus on developing students' social and emotional learning, and that the promotion of social and emotional competencies of teachers is given little emphasis. This need for high quality education in the field of mental health promotion in schools reflects the relatively recent emergence of positive mental health and social and emotional learning as key goals in education, with many schools and initial teacher education programmes only relatively recently introducing mental health promotion at curricular and whole school levels.

Professional education in school-based mental health promotion in Australia, such as offered by KidsMatter and MindMatters (www.kidsmatter.edu.au; www.mindmatters.edu.au) has been largely organized around four key components, namely building a positive school climate, universal teaching of social and emotional learning, working in close collaboration with parents or carers, and providing early intervention for students deemed to be at risk of developing mental health difficulties (Askell-Williams & Murray-Harvey, 2016). Desimone (2009) suggested that quality teacher professional learning in mental health must include content knowledge, active learning, coherence with other content areas of the curriculum, sufficient duration and collective participation of staff. Desimone's model was recently revised by Askell-Williams and Murray-Harvey (2015), who suggested a framework consisting of two interconnected components, namely structural (content and delivery) and functional (collaboration, active learning and professional practices, such as professional identity and attitudes and beliefs).

Whilst a number of studies have argued for the need for in-service teacher professional education in mental health promotion (Askell-Williams et al., 2010; Askell-Williams et al., 2012; Jennings & Greenberg, 2009; Reinke et al., 2011; Vostanis et al., 2013), few studies have explored university lecturers' views on the needs and challenges of preparing pre-service teachers as caring school practitioners equipped with the key competencies required for mental health promotion in schools. Thus, the study reported in this chapter sought to address this gap by exploring university lecturers' perspectives about initial teacher education about school-based mental health promotion. The objective of the study was to examine the views of academic staff about issues such content areas, approaches and frameworks, pedagogy and assessment, university students' wellbeing, and university staff's own wellbeing. Furthermore, the study investigated staff's views about their Faculty's strengths and weaknesses in initial

teacher education about mental health promotion in schools, and recommendations for improvement. The study accessed participants who were knowledgeable in the area of educating for mental health promotion, focusing on faculties and staff who had invested considerable effort and developed considerable expertise in the education of pre-service teachers about mental health promotion in school.

METHOD

Ethics

Ethical approval was obtained from the authors' two universities (University of Malta and Flinders University, South Australia, respectively). Approval to contact staff was obtained from participants' respective institutions Participants were invited to participate in the study by a letter/email sent by the authors. Participation was strictly voluntary and participants were free to quit at any time during the study. Of the 38 invited, 34 accepted to participate in the study.

Participants

Interviews were conducted with lecturers in initial teacher education in seven centres of tertiary education in three states in Australia, namely 24 participants in three universities in Adelaide, South Australia, seven participants in two universities in Sydney and one in Newcastle, New South Wales, and three participants in one university in Melbourne, Victoria. Purposive sampling, identifying lecturers who were involved and experienced in teaching about promoting mental health and wellbeing was used. The nineteen female and five male participants were involved in teaching about mental health promotion either directly, such as modules on mental health, wellbeing or relationships, or in related areas such as special educational needs, inclusive education, development and learning, educational psychology, early years education, public health or physical education.

Instrument

Individual, face to face, semi- structured interviews were held by the researcher with 32 participants, while the remaining two interviews were held via skype. The interviews focused on various areas of initial teacher education in mental health promotion in schools, including the role and place of mental health promotion in initial teacher education, content areas, courses and programmes, approaches and frameworks, pedagogy and assessment, student-teachers' own wellbeing, faculty staff's training and wellbeing, and the Faculty's strengths and challenges in the area (Askell-Williams & Lawson, 2013; Jennings & Greenberg, 2009; Reinke et al., 2011; Vostanis et al., 2013). Interviews followed the interview schedule, but participants were free to discuss other issues they deemed relevant. Interviews lasted between

one and one and half hours each. All interviews except one were audio-recorded and were later transcribed by a research assistant in collaboration with the researcher. One of the participants preferred not to be audio-recorded and the main ideas that emerged during interview were noted by the researcher during the interview.

Analysis

Thematic analysis of the interview transcripts sought to identify patterns across the data set, with themes identified though an iterative process of generating initial codes, grouping codes into themes and reviewing of themes, until the final themes were developed (Braun & Clarke, 2006). The themes were grouped according to six main areas explored during the interviews. An interrogative and reflexive stance was adopted to avoid researcher bias and ensure data fidelity and trustworthiness, seeking to keep presuppositions and experience in check so as to maintain objectivity.

FINDINGS

Table 1 shows the themes that emerged from the interviews with the lecturers, grouped according to the six main areas explored in the interviews.

Approaches to Mental Health

Participants defined mental health and wellbeing in diverse ways, drawing from their own models of mental health, the content areas they were responsible for, and the contexts of their Schools/Faculties. These included, inter-alia, holistic development, health promotion, child protection, classroom management, relationships, social justice, social sustainability, equity and diversity, resilience, and social and emotional education. The most common conceptualizations of mental health and wellbeing, however, were related to four main themes, namely social justice; diversity and growth; relationships and a transformative journey.

Social justice, diversity and growth. One of the most frequently mentioned approaches to teaching about mental health promotion was the socio-cultural/constructionist model, indicating how the environment can be reconstructed in ways that remove fear and stigma on one hand, and promote the wellbeing of the individual on the other, by emphasizing such values as social justice, diversity and equity. Exploring and negotiating issues such as power relationships, gender and multiculturalism were some of the issues mentioned by participants, highlighting the need for teachers to be aware of these issues and their impact on their own behaviour, and to take a reflective and critical view of the world:

> From my point of view, from a social determinant point of view, what I think the students need to know is about inequity in health and how they can be advocates for changing that, I see more of a political and advocacy role than

Table 1. List of themes which emerged from the interviews

Approaches to mental health	Social justice, diversity and growth
	Relationships
	Transformational journey
Course content and structure	Core component
	Curricular and cross curricular
	Cross disciplinary
	Meaningful and relevant curriculum
Pedagogy and assessment	Multimodal approach, practice oriented
	Reflective practice, formative assessment
Students' own wellbeing	Walking along the path with the students
	Faculties with a human face
Strengths	Focus on mental health
	Focus on equity and social justice
	Focus on the student
	Culture of support and solidarity
Needs and challenges	De-pathologising mental health
	Away from neoliberal, rational models of education
	Need for a whole Faculty collaborative approach
	Caring Faculty
	Balance between theory and practice

working with individual role. I would like the students to know how to work with the school and the community to change unjust practices or practices that reinforce racism, sexism, homophobia…to see themselves as political actors for wellbeing and I don't think they get that much. **(**Lecturer in public health)

I see teachers in a political activity, as teachers in a classroom context can be advocates for others in a socially just way, particularly those who are at risk for whatever reason at being marginalised and being left out and being disadvantaged…we may well be at different points in our lives, in a better position or stronger position, so can advocate for those who are not there, at that time. (Lecturer in mental health and wellbeing)

We really try and teach students about having and developing a growth mindset instead of seeing students as fixed; these are my poor students, these are my good students, … we talk to them a lot on how your students are working just at the right level of challenge, how they're developing those coping skills and resilience in their learning, getting a sense of their growth…I think making

> some of those things explicit, not just teaching the theory of it, but help them actually have some strategies to having those conversations with their students, whatever they're teaching. (Lecturer in special educational needs and disability)

Relationships. A common theme in the participants' conversations was the definition of mental health promotion as a caring relationship pervading every aspect of classroom and school life rather than just a curriculum subject or list of competencies. Participants argued that teaching is about relationships, developing the capacity for empathy, compassion, respect, connectedness, celebration of diversity and community building. Teaching is more about collaboration and community and less about individual performance and labelling of children.

> Watching the Year 5 classroom this morning, their primary focus was not around that particular lesson which was focused on direct and indirect speech, they were more concerned and you can watch them as they interacted and chatted in their group work, with their relationships with their kids, with their peers: 'Does he like me? Does she like me? Am I going to have somebody to play with at lunchtime? Am I going to get invited to that party?' Unless that teacher somehow attunes to those needs and…gives these kids the opportunity to develop and mature in those relationships, then no matter how good, how masterful you are with the curriculum, it's just not going to connect with where the kids are. (Lecturer in mental health and wellbeing)

> Dealing with students there and then at the moment, who is OK today, who is fragile today, being sensitive to the current psychological state of the students and responding accordingly. School is a social place, being there, taking time to connect with students, engage with them at the human level, show respect, an ethic of care has to be the way. (Lecturer in relationships and educational psychology)

A transformational journey. Another theme was that initial teacher education about mental health promotion is about the transformation of the student teachers, where through a critical dialogue with themselves about their behaviours, attitudes, assumptions, and biases, they become more open to change and transform into caring educators who are sensitive to the needs of children coming from a variety of backgrounds. This transformational journey involves developing a flexible attitude; suspending judgement; becoming more aware of one's own biases; embracing change rather than seeing it as a threat; and making the leap, with teaching becoming a relational and emotional activity besides an instructional one:

> What I think we're doing is teaching our pre-service teachers to know themselves; if they know themselves very well… then they go out to schools and encourage students to know themselves …they come in at 17, 18 years of age, and in the 4 years that they're with us they need to be able to step out

> of their egocentricity, to know themselves and what makes themselves tick. What are the strategies you would employ when life gets tough? What sort of person are you in hard situations? Because in a classroom, you really want those teachers…to be there for students and helping them get over obstacles in their lives. It's being able to put your own stuff aside, but you need to know your own stuff, and they learn their own stuff when they're with us for four years. (Lecturer in early years education)

> We've got to say to our students; well it's not just about knowing, it's actually about growing and developing, and if we're not putting that in practice ourselves, we shouldn't be working in this program… ideally I would like them to have openness, willingness to embrace new ideas, empathy…my passion is bringing in the cognitive and affective side of education together, so I would like them to have some connection with their own emotional lives but I think you can encourage that to evolve, giving them permission to do that… they may have an idea that University is not meant to be like that, but when they have permission to express that part of themselves, then I think it's always there. (Lecturer in mental health and wellbeing)

Course Content and Structure

Core component which needs marketing. When asked how they see mental health promotion and wellbeing in initial teacher education, a very clear statement by most participants was that it is not just one topic or programme, but a central component of the curriculum – an integral part of student learning and engagement. Participants suggested the need for marketing of mental health promotion so that all Faculty staff see it as a key area of the curriculum, and that it becomes a sustainable area, that can compete with other courses in a crowded curriculum and not be sidelined.

> I got a very interesting response from those undergraduate students, they were probably in their 3rd or 4th year of their training, and one of the comments was that this [mental health promotion] should be a compulsory subject for all the students, for everybody who's going to be a teacher,…and I thought that was very interesting because they were now beginning to see how this area is foundational for children and young people. (Lecturer in wellbeing and professional experience)

> In terms of the knowledge and skills that they need, they need to be able to say how will that focus on wellbeing translate into my role as a teacher, not just in terms of one aspect of teaching…so not just saying, 'Oh yes I need to be aware of all that social emotional stuff!', but actually integrating it more actively and say: 'What does this mean for how I interact with this child? What does it mean for how I talk with their parents? What does it mean for how I run my classroom? What does it mean for the way I give students feedback?'…it is important to start

> them thinking about; 'Yes this stuff is pretty fundamental to connecting with my students and engaging with them and helping them learn and helping them grow up to be well-rounded people'. (Lecturer in mental health and wellbeing)

Curricular and cross curricular. When asked whether mental health should be curricular or cross curricular, most participants agreed that there needs to be both specific courses in areas such as relationships, diversity, and social and emotional learning, but there also needs to be a cross curricular and embedded perspective. One of the frameworks proposed for mental health teaching was to follow the way inclusion or gender are embedded in the curriculum rather than just being add-on subjects. Amongst the reasons mentioned for having mental health promotion and wellbeing specialized lecturers and topics were:

> Wellbeing and mental health are the responsibility of all teachers, but some more than others; you need to have specialists as well, as these are sensitive issues. (Lecturer in mental health and wellbeing)

> I think it's really important that they're getting that message the whole way through, but then they have also the opportunity to go into more depth. (Lecturer in special educational needs)

> I can see the benefit of having a specific unit about mental health for a couple of reasons; one is that it emphasizes the importance of it because 'oh there's a whole unit on this, we've got to know this' and also because if you've got some experts within the faculty who were teaching in that specialised unit, they could also offer support to other faculty members to integrate in with the other units. (Lecturer in early years education)

Cross disciplinary. A frequently mentioned argument was that rather than being the remit of one discipline or area, mental health needs to be broad-based and multidisciplinary, offering a rich integration of knowledge and skills from various disciplines such as sociology, psychology, child development, philosophy and pedagogy amongst others:

> It is exposing students to different philosophies of education and how they respond to this issue of wellbeing; so sociological views of education, psychological views of education, pedagogy and education…and also in some cases speaking with government departments who might be able to support change in the University sector, or speaking with regulatory bodies who set standards or who accredit different programs, then again you might be able to have conversations across different organisations and different philosophies.… You've got to have time and space for those kinds of conversations and finding a way to hook people into them. (Lecturer in mental health and wellbeing)

Meaningful and relevant curriculum. It was also proposed that what pre-service teachers are learning needs to have direct relevance to classroom and school reality, whereby teachers are prepared for the tests of the profession. This includes good management strategies, flexibility, good communication and interpersonal skills, and having a range of strategies to work with children. It was also argued that pre-service teachers need to be emotionally resilient to cope with the stresses of the profession and thus need to have opportunities to engage with education that will help them to withstand the pressures of schools and become confident in bringing about change at the school:

> Some of the schools are not healthy environments. You know the (current) debate in Australia around the National Curriculum where there is a lot of government pressure on teachers to teach in a certain way. If you try to direct teachers in this process too much, you'll take away their autonomy, then you distort their ability to establish relationships. So my secondary problem is, how will they be facing this dilemma? A lot of them are idealistic about teaching. Now that's really good because that means they're in touch with something deep in themselves around teaching… but they have to mature their idealism so that they can keep it intact when they're out in a world that requires them to 'This is how you teach; teach like this'. (Lecturer in Public Health)

Pedagogy and Assessment

Multimodal approach, practice oriented. Participants had their own preferred modes of teaching to promote mental health, but most argued for the need for a multimodal approach, combining theory and practice, academic and experiential/skills based, lecturer driven and student driven, individual and collaborative learning, and university-based and school-based teaching. Strategies used include critical pedagogy, problem and inquiry based learning, participative learning, experiential learning, group and collaborative learning, case studies, observation visits in schools/child centres, and practice-based learning in schools:

> I would encourage an integrated approach that would go across several strategies, such as experiential, skills based; problem based using ICT, including it in the practical orientation, assessment…We know that like younger learners, adults also have different learning preferences, and we need to try and embed different ways of teaching this stuff, so for some people the thing that's going to make the difference is if I understand why I should do it, while for others it's about give me a real life problem which I can do and challenge me…so this might be taught and assessed through multiple modes. (Lecturer in inclusive education and wellbeing)

> It's got to be that relationship where theory and practice are being developed together. It brings the student to the centrality of the conversations because

> content and pedagogical knowledge is about what type of student you have… it is shaped, acted and delivered according to the profile of the group… So once you have connected pedagogical knowledge, you have to bring the student central to the conversation that you're having. Once you do that, you start to think about the complexities and the lives of those students and the challenges of the classroom that those complexities bring…good teachers tell stories, so the stories that teachers tell are about students: How do you deliver this content to a student who is in a wheelchair? To an Asperger student [sic]? In a single gender setting? (Lecturer in physical education)

Reflective practice, formative assessment. Participants used multiple modes and types of assessment, but common elements included reflective practice, links to classroom practice, formative rather than just summative, and collaborative assessment:

> We have hardly any exams… most of it is continual assessment. A lot of our assessment is also group work, so I think that's a supportive way of them to work together and be successful and to learn from one another and to have good social wellbeing and support for one another. (Lecturer in early childhood and wellbeing)

> A third of our assessment of this topic is based on group assessment. I start out the topic where they have to choose one theorist and the theory and then put together a poster presentation and they do that with a partner, so I talk to them about developing interdependence and group responsibilities…and we debrief that process, we talk about how did that go, what were the challenges and advantages of working with someone else. (Lecturer in child development and learning)

Student Teachers' Own Mental Health and Wellbeing

Walking along the path with the students. A number of participants argued that student teachers' own mental health is an important part of their education with clear implications for their practice once they finish their education. They underlined that students need to take responsibility for their own mental health and wellbeing as part of their profession, but university lecturers need to walk the path along with the pre-service teachers and support them to become socially and emotionally competent, develop a sense of their growth, and become resilient to face the challenges. As one lecturer put it, "if we do not develop student teachers' own wellbeing we are setting them up for failure":

> We absolutely cannot ignore the wellbeing of our students and the support they need to be able to teach…you just can't be caring of everyone's wellbeing all the time, you've got to support and nurture your own, and that should be promoted as an active thing… people need to see that not as something stigmatising; 'Oh

