Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives

Literature Review

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Table of Contents

I. Introduction....5
II. Literature Review....6
Purpose....6
Methodology....6
Conceptualizing Positive Mental Health....6
Key Assumptions....7
Positive Mental Health Concepts....8
Social-Emotional Learning....8
Positive Youth Development....9
Resiliency....9
Protective Factors....10
Diversity....10
Acceptance and Understanding of Student Mental Health Needs....11
Connectedness....11
Strength-based Perspectives....12
Mental Fitness....13
Self-Efficacy....15
Positive Mental Health Correlates with Healthy Development....15
Positive Mental Health in Schools....17
Schools as a Critical Setting for Positive Mental Health....17
Health Promoting Schools....18
Comprehensive School Health Framework:
A Model for Positive Mental Health Promotion....20
Pillar I: Social and Physical Environment....21
Physical and Emotional Safety....22
School and Classroom Climate....23
Use of Physical Spaces....24
Pillar II: Teaching and Learning....26
Differences and Diversity in the Classroom....26
Culturally Relevant Practices....27
Cooperative Methods....28
Autonomy-Supportive Practices....29
Strength-based Approaches....30
Social Skills Development....32
Pillar III: Partnerships and Services....33
Sustained Family Contact and Communication....33
Adult-Student Mentorship Programs....35
Partnerships with Family and Youth-Serving Agencies....35
School and Community-wide Mobilization Activities....35
Pillar IV: Healthy School Policies....37
Effective Leadership....37
Policies that Promote Safe and Caring Environments....38
Policies for Inclusion....38
Discipline Policies that Restore and Reconnect....39
Policies for Professional Development and Training....40
Student Services Policies that Provide Timely Support....40
Shared Policies that Ensure System Collaboration....41
Works Cited....42

I. Introduction

The purpose of this project was to develop guidelines for better practices related to the promotion of positive mental health perspectives within a comprehensive school health framework. This initiative was undertaken by the Joint Consortium for School Health (JCSH) as part of its national knowledge development activities involving the identification and dissemination of better practice information supporting comprehensive school health approaches. This project builds on recent JSCH publications related to positive psychology school health approaches, including: *Positive Psychology in Schools* (April 2009); *Mental Resilience Quick Scan* (March 2009); and the 2009 Canadian Association of Principals Journal on School Health article, *Conceptualizing Psychological Wellness: Addressing Mental Fitness Needs*.

This endeavour was undertaken in September 2009 and was concluded in January 2010. The project was comprised of three specific phases:

- Completion of a literature review focusing on the promotion of positive mental health approaches within a comprehensive school framework.
- Execution of interviews with key informants including educational and school health leaders and service providers involved in the delivery of school-based positive mental health services and initiatives.
- Analyses of convergent practices themes emerging from the literature and key informant interview findings.

This report provides a summary of the outcomes of this initiative. The first section presents a succinct review of relevant research documents and articles that address key insights related to positive mental health perspectives and practices within a school health context. The next section documents the perspectives of educational and school health leaders and service providers regarding positive mental health approaches. The final section outlines convergent better practices emerging from the literature review and key informant interview findings. These better practices are presented according to a comprehensive school framework. It is hoped that the key perspectives and practices delineated in this document may serve as a useful planning resource for teachers, school administrators and school health professionals, as well as other government, provincial and community stakeholders involved in the development or implementation of positive mental health approaches.

II. Literature Review

Purpose

The purpose is to provide a complete literature scan of promising practices for the promotion of positive mental health among students in the school context. A comprehensive school health framework was applied to guide the identification of evidence-informed and promising practices in areas related to social and physical environments, teaching and learning, partnerships and services, as well as school health policies.

Methodology

The research activities for this initiative included a review of relevant published and unpublished reports, and an examination of specific theoretical models and corresponding service or program applications related to the promotion of positive mental health in the school context. The scope of this review considered both research and professional documents from Canadian and international literature. Criteria for the inclusion of literature included:

- post-2000 publications;
- professionally reviewed or juried research documents;
- summary and literature review articles;
- program evaluation reports; and
- theoretical literature relating to better practice applications.

This initiative culminated in the completion of a literature summary document. In this report, headings and concise practice statements are used to ensure the effective presentation of key practices for a broad audience of readers including educators, administrators, school health and community service providers, as well as parents and other community stakeholders.

This report begins with an overview of key definitions and assumptions related to positive mental health, as well as evidence supporting such approaches. There follows a summary of promising practices and approaches organized according to a comprehensive school health perspective.

Conceptualizing Positive Mental Health

Mental health programs and services within the school, community and health settings have often focused on addressing concerns related to the psychological well-being of children and youth through the identification of risk-need factors, delivery of timely intervention and support services, and promotional efforts aimed at reducing potential stigma associated with mental health conditions. Traditionally, such approaches have emphasized the problems or challenges associated with existing or emerging mental

health-related concerns in children and youth, and the approaches or interventions needed to remediate or address areas of risk and need (Terjesen, Jocofsky, Froh & Digiuseppe, 2004; Morrison, Kirby, Losier & Allain, 2009).

Recent better practice research across health and educational domains assert the importance of moving beyond a problem-focused approach to embrace a more positive view of mental health. This shift involves the recognition that children's and youths' state of psychological well-being is not only influenced by the absence of problems and risk-need concerns, but also is impacted by the existence of positive factors present within individuals and their social settings that contribute to positive growth and development. From this perspective, positive mental health views and approaches underscore that positive mental health is more than the absence of mental illness.

> Positive mental health is a component of overall health and is shaped by individual, physical, environmental, social, cultural and socio-economic characteristics. Fostering the development of positive mental health by supporting individual resilience, creating supportive environments and addressing the influence of the broader determinants of mental health, are key components of promoting mental health (CIHI, 2009, p. 2).
>
> The Public Health Agency of Canada describes positive mental health as "the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity" (2006, p. 2).

The emergence of positive mental health perspectives has shifted the focus of educators and health professionals "from a preoccupation with repairing weakness to enhancement of positive qualities" (Clonan, Chafouleas, McDougal & Riley-Tillman, 2004, p. 101). Such qualities or factors may include investigation or application of positive individual traits, positive personal experiences or enabling initiatives/programs that help enhance the quality of life of children and youth, and prevent or reduce the risk of developing mental health-related concerns (Seligman & Csikszentmihalyi, 2000).

Key Assumptions

Positive mental health approaches in education and health share common principles or values related to fostering the psychological well-being of children and youth. These include the assumptions that:

- children and youth have inner strengths and gifts that support their capacity to initiate, direct and sustain positive life directions (Hamilton & Hamilton, 2004; Losier & Morrison, 2007);

- child and youth engagement and empowerment are critical considerations for facilitating positive development or change (CSPH, 2002; Deci & Ryan, 2007);
- children's and youths' social contexts and networks provide important resources and influences that have the capacity to contribute to and enhance their psychological well-being (Losier & Morrison, 2007; Sheridan, Warnes, Cowan, Schemm & Clarke, 2004); and
- children's and youths' relationships with adults and peers that contribute to psychological well-being are characterized by interactions that convey genuineness, empathy, unconditional caring and affirmation (Brendtro, 2003).

Positive Mental Health Concepts

The literature on positive mental health approaches includes a wide array of key concepts that describe the nature and characteristics of promising perspectives and practices for the promotion of psychological wellness among children and youth. These positive mental health themes include: *social-emotional learning; positive (strength-focused) youth development; resiliency; protective factors; diversity; acceptance and understanding of student mental health needs; connectedness; strength-based perspectives; mental fitness;* and *self-efficacy.*

Social-Emotional Learning

Social-emotional learning is defined as the process through which children and youth develop the knowledge, attitudes and skills to:

- identify and manage their emotions;
- set and pursue positive goals;
- communicate caring and concern for others;
- initiate and sustain positive relationships;
- make decisions that demonstrate respect for self and others; and
- deal with interpersonal concerns and challenges effectively.

These critical developmental competencies assist children and youth in initiating friendships and resolving conflicts, calming themselves when they are upset and making choices that contribute to the positive growth and development of self and others in their school and home communities (NCMHPYVP, 2008; Payton, Wardlaw, Graczyk, Bloodworth, Tompsett & Weissberg, 2000; Ross, Powell & Elias, 2002). Positive research support for the effectiveness of social-emotional programs has been noted in both school and after-school settings. Areas of change linked to such programs have included enhanced positive attitudes about self and others, strengthened connections to school and increased academic performance, as well as reductions in externalizing and internalizing behaviours (Payton, Weissberg, Durlak, Dymnicki, Taylor, Schellinger & Pachan, 2008).

