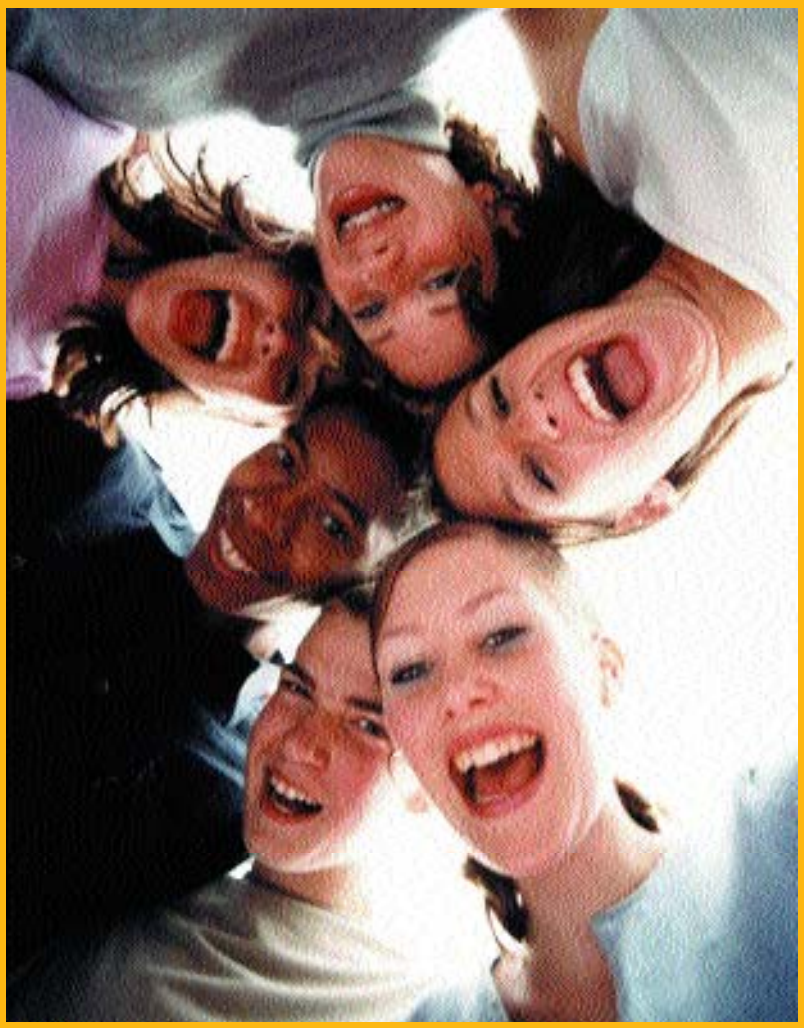
Guidelines for Mentally Healthy Schools



2001 Mental Health Foundation of New Zealand

Acknowledgements

This resource was developed by Pauline Dickinson, based on her work during the implementation of the Mental Health Foundation's Mentally Healthy Schools initiative. Pauline would like to acknowledge her partnership with the Mentally Healthy Schools evaluation team, Sara Bennett and Carolyn Coggan of the Injury Prevention Research Centre at the University of Auckland, who provided insight, support and encouragement in the development and implementation of the pilot initiative.

The Mental Health Foundation also wishes to acknowledge the substantial contribution of the evaluators Sara Bennett and Carolyn Coggan. Significant parts of these guidelines are extracts from their original report.

Special thanks to Sally Liggins who prepared the scoping paper and worked in partnership with Pauline Dickinson in the initial development and implementation of Mentally Healthy Schools. Sally has contributed the foreword to these Guidelines.

The Mental Health Foundation would also like to thank Jenny Robertson for her work in compiling this document.

Thanks also to the pilot schools in the Mentally Healthy Schools Initiative in Whangarei and Auckland and Health and Physical Education teachers and school counsellors who participated in Mental Health Matters teacher development workshops.

This resource was funded by the Ministry of Health

ISBN 0-9582221-9-3

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Guidelines for Mentally Healthy Schools

A Resource to Assist Schools in the Implementation of Mental Health Promotion Initiatives in the School Community

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Foreword

So often we hear peoples' stories about school and the impact that negative experiences have had on their sense of self-worth and development. Mentally Healthy Schools Guidelines is a ground-breaking resource that aims to maximise opportunities for promoting mental health in school settings. It provides the first comprehensive school-based approach to mental health promotion for Aotearoa/New Zealand.

This work has arisen from over six years of developmental work with a range of secondary schools that represented the diversity of young people in Aotearoa/New Zealand. It is grounded in extensive consultation with, and involvement of, young people. Their involvement was central, to ensure that mental health promotion needs were defined by them and that the resulting responses and projects were highly relevant.

While schools are charged with educational goals, the structures and processes they provide also shape the personal and social development of young people. Mentally Healthy Schools aims to achieve this through a framework that integrates the three areas of curriculum and learning, school climate and ethos, and community involvement. Collaboration between teachers, parents, students and the wider community is key to developing a mentally healthy school.

Adopting a whole school approach to mental health means addressing issues at multiple levels. This includes: promoting mental health for all students and staff; education, including the implementation of the widely used health education resource *Mental Health Matters;* a range of initiatives to support specific needs of students, staff and their families.

I warmly recommend this resource to school managers and staff to assist them in providing mentally healthy social and learning environments. It has been developed to build upon the multitude of practices that are already in place in a school to promote wellbeing, to build a sense of community, and to foster a sense of belonging. The Mental Health Foundation is to be commended for its commitment to enhancing the mental health of young people.

Lastly I would like to acknowledge the schools who participated in this pilot and were prepared to do the ground work with the project manager, Pauline Dickinson, to find practical ways to enhance staff and student mental and emotional wellbeing.

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Introduction

The School as a Mentally Healthy Setting for Young People

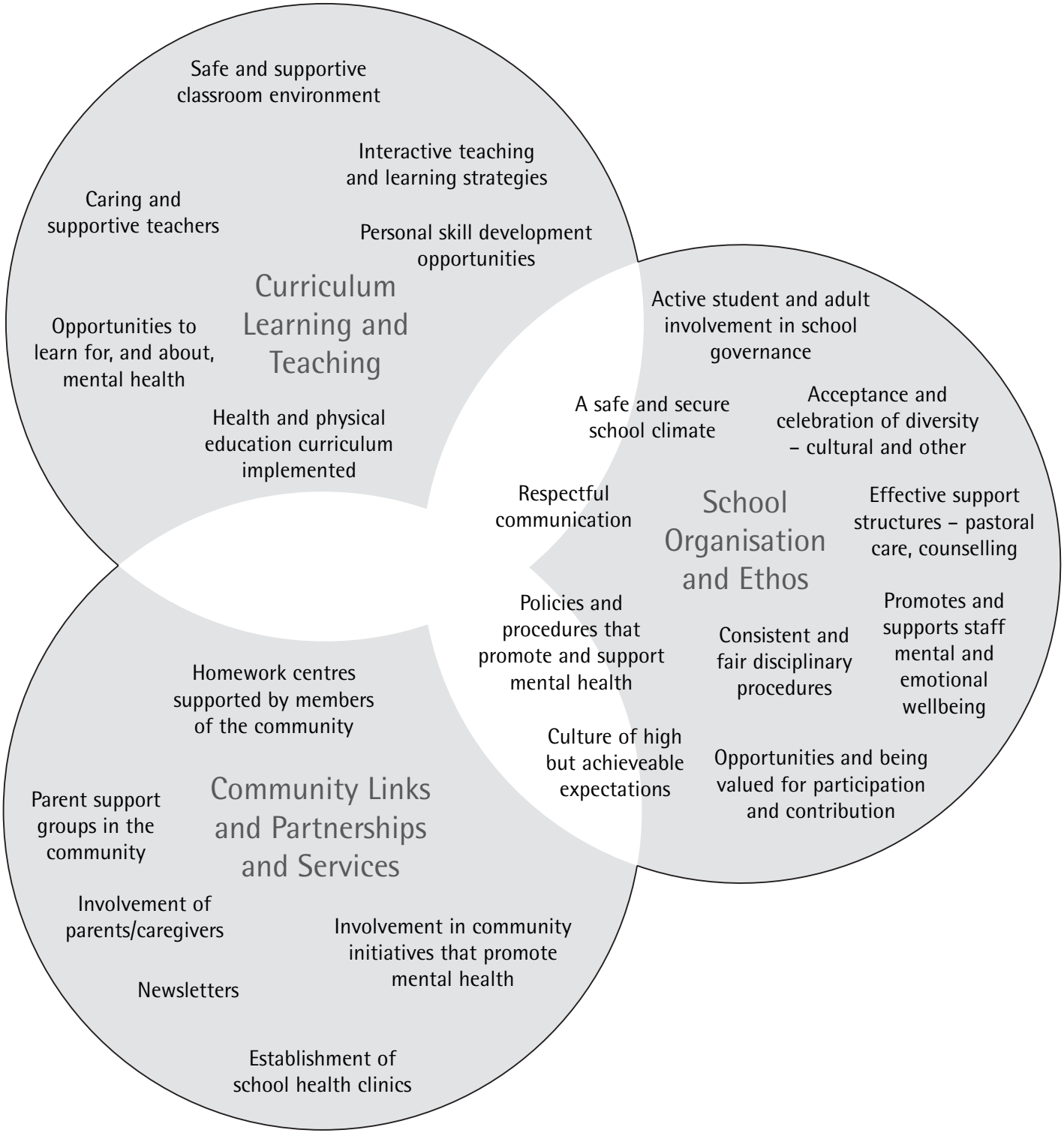
> "...young people spend close to half their waking hours in school and inevitably the quality of experiences with teachers and peers in that setting will affect emotional wellbeing." PATTON, 2000, P. 587

The interaction between schools and young people and the overall experience of attending school, provides opportunities for promoting mental and emotional wellbeing which can be sustained and reinforced over time (Bennett & Coggan, 1999; NHMRC National Health Standing Committee, 1996; Patton, Glover, Bond, Butler, Godfrey, DiPetro & Bowes, 2000; Wyn, Cahill, Holdsworth, Rowling & Carson, 2000). From a social justice perspective, the broad reach of schools enables young people to be accessed irrespective of their socio-economic status, ethnicity, or location. Available evidence indicates that comprehensive and integrated mental health promotion approaches that include curriculum, environment and community, are likely to enhance the overall wellbeing of young people (Fertman & Chubb, 1992; Patton et al., 2000; Weissber, Caplan & Harwood, 1991).

From the perspective of mental health promotion, schools are in a unique position to identify young people experiencing emotional distress (Adams, Corr, Davies, Deveau, de Veber, Martinson, Noone, Papadatou, Pask, Stevens & Stevenson, 1994). At the most basic level, schools have an interest in their students' health because poor health can interfere with learning (Education Review Office, 1997). Some of the best outcomes for improving the health of young people are achieved through a holistic approach and with collaboration and partnerships with different sectors (Lavin, Shapiro & Weill, 1992). This approach is reflected in the Health Promoting Schools framework (Figure 1) whereby school organisation, ethos and climate, curriculum, and community links and partnerships are all interconnected.

Figure 1

Health Promoting Schools Conceptual Framework



With the core business of schools being education, effective mental health promotion requires that the emphasis shifts from an exclusive focus on classroom specific education or programmes, towards a more comprehensive outlook in which mental health promotion operates consistently across the curriculum, the school environment, and school partnerships and services, and is integrated with appropriate structures, policies and programmes within the school (Coggan & Bennett, 1999; Patton et al., 2000; Wyn et al., 2000). Consequently, education outcomes and mental health promotion become inextricably linked in enhancing the healthy development of young people. Raeburn and Sidaway (1995) have stated that mental health promotion:

- aims for positive mental health for as many people in the population as possible
- includes concepts such as wellbeing, strength, mana, peace of mind, life satisfaction, quality of life, happiness and spirituality
- includes processes as outlined in the Ottawa Charter to activate and implement mental health promotion actions
- involves real people in particular places and therefore must acknowledge explicitly social supports, family and cultural niches which are arguably the most important elements for the activation and maintenance of change of a mental health promotion nature in any population
- involves the Ottawa Charter concepts of enabling, empowerment and people control which in practice means groups and communities working in a self-determining way

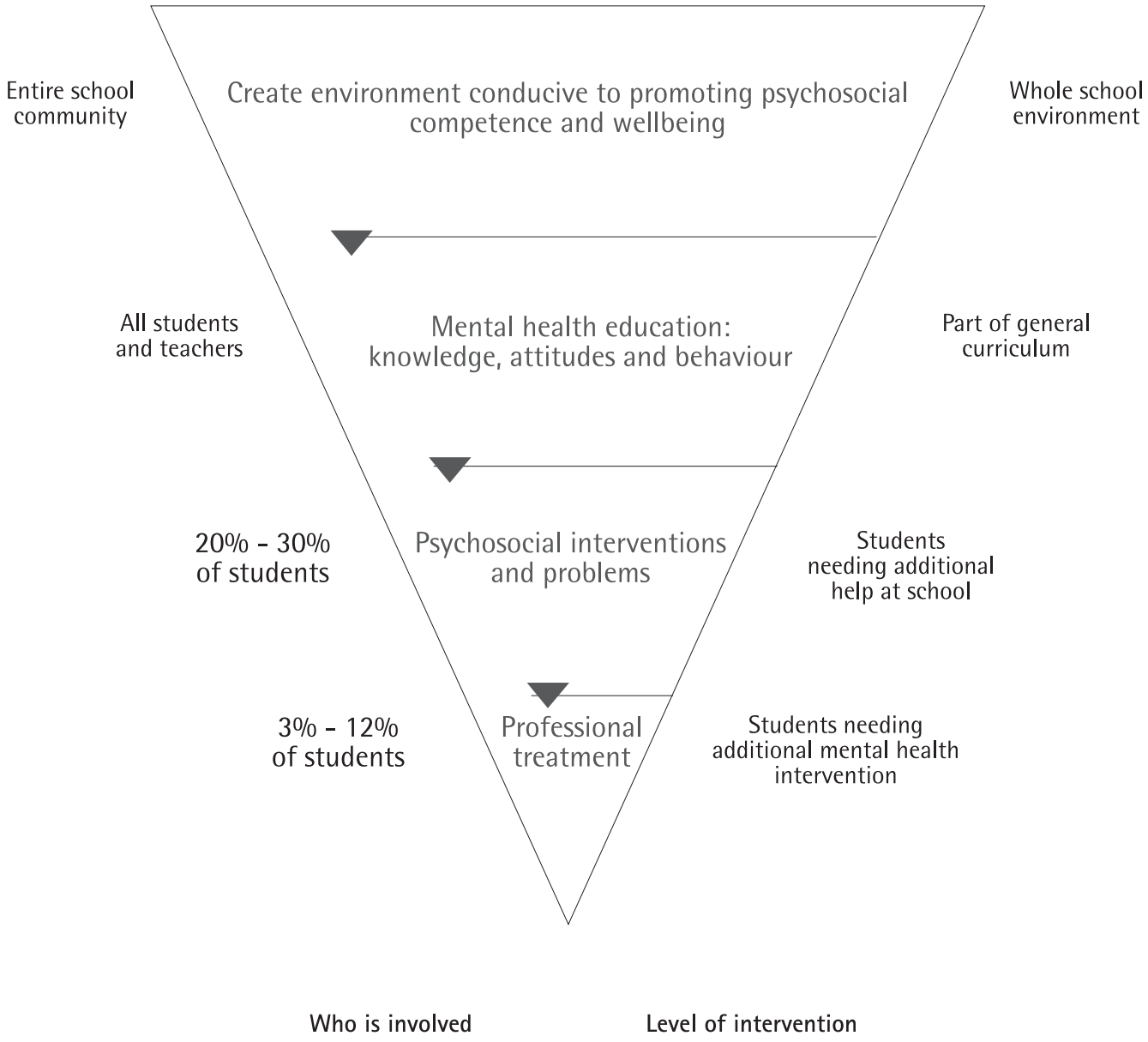
The Health Promoting Schools framework (Figure 1) adopted by many schools internationally and throughout Aotearoa/New Zealand, offers the potential to develop more integrated school and community responses to the mental health needs of young people (Wyn et al., 2000). While the school is charged with educational goals, the structures and processes provided by schools also shape a young person's personal and social development (Adams, et al., 1994). A sense of belonging to school, being treated fairly, feeling close to others, and being valued and acknowledged are significant protective factors for young people.

The World Health Organisation's four-level whole school approach to school change offers a way of conceptualising multi-layered school-based approaches to promoting and supporting the mental health of young people in school settings. (Wyn et al., 2000, Figure 2).

- promoting mental health is represented in the widest part of the triangle. This involves a whole school approach with the emphasis being on creating a school environment that is conducive to social development and learning
- the second layer of the triangle signals the need to educate for and about mental health for all members of the school community. In this way young people and adults can gain understanding, knowledge and skills to support their own mental health and the mental health of others
- the third level of the triangle signals the need for some targeted psychosocial interventions for young people who need additional support. These interventions may be in the form of counselling and guidance, anger management groups, peer mediation and small group programmes that focus on supporting young people experiencing change, loss and transition
- the tip of the triangle signals the need for professional support through linking with community agencies and adolescent mental health services

Figure 2

The World Health Organisation's Four-level, Whole-school Approach to School Change



The School's Role in Youth Suicide Prevention

This World Health Organisation model can also be applied to the role that schools can play in youth suicide prevention. It is recommended that schools address suicide prevention as part of a whole school approach to mental health promotion. Suicide prevention can be addressed within a broader mental health policy and as a component of schools' traumatic incident management plans. When schools have policies and procedures in place they are in a better position to support those young people who are experiencing emotional distress.

In Our Hands, Aotearoa/New Zealand's youth suicide prevention strategy (Ministry of Youth Affairs, Ministry of Health & Te Puni Kokiri, 1998) provides a framework for youth suicide prevention, with goal one being "Promoting wellbeing". This goal is based on the premise of changing the ways that young people are treated within families and communities. As a key setting in communities, schools have almost universal access to young people and are therefore in a unique position to promote mental and emotional wellbeing. This involves:

- promoting resilience
- enhancing connectedness to school
- fostering personal identity and self-worth
- implementing mental health education programmes such as Mental Health Matters
- providing supportive pastoral care and guidance systems
- promoting avenues for seeking help
- providing a safe and supportive learning and social environment
- providing programmes to enhance protective factors
- developing clear processes for the identification, support and referral of students at risk
- supporting young people in distress
- implementing school procedures for providing immediate crisis support, traumatic incident management, and postvention support for those affected after a suicide

The Purpose of these Guidelines

These guidelines have been developed for the Ministry of Health by the Mental Health Foundation (MHF) and are based on the conclusions and recommendations of the Mentally Healthy Schools initiative evaluation undertaken by Sara Bennett and Carolyn Coggan, Injury Prevention Research Centre, University of Auckland, in the Northern Region over 1996-1999. The guidelines outline the core components of the initiative and establish criteria for the implementation of mental health promotion initiatives in secondary schools in Aotearoa/New Zealand. An overview of the Mentally Healthy Schools initiative is included in appendix A.

These guidelines should be used in conjunction with the Health and Physical Education in New Zealand Curriculum, (1999) including the implementation of *Mental Health Matters* in health education programme planning and *The prevention, recognition and management of young people at risk of suicide: Development of guidelines for schools* (National Health Committee and Ministry of Education (1997). School based mental health promotion has been shown to positively influence the mental health status of young people (see Appendix B). The main thrust of such programmes includes concepts such as student and staff empowerment, cooperation, participation, collaboration, the dynamic influence of school climate and ethos on mental and emotional wellbeing, and the acknowledgement of schools as appropriate and valuable settings for mental health promotion.

Using the Guidelines

These guidelines suggest a range of activities within the school environment and in the wider community to promote and support the mental health status of all those associated with the school. They aim to increase the awareness of boards of trustees, principals, health education teachers, teachers, and others in the school setting including administrators, counsellors, nurses, and community support personnel about promoting mental health in schools.