> there's nothing wrong with my mental health', but as something that's nurtured and supported. Encouraging them within a supportive way to reflect on what their own wellbeing needs might be as a teacher and where they would go if they needed support…conflict with other staff or how you cope in a school where the culture is different from what you would like to promote. (Lecturer in inclusive education and wellbeing)

University faculties need a human face. Taking this issue further, a number of participants highlighted the need for a university-wide approach to wellbeing, with the Faculty having a 'human face', caring for the person being educated (humanistic approach), in contrast to an exclusively academic focus. Participants emphasised the Faculty's responsibility in providing a connecting and supportive context, such as encouraging resilience-promoting networking (movie nights, music), supportive student groups, mentoring programmes, and a culture of mutual support:

> I'll never forget this one student said to me: 'you are the first lecturer that has ever used my name', so she had gone all though the University feeling that none of the lecturers ever bothered to learn her name, that none of them ever really invested personally with her. She was transformed in that topic, she started out being quite edgy, but as the topic progressed, she thrived in that topic and so it showed to me the importance of students feeling like they matter… I don't know if I can generalise that one student's experience across the board, but it is certainly something that I and the tutors that I work with, we all value personal relationships with students … (Lecturer in relationships and wellbeing)

Strengths

Focus on mental health. The Faculty's focus on mental health as a critical component of its curriculum was mentioned by participants, with staff becoming sensitive and responsive to mental health issues, with mental health topics featuring strongly on the curriculum including topics reflecting school reality such as cyberbullying and child safety, and with Faculty investing in specialized staff in the area:

> I think one of the strengths of our School- not just my program, is that we do have a sense of sensitivity around social and emotional wellbeing in the staff. We have many staff members who work in similar areas around pre-service teachers' identity, wellbeing, the social emotional aspects, the teacher resilience, managing the learning environment…I think if our University was to be looked at from outside and we had to say; "what is it that you've got?", that would be one of the things that we would be saying that we have. (Lecturer in mental health and wellbeing)

Focus on social justice, equity. Participants considered the Faculty's focus on social justice, equity, and diversity, through encouraging students to deconstruct knowledge and attitudes towards mental health and wellbeing and to become advocates of social justice for the disadvantaged and marginalized, as one of its major strengths:

> I think a really strong focus is social justice, and how we as teachers in a very political way, can be advocates for others in a socially just way, particularly those who are at risk for whatever reason, at being marginalised and disadvantaged. (Lecturer in mental health and wellbeing)

Focus on the student. Participants referred to their Faculty as student-centered, with staff 'joining forces' to support their teacher education students, 'being there for the students', seeking to know the students personally to develop their strengths and capabilities, and eventually leading to the development of professional high quality teachers 'who care':

> I think, one of the positive things that we have here, every staff, is that we are very student centered, so we talk about students and if I have a query about a student I don't know, I'll say to someone; "have you taught so and so before? How did you find them? Does this behavior sound typical?" We talk about students a lot in a positive way and then compare what might be going on for that student, because…once you know that, you know how to support them…we are here for students, we see that as our main job…and when you're working with people who care, who have the same level of caring for students, it's wonderful … and it's not just you and that student, it's us and those students…we are a community and we see our students as a student community. (Lecturer in education, culture and diversity)

Culture of support and collegiality. A small number of participants referred to their Faculty as a community for the staff, characterized by a culture of support and collegiality, mentioning such features as a whole Faculty collaborative approach, staff support, joint responsibility, team teaching, opportunity for better relationships, and supportive leadership:

> I think one positive thing is that the staff as a general rule care about each other and they look out for each other… there's a certain respect, care and valuing across the Faculty. (Lecturer in relationships and wellbeing)

Needs and Challenges

De-pathologising mental health. Participants argued that work needs to be done at Faculty level to de-pathologise and de-medicalise mental health promotion in schools, moving away from medical models of mental illness and treatment towards

positive mental health and wellbeing. They mentioned the need to remove the fear and stigma of mental health, and to focus on growth, wellbeing and positive attitudes and emotions as positive enabling concepts, with teacher education students having the opportunity to connect with real people, real contexts, and engage in profession-based discussions. Related to this was the idea of educating teachers as advocates for equity and diversity in education who are confident to work to change unjust practices, with open attitudes and genuine respect for students when they start their career as school teachers.

Away from neoliberal, rational models of teacher education. Participants argued that they were still working within constraining models of university education, as universities were under pressure to work on a corporate, business model, with too much focus on academic performance and achievement (along with schools working in similar contexts). Participants indicated that students and staff spend time on testing, assessment, and benchmarks, with the teachers' role in danger of becoming narrowly defined (academic achievement) with universities being pressured to follow suit. Within performance oriented and 'mass testing models' of teacher education, where lecturers are expected to handle large number of students, with shorter courses, overassessment, and limited time to connect with students, quality is at risk of being sacrificed for quantity, with minimal quality impact of staff on students. It is difficult for values, relationships and wellbeing "to breathe in such an environment". Universities and faculties need to have space, autonomy and say in decision making to be in a position to decide on the nature of their programmes according to their own needs and the needs of their students. Some participants argued for the need for reconstructing teacher education, moving away from the rational neo-liberal 'business' model to a rational-emotive one, where promoting mental health and wellbeing has space in the curriculum, where teachers are not just subject teachers, and where Faculty connects with individuals and broadens connections with families, society and culture in systemic ways. This would be in line with preparing pre-service teachers for the world of work outside:

> I think there's a very significant tension that exists that has been introduced by the education reforms that occurred in Australia. For example the greater level of accountability and testing that occurs where teachers feel that they must teach to that…I think one of the challenges is that the teacher's role is becoming increasingly narrow when in fact I think the broader societal issues need to be addressed. In preparing our teachers, we need to be preparing them to be citizens of the world in a very global village kind of approach, where we're all connected. I think our Faculty has to find ways that aren't too narrowly curriculum focused but that there is a greater balance and a greater choice so that teachers can be empowered to say; 'Well I can do the curriculum but I can also recognize that the kids coming into my classroom have got these particular issues and I know how to deal with them…'. (Lecturer in professional practice and wellbeing)

> There are a lot of external pressures placed on Universities. The University system has moved to a business model…there are problems with a business model and being educators, because I don't see my students as clients. The values of our relationship that I've been talking about, can't breathe in that model, in that environment. (Lecturer in educational psychology)

> I think that mental health should be built into the general curriculum of all areas and linked to the other areas, for example student voice and empowerment, active pedagogy, good teaching and wellbeing, in fact we can say that a good teacher is a wellbeing teacher; caring, warm and that's a key aspect of their education. (Lecturer in relationships and wellbeing)

Need for a whole faculty collaborative approach. This study was carried out with pre-service teacher educators who were, in one way or another, involved in mental health promotion in their Faculty. They expressed their wish that their colleagues, particularly those involved in subject teaching, would become involved in mental health promotion. They argued that mental health as a topic had to be embedded and become central in teaching and learning at the Faculty. They argued for a whole faculty approach to mental health, resonating with a whole school approach to promoting mental health and wellbeing, with allocated time and space in the curriculum and staff commitment and attention to students' needs and welfare:

> Another issue is that we need to sell social and emotional wellbeing more internally, there needs to be more internal marketing and getting other members involved so that they will see its relevance in initial teacher education. It has a higher profile than it used to have, but that tension is still there and some people would still say; it's not my business. One way of helping to make it more relevant, would be to provide a more solid research base on its relevance in teacher education, this would help it to gain more credibility in the Faculty. (Lecturer in mental health and wellbeing)

> We need to focus more on how to develop a whole Faculty approach, building the big picture, so how social and emotional learning can be integrated at the faculty, the students can be educated in how social and emotional learning can not only help the teacher at the individual and classroom level but also as a whole school approach, therefore they can make a bigger difference in the life of the school. (Lecturer in relationships and wellbeing)

Some participants argued for collaboration and interdisciplinarity in the area, complaining about the fragmentation and competition between educators, departments and programmes, the 'molecular view of learning', people working 'in silos', and the lack of a common integrated framework with educators using a common language:

> I think our weakness is perhaps the lack of integration of key concepts which comes about because the concepts are not well known across the teaching staff.

> There is an absence of time to talk deeply about curriculum because we're all so busy and it's in those times to talk deeply about the curriculum that you develop integration because we're aware of what each other is doing and the impact it is having…each topic is on its own, like a brick in the wall and eventually the wall is built but you're not sure how great the mold is holding it all together…we need more meetings to discuss the curriculum and develop interconnections. (Lecturer in wellbeing and relationships)

> One of the challenges that still remain is to stop working in silos, that education doesn't have much to do with health or social policy or whatever. One of my concerns is how we can break down the different silos that exist… to learn in a holistic way, that when you're working with a child in your classroom you're not simply concerned with their academic or their social but you're also looking at their health and wellbeing in that broader sense and to that extent I genuinely enjoy working with people in a public health component because they bring a lot of significant skills and knowledge to a situation…Health workers, social workers, group workers have really particular skills around challenging situations, and I think that teachers can learn from that, they can benefit from working alongside social workers and youth workers because they often have a very strong social justice kind of component…they often see in a socially determined way that there are real injustices in our society and that there are possibilities to escape such traps as poverty and unemployment. (Lecturer in mental health and wellbeing)

A caring faculty. A number of participants mentioned that 'charity begins at home' and rather than just teaching about mental health promotion, the Faculty has also the responsibility to promote the mental health, growth and wellbeing of the university students themselves, and thus must also act as role models for teachers in classrooms. Some participants mentioned that faculty staff need to be accessible to students, with less bureaucracy, time for students, student centred pedagogy, close relationships, and being sensitive and supportive to the students' social and emotional needs, including in the first year, in the final year, in times of stress, crisis and life events. Staff also need to understand pre-service teachers as adult learners, rather than making assumptions about their development and needs based on their own assumptions; such disconnection may then reflect back in schools between teachers and students.

Achieving a balance between theory and practice. A balance between theory and practice ensures that the students are prepared for the challenges of the profession once they start teaching. Some suggestions included opportunities for practical experiences with mental health promotion activities, assignments that require students to work in teams, modeling the delivery of mental health promotion topics in a school, examining one's own practices, connecting with real people in

real contexts including children and young people facing risks and difficulties and observations, placements and time in schools:

> We need to underline the relevance of mental health and wellbeing to practice, one of the issues in teacher education is this issue of the balance between theory and practice, that sometimes teacher education is considered to be more theoretical than practical and applied, at least this is some of the criticism by some schools. Mental health is in a very good position to help to breach this separation between theory and practice and underline the practical aspects of mental health to practice. (Lecturer in mental health and wellbeing)

DISCUSSION

The participants' narratives underlined that though the lecturers had their own different perspectives and approaches to mental health promotion in initial teacher education, there was a shared belief that mental health promotion is an integral part of initial teacher education and should be faculty-wide, with space for both generalist/cross curricular and specialist/curricular approaches. Relationships featured as a key content area in mental health education. Participants had their own ways and ideas on the most appropriate pedagogical approaches to deliver mental health promotion in the initial teacher education curriculum, but common patterns across the lecturers' narratives were the need for a balance between theory and practice, with the material presented in a way which is meaningful and relevant for the classroom reality, and the need for the students to take an active part in their own learning. Another key finding which emerged from the study, is that mental health promotion is not just teaching a topic, but a whole way of being and becoming, with Faculty staff walking the path of transformation along with the students in helping them to become caring, sensitive and responsive educators and agents for social justice and diversity. The foci on mental health, on social justice and diversity and on students, were identified as strengths to be celebrated. Participants emphasised the need for positive constructions of mental health and wellbeing, relational and emotional models of teacher education in mental health promotion, caring and collaborative approaches at whole Faculty level, and meaningful curricula and practice-based pedagogies.

These findings resonate with those of other studies both in Australia where this study was carried out and in other countries such as the US (Askell-Williams & Lawson, 2013; Askell-Williams & Murray-Harvey, 2016; Schonert-Reich, Hanson-Peterson, & Hymel, 2015). In a statewide study of university education programmes in the US, Schonert-Reich, Hanson-Peterson and Hymel (2015) suggest that such programmes should include child and adolescent social and emotional development as an integral part of the programme at both curricular and cross-curricular levels, a balance between taught content and application of content in the classroom through practical, skills-based approaches, and mentoring by qualified university and school-based mentors. On the basis of an Australia-wide mental health promotion initiative, Askell-Williams

and Murray-Harvey (2016) propose that teacher education in mental health promotion needs to have both a structural component consisting of content knowledge, skills and self-efficacy, and delivery timing, duration and facilitation, as well as a functional component consisting of collaboration, active learning and professional practices such as action, reflection and professional identity and practices. Askell-Williams and Murray-Harvey's framework is particularly targeted at the professional learning of practicing teachers, and thus while it underlines similar issues in content (knowledge and skills, self-efficacy), its delivery component emphasizes school-contextual practical issues such as duration, timing and facilitation. On the other hand, the pre-service teacher lecturers in our study talked about conceptual issues such as a balanced curriculum (Schonert-Reich, Hanson-Peterson, & Hymel, 2015) and a whole faculty approach to mental health promotion. While the participants in this study talked about functional components such as collaboration, active learning, and reflective practice (Askell-Williams & Murray-Harvey, 2016; Schonert-Reich, Hanson-Peterson, & Hymel, 2015), they put particular emphasis on the transformational journey of pre-service teachers into caring and responsive teachers in diverse school communities. This is to be expected since they work with adults training to become teachers for the first time, and consider this aspect of education and transformation as crucial for quality teacher education.

The challenges identified by the participants in this study, namely the need to de-pathologise mental health, moving away from rational, neo-liberal models of education, a whole Faculty approach to mental health, a caring faculty and balance between theory and practice, diverge from the challenges identified in the Askell-Williams and Murray-Harvey (2016) review, namely meeting the individual needs of students, face-to-face versus online delivery models, staff work schedules and staff transience. As might be anticipated, the challenges identified in our study relate more to initial teacher education than to school based professional education of practicing teachers. While the need to meet the diverse needs of students was mentioned as a challenge by the participants in this study, online delivery models (and use of technology), staff work schedules and staff transience did not feature as causes for concern. On the other hand, Schonert-Reich, Hanson-Peterson and Hymel (2015) emphasise the need to prepare teachers to apply their knowledge and skills in mental health promotion in their practice placements as well as develop their own social and emotional competence.

Furthermore, our participants did not give much attention to staff's own wellbeing and mental health. While participants underlined the need to take care and nourish the social and emotional wellbeing and health of their students, very few referred to their own mental health and wellbeing. This contrasts with the whole school approach to mental health which includes the mental health and wellbeing of school staff as a key component of the approach (Adelman & Taylor, 2009; Bywater & Sharples, 2012; Catalano et al., 2006; Cefai & Cavioni, 2015; Weare & Nind, 2011). It could be that academic staff take responsibility for their own health and wellbeing rather than expecting the organization to take care of staff health and wellbeing. Possibly some

participants may have felt uncomfortable about speaking about their own 'mental health' reflecting fears of stigma arising from the traditional model of mental health (illness). It could also be however, that the way the interview was conducted was more focused on the pre-service teachers' education and the professional role of the educators.

An Expanded Framework of Professional Education

On the basis of the findings in this study and building on the model developed by Askell-Williams and Murray-Harvey (2016) in school contexts, we propose a three pronged framework focused on initial teacher education in mental health promotion. The framework (Figure 1) consists of three main components, namely approach and content, pedagogy and delivery, and process (teaching as a relational, emotional activity).

- Approach and content:
  - Specialist: knowledge and skills (specific modules on mental health, wellbeing, relationships and diversity reflecting the cultural educational contexts students are being trained for (Askell-Williams & Lawson, 2013; Askell-Williams & Murray Harvey, 2016; Darling-Hammond et al., 2009; Desimone, 2009; Jennings & Greenberg, 2009; Rimm-Kaufman & Hamre, 2010).
  - Cross curricular (a whole Faculty approach to mental health, pervading the whole climate and ethos of the Faculty with all staff being engaged in mental health education) (cf. whole school approach) (Adelman & Taylor 2009; Cefai & Cavioni, 2015; Schonert-Reich, Hanson-Peterson, & Hymel, 2015; Weare & Nind, 2011).
  - Interdisciplinary (many disciplines and theoretical approaches informing mental health education, including psychology, sociology, philosophy, public health and health promotion, child development, pedagogy, inclusive education) (Weare & Nind, 2011).
- Pedagogy and delivery
  - Multimodal (making use of a range of pedagogical approaches and delivery modes reflecting the diversity of students' learning needs) (Askell-Williams & Murray-Harvey, 2016; Slee et al., 2012).
  - Balance between theory and practice: Exposure to sociological and psychological theories about determinants of mental health, alongside opportunities for students to engage in practical application of theory into practice, both in simulated situations such as inquiry and problem based learning, and in actual classroom practice with mentoring and supervision (Askell-Williams & Murray Harvey, 2015, 2016; Schonert-Reich, Hanson-Peterson, & Hymel, 2015)
  - Experiential, reflective, collaborative (students actively engaged in their own learning through an active, self-reflective and collaborative approach with

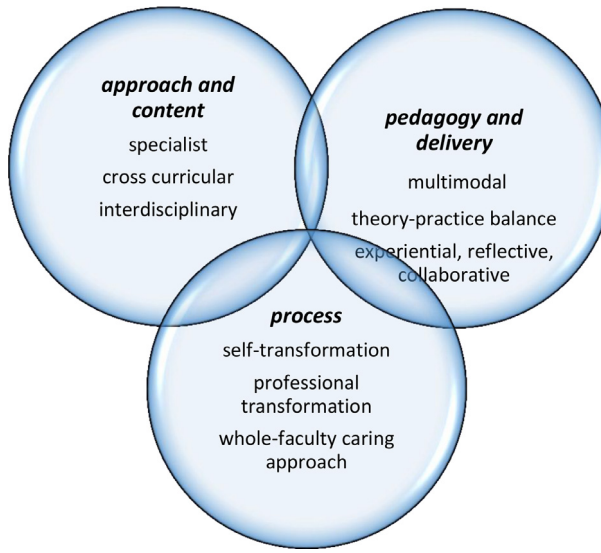

Figure 1. Framework of initial teacher education in mental health promotion

teachers, mentors and peers (Askell-Williams & Murray Harvey, 2015, 2016; Cefai & Cavioni, 2015; Desimone, 2009; Schonert-Reich, Hanson-Peterson, & Hymel, 2015).