Positive Youth Development

Positive youth development refers to ecological, asset or strength-based approaches that promote healthy child and youth development through supportive community environments and connections. In contrast with interventions or approaches that attempt to solve mental health concerns or problems, an underlying function of youth development programs is the promotion of normal, healthy child and adolescent development. In contrast with traditional community mental health programs, these approaches focus on the inclusion of all children and youth, rather than targeting services to those with specific risk-need profiles (Bradshaw, Brown & Hamilton, 2008).

Positive youth development approaches focus on building relationships with caring adults within the community through engagement in challenging activities in which youth are active participants rather than solely recipients of services or supports. Such methods include structured programs that provide opportunities to explore, apply and build upon their strengths and capacities, as well as those assets in their immediate social environment and communities (Hamilton, Hamilton & Pittman, 2004; Bradshaw, Brown & Hamilton, 2008; Damon, Bronk & Menon, 2004).

Resiliency

Resiliency is defined as the demonstration of positive adaptation among children and youth despite challenges, obstacles or areas of risk that they may encounter in their social contexts and living circumstances (Small & Memmo, 2004; Axvig, Bell & Nelson, 2009). Recent research suggests that resilient individuals:

- feel appreciated and valued for their individual gifts and strengths;
- have an understanding of how to set realistic expectations for themselves and others;
- possess positive problem-solving skills;
- apply productive coping strategies when they encounter areas of challenge or vulnerability;
- seek assistance from others when support is deemed necessary; and
- experience positive support and interactions from peers and adults (Brooks & Goldstein, 2001; Axvig, Bell & Nelson, 2009).

Asset development theories propose that both internal and external factors contribute to resiliency in children and youth. Internal assets include values, skills and self-perceptions that young people apply “to guide and regulate” their decisions and behaviour (Short & Russell-Mayhew, 2009, p. 216). External assets are identified as factors that facilitate the development of positive relationships with students in the home, school and community contexts. Such relationships are characterized by the provision of support and care, and the demonstration of unconditional acceptance and empathy. Asset-rich schools are described as those in which educators and other caring adults make efforts to understand

the perspectives of students, and convey an attitude of support for their personal and academic development (Short & Russell-Mayhew, 2009).

Protective Factors

In contrast with risk factors that may pose challenges to children's and youths' adaptation, protective considerations have been defined as factors that contribute to positive development and resiliency. The enhancement of protective factors requires addressing the developmental needs of children and youth.

Preschool years: During these developmental years, efforts should be made to support children's primary caregivers. Key protective considerations include promoting the importance of prenatal care, facilitating the development of nurturing family routines and enhancing caregiver skills and confidence.

Middle childhood: Between the ages of six and twelve, children's school experiences become increasingly important. Meaningful educational experiences contribute to positive social and academic development in children and youth and foster the development of healthy peer relationships. Positive school-based experiences for children involve providing them with opportunities to experience academic success and supportive, caring interactions with adults who work collaboratively including educators, caregivers, family members and those from the wider community (Morrison, LeBlanc & Doucet, 2005).

Adolescence: During the later school years, strengthening protective factors includes specific emphasis on promoting pro-social attitudes and behaviours through positive interactions with others in home, school and community settings. Youths' participation in structured community-based and recreational activities serves to enhance social skills, encourage positive peer interactions, create a sense of belonging beyond the family context and decrease social isolation (Morrison et al., 2005).

Diversity

Pioneering work by Chickering and Gamson in the 1980s helped educators shift their focus from a systems-based to a student-centered approach to instruction and learning environments. In considering the essential needs of all students, programming has moved increasingly toward an appreciation of diversity and the valuing of a broad spectrum of student strengths and learning styles. Educators increasingly "think more broadly about the diversity of our students and how students' social identities can shape their learning experiences, and meanwhile we are also more focused on how we can ensure that no students are excluded or marginalized" (Higbee & Goff, 2008, p. 12).

In recent years, researchers have underscored the connection between culture, student learning and classroom communication (Lee, Mearkart & Okagawa-Reg, 2002; Nieto, 2002). According to Higbee and Goff (2008), "the life experience that the students bring into the classroom is highly valued and used as a point of entry for teaching and learning. In so doing, students find their cultural values highly regarded" (p. 30). Both teachers and students benefit from a culturally enriched learning environment that ensures the voices of all students are acknowledged and valued, and classroom content and delivery approaches that are inclusive of diverse points of view and cultural contexts.

It is commonly acknowledged that providing students across a spectrum of learning styles, cognitive strengths and challenges, physical abilities and cultural backgrounds with increased opportunities for accessing curriculum content and classroom activities leads to greater potential for academic and social growth. This emerging educational philosophy has resulted in a shift away from helping educators *deal* with diversity, toward enhancing teaching and learning methods and environments to meet the needs of a heterogeneous student population.

Acceptance and Understanding of Student Mental Health Needs

The issue of stigma associated with mental illness in children and youth remains a challenge for educators, and must be targeted as an essential area of change in the design of positive learning environments (Rickwood, Cavanagh, Curtis & Sakrouge, 2004; Conrad, Dietrich, Heider, Blume, Angermeyer & Riedel-Heller, 2009; Essler, Arthur & Stickley, 2006). According to World Health Organization (WHO) estimates, "approximately one in five young people under the age of 18 experiences some form of developmental, emotional or behavioural problem; one in eight experiences a mental disorder" (WHO, 2004, p. 13). The inclusion of these students in all learning environments necessitates careful attention and sensitivity to their academic and health and wellness needs, as well as existing attitudes and stigma associated with mental illness.

Within health-promoting schools, addressing mental health issues requires the design of policies and programs that are based on:

- awareness of the mental health needs of student populations;
- the will to advocate for change in attitudes and understanding; and
- targeted solutions and results-focused program evaluation activities (Vince Whitman, Aldinger, Zhang & Magner, 2008).

Vince Whitman et al. (2008) assert that schools that embrace comprehensive health approaches are ideally suited for the promotion of mental health awareness. With a shared focus among health and education stakeholders on creating healthy physical and psychosocial environments, there are inherent opportunities to promote awareness and sensitivity, as well as to reduce the stigma associated with chronic mental health conditions in children and youth.

Connectedness

Connectedness refers to children's and youths' perceptions regarding the nature of key relationships in their daily routines and activities. Connectedness is closely linked with the basic needs of *belonging* or *relatedness,* and involves relating, feeling close to and experiencing positive attachments with caregivers, peers and others within home, school or community contexts (Deci & Ryan, 2007; Schonert-Reichl, 2007). Connectedness may be considered on four major relationship levels, including:

Parent connectedness: Early positive-child attachment has been associated with longer term positive psychosocial development in children and youth. As time with peers

increases, adequate parental monitoring provides needed structure related to routines and friendship development, and supports the emergence of autonomy throughout later childhood and adolescence (Schonert-Reichl, 2007; Morrison, Kirby, Losier & Allain, 2009).

Peer connectedness: As children become older, friendships with peers become increasingly important and are a key source of relationship influence in their lives. Peer connectedness is impacted by the quality of interactions within friendships (*Do friends care about me? Do I have friends with whom I can talk? Do my friends help me when I have problems?*). For many, the quality of friendships is more important than the quantity (Schonert-Reichl, 2007).

School connectedness: School connectedness refers to the extent to which students perceive they are accepted, respected, included and supported by others in the educational environment. In the literature, school connectedness has been positively associated with academic motivation, performance and adjustment. Similarly, school connectedness has been found to relate to students' sense of belonging and self-esteem, whereas it has been negatively correlated with the presence of delinquency, oppositional behaviour and high-risk health behaviours (Juvonen, 2007).Within the school context, school connectedness may be fostered through:

- application of cooperative learning strategies;
- development of caring peer friendship opportunities that are emotionally safe for students; and
- provision of social supports during times of academic change and transition.

Community connectedness: Children and youth who are able to identify adults in the community who know and care about them tend to experience a greater sense of personal well-being (Juvonen, 2007). Community connections provide children with a broad sense of belonging that may buffer challenges they experience in other relationships within their lives. Connectedness is promoted within neighbourhood contexts in which children and youth feel safe, valued and have opportunities to become meaningfully involved as members of the community (Health Canada, 2008).

Strength-based Perspectives

The emergence of positive psychology has contributed to increased focus on the identification, exploration and use of strengths in children and youth to foster positive mental health outcomes within school, home and community contexts. Strength or asset approaches view children and youth as having self-righting potential and innate strengths for resilient outcomes. From this perspective, problems are reframed as learning opportunities. The resolution of such challenges results in the development of positive strengths and resilience (Brendtro, Brokenleg & Van Bockern, 2005; Sternberg, 2000; Laursen, 2003; GermAnn, 2009). As Brendtro et al. (2005) assert:

> Strengths enable one to cope with difficult life challenges, a common definition of resilience. Even the concept of intelligence is being reformatted to a strengths perspective. Abandoning the bell-shaped curve notion of talent, practical intelligence is defined as the ability to meet pro-social goals by developing one's strengths and overcoming limitations (p.130).