Use of these Guidelines Should:

- increase awareness of methods to promote mental and emotional wellbeing for all people in contact with the school
- improve the ability of all staff and students to support mental and emotional wellbeing for themselves and others
- develop and utilise best practice methods for mental and emotional health promotion within schools
- develop a plan for whole school mental health promotion which incorporates the mental health needs of staff and students in addressing mentally healthy school policies and practices
- increase the skills of both staff and students to develop and implement appropriate mental health promotion programmes
- increase the skills of both staff and students to address their own mental health needs

1. Promotion of Mental and Emotional Wellbeing

The promotion of mental and emotional wellbeing in schools encompasses the same principles of generic health promotion with the additional focus of a number of different components. The four components most commonly emphasised for mental health promotion in schools have been adopted as an integral component of the Mentally Healthy Schools initiative:

- an acknowledgement of the importance of school ethos and climate
- a comprehensive approach to mental health
- empowerment and student involvement
- addressing barriers to learning
  (BENNETT & COGGAN, 1999)

In addition the following definitions and features underpin mental health promotion initiatives in Aotearoa/New Zealand.

Mental health is one of the dimensions of hauora (wellbeing). Taha hinengaro (mental and emotional wellbeing) represents a broad, complex and dynamic aspect of human existence that is interdependent with all other dimensions of hauora – taha whanau (social wellbeing), taha tinana (physical wellbeing) and taha wairua (spiritual wellbeing) (Durie, 1994). The concept of hauora, as applied to mental health, represents the need for individuals to be connected socially, emotionally and spiritually in a way that enables them to have a sense of belonging and to feel valued and acknowledged as members of family/whanau and the wider society.

Mental health promotion involves:

- the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health, and
- the use of strategies that foster supportive environments and individual resilience while showing respect for culture, equity, social justice, interconnections and personal dignity

Schools that promote mental and emotional wellbeing share the following features:

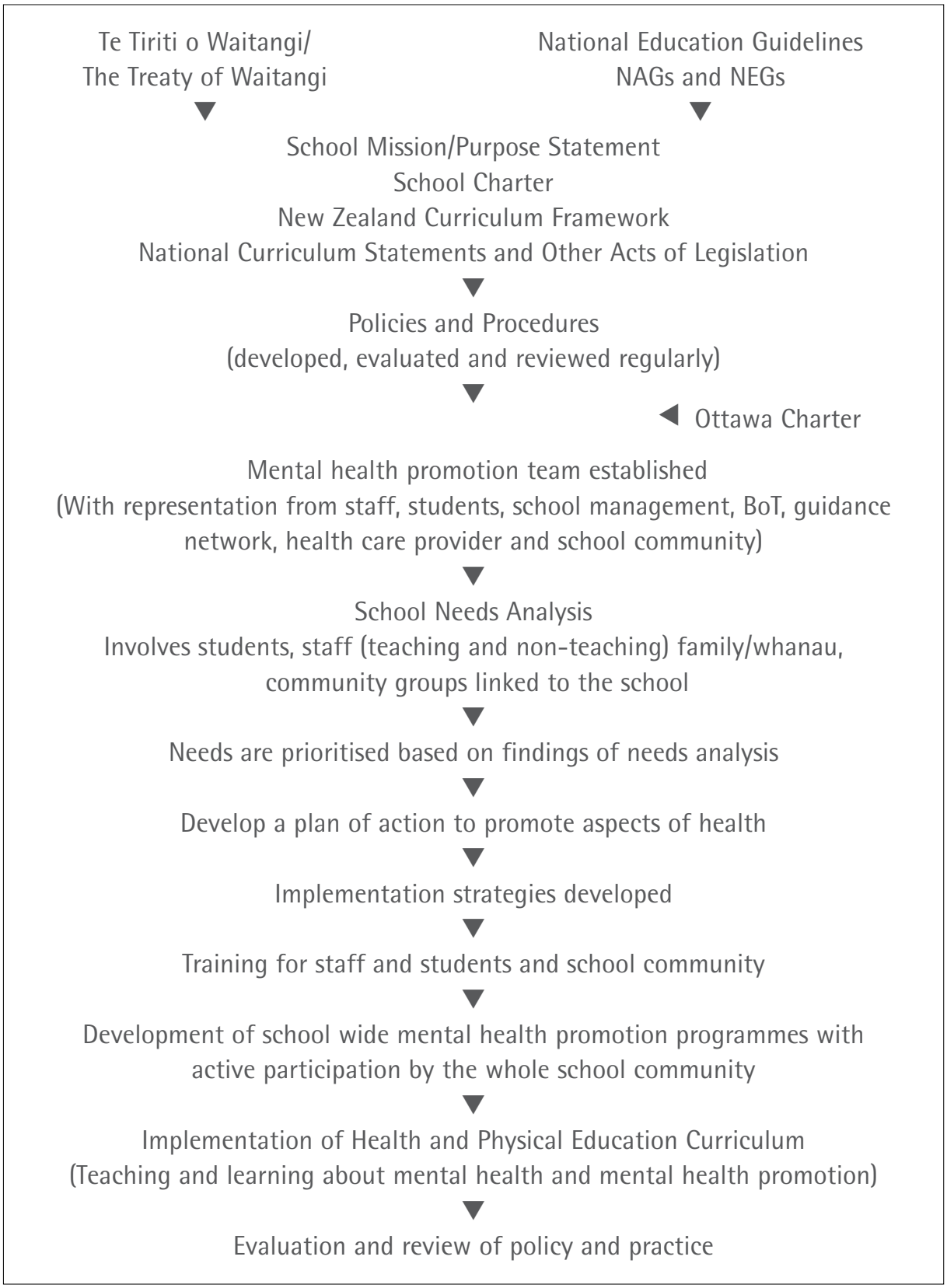
- student and staff wellbeing is supported through the maintenance of a safe social and emotional working and learning environment
- an environment where students and staff are valued and where they are encouraged to reach their full potential
- a sense of self-worth of all members of the school community is fostered through the implementation of relevant policies and practices
- a respectful attitude to all people in the school and its community, particularly regarding culture, sexual orientation, ethnicity, age, gender and disability
- positive help-seeking behaviour is encouraged by proving accessible and culturally supportive systems and services
- respectful communication
- acknowledgement of positive effort and achievement
- positive mental health is modeled

The New Zealand Education Review Office considers the emotional environment of *Good New Zealand Schools* (1994) to have a:

- positive atmosphere
- warm and settled tone
- safe emotional environment
- nurturing and caring attitudes
- warm relationships between staff and students
- good systems of student support
- comprehensive counselling and guidance systems commitment to promote the welfare of the students

The diagram on the next page illustrates a Mentally Healthy Schools Framework with further explanation of the place of Te Tiriti o Waitangi and the National Education Guidelines (the NAGs and NEGs).

Mentally Healthy Schools – A Framework



The Mentally Healthy Schools Framework offers a way for schools to examine their current school climate/ethos, curriculum teaching and learning and partnerships with family/whanau and community from a mental health perspective.

Te Tiriti o Waitangi/The Treaty of Waitangi and Mentally Healthy Schools

The Treaty signed between the Maori people and the British Crown in 1840 still has great significance to Aotearoa/New Zealand today. Te Tiriti o Waitangi embodies the undertaking and the obligation that the Crown, the Government and all its agencies, including schools, work in partnership with Maori, enable the participation of Maori, and protect the rights of Maori. These principles of partnership, participation and protection are fundamental to the ideas of mental health promotion in schools. These ideas are illustrated below.

Te Tiriti o Waitangi	Mental Health Promotion in Schools
Partnership	
The principle of partnership – between Maori and Pakeha – reflected in the Treaty being a developing social contract, provides a basis for both parties to focus on achieving equity in health and education for Maori as tangata whenua, through equal sharing of opportunities, resources, decision-making and linking and networking with all concerned groups.	Students, staff and school community consult and work together in partnership to enhance learning and health, through the development of school policies, practices and programmes.
Participation	
The principle of participation, in a spirit of mutual respect and responsibility, as reflected in the partnership perspective of the Treaty, emphasises the need for continuing consultation and negotiation in the recognition of and action on Maori concepts of health in political, social and economic areas.	School policies, practices and programmes are developed and/or reviewed in consultation with students, staff and school community.
Protection	
The principle of protection grounded in the Treaty promise to Maori of the same rights and privileges of British subjects, provides for the recognition of tino rangatiratanga and of things Maori, which require the need for Health Services for Maori by Maori.	Appropriate health services which are sensitive to and respectful of cultural needs, are accessible both within and/or outside the school.

(DEVELOPED BY RANGIMARIE MCGARVEY, KAITIAKI, HEALTH PROMOTING SCHOOLS, TAMAKI MAKAURAU, BASED ON THE REPORT OF THE BICULTURAL COMMISSION OF THE ANGLICAN CHURCH ON THE TREATY OF WAITANGI – *TE KAUPAPA TIKANGA RUA. BICULTURAL DEVELOPMENT,* 1986.)

National Education Guidelines

The New Zealand Government recognises the fundamental importance of education and has set goals (the National Education Goals or NAGs) and guidelines (the National Education Guidelines or NEGs) for the education system (1993, revised 1999). Examples of these that are of particular relevance to promoting mental health in schools are identified below. (Ministry of Education, 1999. Refer www.tki.org.nz for a full copy of the National Education Guidelines).

National Education Goals

NEG 1 Attainment of the highest standards of achievement, through programmes which enable all students to realise their full potential as individuals, and to develop the values needed to become full members of New Zealand society.

NEG 2 Equality of educational opportunity for all New Zealanders, by identifying and removing barriers to achievement.

NEG 10 Respect for the diverse ethnic and cultural heritage of New Zealand people, with acknowledgement of the unique place of Maori, and New Zealand's role in the Pacific and as a member of the international community of nations.

National Education Guidelines

NAG 1v ...in consultation with the school's Maori community, develop and make known to the school's community policies, plans and targets for improving the achievement of Maori students.

NAG 2i ...develop a strategic plan which documents how they are giving effect to the National Education Guidelines through their policies, plans and programmes, including those for curriculum, assessment and staff professional development.

NAG 2ii ...maintain an on-going programme of self-review in relation to the above policies, plans and programmes, including evaluation of information on student achievement.

NAG 3.1 ...develop and implement personnel and industrial policies, within policy and procedural frameworks set by the Government from time to time, which promote high levels of staff performance, use educational resources effectively and recognise the needs of students.

NAG 5i ...provide a safe physical and emotional environment for students.

NAG 5ii ...comply in full with any legislation currently in force or that may be developed to ensure the safety of students and employees.

School Charter and Mission Statement

Schools charters contain mission statements and specific goals that state how the National Education Guidelines (the National Education Goals or NEGs and the National Administration Guidelines or NAGs) will be met. These statements and goals are themselves the basis for the promotion of mental and emotional wellbeing. In addition, the principles of Te Tiriti o Waitangi – partnership, participation and protection – underpin school policy development.
The Ottawa Charter (1985) is a document used extensively in the health sector in the field of Health

Promotion. Its basic principles (see p. 15) form the foundations of the Health Promoting Schools framework. A number of school policies and systems will already reflect aspects of the Ottawa Charter. Schools are encouraged to consider these principles when reviewing and developing mental health related policies.

A discussion on the links between Te Tiriti o Waitangi, the Ottawa Charter and a Health Promoting Schools framework can be found in *Health Promoting Schools in Action in Aotearoa/New Zealand* (Public Health Promotion, 2001).

A school promoting mental and emotional wellbeing of its students – a sample mission statement:

- [Your school's name] aims to provide an environment which encourages and acknowledges endeavour and achievement in all activities and engenders school spirit and a sense of community; and where there is respect for the dignity and rights of each individual and where self-esteem, self-discipline, diligence, initiative, tolerance and caring are actively fostered.

School Policies and Procedures

An important aspect of mental health promotion is the development of relevant policies and procedures. These will support the mental health of all members of the school community, the maintenance of a positive school climate and ethos; and teaching and learning in the curriculum.

Some policy issues for mental health (see also *Safe Students in Safe Schools,* ERO, 2000, section 3.2)

- Student welfare/Pastoral care/Referral procedures
- Crisis Management/Suicide prevention and postvention
- Peer support/Mentoring
- Non-violence/Anti-bullying/Harassment/Abuse
- Promoting positive race relations
- Positive discipline/Rights and responsibilities codes
- Induction of new students/employees
- Drugs and alcohol
- Sexuality
- Equal Employment Opportunity
- Human rights/Anti-discrimination

Depending on the school's philosophy of policy development, schools may choose to have a separate Mental Health Promotion Policy (like the sample that follows) or have clauses incorporated throughout a range of related policies.

Draft Policy: Promotion of Mental and Emotional Wellbeing

Rationale:

The school is committed to ensuring the mental and emotional wellbeing of all members of the school community (NAG 5.1)

Underlying this policy is the belief that a school that promotes good mental health is a place where people care, respect and trust one another. School mental health promotion actions promote positive interactions between young people and adults in the school setting. When individuals feel good about themselves they promote positive relationships which effectively helps to create an environment conducive to learning. A whole school approach to mental health promotion facilitates the increased empowerment of students and staff, and addresses barriers to learning as well as strengthening supportive relationships.

Definition:

Mental health has been defined in New Zealand broadly as that which nurtures family, social, mental, emotional, physical and spiritual wellbeing.

Mental health promotion is defined as:

- the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health
- the use of strategies that foster supportive environments and individual resilience while showing respect for culture, equity, social justice, personal dignity and a sense of belonging.

Purpose:

- To ensure that the school is a social environment with the capacity to support student and staff wellbeing.
- To promote respectful communication in an environment where students and staff are valued and where they are encouraged to reach their potential.
- To encourage positive help-seeking behaviour in young people by providing accessible and culturally supportive systems and services.
- To foster a sense of self-worth for all members of the school community through relevant policies, practices and skill building programmes for staff and students.
- To encourage a respectful attitude to all people in the school and its community, particularly regarding culture, sexual orientation, ethnicity, age, gender, disability and economic background.

Guidelines:

- All relevant policies and procedures will reflect the purposes of this policy.
- All relevant policies and procedures will be in simple language to enable clear understanding for staff and students.
- All staff will endeavour to raise their students' awareness of the policies and procedures that support their mental health.

Staff Development:

Each year all staff will be informed of the policy and ways to support staff and student mental health. This will be a regular part of the school's staff professional development programme.

Curriculum:

The school's Health Curriculum will allow for the inclusion of Mental Health programmes for all students. These programmes will be implemented by trained Health Education teachers.

Schools Promoting Mental and Emotional Wellbeing and the Ottawa Charter

Ottawa Charter	Schools promoting mental and emotional wellbeing
Building healthy public policy	
Health promotion puts health on the agenda of policy makers in all sectors, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.	School policies, practices, and programmes are developed and/or reviewed in consultation with students, staff and school community. Recommendations are made to further address mental health needs.
Creating supportive environments	
Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.	Students, staff and school community work together to enhance learning and health and to sustain strategies that maintain a mentally healthy school environment.
Developing personal skills	
Health promotion supports personal and social development through providing information, education for health and enhancing life skills. This has to be facilitated in school, home, work and community settings.	Implementation of the Health and Physical Education Curriculum (1999) through the development of Health Education programmes that meet student mental health needs. It is strongly recommended that specialist mental health education programmes be delivered by trained Health Education teachers and that social skills training in general be enhanced and supported by all teachers.
Strengthening community action	
Health promotion works through community development, which draws on existing human and material resources to enhance self-help and social support. This involves public participation and community direction of health matters.	Students, staff and school community, work in partnership to develop and implement strategies to further enhance positive mental health.
Re-orienting health services	
Health services need to be accessible and sensitive to, and respectful of, cultural needs.	Appropriate health services are accessible both within and/or outside the school. e.g. school based health clinics, 'one-stop shops' for young people.

School Climate and Ethos

School climate: "Those qualities of the school and the people in the school which affect how people feel when they are there" PRANSKY, 1991.

A mentally healthy school climate encompasses the entire social and teaching and learning contexts of the school. The evidence for a healthy school ethos is that the climate of the school reflects the philosophy and formal statements that describe what the school is about, and that these ideas are owned and shared by all members of the school community.

Health Promoting Schools function as cultural communities in which empowerment of all members, including whanau/family is essential for creating a sense of community. In turn, this underpins the learning and healthy development of children and young people. A key component of mental health promotion initiatives in schools is an emphasis on the importance of the role of school climate. Improving or enhancing school climate "should be a different way of conducting the same business – an alternative way of using the same time and energy". (Pransky, 1991)

A healthy school ethos and climate is characterised by the following:

- clear but flexible school goals, rules, visions and expectations
- equitable treatment for all students, including teachers interest in students and opportunities for student success and empowerment
- empowered, enthusiastic, supportive and approachable teaching staff and senior school management committed to school improvement
- active student and adult involvement in school processes including governance of the school
- acknowledgement that school climates are dynamic and that the changing diverse needs of the school community are reflected in coherent school philosophy and practice

The development of a healthy student self-concept and sense of mental and emotional wellbeing is the direct result of all that happens within the school towards both students and other members of the school community. Thus the influence of school climate/ethos on mental and emotional wellbeing and mental health status is both direct and profound.

> Schools with positive climates are places where people care, respect, and trust one another; and where the school organisation cares, respects and trusts people. In such a school, people feel a high sense of pride and ownership which comes from each individual having a role in making the school a better place. PRANSKY, 1991

Family/Whanau and Community Involvement in the Promotion of Mental and Emotional Wellbeing in Schools

Schools are connected to their wider community. Support for the mental and emotional wellbeing of young people goes beyond the school gates. Therefore, positive interactions between family/whanau, students and school staff will enhance school-based mental health promotion strategies.

Links with the wider community may include:

- support networks for parents e.g. Parent Teacher Associations (PTA), past pupil groups ("Friends of the School")
- cultural groups such as the Kapa Haka group
- community agencies and organisations
- consultation meetings, e.g. Health curriculum
- open days
- new student orientation BBQ/social function
- meet the teacher/report evenings
- newsletters
- school magazines and newspapers
- parent support groups in the community
- parent representative on school health teams

Health and Physical Education Curriculum

The Health and Physical Education Curriculum (1999) identifies mental health as one of the key areas of learning. During the course of their compulsory schooling years, students will learn how each of the following impacts on mental health:

- personal identity and self-worth
- effects of stereotyping and discrimination
- interpersonal relationships, stress
- disappointment and loss
- drug use and misuse
- abuse and harassment
- benefits of physical activity and relaxation
- values and attitudes that support mental health of themselves, others and their society as a whole

In addition to the underlying concept of hauora (wellbeing), the concept of health promotion forms an integral component of learning programmes, hence mental health promotion is an essential and compulsory feature of health education programmes. A number of curriculum resources have been developed for classroom teaching and learning about mental and emotional wellbeing (see Appendix C).

Figure 3 illustrates how one of these aspects of mental health education and promotion could be viewed using the World Health Organisation School Change Model.

