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## Global school health promotion



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## What do we know about promoting mental health through schools?

**Abstract:** There is a growing evidence base on what schools need to do to promote mental health effectively. There is strong evidence that they need first and foremost to use a whole school approach. This shapes the social contexts which promote mental health and which provide a backdrop of measures to prevent mental health disorders. In this context the targeting of those with particular needs and the work of the specialist services can be much more effective. Schools need to use positive models of mental health, which emphasise well being and competence not just illness— this will help overcome problems of stigma and denial and promote the idea of mental

health as 'everyone's business'. The most effective programmes in schools which address mental health have the following characteristics:

- They provide a backdrop of universal provision to promote the mental health of all and then target those with special needs effectively.
- They are multi-dimensional and coherent.
- They create supportive climates that promote warmth, empathy, positive expectations and clear boundaries.
- They tackle mental health problems early when they first manifest themselves and then take a long term, developmental approach which does not expect immediate answers.

- They identify and target vulnerable and at risk groups and help people to acquire the skills and competences that underlie mental health.
- They involve end users and their families in ways that encourage a feeling of ownership and participation, and provide effective training for those who run the programmes, including helping them to promote their own mental health.

Using these starting points, we need to develop a rigorous evidence- based approach on this issue. We also require to facilitate the dissemination of such research findings while encouraging new and innovative approaches.

■ The school is potentially one of the most important and effective agencies for promoting health, including mental health (Lister Sharpe *et al.*, 1999; Weare, 2000; Stewart-Brown, 2005). This paper will outline the evidence for what we know is effective in relation to promoting mental health through the school system.

### Using a whole school approach approach

The WHO 'settings' approach has helped focus attention on the social and physical contexts within which health is created, in communities, schools and other settings where people live and work. Applying the settings approach to schools has led to a broadening of the traditional concerns of health education, which have long been with the curriculum and the individual pupil, to one in which the totality of school life is

examined, understood and mobilised (Young & Williams 1989, St Leger, 1999). The health promoting school approach attempts to shape the whole school context, including the school's ethos, organisation, management structures, relationships, and physical environment, as well as the taught curriculum and pedagogic practice, so that the total experience of school life is conducive to the health of all who learn and work there. Looking even more broadly, the school is seen as part of its wider community, reaching out to, and supported by, parents, local health services, and other agencies, and involving them in programmes and interventions which support the efforts the school is making to promote health (Nutbeam, 1992).

### Definition of a whole school approach

Internationally there are many different names for the whole school approach, including healthy school, health promoting school, holistic, eco-holistic, universal, comprehensive, environmental, multi-dimensional, and multi-systemic. However there is still a lack of agreement about what it means in practice. Many examples of so called 'whole school' approaches are in fact only very partial accounts of what is

ideally involved. It is suggested that a more 'complete' example of a whole school approach would include the following features:

- It utilises a holistic model of health and recognises the physical, social, mental, emotional and environmental dimensions within this model.
- It looks at several aspects of the school, not just one, and not only the curriculum. Other important aspects include management, ethos, relationships, communication, policies, physical environment, relations with parents, relations with community and pedagogic practice.
- It looks at the underlying environmental determinants of emotional wellbeing and competence, not just its learning or behavioural outcomes.
- It works with all relevant parties and at all levels, for example government, education authorities, and schools, and with everyone in the school or community, not just those with special needs or those families identified as having problems.

### Keywords

- mental health
- mental health promotion in schools
- health promoting schools
- whole school approach

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- It includes the care-givers (for example teachers) as well as the recipients (for example pupils).
- It ensures congruence between the various parts, so that one part of the picture is not undermining work that is being carried out somewhere else (for example directives and advice from education authorities conflicting with what is happening in schools).
- It promotes coherence, teamwork, 'joined up thinking' and multi-professional working.
- It focuses on processes and ways of working as well as programme content and intended outcomes with a view to encouraging positive attitudes towards school.
- It facilitates the acquisition of different types of skills. These skills include:
  - a) life skills such as self-reflection skills, problem solving skills and relationship skills;
  - b) learning how to learn skills that facilitate greater understanding of ones self;
  - c) traditional school competences which facilitate success at school and increased job opportunities.

### Evidence for the importance of the whole school approach

There have been several recent large scale systematic reviews of the research evidence, including evidence from controlled studies, which have concluded unequivocally that initiatives that use a range of contexts, opportunities, approaches and agencies are more effective than more limited and one

dimensional approaches when attempting to tackle mental health (Wells *et al.*, 2003; Catalano *et al.*, 2002). A systematic review (Lister Sharpe *et al.*, 1999) concluded that whole school approaches can be very powerful ways of tackling a whole range of health issues, including emotional and social issues. A review of approaches which were designed to promote mental wellbeing in schools (Wells *et al.*, 2003:221) concluded 'the most robustly

positive evidence was obtained for programmes that adopted a whole school approach'.

