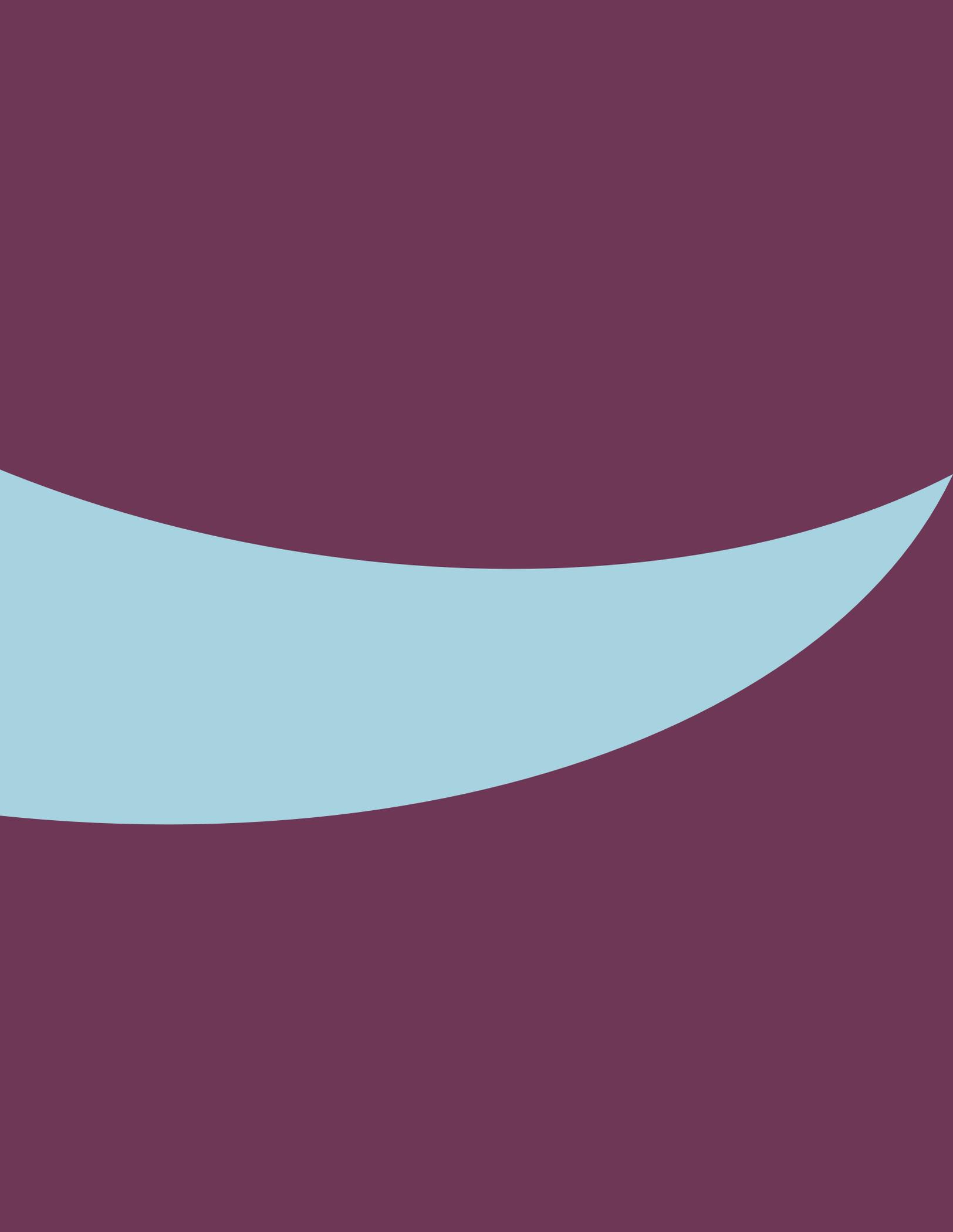


Country Report:

Germany

International Survey *of* Principals
Concerning Emotional *and* Mental
Health *and* Well-Being

2010



International Survey *of* Principals Concerning Emotional *and* Mental Health *and* Well-Being

2010

Conducted by

International Alliance for Child
and Adolescent Mental Health
and Schools (Intercamhs)

Country Report:

Germany

with the

International Confederation
of Principals (ICP)