- Process: teaching as relational, emotional activity
  - Transformative journey (students becoming caring, sensitive and responsive educators through an ongoing process of growth throughout their education)
    - Self-transformation: (students engaging in a process of personal and social development including self-awareness and reflection, emotional regulation, self-efficacy, problem solving, decision making, resilience, empathic understanding, relationship building, conflict management) (Askell-Williams & Murray Harvey, 2016; Beltman, Mansfield, & Price, 2011; Cefai & Cavioni, 2015; Jennings & Greenberg, 2009; Johnson et al., 2014; Schonert-Reich, Hanson-Peterson, & Hymel, 2015).
    - Professional transformation (students empowered to overcome bias, stigma and prejudice about mental health and becoming agents for the promotion of social justice, diversity, and social inclusion) (Askell-Williams & Murray-Harvey, 2016)
  - Whole faculty, caring approach (the whole faculty operating as a caring community promoting the mental health of both its students and its staff, thus providing a contextual process of personal growth and professional learning) (Cefai & Cavioni, 2014).

CONCLUSION

The findings in this study are the 'stories of the converted' representing volunteer participants who are actively engaged in mental health promotion, rather than the views of whole Faculties or Schools of education. It would be interesting to explore also the views of specific subject educators such as those teaching languages, science, economics, and information technology amongst others. The study is also based on a relatively small number of participants, with most of them coming from one state in Australia, and thus caution is recommended in making assumptions and recommendations across contexts. The findings in this study, however, should help to shed light on good practices in mental health promotion in initial teacher education, to contribute to the development of teacher education frameworks, and to underline key issues which need to be addressed in advancing the field. The proposed model for professional teacher education for mental health promotion provides a guide for quality program development, delivery and evaluation.

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PART 4

PARENTS'/CARERS' AND OTHER STAKEHOLDERS' PERSPECTIVES

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11. COLLABORATION WITH PARENTS/CARERS IN KIDSMATTER SCHOOLS

The science of prevention and early intervention has taken considerable steps forward in the last decade, including a growing research literature (e.g., see Kelly & Perkins, 2012) and practical advice for policy makers, teachers and educators (e.g., see CASEL, 2016; KidsMatter, n.d.). In this chapter we discuss one area of mental health promotion and early intervention, namely, collaboration between parents/carers and the leaders, teachers, educators and other staff at their child's school and/or early childhood education and care service. In addition, we report two studies about parents/carers' involvement with the KidsMatter mental health promotion initiative in Australian schools and early childhood education and care centres.

In a review of the field, Guralnick (2008) noted a number of factors underpinning the concept of early intervention, including, (i) culture – which is associated with values and attitudes; (ii) political systems -with different governments attaching different significance to the concept; (iii) resources – the investment a country makes in early intervention; and (iv) societal commitment – the priority that a country places on the health and wellbeing of children. As Doyle et al. (2009, p. 2) emphasised, "intervening in the zero-to-three period, when children are at their most receptive stage of development, has the potential to permanently alter their development trajectories and protect them against risk factors present in their early development."

KIDSMATTER

To assist teachers and parents/carers to support the development of children's positive mental health and wellbeing, a mental health promotion, prevention and early intervention, named the KidsMatter Initiative, was developed specifically for Australian primary schools and for early childhood and care settings. KidsMatter was developed in collaboration with the Australian Government Department of Health and Ageing, *beyondblue: the national depression initiative*, the Australian Psychological Society and Principals Australia. It was also supported by the Australian Rotary Health Research Fund.

KidsMatter is based on a social-ecological approach that recognises the influences of parents, families and schools on the mental health and wellbeing of young people.

C. Cefai & P. Cooper (Eds.), Mental Health Promotion in Schools, 181–195.

It provides a framework that helps teachers, educators, administrative and support staff to take care of children's mental health needs by:

- creating positive school and early childhood and care communities;
- teaching children skills for positive social and emotional development;
- working together with families;
- recognising and getting help for children with mental health problems.

The significance of the KidsMatter initiative is that schools and early childhood and care centres are identified as settings that can enhance children's social and emotional well-being, with a view to fostering positive mental health, through renewal of policies, practices and curricula (Wigelsworth, Humphrey, & Lendrum, 2012). Mental health is a matter of concern during the pre-school and school years. It is estimated that about 10 per cent of children will display significant mental health difficulties at some time during their development (Slee, Murray-Harvey et al., 2012).

The KidsMatter Primary initiative was trialled in 101 schools across Australia during 2007–2008. Meanwhile, KidsMatter Early Childhood was trialled in 111 long day care services and preschools during 2010 and 2011. KidsMatter Early Childhood is based on the KidsMatter Primary risk and protective factor framework described above (Slee, Murray-Harvey et al., 2012). The KidsMatter Early Childhood framework enables preschool and long day care services to implement evidence-based mental health promotion, prevention and early intervention strategies that improve the mental health and wellbeing of children from birth to school age. KidsMatter Early Childhood involves the people who have a significant influence on young children's lives – parents, carers, families and early childhood educators, along with a range of community and health professionals – in making a positive difference to young children's mental health and wellbeing during this important developmental period.

Evaluations of the trials for both KidsMatter Primary and KidsMatter Early Childhood showed that the KidsMatter initiatives were associated with changes that served to strengthen protective factors within settings, families and children (Slee et al., 2009; Slee, Murray-Harvey et al., 2012). Particularly, KidsMatter demonstrated that it is important for staff to build partnerships with other children's services and also with other types of local community services (such as those in the health sector) so that staff can help families access appropriate services and help to counteract any potential long term problems (DHAC, 2000). Developing positive relationships with other professionals is not only beneficial for the families and children, but also for staff wellbeing and their perceived competency (Green et al., 2006).

In addition, KidsMatter, along with other student wellbeing initiatives (such as CASEL, 2016), and researchers (e.g., Clelland, Cushman, & Hawkins, 2013; Shute, 2016) have highlighted the need for schools and early childhood education and care centres to work hand-in-hand with parents/carers. As noted earlier, one of the four key components of the KidsMatter initiatives explicitly concerns the relationships of schools and early childhood and care centres with families and parents/carers.

COLLABORATION

The World Health Organization (WHO, 2010) called for more active involvement of families and teachers in school based health promotion programs. Aligned with this is the first of the four components of KidsMatter, which is 'working together with families'. The question that arises is, "Why is this important?"

Collaboration occurs when children, staff, families and communities are engaged with and involved with children's service providers in meaningful ways, thus promoting a sense of belonging and connectedness. According to Stonehouse (2001a, 2001b), collaborative partnerships between home and early childhood services are based upon effective communication and positive relationships, and can be encouraged through involvement, partnerships and shared decision making in the service. This level of involvement and connection to children's services is deeper than everyday working relationships between staff and families. Taking a collaborative approach to decision making can be initiated by staff to help families feel involved in meaningful ways, increase their feeling of connectedness to the service, and help them feel empowered and valued for the information they provide about their child (e.g. Cohen, 2006).

At the school level the Australian Government has promoted the concept of family-school partnerships (DEEWR, 2008). In this policy document it has been noted that "Schools have an important responsibility in helping to nurture and teach future generations and families to trust schools to provide educational foundations for their children's future. At the same time, schools need to recognise the primary role of the family in education. This is why it is important for families and schools to work together in partnership" (p. 2). Weare (2010, p. 5) also argued that good practice in mental health promotion in schools requires "teamwork between the appropriate agencies including parents and students". Successful school mental health promotion models, which are based upon knowledge, empowerment and participation, necessarily require active collaboration from parents (Adi, Killoran, Janmohamend, & Stewart-Brown, 2007; Onnela, Vuokila-Oikkonen, Hurtig, & Ebeling, 2014).

What Does Collaboration Look Like?

Elliot (2005), in describing early childhood centres, proposed that families communicate about their child with staff based on a 'hierarchy of need'. In the first instance parents are intent upon communicating with staff about their child's physiological needs, such as safety and nutrition. When they feel these needs are being met parents may then move onto communicating with staff about their child's sense of belonging and self-esteem, and have discussions with staff around their own knowledge and understanding of child learning and development. Elliott argued that true partnerships, with better outcomes for all, occur when staff and parents engage in deeper discussions together that are open and respectful.

Similarly, in a large scale study of 500 families experiencing chronic and multiple disadvantage with young children aged between 0–7 years, Slee (2006) reported that such parents needed access to educational institutions to help provide the services they needed to offset the effects of such disadvantage. In that study, Slee highlighted the importance of service provision for families that involved positive and two-way communication where, from a social determinants model, schools and early childhood and care institutions respected and honored the strengths and resourcefulness of families struggling with socio-economic disadvantage. This required staff to move beyond a focus on the child in isolation to considering the child in the context of their family and community, and to see themselves as a valuable source of support and information for parents, rather than superior to parents. Similarly Cox (2005) stressed the need to treat parents as equals in a two-way flow of information.

Weare (2010) noted that although school staff may have intentions to communicate effectively with parents, there may be difficulties from the parents' perspectives. Weare provided the example of the language that has grown up around mental health promotion in schools, such as 'social and emotional learning' and 'emotional literacy', which may not be meaningful, and even may be interpreted as precious and alienating by parents. Similarly, Shute (2016) reported evidence of difficulties experienced by teachers in communicating with parents, especially with disengaged parents. In a similar vein, a survey of 287 Maltese parents by Askell-Williams (2016) found that parents' perceptions of schools' mental health and wellbeing and promotion initiatives were significantly influenced by their perceptions of their own parenting capabilities. In that study, parents who rated themselves as low on parenting capabilities rated their schools significantly lower on all four school factors, namely, Positive School Community, Parenting Information and Support, Early Intervention for Students with Mental Health Difficulties and School Engagement with Mental Health Promotion. Thus, the very parents/carers who might need support from schools and early childhood and care services may not value that support, and therefore may not access it.

Clelland et al. (2013) also suggested that school-family partnerships are influenced by the way that schools promote such partnerships, arguing that schools need to be empathetic to the diverse needs and world-views of parents. One common mistake is that engagement often follows a similar pattern for all parents − irrespective of parental needs. As Lendrum and Humphrey (2015) demonstrated, typical parent communications include mainstream language newsletters, other types of written take-home materials, and parent-teacher meetings. Some parents might find these typical communication strategies inaccessible and/or overwhelming. For example, reports from the KidsMatter early childhood and care evaluation in Aboriginal and Torres Strait Islander communities suggested alternative modes of communication that are more culturally appropriate, such as informal yarning, and posters depicting more diverse cultural images (Slee, Skrzypiec, et al., 2012).

Similarly, a small Australian study (Elliott, 2003) asked parents about their engagement with their early childhood service, what contributions they could make to their services' programs, and what approaches they thought would facilitate partnerships between families and staff. Focus group data revealed four themes: (i) limitations in communication methods; (ii) omission of important information; (iii) limitations in methods employed for reporting information to parents; and (iv) difficulties with parent's contributions to the service. For example, parents wanted staff to share their expertise and knowledge about child development and to help them understand their child. Parents also wanted more in-depth information about what their children were being taught, and how the curriculum contributed to their overall development. They sought better connectedness between home and the service and wanted to have meaningful information about their children's day conveyed to them so that they could create a more seamless connection between home and the early childhood service. Overall, meaningful two-way communication between early childhood educators and parents/carers was seen to be the most important factor in improving collaborative engagement of parents/carers with the service.

Elliott's (2003) study provides valuable insight into parent experiences and specific guidance for staff to consider with respect to their collaboration with families. This is supported by Stonehouse (2001b) who reported that parents and carers are most interested in hearing about what their child enjoys, what their child has done during the day, and anything meaningful about their day, and that overall, parents seek communication from staff that is genuine, respectful, and meaningful that shows that the staff pay attention to their child, and appreciate and value them. As Slee and Murray-Harvey (2007) noted, this requires staff to view the family as the primary source of information about the child and as the constant in the child's life. Similarly, families can value the role and knowledge of child development that staff bring to the relationship (Zero to Three, 2008). For example, it has been established that the quality of interaction between mother and child is strongly related to preschool adjustment outcomes in children. Within an open, respectful relationship, families can share with staff information from the child's home environment such as how they relate together (e.g., how they share emotions). When staff can incorporate this shared knowledge into their interactions with the child, positive outcomes are more likely (Pianta, Nimetz, & Bennett, 1997).

Elliot (2003) proposed that family involvement should extend to joint decision making which ensures that valuable information from both staff and families is represented to best serve children's interests. Further, Stonehouse (2001a, 2001b) acknowledged the importance of shared decision making in building effective partnerships between families and staff and stressed that this requires the service provider to have both commitment and processes to ensure it takes place. For example, parents can be involved in developing and reviewing their centre's policies. However, Stonehouse also highlighted the need for sensitivity with regards to parent confidence and background, and cautioned against potentially tokenistic parental involvement.

Why Is Collaboration Important?

Collaboration between children's services and families shows children that the service is highly valued, a safe place to be, and promotes feelings of belonging and connectedness, which are protective factors for mental health and wellbeing. In addition, both the family and the staff possess valuable information about the child, and sharing this information in an effective way contributes to the quality of the service received by the child and family. The value and impact of parental involvement on early childhood services has been shown by Australian (Elliott, 2003) and international research studies (Arnold, Zeljo, Doctoroff, & Ortiz, 2008; Galinsky, 2006; Webster-Stratton, Reid, & Hammond, 2001). Further, ensuring that families understand the positive impact of ongoing quality care on children's development has been identified as being important for children's wellbeing (Thompson & Nelson, 2001). Meaningful, ongoing communication between parents/carers and teachers and early childhood educators is pivotal for building collaborative partnerships. With respectful and caring relationships, staff and families are more able to work together to create positive learning experiences for each child (DEEWR, 2009). A good relationship between the family and staff is especially helpful if there are concerns about the child's development and where further consultation, assessment or early intervention may be required (Zero to Three, 2008). School and early childhood and care staff may be in a position to identify mental health risk factors that are related to the family context (e.g., problematic parenting styles such as harsh punishment and rejection, and high levels of family stress). Having a good relationship with families can enable staff to communicate their concerns in a more effective way and provide information and referral when required (Green, Everhart, Gordon, & Gettman, 2006).

However, a survey of newly graduated teachers by the Australian Institute of Teaching and School Leadership (AITSL, 2014) found that graduates of secondary programs indicated their pre-service education was least helpful in the area of involving parents in the educative processes. This finding suggests that the recent graduates felt somewhat unprepared for this aspect of their professional roles. And this finding is not restricted to recent graduates. A study by Askell-Williams and Cefai (2014) found that Maltese in-service teachers self-reported relatively low capabilities for providing support to parents for promoting children's mental health.

In the next section of this chapter we present data from the evaluation of the KidsMatter initiatives to highlight the significance of families and caregivers as an integral part of any early childhood or school-based initiative to address the mental health and wellbeing of young people. The studies reported in this chapter have the potential to provide information that can support pre-service and in-service teachers to be better prepared for their work with families and parents/carers.

FINDINGS FROM THE KIDSMATTER PRIMARY AND KIDSMATTER EARLY CHILDHOOD

In this chapter we have argued for the importance of teachers and educators reaching out to, and understanding the needs of, parents/carers in relation to their child's development. In the following section we report two components of our evaluations of KidsMatter (Slee et al., 2009, 2012). In Study 1, focus groups were conducted with a range of parents/carers from a subset of 10 of the 101 KidsMatter primary schools. The 10 schools were selected to represent a range of geographic locations, socio-economic status and progress with implementing KidsMatter. Parents/carers were asked about their opinions and experiences with KidsMatter in their child's primary school. In Study 2, parents/carers and educators from the 111 early childhood and care centres involved in the KidsMatter early childhood initiative were asked to complete the Strengths and Difficulties Questionnaire (Goodman, 2001) about the children in their care. Ethics approvals, involving fully informed participation and voluntary consent, were received from the Flinders University Social and Behavioural Research Ethics Committee and relevant educational jurisdictions in each Australian state.