Figure 3

Personal Identity and Self-Worth

Wider School Community Mental Health Promotion

- a school culture that provides guidance for making mentally healthy choices with changing trends in youth culture
- a school that provides a broad range of opportunities in curriculum learning, sport, recreation and leisure, performing and visual art, and cultural groups
- a school with an identifiable culture and healthy traditions that assist students and staff to develop a sense of connectedness to the school
- having a sense of pride and ownership in the school
- opportunities for involvement and leadership in the school e.g. school council, staff and student commitees, positions of responsibility
- formally welcoming new staff and students to the school community by powhiri
- recognition of staff and students achieving personal successes (not just high achievers)
- involvement of community leaders in school events e.g. kaumatua and kuia, matai, church leaders
- a celebration of the school's successes, be that individuals, groups or contributions to the whole school community e.g. media
- a clearly understood school ethos that is supported and enriched by the wider school community

Education

- teaching programmes that include learning about and development of skills associated with self-awareness, self-reflection, self-appraisal, and self-advocacy
- a safe classroom environment that supports individual expression and uniqueness
- learning about spirituality as a dimension of hauora
- celebrating difference in all aspects of learning e.g. cultural/racial/ethnic, gender, ability, appearance, etc.
- teaching about body image issues and the effects society and media have on feelings of self-worth
- students receiving constructive feedback from their teachers
- teachers knowing their students' names

Early Intervention

- pastoral care – guidance network (counsellor, dean, etc.)
- peer support groups and programmes
- referral systems for students experiencing distress
- school chaplain or church elders
- kaumatua, kuia, and other significant, trusted people in the community

Specialist Intervention

- community agencies with a specialist focus that support and counsel young people e.g. drug and alcohol and mental health services

2. Resiliency and Mental Health Promotion: A Healthy Youth Development Framework

A Healthy Youth Development Framework

Mental health promotion approaches that foster resilience and create supportive environments can help protect the mental and emotional wellbeing of young people. Enhancing resiliency in schools relies on helping young people to enlarge their repertoire of problem-solving and social skills, which, in turn will enhance a young person's sense of self-efficacy and self-worth so that they are better equipped to cope with the challenges and stresses that life presents. (Werner, 1998)

> "A resilient person is one, who despite the stresses, finds confidence that one's internal and external environment is predictable, that life has meaning and that things can work out as well as can be expected" WERNER, 1988

The Gatehouse Project (Bond, Glover & Patton, 1999) summarises risk and protective factors that enhance or undermine resilience as follows (it is worth noting the significant number of these that have direct or indirect reference to bullying and school violence).

Decreasing risk factors	Enhancing protective factors
• violence • victimisation • bullying • alienation • isolation • disengagement • low academic achievement • absenteeism	• sense of security • opportunities and skills for communication • involvement and participation in school and community activities • involvement and participation in school decision making groups • opportunities and skills for achievement • recognition of contribution and achievements • close, confiding relationship with at least one adult

Of particular importance is the provision of a healthy youth development framework that provides for the development of security and wellbeing. In school settings there are many factors operating that enhance the mental health of young people and foster their resilience. These factors involve:

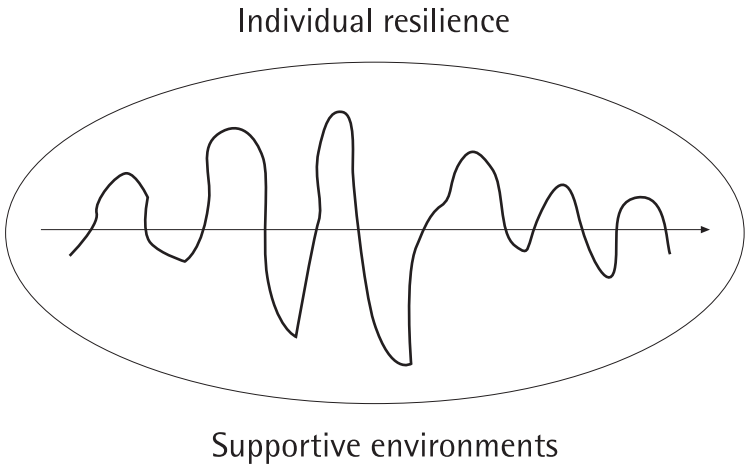
- creating healthy systems rather than a focus on fixing individuals
- believing in the capability and capacity of young people to develop, learn and achieve wellbeing rather than problem-focused needs assessment
- acknowledging that young people have universal needs such as the need to belong, experience pleasure and develop confidence in themselves and others
- operating from a framework of strength-building that views young people as resources to be developed rather than problems to be solved

- fostering strong, supportive and positive connections with significant adults such as parents and teachers
- helping young people feel safe, secure and connected to school
- strengthening the internal capacities of young people by providing them with the opportunity to learn skills that put them in healthy relationships with others
- enabling young people to be involved in relationships with adults that convey care, understanding, respect and interest. Such adults are prepared to listen and establish safety and basic trust
- providing high expectations, messages that communicate firm guidance, structure and challenge along with a belief in young people as resourceful and invaluable members of society
- looking for strengths and assets as opposed to problems and deficits
- providing opportunities for meaningful participation and contribution, including having opportunities for valued responsibilities, for making decisions, for having a voice and being heard, and for contributing their talents to the community
- providing mentoring programmes where young people have the same mentor for at least two years

The definition and diagram that follow articulate the concepts of bouncing back and coping with the ups and downs of life.

"...Resilience is the capacity to cope with, and bounce back after, the ongoing demands and challenges of life, and learn from them in a positive..."

JOUBERT & RAEBURN, 1998



The diagram on the previous page indicates that people go through ups and downs of life, progressing developmentally from birth to death. The mentally healthy person demonstrates resilience aided by a supportive environment. The practice of mental health promotion has to do with these two elements – the fostering of resilience through the provision of personal and environmental resources. (See Joubert and Raeburn, 1998).

Key Protective Factors for Fostering Resilience in Young People

- family and parent connectedness
- parental presence at key times – waking up, bedtime and mealtimes, especially the evening meal with the television turned off
- parents who provide love and care as well as setting boundaries and limits
- school connectedness that enables young people to say: "I feel that my teachers are fair, they care, school is a place where I belong"
- connectedness to other adults outside the family who take a positive interest such as teachers and parents of close friends
- spirituality – having a belief system (not necessarily a religion) and a sense of personal identity and self-awareness

(Conference presentation Melbourne, 1999 – Michael Resnick)

Factors that Can Undermine Resiliency

When young people are supported by the protective factors of family, school and community connectedness, risk factors that may be present are more likely to be offset. However, there are a number of key risk factors that can undermine resiliency thus contributing to increased emotional distress in the 13 to 18 year age group. (Resnick et al., 1997)

- loss and grief
- poor academic success
- undeveloped social skills
- relationship difficulties including sexual relationships
- same sex attraction
- impact of transitions (changing school, changing family structure)
- search for self-identity
- drug and alcohol misuse
- history of victimisation or witnessing violence
- appearing 'older' or 'younger' than most of the peer group
- repeating a year level
- lowered sense of self-worth
- perceived prejudice (discrimination, racism)
- fear and uncertainty about the future
- issues about body image, particularly for girls

Key Resiliency Messages for Parents/caregivers and Adults who Interact with Children and Young People

- find ways to connect – young people need and want that connection
- help with homework
- take an interest in their activities
- have fun yourselves
- encourage young people to express themselves through the creative arts
- set clear boundaries and be friendly, patient and trustworthy
- provide support that can be counted on
- above all LISTEN

Key Resiliency Messages for the Classroom

- structure the classroom as a community – when classrooms are organised as communities rather than authority-based hierarchies, a group spirit can emerge. Young people can experience fun and laughter in such an environment
- invite young people to play an active role in setting class guidelines. Discussing guidelines invites them to weigh consequences and reflect on concepts such as respect and fairness, and the reasons for the guidelines. Creating their own guidelines as part of a group process helps young people develop responsibility for their own behaviour, each other and for the group
- provide young people with the opportunity to work collaboratively – this enables them to establish relationships with others, share ideas, solve problems, listen to others and give and get help from their peers
- encourage young people to participate in class meetings to solve problems e.g. theft of property or conflicts. This encourages students' initiative rather than relying on the teacher's authority
- enable young people to make choices. Giving choice encourages creativity
- encourage young people to participate in developing standards for their own work
- involve young people in assessing their own work and in setting goals for themselves
- provide young people with constructive feedback and ask thoughtful questions

(Benard, 1997)

Involving Young People in School Mental Health Promotion Initiatives

> "The main impact has been that the students have their say and that this information has been acted on." BENNETT & COGGAN, 1999

Involving young people is an important part of mental health promotion. The reasons for this are that:

- empowering young people to make decisions about how school affects their lives helps foster resilience
- involving young people in the planning, writing and implementation of any strategy will increase its positive impact
- involving young people in working in partnership with adults means that strategies for mental health promotion are developed from a shared philosophy rather than an agenda set by adults (Pransky, 1991)

Schools involved in the Mentally Healthy Schools initiative involved young people from Year 8 through to Year 10. In some instances, each form class elected a representative for the student mental health promotion team and in others, existing school structures such as the student council were utilised. What was important for the schools and the young people involved was that the team represented a broad range of students in terms of age, gender, ethnicity and diverse experiences. The following quote from a teacher in one school sums up the advantages of such diversity:

> "It's been a power of good for some of the students because we didn't involve all of our "good kids..." we specifically involved some of the ones who've been suspended or in trouble and some of them have turned around in behaviours with no other types of interventions and some of them at least have a better relationship with some of the adults at school." TEACHER, PILOT SCHOOL

For ways to include both staff *and students* in awareness-raising and training workshops, refer to the education, information and professional development tools in the toolkit section of this resource. Student involvement is important for achieving ownership and a shared understanding of the issues raised in any Mental Health Promotion initiative. Having a common focus for training workshops provides the means to compare similarities and differences between the perceptions of adults and young people. The overview of the strategies in Section 3 also outlines many ways students can be involved in Mental Health Promotion activities.

3. Strategies for Mentally Healthy Schools in Action

Raise awareness of and seek commitment from BOT and Principal to proceed with Mental Health Promotion Initiatives

▼

1. Establish a team representing staff, students and school community

▼

2. Review current policies, procedures and structures that promote and support mental health and carry out a needs assessment

▼

3. Prioritise needs and develop a plan of action

▼

4. Implementation of the action plan

▼

5. Monitoring, review, evaluation and ongoing development

Step One: Establishing a Mental Health Promotion Team

This teams draws people together with expertise and interest in issues relating to the mental and emotional wellbeing of the adults and the young people at the school. An existing committee or group may be willing to undertake this task or the school may wish to establish a new group of volunteers who are prepared to examine the issues.

Ideally this team would be given a formal place within the school's organisational structure and be acknowledged and supported by the school management. A nominated team coordinator would have allocated time and management units for this role. The team would then comprise a representative group from the school community such as:

- a senior manager (Principal, Deputy or Associate Principal)
- school counsellor or guidance representative
- HOD Health Education
- other curriculum representatives
- parents/ Board of Trustees representatives
- students

Step Two: Reviewing Policy and Needs Assessment

The types of questions that need to be asked in a needs assessment and the nature of data to be collected to determine how effectively a policy is working, will vary greatly from school to school. Ideas for policy review and needs assessment are included in the toolkit section of this resource.

Step Three: Developing a Plan of Action

Schools are strongly encouraged to integrate any Mentally Healthy Schools work planning into the strategic planning that establishes goals for the school. For any goal setting to bring about change to be successful, it needs to follow some fundamental criteria:

- The goals must be clear, understandable, controllable, straightforward and achievable i.e. what do you want to achieve? Break large long-term goals into smaller (shorter) goals with clearly stated aims for each step and precisely what needs to be done and by whom.

- The resources required need to be clearly identified – people's time and energy, printed materials, meeting time, professional development for the MHS team, and any funds to buy these goods and services.
- It must be measurable which means there needs to be a timeframe in which the goal is going to be achieved. Along with this, monitoring and evaluation is required to establish whether the aims were reached and what modifications need to be made for the initiative to be sustained within the way the school operates.

The smaller goals might include:
- A succession of staff meetings or an in-service day to review policy and procedures, educate the staff on mental health issues, feedback results from questionnaires and surveys.
- School assemblies to inform students (run by students) of the same things.
- Working with established school committees and groups (staff, student and community) to determine roles and responsibilities for tasks.
- Working with the Health Education Department to include mental health education such as *Mental Health Matters* in their programme.
- Having wall displays or a resource pack in every classroom and other room used by students with information about Codes of Behaviour/Rights and Responsibilities, Anti-harassment procedures, Contact people etc.

Step Four: Implementation of the Action Plan

Putting aspects of the planning into action will require some specific training for staff and students. Again the nature of this will depend greatly on the needs identified earlier in the process. The workshops in the toolkit section of this resource provide examples of training sessions for this purpose.

Step Five: Evaluation

The purpose of evaluation is to measure the outcomes against the goals established in the plan of action (much like assessing students against learning outcomes). It can be quite a simple process to both evaluate and document the success of these goals. The following examples are based on actual initiatives undertaken by schools in the Mentally Healthy Schools pilot.
- The Mental Health Promotion Team was established by [details of process] and finalised at a meeting on [date]. The team members are [listed].
- The Rights and Responsibilities charter was posted in every room by [date].
- All rooms were checked for the display of the charter [state number] months after being sent out. [Number is reported and rooms not complying re-issued.]
- Six months after, a sample of students was surveyed on their knowledge and position of the charter. [Describe results and any actions taken as a result.]
- Professional development for new people (staff and students) was carried out [date].
- Training for a No Blame Approach to Bullying programme was carried out on [date] and put into place [date].
- The [named policy] was re-written in student language and posted in all classrooms [date].
- The numbers of students referred to for victimisation support each week for the past term are [give details].

The following account of Mentally Healthy School implementation activities describes a diverse range of events undertaken by schools in the pilot. It illustrates various stages of the process outlined above.

Mentally Healthy School Initiatives

Mentor Groups

The establishment of vertical form groups. The mentoring scheme involves the form teachers (mentors) taking an active guidance role with their students, to assist students' progress and to make links with family/whanau.

Safe School Agreement

The school mental health team, comprised of both staff and students, reconceptualised the school's 'Safe School' agreement. Historically, this had been a document outlining the school's expectations of students' behaviour, and was signed by the pupils upon enrolment. The team advocated for a consultation process to explore and revamp this document. Each tutor group engaged in a discussion around the Safe School Agreement, and remodeled it around the themes of unity and respect. Each group developed their own version of the agreement and it was signed by students and displayed in each tutor classroom (41 rooms). The agreements included consequences for not keeping to the agreed upon conditions. Over time, the students have re-negotiated these to include more supportive structures.

"The activity of generating and developing the agreement has opened the eyes of the teachers, they say they now have more knowledge about their students."

Dealing with Challenging Situations

This work has involved form classes in discussing scenarios on how bystanders can act in stressful situations, such as observing or being on the fringe of physical fights, bullying and victimisation incidents and truanting from class. Clear help-seeking messages that encourage young people to access support if they feel unsafe at school have been developed in consultation with students. Many schools have developed posters for every classroom to promote a safe emotional environment such as a SAFE poster for every classroom, indicating an acronym for SAFE – Safe, Achieving, Friendly Environment.

Victimisation and Bullying

The development and implementation of bullying initiatives are indicative of the stance that schools want to take regarding school violence. There has been a marked increase in awareness of violence by staff and students, and teaching staff are more receptive to requests from students for assistance in addressing bullies. (See Appendix D for a summary of these initiatives).

Pastoral Care Services

The development of a pastoral care pack for form teachers resulted from a staff workshop where staff identified what pastoral care meant for them. Pastoral care can be seen as support for young people, helping young people manage their time and resources, contributing to maintaining a safe and supportive school environment, establishing a safe and supportive classroom.

Health and Physical Education Curriculum

Mental Health Matters – a mental health education programme for year 9 and 10 students has been included in the junior health education programme with health education teachers attending a two-day professional development workshop.
Comments from health education teachers include:

"this resource must be linked to the curriculum and not used in isolation"

"lots of different strategies for addressing mental health"

"awesome range of activities"

"how important it is to build the programme, rather than taking things separately"

Mental Health Matters is a wonderful resource"

"how to use the resource and provide experience for pupils which will help pupils towards good mental health"

"confirmation of the value of mental health education"

"recognition and importance of community awareness to strengthen mental health education"

Consultation with the Community

There are a number of ways that schools have involved their local communities and among these are:

- inviting family/whanau to an evening meeting at the school to share ideas about promoting good mental health
- information in newsletters and in community newspapers about mental health promotion activities undertaken
- linking fathers to the school and the establishment of a 'DADS' group to support boys in schools

Teacher Appreciation

Teacher Appreciation is a concept developed by Kerry Jenner, Counsellor, Wellington High School. Kerry shared her research and expertise with the schools involved in the Mentally Healthy Schools pilot initiative. This concept is based on emphasising the value of education, improving teacher morale and enabling parents to have contact with teachers in a different way to the usual parent-teacher meetings. Students learn how to explore the dominant story about teachers and how they can reframe this story into an alternative one. For example, the popular messages about teachers often related to such things as, teachers demanding pay increases, teacher contact hours, teachers' holidays, teachers go on strike, they leave school at 3.15pm they are stressed out.

However, there are many stories about teachers that are not presented and acknowledged publicly, particularly those that relate to the quality of their teaching, classroom management, their commitment to working with young people, stimulating and exciting lessons, and their availability and involvement with students through extra-curricular activities.

Teacher appreciation is about:

- students recognising the efforts of their teachers that enhance their learning and how to acknowledge those efforts
- recognising the efforts of someone on our staff who has made a DIFFERENCE to someone in our family
- teachers hearing about the great efforts they make to help the understanding, learning and interests of students WHILE it is happening.

The teacher appreciation programme involves young people and their families recognising the alternative story about teachers and the role they play in providing active and stimulating learning experiences, promoting resiliency and positive mental health.

Students participate in a visualisation exercise where they are asked to recall a time when they had a teacher who really made a positive difference to their learning. Through this exercise students are able to identify and develop an understanding of how teachers help them at school.

They are then provided with a range of starter sentences and sample letters, to assist them in formulating their ideas into an appreciation letter to send to teachers of their choice.

In addition, the school can decide to host a teacher appreciation day and invite family/whanau to participate in a celebration of the excellent work that many teachers do to assist learning and that enable young people to feel connected to school in a positive way.

An appreciation for the teacher at X College
Usually it is the students at schools anxiously awaiting grading by the teacher. But X College pupils turned the tables on their teachers when they held a TEACHER APPRECIATION DAY and handed out some pats on the back to staff. [Your school's name] is the first school in Auckland to hold such a day – which was pioneered by a Wellington school last year. Third formers took part and wrote cards of appreciation to their favourite teachers.
Teachers received cards such as:
"To Mr [Your teacher's name] I would like to tell you what a great form teacher and English teacher you are and how you are always trying to help us."
"To Miss [Your teacher's name] This card is for thanking you for being a best teacher. You always use your important words to start us up like "get cracking" and all that. Without you I would never be a good girl. I would like to thank you for being a funny teacher and a good teacher." EXCERPT FROM MANUKAU COURIER, JUNE 8, 1999

Personal Education Profiles

The development of individual in-depth education profiles for each student, carried out in a one-on-one interview with the form teacher/mentor. Profiles contain information on the student's interests, subjects, short and long-term goals, extra-curricular involvement such as sports, drama, clubs, community involvement. Profiles are shared with family/whanau at parent/teacher interviews.

Mentally Healthy Classrooms

The students in one pilot school organised a competition for the best 'Mentally Healthy Classroom'. The purpose of this activity was to encourage the students and staff to make improvements to the physical classroom environment so that classrooms became more vibrant, exciting and friendly communities.

Staff Mental Health Promotion

An important feature of mentally healthy schools is the mental and emotional wellbeing of staff. Some of the ways that schools promoted staff mental and emotional wellbeing were through:

- the implementation of staff events such as a staff breakfast hosted by the Health Promoting Schools team and supported by school management

- a staff buddies week, where each staff member has an 'angel' to look after them. This has been highly successful and a year later, staff still talked about how good it made them feel
- the establishment of a staff wellbeing group to explore issues that impact on staff mental heath

Staff Professional Development

Staff workshops that focused on extending understanding of mental health. Workshops covered the following topics:

- what is mental health?
- mental health language
- recognising young people in distress
- discrimination and mental health
- challenging mindsets

Peer Mediation Programmes

The training of staff and students in the use of mediation skills guided by the process established by Auckland's Selwyn College counsellors, Aileen Cheshire and Dorothea Lewis. (See their publication *Taking the Hassles Out of School.)*

Support Groups for Students

The WHO School Change model indicates the need for psychosocial interventions for those young people identified as needing additional support at school. The provision of a range of support groups can fulfil this need. For example, many schools offer anger management and loss and grief groups facilitated by community agencies. The Auckland Office of the Ministry of Health is currently (2001) funding the Travellers initiative as an action research project with a view to supporting a more evidence-based approach to such work.