Various theorists have linked strength-based approaches with the Circle of Courage (Brendtro et al., 2005) model. A basic assumption of this model is that all individuals share common needs that require the use and development of strengths. In other words, when key need areas are fulfilled opportunities for expressing and exercising personal strengths are provided. These need areas include:

- Belonging: opportunity to establish trusting connections;
- Mastery: opportunity to solve problems and meet goals;
- Independence: opportunity to build self control and responsibility; and
- Generosity: opportunity to show respect and concern for others.

According to Cox (2008), applying a strength-based perspective requires a commitment to structured processes for exploring strengths and developing personalized, strength-based approaches for working with children and youth. Such processes should include procedures for assessment, acknowledgement and creative applications of strengths in pursuing opportunities for personal growth.

Mental Fitness

Mental fitness is defined as a state of psychological wellness that reflects people's self-perceptions (feeling and cognitions) regarding the fulfillment of three basic psychological need areas. These include the need for relatedness, competency and autonomy.

- *Relatedness* refers to the need for connection or closeness to family, peers and other significant individuals. Fulfillment of this need requires interaction with others, membership in groups and support and encouragement. When relatedness needs are met, children's and youths' self-perceptions may include such notions as: *I belong or am part of a group or community,* or *I feel included, encouraged and supported by others* (Deci, 2009; Deci & Ryan, 2007; HERG, 2007).

- *Competency* refers to the need for recognition and to use personal gifts and strengths to achieve goals. Fulfillment of this need provides individuals with a sense of personal achievement and accomplishment. When competency needs are met, children's and youths' self-perceptions may include such beliefs as: *I have strengths and gifts that are recognized by others. When I use them to meet goals I feel a sense of worth and accomplishment* (Deci, 2009; Deci & Ryan, 2007; HERG, 2007).

- *Autonomy* refers to the need for personal freedom to make choices or decisions. When this need is satisfied in conjunction with other need areas, freedom and choice are expressed in ways in which respect is demonstrated for self and others. When autonomy needs are met, children's and youths' self-perceptions, as well as those of adults, may include such beliefs as: *I am able to make decisions about things that are important to me and others. I feel hopeful because others support my participation in decision-making* (Deci, 2009; Deci & Ryan, 2007; HERG, 2007; Reezigt & Creemers, 2005).

Current research suggests that satisfaction of all three needs is associated with increased psychological well-being or resilience, as well as increased self-determination related to setting goals, formulating plans and carrying out activities for healthy lifestyle behaviour change. In addition, recent provincial surveillance results in Atlantic Canada revealed that:

- at moderate and high levels of mental fitness, increases in mental fitness were associated with increases in reported positive affect (unpleasant vs. pleasant affect) among students;

- increases in mental fitness were associated with increases in reported pro-social attitudes and decreases in oppositional behaviours;

- reduction in the probability of smoking in the past 30 days for both male and female students was associated with increases in mental fitness;

- lower levels of mental fitness were associated with higher levels of susceptibility to smoking for both male and female students; and

- the probability of engaging in competitive physical activity increased as mental fitness increased from low to high levels. While not as large, increases in mental fitness were also associated with increases in participation in non-competitive physical activity (HERG, 2007).

According to Ryan and Deci (2008), psychological needs associated with relatedness, competency and autonomy may either be met or thwarted within social relationships and interactions. Ideally, mental fitness approaches should be applied in a proactive manner to foster the psychological well-being of all children and youth within their natural social environments. In this regard, schools, homes and communities are key settings for intentionally addressing mental fitness or psychological needs. Some potential implications for contributing to psychological wellness may include:

- empowering children and youth to collaborate with their peers to develop their own solutions for specific problems (autonomy, competency, relatedness);

- suspending judgment and encouraging children and youths to express their thoughts and feelings in classroom and home discussions (autonomy);

- providing opportunities for children and youth to identify and use their strengths in academic work (autonomy, competency);

- encouraging children and youth to be involved in a wide range of activities that include emphasis on their interests and preferences (competency, autonomy);
- emphasizing fairness and social inclusion in small group, school-wide and community learning activities (relatedness);
- reaching out and involving specific groups of children and youth who do not feel part of the school or community (relatedness, autonomy); and
- focusing on developing positive working relationships with parents and members of the community (relatedness) (HERG, 2007).

Self-Efficacy

Self-efficacy beliefs are the perceptions people hold regarding their ability to perform successfully in a particular situation. In other words, does a person perceive that they have the necessary skills to successfully complete a given task? Self-efficacy beliefs are shaped over time and impact many aspects of people's lives including their goals, their decision-making and how much effort they will direct towards completing an activity, including their level of persistence when facing personal obstacles or challenges (Hejazi, Shahraray, Farsinejad & Asgary, 2009; Leurs, Bessems, Schaalma & de Vries, 2007).

Research indicates that students with high self-efficacy are more likely to seek challenges, persist in the face of challenge and use effective strategies to address problems when compared

with their peers with low self-efficacy. In addition, research has also identified a positive link between student self-efficacy, academic achievement and their use of meaningful learning strategies (Linnenbrink & Pintrich, 2003; Lane & Lane, 2001). Perceptions of self-efficacy in children and youth involve their perceptions of whether they are capable of successfully meeting personal, academic, health or social goals. Key means for increasing levels of self-efficacy include:

- experiencing repeated success on tasks (mastery);
- seeing others be successful (modeling); and
- receiving words of encouragement and affirmation from others (social persuasion) (Tucker & McCarthy, 2001).

Positive Mental Health Correlates with Healthy Development

In the literature, positive mental health approaches and practices have been positively correlated with healthy and enhanced physical and emotional developmental outcomes in children and youth. The key positive mental health concepts outlined in the preceding sections revealed a range of educational, physical health and psychosocial benefits related

to the use of positive mental health perspectives and practices. In this regard, applications of positive mental health concepts were associated with:

- identification and effective management of emotions;
- promotion of normal and healthy child and adolescent development;
- exploration and use of children's and youths' strengths and capacities;
- development of meaningful family, school and community relationships;
- enhancement of positive coping and problem-solving skills;
- creation of meaningful and positive learning environments;
- increased participation in structured community recreational and leisure activities;
- enhanced respect and appreciation for diversity and individual differences;
- increased understanding and de-stigmatization of mental health conditions;
- enhanced opportunities for children and youth to demonstrate age-appropriate autonomy and choice;
- heightened sensitivity to the needs of others and demonstration of pro-social behaviours;
- increased involvement in structured and unstructured physical activities;
- reduction in high-risk behaviours (e.g. tobacco use);
- enhanced academic achievement and school attendance;
- decreased oppositional behaviour; and
- increased academic confidence and engagement.

According to Deci and Ryan (2007), positive mental health approaches and perspectives contribute to psychological wellness and increased readiness to pursue goals related to healthy lifestyle change and personal growth. From their perspective, individuals with positive mental health are more likely to be self-determined; that is, "to think about and act on personal decisions to contribute to emotional and physical growth" (HERG, 2007, p. 4).

Positive Mental Health in Schools

Schools as a Critical Setting for Positive Mental Health

According to Stewart, Sun, Patterson, Lemerle and Hardie (2004) the role of the school has been regarded, both nationally and internationally, as an important environment for promoting the psychological wellness and resilience of children and youth. Schools provide a "critical context for shaping children's self-esteem, self-efficacy and sense of control over their lives" (p. 27). Given that children and youth spend more than six hours daily and over 180 days a year in school, the educational context provides key opportunities for delivering activities and comprehensive initiatives related to positive mental health. As children move into their early and later teen years, schools may play an even greater role than the home context in influencing youth, given the powerful influence that teacher support and peer networks have within the educational settings (Stewart, 2008; Stewart et al, 2004).

Policy-makers and practitioners from both the education and health sectors have recognized the critical importance of mental health and the potential roles that schools can play in promoting the positive mental health of all students, including those already identified or at risk of developing mental health problems (Aldinger, Zhang, Liu, Pan, Yu, Jones & Kass, 2008; St. Leger, Kolbe, Lee, McCall & Young, 2007). Schools are a unique community setting where the greatest number of children and youth can be accessed and supported. Although schools traditionally have been concerned with the provision of educational services, current research and practice-based perspectives assert the importance of mental health to learning, as well as to the social and emotional development of students (Kopela & Clarke, 2005). Given "the important interplay between emotional health and school success, schools must be partners in the mental health care of our children" (NCMHPYVP, 2008, p. 1).

The promotion of mental health for all students involves responding effectively to learning challenges and needs, as well as promoting the well-being of every student. In order to accomplish these goals, educational and health professionals, in collaboration with community stakeholders, must:

- combine efforts and resources to create continuums of school and community-based care and support that foster the positive development of children and youth, and that prevent the development of mental health-related concerns;
- organize evidence-informed early intervention services and supports that are easily accessed in a timely fashion; and
- provide continuity of assistance for those with chronic conditions who require more intensive supports (Adelman & Taylor, 2006; NB ISD, 2009; GermAnn, 2009).