There is clear evidence that whole school approaches are effective, not only for changing the behaviour and attitudes of mainstream pupils, but also for helping those with emotional and behavioural problems. The review by Wells *et al.* (2003) on the effect of school-based programmes on mental health showed that 'the most positive evidence of effectiveness was obtained for programmes that adopted a whole-school approach, were implemented continuously for more than a year, and were aimed at the promotion of mental health as opposed to the prevention of mental illness'. As such, these approaches were more effective than those that were limited to classroom approaches alone. This included outcomes for pupils with emotional and behavioural problems. Holistic approaches have been shown to be much more likely to make long term changes to pupils' attitudes and behaviour across a wide range of issues than specific, one dimensional programmes. Durlak (1995), Durlak and Wells (1997) and the US Government's

**There have been several recent large scale systematic reviews of the research evidence, including evidence from controlled studies, which have concluded unequivocally that initiatives that use a range of contexts, opportunities, approaches and agencies are more effective than more limited and one dimensional approaches when attempting to tackle mental health**

General Accounting Office (1995) reviewed hundreds of different types of programmes designed to promote 'prosocial' behaviour in schools (for example reducing alcohol, tobacco and drug use, and violent incidents). All three reviews concluded unequivocally that environmental programmes were much more effective than those that used curriculum approaches alone.

Various key elements which have been shown to make a difference to the effectiveness of schools in promoting mental health are even more powerful when they work together. For instance, teachers who feel supported are more likely to set clear goals for their pupils (Moos, 1991). Many of the studies of the various factors have found it more

helpful to cluster them and to look at them in combination (Hawkins & Catalano, 1992; Solomon *et al.*, 1992), and some researchers have even suggested that we cannot understand any features of educational organisations in isolation (Marshall & Weinstein, 1984). This points to the essentially holistic nature of the school context and key educational processes

### A backdrop of universal provision for all

Emotional, behavioural and social problems are widespread – they are by no means a minority problem. For example, estimates of clinically defined behaviour disorder, in children and young people, range between 7% and 27% (Stewart-Brown, 1998). Any population survey of related issues such as unhelpful parenting (for example hitting very young children), behaviour problems, worries, anxieties or experience of bullying, invariably show that emotional and social problems are located along a continuum and tend to affect a high percentage of the population.

A key reason to use a whole-school approach is the realisation that those with mental health problems are helped more effectively by such an approach rather than by an approach in which only they are targeted. Mental health problems are widespread, and if an arbitrary percentage is targeted, the many people who suffer from a problem to some extent will be ignored. The same basic processes that help those with emotional difficulties have been shown to promote the emotional well being of all. These key processes include: beginning interventions early; promoting self esteem; giving personal support, guidance and counselling; building warm relationships; setting clear rules and boundaries; involving people in the process; encouraging participation and autonomy; involving peers and parents in the process, creating positive climates and taking a long term, developmental approach (McMillan, 1992; Cohen, 1993; Rutter *et al.*, 1998).

The universal approach helps address the biggest barrier to people seeking help with their mental health problems, namely stigma and discrimination. It also allows for multiple outcomes to be addressed simultaneously, such as

anxiety, depression, suicide or positive health and well-being.

### Target at risk groups

Using a holistic, positive approach does not preclude effective targeting, and some people will need to have a great deal more input than is provided for everyone. Children and young people most certainly suffer from mental health problems, and from a surprisingly early age. According to the epidemiological data available, the lifetime prevalence of major depression is about 4% in the age group 12-17 and 9% at age 18 (European Union, 2003). The latest findings suggest an increase in the prevalence of adolescent depression. Moreover, population surveys show that one third of people that have met criteria for major depression in their lifetimes report that the first attack occurred before the age of 21. (Andrews, 2001) Children and young people who suffer from depression are at greater risk for recurrence of depression than are adults. (Downey *et al.*, 1990)

Appropriate targets include individual young people, groups of young people, and families at particular risk of mental health problems. These might include young people whose parents suffer from mental illness and/or enduring physical illness, who have experienced particularly stressful life events, or are suffering from post-traumatic stress, or who have shown a tendency towards drug abuse and/or suicide.

### Taking a positive approach to mental health

The term 'mental health' has tended to be synonymous with mental illness, and to produce anxiety and denial in many people's minds. A major shift is now taking place right across the field of mental health that is helping to address this barrier, with more emphasis on a 'salutogenic' view of mental health as positive emotional, social, spiritual, physical well being.<sup>1</sup>

Moving in this direction means that mental health is no longer the province of medical experts whose language may

be perceived as obscure or even frightening. It is the concern of everyone to try to use language and terminology that is inclusive, normalising, and avoids stigma and discrimination. For example using a term such as 'emotional and social wellbeing' rather than 'mental health' has been useful in Britain because of negative connotations around the word 'mental' in colloquial speech.