Liaising with Community Adolescent Mental Health Services

Schools have different ways of relating with their regional youth mental health service providers. A variety of approaches have been developed by schools to meet their local needs, with the more comprehensive of these involving the formation of a partnership with adolescent mental health services. These liaisons include a range of activities from professional development and education for staff, through to specialist support for school counsellors and clinical services for young people. The Liaison, Education Adolescent Project (LEAP) established by the Community, Children Adolescent and Family Mental Health Service in Auckland is one example of this.

4. Mental Health Promotion Toolkit

This toolkit contains a range of strategies, approaches and ideas for mental health promotion initiatives in secondary schools.

A: Education, Information and Professional Development Tools

1. Staff professional development workshop to raise awareness about Mental Health Promotion and start the process of identifying potential issues to take action with.
2. Student training workshops.
3. School ethos and school climate – an exploration of what these terms mean in context of a Mentally Healthy School.
4. A series of six specialist workshops for use with student and/or adult groups to explore specific mental health issues. These require a skilled facilitator such as a trained health education teacher or counsellor. They are:
   - what is mental health?
   - mental health language
   - recognising young people in distress
   - discrimination and mental health
   - challenging mindsets
   - the seven resiliencies
5. Templates to use prior to any formal needs assessment for mapping out existing school activities, policies, structures etc. that contribute to a Mentally Healthy School.

B: Needs Assessment Tools

1. Questions for reviewing policy related to Mental Health Promotion.
2. Sample questionnaires which need to be adapted to meet the needs of individual schools
   a) Staff questionnaire
   b) Student questionnaire
3. Templates, checklists and matrices to detail Mental Health Promotion needs analysis work and identify action to be taken.
4. A needs assessment approach to assist schools in profiling their current mental health promotion activities/initiatives.

A: Education, Information and Professional Development Tools

ACTIVITY 1: Promoting Mental and Emotional Wellbeing in School – Facilitating a Staff Workshop

Objective

- To initiate discussion about the concept of Mental Health Promotion by drawing on people's existing understanding and experiences of mental and emotional wellbeing.

Key Concept

- Everyone in the wider school community has a part to play in the promotion of mental and emotional wellbeing of students, staff and others in school settings.

Procedure

- Suggested time allowance one hour.
- Introduce the workshop with the following suggested OHT of objectives.

OHT

Staff Workshop Objectives

- To explore concepts of mental health
- To identify policies and practices that impact on mental health in the school
- To explore relevant community links that relate to mental health
- To acknowledge strengths and identify the challenges to promoting mental health in the school

- Proceed with the postbox activity as detailed below.

A postbox activity is a useful way to gain anonymous feedback from every member of the group. The suggested questions for this activity are listed below and are also supplied for an OHT. The combination of questions seek to answer the overall question:

What is a Mentally Healthy School?

1. To facilitate a postbox activity, each person needs to be supplied with the same number of small pieces of paper as there are questions – in this case seven.
2. Supply the questions from p. 34 by putting them on the OHP, photocopying a page for each person, or blowing them up on the photocopier and posting around the walls of the room.
3. Allow participants time to answer each question anonymously and supply seven containers, suitably numbered to place their answers in.
4. On completion, participants are divided into groups in a way that mixes them from their usual seating arrangements (select something fun and lightweight – perhaps a birthday continuum line or an alphabetical continuum based on people's middle names – that is then divided into seven equal portions).
5. Each group is then assigned a box of answers, supplied with a large sheet of paper and a marker pen and is set the task of summarising all responses. They can do this in any way that fairly represents the information in the answers.
6. Each group then collectively provides feedback to the larger group, or if time does not allow, leave the summary sheets posted around the staff room (or other convenient place) for a few days.
7. The information collected is one source of data for the mental health promotion team to use in formulating a plan of action.
8. The responses to question number 5 about barriers to promoting mental health are often quite revealing. While the list is likely to be extensive it should not be seen as a deterrent to getting started on making some positive changes. Rather, the questions should be seen as an interesting and exciting challenge.

OHT

Postbox Questions – What is a Mentally Healthy School?

1. What is your understanding of mental and emotional wellbeing?

2. How does your school support the mental and emotional wellbeing of students?

3. How does your school support the mental and emotional wellbeing of staff?

4. Suggest 3 things you think your school could do to further promote mental and emotional wellbeing.

5. What are the challenges to addressing mental and emotional wellbeing in your school?

6. Suggest 3 strategies that may be used to overcome the challenges to the promotion of mental and emotional wellbeing in your school.

7. Suggest three ways that your school might involve the community in the promotion of mental and emotional wellbeing.

Mentally Healthy Schools Student Training
Skills in Facilitation, Leadership and Interviewing
9.00am – 3.00pm

Objectives:

- To understand the concept of Mentally Healthy Schools
- To clarify what roles students could take in promoting mental health in the school
- To support students and build the group
- To train students to co-facilitate student focus groups as part of the needs assessment process
- To develop students' skills in facilitation
- To identify support people

Day One Programme

9am Welcome, introductions, group building/warm up activity.

9.45 Purpose of the workshop, programme objectives, establishing group guidelines.

9.55 What does 'mental health' mean?

In groups draw a person and using symbols and words, illustrate what 'health' or 'feeling good' means (need roll of newsprint).

Introduce the term 'mental health' and circle all the words and symbols that relate to this (students and facilitators to add other examples).

10.20 Mentally Healthy Schools

Brief talk about the Mentally Healthy Schools initiative. Discuss student involvement in this.

10.30 Morning tea

10.45 Activity: What's cool and what's not so cool?

Small group brainstorm "What's cool and what's not so cool for a student at this school?" (or what things happen at school that make students feel good or bad?)

Group discussion on initiatives students have been involved in that impact positively on the school.

11.05 Activity: An everyday moment

Plan an everyday moment to act out to the group.

Act out a very common experience that affects how students feel at school (one cool, one not so cool).

Discuss and record what makes students feel not so cool at their school. What can we do to promote all people feeling good at school?

Beside the 'not so cool', brainstorm changes that would be 'cool'.

11.30 Exploring violence

[Use the activity in Appendix D of this resource] global, national, school; verbal abuse like put-downs and teasing; racism; sexual harassment; bullying, fighting etc.

11.45 Survey results

Presentation of results from school survey (see page 59).

In small groups discuss responses to the results and what else do we need to find out? Feed back ideas to group.

12.30 Lunch

1.30 In small groups, discuss how to collect more information.

What are the methods of data/information collecting? How to facilitate them. What do we need to find out?

Facilitators to role play interview scene.

Role of interviewers

- The interviewers do not present their own ideas or join in the discussion by making statements. Their role is to encourage the members of the discussion group to share their ideas and opinions.
- The interviewer must not judge the opinions and ideas offered as right or wrong. All ideas are to be acknowledged and recorded.
- It is important that the interviewers encourage group members to offer as many ideas as possible.
- It is important that the interviewers are able to encourage a wide range of ideas from the group e.g. they might say: "That is an interesting idea, does anyone have a different idea?"

Organising the focus group interviews

Brainstorm:

- How to organise a group.
- Teacher support needed to organise their groups.
- Working in 15 pairs – 3 questions each. One person asks questions while the other records. Swap jobs.
- Where will you hold your discussion group – spare room, a space to invite students to come?
- Sample of 75 students (15 x 5-6 students). Interviewers hand in results.

Possible types of groups:

- Single sex
- Mixed sex
- Year levels
- Ethnic/cultural

Setting the scene:

- Welcome and introductions – each person introduces themselves.
- Establish the group guidelines e.g. no interrupting, one person talking at a time.
- Explain the purpose of the discussion group and the process for the interview.

Purpose: to gather more detailed information from students to follow up on some broad issues raised in the student questionnaire and to get a variety of ideas and options in relation to these issues.

Process: interviewer will ask a question and any ideas will be recorded. Each person in the discussion group will have the opportunity to add their ideas. Each person could have a turn to be the first one to respond to a question.

- Practice interview techniques in a mock interview situation.
- Feedback from groups about interview procedures.

2.45 – 3.00pm Evaluation and close of Day One.

Day Two Programme

(This session takes place after the students have carried out their focus group interviews)

Objectives

- To gain a better understanding of Mentally Healthy Schools.
- To identify key areas to address the mental health needs of students, staff and the community.
- To identify community support people and agencies.
- To decide on the student representatives on the Mentally Health Schools Team.

9.30 Welcome, introductions and warm ups

9.45 Feedback from the student discussion groups

Each group has 10 minutes to prepare a presentation on their student discussion group. Feedback to the group what worked well, were there any difficulties, the key points from the information collected and any solutions offered.

10.15 Whole group activity

Discuss: What are the common themes identified through the discussion groups? What are the priority areas for action? Present this on large sheets of paper with a form of coding system and save for the action planning exercise.

10.25 Strategies that promote mental health

Clarification of health and Mentally Healthy Schools using handouts from 'Healthy Schools – Kura Waiora' mental health section of folder. In small groups:

- Extract the key points from the literature and feedback to the group responses to the questions: "What is mental health?"
- What is currently happening in our school to promote mental health?
- What else could be done to promote mental health?

10.45 Morning tea

11.00 Violence exploration followed by bullying activity

(See Appendix D in this resource for activities).

- Define violence (as it refers to global, national and school environments).
- Violence continuum activity.
- Definition of bullying – group work.
- Put-down brainstorm – naming put-downs, defining them how do they make people feel?

  What can be done to address put-downs?

12.30 Lunch

1.10 Energiser

Developing a Safe School action plan

- Identify the main issues/themes to be addressed. Consider discussion group priorities, first staff/student planning session, survey results.
- Negotiate the priority of different issues for the next 2-3 years. Use the first 5 of these.
- Divide into 5 groups with each group taking on one theme/area/issue. Use a planning guide and action plan sheet to develop objectives and actions.

1.45 How might the community be involved and support the actions of a Mentally Healthy School?

- What community people, groups and services do you know about that could contribute something and/or be important to involve?
- How could you find out more about who to involve?

2.00 Feedback from groups and discussion

2.20 Where to from here?

- Student representatives from all year levels on the school Mental Health Promotion Team – these need to be students who are able to attend meetings.
- How will the student representatives feed back to the whole student body?
- What is the process for further development of the action plan e.g. another one day workshop?
- Consultation time frame and process for students, staff and school community.

2.45 Evaluation and closure for the day

Round of comments to complete the day and fill in evaluation form.

Mentally Healthy Schools Student training: Day Two Evaluation

1. I was able to participate in the activities

Not at all	1	2	3	4	5	all the activities

2. I found the day interesting

Not at all interesting	1	2	3	4	5	very interesting

3. I understand what a Mentally Healthy School is

Not at all	1	2	3	4	5	really understand

4. I was able to express my ideas and felt listened to

Not at all	1	2	3	4	5	very able to express

5. I enjoyed being involved in the training day

Not at all	1	2	3	4	5	really enjoyed

6. I have learnt new skills

Not at all	1	2	3	4	5	learnt new skills

7. I am clearer about opportunities for community support/involvement

Not at all	1	2	3	4	5	much clearer

8. I enjoyed the way the teachers [and other adults] were involved

Not at all	1	2	3	4	5	really enjoyed it

9. Please add any other comments you would like to make

Thank you for completing this form.

ACTIVITY 3: School Ethos and School Climate

Objective

- To develop a shared understanding of the concepts of school ethos, school climate, and a mentally healthy school.

Key Concept

- A Mentally Healthy School is one whose formally established school ethos is reflected positively in the school climate and environment.

Procedure

- This is a 'pass the paper' activity suitable for use with any adult group e.g. staff meeting or parent community meeting.

School Ethos
School Climate
A Mentally Healthy School

- Write the terms 'School Ethos', 'School Climate' and 'A Mentally Healthy School' separately onto the top of three large sheets of paper.
- Divide the group evenly into three. If working with a large audience, divide them first into groups of 12-15 and then into three sub-groups (each group of three will need the three sheets of paper).
- Ask each group to brainstorm words and phrases that show their understanding about the term written at the top of the sheet. Allow about 5 minutes.
- Each group then passes their paper to the next group who repeat the task with the next term.
- Repeat again so that all groups have contributed ideas to the three sheets.
- Return each sheet to the original group.
- Supply each group with a fresh sheet of A4 paper on which to summarise people's ideas into a single statement that describes school ethos, school climate or a mentally healthy school.
- Share summaries and discuss the importance of having a school ethos that is consistent with, and reflected in, the school climate and that a mentally healthy school is one in which this actually happens.

Samples of work from schools:

SCHOOL ETHOS "The ethos of a school is established by implementing a set of principles based on the tradition, values and mission statement of the school."

"Incorporates the philosophical and spiritual base of a school community in which the school charter and mission statement move into practice."

SCHOOL CLIMATE "What the past and present traditions and experiences have constructed as a cultural environment that determines how the place feels and is for people." "The feel of the place."

A MENTALLY HEALTHY SCHOOL "... is one that builds on the strengths of the children in a positive environment."

ACTIVITY 4: Mental Health Workshops (For Staff, Secondary School Students or Community)

Putting aspects of the planning into action is going to need some specific training for staff and students. The first four workshops are designed to be sufficiently generic that they could be easily adapted to suit anyone from a third form student through to a Board of Trustees member. When used with students, they could be incorporated into the Health Education programme or another school structure (such as a tutor group or form class).

Each activity offers a means to improve understanding of issues around mental health – they are about educating people. The fifth one is aimed more at the guidance network (deans, counsellor etc).

Schools will need to access the support materials in the Form 3 – 4 *Mental Health Matters* programme to resource some of the activities.

a) What is Mental Health?

Time allocation : One hour

Objectives

- To visualise what is good mental health.
- To identify what contributes to good mental health.
- To identify what gets in the way of good mental health.

Facilitator note: These objectives can relate to both individual experiences and the impact of a school on mental health.

Key Concept

- Mental health is a dynamic feature of wellbeing that has many different interpretations and understandings. School climate impacts on the mental health of everyone in the school community.

Procedure

- Ask participants to close their eyes and to visualise a picture and words that would portray good mental health.
- Give each participant a sheet of A3 white paper and access to pastels and crayons and ask them to create their picture.
- Ask participants to move around and look at the different pictures.

- Record on the whiteboard the different themes and words represented in the pictures.
- Hand each participant several strips of coloured paper and ask them to write words or short statements to describe what gets in the way of good mental health.
- Ask participants to place these words/statements on top of the pictures of good mental health.
- Collate the statements into themes e.g. school issues such as bullying. Teasing, put-downs, negative teachers, inflexible rules, rigid discipline, poor communication, stress and workload are likely to come up.

Discussion

- What needs to happen to remove the pieces of paper? (Suggestions might include: setting up a committee/team to discuss possible strategies to address the issues, collated information forwarded to the school management team/BOT/PTA).

Facilitator note: This is a quick way to identify issues and needs and to begin to explore strategies to address the mental health needs of the school.

b) Mental Health Language

(adapted from *Mental Health Matters,* Theme 3, Activity 1 p. 63 - 64)
Time allocation: One hour

Objectives

- To explore the language used to describe aspects of mental health.
- To discuss how this language reflects the attitudes of New Zealand society towards mental health.

Key Concept

- Encouraging the use of language that avoids labeling, discrimination or stereotyping people, promotes mental health and is part of mental health promotion.

You will need

- large sheets of newsprint or white paper
- felt marking pens
- OHT Mental Health definition from the *Mental Health Matters* Kit

Procedure

- Divide participants into small groups and ask them to brainstorm what they know about mental health (use words, symbols, drawings).

Note: It is likely that participants will come up with language that relates to wellbeing. Use the definition of mental health to highlight the fact that mental health encompasses mental and emotional, physical, spiritual and social wellbeing.

- Then ask participants to brainstorm all the words they associate with the word 'mental'.

Note: It is likely that participants will come up with labels that create stigma and discrimination. Discuss the impact of these stigmatising labels on people who are living with a mental illness.

- Facilitate a discussion on how people are commonly labeled as their illness or condition e.g. a diabetic, an asthmatic, an epileptic, a paraplegic.

Note: This type of labeling discounts the person and recreates them as an illness. This is particularly damaging for people experiencing mental health problems. In a school setting, children and young people are constantly labeled as their illness or condition. This needs to be turned around to place the person first and to acknowledge them, therefore the appropriate description is:

"Mary has asthma" rather than "Mary is an asthmatic"

"John is living with schizophrenia" rather than "John is a schizophrenic"

- Display an OHT of the Mental Health Promotion definition from Chapter 1.
- Discuss ways that the school could counter negative language and labels.

Suggestions:

- All staff and students participate in the language and labeling sessions.
- Development of 'catchy' phrases or statements that everyone can feel comfortable about using with peers and colleagues e.g. In our school people are people, not their illness or disability.

Note: Countering negative language is everyone's right and responsibility, therefore in a whole school approach, students will be empowered to challenge their teachers.

c) Recognising Young People in Distress (for Teachers and Adults)

Time allocation: One hour

Objective

- To identify early signs of distress in young people.

Key Concept

- Recognising distress in young people supports their mental and emotional wellbeing.

Safety net

The school counsellor should facilitate this workshop and care should be taken to emphasise that teachers are not expected to be counsellors. What is important is that adults in a school community become more aware of signs of distress and are aware of the appropriate referral processes in the school.

ACTIVITY 1: Continuum (20-30 mins)

You will need

- continuum cards of signs of distress
- two cards – HIGH LEVEL, LOW LEVEL
- four scenarios relating to signs of distress

Procedure

- Place the HIGH LEVEL and LOW LEVEL cards at each end of a continuum line.
- Hand out a card to each participant (if it is a small group, allocate two or more cards; if it is a large group, ask participants to discuss in pairs).
- One at a time, ask participants to read their statements, then place them on the continuum according to how HIGH LEVEL or LOW LEVEL they think the statements are. Ask them to explain why they have placed the card in its position.

- Allow participants to shift cards, providing they give a reason for doing so.
- Stress that the placement of cards in different positions provides a range of participant opinions.

Note for facilitator

- *It is important to stress that while some cards may be placed as LOW LEVEL, a combination of a number of signs could indicate that a young person is feeling vulnerable and distressed. The facilitator could demonstrate this by picking up a number of cards across the continuum.*
- *On the other hand, there may be only one fairly obvious sign e.g. suicidal thoughts and plans, down on future.*
- *Stress that changes that appear to be out of the normal pattern of how a young person usually behaves should be taken seriously.*
- *Once a staff member has identified a young person who they consider is distressed, they may decide to refer, based on the overall severity of the signs and their intuition, rather than just the number of signs. The staff member should continue to support the young person, especially while the referral to the counsellor is being arranged. (Refer to school policy on referral).*

ACTIVITY 2: Scenarios

You will need

- scenario card/s
- large sheets of paper
- felt marker pens

Procedure

- divide participants into small groups
- hand out scenario/s to each group (to save time, it is useful to give each group the same scenario)
- ask each group to identify and record the signs of distress in the scenario

Discussion

- who to refer to
- access to mental health services
- general practitioners
- list of counsellors in the community
- local churches
- involvement of parents/caregivers
- issue of confidentiality in relation to a young person's safety

Cards for 'Recognising young people in distress' Activity 1

Unable to experience pleasure	Unwillingness to ask for things
Repetitive words, actions	Sleep problems
Obsessive thoughts	Insecurity
Hard time getting up	Negative attitude
Avoiding crowds	Procrastination
Low self-confidence	Down on future
Poor judgement	Down on self
Change in eating habits	Difficulty exercising
Irritability	Misuse of alcohol
Physically or verbally aggressive	Increased conflict with parents and/or siblings
Abandoning favourite activities	Fears about having to be perfect
Passive TV watching	Disruptive behaviour
Isolated from friends	Cries easily
Expresses inappropriate guilt	Feelings of unhappiness that don't go away
Risk taking/dangerous driving	Significant weight loss or weight gain
Extreme fatigue	Concentration problems
Feelings of fear or anxiety	Signs of agitation
Sexual problems	Physical pain
Noticeable changes in behaviour	Loss of interest or motivation
Apathy	Avoiding other people

Scenarios: Maryanne

Maryanne is 16. She lives with her father, Jack and stepmother, Bonni.e. Maryanne's mother died of cancer when Maryanne was 10 and her father remarried a year later. Maryanne has always been seen as outgoing and pleasant. But her relationship with her boyfriend David has caused some difficulty in her relationship with her parents. Both feel that she is too young to have a serious relationship and in any case they do not like the boyfriend because of his drinking and drug taking.