STUDY 1: THE KIDSMATTER PRIMARY SCHOOLS PARENT/CARER FOCUS GROUPS

Method

The KidsMatter Initiative (pilot phase) schools arranged for parents/carers to attend 10 focus group discussions led by the researchers. The focus groups, which ranged in size from 4 to 10 participants, responded to prompts about the abovementioned four KidsMatter components, considering any changes they had noticed since KidsMatter was introduced into the school, particularly with regard to the school culture and their children's behaviour, confidence, mental health and general wellbeing. In the focus groups, a key aim was to seek information from parents/carers regarding the perceived impact of KidsMatter in their school (Table 1). The thematic analysis used NVivo software to code and organise the participants' statements.

Results

The thematic analysis of the focus group transcripts identified the need of parents/carers to feel welcomed and valued in the school and their need for mental health information where it was relevant to their situation. Excerpts, shown in Table 1, suggest that the broad impact of KidsMatter on parents/caregivers was related to their specific needs. As might be expected, it was apparent that only some parents/carers were involved with the school with regard to their parenting and their child's social and emotional development. If a need to engage with KidsMatter was perceived by

Table 1. Parent/caregivers' perceptions of the impact of KidsMatter in a variety of areas

Theme	*Exemplar statements*
Perceived relevance of KidsMatter	It's a bit daunting for parents because they think…"Oh there's nothing wrong with my child..I don't have an emotional problem. There's nothing mentally wrong with my child…*Parent* (School 6). "it's got massive potential. I couldn't say that I've seen a lot of change but if KidsMatter as a concept is injected into all parts of schooling, then it can have an enormous effect on kids." *Parent* (School 1)
Positive personal impact	..."I'm still learning where my breaking point is… I hope I never have to find out where it is…I've certainly come close a lot of times, but I've found so many strategies from this room." *Parent* (School 6) ..."My son was talked to by the Principal that runs this….to see if he was OK…That's where that KidsMatter came into it...It was like…your wellbeing is very important…you can't…don't… sit back. You have to come and tell us and that's good in a way." *Parent* (School 1) …"Then we got told we had our parent room. I was like, alright this is perfect. I threw myself into everything – all the books. We've got lots and lots of books… We've got leaflets and books on everything – losing families; losing parents; losing mother, fathers, grandparents…. As parents if we're struggling with our children in certain areas, we can then come in here, get the information; we can talk to any of the teachers." *Parent* (School 6) "This KidsMatter thing's great. It's all about doing the right thing by other people, but I suppose that's got to be taught at home as well and backed up at school." *Parent* (School 1)
Staff commitment had an impact	…"you can't have KidsMatter in half a dozen teachers. There's 40 teachers in this school and they all need to be on board. They all need to be speaking the same language." *Parent* (School 6) "That's where that KidsMatter came into it. It was like, your wellbeing is very important, you can't – don't sit back. You have to come and tell us [teachers]… So they're very good like that where if something has happened – they're very inviting to let you in – children and parents …" *Parent* (School 4)

a parent/carer, then the impact of KidsMatter was perceived as broadly positive. If parents/carers did not believe that they or their child warranted any contact with KidsMatter initiatives, then impact was less apparent in participants' statements. One understanding of the findings from the focus groups is that a school's outreach to parent/carers needs to be active in order to engage parents/carers with programs that the school is running, and to inform them about the resources available to them

to assist with their parenting. The challenge is whether school leaders and teachers regard this as part of the 'core business'. Another important question relating to the delivery of social and emotional wellbeing programs concerns whether parents provide reliable information regarding their child's mental health: this issue was taken up in the KidsMatter Early Childhood evaluation (Slee, Murray-Harvey et al., 2012).

STUDY 2: THE KIDSMATTER EARLY CHILDHOOD INITIATIVE EDUCATORS AND PARENTS/CARERS COMPLETION OF THE STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

In terms of assessing young children's mental health, a question that arises is whether parents are better able than educators to assess the status of their child's mental health. A commonly used mental health screening instrument for children is Goodman's (2001) Strengths and Difficulties Questionnaire (SDQ). This instrument has been used in the Longitudinal Study of Australian Children (LSAC, Sanson et al., 2005) and it was also used in the KidsMatter Primary initiative. Three different versions of the SDQ have been developed for use with teachers/educators, parents/carers and youths (self-report measure). Both the parent/ carer and teacher/ educator SDQ versions were used in the KidsMatter Early Childhood evaluations. The measures permitted not only an investigation of young children's mental health difficulties, but also an investigation of whether the most informative assessment of a young child's mental health is from parents/carers or educators, or whether there is no difference between the two informant sources.

Method

Parents/carers and educators completed the SDQ about the children in their care at the beginning of the pilot KidsMatter initiative in early childhood and care services located in different states and territories in Australia. De-identified SDQ data was obtained from 2,496 parents/carers. Of these 89.9% were matched with an SDQ completed for the same child by an educator whilst 253 (10.1%) could not be matched. Accordingly, two SDQ measures were completed for 2,243 children from 104 KidsMatter early childhood education and care centres.

The Parents/Carers. Most of the parents/carers (92.2%) were female; a small proportion (2.4%) were Aboriginal or Torres Strait Islanders; 13.5% spoke a language other than English at home. Each parent/carer completed an SDQ about one child they were caring for. Nearly all of the children (99.5%) were living with the parent/ carer who completed the SDQ about them. The average age of the parents/carers who completed the SDQ was 35.5 years (S.D. = 5.7 years) and ranged from 18 to 69.

The Children. According to parents/carers, 50.1% of the children were male. The average age of the children was 3.8 years (S.D. = 1.1 years), although two out of three children (66.6%) were aged from 4–6. On average, the children spent 19–21 hours a week in their respective early childhood and care centre.

According to the educators, a small proportion of children (6.9%) needed professional help with social, emotional or behavioural difficulties. Approximately two-thirds (66.9%) of these children, according to the educators, received assistance for these difficulties. The smallest group of children (2.8%) were from the Northern Territory. Approximately equal proportions of children were from the other Australian states/territory ranging from 12.0%–16.9%.

Most of the educators (95.1%) reported that they were the person who usually cared for the child whilst he/she was attending the centre. Not all of the educators who completed the SDQ for children provided identification details. The number of educators who completed SDQs for children ranged from 20 in the Northern Territory (for 63 children) to 85 (for 379 children) in New South Wales (see Table 2). Educators provided SDQ information for an average of 5 children each. SDQ data for only 41 (1.8%) children was not complete and was excluded from the analysis.

Results

A quantitative analysis of the SDQ responses given by parents/carers and educators found a significant positive correlation (r=0.45) between the parents/carers' and educators' assessments of 2,243 children. Confirmatory Factor Analysis using MPlus showed that the parent/carer SDQ model showed adequate fit with the data when one item was dropped from the conduct problems sub-scale (see Figure 1). However, measures of peer problems, conduct problems and emotional symptoms provided by parent/carers showed poor reliability (H=0.58, H=0.68, and H=0.65, respectively). For educators, the SDQ confirmatory model showed an adequate fit with the data after three pairs of variables were correlated, and one item (the same

Table 2. Number of educators and parent/carers from different Australian states and territories that completed an SDQ for the children

	Educators		*Parents/Carers*		*Children*	
	Number	*%*	*Number*	*%*	*Number*	*%*
ACT	51	11.3	283	12.6	283	12.6
NSW	85	18.8	379	16.9	379	16.9
NT	20	4.4	63	2.8	63	2.8
Qld	59	13.0	323	14.4	323	14.4
SA	67	14.8	303	13.5	303	13.5
TAS	52	11.5	264	11.8	264	11.8
VIC	67	14.8	358	16.0	358	16.0
WA	52	11.5	270	12.0	270	12.0
	453	100.0	2243	100.0	2243	100.0

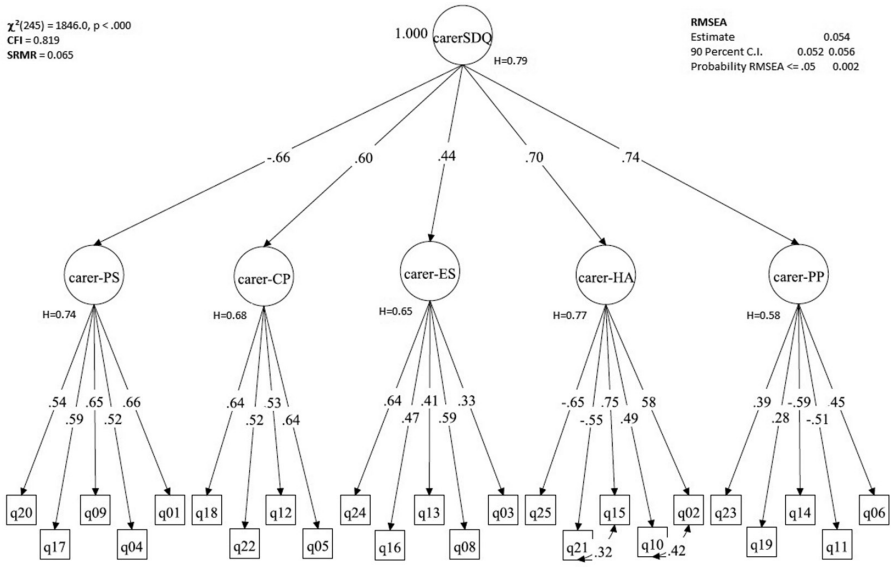

Figure 1. CFA of carer SDQ

as the one in the parent model) was dropped from the conduct problems sub-scale (see Figure 2).

However, the best model fit was obtained when the SDQ information provided by both educators and parent/carers was combined and analysed in one model. This model, shown in Figure 3, suggests that the SDQ assessments of young children's mental health difficulties are best undertaken by both the parent/carer and the child's educator providing information about the child.

While this example has been for an assessment of young children's mental health difficulties, it seems reasonable to suggest that all evaluations and decisions about a young child's psychological dispositions should be determined through collaborative discussions between parent/carers and the child's educator.

CONCLUSION

In the Australian context, federal policy mandates that educational institutions should actively engage with families and parents/carers as part of the education of young people. Moreover, internationally, the evidence is that educational institutions can provide a significant and effective setting for mental health promotion, such as the delivery of social and emotional programs. In this chapter, our focus has been on the nature of parental/caregiver involvement with schools and early childhood education and care organisations during the delivery of initiatives to promote young people's wellbeing and mental health. Data obtained by the authors from national evaluations

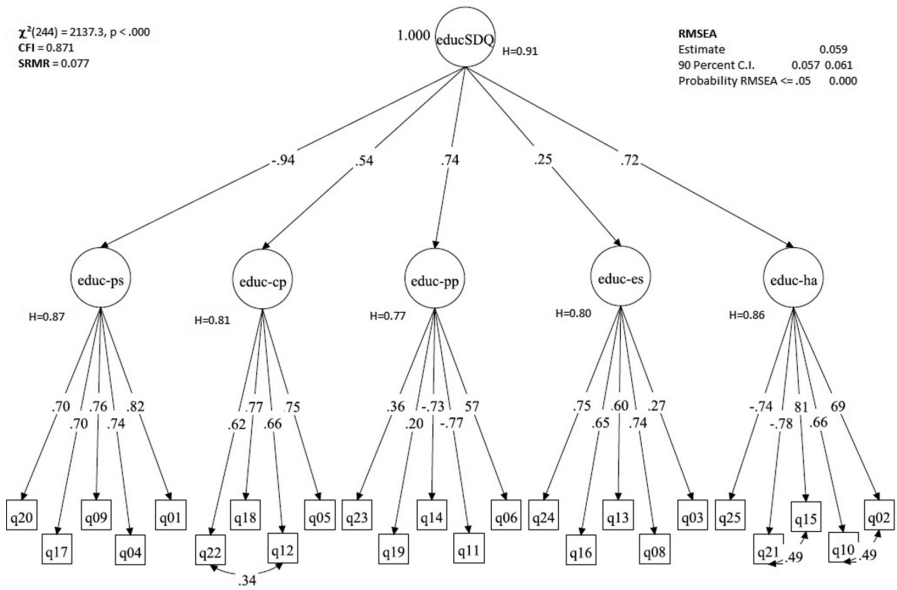

Figure 2. CFA of educator SDQ

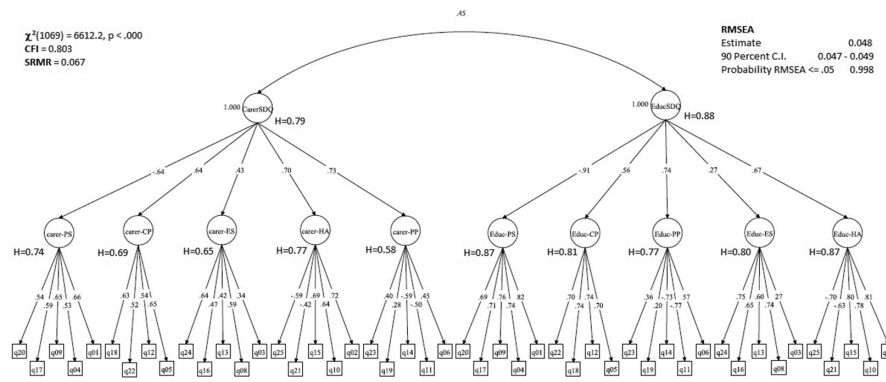

Figure 3. Confirmatory Factor Analysis of combined educator and parent/carer SDQ assessment

of the KidsMatter mental health promotion initiatives has been used to highlight parent/carer perspectives and the value of parent/carer and staff collaboration.

Study 1 reported in this chapter demonstrated that parents/carers who engaged with KidsMatter reported positive impacts from that engagement. Study 2 showed that the best assessment of children's mental health status occurs when assessments by parent/carers and educators are pooled. In terms of achieving good quality early

diagnoses that can lead to early intervention and prevention, this finding speaks to the importance of parents and educators sharing knowledge and information, and of involving both parents/carers and educators in decisions that affect children. Families and parents/carers are an integral part of the successful delivery of school-based and early childhood and care centre-based initiatives. As illustrated in this chapter, it is imperative that schools and early childhood and care centres find ways to actively reach out to collaborate, share decision making, and work with families in the delivery of programs.

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PAUL BARTOLO AND CARMEL CEFAI

12. PARENTS'/CARERS' PARTICIPATION IN MENTAL HEALTH PROMOTION IN SCHOOLS

INTRODUCTION

There has long been an understanding of the impact of the family situation on children's school achievement across cultures and contexts and consequently also of the importance of involving parents in their children's education. Ecological systems theory (Bronfenbrenner, 1989) further highlighted the importance of the child's interactions within the different microsystems as well as the impact of the interactions between the different microsystems such as home and school at mesosystem level. There is wide evidence that, as reported in two longitudinal studies, 'increases in parents' involvement over time were related to concomitant increases in children's social skills and declines in problem behaviors' both as reported by the parents and teachers (Daniela, Wanga, & Berthelsenb, 2016; El Nokali, Bachman, & Votruba-Drzal, 2010, p. 1002).

Most of the evidence-based studies of school-parent/carer collaboration were focused on promoting children's engagement in the cognitive curriculum (Christensen & Reschly, 2010; Fishel & Ramirez, 2005), or interventions with children with social, emotional or behavior difficulties (Castro et al., 2015; Desforges & Abouchaar, 2003; El Nokali, Bachman, & Votruba-Drzal, 2010; Jeynes, 2012; Rickard et al., 2016; Stadnick, Drahota, & Brookman-Frazee, 2013; Valdez, Carlson, & Zanger, 2005). A review of the literature on evidence-based school mental health programmes that involved parental participation between 1980 and 2003 only identified just over 100 such studies, but moderate to large effects on student learning and behaviour outcomes were reported for such programmes (Carlson & Christenson, 2005). A more recent review of journal articles published between 1995 and 2010 that reported student mental health interventions involving parents/carers delivered in school settings identified 100 articles describing 39 interventions (Mendez et al., 2013). The majority of programmes involved parents/carers through group parent training. The latter review grouped interventions into universal, selected, targeted or indicated, or multitier programmes, though only two programmes involved all three tiers. Universal interventions were defined as those 'that aimed to prevent the development of child problems by decreasing risk factors, building resilience, and strengthening protective factors'.

C. Cefai & P. Cooper (Eds.), Mental Health Promotion in Schools, 197–205.

PARENT/CARER ENGAGEMENT ESSENTIAL FOR SUCCESSFUL MENTAL HEALTH PROMOTION IN SCHOOLS

With the increasing focus on holistic education and social and emotional learning (SEL), more attention is being given to the role of parents'/carers' involvement in the promotion of this area of learning as well. Parents'/carers' engagement and collaboration is regarded as crucial to realise the school's goals in mental health promotion. It helps them to appreciate the relevance and meaningfulness of mental health promotion in school and consequently they develop more positive attitudes towards it and become more likely to actively support the schools' efforts in this regard (Cefai & Cavioni, 2016). There is, thus, a wide understanding that good practice in the school promotion of children's mental health requires teamwork with parents/carers as well as with the students themselves and other relevant stakeholders (Askell-Williams, 2015; Weare, 2013).