Within the school context, positive mental health promotion should focus on enhancing protective factors that contribute to the social-emotional growth of children and youth, and decreasing specific risk factors that impede psychosocial development. Key strategic actions for positive mental health promotion include:

- implementation of supportive public and school policies;
- development of safe and caring environments within school and community settings;
- provision of direct instruction for students on skills and strategies that enhance their coping and problem-solving capacities;
- ensuring engagement and mobilization of community members in promoting protective factors; and
- development of collaborative and integrated services and supports that share a common vision for positive mental health promotion (Rickwood, 2007).

Health Promoting Schools

A systematic review carried out by the World Health Organization (WHO) (Stewart-Brown, 2006) revealed that school-based programs "are particularly effective if developed and implemented using approaches common to the *health promoting schools* approach" (Cushman, 2008, p. 232). In the Canadian context, the health promoting schools approach is known as *comprehensive school health*. This review highlighted 17 studies that evaluated interventions involving all students and that included the promotion of some aspect of positive mental health. School-based health promotion activities ranged from single intervention classroom-based approaches to the implementation of comprehensive programs that involved classroom, school-wide and community-based efforts. Evidence of effectiveness was noted for school-based initiatives that adopted a whole-school approach and that included major characteristics associated with the health-promoting schools model (e.g., student skill development, changes in the school environment, participation of parents and members of the local community). In addition, programs that were implemented continuously beyond one year were identified as more likely to be effective (Stewart-Brown, 2006).

According to the World Health Organization (1997), health promoting schools are defined as ones "in which all members of the school community work together to provide pupils with integrated and positive experiences and structures which promote and protect their health. This includes both the formal and the informal curriculum in health, the creation of a safe and healthy school environment, the provision of appropriate health services and the involvement of the family and wider community in efforts to promote health" (p. 2).

This definition can be elaborated by considering the ten guidelines for health promoting schools outlined by the International Union for Health Promotion and Education (IUPHE) in 2009. These principles assert that health promoting schools:

- promote the health and well-being of students;
- enhance the learning outcomes of students;
- uphold social justice and equity concepts;
- provide a safe and supportive environment;
- involve student participation and empowerment;
- link health and education issues and systems;
- address the health and well-being issues of all school staff;
- collaborate with parents and the local community;
- integrate health into the school's ongoing activities, curriculum and assessment standards;
- set realistic goals built on accurate data and sound scientific evidence; and
- seek continuous improvement through ongoing monitoring and evaluation (p. 2).

Although there has been widespread international recognition of the efficacy of health promoting schools, Cushman (2008) asserts that "there is still debate around the precise meaning of a *health promoting school"* (p. 232), and the key processes that support the effectiveness of this model. A recent multiple-case study carried out by Inchley, Muldoon and Currie (2007) investigated the implementation of four health promoting schools over a four-year period. This study revealed a range of key factors that had contributed to the development and successful implementation of these sites. These factors included:

- *Ownership and empowerment*: "A sense of ownership by the individual schools was considered crucial to the success of the project...Members of staff were more likely to buy in to the project when it was rooted in the school and they had control over development and implementation" (p, 69).
- *Leadership and management*: "Where senior management did take the lead, it gave the project status and their involvement was considered crucial to effective implementation, even if they were not participating at an operational level...Senior management involvement/leadership helped to embed the health promoting school concept in the life of the school" (p. 70).
- *Collaboration*: "Partnership working or 'intersectoral collaboration' is a core principle of the HPS....Within these schools, the process of forming a group was a valuable learning experience and a number of important steps towards

establishing effective alliances were made. These included identifying key players, allocating roles clearly, and establishing effective communication channels" (p. 70).

- *Integration*: "Integrating new initiatives into the ongoing life of the school is considered crucial to sustainability in the longer term....Some schools found it more difficult than others to identify links with existing practices and priorities. Where links were perceived, the project was more likely to become a core element of the ongoing work of the school" (p. 71).

Comprehensive School Health Framework: A Model for Positive Mental Health Promotion

The Comprehensive School Health framework has been recognized internationally as a better practice framework for supporting children and youths' academic development concurrently with addressing school health areas in an intentional, multifaceted and integrative manner. Comprehensive school health:

- affirms that physically and emotionally healthy children and youth are more likely to reach their academic potential;
- recognises that the school setting has the potential to contribute positively to students' positive mental health;
- promotes the belief that healthy lifestyle choices positively impact children's and youths' physical health and emotional well-being;
- integrates health into all aspects of school and learning;
- bridges health and education concerns and systems; and
- requires the support and collaboration of families, community members and services providers (JCSH, 2009).

The comprehensive school health framework involves a whole school approach that includes four inter-related pillars that provide the foundation for this model. They include:

- social and physical environment
- teaching and learning
- healthy school policy
- partnerships and services (JCSH, 2009)

Figure 1: Comprehensive School Health Framework – Joint Consortium for School Health

The following sections provide an overview of promising approaches cited in the literature that may be applied in the school context to promote positive mental health outcomes among children and youth. The highlighted perspectives and practices are organized according to the major pillars of the comprehensive school health framework.

Pillar I: Social and Physical Environment

PILLAR I
SOCIAL AND PHYSICAL ENVIRONMENT

According to the Joint Consortium for School Health (2009), the *social environment* is defined as the quality of the relationships among staff and students in the school, and the emotional well-being of students, as well as the attachments that students have with their families and members of the wider community. *Physical environments* include the buildings, grounds, play spaces and equipment within and surrounding the school. This pillar of comprehensive school health challenges educators and administrators to attend to all aspects of the learning environment in order to meet the emotional, physical and academic needs of a diverse population of children and youth. The key perspectives and practices outlined for this pillar are organized according to three specific theme categories:

- physical and emotional safety
- school and classroom climate
- use of physical spaces

Physical and Emotional Safety

Within a comprehensive school framework that includes positive mental health promotion, safety for learning includes both physical safety and emotional/psychological safety. The creation of a safe environment involves both advanced planning and ready responses in times of crisis. Key considerations for proactive planning include:

Physical Safety

- Ensure that signs are posted, exits are identified and illuminated, and halls are clear to facilitate ease of movement.
- Have emergency codes and procedures posted in hallways and in classrooms. Review these on a regular basis with school staff and students.
- Assign educational staff to monitor student movement at doors and hallways at times of arrival, departure or class transitions.
- Ensure that all school staff and students have a clear understanding regarding positive behaviour expectations in the classroom, halls, lunch area and during community or special events. These expectations should be reviewed at the outset of the school year, as well as before and after vacation breaks.
- Collect data from school staff and students on areas of concern related to physical safety. Use such data to identify problems and potential responses.

Emotional Safety

- Encourage staff to learn students' names as soon as possible and to greet them by name each day.
- Ensure that students who are identified as at-risk or needing additional support have a staff member assigned to them who will take additional initiative and make a positive connection.
- Review behavioural expectations with students and practice specific behaviours, skills or routines with them to ensure positive participation in classroom and school activities.
- Ensure that educational and school staff model respectful behaviour towards their colleagues and students.
- Respond in a timely fashion to reports of harassment, name-calling or bullying. Implement responsive strategies that support identified victims and apply restorative processes to re-engage students who have initiated any form of harassment or bullying towards others (Minneapolis Public Schools, 2009; Riley, 2001).

In addition, the implementation of school-wide programs that emphasize social and emotional learning also contributes to key practices and interactions that support the

creation of a physically and emotionally safe school environment. Promising programs include the Olweus Bully Prevention model, Second Step Social Skills Curriculum and Positive Behaviour Intervention Supports (Minneapolis Public Schools, 2009).

A recent concern and potential threat to emotional and physical safety has been the emergence of cyberbullying. According to Diamanduros, Downs and Jenkins (2008), technology "has removed the schoolyard parameters from traditional bullying and expanded the problem to the borderless cyberworld" (p. 693). Patchin and Hinduja (2006) describe cyberbullying as an intentional act that harms another person through the medium of electronic text. Suggested strategies for addressing cyberbullying include:

- holding information sessions for parents that increase their awareness of cyberbullying and warning signs associated with their own children's use of technology;
- establishing mentoring programs that involve older students assisting younger peers in understanding cyberbullying and learning about responsible technology use;
- assessing the seriousness of cyberbullying comments and intent with the support of school-based student services personnel;
- creating clear policies on cyberbullying and sharing these with students and parents during school orientation meetings; and
- developing interactive lessons on appropriate technology use to be presented by media specialists in collaboration with school counsellors and teachers (Diamanduro et al., 2008).