David is trying to pressure Maryanne into sleeping with him although she has told him she does not feel she is ready to take this step. This is her first relationship and she is worrying about whether or not to break up with David. Her parents try to communicate with her but the relationship is strained. Although she still has contact with her friends from school, Maryanne spends little time with them and does not socialise much. Instead, she has tended to spend most of her time with her boyfriend or waiting for him to come home.

She has been avoiding some of her favourite school and sporting activities and her marks have slipped. Her form teacher has noticed that she lacks motivation and has lost weight.

Usually and even-tempered girl, Maryanne has become quite moody lately. She tends to get irritated quickly and snap at others. She often withdraws to her room for long periods and wanders about the house late at night unable to sleep.

Scenarios: Carl

Carl is 16. He is good at sport and well liked at school. He copes well academically and is intending to do school certificate. He has been involved in a relationship for three months which has become very intense. Before the beginning of this relationship he was part of a close group of friends. Lately he has tended to neglect them.

His parents are separated and Carl lives with his mother who has another partner and is intending to marry again. He does not particularly like his mother's partner and has avoided being at home with him. He has started drinking alcohol and using cannabis and his girlfriend is threatening to end the relationship. This is having a negative impact on his school work and he has become rather aggressive and abusive at school. His coach has noticed a drop in his level of fitness and his absence from some important practices.

d) Discrimination and Mental Health

(adapted from *Mental Health Matters,* Theme 3, Activity 2 p. 65 – 66)
Time allocation: One hour

Objective

- To clarify attitudes and values related to mental illness

Key Concept

- Taking positive action to reduce and eliminate discrimination of people experiencing changed states of health is a part of Mental Health Promotion in schools.

You will need

- continuum cards from p67 – 68 *Mental Health Matters*
- three cards – AGREE, DISAGREE, DON'T KNOW
- copies of media clippings that reinforce stigma and discrimination
- *John's Story* – video

Procedure

Activity 1 (20-30 mins)

- Place the STRONGLY AGREE, STRONGLY DISAGREE cards, one at each end of a continuum line. Place the DON'T KNOW card to one side of the continuum line.
- Hand out a card to each participant (if it is a small group, allocate two or more cards; if it is a large group, ask participants to discuss in pairs).
- One at a time, ask participants to read their statements, then place them on the continuum according to how strongly they agree or disagree. Ask them to explain why they have placed the card in its position.
- Allow participants to shift cards, providing they give a reason for doing so.
- Stress that the placement of cards in different positions provides a range of participant opinions.

Example from Mental Health Foundation *"Myths about mental illness"* fact sheet (back pocket Mental Health Matters resource)

Myth	Fact
If a person who has had a mental illness has a really bad history there isn't much hope.	That a person's history is important in predicting his or her chances for recovery. But some may be ill for many years before they finally receive effective treatment or their condition improves for other reasons. Once the turn-around occurs, these individuals may remain well for the rest of their lives.

Activity 2

- Screen the video *John's Story* (24 mins). This video is a supporting resource for the *Mental Health Matters* programme, and is available from the Mental Health Foundation.
- Reflect on the feelings and emotions that emerged as a result of participating in the continuum activity and in watching *John's Story.*
- Share one or two of these feelings with the person next to you.

- Write down one thing that you could do to reduce stigma and discrimination in your school and community.
- Facilitator/s collect these ideas and collate and return to the school.

Note for Facilitator: if using this activity with students, the students could keep their ideas on how they would contribute to reducing stigma and discrimination to refer back to the Health Promoting Schools Team.

e) Building Resilience in Young People – Challenging Mindsets

Time allocation: One hour

Objective

- To explore ways of reframing adult perceptions of young people

Key Concept

- Young people experiencing distress in their lives need to be seen in terms of their strengths, not as a risk or a problem.

Safety Net

It is recommended that this workshop is facilitated by a teacher trained in comprehensive mental health education or by the school counsellor. Schools may also wish to seek support from their local mental health promotion services.

Some adults may feel threatened, particularly if they generally perceive young people as 'at risk' and as 'problems'. It is important to introduce the workshop carefully and place the activity in a healthy youth development framework. This involves adopting a mental health promotion approach that sees young people as resources to be developed, not problems to be solved.

You will need

- two mindset stories
- large sheets of paper
- felt marking pens
- the wordlist on OHT
- the challenge and damage mindset OHT

Procedure

- Introduce the session, taking care to reinforce the safety net message.
- Divide participants into two groups, Group A and Group B. Then divide each group into small groups of three or four.
- Hand out *Jane's Story A* to group A and *Jane's Story B* to group B.
- Ask each group to read their stories and to use the OHT word list to help create a picture of Jane. This can be words and/or images.
- Ask each group, starting with *Jane's Story A* to present their pictures of Jane.
- Facilitate a general discussion relating to how similar or different the stories created by each group are.
- Show the participants the Challenge and Damage Mindset OHT and discuss how the stories support these mindsets.

- Point out that while everyone experiences troubles in their lives, these troubles can either be seen as a challenge or as being damaging. Rather than pathologising the experiences of young people by labeling them 'at risk' it is important to explore ways to help them be more resourceful.
- Participants could explore ways that their school promotes a 'challenge mindset' and identify practices that adopt a 'damage mindset'.

Notes for Facilitator – Reframing

- *Reframing is a technique that originated in Family Therapy. It is based on the subjective and changeable nature of the stories people tell about themselves. Stories can be constructive or destructive.*
- *Reframing capitalises on uncovering underlying under-emphasised themes in people's stories that are potentially helpful.*
- *The purpose of reframing is to arrive at an authentic and helpful story, that does not eliminate the pain that hardship can cause, but that also includes the strengths that are available.*
- *In uncovering the triumphs submerged in people's stories, people can see themselves in a new light – rather than seeing themselves as damaged goods, they see a more constructive story.*
- *Resiliency research through interviews with women and men uncovered stories with themes of pride, plots of bravery, resourcefulness, and determination.*

One of the keys to promoting resiliency in young people is to uncover their constructive stories by acknowledging their strengths rather than highlighting their weaknesses. For more information, visit the Project Resilience website – www.projectresilience.com

Jane's Story A

Jane is a 15-year old secondary school student. Upon entering year 10, Jane was identified as an 'at-risk' student. She was brought to the attention of her Dean by her teachers who all supported a rather dim view of her. Jane is disruptive in class, frequently calling out and making inappropriate remarks. She is behind in all her subjects and is not achieving at the same level as her peers. Her school profile does not indicate the name of her father. Her mother, who was a teenager when Jane was born, is an alcoholic. Jane is frequently absent from school and notes sent home about her unexplained absences, her behaviour, and her poor academic work are left unanswered.

Jane's Story B

Jane is a 15-year old secondary school student. At home she takes care of her mother who is an alcoholic and six-year old brother. Jane goes along to the local supermarket to be sure that her mother buys food rather than being side-tracked and spending her money on alcohol.

Jane prepares and cooks meals for her brother. When there is not enough food around she cuts down her own meagre portion so that he will not be hungry. She insists that he attends school, even when she does not. Jane has a close relationship with her Aunt Mary and she takes her brother there if her mother disappears for a few days.

Word List

a failure	good prospects
a leader	happy
a loser	helpful
an achiever	hopeless
apathetic	innovative
average	intelligent
bright	lethargic
callous	loner
caring	optimistic
creative	polite
depressed	promising
devious	responsible
difficult	rude
easily led	selfish
enthusiastic	slow
generous	suicidal
good mixer	thoughtless

OHT

Building Resiliency in Young People

- Talk about young people's strengths not their deficits.
- Believe that all young people have the potential for resilience.
- Be respectful of young people – do not dwell on their problems, symptoms, and deficiencies.
- Meet young people who are asking for your help on their own terms by finding and talking about positive things in their lives, no matter how small.

The Damage Mindset Versus the Challenge Mindset

Damage Model – Risk	▶ Challenge Model – Resiliency
Area of traditional research dealing with disorders of the body and mind that pathologise and label people with "problems", focusing on vulnerability.	Credits people with the strength and the potential to bounce back from hardship. It honours people's power to help themselves and considers protective factors.

f) Developing Resilience in Young People.

Time Allocation: One hour

Objectives

- To recognise that resilience consists of a number of aspects
- To identify practices which can foster the different aspects of resilience

Key Concept

- Resilience can be fostered and developed by all people who come in contact with young people.

You will need:

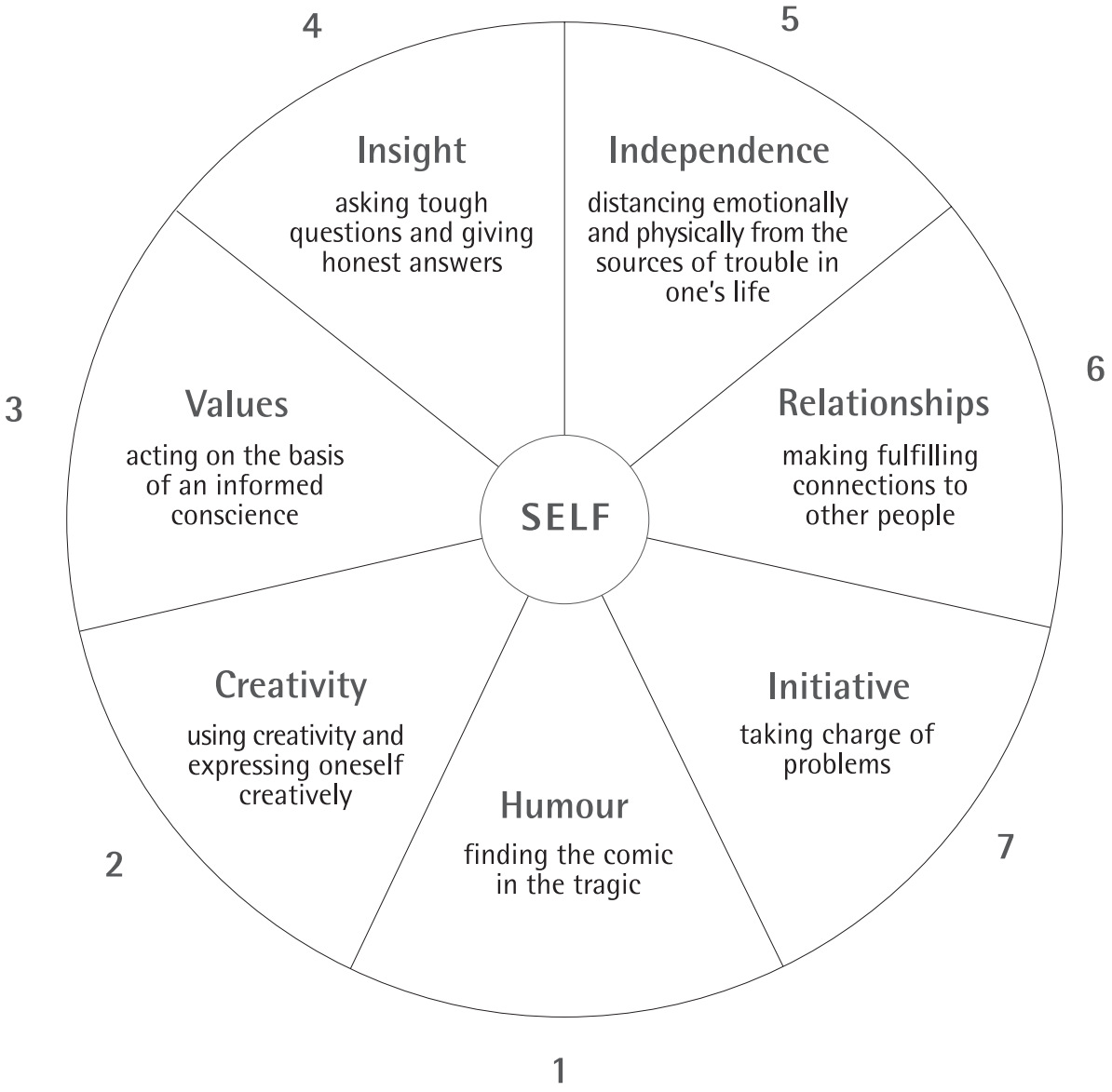
- OHT – The Seven Resiliencies
- Large sheets of paper
- Felt marking pens

Procedure

- Introduce the participants to the seven aspects of Resilience using the OHT. Discuss what some examples of each might be with the whole group. (5 mins)
- Divide participants into seven smaller groups each with a large piece of paper.
- Allocate each small group a different aspect of resiliency to work on and ask them to brainstorm all of the strategies they use (in their classrooms or at home) to develop that aspect of resilience. If they feel stuck prompt them to think of things they have seen other people do or think that might be an idea to try. (20 mins)
- Note: It may be useful to frame your instruction like this: "What are some of the things that you do in your family/classroom to help your children/students develop *a sense of humour?*"
- Bring the group back together and share the ideas, each group reporting back in turn. When the group has shared the ideas recorded, open the floor for any ideas to be added or discussed. (30 mins)
- Ask participants to choose one aspect of Resiliency to develop further with the young people they are working with. Get them to consider some strategies they might use, which they perhaps have not tried before. (5 mins)

OHT

The Seven Resiliencies



ADAPTED FROM THE SEVEN RESILIENCIES; www.projectresilience.com

ACTIVITY 5: Mapping Out Existing School Mental Health Promotion Activities

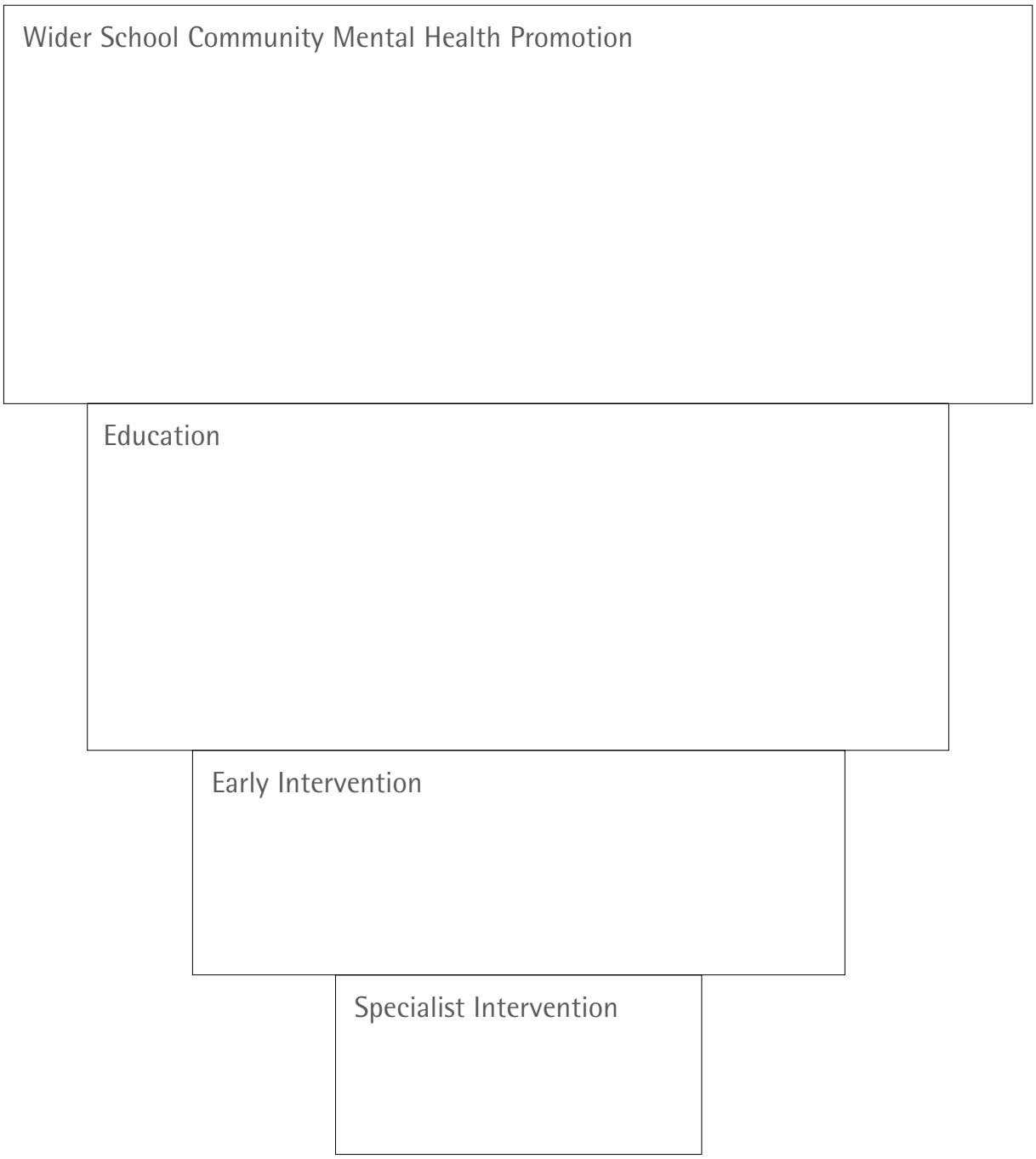
Objective

- To identify the many policies, programmes, procedures, systems and initiatives that schools have in place that contribute to the promotion of mental and emotional wellbeing (prior to starting formal needs assessment activities).

Procedure

- Select one of the templates on the following pages – the interconnected circles template is based on Health Promoting Schools principles – the triangular template is the WHO School Change model.
- These templates could be used by groups to map out a general picture of existing school Mental Health Promotion initiatives. The diagrams earlier in the resource offer direction as to the sorts of things a school might identify on these outlines.
- Groups such as the Health Promoting Schools Committee, the Safe School/Anti-harassment Committee, the Student Welfare Committee, the School Council etc. could be assigned the task of mapping out Mental Health Promotion features of the school specific to the focus of the groups activities.
- This process provides a useful quick check or audit of what already exists in the school and can provide direction for more detailed needs assessment activities. For example, where gaps in the overall picture are revealed or there is a realisation that few people in the school community know or understand what does exist and so on.
- The templates could be reworked later in the process of implementing changes to improve mental and emotional wellbeing in the school community and kept as a documented record of initiatives that are in place.