There is a desire to focus on the competences and strengths that underlie health, rather than on the pathologies of problems and illness. These competences and strengths (Markham & Aveyard 2003; Newman & Blackburn, 2002) include optimism, coherence, resilience, ability to understand and explore the origins of stress and the ability to communicate effectively and make mutually satisfying relationships. These skills enable us to enjoy life and to cope with pain and disappointments. Young people who have these strengths and competencies are also able to view psychological distress as a developmental process and thus, are able to prevent this distress from hindering or impairing further development (NHS Advisory Service 1995) Such a shift is helping to ensure that mental health is seen as 'everyone's business' and is linked in with the fundamental activities of a range of social and educational agencies.

### Develop coherent programmes

Effective work to promote mental health will not happen by chance. There is a need for explicit, coordinated programmes, based on sound research evidence and assessment of their effectiveness.

Many programmes exist, and there is clear evidence that they can be very effective. For example, a recent review of whole school/ whole community programmes, which looked at how effective they appeared to be in 'promoting mental health' found 17 which stood up to its rigorous criteria (Wells *et al.*, 2003) These programmes have been shown to reduce specific mental health problems, such as aggression, depression and reduce commonly accepted risk factors associated with mental health problems, such as impulsiveness, and antisocial behaviour. There is also evidence that the programmes can help

the development of the competences that promote emotional and social well being, such as communication skills, social skills, cooperation, resilience, a sense of optimism, empathy, a positive and realistic self concept, stress management and problem solving skills. In addition to the development of the above skills, key features of effective programmes include:

- taking a joint approach between agencies, with school and community being a particularly effective partnership;
- creating supportive climates that promote warmth, empathy and positive expectations and boundaries;
- promoting consistency between the values of the schools and values of the wider community and thereby promoting cultural stability;
- helping people to acquire the skills and competences that underlie mental health;
- providing effective training and promoting the mental health of those running the programme;
- promoting participation in decision making;
- taking a long term, developmental approach.

### Involve the young people and their families

The principles of empowerment and user involvement are generally recognised across Europe as an important contribution to the creation of a democratic society, and are basic to current European models of health promotion and health promotion evaluation (WHO, 1986). Compared with adult groups, young people are not often consulted about mental health matters, often being seen as too immature or too unreliable to know what is in their own best interests. Young people with mental health problems are liable to be doubly excluded. However, there have been some interesting efforts to ascertain the views of young people about mental health and to build them into recommendations for action, which have shown that young people are capable of making a well informed and considered contribution (Harden *et al.*, 2001). It is therefore important to build on this work, and ensure that the opinions of young people themselves, including those with mental health problems, are able to inform approaches that are intended to promote their mental health.

1. A powerful recent example is the 'Mental Health Action Plan for Europe' that emerged from the WHO European Ministerial Conference on Mental Health 'Facing the Challenges, Building Solutions' held in Helsinki, Finland, on 14 January 2005. <http://www.euro.who.int/mentalhealth2005>.

## Examples of projects that use whole school approaches

### European Network of Health Promoting Schools

- Major school network, a joint venture of the EU, Council of Europe and WHO, which has now spread to nearly all European countries, including Eastern and Central Europe

- Takes a universal, whole school approach to the promotion of health in schools, and focuses on the community and parents as well as children and young people.

- Puts mental and emotional health at the heart of the process

- Key emphasis on participation, ownership, democratic action.

- Concerned with the health of staff as well as students e.g. project on teacher mental health in Slovenia

- Strong element of concern for staff mental health and for training e.g. Manual 'Promoting Mental, Emotional and Social Health in the ENHPS' has been adopted in many countries, especially in Eastern and Central Europe and has led to the training of thousands of staff across the whole European region.

- Major emphasis on evaluation, using approaches that encourage ownership by participants.

<http://www.euro.who.int/ENHPS>

### Second Step

- USA programme, now found in many countries in Europe.

- A universal prevention project designed to reduce aggression and promote social competence.

- Develop skills that are central to children's healthy social and emotional development: a) empathy, b) impulse control and problem solving, and c) anger management.

- The implementation of the project involves teachers, children and parents.

Well evaluated in the USA. Now developing major research component to evaluate its effectiveness in Europe.

<http://www.cfchildren.org.uk/proginfo/> programs

European contact: Andreas Schick, [a.schick@faustlos.de](mailto:a.schick@faustlos.de)

### Bullying Prevention Programme: Norway

- Uses whole community, whole school approach – involves taught programme, a monitoring system for student behaviour, coordinating committee to oversee the intervention, changes to the physical environment, and involvement of parents and community to work with both bullies and victims to address this social problem.

