

Mental Health Promotion in Schools

Cross-Cultural Narratives and Perspectives

Carmel Cefai and Paul Cooper (Eds.)

Sense Publishers

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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

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; Skrzypiec & 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 to 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

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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 techniques 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 as 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 in 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 of 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