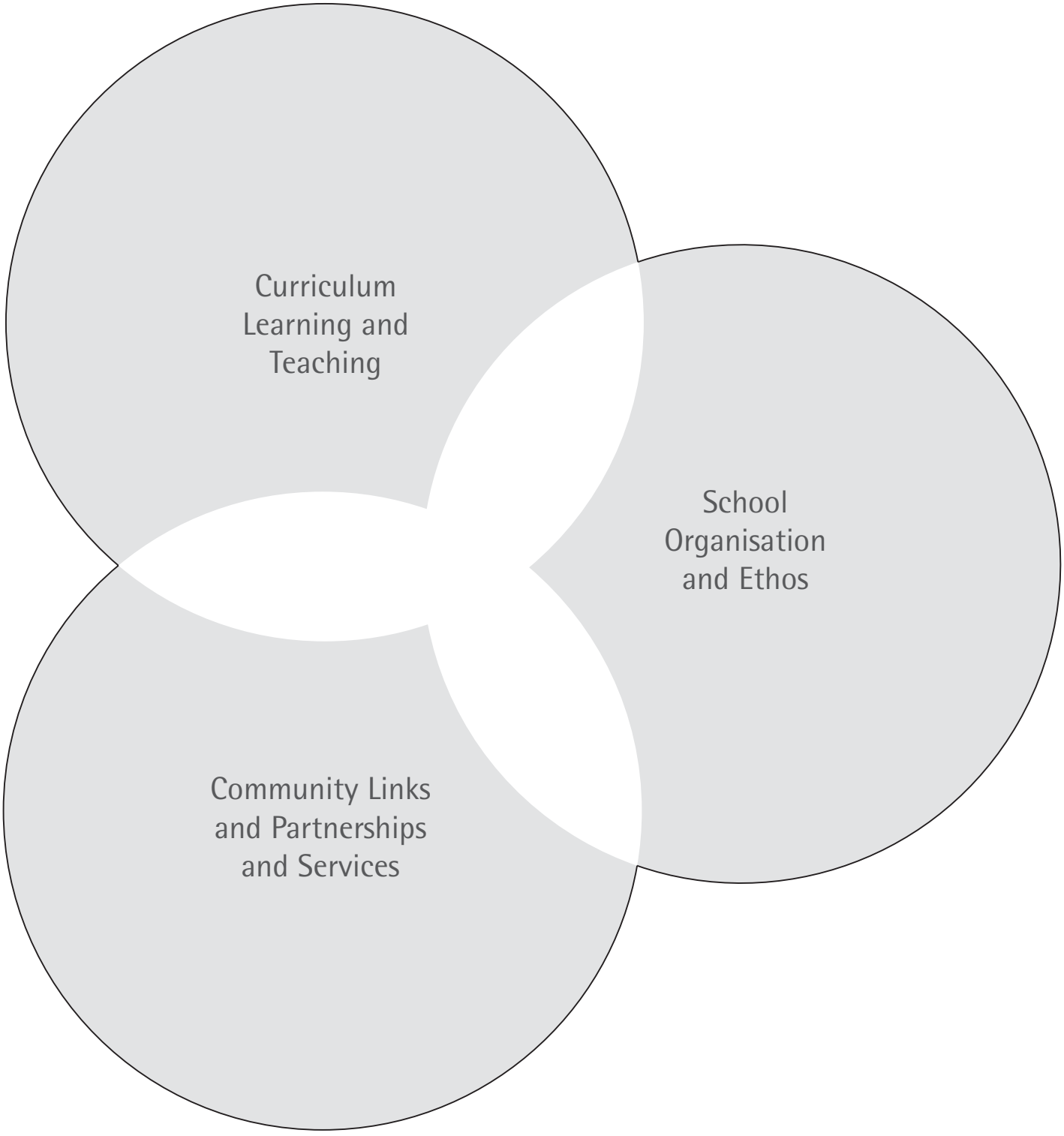
World Health Organisation School Change Model



Mental Health Promotion in a Health Promoting Schools Environment

Three inter-related components of Health Promoting Schools:

- the school ethos – organisation, and environment
- the formal curriculum – teaching and learning
- community links – relationships and partnerships



B: Needs Assessment Tools

ACTIVITY 1: Reviewing Policy

Objective

- To review policies with relevance for mental and emotional wellbeing
- To identify areas of policy that need updating or complete development

Key Messages

- School policies describe the way a school is meeting its charter and therefore the National Education Guidelines.
- School policies provide a framework for school mental health promotion.

Procedure

The types of questions that need to be asked and the nature of the data to be collected to determine how effectively a policy is working, will vary greatly depending on the actual policy. *For the purpose of illustrating this, policies related to violence are considered.*

The reviewing of policy and procedures is an integral and ongoing part of school management. It would be reasonable to assume that most schools will have policies to cover many of the policy issues identified earlier – no school will be starting from scratch on this matter. However, just because these policies are written down it is not automatically assumed that they actually work and that the whole school community knows about them.

When reviewing policies and the procedures that put them into action, it might be useful to consider the questions below. *How this evaluation is actually done, will need to be decided by individual schools.*

These questions could be asked in a staff meeting, at student forums (student council, committee, form class, health education classes as part of their health education programme, tutor groups, contact people meetings), data gathered from deans or parent meetings as appropriate. All the data gathered will give guidance as to which policies need rewriting and which procedures need to be revised.

How Good is Our Policy?

To answer this, more specific questions need to be asked:

- How many incidents were reported this term/year?
- Is this higher or lower than last term/year?
- Is this good or bad news?
- Who reported them?
- What kinds of violence took place?
- Were particular students, age groups, genders, ethnic groups, locations involved?
- What can be inferred from this analysis about procedures for reporting incidents?
- Are the procedures clear?
- Are the procedures being used?
- If there are patterns in incidences, what can be done to avoid repetition in future?

How Does the Reported Data Measure Up Against the Student Experiences and Perceptions?

(The student questionnaire in this document suggests ways that students could be anonymously asked for feedback on this matter).

e.g. Support systems

- Is there someone the students can talk to in confidence?
- Has this person (or these people) been trained in dealing with violence issues?
- How many parents of the victims and bullies have been informed and/or consulted about a course of action?
- What strategies for supporting victims seems to have worked?
- What intervention strategies have been developed for the identified bullies? (Or is discipline only of a punitive nature?

Working with the School Community

Who has been active in developing and implementing policy? – students, teaching and general staff, parents, Board of Trustees, community groups with links to the school.

How Have They Been Involved?

- In-service training, mapping exercises, discussion, curriculum development.
- Is there a staff member with special expertise in tackling violence?
- If so, can this expertise be developed among other members of the school community?
- What are the priorities for tackling violence for next term?

See *Drug Education A Guide for Principals and Boards of Trustees* p.11 - 19 (Ministry of Education, 2000) for a comprehensive framework on developing/ reviewing policy with a mental health promotion focus.

Staff Questionnaire

The [Your school's name] High School Mental Health Promotion group have met and discussed the concept of a Safe School Plan to promote mental and emotional wellbeing for all members of our school. To provide guidance for further planning, we require information that identifies staff needs and priorities related to health and wellbeing. You are invited to take part in our survey by completing this anonymous questionnaire.

For the purpose of this questionnaire, we would like to know if you are: ☐ Male ☐ Female

Section A: Physical and Emotional Wellbeing

The following questions are about your physical and emotional wellbeing as a member of [Your school's name] High School.

1a. How important is a sense of belonging to you as a staff member of this school?

1 (not at all) 2 3 4 5 (very high)

1b. Please rate your sense of belonging within our school community.

1 (not at all) 2 3 4 5 (very high)

1c. What creates this sense of belonging?

Positive relationships with staff? ☐ Yes ☐ No

Positive relationships with students? ☐ Yes ☐ No

School traditions? ☐ Yes ☐ No

Acknowledgement? ☐ Yes ☐ No

Other (please list)

2a. How valued/acknowledged do you feel as a staff member of this school?

1 (not at all) 2 3 4 5 (very high)

By other staff

1 (not at all) 2 3 4 5 (very high)

By students

1 (not at all) 2 3 4 5 (very high)

By parents

1 (not at all) 2 3 4 5 (very high)

Others (please list and rate)

2b. What contributes to your sense of feeling valued/acknowledged?

2c. How do you contribute to other staff feeling valued/acknowledged?

3. Please rate your sense of emotional safety as a staff member of this school.

1 (not at all) 2 3 4 5 (very high)

Please elaborate on this if you wish.

4. How would you rate the following external pressures in relation to the stress they create for you as a staff member of a secondary school at present?

Salary levels

1 (not at all) 2 3 4 5 (very high)

Increasing community expectations

1 (not at all) 2 3 4 5 (very high)

Contact hours

1 (not at all) 2 3 4 5 (very high)

Curriculum requirements

1 (not at all) 2 3 4 5 (very high)

Assessment requirements

1 (not at all) 2 3 4 5 (very high)

Other (please list and rate)

5. How would you rate the following internal pressures in relation to the stress they create for you as a staff member of this school?

Communication systems

1 (not at all) 2 3 4 5 (very high)

Disciplinary systems

1 (not at all) 2 3 4 5 (very high)

Appraisal systems

1 (not at all) 2 3 4 5 (very high)

Meeting requirements

1 (not at all) 2 3 4 5 (very high)

Involvement in extra-curricular activities

1 (not at all) 2 3 4 5 (very high)

Work load

1 (not at all) 2 3 4 5 (very high)

Number of teacher contact hours

1 (not at all) 2 3 4 5 (very high)

Student behaviour in general

1 (not at all) 2 3 4 5 (very high)

Other (please list and rate)

---

6. Our school has several support networks in operation. Please rate the importance of each of the following:

Board of Trustees

1 (not at all) 2 3 4 5 (very high)

Deans

1 (not at all) 2 3 4 5 (very high)

Guidance team

1 (not at all) 2 3 4 5 (very high)

Disciplinary system

1 (not at all) 2 3 4 5 (very high)

Administration

1 (not at all) 2 3 4 5 (very high)

Learning support

1 (not at all) 2 3 4 5 (very high)

Cultural support

1 (not at all) 2 3 4 5 (very high)

Whanau system

1 (not at all) 2 3 4 5 (very high)

Parent support

1 (not at all) 2 3 4 5 (very high)

Other (please list and rate)

7. Are there other forms of support that you might need or would like at times? Please comment:

8. As we are interested in staff views, we ask you to please provide suggestions on ways to improve or change the school so as to better foster the emotional wellbeing of:

a) Staff:

b) Students:

Section B: Development of a Safe School Plan

The concept of a safe school plan provides a framework for all school policies that address the physical and emotional safety of all members of the school community. The National Education Guidelines require all Boards of Trustees to "provide a safe physical and emotional environment for students". Schools are required to develop policies and procedures to ensure that these needs are met.

9. Please list what you feel are the characteristics of a safe school.

_____

_____

10. Are there any other things you would like to see happen to make our school a safer place?

☐ Yes ☐ No

If Yes, please comment:

_____

_____

11. Can you identify any specific challenges that may hinder the establishment of a Safe School Plan for our school?

☐ Yes ☐ No

If Yes, please comment:

_____

_____

12. Do you support the concept of a Safe School Plan for our school?

☐ Yes ☐ No

Section C: Violence

For the purpose of this questionnaire the Special Education Service definition of violence will be used i.e. "violence is defined as control of people's behaviour by fear, force, intimidation, manipulation and involves abuse of power or position".

13. How would you rate violence as a problem at this school?

1 (not at all) 2 3 4 5 (very high)

14. How would you rate the following types of violence as they occur at our school?

Physical

1 (not at all) 2 3 4 5 (very high)

Sexual

1 (not at all) 2 3 4 5 (very high)

Verbal

1 (not at all) 2 3 4 5 (very high)

Bullying

1 (not at all) 2 3 4 5 (very high)

Other (please list and rate)

15. As a staff member, have you personally experienced violence at this school within the past five years?

☐ Yes ☐ No

If Yes, what type/s of violence have you experienced and from who?

Physical

☐ From a staff member ☐ From a student ☐ From a parent

Sexual

☐ From a staff member ☐ From a student ☐ From a parent

Verbal

☐ From a staff member ☐ From a student ☐ From a parent

Bullying

☐ From a staff member ☐ From a student ☐ From a parent

Other (please specify)

Thank you for your participation in this questionnaire.

The [Your school's name] High School Mental Health Promotion group is interested in hearing how you feel about aspects of our school. To provide guidance for further planning, we require information about your sense of physical and emotional wellbeing. You are invited to take part in our survey by completing this anonymous questionnaire. In some places you only need to tick boxes, in other places you may need to write something. All your information will be kept confidential.

For the purpose of this questionnaire, we would like to know a few facts about you:

1. Are you: ☐ Male ☐ Female

2. What year level are you?

☐ Yr9 ☐ Yr10 ☐ Yr11 ☐ Yr12 ☐ Yr13

3. What ethnic group or groups do you identify with?

☐ Pakeha ☐ Maori ☐ Pacific Nation ☐ Asian ☐ Indian

Other (please state)

4. Place a tick beside the things that do you mostly do during morning interval and lunchtime at school.

☐ Talking and hanging out ☐ Reading

☐ Playing games or sport ☐ Using the computer

Other (please list)

5. Place a tick beside the statement that best describes what you think about school.

☐ Love school ☐ Like school

☐ Neither like nor dislike school ☐ Dislike school

☐ Hate school

Section A: Physical and Emotional Wellbeing (feeling good and feeling safe at school)

1a. Please indicate how friendly this school feels for students.

1 (not at all) 2 3 4 5 (very high)

1b. Please comment on why you gave the above rating.

2a. How valued and acknowledged do you feel as a student at this school?

By your teachers?

1 (not at all) 2 3 4 5 (very high)

By your friends?

1 (not at all) 2 3 4 5 (very high)

By other students?

1 (not at all) 2 3 4 5 (very high)

Other (please list and rate)

2b. Suggest other ways that your school could value and acknowledge individuals and or groups.

3a. This school has several ways that students are supported within the school. We would like to know which ones you are aware of (1), if you have used them (2), and how useful they were for you (3).

(1) List all the ways students are supported in your school	(2) Have you used them? (Tick box)	(3) How useful was the support? (Tick box) 1 = not at all 5 = very useful
a	☐ Yes ☐ No	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
b	☐ Yes ☐ No	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
c	☐ Yes ☐ No	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
d	☐ Yes ☐ No	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
e	☐ Yes ☐ No	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
f	☐ Yes ☐ No	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
g	☐ Yes ☐ No	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
h	☐ Yes ☐ No	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
i	☐ Yes ☐ No	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
j	☐ Yes ☐ No	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3b. Are there other forms of support that you might need or would like to have available at this school?

☐ Yes ☐ No

If Yes, please comment:

Section B: Is this a safe school?

The National Education Guidelines require all Boards of Trustees to "provide a safe physical and emotional environment for students".

4. How safe do you feel as a student at this school?

1 (not at all) 2 3 4 5 (very safe)

5. Are there any things you would like to see happen to make this school a safer school?

☐ Yes ☐ No

If Yes, please comment:

Section C: Violence

The following questions are about violence related to this school.

6. How common are the following types of violence at this school?

Physical

1 (not common) 2 3 4 5 (very common)

Sexual harassment

1 (not common) 2 3 4 5 (very common)

Teasing, name calling, put-downs

1 (not common) 2 3 4 5 (very common)

Bullying

1 (not common) 2 3 4 5 (very common)

Carrying weapons

1 (not common) 2 3 4 5 (very common)

Using weapons

1 (not common) 2 3 4 5 (very common)

Other (please name and state)

7. How would you rate violence as a problem at this school?

1 (not a problem at all) 2 3 4 5 (a very big problem)

8. As a student, have you personally experienced violence at this school?

☐ Yes ☐ No

If Yes, what type/s of violence have you experienced and from whom?

Physical	☐ From a staff member	☐ From a student	☐ Other
Sexual harassment	☐ From a staff member	☐ From a student	☐ Other
Teasing, name calling, put-downs	☐ From a staff member	☐ From a student	☐ Other
Bullying	☐ From a staff member	☐ From a student	☐ Other
Carrying weapons	☐ From a staff member	☐ From a student	☐ Other
Using weapons	☐ From a staff member	☐ From a student	☐ Other

Other (please specify)

9. If you personally experienced violence at school. Were you able to get help?

☐ Yes ☐ No

If Yes, who helped you?

If No, please comment on the kind of help you would have liked and from whom you would have like it?

10. Is there anything else you would like to say about what needs to happen at this school to enable you to feel a greater sense of physical and emotional wellbeing?

Thank you for participating in this survey. A summary of all the results will be available to all students. If this survey has raised concerns for you, please talk to someone you trust.

ACTIVITY 3: Needs Assessment Templates

As schools develop their own ways of working in a mental health promotion environment, they tend to design their own needs analysis tools, their own planning and audit sheets and their own ways of

documenting data. A small sample of templates used by schools is provided in the toolkit to provide ideas for how these might look. If using these templates, it is recommended they be enlarged onto A3 paper for easier use. The following pages include:

- Mental health promotion planning/audit matrix.
- A star diagram to expand on the detail of the three interconnected circles diagrams used during the awareness-raising stages of development.
- A template to document data from a needs analysis survey.
- An needs assessment sheet to identify ways that H&PE curriculum teaching units form a part of school-wide Mental health promotion initiatives.

a) Mental Health Promotion Planning/Audit Matrix

The matrix illustrated on the following page can be used by schools at various stages of their mental health promotion work to identify the degree of progress made over time. It is recommended that copies of these be kept on file to document shifts and achievements in the mental health promotion climate of the school.

It could be used in a number of ways and has been designed to be filled out by identified groups in the school and by individuals in the school community. This data could be incorporated into the school's internal review cycle or used to inform aspects of the staff appraisal system as well as give direction to mental health promotion initiatives in the school.

For example, matrices filled out by individuals or particular groups e.g. staff and student committees, cultural groups, school council, Board of Trustees, subject departments, parent groups etc. could be returned to the Mental Health Promotion Team to be collated into a single document to provide a snapshot of where people believe the school is up to in their mental health promotion work.

To use the matrix:

- Provide photocopies for each group/individual.
- To identify whole school progress, start in the white boxes in the bottom row and read up. Mark the point the group/individual believes the school is at.
- To identify where individuals believe they are up to, start in the bottom box at the far right of the page and read up. Mark the statement that reflects the level of personal commitment to a Mentally Healthy School climate.

b) Diagram to Expand the Detail of the Three Interconnected Circles (p. 70)

This template allows for more detailed documentation of Mentally Healthy School initiatives. Schools could use one colour and half of each box to list existing initiatives and another half and a different colour to identify areas where action needs to be taken, as revealed by needs analysis activities.

c) A Template to Document Data from a Needs Analysis Survey (in this case around school violence).

There are numerous ways to present summarised data from a needs analysis. This chart offers one possibility.

d) Needs Analysis Sheet to Identify Ways that H&PE Curriculum Teaching Units Form a Part of School-wide Mental Health Promotion Initiatives

Curriculum teaching and learning is a key area of mental health promotion work. This template provides opportunity to make links between teaching programmes and wider school initiatives and identify areas that may need to be strengthened. It may also guide teachers in planning to meet strand D achievement objectives in Health Education.