Such collaboration can be developed on the basis of the evidence for parent/carer-school collaboration. This collaboration has been found to be first of all schoolcentric and to lie on a continuum from lower status parent/carer roles to more engagement in the school's decision making (Lawson, 2003). Within this framework, parents/carers may just be involved in creating more educational environments at home, to their participation in clerical, extracurricular, cultural, and other activities at school, to the other end of the continuum, where parents/carers serve as teachers' collaborators in classrooms and are involved in parent-teacher associations like decision-making councils that support school-defined goals and help schools construct, implement, and evaluate new strategies for school improvement.

In an extensive cross European study on inclusive educational actions, albeit focussed more on children's academic engagement (Flecha, 2015), family participation in school processes was found to occur at five different levels of family and community participation: *informative* – where parents/carers are informed about school activities, school functioning, and decisions which have already been made'; *consultative* – where parents/carers participate through the school's statutory bodies; decisive – where community members participate in decision-making processes by becoming representatives on decision-making bodies; *evaluative* – where family and community members participate in pupils' learning processes by helping evaluate children's school progress; and *educative* – where family and community members participate in pupils' learning activities, both during regular school hours and after school, as well as in educational programmes which respond to the adults' own needs (p. 48). The last three were found to promote educational success but it was the fifth more interactive level of participation that had the greatest positive impact on children's learning outcomes: 'These opportunities to share learning activities not only transform children's realities and learning prospects but also transform the realities of family members' (p. 52). Moreover, the study provided evidence that when parents/carers are invited and enabled to participate in students' learning activities in a school with high presence of migrants and cultural minority groups,

parent/carer participation was high also among groups that were often stereotyped as non-participating.

PARENTAL PERSPECTIVES ON ENGAGEMENT IN SCHOOL MENTAL HEALTH

Despite the growing research on parental engagement in school mental health programmes, there have been very few studies on the parents'/carers' own perspectives on their involvement. Most of the literature is limited to parents/carers of children with developmental disorders such as social, emotional and behaviour difficulties or autism (e.g. Stadnick, Drahota, & Brookman-Frazee, 2013). One of the few studies that sought the parents'/carers' perspectives on student mental health promotion linked the parents'/carers' views to their own self-assessment of competence as parents/carers (Askell-Williams, 2015). A purposely developed survey included items about their child's school's support and engagement with promoting students' wellbeing and mental health, their own child's positive mental health and mental health difficulties, as well as the parents' self-assessment of their own capabilities for parenting.

The survey data from a representative sample of 287 Maltese parents of children aged 10–15 years attending one cluster of schools showed first of all positive, above average means for all school factors including early intervention, positive school community, and child's positive mental health as well as for the parents' own self-assessed parenting capabilities. However, when grouping respondents by low, medium and high parenting capability scores, it resulted that parents who rated themselves as low on parenting capabilities also rated their schools significantly lower on all the four school factors. The author concluded that the parents that scored low on self-assessed parent capability might be less likely to value school initiatives, and therefore less likely to avail themselves of parenting support and child mental health promotion. This means that parents/carers who felt less capable in parenting might be most in need of such initiatives. At the same time, these parents might also require different approaches and types of support to win their engagement with the schools' endeavours to promote their children's mental health. The author suggests that to ensure such parents' engagement, 'cautious and sensitive preliminary enquiries about students' mental health and parents' perceptions of their parenting capabilities might alert schools to needs for differentiated approaches to children, as well as to their parents, when engaged in whole school mental health promotion' (p. 29).

A similar call for sensitivity to the family context comes from another much wider study of parent perspectives in the 'KidsMatter' programme in Australia (Slee et al., 2012). KidsMatter (KM) is an Australian national primary school mental health promotion, prevention and early intervention initiative, based on a social-ecological approach that recognises the influences of parents, families and schools (Slee et al., 2009). One of its four-component framework is 'Parent support and education', focussing on the school as an access point for families to learn about parenting, child

development and children's mental health in order to assist parents with their child rearing and parenting skills. The evaluation of its pilot implementation in 2007–2008 included surveys completed by the teachers and parents of 4980 students. The pre-post evaluation results showed an increase in the number of parents who strongly agreed that they had become more involved with the school as a result of KM (7% more parents strongly agreed) and that they had increased their capacity to help their children with social and emotional issues as a result of KM (11% more parents strongly agreed), while 10% more parents strongly agreed that, as a result of KM, the school's capacity to cater for their child's needs had improved (Slee et al., 2009). The authors concluded that there was a need to 'enable parents to develop a stronger sense of having a 'voice' as part of the 'community' for implementing the KidsMatter programme, while also broadening the community networks to outside school mental health services that parents could access (Slee et al., 2012, p. xiv). The findings resonate with those presented by Skrzypiec, Slee and Askell-Williams in the previous chapter in this edition.

In a study in four comprehensive schools in Finland, Sormunen, Tossavainen and Turunen (2011) surveyed the perspectives of stakeholders including the 348 parents/carers of 173 ten-to-eleven-year-old children. Parents/carers responses showed that they all appreciated the importance of home-school collaboration, but most felt it was the school's responsibility to seek their collaboration. In their open-ended responses, the participants pointed to two school procedures that they mostly appreciated for addressing their children's wellbeing needs, namely prevention of bullying and the students' opportunity to eat healthy snacks (Sormunen, Tossavainen, & Turunen, 2011). Less than half of the parents/carers agreed when asked about whether they were encouraged to take an active role in the school community. It was also found that the higher the level of education of the parents/carers, the more they reported they participated and were willing to participate if offered more opportunities (ibid.).

Family SEAL (DfES, 2006) is a package for use within the Primary Social and Emotional Aspects of Learning (SEAL) programme in the UK, a programme aimed at enhancing the wellbeing and social and emotional learning of primary school children. Family SEAL was developed to engage parents/carers as partners by promoting home learning as part of the whole programme. Parents/carers receive training at the school in the various programme themes and in applying the SEAL competencies in family situations through discussion, play, role play and other activities with their children. In a relatively small scale pilot project which implemented Family Seal in seven primary schools in Dorset, UK, Downey and Williams (2011) found that both parents and teachers reported gains in pupils' social and emotional learning following the implementation of the programme. Significant social and emotional improvement was also reported by teachers for pupils previously identified as a cause for concern in their social and emotional development. On the other hand, parents gave limited qualitative evidence of the impact of Family SEAL in the home.

HOW BEST TO COMMUNICATE WITH PARENTS

Schools must take into consideration the often recognised contrast between how they might conceptualise parent/carer involvement and how the parents/carers themselves see it and, thus, give due importance to effective communication. This need was most strikingly highlighted in a study of 39 parent-teacher dyads of children with autism in kindergarten-through-fifth grade autism support classrooms in the USA (Azad & Mandell, 2016). Each parent and teacher was interviewed separately about their concerns and later observed during a meeting they had together about the child. Though these parents and teachers generally agreed about their primary and secondary concerns, 49% of the parent-teacher dyads discussed problems that neither had reported as their primary concern, and 31% discussed problems that neither had reported as their primary or secondary concern. These findings clearly suggest that in order to promote parent/carer involvement in mental health interventions, promoters 'should target parent-teacher communication, rather than agreement, to facilitate home-school collaboration" (Azad & Mandell, p. 440). In an inclusion project that also aimed at building a partnership with parents/carers, a parent who was also a teacher of a child with disability called on educators to 'listen to the parents wholeheartedly and understand the unspoken messages … understand their difficulties…empathise with their situation' (Bartolo et al., 2007).

For instance, Finnish parents pointed to the fact that their availability was limited because both parents were employed (Sormunen, Tossavainen, & Turunen, 2011). In response to an open-ended question about which functions of the school they liked which was answered by a majority of parents, the most common answers pointed to two particular spaces for parent-teacher communication, namely parents' evenings and parent–teacher conferences. Thus studies have highlighted the importance of not assuming that parents are disinterested in care or will not prioritize participation in services but rather to give due weight to the logistical barriers that parents, particularly low-income ones, face to engage in mental health interventions for their children, namely time, transportation, and childcare (e.g., Santiago, 2013).

An ethnographic study that sought to investigate Latino parents' perspectives on parent-school collaboration found that parents gave most importance to 'personalized communication' (Carpenter, Young, Bowers, & Sanders, 2016). While they appreciated the helpful considerations for ethnic minority families, such as communicating in the parents' dominant language and providing newsletters, the most critical aspect they found was personal contact: 'Parents reported that it made them feel valued and respected. Consequently, effective schools responded by making personal phone calls, making efforts to issue "personal invitations," and in some cases, conducting occasional home visits' (Carpenter et al., 2016, p. 65). At early childhood and elementary school level, parents have been reported to appreciate the possibility of open and constant communication:

> Participants in all focus groups expressed the importance of frequent and informal communication. …They said that this exchange was often a first

> step in establishing on-going positive communication. Their preferred types of communication included oral communication and written communication. Participants also alluded to the importance of non-verbal communication, such as appearing to genuinely care for their children and enjoy their jobs. (Francis et al., 2016, p. 287)

Similar appreciation of open and caring communication was reported by European parents of young children:

> They [parents] feel their child is 'cherished', has a good relationship with the teacher, is followed in his/her progress, and if any concern crops up, the teacher contacts the parents, and adjustments are made to meet the needs of the child and family. The teacher is always ready to listen to the parents and ask their opinion. Adjustments are made for families to pick up children at different times or to attend different activities. Parents told us that they are proud of the school. Teachers too were happy with the relationship with the parents. School staff talked very respectfully about parents. (European Agency, 2017, p. 18)

PARENTS/CARERS TOO CAN INITIATE COLLABORATION

In an ethnographic study of Latino parents' perspectives mentioned above (Carpenter et al., 2016), the parents described their involvement with the school as 'expressions of concern, love, or as a means for being watchful over their children'. Moreover, they volunteered to support school activities as an 'opportunity for forging relationships and developing personal efficacy'. Close working relationships provided parents with access to information regarding their children's learning. Being familiar with their children's social group and daily activities was particularly important to parents at the secondary level. Some parents purposefully sought to establish a relationship with their children's teachers and other parents as a way of ensuring teachers were doing everything possible for their children. On the other hand, the parents also saw themselves as taking an active part in their children's development which included teaching their children to respect themselves and others so they would be more prone to take responsibility for their actions, ensuring their adolescents knew 'about the "value of a dollar", and how to behave in public' (Carpenter et al., 2016, p. 53). From an immigrant point of view, some parents were found to spend a significant amount of time teaching their children about their cultural heritage.

The above parental positivity about collaboration with school was also reported among parents in focus groups in five elementary and one middle school from different parts of the USA that were regarded as exemplary inclusive schools (Francis et al., 2016). Parents were asked about factors that facilitate trusting family-professional partnerships. It was found that participants in all groups frequently used the word "community" to describe the culture in their schools:

> We all feel part of this school. It's not like [only] our kids go to school here. We feel part of this school. …

> Focus group participants described a ubiquitous and "seamless" culture of "acceptance" and "diversity," which created a "welcoming and …supportive" atmosphere that felt like "family." Participants emphasized the importance of all school staff maintaining the "mindset" and "the attitude … that everybody's valued." The positive school culture that developed from these globally accepted values related to dignity, openness, and acceptance, which resulted in families feeling a strong sense of belonging as valued members of their school communities. (p. 284)

Similar feelings were reported by parents/carers of inclusive early childhood education and elementary schools in Europe (European Agency, 2016). Family engagement requires listening to the parents'/carers' needs: 'One major characteristic of successful forms of family and community education is that the activities are organized in response to the needs and requests of families. Many activities are designed with and for mothers, to create spaces for them in which they feel comfortable about speaking openly' (Flecha, 2015, p. 52).

CONCLUSION

This chapter has served first of all to highlight the wide understanding that one of the characteristics of more effective mental health interventions in schools is the 'use a multimodal/whole-school approach with links with academic learning, school ethos, teacher education, and liaison with parents and outside agencies and the community' (Weare, 2013, p. 129). It has also raised the issue of the variety of mental health issues that can be addressed and which may include both universal preventive programmes as well as programmes aimed at establishing teamwork for supporting children with more specific mental health challenges.

Secondly, it has tried to show how the evidence suggests that parent/carer participation in school mental health promotion is not an easy option and requires a commitment and relevant strategies to succeed. One of the most important considerations is that parental and school perspectives may differ. It is essential that schools listen to parental concerns and perspectives to enhance the programmes themselves as well as to ensure that parents/carers are indeed enabled to play an active and effective role. For this to be achieved there is a need for more training of programme designers, educators and teachers in particular on how to understand and communicate with parents/carers. For instance, Santiago et al. (2013) found that clinician views of how important the parent/carer sessions were to the successful implementation of the intervention programme as well as their approach to working with parents/carers, varied despite being a recommended component of the intervention.

Moreover, there is a need for understanding the diversity of parents/carers and to adjust invitations and communication systems for their participation accordingly. When schools make use only of typical one-size procedures such as communicating through newsletters, take-home materials, and parent meetings (Downes & Cefai, 2016; Lendrum, Barlow, & Humphrey, 2015), there is a great potential

for lack of parental engagement not because the parents/carers are not interested in collaborating, but because the proposal is not meaningful or feasible for them. Personalised approaches, including home outreach, persistence, responsiveness, and resource linkages are key for parent/carer engagement (Alameda-Lawson, Lawson, & Lawson, 2010; Carpenter et al., 2016). Schools need to be empathetic to the diverse needs and world views of parents/carers in order to build effective partnerships (Clelland, Cushman, & Hawkins, 2013) that can ensure persevering engagement and successful outcomes for children's wellbeing. Within this perspective, both school staff and parents/carers share responsibility for mental health promotion in school, with activities taking place both at home and in the community and at school (Cefai & Cavioni, 2016; Garbacz, Swanger-Gagne, & Sheridan, 2015).

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GRACE SKRZYPIEC AND PHILLIP SLEE

13. IMPLEMENTING QUALITY WELLBEING PROGRAMS IN SCHOOLS

The Views of Policy Makers, Program Managers and School Leaders

INTRODUCTION

> If we keep on doing what we have been doing, we will keep on getting what we have been getting. (Wandersman et al., 2008, p. 171)

Increasingly in Australia and overseas, teachers are being asked to deliver interventions designed and developed outside the education arena to improve the mental health and well-being of children. Examples of such school-based interventions include the National Drug Education Strategy (Ministerial Council on Drug Strategy, 2011), KidsMatter Primary (Slee et al., 2009), KidsMatter Early Childhood (Slee et al., 2012), MindMatters (Australian Council for Educational Research, 2010), and the school-based eating disorder prevention program (Watson & Elphick, 2010). Reviews of the literature (e.g. Weare, 2015) highlight the significance of such programs in light of the mounting evidence of the link between student well-being and academic outcomes, staff well-being, and improvements in school behaviour amongst other effects. Effective intervention in early stages of the development of a mental health difficulty is considered to be a key strategy for achieving successful mental health outcomes (Littlefield, 2008). As noted by Meyers and Swerdlik (2003), schools are "an ideal point of entry for delivering universal and preventive services that address a variety of factors affecting children's physical and mental health" (p. 253).

In Australia, the social and emotional health of students is a priority as research data indicates that approximately one in five young Australians experience mental health difficulties before they become adults, most commonly in the areas of depression, anxiety, eating disorders and substance abuse or dependency (McGorry, Parker, & Purcel, 2006). Extensive research has highlighted the importance of incorporating student well-being programs into the school curriculum to better support the mental health and well-being of the student population (DECS, 2010). This is seen as a key strategy for offering the best possible option of a successful outcome (Littlefield, 2008).

There is a growing body of evidence that indicates that school–based social and emotional learning (SEL) programs positively influence outcomes for students,

C. Cefai & P. Cooper (Eds.), Mental Health Promotion in Schools, 207–220.

showing increases in personal, social and emotional development as well academic achievement. As Elias, Zins, Graczyk, and Weissberg (2003) have noted "It is well established that social and emotional competencies, such as the ability to manage one's emotions, solve problems effectively, and work cooperatively with others, are an integral part of academic success" (p. 306). In a recent comprehensive review of the literature, Weare (2015) highlighted the evidence that attention to the 'non-cognitive' aspects of schooling and to the effective design and implementation of programs is significantly and positively linked to a broad range of student outcomes, not the least of which is academic performance. In a large scale meta-analysis of the SEL literature, Durlak, Weissberg, Dymnicki, Taylor and Schellinger (2011) reported that SEL programs were effective in (i) significantly improving social and emotional competencies by reducing conduct and internalizing behaviours and increasing prosocial behaviours; (ii) improving the academic performance of students; and that (iii) classroom teachers were effective in conducting the SEL programs as part of routine educational practices. They cautioned however, that "developing an evidence-based intervention is an essential but insufficient condition for success; the program must be well executed" (Durlak et al., 2011, p. 418).