School and Classroom Climate

School and classroom climate may be defined as "the quality and character of school life. It is based on patterns of school life experiences and reflects norms, goals, values, interpersonal relationships, teaching, learning and leadership practices, and organizational structures" (NSCC et al., 2008, p. 5). A critical preliminary step in addressing school and classroom climate is the establishment of a common understanding of this concept among school staff, students and parents and its link to the creation of environments conducive to learning. The next step involves assessing the existing school climate and identifying actions that can be undertaken by the whole school community to promote or sustain attitudes and practices that will contribute to a positive learning environment. Assessing school climate often requires the review of multiple data sources. This may include reviewing:

- *Perception survey results*: These survey outcomes may provide valuable information regarding the extent to which the school climate is regarded as positive by students, parents and faculty.
- *Student discipline records:* These sources of information may include office referrals or suspension and expulsion records. These records often contain

information on the number of students being referred for discipline, and whether any one sub-group of students is being disproportionately referred for discipline or suspended.

- *Class or school attendance records*: These sources of information provide data related to lateness and patterns of absence related to specific sub-groups of students, teachers or subject areas.

- *Participation records*: Records that account for student participation in school clubs or extra-curricular activities may provide useful information regarding the number of students who are involved in varied in-school and out-of-school activities (CCSRI, 2009).

According to Willms, Friesen and Milton (2009), developing plans to positively impact school-wide and classroom climate requires designing actions that contribute to the enhancement of students' engagement socially, academically and intellectually. They define student engagement as "the extent to which students identify with and value schooling outcomes, have a sense of belonging at school (*social engagement*), participate in academic and non-academic activities (*academic engagement*), strive to meet the formal requirements of schooling, and make a serious personal investment in learning (*intellectual engagement*)" (p. 7). Addressing student engagement involves understanding and responding to the school experience and perspectives of students. It is critical that educators and parents understand how students feel about school life (Are they frustrated, anxious, bored or depressed?); their own achievements (Are they excited about what they are learning? Are they learning at all?); and their relationships with others (Do they feel good about themselves? Do they feel cared about by others?) (p. 7).

Use of Physical Spaces

Health promoting schools benefit from a commitment to the universal design of their physical spaces. The principles of universal design suggest that "rather than designing your facility....for the average user, you design them for people with a broad range of abilities.... and other characteristics" (Burgstahler, 2009, p. 1). With proactive planning measures in place, the needs of individuals with physical challenges, disabilities and indeed all those who benefit from well-designed and welcoming spaces are addressed in an atmosphere of full inclusion and acceptance of diversity. Physical spaces should be designed to ensure that all students and school staff:

- feel welcome;

- can access facilities and manoeuvre within them;

- are able to fully participate and benefit from learning activities ; and

- make use of accessible equipment and software (2009).

When applying universal design principles to the development or renovation of physical spaces in schools, it is essential to consider the diversity of the school community at all stages of planning. Burgstahler (2009) identifies the following steps for applying universal design to physical spaces in an educational context:

- *Identify the space*. Select a physical space; consider the purpose of the space, location, dimensions, budget and other issues that affect design.

- *Define the universe*. Describe the overall population and then consider the diverse characteristics of potential members of the population who might use the space (e.g., students, staff and visitors with diverse characteristics with respect to gender, age, size, ethnicity and race, native language, learning style, and their ability to see, hear, manipulate objects, read and communicate).

- *Involve consumers*. Consider and involve people with diverse characteristics (as identified in Step 2) in all phases of the development, implementation and evaluation of the space.

- *Adopt guidelines or standards*. Review research and practice to identify the most appropriate practices for the design of the type of space identified in Step 1. Identify universal design strategies to integrate these best practices in architectural design.

- *Apply guidelines or standards*. Apply universal design strategies in concert with other best practices identified in Step 4 to the overall design of the physical space (e.g., aesthetics, routes of travel) and to all subcomponents of the space (e.g., signage and restrooms, sound and fire and security systems).

- *Plan for accommodations*. Identify processes to address accommodation requests by individuals for whom the design of the space does not automatically provide access (e.g., cafeteria staff members should know how to assist customers who are blind).

- *Train and support*. Tailor and deliver ongoing training and support to staff who manage the physical space. Share institutional goals with respect to diversity and inclusion and practices for ensuring welcoming, accessible and inclusive experiences for everyone using the space. Explain the reasoning behind design decisions so that design integrity is maintained over time (e.g., make sure that staff know not to configure furniture in such a way that it creates physical barriers to wheelchair users).

- *Evaluate*. Include universal design measures in periodic evaluations of the space, evaluate the space with a diverse group of users and make modifications based on feedback. Provide ways for ongoing input to occur (e.g., through online and printed instruments and signage that requests suggestions from facility users) (p. 2).

Pillar II: Teaching and Learning

This pillar includes learning activities and curriculum approaches through which children and youth acquire developmentally appropriate knowledge, attitudes and skills that contribute to their social and emotional growth and overall psychological well-being. Each of the approaches outlined underscores the importance of the existence of positive work relationships among students, teachers, educational support staff and school administration. The key perspectives and practices outlined for this pillar include:

- differences and diversity in the classroom;
- culturally relevant practices;
- cooperative methods;
- autonomy-supportive practices;
- strength-focused applications; and
- social skill development.

Differences and Diversity in the Classroom

Individual differences have been a focus of current research and practice in education. The basic premise of such efforts is that having an understanding of individual differences is beneficial for designing learning activities and routines that affirm students' personal learning preferences and accommodate their learning styles in the classroom context. A widely-used model of individual differences with children and youth is Murphy's (2008) conceptualization of Jungian psychological personal preferences. According to Murphy, children's and youths' personal preferences emerge over the course of childhood and adolescence. Such preferences include four Jungian dimensions, each with a set of bi-polar preferences. These include:

- direction of personal energy (extraversion or introversion);
- cognitive functions related to perceiving information (sensing and intuition);
- cognitive preferences related to evaluation or decision-making (thinking and feeling); and
- outward orientation (judging and perceiving).

Several instruments have been structured to measure personal learning preferences including the Murphy-Meisgeier Type Indicator for Children (Revised 2008), which has been validated for use with students in elementary and secondary schools.

In contrast to structuring classroom practice to accommodate varied personal or learning preferences, other theorists and practitioners have emphasized the importance of creating classroom routines and approaches that respond to the range of diverse needs of all children and youth. With the application of such a universal approach, it is expected that educators will design fewer individual accommodations, potentially reducing any

stigma associated with singling out students with disabilities or learning needs for special programming. General considerations for guiding the development of planning and instructional practices for such approaches might include:

Planning Considerations

- Clearly identify learning objectives and create a concept map or graphic illustration that links learning intent to given learning activities.
- Be explicit about what is expected of students in terms of their participation in learning activities and offer avenues of support that can be engaged as needed.
- Ensure that assessment and evaluation content appropriately reflect key learning objectives and employ a variety of assessment methods.
- Provide students with essential materials that they need to participate in and complete learning activities both during and outside of class times.

Instructional Practices

- Communicate to students your interest in the learning process, your support for their individual learning and your openness to help them with any of their concerns.
- Organize structured learning approaches that include signals for beginnings, check points for assessing learning outcomes and closure points for summary of essential learning content. Build in sufficient time and opportunities within such learning routines for clarifying or re-teaching concepts.
- Assess often and adapt to students' prior knowledge, experience and learning preferences.
- Assist students in developing independent learning skills that they can apply to new situations or areas of personal inquiry.
- Use interactive approaches that are accessible to all students providing time for student-to-student interactions and student-to-teacher interactions about learning (University of Guelph, 2003).

Culturally Relevant Practices

In inclusive classrooms, teachers strive to be responsive to students on both individual and cultural levels. The actual degree of inclusiveness is often significantly affected by the types of interactions that take place among students and teachers in the learning context. Such interactions may be influenced by:

- curriculum content;
- prior teacher and student assumptions and awareness of potential multicultural themes and issues;

- instructional plans including the ways students are grouped for learning;
- teachers' knowledge about the diverse backgrounds of students; and
- teachers' decisions, comments and behaviours during the process of teaching (Saunders & Kardia, 2009).

Current education training methods underscore the importance of teachers getting to know students in their classes individually and learning about their racial, ethnic and cultural backgrounds. Other theorists suggest that professional teacher self-reflection is critical for clarifying and evaluating assumptions related to cultural diversity and that such processes should be undertaken as part of professional development and supervision activities.

Teachers can also create opportunities for increasing understanding and appreciation of cultural diversity among students within the classroom context. Some useful practices may include:

- presenting more than singular perspectives on classroom discussion topics and including perspectives from individuals with varied backgrounds and experiences;
- inviting students, as well as their family members to act as resources of knowledge for sharing culturally relevant traditions and practices;
- making the classroom an inviting space through regular opportunities for dialogue among students, family members and members of the wider community;
- using multicultural literature as a resource for understanding key perspectives; and
- creating learning opportunities for communication and learning new languages within the classroom (NCREL 2009; Patton, Glover, Bond, Butler, Godfrey, DiPietro & Bowes, 2000).

