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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,

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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

REFERENCES

Adelman, H., & Taylor, L. (2009). Ending the marginalisation of mental health in schools. A comprehensive approach. In R. W. Christner & R. B. Mennuti (Eds.), *School-based mental health. A practitioner's guide to comparative practices* (pp. 25–54). New York, NY: Routledge.

Adelman, H. S., & Taylor, L. (2010). *Mental health in schools: Engaging learners, preventing problems and improving schools.* Thousand Oaks, CA: Corwin.

Askell-Williams, H., & Cefai, C. (2014). Australian and Maltese teachers' perspectives about their capabilities for mental health promotion in school settings. *Teaching and Teacher Education*, *40*, 1–12.

Askell-Williams, H., & Lawson, M. (2013). Teachers' knowledge and confidence for promoting positive mental health in primary school communities. *Asia-Pacific Journal of Teacher Education, 41*(2), 126–143.

Askell-Williams, H., & Murray-Harvey, R. (2016). Professional education for teachers and early childhood educators about mental health promotion. In R. Shute & P. Slee (Eds.), *Mental health and wellbeing through schools: The way forward* (pp. 75–86). London, UK: Routledge.

Askell-Williams, H., Lawson, M. J., & Slee, P. T. (2010). Venturing into schools: locating mental health initiatives in complex environments. *International Journal of Emotional Education*, *1*(2), 14–33.

Askell-Williams, H., Cefai, C., Skrzypiec, G. K., & Wyra, M. D. (2013). Educational community stakeholders' perspectives about school teachers' responsibilities and capabilities for mental health promotion in Maltese schools. *Malta Review of Educational Research*, *7*(1), 27–51.

Askell-Williams, H., Dix, K., Lawson, M., & Slee, P. (2013). Quality of implementation of a school mental health initiative and changes over time in students' social and emotional competencies. *School Effectiveness and School Improvement, 24*(3), 357–381.

Berliner, D. C. (2015). The many facets of PISA. *Teachers College Record*, *117*(1), 1–20.

Cefai, C., & Cavioni, V. (2014). *Social and emotional education in primary school: Integrating theory and research into practice.* New York, NY: Springer.

Cefai, C., & Cavioni, V. (2015). Beyond PISA: Schools as contexts for the promotion of children's mental health and wellbeing. *Contemporary School Psychology, 19*(4), 233–242.

Cefai, C., & Cavioni, V. (2016). Parents as active partners in social and emotional learning at school. In B. Kirkcaldy (Ed.), *Psychotherapy in parenthood and beyond. Personal enrichment in our lives.* Turin, Italy: Edizoni Minerva Medica.

Cefai, C., Clouder, C., Antognazza, D., Boland, N., Cavioni, V., Heys, B., Madrazo, C., & Solborg, C. (2014). From Pisa to Santander: A statement on children's growth and wellbeing. *International Journal of Emotional Education, 6*(2), 86–89.

Cefai, C., Miljević-Riđički, R., Bouillet, D., Pavin Ivanec, T., Matsopoulous, A., Gavogiannaki, M., Zanetti, M. A., Cavioni, V., Bartolo, P., Galea, K., Simoes, C., Lebre, P., Caetano Santos, A., Kimber, B., & Eriksson, C. (2015). *RESCUR surfing the waves. A resilience curriculum for early years and primary schools. A teachers' guide.* Malta: Centre for Resilience and Socio-Emotional Health, University of Malta.

CASEL (Collaborative for Academic, Social, and Emotional Learning). (2008). *Social and Emotional Learning (SEL) programs* (Illinois edition). Chicago, IL: CASEL.

CASEL. (2013). *2013 CASEL guide. Effective social and emotional learning programs preschool and elementary school edition.* Retrieved July 10, 2016, from http://static.squarespace.com/static/513f79f9e4b05ce7b70e9673/t/526a220de4b00a92c90436ba/1382687245993/2013-casel-guide.pdf

Côté-Lussier, C., & Fitzpatrick, C. (2016). Feelings of safety at school, socioemotional functioning, and classroom engagement. *Journal of Adolescent Health*, *58*, 543–550.

Diamond, A. (2010). The evidence base for improving school outcomes by addressing the whole child and by addressing skills and attitudes, not just content. *Early Education & Development*, *21*, 780–793.

DoH. (n.d.). *KidsMatter.* Canberra, ACT: Department of Health. Retrieved January 9, 2017, from http://www.kidsmatter.edu.au/

Downey, C., & Williams, C. (2010). Family SEAL—a home-school collaborative programme focusing on the development of children's social and emotional skills. *Advances in School Mental Health Promotion, 3*, 30–41.

Durlak, J. A., & Dupre, E. P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology*, *41*, 327–350.

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., & Taylor, R. D. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, *82*, 474–501.