- Research based – begins with the administration of a bullying/victimization questionnaire that provides information about the extent of the problem in the community and increases awareness and involvement in students and school personnel.

- Well evaluated - results provide support for the effectiveness of the intervention in reducing bully/victim problems and broader antisocial behaviour.

<http://www.gold.ac.uk/connect/reportnorway.html>

### Paths (Promoting Alternative Thinking Strategies)

- USA programme, increasingly found in European countries.

- Comprehensive programme for promoting emotional and social competencies and reducing aggression and behavior problems in elementary school-aged children while enhancing the educational process in the classroom.

- Includes parents and the community in the programme.

- Extremely well evaluated - evaluations with controls have demonstrated for example significant decreased anxiety/depressive symptoms and improvements in self-control, understanding and recognition of emotions, use of more effective conflict-resolution strategies, and thinking and planning skills.

<http://www.prevention.psu.edu/PATHS/>

### Mind Matters

- Originally an Australian project, successfully disseminated across Australia, now being adapted for use in Europe.

- Specific focus on mental health in communities and schools, including a coherent taught curriculum supported by a comprehensive teaching pack.

- Prioritises teacher education – built on a national professional development and training strategy

- Uses a whole school approach to mental health promotion and suicide prevention. The programme aims to enhance the development of school environments where young people feel safe, valued, engaged and purposeful. Helps schools and their communities including teachers, parents and students to take positive action to create a climate of mental as well as physical wellbeing within schools.

- Ongoing and rigorous evaluation.

<http://www.curriculum.edu.au/mindmatters>

European contact: Peter Paulus, [paulus@uni-lueneburg.de](mailto:paulus@uni-lueneburg.de)

Schools can help support good parenthood and facilitate strong parent/child relationship development. Reviews of emotional and social education programmes, including those based in schools (Durlak, 1995) showed that programmes which actively involve parents, the local community and key local agencies are more likely to have an impact on student behaviour and mental health, as well as learning. Close attention needs to be paid to the needs of children who have parents who are suffering from mental health disorders and problems, including encouraging targeted prevention programmes for this group.

## Use a long term, developmental and differentiated approach

It is important to allow any intervention time to work – instant results cannot be expected. Work needs to begin early in the lives of children, before problems are well established. It is also important not to treat this age group as a homogeneous group but to use a developmental approach. Each stage in childhood and adolescence will require different methods and approaches towards promotion and prevention actions, and requires sensitivity to the needs of different groups. Therefore account has to be taken of age, gender and socio-cultural issues when planning specific programmes. (Loeb *et al.*, 1998). Particular efforts need to be made to support young people and their families through times of transition, as transitions may be a period of particular anxiety and stress (Furlong, 2002). These transitions include the move from home to school, from one school to another, and from school to work or higher education. (See Kolbe *et al.* in this issue)

## Promote the mental health of professionals

A key agency is the professionals who work with children and young people, who cannot be expected to promote the mental health of others if their own needs are not met. We need to do more to promote the mental health of teachers and other school staff by providing proper emotional and practical support for their often stressful working lives, good working conditions and realistic workloads. There is a need to encourage more training and more multi-

professional networking on mental health issues, which can take place at many levels, including in initial training, in service professional development and higher education.

### Build the evidence base

Systematic reviews have shown that by no means all interventions are effective, and that promoting young people's mental health through the school system is a challenging business (Harden *et al.*, 2001). Whenever possible new and existing initiatives should use and build on sound theory and evidence in order to develop appropriate strategies and programmes. More priority should be given to evaluation of new and existing projects, with more resources devoted to it, and the creation of more effective partnerships between practitioners and the research centres which have the expertise in this area. There is also a need to improve the dissemination of existing evidence to busy practitioners.

In ascertaining effectiveness, experimental studies with controls have generally been seen as setting the standard, and there is certainly a case for the use of controls where this is appropriate or feasible. However there are other valid approaches, and within health promotion in Europe and Australasia the emphasis is more on multi-causal, socially focused approaches which emphasise student involvement and ownership with an interest in process as well as outcomes (WHO, 1997). It is important that programmes are not imposed on countries, regions and agencies, but are chosen or created by them. To date almost all well evaluated programmes have come from the USA, but efforts are now being made to develop programmes that are specifically European, or adapted from the best North American and Australian programmes for use in Europe. Within these programmes, it is important to allow those that use them some freedom to adapt them to their own needs and circumstances as long as core principles are not compromised.

We need to encourage creativity and innovation in this area, as we have much to learn as we build an understanding of what is likely to be effective in this vital area of mental health promotion.

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