Cooperative Methods

Cooperative learning is an instructional approach for teaching students how to learn collaboratively with their peers. "It uses heterogeneous groups as a tool for creating a more cooperative classroom in which students' achievement, self-esteem, responsibility, high-level thinking, and favourable attitudes toward school increase dramatically" (Bellanca & Fogarty, 2003, p. 43). According to Marzano, Pickering and Pollock, "of all the classroom grouping strategies, cooperative learning may be the most flexible and powerful" (2001, p.91).

Before cooperative learning can be introduced, educators have the tasks of determining how to group students, as well as instructing students in the social skills that will ensure an effective implementation of cooperative learning strategies. Bellanca and Fogarty

indicate that cooperative groups generally consist of two to five students who may differ in terms of key characteristics such as gender, race, ability or skill level and motivation. Once groups are formed, teachers may use a strategy such as a T-chart to present and teach cooperative social skills to students. In the T-chart activity students discuss what cooperative learning "looks and sounds like" (2003, p. 43).

Current evidence and documented action research suggest that cooperative learning strategies contribute to:

- significant reductions in off-task behaviour during instructional periods (Cartney & Rouse, 2006);
- increased collaborative interactions among students in finding solutions;
- enhanced social skills and self-esteem of students in the group context (Veenman & Kenter, 2000);
- opportunities for expression and appreciation of diverse perspectives (Mueller & Fleming, 2001); and
- enhanced academic engagement and outcomes (Capros, Cetera, Ogden & Rossett, 2002).

Autonomy-Supportive Practices

Deci and Ryan (2000), the creators of Self-Determination Theory (SDT), assert that children and youth possess inner motivational resources that may be supported or impeded by conditions they experience in the classroom context. These resources include their inherent needs and growth propensities to proactively seek out and constructively engage in learning opportunities and challenges in their current living and social contexts. According to SDT, teachers who adopt autonomy-supportive approaches plan instruction strategies that engage and nurture these inner resources. In contrast, more controlling educational routines and interactions serve to impede or thwart the expression of children's and youths' inner motivation (Reeve, Deci & Ryan, 2004). As Reeve (2006) asserts:

> Autonomy-supportive teachers facilitate by identifying and nurturing students' needs, interests, and preferences and by creating classroom opportunities for students to have these internal states guide their behaviour. In contrast, relatively controlling teachers interfere with students' self-determination because they ask students to adhere to a teacher-constructed instructional agenda that alienates students from their inner motivational resources and instead defines what students should or must do (p.228).

Current evidence-based literature also indicates that students taught by autonomy-supportive teachers, compared to students taught by controlling teachers experience a greater range of positive personal and academic-related outcomes including:

- greater perceived competence;
- a preference for optimal challenge over easy success;
- an enhanced sense of well-being;
- better academic performance; and
- academic persistence rather than dropping out of school (Black & Deci, 2000; Reeve, 2006; Reeve, Jang, Carrell, Barch & Jeon, 2004; Reeve, Nix & Hamm, 2003).

Research has also revealed a range of key practices that are associated with the approaches undertaken by autonomy-supportive teachers in the classroom. These practices include:

- using effective listening skills;
- communicating information-rich language and avoiding use of controlling words and phrases;
- validating perspectives that are shared or expressed by students;
- explaining the value and rationale of given routines which may not be of interest to students;
- linking students' interests, preferences and strengths with learning content and instructional activities;
- creating opportunities for students to design their own approaches for working;
- providing activities in which students can talk about learning with their peers;
- organizing learning materials and seating arrangements so students can work with concrete materials and interact, rather than watching and listening passively; and
- praising instances of progress and accomplishment (Reeves, 2006).

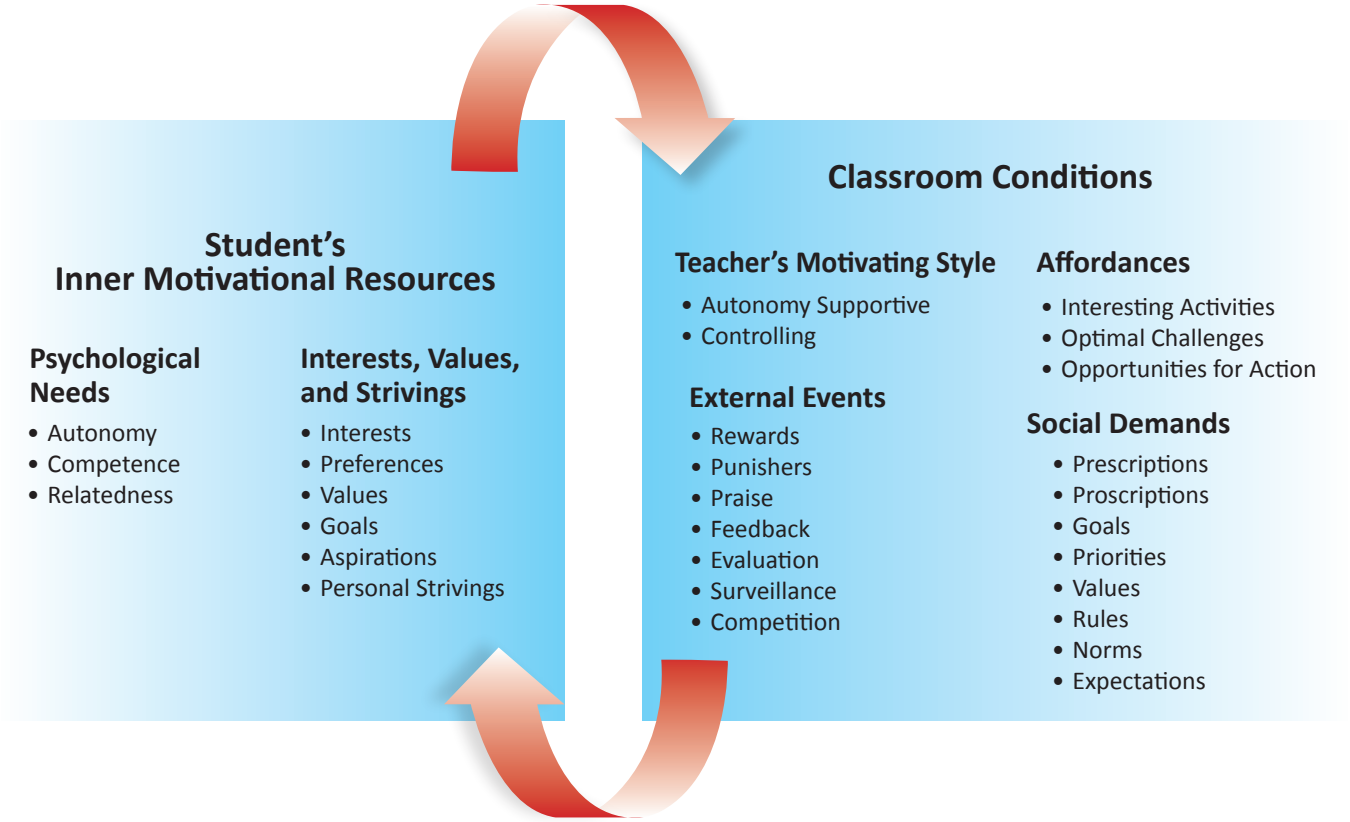
Strength-based Approaches

The use of strength-based approaches within school curriculum activities and social interactions requires an initial exploration with students of their points of personal connection that reflect their preferences, interests, areas of competency and aspirations. Such points of connection may be explored by asking students to share personal stories of strength related to:

- activities or things they like to do for fun (fun - intrinsic motivation);
- important people and relationships in their home, school or community settings (belonging);

- activities and experiences that provide them with a sense of accomplishment (worth); and
- choices, dreams or aspirations they have for the present or future (choices, autonomy).

The proactive student engages in classroom learning activities as an expression of self and out of desire to interact effectively in the classroom environment.



Classroom conditions sometimes nurture and enrich the student's inner resources and positive functioning, but other times disrupt and thwart these inner resources, leading to less optimal development.

As students recount stories of strength, educators can record their narratives in the form of a word or story web. During web activities, educators may encourage students to elaborate on their stories through asking open-ended questions and reflecting their understanding through thoughtful comments and summaries (NBYC, 2009; MacLean, 2009).