Ecclestone, K. (2012). From emotional and psychological well-being to character education: Challenging policy discourses of behavioural science and 'vulnerability'. *Research Papers in Education, 27*(4), 463–480.

Ercikan, K., Roth, W. M., & Asil, M. (2009). Cautions about inferences from international assessments: The case of PISA 2009. *Teachers College Record*, *117*(1), 1–28.

Fielding, M. (2010). The radical potential of student voice: Creating spaces for restless encounters. *International Journal of Emotional Education, 2*(1), 61–73.

Graetz, B. (2016) Student mental health programs: Current challenges and future opportunities. In R. S. Shute & P. T. Slee (Eds.), *Mental health and wellbeing through schools. The way foreward* (pp. 3–12). London: Routledge.

Greenberg, M. T. (2010). School-based prevention: Current status and future challenges. *Effective Education, 2*, 27–52.

Humphrey, N., Lendrum, N., & Wigelsworth, M. (2010). *Social and emotional aspects of learning (SEAL) programme in secondary schools: National evaluation*. London: Department for Education.

Jennings, P. A., & Greenberg, M. T. (2009). The prosocial classroom: Teacher social and emotional competence in relation to child and classroom outcomes. *Review of Educational Research*, *79*, 491–525.

Kroeger, S., Burton, C., Comarata, A., Combs, C., Hamm, C., Hopkins, R., & Kouche, B. (2004). Student voice and critical reflection: Helping students at risk. *Teaching Exceptional Children, 36*(3), 50–57.

Lendrum, A., Humphrey, N., & Wigelsworth, M. (2013). Social and emotional aspects of Learning (SEAL) for secondary schools: Implementation difficulties and their implications for school based mental health promotion. *Journal of Child and Adolescent Health, 18*(3), 158–164.

Lendrum, A., Humphrey, N., & Greenberg, M. (2016). Implementing for success in school-based mental health promotion: The role of quality in resolving the tension between fidelity and adaptation. In R. S. Shute & P. T. Slee (Eds.), *Mental health and wellbeing through schools. The way forward* (pp. 53–63). London: Routledge.

Merrell, K. W., & Gueldner, B. A. (2010). *Social and emotional learning in the classroom: Promoting mental health and academic success*. New York, NY: Guilford.

Meyers, H. (2013). OECD's PISA: A tale of flaws and hubris*.* *Teachers College Record*. Retrieved July 17, 2016, from www.tcrecord.org

Patalay, P., Giese, L., Stankovi, M., Curtin, C., Moltrecht, B., & Gondek, D. (2016). Mental health provision in schools: Priority, facilitators and barriers in 10 European countries. *Child and Adolescent Mental Health, 21*(3), 139–147.

Payton, J., Weissberg, R. P., Durlak, J. A., Dymnicki, A. B., Taylor, R. D., Schellinger, K. B., & Pachan, M. (2008). *The positive impact of social and emotional learning for kindergarten to eighth-grade students. Findings from three scientific reviews*. Chicago, IL: Collaborative Academy for Academic, Social and Emotional Learning.

Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly*, *26*, 1–13.

Reyes, M. R., Brackett, M. A., Rivers, S. E., Elberston, N. A., & Salovey, P. (2012). The interaction effects of program training, dosage, and implementation quality on targeted student outcomes for The RULER approach to social and emotional learning. *School Psychology Review, 41*(1), 82–99.

Schonert-Reich, K. A., Hanson-Peterson, J. L., & Hymel, S. (2015). SEL and preservice teacher education. In J. Durlak, T. Gullotta, C. Domitrovich, P. Goren, & R. Weissberg (Eds.), *The handbook of social and emotional learning* (pp. 244–259). New York, NY: The Guildford Press.

Sklad, M., Diekstra, R., De Ritter, M., & Ben, J. (2012). Effectiveness of school-based universal social, emotional, and behavioral programs: Do they enhance students' development in the area of skill, behavior, and adjustment? *Psychology in the Schools*, *49*, 892–909.

Slee, P., Murray-Harvey, R., Dix, K. L., Skrzypiec, G., Askell-Williams, H., Lawson, M., & Krieg, S. (2012). *KidsMatter early childhood evaluation report*. Adelaide: Shannon Research Press.

Vostanis, P., Humphrey, N., Fitzgerald, N., Deighton, J., & Wolpert, M. (2013). How do schools promote emotional well-being among their pupils? Findings from a national scoping survey of mental health provision in English schools. *Journal of Child and Adolescent Health*, *18*, 151–157.

Watson, D., Emery, C., & Bayliss, P. (2012). *Children's social and emotional well-being in schools: A critical perspective*. Bristol: The Policy Press.

Weare, K., & Nind, M. (2011). Mental health promotion and problem prevention in schools: What does the evidence say*? Health Promotion International*, *26*(S1), i29–i69.