The gap between research and practice has been a longstanding concern. The increasing demand for evidence-based practice means an increasing need for more practice-based evidence. As Durlak and DuPre (2008) emphasised, social scientists recognize that developing effective interventions is only the first step toward improving the health and well-being of populations. Transferring effective programs into real world settings and maintaining them there is a complicated, long-term process that requires dealing effectively with the successive, complex phases of program diffusion (Domitrovich et al., 2015). There is a growing body of research about how best to transfer effective programs into real-world settings, referred to as translational research. An important aspect of translational research is the 'implementation' of programs.

In reviewing the literature on published mental health prevention studies, Durlak and DuPre (2008) found that only a minority (5%–24%) reported on their implementation process. They concluded that "the magnitude of mean effect sizes are at least two to three times higher when programs are carefully implemented and free from serious implementation problems than when these circumstances are not present" (p. 340). Dane and Schneider (1998) highlighted features of implementation which included five facets of fidelity (exposure, participant responsiveness, quality of delivery, adherence, and program differentiation). While definitions of fidelity vary in the literature, fidelity is the extent to which the innovation corresponds to the originally intended program protocol (Gearing et al., 2011). However, the term program fidelity is often used synonymously with program integrity (Kershner et al., 2014) and when describing program integrity, Ennett et al. (2011) distinguished five domains identical to those identified by Dane and Schneider (1998). The domains important for program integrity are:

a. *Adherence* (a.k.a. fidelity, compliance) is the degree to which the core components of a program are delivered as intended.
b. *Exposure* (a.k.a. dosage) refers to how much of the original program has been delivered and the quantity of the program to which participants have been exposed.
c. *Participant responsiveness* is associated with the degree to which the program stimulates the interest or holds the attention of participants and the extent to which participants engage with the program.
d. *Quality of delivery* relates to the instructors program delivery skills and how well different program components have been conducted.
e. *Program differentiation* is the extent to which a program's theory and practices can be distinguished from other programs (i.e. program uniqueness) so that there is no contamination from other programs.

In addition to these five domains, Durlak and DuPre (2008) identified three other important aspects of implementation, which are particularly relevant to school-based programs. Specifically, these are:

f. *Adaptation,* which refers to the changes made in the original program during implementation and the extent to which it is modified and adapted.
g. *Control monitoring*, involving a comparison of differences to non-participating schools and their outcomes.
h. *Program reach,* which refers to the proportion of the target audience who have participated and is the rate of involvement and representativeness of program participants.

An understanding of these domains is important in evaluations which seek to test the outcomes and effectiveness of intervention programs, as each poses a threat to program validity. Program outcomes may be negative if a program has not been well implemented, or it may have an impact quite different to what was intended (Durlak & DuPre, 2008). However, the domains of implementation described above are only eight factors that impact program effectiveness as determined by researchers, often in experimental conditions, and the real-life circumstances of program implementation have not been extensively documented (Jaycox et al., 2006; van Nassau et al., 2013).

The aim of the research described in this chapter was to investigate the state of affairs in South Australian schools in terms of well-being programs and how educators and policy makers were dealing with the vast array of available programs designed as school-based interventions. Through our research we sought to further understand the real-life conditions under which programs were being implemented with the intention of informing future intervention protocols. The research reported in this chapter relates to information gathered from education policy makers, program managers and leaders, relating to the implementation of SEL, mental health and well-being programs in schools.

METHODOLOGY

Purposeful sampling (Creswell, 2012) was used to select participants who were well informed about school programs. They included four personnel in executive positions in the public, Catholic and independent school systems, as well as nine school principals and counsellors. Each of the participants had experience and a strong working knowledge of the issues and difficulties associated with implementing student SEL, mental health and well-being programs. Personnel interviewed from educational jurisdictions in the state of South Australia included a senior project manager, a policy advisor and two senior health and well-being advisors. Interviews with principals and counsellors were conducted in two large northern suburbs schools (high disadvantage), two large southern suburbs schools (moderate disadvantage), a semi-rural school (moderate disadvantage), an inner city community school (moderate disadvantage) and a small metropolitan high school (low disadvantage). Permission to undertake the research was obtained from both the public, catholic and independent school sectors, as well as the University's ethics committee.

Circumstances associated with implementing health and well-being programs were discussed in private school offices using semi-structured interviews, which ran for approximately one hour. The interview questions concerned the implementation strategies of programs and frameworks being introduced to schools; they sought to determine issues associated with implementing programs in real-life conditions. Participant interviews were transcribed and entered into NVivo10 for thematic analysis (Braun & Clarke, 2006). The theme categories were discussed between the researchers until 100% agreement was reached.

FINDINGS AND DISCUSSION

Analysis of participant transcripts clearly identified the threats to program integrity outlined by Durlak and DuPre (2008) as well as other elements which could be linked to these domains. As shown in Figure 1, factors effecting program implementation were associated with adherence to the program and to quality delivery (as discussed below). Furthermore, based on comments made by participants, the additional facets of *adaptation* and *program reach* suggested by Durlak and DuPre, were respectively linked to program *adherence* and program *exposure.* Details of these findings as identified in Figure 1 are discussed below.

Over-Crowded Curriculum

Participants felt that schools were overloaded with the numerous programs and frameworks that were being continuously introduced, adding to an already over-crowded curriculum. Some perceived new programs as yet another addition to their already congested, under-staffed and under-resourced curriculum, and were thus

Figure 1. Factors effecting program implementation and integrity

hesitant to undertake programs unless they were mandatory, or seen as relevant and essential for students in their school. Furthermore, with the introduction of new programs, participants felt that some already established programs in the school became neglected. Some participants in the public and independent school sectors felt that schools lacked the staff to head and champion programs and to ensure their continuation. According to participants, schools were already struggling with unwieldy workloads, understaffing (especially in the areas of student well-being) and were experiencing constant demands for addressing the emerging evidence of concerns regarding student mental health, without the resources to do so. School educators in particular, spoke of a lack of time in an already packed curriculum, lack of money, lack of resources, and sometimes lack of energy and enthusiasm from staff already stretched to the limit. It was clear that the presence of an over-crowded curriculum, or the perception of such, would pose a threat to the adherence (fidelity) of the program as educators juggled various programs in the curriculum. As one Principal stated,

> … schools are bombarded with everything else we have to do and then it [well-being program] just slips down the list of priorities. (Principal – metropolitan school)

Despite an overcrowded curriculum, limitations in funding money, resources and personnel to support student well-being programs, educators have shown that their professional commitment to student well-being continues to be an ongoing process of developing, adapting and adopting programs and initiatives that best suit the mental health of their student cohort.

Professional Development

Participants suggested that many initiatives were short-lived due to trained staff leaving schools, and new staff not being trained in particular programs. Participants generally felt that the resources provided with new initiatives were not adequate to enable proper implementation. Several participants indicated that it was not within their school budgets to employ temporary relief staff to cover teachers attending professional training sessions about new programs. In many cases, teachers were required to attend training sessions in their own time. Follow-up support, it was felt, was lacking, as was training to allow continuation of programs and this was a concern to many of the participants. Follow-up support, "refresher" sessions and continued training of staff were highlighted as key areas that would allow for the continued delivery of programs in schools. It was suggested that periodical training would help to bridge the gap caused by staff departures, and refresher sessions would help staff maintain and update their skills. Frequent turnover of staff, as Elias et al. (2003) have pointed out, drains schools of their social capital and knowledge base of programs. This erodes program expertise and compromises the quality of implementation. Over a decade and a half ago, Hatch (2000) noted that the investments needed to champion new ideas and initiatives require a critical mass of supporters. This outlay is often underestimated to the detriment of program sustainability and positive intervention outcomes.

There was a consensus among all three educational sector participants that professional learning sessions and workshops were important to the success and efficacy of new initiatives. In particular, what was most important about professional development according to some participants was that it provided an opportunity for staff to ask questions and discuss particular aspects of the programs with their peers. It was suggested that allowing teachers to engage in this manner gave them the confidence to use and incorporate new programs into their teaching schedules.

Staff Resistance

Resistance to accepting new programs was sometimes apparent amongst implementing teachers. One student counsellor suggested that staff resistance was generally not about a teacher being deliberately opposed to teaching a new well-being program but more about teachers feeling out of their depth. In such cases, the counsellor suggested, it was better to take small steps with teachers; to be patient with them, introduce them to the program rather than overwhelming and intimidating them with too much new detail.

A critical component of effective interventions, which relates to the quality of delivery, is the implementer's enthusiasm and engagement with the program (Dusenbury, Brannigan, Hansen, Walsh, & Falco, 2005). Teachers "must be prepared to act with knowledge, conviction, and coordination" (Elias et al., 2003, p. 310). Han and Weiss (2005) have suggested that high-quality delivery of lessons requires deep knowledge of the intervention and skills to communicate the core components of an intervention in and out of the scripted lessons. The inherent skills of implementers impact on the quality of delivery, participant responsiveness and the overall effectiveness of a program (Domitrovich, Gest, Damon Jones, Gill, & Sanford DeRousie, 2010). Deep knowledge and understanding of an intervention could be quite a demanding task for teachers who are expected to use an established academic curriculum to excel students in literacy and numeracy, in addition to implementing an innovative program. As one principal remarked:

> I think the biggest barrier is convincing teachers to maintain and sustain a commitment to any kind of program. (Principal – metropolitan school)

Collaboration

Collaboration between education sectors (public, independent and catholic) was highlighted as key to the success of implementing new initiatives by several participants. An ability to share information, strategies, and resources was of particular importance. Participants from the three sectors indicated that engagement and collaboration with staff, parents, students and the local community was important for the successful implementation and continuation of programs within a school.

> It's important that staff be given the opportunity to ask questions and discuss particular aspects of the programs with their peers. (Well-being advisor)

> … allowing teachers to engage in this manner gives them the confidence to use and incorporate new initiatives in their teaching. (Program manager)

Involving staff and students at the developmental stage of programs was considered to be highly instrumental in the success of new initiatives. However, it was suggested that among some schools, too much involvement (to the point where an imbalance of power was established) of local churches and/or parent groups, meant that certain programs were not adequately implemented, or were left off the curriculum altogether, to the determent of the students' learning.

Various researchers (Durlak & DuPre, 2008; Mihalic, Irwin, Fagan, Ballard, & Elliott, 2004; Riley, Taylor, & Elliott, 2001) have stressed the importance of collaboration as part of the implementation process. Collaboration enables shared decision making and promotes effective implementations as it assists in dissipating doubts of implementer's competence and facilitates troubleshooting of implementation issues. "Ideally, this collaborative process is characterized by non

hierarchical relationships among participants, mutual trust and open communication, shared responsibilities for completing important tasks, and efforts to reach consensus when disagreements or stalemates arise" (Durlak & DuPre, 2008, p. 338).

Through collaboration there is a collective form of ownership (Sarason, 1982) and this may help promote program sustainability (Hahn, Noland, Rayens, & Christie, 2002). Unfortunately, as one educator pointed out, it can be hard to get teaching staff to own programs, particularly since some teachers believed that attending to matters of student well-being was a task for counsellors or social workers. However, this is a misguided perception. As Elias et al. (2003) stressed over a decade ago: "academic success rests on a foundation of social-emotional competencies that must be nurtured as part of main- stream education" (p. 304).

Leadership

According to participants, strong leadership was considered imperative for the success of new initiatives. An ability to effectively communicate and collaborate with staff, students, and the local community was highlighted as an important leadership skill. Similarly, the ability to delegate tasks and establish small committees to spearhead programs was equally valuable. It was also considered important for Principals to establish the connection between new initiatives and the school's strategic plan, and to incorporate new programs into a school's established program frameworks. Durlak and DuPre (2008) have noted the importance of effective leadership for good program implementation as "mutual input into programming decisions often involves issues related to compatibility, adaptability, and integration into existing practices", information that personnel in leadership positions would be most familiar (p. 339).

Threats to Program Integrity

The issues raised by participants were closely related to those described in the literature as important for good implementation. Our thematic analysis categorised comments which were indirectly related to program adherence and quality of delivery (as discussed above). However, as shown in Figure 1, we also found evidence in the data to support the domains of implementation reported in the literature by researchers in this area (e.g. Dane & Schneider, 1998; Domitrovich et al., 2010; Durlak & DuPre, 2008; Elias et al., 2003).

Adaptation. According to school principals and counsellors, the implementation of student well-being programs and in particular the selection of which programs to choose, was very much a school decision based on the requirements of their student population. As interviewees noted, schools have long been adapting, modifying and selecting programs or parts of programs by identifying student needs either individually, as a group, or as a year level, and then implementing selected programs as required. As one school counsellor pointed out:

> It would be nice to have something [a well-being program] where one size fits all, but it just doesn't happen. (School counsellor – metropolitan school)

Many participants felt that flexibility and sensitivity were key to implementing a program to support students without alienating them. Principals at two schools commented that

> Everything we do is adapted; adapted to the student cohort. (Principal, rural school)

> With anything new we take up we adapt it because it's not only the needs of the students it's the ability and commitment of teachers to work within any particular framework…my experience is that teachers will always adapt and modify according to their needs. (Principal – metropolitan school)

According to study participants, educators were not persuaded that adherence to the implementation of any program was more important than their concerns for the well-being of students. To that end, student needs were a priority and were the driving force for the programs and initiatives that were implemented; educators did not believe that there was any one program that suited all student needs. Participants indicated that schools had been adapting, modifying and selecting programs and employing a range of initiatives pertinent to their own school community to further support student well-being, despite being hampered with a variety of issues that would prevent the successful implementation of programs.

Furthermore, participants indicated that external agencies bringing programs into schools were often required to adapt or modify their programs according to school recommendations and the dictates of the student population they were assisting. In some schools this was arranged by the school counsellor who decided along with the school's well-being team, which individual students, or group of students would be targeted as well as in what manner they would be supported.

While adaptations and modifications to programs serve to compromise fidelity and program integrity, these changes were necessary, according to participants to "fit" programs within the local context and student populations. Blakely et al. (1987) have suggested that there are times when adaptations are necessary to ensure implementation success; these are referred to as "proadaptations". Dane and Schneider (1998) have posited that strict adherence to a program is sometimes untenable as "the tight prescriptions of program models, often developed without full knowledge of the needs and conditions under which they will be implemented, can conflict with the interests of the adopting site" (p. 25). What is important with regard to modifications is that the core content is covered in a manner that does not preclude fidelity. Some researchers have argued that "some adaptation is not only good, but necessary" (Kershner et al., 2014, p. S35) as the effectiveness of a program is gauged by how well it assists the targeted community. Changes should reflect the local context, without affecting the outcomes and compromising the underlying theoretical model (Ennett et al., 2011).

Religious context. Some initiatives, according to participants, were not taken up by Catholic and independent schools because educators in these jurisdictions could not see the relevance of the programs with regard to their specific school goals, values and aspirations. Some participants reported that there were schools that deemed they did not need frameworks, such as the KidsMatter initiative for example, because program concepts were already covered in their bible studies. Many programs and frameworks were reportedly altered to fit-in with the religious context of the school. Within the Catholic system "companion documents" (i.e. modified initiatives aligning programs with the Catholic ethos) were developed and distributed to schools with equivalent training. Development of these packages by the Catholic education department helped to reduce the burden felt by schools and facilitated the integration of new initiatives into Catholic school programs. Some participants, however, were not clear about whether this was a successful strategy. In one respect it encouraged schools to undertake new initiatives and allowed them to incorporate new programs into their existing frameworks; however, it was suggested that the degree of alteration could impact on the effectiveness of the program. Program integrity would not be compromised only if modifications were suitably "pro-adaptive" and core elements were preserved.

Program reach. One counsellor noted that the use of words such as "counselling", "mentoring" or "special" program diminished student interest to the point that students were reluctant to engage with the program. This suggests that a program's title and how it is presented influences a program's reach. A Principal from another school supported this view. She stated that the inclusion of information for relationship and well-being issues was done by "stealth" as the students in her school (many with complex needs) often felt intimidated by having to be involved in programs that focused on relationships and well-being. If the lesson was only focused on literacy and numeracy, according to this Principal, a student's attention span would wane and they would become disinterested, but including oral information about relationships and well-being in these lessons allowed the students to remain connected and provided an opportunity for them to participate in discussions without alienating or affronting them.

Program differentiation. Ennett et al. (2011) have stressed that "fidelity may be compromised when a program is altered by the incorporation of materials from another program" (p. 362). It was evident from discussions with some participants that some schools were modifying programs in a "non-proadaptive" manner. One participant described how at her school a new middle-years program had been created by implementing the Child Protection Curriculum (Department for Education and Child Development (DECD), 2014) overlayed with activities from a mental health initiative as well as other useful resources. It is not known how common this practice of inter-mingling programs might be. In their study of substance use prevention programs in USA public schools, Ennett et al. (2011) found that only one third of

implementers delivered the full scheduled program, and only one quarter adhered to the recommended content and delivery strategies. Overall, they reported low program differentiation. While more research is needed to investigate this domain, it appears that program differentiation may not be highly valued amongst some implementers.