The German part survey was planned, conducted and evaluated by

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Summary of major findings

1 The link and those in need	75 % of German principals believe that mental health and well-being are “very important” for academic achievement. In the international sample, 90 % are of this opinion. Additionally, one third of principals estimate that almost one out of five students need prevention or intervention services.
2 Major student issues	The three most significant areas of mental health are “family dysfunction or other family problems”, “impulse control” and “other behaviour problems”. Further, principals state that, in their daily work, they most often face “bullying and harassment”, “family dysfunction and other family problems” and “stress/anxiety or depression”.
3 Major staff issues	Major emotional/mental health and well-being issues are “stress”, “anger management” and “anxiety”. In their work with the staff, principals most often face the problem areas “stress”, “anxiety and depression”, “mental disorders and their treatment” and need “support in dealing with parents”.
4 Ministry of Education policies	While more than two thirds of German principals state, that they know of regulations and decrees on general health problems, this only applies to about 50 % of the respondents, where problems of mental health are concerned. Principals who know of at least one regulation on mental health, significantly more often report to implement strategies and programmes relating to mental health, at their schools.
5 Impact of student family income	The perceived family income of students is clearly associated with the total score of all student and staff problems, as well as with specific problem areas. Lower income levels are associated with higher ratings of importance that principals place on student and staff issues. For single problem areas, this also applies to high family income.
6 Need for resources	Principals want resources, training and materials to address five critical areas, including “support for students and families in distress”. Principals report that training programs and materials for their staff, especially in the form of DVDs and videos and Web-based courses, as well as exchange with other principals and experts, would be most useful.

Introduction

This report provides the German data from the recent International Survey of Principals Concerning Emotional and Mental Health and Well-Being (http://www.intercamhs.org/html/principals_survey.html). The International Alliance for Child and Adolescent Mental Health and Schools (Intercamhs), with EDC's Health and Human Development Division serving as Intercamhs Secretariat, and the International Confederation of Principals (ICP) conducted a global, web-based survey of school principals. The purpose of the global survey was to understand:

- if educators see a link between emotional/mental health and academic achievement,
- the major emotional and mental health/well-being issues facing students and staff, and
- policies, professional development, and other resources that principals say they need to respond.

The German part survey was planned, conducted and evaluated by the the Leuphana University, Lueneburg. Together with Germany, 26 countries participated in the survey.

Sample

The web-based survey of German principals was conducted from September to December 2008. The principals were recruited through direct email contact, transfer of information by relevant institutions, as well as by pertinent journals and websites. After data adjustment, the sample of the German part survey encompassed 840 principals. In comparison: The full sample of the other 25 participating countries represented 1,215 principals¹.

The German Federal State of North Rhine-Westphalia accounts for 49 % of the sample, followed by Lower Saxony (28 %) and Schleswig-Holstein (11.8 %). The percentage of female principals (52.5 %) is slightly larger than that of male principals. About half of the respondents (48.5 %) work at elementary schools, 14 % work at special schools, 12 % at Realschulen, 9 % at Hauptschulen (both lower secondary schools), and 5 % at vocational schools. A large majority (71 %) of participating principals serve at small schools with up to 400 students, a further 13 % lead middle sized schools with 401-800 students, and only 11 % lead large schools with 801-1200 students. The high average age of teachers in Germany (Statistical offices of the Federal Republic and of the federal states of Germany, 2008) is reflected in the principals' high number of service years: According to this, about half of the respondents look back on 11-15 years experience as principals. In comparison, this applies to only 34 % of their colleagues from the other countries.

More than 70 % of principals state that their schools represent a broad range of diverse and mixed student populations. Almost 60 % of principals estimate that the family income of their students is low.

^b For more on the collaboration between Intercamhs and ICP, please see Appendix 1.

Overview of findings

The German part study data were analysed by reporting basic frequencies and conducting correlational analysis and ANOVAs to examine the relationships between the various sample characteristics, under the statistical programme SPSS for Windows (version 16.0). Some bias may have been introduced since the sample was not representative of the whole number of German principals. While some areas show a high correlation with the international findings, there are other areas where the German data differ noticeably from the global information.

There are several important findings:

- The majority of German principals (74 %) see emotional/mental health and well-being of students to be “very important” for academic performance. In international results, the rate is higher (90 %).
- The problem areas rated most important by the German respondents (“family dysfunction or other issues”, “impulse control”, “other behaviour problems”) differ slightly from the international results, where “bullying and harassment” are rated higher in importance. Relating to the staff, the top mental health issue (“stress”) that German principals identify is the same as in the global dataset.
- The issues German principals report as most important in their work, as it relates to students, are “bullying and aggression” (14 %), relating to the staff they are most often confronted with problems from the areas “stress”, “anxiety” and “depression” (30 %).
- As in the global dataset, principals rate mental health and well-being issues of staff as less important (2.55) on a five-point scale across all problem areas than those of students (3.04).
- Compared to the international findings, German principals report less knowledge of regulations and decrees on the mental health of students (34.8 %), whereas there are no differences concerning the knowledge about regulations/decrees on the mental health of staff (34.5).
- Lower student family income levels are clearly associated with high ratings of importance that principals place on student and staff issues. This trend is similar in both the German sample and the global dataset.
- Regardless of years of experience, principals strongly indicate that they need professional development to address a variety of issues. Primarily the areas “student and family support for those with more serious problems” and “knowledge of effective promotion/prevention strategies and their implementation” are of special importance for principals in Germany. These results are very similar to the global data.