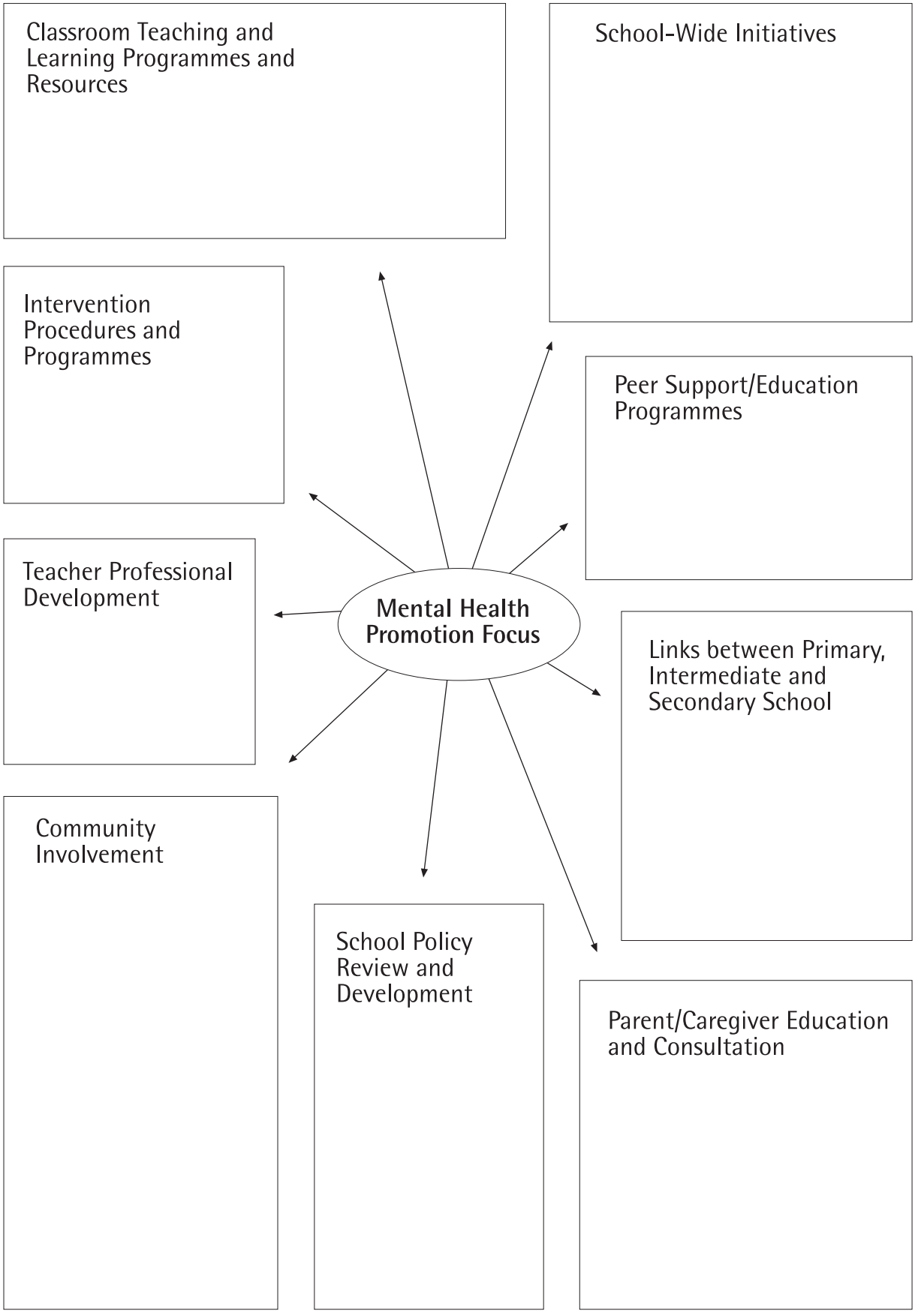
Planning/Audit Matrix for Mentally Healthy Schools

(ADAPTED FROM WHOLE SCHOOL ANTI-RACISM PROJECT NSW DEPT OF SCHOOL EDUCATION, AUSTRALIA, 1995)

Focus area	Data collection is used to develop a mentally healthy environment	School policies, practices and structures support the promotion of a mentally healthy environment
Level 7	Needs analysis, action planning, monitoring and evaluation are ongoing and sustain a commitment to a mentally healthy school.	The whole school community sustains a commitment to effective ongoing mentally healthy school strategies.
Level 6	The school's qualitative and quantitative methods of collecting data are reviewed to maintain ongoing effectiveness.	Policy, curriculum and management planning reflect school community commitment to maintaining a mentally healthy learning and working environment.
Level 5	Whole school becoming involved in evaluation ongoing strategies for change.	The school community establishes and participates in strategies promoted by the mental health promotion team.
Level 4	Planning for mental health promotion strategies draws on the experience of individuals across the school community.	Groups of students, staff and community members undertake specific tasks that improve their skills in promoting mental health.
Level 3	Strategies implemented to address the mental health needs of the school community do not achieve desired outcomes. Ways to overcome unexpected constraints are investigated.	A student and community mental health team is established to broaden the range of mental health promotion strategies.
Level 2	Members of the school community draw on collected data to develop strategies to address the mental needs of the school community	Partnership is established with staff and students to address mental health issues. A plan is developed for doing so.
Level 1	Data on school mental health is collected. Analysis of information gathered challenges the perceptions of the school community.	Members of staff and school management form a team to examine selected administrative and classroom policies and practices.
Level 0	Data is not collected or used to determine the mental health needs of the school.	School plans and policies are produced with no consultation with students, staff and community members. Overt and covert mental health issues exist with no mechanisms to deal with them.

Staff, students and community work in partnership to achieve a mentally healthy environment	An effective mentally healthy school is defined in terms of whole school community perceptions	Personal commitment to a mentally healthy school
Student, staff and parent participation in school life enhances student learning and health outcomes and sustains strategies that maintain a mentally healthy school.	The whole school community advocates the school as a place where people care, respect, and trust one another; and where the school as an organisation cares, respects and trusts people. In such a school, people feel a high sense of pride and ownership which comes from each individual having a role in making the school a better place.	I find that my personal goals match the goals of my school community. Our community works together towards the future.
Long term mutually beneficial relationships between students, staff and parents are established.	The school readily adapts to change to meet the diverse needs of the school community and promote a sense of belonging and being valued.	I contribute to sustainable change through my personal commitment to promoting a mentally healthy school.
Whole school community demonstrates that change can be achieved by working together.	Students are the reason for the school's existence; the school community works together to overcome barriers to the achievement of educational outcomes for all students.	I work with others in creating a safe, supportive social and emotional environment to achieve and improve learning experiences and outcomes.
Decision-making processes begin to draw on the skills available in the whole school community.	School policies, practices and programmes are reviewed and recommendations made to further address mental health needs.	I undertake mental health promotion strategies to bring about change. I promote an environment which supports the personal commitment of others.
Students, staff and parents participate in planning mental health promotion activities. Suggested activities stimulate wide discussion.	School community perceptions of mental health needs are sought and known. This knowledge is acted on to support change.	I examine the personal implications of addressing mental health needs for myself and for members of my school community.
Open discussion begins between students, parents and staff about mental health concerns.	Members of the whole school community begin to identify ways to address the mental health needs of the school community	I see clearly the need for change. I create opportunities to apply my newly found knowledge to my work.
Students and community members are asked for their feedback on their perceptions on how the school operates. Low key approaches to discussing mental health concerns happens.	The need to develop a mentally healthy school is given low priority. Responses to mental health needs are limited.	I seek knowledge about the impact of mental health issues and explore the possibility of actions I can take.
Some staff and students display attitudes and behaviours that perpetuate a mentally and emotionally unsafe school environment.	The school talks about involving the community but actions do not match this. Mentally and emotionally unsafe attitudes and behaviours are tolerated to avoid conflict.	I have no personal commitment to being involved in mental health promotion in the school community.

A Comprehensive Approach to Mental Health Promotion in Schools



Needs Analysis Assessing School Violence

Summary of Data Collected in Various Activities with Students, Staff and School Community

ADAPTED FROM THE GATEHOUSE PROJECT

at school?	In classrooms	School-wide	School/community partnership
What does the school do to promote a sense of safety?			
Prevention – What does the school do to prevent bullying and victimisation?			
Intervention – What do we do to prevent bullying and victimisation occurring?			
Areas of concern			

Mentally Healthy Schools and the H&PE Curriculum

Identify and name a unit of teaching and learning related to the health curriculum that you do at your school;

Unit of work: Year level:

Brief description about what is covered in this unit of work:

Considering both the WHO School change model and the socio-ecological perspectives of the curriculum, identify all the organisational structures, Tiriti o Waitangi obligations, support systems, professional development opportunities, policies, procedures, consultation, health promotion, celebratory or other events on the school calendar, evaluation processes and anything else, be it formal or informal that COULD exist to support the classroom programme you have named.

Identify which of these things ARE in place and happening at your school.

Identify which ones NEED to be improved/strengthened, reviewed or implemented to better support the teaching and learning programme you have named.

IF YOU ARE UNABLE TO RESPOND TO ANY OF THE STATEMENTS IN THIS BOX, SUGGEST HOW YOU **COULD OR MIGHT** ADDRESS THEM

Describe how this unit of work incorporates all dimensions of hauora:
Taha tinana (physical)

Taha whanau (social)

Taha hinengaro (mental and emotional)

Taha wairua (spiritual)

What are the key attitudes and values being promoted through this work?

What are the main skills being taught or developed through this work?

Describe how strand D achievement objectives are being met in this unit of work.

Describe how this unit of work encourages students to feel:

Secure:

Connected:

Valued:

Actions to strengthen this unit of work as part of school-wide mental health promotion:

ACTIVITY 5: A Needs Assessment Approach to Assist Schools in Profiling their Current Mental Health Promotion Activities/Initiatives

Mental Health in Schools Assessment

This is a tick box assessment for schools to evaluate:
1. How far the school has progressed towards becoming a Mentally Healthy School
2. To identify areas that need to be developed

Please fill in the form below: (It looks at four main areas)
- The Health Curriculum
- Policy Development supporting mental health
- Strategy in place to identify and assess students at risk
- Ability to access Mental Health Resources/Services.

When you have completed the form please:
1. Complete the assessment grid
2. Send a copy to [your school's name], Mental Health Promotion Team
3. Put originals in school file. Thank you

Name of School: Date:

Public Health Nurse:

Thanks to Mary Strang and the Public Health Team in Wellington for sharing their work on Mental Health Promotion in schools.
These checklists have been developed to assist schools in profiling their current mental health promotion activities/initiatives.

1. Health Curriculum

Taught by trained health teachers	☐ Yes	☐ No	☐ N/A
Attended Mental Health Matters training	☐ Yes	☐ No	☐ N/A
Attended other Mental Health resource training	☐ Yes	☐ No	
Implemented these into the Health curriculum	☐ Yes	☐ No	
Health Curriculum Plan includes Mental	☐ Yes	☐ No	

Health Component

State year/forms that occurs: _____

State types of subjects covered: _____

_____

_____

_____

2. Policy Development Supporting Mental Health

(School policy manuals are often in the staff room or reception areas)

School has:

A Mental Health Policy to support issues in the school	☐ Yes	☐ No
Crisis Management/Suicide Prevention and Postvention	☐ Yes	☐ No
Drug and Alcohol	☐ Yes	☐ No
Peer Support/Mentoring	☐ Yes	☐ No
Student Welfare/Pastoral Care/Referral Procedure	☐ Yes	☐ No
Non Violence/Anti-bullying/Harassment/Abuse	☐ Yes	☐ No
Positive Discipline/Rights and Responsibility Codes	☐ Yes	☐ No
Sexuality	☐ Yes	☐ No
Equal Employment Opportunity	☐ Yes	☐ No
Human Rights Anti-Discrimination	☐ Yes	☐ No

Other (please name and state) _____

3. Strategies in place to identify and assess at risk students

Attended Suicide Prevention Strategies Training	☐ Yes	☐ No	☐ N/A
And feedback to staff meeting	☐ Yes	☐ No	
School examines strategies to support at risk students	☐ Yes	☐ No	
System for early identification of distressed students (referral process)	☐ Yes	☐ No	
School consults and has links with the community e.g.: community meetings with parents/caregivers re: mental health issues	☐ Yes	☐ No	

4. Mental Health Resources

School Staff/Students/Families know how to access mental health services (tick where appropriate).

School Counsellor	☐ Yes	☐ No
Through the Public Health Nurse	☐ Yes	☐ No
Early Intervention Service	☐ Yes	☐ No
Child, Family and Adolescent Service	☐ Yes	☐ No
Schizophrenia Fellowship	☐ Yes	☐ No
Special Education Services	☐ Yes	☐ No

Other (please state) _____

Does the school know where to access Mental Health resources from?

E.g. Mental Health Foundation	☐ Yes	☐ No
Ministry of Health	☐ Yes	☐ No
Ministry of Youth Affairs	☐ Yes	☐ No
Commissioner for Children	☐ Yes	☐ No
Regional Public Health	☐ Yes	☐ No

Other (please state) _____

Mental Health in Schools Assessment Tool

This tool is to be used following the completion of the 'Mental Health in Schools' questionnaire to assess the school's position in terms of mental health.
(Tick Boxes as appropriate)

- Needs more work to develop a Mentally Healthy School ethos
- Mentally Healthy School ethos is progressing well
- Highly developed Mentally Healthy School ethos

Health Curriculum	Has not attended training in any mental health resources/issues	Has attended training and is in the process of implementing a mental health programme	Has attended training and has implemented programme and/or other aspects of the health curriculum that promotes mental health
Policy Development	Less than two policies supporting mental health	More than two policies supporting mental health	More than five policies supporting mental health
Recognising Students at Risk	Have not attended *Suicide Prevention Strategy* training	Have attended the training and are developing school based strategies to prevent suicide	Have attended *Suicide Prevention Strategy* training and have implemented these in the school
Mental Health Resources	Needs to develop an appropriate referral system or school-based services to deal with mental health issues	Have some school-based services and programmes to deal with mental health issues	Have good school-based services and programmes in place to improve mental health in the school. Know how to access community mental health services for students

Further Development of Mental Health Strategies in the School

Suggested next steps and priorities for development of internal planning.

1. Is there a commitment to further development of mental health in the school using the Health Promoting Schools framework?

☐ Yes ☐ No

- Developing personal skills in assessing students at risk
- Developing appropriate policies
- Examining other training opportunities e.g.:, Eliminating Violence (SES)
- Improving the school environment.

2. Is the school interested in participation in any of the following one-hour workshops at the school to be delivered by the Mental Health Team?

What is Mental Health?	☐ Yes	☐ No
What does a Mentally Healthy School Look Like?	☐ Yes	☐ No
Mental Health Language	☐ Yes	☐ No
Discrimination and Mental Health	☐ Yes	☐ No
Recognising Young People in Distress	☐ Yes	☐ No

Action to be taken based on all data gathered

1. Certificate of Achievement

   The school is doing well according to the grid assessment.

OR

2. Letter of Recommendation

   The school needs support with developing Mental Health in the School.

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Contacts

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Dominion Road, Auckland
ph 09 630 8573
fax 09 630 7190 — information@mentalhealth.org.nz

PO Box 12154
Thorndon, Wellington
ph 04 462 4325
fax 04 462 4326 — central@mentalhealth.org.nz

PO Box 13 167
Armagh St, Christchurch
ph 03 365 6936
fax 03 365 5079 — val@mentalhealth.org.nz

The Project to Counter Stigma
and Discrimination Associated
with Mental Illness
(see Mental Health Foundation)

Ministry of Education — http://www.minedu.govt.nz
Te Kete Ipurangi (resource website) — http://www.tki.org.nz
Ministry of Health — http://www.moh.govt.nz

Centre for Adolescent Health
William Buckland House
2 Gatehouse St, Parkville
Victoria 3052, Australia. — http://www.unimelb.edu.au/adolescent

Legal Resources Trust
PO Box 16130
Wellington

skylight
PO Box 7309
Wellington South — skylight@xtra.co.nz

Youth Law Project
Tino Rangatiratanga Taitamariki
PO Box 7657
Wellesley Street, Auckland — www.youthlaw.co.nz

Appendices

Appendix A – Overview of the Mentally Healthy Schools Initiative

Overview

In 1995 the then Public Health Commission (PHC) developed a strategic planning framework for a 'Healthy Schools' programme in New Zealand. The objective was "to improve and protect the public health by developing strategies to maximise the positive effects of schools on health".

Public health researchers and decision makers were well aware of the vulnerability of young New Zealanders to emotional distress and poor mental health (Coggan & Disley 1993). Professionals in the education sector were concerned about the same issues because of their link to behavioural difficulties and as barriers to learning. There was national alarm at the rise in the rate of young people's suicide and suicide attempts. Interest in population health strategies to promote mental and emotional health for young people was therefore high.

The Mental Health Foundation (MHF) became interested in a strategic involvement in school-based mental health promotion in about this period. The MHF approach to mental health promotion in schools was the Mentally Healthy Schools Initiative. Its purpose was to promote good mental health, and to encourage policies and practices that support good mental health within the school environment. The intention was to be active in three key domains:

- The health curriculum
- The school ethos (culture, climate, physical, social and emotional environment)
- The relationship between the school and home

The Health Curriculum

At the time when the overall initiative was being developed, a new health and physical education curriculum was introduced into schools. A new curriculum resource, *Mental Health Matters,* was developed by the MHF and offered as part of the new curriculum for years 9 and 10. The resource is an interactive programme of health education organised around three themes: Feeling good about ourselves and others; stress and change; attitudes towards mental health. There was a conscious decision not to focus directly on education surrounding youth suicide, but instead to emphasise the benefits of being mentally healthy.

The implementation of this resource has been on a strategic, nation wide basis. The Health Funding Authority (HFA) purchased teacher development through a national public health contract, held jointly by the MHF and the Christchurch College of Education. From the end of 1996 until the present, two-day workshops have been provided throughout the country.
An intermediate school resource of a similar type and another secondary school resource on change, loss and grief have also been completed.

School Ethos

From 1996-2001 the Northern Region of the HFA has supported a series of intensive pilot projects in individual schools designed to influence the school ethos. At that time eight schools had been involved, with a single school as the focus before February 1997, three more from February 1997 and another four from February 1998. Seven of the eight schools were secondary schools and one an intermediate; seven in Auckland and one in Northland. They covered a range of decile levels and population mixes. One school in Northland had a 50% Maori roll, one in South Auckland had a 50% Pacific Nations roll and another in West Auckland had a 40% Pacific Nations and 18% Maori roll.

The rest had a Pakeha majority, although in some cases the range of the non-Maori and Polynesian population is itself very wide.
Evaluation of the project in 1999 provided encouragement for the continuance of the initiative with the recommendation that:

- A comprehensive set of Guidelines be developed appropriately to support the nationwide implementation of the MHS initiative
- Implementation of the *Mental Health Matters* curriculum programme be considered core and essential components of the MHS initiative.

This document, *Guidelines for Mentally Healthy Schools* represents the culmination of school-based Mental Health Promotion work carried out by the Mental Health Foundation to date.

Health Promoting Schools in Action

During the period of the Mentally Health Schools pilot programme, a generic Health Promoting Schools (HPS) programme has been developing throughout New Zealand. This has become the chosen vehicle for the wider dissemination of the principles of the MHS initiative, and concern for mental and emotional wellbeing is a key concern of HPS documentation (Health Promoting Schools in Action in Aotearoa/New Zealand, 2001). Because of its experience in the MHS initiative (both the curriculum work and the MHS pilots) the Mental Health Foundation has had a strong role in guiding the development of HPS thinking in this area and in the training of HPS providers. On the basis of work done, there is a slight shift of emphasis from "school ethos" to "school climate". The distinction is that "school ethos refers to the values the school incorporates and conveys", while the school climate is more to do with how people feel in the school.

The emphasis at this stage has been on the development of a school climate of "positive regard" as an end in itself rather than as a means of securing prevention objectives such as a reduction in depression, conduct disorder or suicidal ideation. The attention is more on identifying the components of mental and emotional wellbeing and creating a context for it. The hope that a positive school climate may impact beneficially on mental health problems is maintained, but there is care that the work does not try to justify itself through exaggerated or possibly inappropriate claims. The process of integrating mental health promotion concepts and values into the life of Health Promoting Schools is a major focus of school-based initiatives at the present time.

Appendix B – Mental Health Indicators for Young People

Extract from: Bennett, S. & Coggan, C. (1999) *A comprehensive evaluation of the Mentally Healthy Schools Initiative*. Injury Prevention research Centre, University of Auckland: New Zealand, p. 9 - 12.