Participant responsiveness. Participant responsiveness refers to how a program is received by the targeted audience and is related to the level of enthusiasm and participation of program recipients. Participants in our study were well aware that the effectiveness of a program was linked to how it was delivered by teachers, who needed to consider students' needs. As one Principal explained:

> We have to be adaptable and sensitive [with implementing programs] because the students don't progress if you have got the bar set too high because they are distracted by a number of issues including the baggage they bring to school from home, and they are often distracted. (Principal – Community School)

Teachers' pedagogical skills play a large part in engaging and maintaining student attention and this directly relates to the degree to which a program stimulates students' interest, zeal and attentiveness (Durlak & DuPre, 2008). In their study, Ennett et al. (2011) found that in contrast to low program differentiation and adherence, a large proportion of implementers reported high levels of participant responsiveness and engagement with the curricula. This is not surprising given that teachers are professional educators with tertiary teaching qualifications.

LESSONS AND RECOMMENDATIONS

Educators feel overwhelmed with the continuous introduction of new programs and feel they have little time, and too few financial and human resources to educate and train their staff in these new initiatives. We would suggest that when introducing new programs it is important to highlight how they complement and support already established initiatives, and provide easily accessible resources (online forums, websites etc.), and training.

School, student, parent and community engagement in the development stage of new programs is key in the integration of new initiatives with existing programs. By providing school communities with an opportunity to voice their concerns and highlight their individual needs, programs can be adjusted to better suit and serve the schools.

Workshops and professional learning sessions are key accompaniments to new initiatives as they allow staff to engage with the program, ask questions and discuss issues with their peers. It is essential that staff feel comfortable and confident in implementing new programs into their teaching schedules. Continued, periodical training and refresher sessions are crucial for the successful continuation of programs.

As Murray-Harvey and Slee (2010) have noted "…it is important that schools provide an environment that makes it possible for their students to thrive and to achieve, not only academically but in all ways that relate to their overall well-being" (p. 271). It is well accepted that education is positively related to health, and that schools play a key role in promoting healthy behaviours and attitudes. The responsibility of educators as reported by The United Nations' Convention on the Rights of the Child (UNICEF, 1990) for protecting children's quality of life and their rights to be educated in a safe environment, free from all forms of violence, victimisation, harassment, and neglect is understood (Cross et al., 2011).

The gap between research and practice has been a longstanding concern for those focussed on program development and implementation. The increasing demand for evidence-based practice means an increasing need for more practice-based evidence. As Durlak and DuPre (2008) have noted:

> …social scientists recognize that developing effective interventions is only the first step toward improving the health and well-being of populations. Transferring effective programs into real world settings and maintaining them there is a complicated, long-term process that requires dealing effectively with the successive, complex phases of program diffusion. (p. 327)

There is a growing body of research, referred to as translational research, that addresses how best to transfer effective programs into real-world settings. In order to convince stakeholders that health promotion initiatives are worthwhile investments, there is a need for strong evidence that the initiatives do make a difference to school environments and student wellbeing.

CONCLUSION

The challenge that presents itself concerns understanding the practicalities of developing, implementing and maintaining well-being programs or frameworks in the messy, complex and busy world of the school. In particular what are the barriers and facilitators in terms of this task? In this small scale study we interviewed senior policy and project managers along with school Principals and counsellors with the experience and strong working knowledge of the issues and difficulties associated with implementing student SEL, mental health and well-being programs.

Schools are making a concerted effort to improve the well-being of their students and as this study indicates, there is a wealth of knowledge and experience from committed educators who are working to create well-being support structures for students. Our findings based on the data gathered from practitioners and policy makers in the field identified specific barriers to program implementation and 'threats' to program integrity. These two core factors highlight a number of lessons from the field that can inform the implementation of well-being programs in schools.

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LESLEY HUGHES

14. COMPARATIVE MODELS OF CHILDREN'S MENTAL HEALTH SERVICES

Perspectives of Stakeholders

INTRODUCTION

The political debate and driving force to promote the mental health of children and young people has come about due to evidence that children's mental health is deteriorating (Center for Disease Control and Prevention 2013; European Commission, 2009; Weare & Nind, 2010; WHO, 2007), a situation that is challenging governments and professionals across the globe. It is estimated that around half of people with life-time mental health problems experience their first symptoms before the age of 14 years (DH, 2011a), with 10% of 15–16 year olds having a diagnosed mental health disorder (DH, 2011b). Untreated, the prognosis is poor, with 1 in 6 adults in the UK reported to have a mental health problem; approximately half of such disorders reputed to have started by their mid-teens (Barnardos, 2009).

The evidence of synergy between a child's early experiences and health in adult life (DCSF, 2010; MHF, 1999), is compelling, but at the same time it is alarming giving that amongst rich industrialised countries children's mental health is in decline. A UNICEF study consisting of 21 industrialised countries found it was the UK where the overall wellbeing of young people was the poorest (UNICEF, 2007). It may be that a contributing factor in this decline is the negative way mental health is both perceived, and managed (Kessler et al., 2007), and the difficulty young people experience trying to access appropriate services (YoungMinds, 2012). Irrespective of policy aims to improve provision, evidence of inconsistencies in the treatment of mental health (Burton et al., 2009; Edwards, 2009), suggests that services are not set up in a way that meets the needs of children and young people.

According to the World Health Organisation 'services for mental health need to be available at the right place at the right time at the right price and delivered in the right style' (WHO, 2005, p. 25). Issues such as a lack of provision and poor access to services is according to Reavley et al. (2011) and Costello et al. (2007), a major obstacle to young people; a system that contributes to them becoming disengaged with or terminating treatment (Booth et al., 2004). The situation heralds a more serious mental health problem for young people, one which then impacts on their development and future employment (Costello et al., 2007), paving the way for long term mental health problems.

C. Cefai & P. Cooper (Eds.), Mental Health Promotion in Schools, 221–233.

According to Edwards (2009), managing the emerging decline in children's mental health requires systems and services to change the way they respond to mental health. Currently policy and practice are not aligned, resulting in mixed messages, inconsistent practices and competing priorities (Burton et al., 2009). Attempts to reposition mental health into a positive framework are now at the forefront of policy directives in countries such as the UK and Australia where this study is situated, with respective governments providing legislation on prevention to promote positive mental health. Typically they highlight the importance of awareness raising and training (DoH, 2012), prevention, wellbeing and resilience (DH, 2010). Crucial within these guidance documents is the message that the policy of waiting until mental health difficulties have been identified and then request specialist services, needs to change.

In Australia, *The National Framework for Health Promoting Schools* advocates that all States and Territories adopt health promoting schools using an approach that is meaningful to the schools' needs (MCEECDYA, 2011). As a result there have been a number of initiatives such as, *MindMatters*, a 'whole school' and 'whole student' approach to mental health and wellbeing which includes providing an ethos and environment for increasing resilience in students (DoHA, 2010:15). Another initiative, *MindMatters' Plus*, aims to improve the capacity of secondary schools to cater for students who require high levels of support for their mental health (DeJong, 2008). Specifically targeting younger children, *KidsMatter,* is a national primary school mental health promotion, prevention and early intervention initiative. At the other end of the age spectrum, *Headspace*, an initiative established in 2006 targeting 12 to 25 year olds, has been successful in achieving its goals (Muir et al., 2012) of increasing access to services for young people at risk of developing mental health problems.

Within the UK, the government wants mental health to be the responsibility of everyone (DoH, 2011), and offers guidance calling for early intervention from multiple disciplines (DoH, 2011, 2011a). Support to manage children's mental health is provided by the National Institute for Clinical Excellence (NICE, 2008), which has a key target for improving children's mental health being to promote mental wellbeing in school (Taylor & Stanton, 2007). Much attention in the UK was given to children's health and wellbeing resulting from the *Every Child Matters* agenda, (DfES, 2003) and the *Healthy Schools* programme, both paving the way to promote positive health through partnership working. In addition, the *Targeted Mental Health in Schools* programme provides emotional and mental health support for all 5 to 13 year olds (DCSF, 2008). These initiatives, plus the *Social and Emotional Aspects of Learning* (SEAL) programmes within schools serve to raise professional awareness of children who may be experiencing mental health difficulties (DfES, 2005) and provide a selective route into more intensive support and therapeutic interventions.

It is one thing to put mental health on the national radar, however, and another to expect that raising awareness will be sufficient to achieve systems of change

required of organisations. According to Adi et al. (2007), and Farrington and Ttofi (2009), raising the status of mental health for children depends on creating an ethos and culture that will shape the values and attitudes of staff, which in turn will foster greater engagement between teacher and child. Strengthening relationships is seen as a pivotal factor for improving the transfer of knowledge required for working across services, a process demonstrated in the *Maryborough Mental Health Project* (VicHealth, 2002), and the *Rural Mental Health Project* in Ireland (Barry, 2003). Although these projects represent different countries, the common element between them is partnership strengthening. Their respective community models identify reinforced capacity through greater partnership arrangements which align mental health promotion. In addition, the partnership strategy involved representation to the planning groups from a diverse range of local experiences and skills. The resulting process incorporates local provision supporting the mental health needs of an indigenous population.

Australia and the UK uphold similar aims in that they seek greater promotion of mental health for children and young people, and for this to occur at a local level. Common throughout their respective governments drive is that developments are built around partnerships; at the organisational and at the individual level. Of equal relevance is that of sustainability, which according to Shucksmith et al. (2007) is reliant on effective leadership, and the assurance of quality and clarity to embed change (Durlak et al., 2011).

METHODOLOGY

This study seeks to explore how stakeholders translate policy into practice by identifying the approaches adopted, and the influence this has for the service and for supporting the mental health of children and young people. Issues examined included policy principles, organizational culture, strategy development, intervention model and achievements and challenges. The stakeholders involved in this study represent education, children and young people's mental health services, social care, and voluntary organisations in England, and in North Western Australia.

Sampling

A purposeful sampling strategy with maxim variation was adopted to capture a wide breadth of perceptions from individuals, whose roles involve promoting mental health policy, informing innovation models, or managing service provision; activities leading to positive mental health for children and young people. The rationale for the sampling strategy was to identify interviewees who could report first hand on their engagement and experience. A total of 40 respondents took part in the study but although equal representation was sought from England, and from the North West territory in Australia, 65% of those who agreed to be interviewed comprised of 40% from Australia.

Data Collection

The line of enquiry translated into seven broad questions established on the basis that the author sought to understand organizational development and models of practice. The researcher was interested in how mental health was perceived and accommodated within services and how changes were informed and outcomes achieved. The focus was on the strategy and approach as a whole, but also on specific initiatives that made this approach unique to that organization. Therefore although questions were asked to assess whether parts of the strategy were perceived to be more significant than others, the researcher probed to determine the process and implications of these practices on promoting positive mental health. Questions did not seek to assess how the strategy had impacted on mental health.

Semi-structured, interviews formed the data collection process and mostly were conducted face to face (37 respondents), along with 3 telephone interviews. Each interview lasted between 30 minutes and 1.5 hours, typically lasting over an hour. Every interview included the same broad, open-ended questions, although tailored slightly to each participant to take into account their specific role within the organisation. Questions explored issues regarding the organisation's role in supporting children and young people with mental health problems, organizational practices supporting policy directives, systems for managing referrals of or for children with other agencies, preparing the workforce for cross disciplinary working, lessons learnt from developing strategies to improve the mental health of children and young people, and challenges which needed to be addressed.

Analysis

Data analysis followed a thematic framework process which allows the analysis to be guided by specific research questions (Richie & Spencer, 1994), therefore interviews were interpreted to identify themes that related to the interview questions. The emerging findings focus on four broad categories, policy, organization, practice, and mental health, with key issues residing within each theme, some of which link to issues within other themes (Table 1).

FINDINGS AND DISCUSSION

Analysis of the transcribed interviews identified that all stakeholder's had a clear understanding of their respective national policies for improving mental health of children and young people, and it was evident from discussions with interviewees that they were committed to develop changes to accommodate improvements. However, the approach adopted to improve health was dependent on professional perspectives, who were chosen to contribute to decision making, and on available resources. At an organisational level, discussion about innovation in practice revealed diverse

Table 1. Identified themes

Themes	*Issues*
Policy	Understanding, Partnerships, lack clarity, Open to misinterpretation, Guidance,
Organisation	Systems Management & Leadership Decision making Referral procedure Communication
Practice	Resources Intervention Professional roles Goals / targets Confidentiality
Mental Health	Limited Knowledge Training and responsibility Competence Evidence & Effectiveness

interpretations over national guidelines and protocols of which were adapted to fit with local needs, resources and culture. It was clear that there is a lack of clarity over when intervention is required for a mental health problem and whose responsibility this is. This impacted on how to manage referrals, but also over which professional service to refer to. It seemed that the variation stemmed from personal experiences, or from a lack of confidence and competence. The operationalization of promoting positive mental health was for most stakeholders seen as a means of combining three needs, mental health improvements, spreading resources, and meeting targets. Where collaboration of services did exist, this tended to be as a result of financial incentives.

> We are confident with the policy, but are concerned that it is only a guide for implementing change; it is therefore open to misinterpretation, with too much reliance on decision making from individuals not trained in mental health. (Australian educationalist)

Accountability and blame, acted like a shield for organisations as they justified where they were struggling to meet the needs of children and young people.

> Teachers are not trained to manage mental health in the classroom, and the human element can mean it is an ongoing problem, resulting in tension for teachers. (UK teacher)

> We need to look at the roots of mental health challenges affecting children, often an agency passes on a problem because they don't have the knowledge or resources to handle a situation effectively. (UK school counsellor)

Although participants recognised the need for greater synergy across organisations they were unsure how this could be achieved. Principally, the issue of non-conformity from some organisations stemmed from a lack of leadership from top management, with middle management wrestling with competing agendas, coupled with a reduction in resources and an increase in expected outcomes. The message therefore is one that was very much, yes we want to see children's mental health improve, but how we can achieve this within a limited capacity?

Within one territory in Northern Australia, the study identified a positive approach to increase professional understanding of mental health through clinical mental health staff offering training sessions to teachers. In addition to increasing teachers' knowledge, the initiative was seen as encouraging greater engagement across the two sectors. Most schools are keen to see mental health management residing with education, and one psychiatrist emphasised that changing the emphasis from mental health problems to one of prevention had positively influenced arrangements with health and local schools.

> We are taking a bridge approach to link health in education and do so by supporting the teacher manage mental health as it occurs. What we hope to see is a reduction in minor cases, leaving us to manage the more severe mental health problems because at the moment we are struggling to deal with the increasing number of these that need our services. (Australian psychiatrist)

Scarce resources, plus the escalating numbers of young people presenting with poor mental health (Barnardos, 2009; UNICEF, 2007), has been a catalyst for mental health reform. This study has found that key factors for achieving reform within organisations is partnership working and the transfer of knowledge. However, according to one stakeholder, another factor that is required is clarity over responsibility. It has been their experience that in introducing a collaborative approach increased integration of roles and responsibilities, but resulted in a role expansion being resented, and seen as a drain on resources.

> We as medical staff support teachers through knowledge transfer but now we see the medical profession as becoming a teaching resource to schools. (Australian psychiatrist)

This stakeholder's experience clarifies the importance of initiatives considering the terms of their strategy and how this will impact on the various services, workforce and individual roles. Knowledge transfer in itself may be seen as a move forward to increase confidence and competence, but at what cost? Nevertheless other organisations adopting cross disciplinary training into their strategy report teacher training as having been a positive experience which improved their understanding

of mental health. In another region, the application of cross service training led to a reduction in the number of referrals from schools to mental health clinicians by 33%. However, a reduction in referral rate is not seen everywhere, and the Department for Education and Skills (2005) recognises that more training on mental health is needed for teachers. The need for mental health training for teachers also comes in the light that currently schools tend to respond to a mental health crisis rather than intervening at a prevention level.