As areas of strength and personal connection are explored and identified, they can subsequently be used as potential content theme areas for the development of specific curriculum strategies for. Applying points of personal connection to differentiate instruction or academic plans may include:

- developing independent study projects on particular areas of interest for individual students or small groups;
- linking students with school or community mentors who have specialized knowledge or skills related to areas of student interests or strength;
- providing opportunities for students to demonstrate or celebrate areas of strength or interest through special events, performances or presentations; and
- planning special lessons, field trips or initiatives that incorporate theme areas relevant to important student relationships, accomplishments or goals (NBDoE, 2009).

Social Skills Development

The development of social skills is critical for initiating and maintaining friendships with peers and adults. Early identification of children and youth who experience difficulties with social or communication challenges is essential for assisting them develop core social skills that can be applied within their daily routines and interactions with others. Social skills training literature underscores the value of instructional components that include:

Identification of needed social skills: This may include identifying specific social skills needs through observation, standardized checklists completed by teachers or parents, discussions with students about social situations and their perceptions of specific social challenges and the social skills they need (Kirby, 2004).

Direct instruction of targeted social skills: Using children's literature and social stories that reflect students' current social contexts has many benefits for teaching social skills. As a tool for teaching:

- Stories provide interesting and novel introductions to social skills instruction for students.
- Literature-based and developed social stories include themes and topics that can be applied to a wide range of social skills including initiating conversations, making friends, playing together and sharing.
- Stories provide examples of successful social competencies in action and models that students can recall and from which they can practice key social skill steps.
- Stories also provide characters and situations that may be related to their own feelings and perspectives (Chatwin, 2007).

PILLAR II
TEACHING AND LEARNING

After introducing key social skills steps through developed social or literature-based stories, social skills lessons should include opportunities for modelling and peer practice of target social skills.

Social skills practice in natural settings: In addition to practicing targeted social skills during direct instruction lessons, students should have opportunities to practice such skills in their natural environment. This may be in the classroom, on the playground, at home or in social activities in the community. Mentorships or supportive relationships with peers or adults within these settings provide opportunities for additional support for practicing and generalizing key social skills. Similarly, the use of social stories may also be helpful in these contexts for recalling and putting into practice previously learned social skills (Kirby, 2004).

Evaluation: It is critical that follow-up with students be undertaken to review with them their experiences in applying social skills in their daily social interactions with others. Such student-teacher interactions provide opportunities to clarify potential challenges in applying specific social skills steps, as well as to re-teach or extend additional supports to students as required.

Pillar III: Partnerships and Services

PILLAR III
PARTNERSHIPS AND SERVICE

This pillar underscores the importance of building strong relationships between the school, students' families and members of the wider community. In addition, this foundation component also includes the formation of partnerships among district and school educational authorities, departmental services, non-government agencies and other community stakeholders. The approaches outlined in this pillar emphasize the importance of implementing collaborative and integrative efforts for positive mental health promotion. The key perspectives and practices outlined in this area include:

- sustained family contact and communication;
- adult-student mentorship programs;
- partnerships with family and youth-serving agencies; and
- school and community-wide mobilization activities

Sustained Family Contact and Communication

Davis and Yang (2009) underscore the importance of maintaining ongoing communication and contact with parents, caregivers and families over the course of the school year. Key reasons include:

- *Families need information in order to be partners in education:* Regular communication allows adults in the home context to know what is happening in their children's class and school contexts, and opens up communication about ways they can play a supportive role in their children's development.
- *Frequent contact fosters positive school-home relationships:* Infrequent communications often focus on problems or challenges that are encountered

with respect to students' performance or behaviour in the educational setting. In contrast, ongoing communication provides a means for reporting on growth and positive aspects of students' functioning over the school year.

- *Sustained communication builds trust and supports collaborative problem-solving*: Sustained positive communication and contact contributes to the development of positive working relationships with caregivers and family members. Over time, development of trust provides a strong foundation for working collaboratively on more difficult issues or concerns that may arise related to specific school issues or the functioning of their children.

A variety of key methods may be employed by teachers and education personnel to maintain active contact and communication with parents. These include:

- *Positive news phone calls*: These contacts are intended to share something positive that has been noticed or observed about a student with their family. It may be advantageous at the outset of the year for teachers to ask parents or caregivers when the most convenient time for them to call would be. In some instance, such calls could be scheduled on a regular basis, for example every two-to-three weeks.

- *Periodic postcards:* Similarly, at the beginning of the school year, students can be invited to write their addresses on postcards. When there is positive news to share about the student, a note can be written down and easily dropped into the school mail.

- *Occasional e-mails*: For those with access to email, this can serve as a means for maintaining communication with parents and caregivers about their children's progress and functioning. For addressing issues or concerns of a more confidential nature, in-person or phone contacts are preferable.

- *Weekly or biweekly newsletters:* Newsletters about classroom happenings are a positive way for families to become aware of classroom events and activities with which their children are involved.

- *Daily or weekly "exit passes":* This communication strategy involves having students fill out about a half page of prompts such as *Today I was proud that*. Students then choose the prompt they would like to take home to their parents and family.

- *Weekly learning portfolios:* This communication strategy involves having students take home samples of their work and accomplishments to share with their families. After reviewing the folders, parents are invited to record their comments on a form or sheet within the portfolio (Davis & Yang, 2009, p. 61-64).

Adult-Student Mentorship Programs

Building positive attachments among children and youth with caring adults is a critical consideration for supporting positive growth and development. Such relationships within the school and community provide them with sustainable sources of social support and opportunities to learn skills that contribute to their resiliency.

Mentorship programs have been found to have a positive influence, especially where youth are matched with caring adult mentors who have experienced similar issues and have a genuine respect and affection for youth. Research on such programs indicates they are associated with increased school participation, reduced involvement with negative peer associations and enhanced skills to refuse alcohol and substance use. Of particular importance in organizing mentorship programs is the matching of adult mentors with youth. Key areas for consideration in establishing mentoring relationships include creating a comfortable environment for both youth and adults, finding common interests and activities and developing guidelines to structure mentorship activities and interactions (CCHRC, 2002).

Partnerships with Family and Youth-Serving Agencies

School sites may also be utilized as central locations for the delivery of coordinated services for youth and their families. In this regard, school jurisdictions may be in a unique position to establish partnerships with local and regional service agencies to provide timely step-up services for children, youth or their families who may require additional support or early intervention services (Kirby & Keon, 2006; Welsh, Domitrovich, Bierman & Lang, 2003). Step-up services involve increasing children, youth and their families' access to a wider array of services and intensity of support to address areas of identified concern or need (Hawkins & Catalano, 2004). The benefits of such efforts include:

- provision of accessible services without the need to travel to attend appointments;
- reduction in missed school time usually associated with accessing additional supports or services; and
- coordination of services and supports for students and their families within the school context (NBISD, 2009).

Such school-based services might include support from youth-serving agencies, local police, mental health services, addiction counsellors and other providers representing a range of health and social programs (Welsh et al., 2003). Such supports and early intervention efforts emphasize the importance of incorporating strategies that foster students' positive growth and development and that strengthen their engagement and positive participation in the school context (CCHRC, 2002).

School and Community-wide Mobilization Activities

Schools may also act as catalysts for the creation of community-wide plans or strategies for the promotion of positive mental health practices both within and beyond the education context. Such approaches are often broad-based and targeted to promote a wide range

of protective factors at the family, school and community level. In addressing community-wide approaches, some theorists assert the importance of assessing the community's readiness to change. The Community Readiness Model provides a beneficial framework to school and community leaders for planning regional strategies to promote positive mental health perspectives and practices (Health Canada, 2008). This model serves as a guide for evaluating the level of community readiness to embrace, promote and sustain such efforts within their local regional jurisdictions. The theory underlying this approach postulates that unless the community is ready to initiate such efforts, it is conceivable that they will not happen or succeed. The underlying principles of this theoretical model are as follows:

- Communities are at various stages of readiness with respect to specific issues or problems.
- The stage of readiness can be assessed and documented.
- Communities can proceed through a series of stages to formulate, implement and sustain positive changes in health and behaviour.
- It is essential to structure specific intervention approaches based on the community's level of readiness (Edwards, Jumper-Thurman, Plested, Oetting & Swanson, 2000).

Within such mobilization efforts, it is critical that children and youth be invited to be meaningful participants. This includes recognizing children's and youths' membership of the school and larger community, providing forums to hear and document their perspectives on setting goals for mobilization and incorporating opportunities for using their strengths and gifts in the execution of mobilization activities and initiatives. Creating readiness for children and youth participation in such activities could include:

- holding forums in which children and youth can exchange perspectives with caring adults on issues and themes that affect their lives in the school, home and community settings;
- inviting children and youth to provide input in decision-making, problem-solving and action-taking activities within school groups, youth clubs, non-government agencies and volunteer organizations in the community; and
- providing children and youth with opportunities to demonstrate leadership skills through participation in joint school-community action groups, advisory committees or training events designed to develop their communication, problem-solving or interpersonal skills in addressing health and wellness priorities (Brennan, 2008).