1.1 Mental Health Indicators for Young People*

Adolescence has been defined as a transitional period in human development, marking the bridge between childhood and adulthood.[2] This phase of development is characterised by rapid physical growth and related emotional and personality changes. Census data indicates that the adolescent and early childhood population in Aotearoa/New Zealand (15 to 24 years) comprises approximately 15 to 16 percent of the entire population.[3]

However, for some young people, adolescence is not a tranquil time. In recent years, both Health and Education authorities in Aotearoa/New Zealand have recognised that young people may be particularly vulnerable to emotional distress and poor mental health.[4] It has been estimated that between 10 and 20 percent of adolescents at some time will require professional mental health services.[5] Other research indicates that by the age of 18, more than one third of young people will experience some type of mental health problem to which a diagnostic label could be applied; more 18 year-old women than men will experience mental health problems, and between 10 to 15 percent of these individuals will require professional mental health services, some for a long term.[6] Consequently, interest in population health strategies to promote mental health for adolescents has generated a great deal of interest.[7]

However, there is increasing evidence that many health care needs of young people are largely unmet. For example, it has been argued that only one to two percent of young people requiring assistance from mental health services will actually receive it.[4] Possible explanations for lack of service utilisation by young people include that young people are generally shy about consulting health professional for their health problems, and view the health care system as largely unsympathetic to their needs, particularly those of confidentiality and rapport with health service providers.[5] Health services are most often utilised by young people tend to be emergency services such as hospital emergency departments, rather than primary (e.g. General Practitioners) or secondary health care services (e.g. treatment clinics).

Many of the health problems prevalent within the adolescent population can be broadly classified under the generic heading of mental health, including substance abuse (e.g. alcohol misuse and tobacco smoking); depression; personality and eating disorders and disruptive behaviour.[5] Other indicators of poor mental health among young people include minor transient problems; violent and/or difficult behaviour, or serious psychiatric disorders requiring hospitalisation.[8] The most extreme example of young persons' perceived inability to cope with life stresses may be suicide attempts; other responses include substance use and abuse, and assault. However, as there is no national system for collecting information on the use of primary health care it is difficult to establish the extent to which particular mental health issues affect different age groups.[4]

Perhaps one of the most concerning examples illustrating the mental health status of Aotearoa/New Zealand young people is the statistics surrounding suicide and attempted suicide. Concern about youth suicide in Aotearoa/New Zealand was heightened when the World Health Organisations (WHO) identified in 1991 that Aotearoa/New Zealand had the highest rate of male youth suicide among the

***** This evaluation report refers to young people (i.e. those under 18 and usually still attending secondary school), rather than the WHO definition of youth (15-24 years). Previous investigations by the IPRC have highlighted that young people still at school (i.e. those under 18) often have very different lifestyles and concerns compared to those aged 18-24.

23 OECD countries, a record that has remained fairly constant during the 1990's.[9 / 10] In Aotearoa/New Zealand, suicide is the second leading cause of death and attempted suicide is the fourth leading cause of hospitalisation for young people under the age of 25 years.[11 / 12 / 10] Available data indicated that during the 1990s Aotearoa/New Zealand male youth suicide rates have the highest or second highest among OECD countries, whereas female youth suicide rates in Aotearoa/New Zealand have ranked in the top three.[10 / 11] Although the actual numbers of young people reflected in these rates
is very small, rates of youth suicide both in Aotearoa/New Zealand and internationally have been steadily increasing since the early 1970s with the greatest increase being for young males.[13]

Statistics suggest that all secondary schools are likely to have students who will think about suicide or who are likely to make relatively minor suicide attempts.[14] Analysis of Aotearoa/New Zealand data across the lifespan indicated that young people in the 15-24 year age group had the highest rates for suicide (2.3 per 100,000 persons per year).[15] The most recently available data indicates that young people aged 15-19 accounted for an average of 59 suicide deaths in 1996, while those aged 20-24 accounted for 84 suicide deaths during the same period.[16] Among those aged 15-19 years, a total of 631 were hospitalised for attempted suicide during 1996, while those aged 20-24 years accounted for 596 hospitalisations for attempted suicide.
Thus, while older youth are at higher risk of death from self-harm, younger adolescents are more likely to be hospitalised following incidents of self-harm. These relationships also hold true when international rates for suicide and attempted suicide are examined.[4] Kachur et al. have reported that over the past two decades suicidal behaviours are increasingly affecting younger and younger people.[17] Results of the Canterbury Suicide Project adds support for this finding, indicating that the mean age of under 25-year-olds who died by suicide was 19.9 for males and 20.7 for females.[18]

Depression also appears to be a major factor associated with young person suicide and attempted suicide,[19 / 20] and there seems to be a close mutual correlation between depression, suicide ideation and attempts, substance misuse and alcohol intake.[21 / 22 / 23 / 24 / 25] Alcohol is the most commonly used drug in Aotearoa/New Zealand, although studies indicate that total consumption by those aged over 15 years has been falling since the 1980s.[26] National studies have found that 18 to 23 year olds consume a disproportionately high share of alcohol in relation to their population size.[27 / 28 / 29] Other research indicates that one third of 15-year-olds are consuming alcohol at least once a month, and approximately 20 percent of these will be drinking at least three drinks in a typical occasion.[30] Cannabis is another drug commonly used by young people, and it is most often used by males aged 18-24 years.[3] While some adolescents may experience no particular difficulties with the use of alcohol or other drugs, approximately 10 to 15 percent will use alcohol and drugs excessively and dependently and are vulnerable to using other drugs.[30] This group of young people have also been identified as being at high risk for experiencing significant depression and/or suicidal behaviour.[30]

Poor mental health does not develop in isolation. Environmental pressures increase the risk for the development of symptoms of ill health such as depression.[9] It has also been argued that youth suicide is a reflection of issues such as unemployment, economic restructuring and the general lack of value placed on the worth of young people in society.[14]

1.2 Education Indicators for Young People

Recent education statistics show greater participation and retention rates in secondary schools and an overall trend towards more and higher qualifications.[31] Although secondary school rolls fluctuated throughout the 1980s and 1990s there has been an overall increase in numbers of students at secondary school, to 238,104 in 1996.[32] Participation rates for all age groups has increased, and the

most marked improvement has been in the 17-year-old age group, to almost 55 percent attending secondary school in 1991. Increased student participation rates have improved Aotearoa/New Zealand's position in comparison to OECD countries. In general Aotearoa/New Zealand participation rates are higher than the OECD average, but are still behind a number of North American and Northern European nations.

Overall levels of truancy and suspension from Aotearoa/New Zealand schools have also been identified as a variable of concern.[3] Ministry of Education data indicates that over 11,000 pupils were suspended from school during the 1997 year (approximately 270 students per week).[32] Figures for the 1998 year indicate a slight drop in both suspensions and expulsions (1.5 percent) compared with the same period during 1997. The majority of suspensions were for physical assault on other students, or continual disobedience (both approximately 20 percent). Approximately 26 percent of these suspensions involved drug and alcohol use (10 percent alcohol and tobacco, 16 percent legal drugs – mainly cannabis).

The strategic direction of current government education and training objectives is to progress towards higher and more appropriate skill development in order to support the achievement of stronger employment and income growth.[33] However, recently the Education Review Office has emphasised that issues that adversely affect the whole of society also present barriers to the progress and achievement of young people enrolled in schools. While some barriers arise from situations that are beyond the control of the school, the obligation to overcome barriers to student learning spans the boundaries between the school, the mental health status of young people, and the wider community.[33] Rivers states "issues like early withdrawal from education... are related to the incidence of a young person suicide and need continuing attention" (p. 5).[9]

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Appendix C – Resources to Support Student Education and Staff Professional Development in Mental Health Promotion Initiatives

To provide guidance for possible use, the resources below have been grouped into the eight aspects of mental health identified in the mental health key area of learning in the Health and Physical Education Curriculum. (For complete references refer to the references and contacts section.)

Resources for personal identity and self-worth

Teaching Materials

- *Mental Health Matters* Years 7-8 and Years 9-10, Theme 1 Mental Health Foundation
- *Friendships* – Curriculum in Action Ministry of Education
- www.urge.org.nz support website for young people

References for staff

- *A comprehensive evaluation of the Mentally Healthy Schools Initiative* Injury Prevention Research Centre
- *Better relationships for better learning* Ministry of Education
- *People-Health Promotion* J. Raeburn & L. Rootman
- *The Gatehouse project – Promoting wellbeing: A whole school approach* Centre for Adolescent Health
- *Whaiora: Maori health development* Mason Durie

Resources for countering discrimination and stereotyping

Teaching materials

- *Mental Health Matters* Years 7-8 and Years 9-10, Theme 1 Mental Health Foundation
- *Countering Discrimination* Understanding the Law video series #13 Legal Resources Trust
- *Legal Ages* poster Legal Resources Trust
- *Social and Ethical Issues in Sexuality Education* Christchurch College of Education

References for staff

- *Barriers to Learning* Education Review Office
- *Promoting positive race relations in schools: Me mahi tahi matou* Ministry of Education
- *Safe Schools Guidelines* PPTA
- *Safe students in safe schools* Education Review Office
- The Project to Counter Stigma and Discrimination Associated with Mental Illness – Whakaitia te whakawhiu te tangata/Like Minds Like Mine fact sheets and newsletters
- www.hrc.govt.nz Human Rights Commission website
- www.youthlaw.co.nz Youth Law Project Tino Rangatiratanga Taitamariki website, books and papers
- *Youth and the Law* Legal Resources Trust

Resources for personal and interpersonal skills

Teaching materials

- *Taking Action – Life Skills in Health Education* Learning Media
- *SPIN Help and Help Seeking* Mental Health Foundation
- *Friendships – Curriculum in Action* Ministry of Education

References for staff

- Better relationships for better learning Ministry of Education
- Governing and managing New Zealand Schools: A guide for Boards of Trustees Ministry of Education
- In partnership with government: Essential information for new school trustees Ministry of Education
- *Prevention: The critical need* John Pransky

Resources for change, loss and grief

Teaching materials

- *Change, loss and grief* (years 9-13) Mental Health Foundation
- *Change, loss and grief* Curriculum in action years 1-8 Ministry of Education

References for staff

For a comprehensive list of change, loss and grief resources see the skylight resource catalogue, obtainable from: PO Box 7309, Wellington South

Resources for drug use and misuse

Teaching materials

- *Caring for Ourselves and Others* (ALAC/Christchurch College of Education)
- *Natural High* Mental Health Foundation
- *Smashed and Stoned* Alcohol and Liquor Advisory Council
- www.alcohol.org.nz or www.fuel.org.nz
- www.urge.org.nz

(see also www.tki.org.nz for many other drug and alcohol teaching resources)

References for staff

- *Drug Education – A guide for Principals and Boards of Trustees* Ministry of Education
- www.nzdf.org.nz
- www.adf.org.au
- www.aphru.ac.nz

Resources for abuse and harassment

Teaching materials

- *Kia Kaha* New Zealand Police
- *Keeping Ourselves Safe* New Zealand Police
- *Countering Sexual Harassment* (video) Legal Resources Trust
- www.nobully.org.nz

References for staff

- *Bullying in schools and what to do about it* Ken Rigby www.indigenet.unisa.edu.au/bullying
- *Cool Schools peer mediation* Peace Foundation
- Eliminating Violence (SES)
- *Promoting positive race relations in schools* M. & R. Schick
- *Safe students in safe schools* Education Review Office
- *The anti-bullying handbook* Keith Sullivan
- www.freethechildren.org (UN Convention on Rights of the Child)
- www.hrc.govt.nz
- www.luckyduck.co.uk (No Blame approach publishers)
- www.youthlaw.co.nz

Resources for physical activity and relaxation

Teaching materials

- *Mental Health Matters* Year 9-10, Theme 2
- Mental Health Foundation stress pamphlets, booklets, relaxation audiotape
- *Taking action – Lifeskills in Health Education* Learning Media

References for staff

(Consult with the physical education department)

Resources for values and attitudes about Mental Health

Teaching materials

- *Mental Health Matters* Year 9-10, Theme 3
- Video *Not on our Street*
- *Video One in Five: Living with a mental illness*
- www.urge.org.nz young people's support website
- www.spinz.org.nz suicide prevention in New Zealand

References for staff

(NB. A number of these resources reference youth suicide, which is not the intended focus for this aspect of the mental health key area of learning. However, staff in specialist roles, like the guidance network, may find these resources useful to support early and specialist intervention initiatives.)

- *A practical guide to coping with suicide* Mental Health Foundation)
- *A young person's suicide: Guidelines to preventing, understanding and dealing with the aftermath* Lewis Rivers
- *Beyond the prescribed limits – Poetry for mental health* Mental Health Foundation
- *Down Times – Teenage Depression in New Zealand* Sally Merry
- *Feeling stink: A resource on young people's mental health issues for those who work with them* Ministry of Health
- *In a time of crisis* Ministry of Youth Affairs
- In our hands: New Zealand youth suicide prevention strategy Ministry of Youth Affairs & Health and Te Puni Kokiri.
- *SPIN – Help and help seeking* Mental Health Foundation
- *SPINZ Youth suicide prevention community information kit* Mental Health Foundation
- *The prevention, recognition and management of young people at risk of suicide: Development of guidelines for schools* National Health Committee/Ministry of Education
- The Project to Counter Stigma and Discrimination Associated with Mental Illness – Whakaitia te whakawhiu te tangata/Like minds Like mine, fact sheets and newsletters
- *Self-help for Mental Health: Starting a mental health support group* Mental Health Foundation
- www.mentalhealth.org.nz
- *Young people and depression: A comprehensive resource for people working with children* Mental Health Foundation

Appendix D – Activities to Support Initiatives for Reducing and Eliminating Bullying and Violence

The activities included are:

1. Exploring violence
2. Violence statement continuum
3. Definitions of bullying
4. Student rights and responsibilities
5. Getting help – a kit for displaying around the school

ACTIVITY 1: Exploring Violence

Aim

To identify examples of violence

Safety Net

This will be a sensitive issue for some people because of their own experiences of violence and it may trigger unpleasant memories. It is important to acknowledge that we do not live in a violence free society and the endemic nature of violence means attitudes towards it must be challenged.

- Copy the objectives onto an OHT and display at beginning of activity.
- Brainstorm – What is violence?
- Think about all the things you see and hear happening in the world that you think are violent.
- Circle all the ones you think happen in New Zealand.
- Add more if you think of them. Use another colour to circle the ones you think happen (or could happen) at this school.
- Report back to the group.

Objectives

- To define violence
- To outline the types of violence
- To explore the impact of violence on mental health
- To examine strategies to manage violence in schools
- To identify ways of implementing strategies to reduce and eliminate victimisation and violence in schools

ACTIVITY 2: Violence Statement Continuum

Aim

To explore different attitudes and understanding of violence.

This continuum can be used one of two ways.
Participants either:

- Line up on an imaginary continuum line at one end of which is placed the statement STRONGLY AGREE and at the other end STRONGLY DISAGREE. The position they take up reflects their opinion about the statement that is read out. Once placed, participants are offered the opportunity to make a statement about their position. The facilitator needs to make sure a variety of responses are offered and that no one attacks the views of anyone else.
- Alternatively, a safer way to do this is to cut the statements into strips and distribute these around the group who are seated in a circle. The STRONGLY AGREE and STRONGLY DISAGREE cards are placed at opposite sides of the circle. Participants, (in pairs if they need support) read out their statement and place it on the continuum according to where they think it should go making a comment if they wish. Other participants may only make a comment if they are prepared to shift the statement. Repeat until all cards are read out.

The continuum statements are presented on the following page.

Statements for violence continuum (Activity 2).

- The police can stop violence
- It is OK for parents to hit their children
- Males are much more violent
- People who are violent are mentally unstable
- Violence is much more common between children
- Violent children become violent adults
- Treating women or children as servants is violent behaviour
- Often the victims of violence ask to be hit
- You should be loyal to a violent boyfriend/girlfriend. You might be able to change their behaviour
- Violence is OK if it's done in fun
- Teasing is a form of violence
- Pornography contributes to violent behaviour
- Violence is more likely to occur in poor families
- Children who live in violent families experience more problems with their mental health
- Females find it easier to seek help in violent situations

ACTIVITY 3: Definitions of Bullying

Aim

To develop a definition of bullying that is shared and understood by all members of the school community.

Based on the discussion from the previous activities, groups are invited to contribute their ideas about what defines bullying. These ideas could be collated by the health promotion team or by a Health Education class as an integral part of their learning. Once agreed upon, the definitions are presented on a laminated poster and posted in every room in the school and sent to key community groups.

An interpretation of this follows to provide an example of what this might look like.

Bullying Is...

When an individual (often called a bully) hurts another with the intention of causing distress.

isolating giving the evils yelling

revealing secrets put-downs

sexual jokes calling names stealing

malicious gossip lying harassment

drawing on the desks pinging bras

taking gear pointing sniggering

back-stabbing intimidation shouting

hitting racist talk swearing teasing

From Glendowie College's Mentally Healthy School Initiative

ACTIVITY 4: Student Rights and Responsibilities

Aim

Students develop their own code of rights and responsibilities that reflect established policy and understanding about violence.

Alongside the development of a shared understanding about "what is violence?", students also contribute ideas for a 'bill of rights' or a 'code of conduct' or some other agreed title. This document is copied, laminated and displayed in every room in the school. If done as a school-wide initiative, it could be 'launched' at an assembly by one of the student groups who have been instrumental in its production. This activity would need to be repeated every few years, preferably every year for students to maintain ownership of the code. An example is given on the following page to illustrate this.

Rights

Rights & Responsibilities in Our School

To be treated with respect • to have your confidentiality respected • to have your property treated with respect • to be allowed your own privacy • to have your personal space/comfort zone respected No harassment Harassment is: • abuse of power • can be in the form of; emotional, physical, verbal, sexual • unwanted repeated behaviour To work in a safe environment • equality • no theft • no alcohol • no drugs To have our own opinions and voice them respectfully • use "I" statements – this means stating how you feel and why you feel that way • speaking to people politely and considerately • respect other people's feelings when giving our own opinions TIKIPUNGA HIGH SCHOOL	Responsibilities Respect others and their property • give back what you borrow • treat everyone equally • respect other people's opinions • no stealing • no vandalism • no bullying • no gloating/bragging Encourage learning • positive reinforcement • positive role models • lots of support • good working environment Respect ourselves • not abusing yourself by endangering your wellbeing • not abusing drugs • appropriate dress Support those around us • listen to others • encourage others to learn • show aroha • to help others feel part of the school • to help others feel safe • show enthusiasm and praise for strengths and achievements ORANGA TIKIPUNGA

ACTIVITY 5: Getting Help – A Kit for Displaying around the School

Thanks to Tikipunga High School, Whangarei for sharing their work

The kit includes:

- The laminated sheet from Activity 3.

A summary of ideas from the students about:

- Who can I talk to?
- How can friends help?
- One-line statements stating what the school says about bullying and expected behaviour of all members of the school community.

These are copied onto coloured card and laminated for display around the school.

Information Sheet for Staff

Our Safe School Policy states that:

- All forms of violence are totally unacceptable (physical, verbal, emotional, institutional, property, spiritual and sexual).
- The process of eliminating violence and bullying involves the participation and the commitment of all staff.
- Students are encouraged to seek help in relationship to violence and bullying or intimidation of any sort.

How can teachers help?

- Please become familiar with the kit.
- Display the kit in your room.
- Challenge the students whenever you observe violent or bullying behaviour of any sort.

To challenge low-level behaviour (e.g. put-downs, taking others' gear, poking, giving the evils, etc.)

- Solution: Broken Record Technique.
- Name the Behaviour e.g. That's a put-down. It has to stop.
- Use the display on the wall e.g. This is bullying and it's not OK.

Call them on it every time

- Encourage the students to seek help if necessary OR assist students to seek help.
- Raise the student awareness about school policy and the kit at every opportunity.
- Use the kit to promote discussion regularly in your form class.
- Consult with counsellor and deans for clarification and support.

Bullying
Who can I talk to?

Friends

Teachers

Form Teacher

Dean

Counsellor

Parents

Peer support leaders

Student advisors

Chaplain/Minister

Bullying
How can friends help?

Provide support by:

Listening

Helping a friend who is being bullied feel safe

Seeking advice

Telling someone if the bullying is getting out of hand.

Bullying is never OK

Help make our school a safe place for everyone

Show respect and act in the best interests of others

Bullying hurts people physically and emotionally

Everyone has the right to be at school

Talk to some one you trust

Put-downs are not OK

Everybody has the responsibility to create a safe environment

www.mentalhealth.org.nz