> We need teachers to know how to manage 'attachment disorders', and to manage children that are likely to be excluded. (UK teacher)

Although the study found some attempts to increase mental health promotion and raise awareness, it appears that the initiatives to introduce training in schools has been the result of individuals motivated to create change, rather than a joint strategic effort across sectors. What is difficult to explain is that in one area the numbers of referrals from schools (possibly as a result of mental health training) are falling, but in another area (also offered training) the number of referrals is rising. It was suggested by one psychiatrist that changes to referrals may be due to the management and support systems within some schools and an increase in referrals coming from social services for children excluded from schools. As it is beyond the scope of this study to explore this further at this point, future research may be beneficial to look at the causes and routes of referral as a result of positive mental health approaches. What did emerge, however, was that sustaining cross disciplinary training was difficult, as it was viewed as onerous on staff time, and resources, and therefore occurred spasmodically. This does not bode well for long term management, and serves to reiterate that planning needs to take into account the impact of change on roles and responsibilities', as well as resources. What is happening is that ad-hoc developments are having short term gain, with long term problems, and as one teacher put it,

> We have competing agendas, and this has led to a reduction in school resources and a reduction in the number of staff that can attend mental health training sessions. (Australian teacher)

One school is attempting to address mental health management through a commissioning scheme which offers initial training to key lead teachers who then serve as ambassadors to support internal staff. This reduces the cost to schools and clinicians' time. The role of the ambassador in the cascade model within the school offers the opportunity to sustain training, and to draw on updates from clinicians as required. Yet, the experience of some schools attempting to bridge services has been less successful, with criticism by some psychiatrists that schools are not always supportive of their role in training staff:

> We see the school system as a closed one, not enquiring about parents. Parents need to be part of decision making and the management. When we go into

> schools they tell us they want case management but for this to work we all need to commit to information sharing; this is a barrier between health and education. (Australian psychiatrist)

> The school receives us, but not all are actively engaged with us, plus they don't know what they want to put into it, so they struggle to work with us. Generally we find that Education say they want case management, but there needs to be commitment to case management by all services. (Australian psychiatrist)

A similar picture emerged in the UK. Although the Children and Adolescent Mental Health Service (CAHMS) is multi-professional, and their protocol is to work as a team, any engagement with schools is as an external organisation:

> When we go into schools we receive poor feedback, which may be due to them seeing us as 'outsiders' judging them or blaming them". Equally the CAHMS see similar stigma with parents, parents don't want information from the CAHMS to go back to the child's school as they fear they may be blamed by the school. (UK psychiatrist)

Despite mental health awareness training attempting to adhere to policy (DoH, 2012; MCEECDYA, 2011), criticism prevails from some mental health staff over the quality of training within schools, as it fails to consider the role of the home in contributing to children's mental wellbeing. This is a concern that stems from health staffs' experience of early mental health problems being synergistic across children's whole learning environment.

Some stakeholders, in attempting to improve mental health, have met with behavioural barriers from individuals reluctant to engage with new ways of working. This was the case where children were between the education system and the health system. For one community worker the regulations for managing cross service referrals had become so chaotic that their experience of their role was intolerable both professionally and personally. This example relates to a case where a child's mental health had raised concern but was met with an impersonal (non holistic) management approach that meant the structure of the service took precedence over the health needs of the child.

> We try to work in a team, but there is a large role overlap, and we try to deal with it to negotiate work patters, but although this sometimes works, it rarely does, instead an ad-hoc pattern emerges. In the end I deal with things that I know are someone else's job because if I don't they won't get done. (Australian welfare manager)

This demonstrates how faced with an overwhelming workload and lack of direction, behaviour becomes reactive, rather that proactive, and adds to defence behaviour and poor cross disciplinary working. Once again we see systems and structural issues at the heart of the problem; an issue stakeholders believe determines the success or failure of innovation models.

A blame culture appears to be emerging, where organisations are critical of each other, behaviour especially evident when attempts to promote mental health struggled to succeed. The reasoning behind these difficulties is that guidance from policy does not provide them with clarity on moving the agenda forward. However, as most difficulties evolve around planning and setting outcomes (Burton et al., 2009), blaming others suggests that the real problem reflects poor leadership and management:

> The systems and structures for change, echo government principles, and are represented in our schools strategic plan, but it is the financial constraints that continue to thwart innovation. (UK Teacher)

> Policy is clear, but guidance on how this has to be implemented is absent, therefore open to misinterpretation, with implementation relying on individuals not qualified in mental health. (Australian educator)

Even when agreement is apparent and organisations produce a coherent message on how they will work together, some participants remain concerned that not all children and young people will have access to services that reside outside mental health. Limited availability, along with poor transfer of information across services, led to concern over the quality and safety of mental health services. In one Australia CAHMS, an attempt has been made to develop a cross discipline initiative which has left staff in the healthcare team feeling frustrated. This is perceived as being as a result of a strategy that has been difficult to mobilise.

However, a similar strategy within another CAHMS team has achieved positive findings. The centre established a working relationship with local partner organisations to create a 'non health centre'. The core of the initiative has as its focus improvements to access, and increased professional awareness of the mental health needs of local children and adolescents. The principle behind this is to map local needs and build professional capacity around this. In discussion with stakeholders at the centre, the initiative is in its infancy, but with clarity of need the plan is to expand services and provide training not only to staff, but also to students. One community mental health officer involved in the initiative said,

> This is based in the community because we need GP's to get more involved in the world of young people to recognise the issues they face, and the clinic is one way to achieve this. (Australian social services manager)

Improving integration to achieve outcomes sits within this Australian CAHMS model and serves as a good example of building services around the needs of the local children and young people. By bringing together education, training and practice, it seeks to offer multidisciplinary placements across its services to change the culture to one of integration and collaboration. As the centre was at an early stage in development, further research is required to explore its progress and identify how it has been effective in achieving its outcomes for young people's mental health.

In the south region of northern Australia, some health clinics in the community reside within schools. Their main purpose is to increase children's knowledge and ability to manage their own mental wellbeing, and the service includes sessions to boost the children's interpersonal skills to aid their confidence in seeking support and accessing services as they require. This health promotion approach is according to education managers, teachers and some health professionals, of benefit not only for the children, but for staff as well, as the process provides opportunities for multiple disciplines to work side by side:

> It enables us as teachers to develop competence in dealing with mental health problems and in their prevention. (Australian teacher)

In another city, a similar community approach is used but ensures that its development stage includes the views of local stakeholders from a diverse range of local mental health services. Its approach is driven by local knowledge and skills to determine that its outcomes meet local needs. In the UK, this community partnership approach has been adopted by some local authorities, resulting in multiple disciplines contributing to form social and emotional health care teams that reside within local schools. Speaking to one stakeholder, this approach provides a multidisciplinary team comprising of teachers with social and emotional health training, community police, a social worker and a health visitor working together to share knowledge, raise awareness and coordinate a pathway for young people. Not only do young people have direct contact with these professionals, but the team, or individuals within that team, serve to offer advice and support for teachers and the wider school community including students and parents. This community initiative is not only a resource for the school in which it resides, but a resource across disciplines and is an example of how 'wrap around' prevention can cross organisations and professions. One stakeholder suggests,

> There is never going to be a complete team, therefore we need to expand individual skills to create a team. (UK, special needs manager)

Drawing on local knowledge and skills to establish effectiveness in the management of children's mental health and wellbeing, was a common factor across stakeholders. Where these models seem to falter, is where there is a lack of clarity within management especially over responsibility for communication transfer and referrals. Equally destructive is the absence of clear leadership as this leads to professional variance in interpretation of mental health and contributes to fragmentation of provision and risks to poor quality and safety of support for children and young people.

CONCLUSION

Both countries in this study, Australia and the UK, have national strategies to promote positive mental health for children and young people, focussed on children being at

the centre of decision making within an integrated structure requiring disciplines working together. Policies are supported by guidance documents and an abundance of research evidence for promoting a culture of integration and collaborative working in the prevention and management of mental health of children and young people. The stakeholders' accounts in this study illuminate a variety of approaches used to achieve change and that these sit along a continuum of either, not yet configured; partially configured; or fully configured.

There is evidence of a diverse range of approaches adopted to address this issue. Although some stakeholders experience of promoting mental health was less than positive, insight from these interviews suggest that this is the result of organisations requiring further preparation at the personal and management level. Some organisations have worked in isolation, but used an advisory service from external disciplines to expand their professional knowledge and skills on mental health. Other approaches include using a collaborative community model to develop centres under the health umbrella, as well as collaborative models that reside under the school umbrella. Both of these are framed around community alliance to reflect local resources and needs. It is evident that good practice is being sought, but the road to achieving this varies. Promoting positive mental health in schools through increasing knowledge and skills training was identified as being effective in building confidence and bringing disciplines together, but its sustainability is threatened due to resource issues. Local community alliances provide some insight into how partnerships across disciplines can contribute to a planning strategy that offers commitment to a shared agenda and providing resources to meet the needs of the local population. It is beyond the scope of this study to measure the effectiveness of these initiatives on children and young people's mental health, or to monitor the sustainability of a model of innovation in mental health promotion. Further research is required to inform policy and guide provision, but this small study has gone some way to identify what can be accomplished by organisations through partnership working.

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PART 5

CONCLUSION

PAUL COOPER AND CARMEL CEFAI

15. SMALL SCALE QUALITATIVE STUDIES AND LARGE SCALE QUANTITATIVE STUDIES

Contributing to the Promotion of Mental Health Promotion in Schools

In this brief concluding chapter we review some of the main issues raised in the book and reflect on their implications for the present and future of mental health promotion in schools. Within this context we pay particular attention to the different types of evidence have been presented and their respective qualities.

THE VALUE OF NARRATIVES AND PERSPECTIVES

Authors in this volume have drawn on a range of different evidence sources in their chapters, with the predominant emphasis being on narratives based on participant perspectives. This qualitative and interpretive emphasis is important for various reasons. First and foremost, it has enabled the authors to illuminate mental health promotion in school through the personal and contextually embedded views and experiences of key stakeholders – in this case, students, teachers, school leaders, parents, policy makers, and mental health workers amongst others. Such perspectives are especially valuable in relation to mental health issues which are at heart personal in nature. Individual lives are often blighted when mental health problems go unchecked, whereas effective intervention can transform and renew lives. By drawing out the personal testimonies of stakeholders, researchers can help enable readers to engage emotionally as well as cognitively with real lives operating in the real world.

When this approach is successful the reader's empathy is stimulated and he or she is encouraged to reflect on the lives and experiences of other stakeholders closer to their own specific context. The specific words of a student, teacher, manager or policy maker presented here may sometimes resonate directly with the reader's experience. The words may even echo directly those heard by the reader in their own classrooms, staffroom or other settings, or even their own views or inner dialogue. Such moments of recognition can be enlightening and even challenging. The reader may feel a sense of reinforcement or reassurance. On the other hand, the reader may be encouraged by this resonance to reflect on the significance of some aspect of their experience in a new way. The author's commentary on the resonant statement may inspire the reader to reframe their views on the significance of the statement. The reader may even take from their reading ideas that they will experiment within their own professional activity.

C. Cefai & P. Cooper (Eds.), Mental Health Promotion in Schools, 237–241.

This said, the reader may experience a lack of recognition in some or even all of the stakeholder accounts that they read, or may simply disagree with some or all of the commentary provided by authors. A key feature of small scale qualitative research of the type predominant in this book is that it expressly eschews claims of generalizability. The qualitative researchers represented in this book are scrupulous and rigorous in eliciting and reporting their findings, but it is not their intention to imply that their findings are applicable to other similar settings. Of course, it is very interesting and valuable when different small scale studies point to similar conclusions. This can produce forms of generalization that are represented in many of the chapters in this book. But the fact that findings sometimes resonate with those of other researchers is not the primary point of such research. Rather, its real value lies in the detailed illumination of individuals' ways of thinking in their everyday lives. As we have already noted, one of the uses of this illumination is to provide a tool for the reader to apply to her or his own thinking and activities. As with more 'scientific' or 'positivistic' types of research, the author aids this process by helping the reader to locate the specific findings of the particular study in relation to other published research. In this sense, there is a generalizable element, but, to reiterate, this is not the main purpose of interpretive research.

Notwithstanding the context-specific nature of qualitative-interpretive research, there is, of course, a deep and underlying feature of this type of research that is, in one sense generalizable, and this is the value that it places on the perspectives and voices of stakeholders in a given setting. Put simply, the fact that careful and sensitive approaches to eliciting personal accounts and views produces penetrating insights into issues and situations, highlights the value of this essentially humanistic enterprise. It tells the reader that, even if the findings presented in these studies do not appear to apply to their own experience/setting, there is most definitely an equivalent source of insight to be found in their setting. To put it another way, the more effort we put into listening to and valuing the views and perspectives of participants in any setting, the more likely we are to understand what it is like to be them and, therefore, the more likely we are to be in a position to see what needs to change to enable them to operate more effectively in that setting. It is particularly notable from the studies of students' perspectives in this book, and in the now quite extensive research literature on mental health promotion in school, that being noticed, being treated as an individual and being listened to constructively (especially by the adults in that setting), are key concerns and requirements of young people. It has been shown too that teachers spontaneously talk about the dilemmas and challenges that they face in meeting the individual needs of their students because of the multiple demands that are often placed on them in their professional roles (e.g. Norwich, 2008).

Listening, then, is a powerful and essential tool both for research and practice. But listening alone is, in and of itself, not enough. Listening can help us to scope the nature of a problem as it is perceived by a specific set of stakeholders and to formulate possible solutions. The next step is to act on these findings in a constructive manner.

THE VALUE OF LARGE SCALE QUANTITATIVE RESEARCH APPROACHES

Nathan and Gorman (2002), in their extensive review of 'what works' in mental health interventions for young people, present a typology of mental health intervention study types. By this approach Randomized Controlled Trials (RCTs) are seen as providing the most reliable measures of effectiveness. Other kinds of clinical trials falling short of the full RCT methodology, prospective 'naturalistic studies' with control/comparison groups, and prospective 'naturalistic studies' without control/comparison groups were, respectively, the 2nd, 3rd and 4th priorities for inclusion in their review. By this typology the kinds of studies represented in the current book are at the lower end of the hierarchy. It would be a mistake, however, to see this as a definitive judgement on the relative value of the different types of study.

As we have already noted, qualitative-interpretive studies have a very important role to play in helping us to understand the nature of issues in particular settings. They give rise to reflection and insight of a type that is not often available in observational or large scale quantitative research. Such research inevitably sacrifices the rich human detail of specific situations for broad variables that iron out individual differences in favour of general group similarities. It is this 'ironing out' process that enables the identification of large research samples. This is why RCT is identified by Nathan and Gorman (2002) and medical researchers throughout the world, as the 'gold standard' for studying the effects of therapeutic interventions on clinical samples. Clearly, there is an enormous need for such studies to inform the practice of clinicians and to help policy makers determine how to spend their limited resources most efficiently when it comes to choosing one intervention over another. However, it would be a mistake to conclude that RCTs are *all* that is needed.

In our view, each of these different types of research study have their own important role to play in contributing to our knowledge and understanding of mental health promotion in school and how best to go about it. The purpose of this book has been to contribute to understandings of the nature of these issues. It is our belief that such understandings provide the best basis for the development of new interventions that take full account of the contexts in which they are required. Such intervention, in turn, can usefully be considered as candidates for RCT studies. After all, 'what works' in any given situation depends on what one understands to be the intended or desirable outcome of the intervention. Once we realise this, we then have to answer the question: 'who decides what the desirable outcome is?'

In the social, emotional and behaviour difficulties in schools (SEBD) field for instance, there have been and continue to be debates about what the desired end result of intervention should be, from the control of 'undesirable' surface behaviour through the use of punitive 'zero tolerance' measures, at one extreme, to therapeutic and educative approaches that seek to fulfil unmet social, emotional and educational needs at the other. Because of this divergence of views there is a plethora of available and sometimes conflicting forms of intervention. In these circumstances

it would be a mistake to assume that schools and teachers can simply select 'off the shelf' manualized interventions on the basis of trials evidence alone. The variety and complexities of schools and teaching call for carefully thought out holistic approaches that strive for consistency across the ways in which different aspects of schooling are handled in a given institution. This subtlety of response can only come from careful and informed reflection. Qualitative-reflective studies can make a significant contribution to this reflective process. RCTs can contribute to this process too, but the latter without the former is a probable recipe for disaster. So our position is that we need to *start* with the qualitative-interpretive evidence before proceeding to RCTs and other large scale quantitative evidence. Further, it is important to apply the same reflective approach to RCT studies, with particular attention being given to the assumptions about the nature of the problem and its solutions that are inherent in each specific study.

RESEARCHING MENTAL HEALTH ACROSS CULTURAL CONTEXTS

Mental health and wellbeing varies across cultural contexts, and while this book explored mental health promotion across different cultures, it did not discuss cultural issues and differences in mental health promotion in school. It has long been noted that the very definitions of what it is to be mentally, emotionally and socially well-adjusted vary considerably and sometimes diametrically between cultures (e.g. Hecht & Shin, 2015; Jahoda, 1958; Lowenthal & Lewis, 2011). Cultures differ in the way they construe the self, with some cultures emphasising the self as individual personhood while others underline the collective group (Hecht & Shin, 2015). For instance, behaviours such as shyness and anxiety are considered as problematic in individualistic societies such as Western cultures, but may be regarded as positive personality traits in traditional collectivist Eastern societies. We cannot thus assume that findings from one cultural group generalises to other cultural groups or apply to all subgroups or individuals within that culture, without further studies (Hecht & Shin, 2015). This raises particular concerns and potential challenges in culturally diverse contexts and in a world where there is an increasing and sometimes desperate demand for freedom of movement between national contexts. The need for cross cultural dialogue and research on this matter is of significant importance and must involve educators, families and minority communities, as well as other stakeholders. It may be the case that the countries represented in this book experience minority and subcultural issues that our research has not explored. This is a job for future research.

FINAL REFLECTION

This book is not a comprehensive account of mental health promotion in schools, and there are various issues, such as evidence-based practice and cultural differences in mental health promotion which we did not address. The scope of our book,

however, was the perspectives and narratives of the key stakeholders on mental health promotion in schools across various contexts, and we believe that it will help to provoke reflection and generate insights on the matters raised in this edition. We also hope that the work here will be built on and extended in the future by other writers and researchers. If it is able to go some small way in achieving these ends, then this book will have been a worthwhile endeavour.

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