Pillar IV: Healthy School Policies

Healthy school policies include leadership practices and decision-making processes, as well as guidelines, rules and procedures that affect how programs, services and relationships are negotiated in school and community settings. Effective leadership and enabling policies are critical for supporting the application of positive mental health practices at all system levels. The key perspectives and practices outlined in this area include:

- effective leadership;
- policies that promote safe and caring environments;
- policies for inclusion;
- discipline policies that restore and reconnect;
- policies for professional development and training;
- student services policies that provide timely support; and
- shared policies that ensure system collaboration.

Effective Leadership

Educational leaders and administrators play a key role in communicating the importance of positive mental health promotion and modeling behaviours and actions in their daily routines that are consistent and reinforce these policies. According to the National Center for Mental Health Promotion and Youth Violence Prevention (2009), specific leadership activities that effectively support positive mental health promotion include:

- promoting high academic standards and expectations;
- ensuring that everyone in the building is held accountable for upholding and modeling rules pertaining to respectful behaviour;
- ensuring that every student in the school is assigned an adult who will take time to know and care for that student;
- meeting with key stakeholders to promote positive mental health perspectives and practices as a framework for student success;
- encouraging teachers to consider potential curriculum linkages for embedding positive mental health perspectives and practices;
- adopting and applying school rules and policies that are fair and equitable;
- expanding staff teams that address children's social and emotional needs to include community service providers to ensure coordination across school and community settings; and

- adding social and emotional learning goals to School Improvement Plans (adapted from p. 5).

Policies that Promote Safe and Caring Environments

Policies at the school and district levels that support positive mental health perspectives and practices often include the "articulation of a school improvement goal on student social and emotional development" (NCMHPYVP, 2009, p. 9). In this regard, positive mental health perspectives and practices are recognized and addressed, as are core academic areas such as literacy and numeracy. Policies to foster the social and emotional development of students often support programming in two key areas of health promotion: safe schools, and supportive and caring schools. These policy areas emphasize the need for creating safe environments for all children, as well as the importance of reaching out and extending caring approaches to students at risk for behavioural concerns. Such policies identify safe and caring school climates as necessary ingredients for realizing a sense of belonging and connectedness among all students, and for supporting their academic development and success. A review of provincial and territorial websites revealed that safe and caring school policies support a wide range of recommended practices including bullying-prevention programs, skill development sessions for students, positive behaviour discipline strategies, child advocacy considerations and peer-helper/mentor approaches, as well as consultation and awareness forums for parents and the community (JCSH, 2009).

Policies for Inclusion

Positive mental health promotion requires the implementation of clearly articulated policies related to inclusive education programming. Inclusive education is a philosophical approach to teaching that enhances opportunities for all students to participate in education in an atmosphere of respect and safety. Ideally, inclusive education policies are based on a value system that is student-centered and socially responsible toward all students, including those with exceptionalities. It is essential that such values be shared by schools, families and communities in order to ensure that all students can participate fully and actively in the teaching and learning environment (Gabhainn, Sixsmith, Delaney, Moore, Inchley and O'Higgins, 2007; NB Department of Education, 2000).

Inclusion provides opportunities for students with disabilities to participate in universally-designed education programs and activities, to engage in positive interactions with age-appropriate peers in the school setting and to access needed services and supports. Inclusion policies prioritize the promotion of social responsibility in the inclusive education context through guidelines such as:

- Schools promote students' participation in community volunteer organizations, student government and decision-making on school and community issues.

- Schools ensure that learning opportunities are provided which help students learn about, appreciate and celebrate differences among people.

- Schools ensure that opportunities are provided for students to develop the social skills of sharing, cooperating, communicating and resolving conflicts constructively.

- Schools ensure that opportunities are provided for students to participate fully in co-curricular and extra-curricular activities which will enhance their overall development.

- Schools promote social responsibility among students by providing meaningful experiences in a variety of settings (NB Department of Education, 2000, p. 3).

Discipline Policies that Restore and Reconnect

In some jurisdictions, the use of zero tolerance policies have been used as "a one-size-fits-all, quick-fix solution" (Martinez, 2009, p. 153) to address behaviour problems within the classroom and school contexts. Recent research suggests that zero tolerance policies have been overused in North American, with little research suggesting that they create safer school environments for students or members of the community. Indeed, when students return to school following suspension, they tend to display the same or more severe behaviours (Cassidy, 2005; Noguera, 2003), which often results in administrators repeatedly suspending the same students. Suspension is negatively correlated with academic achievement (Scott, Nelson & Liaupsin, 2001) and a significant predictor that students will eventually drop out of school and be at heightened risk of coming into conflict with the law (Martinez, 2009).

Discipline policies that reinforce positive mental health provide alternatives approaches for addressing student behaviour issues. Such policies support practices that seek to maintain school engagement with students and reconnect them to meaningful academic routines and activities in their home and school contexts (Martinez, 2009). Some alternative responses to zero tolerance policies include:

- carrying out individual problem-solving situations with students following a cool-down period;

- finding points of connection or common areas that could be used to develop rapport and a working relationship with students who have emotional or behavioural issues;

- using restitution or restorative approaches to keep students engaged within the education context;

- developing behavioural contracts that include straightforward steps that students can achieve;

- using solution-focused or motivational interviews to identify plans for resolving areas of difficulty or challenge; and

- organizing mentorship or supportive relationships with key school personnel or community volunteers (Martinez, 2009; NCMHPYVP, 2009; Health Canada, 2008; Paternite & Johnston, 2005).

Policies for Professional Development and Training

Koller (2002) asserts that professional preparedness is critical for engaging teachers in the promotion of positive mental health in their daily interactions and routines with students. Current research suggests that aside from their major instructional content areas, teachers may not feel equipped to apply positive mental health practices (Cramer & Paris, 2001). Koller and Bertal (2006) suggest that all pre-service teachers should be given knowledge about and be able to demonstrate competencies in the delivery of positive mental health approaches. These include:

- understanding the specific role that all teachers have in the prevention of mental health problems;
- possessing skills to design and carry out instructional approaches aimed at creating positive classroom environments, promoting healthy peer relationships and enhancing students' self-concept; and
- having curriculum expertise to create learning activities that link students' strengths with academic content to enhance their engagement and motivation for learning.

PILLAR IV
HEALTHY SCHOOL POLICIES

Ideally, leadership decisions and established policies should provide opportunities for teachers and administrators to acquire essential knowledge and skills related to evidence-informed positive mental health practices.

Student Services Policies that Provide Timely Support

Positive mental health policies should include clearly delineated guidelines and procedures that ensure the provision of service approaches that are responsive to the emerging needs of children and youth. In this regard, positive behaviour support policies and approaches advocate the development of early point in-school student services support systems that screen and identify students who demonstrate or experience specific behavioural, emotional or learning needs. When such challenges in adaptation are noted in the school context, then these areas of student concern should be referred to the school-based student services team. These teams often are composed of student services professionals such as special educators and counsellors, as well as representatives from teaching and administration staff (Alberta Education, 2008).

In many instances, school district specialists including school psychologists or speech language pathologists attend regular monthly or weekly meetings with these teams. When a referral is received, a team problem-solving format is used and possible strategies for early intervention are discussed and acted upon. Team meetings often involve the participation of parents or caregivers and youth. When additional interventions are required, referrals are made to external service providers or specialists. These teams also organize transition plans for students with specific emotional, learning or behavioural concerns as they transition from the school to other educational sites or residential programs (Alberta Education, 2008).

Shared Policies that Ensure System Collaboration

Comprehensive positive mental health approaches require the establishment of policy and practice guidelines that are complementary and that support the provision of coordinated programs and services to children, youth and their families in the school and community contexts. Ideally, educational personnel and health service providers should have adequate knowledge of the range of available programs and resources within the community and schools to support the key components and activities associated with a comprehensive school health framework approach for positive mental health promotion. Strategies for enhancing service providers' awareness of existing school and community capacity may include:

- developing regional or community resource directories outlining positive mental health programs for children, youth and families;
- organizing community fairs and open houses where health and education stakeholders and service providers can promote their services and exchange program information; and
- implementing community-wide planning sessions to strengthen collaborative efforts and develop strategies that address policy gaps or concerns (Murray & Belenko, 2005).

Over time, the outcomes of collaborative and integrative practices may also create opportunities for the establishment of common policies for accessing services and supports, and for working together in a more integrative fashion. These may include common policies related to program referrals and service access, and shared approaches for the provision of school-wide positive mental health promotion or early intervention efforts, as well as common protocols for the exchange of confidential information and collaborative mechanisms for identifying and addressing gaps in services to children and youth or their families (Nissen, Hunt, Bullman, Marmo & Smith, 2004; Weist & Murray, 2007; SIDRU, 2001).

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