The evolution of school mental health in Germany

The administrative responsibility for educational and hence also for health issues in German school settings fall within the jurisdiction of each of the 16 federal ministries of education. Thus, no uniform regulations are in place on education and mental health. However, on the basis of its regulations, and anchored in school laws, each federal state foresees the statutory task of “health education”, which is also applicable to mental health issues. Beside these general health education tasks, further topics and areas of health care can be found in most school regulations, under the term of “school health care”². While the concept of “school health care” mainly defines measures of school medical care and mental examinations, it also covers task areas with various relations to mental health, like the prevention of drug abuse and violence. There are, however, considerable differences between the federal states in the extent of the legal anchoring and the aims of the concepts³.

Based on the results of the KiGGS survey of the health of children and adolescents in Germany, conducted by the Robert-Koch Institute, the Federal Ministry of Health approved a strategy for the promotion of child health, in 2008⁴. The superior goals of this strategy are the improvement of health equality and of conditions for a healthy life-style, the reduction of health risks and the improvement of children’s and

adolescents' physical and mental development. The strategy defines the extension of prevention and health promotion measures as one of its central areas of activity, and emphasizes activities in educational settings, e.g. in schools. Though initiatives and programmes are primarily in the responsibility of federal states and local authorities, many projects are implemented and funded by the Federal Ministry, at the national level. Among them are the national health targets, which were developed in the Project "gesundheitsziele.de" (German health targets), focusing on the target group of children and adolescents and concentrating on the areas of nutrition, exercise, and life-skills, for which individual goals and measures were defined, relating to the school setting⁵. The federal states also adopted health targets, but these are in varying relations to mental health in childhood and adolescence.

Meanwhile, there are a lot of school related programmes, initiatives and projects, initiated and conducted by different actors from the areas of health and education, which completely or at least partly relate to mental health⁶. For the most part, these programmes focus on individuals and on the enhancement of particular abilities, such as coping with stress or developing life-skills, thus covering a whole range of social and person-related competencies⁷. However, these seldom make allowance for the conditions and constraints imposed by the social environment and for the impact it has on the mental health of individuals. In the context of whole-school programmes on mental health, which focus on students, teachers, principals and the whole school environment, the Programme "MindMatters" has to be mentioned. This Programme, originally coming from Australia and dedicated to the promotion of mental health and the prevention of mental illness, was adapted for German-speaking areas in a model project, running from 2002 to 2006, and constantly developed ever since^{8,9}. The materials, adapted so far, focus on lower secondary school and encompass 3 booklets for the strengthening of school quality, as well as 5 instructional manuals, each dealing with a different mental health issue (stress, mobbing, how to set up friendships, etc.).

Due to implementation difficulties, the approach has been developed and newly oriented from the concept of the "health promoting school" to that of the "good and healthy school", in recent years¹⁰. This development takes account of the facts that school (a) is mainly legitimated by its basic duty of social and academic education and that (b) mental health can contribute widely to strengthening the quality of education. Thus, the good and healthy school is oriented towards the quality concepts currently discussed in connection with good schools. The German version of the Programme "MindMatters" is oriented towards the approach of the good and healthy school, and thus combines education and mental health in an innovative way. Since 2002, this new concept has moreover been developed, tested, and implemented in five federal states (Bavaria, Berlin, Brandenburg, Mecklenburg-West Pomerania, North Rhine-Westphalia), mostly in the framework of state-programmes, by the Programme *Anschub.de*, which is an alliance for sustainable school health and education in Germany. Based on the quality-dimensions of the good school, 12 modules have been developed until now, which support schools in terms of action guidelines on their way to becoming good and healthy schools¹¹. Out of these, the content of 4 modules is closely connected with issues of mental health.

1. The link and those in need

75% of German principals believe that mental health and well-being are “very important” for academic achievement. In the international sample, 90 % are of this opinion. Additionally, one third of principals estimate that almost one out of five students need prevention or intervention services.

In Germany, as well as internationally, the survey asked principals to what degree they see a link between student emotional/mental health and well-being and achievement in the classroom. Figure 1a illustrates that 75% of the German sample believe that this link is “very important.” A further 21 % believe it is “rather important”. Responses are consistent, regardless of the number of years of experience that principals have in their role, or in their rankings of the diversity and family income of their students. Female principals estimate this relationship more important than their male colleagues do.

In terms of a general prevalence assessment, Figure 1b reports German principals’ estimates of the percentage of their students who they believe are in need of prevention or intervention services. According to this, slightly more than one third of them believe that this applies to 11–20 % of their students. In comparison with the data of the other 25 countries, these rankings are higher in the German sample.

Figure 1a: Principals’ average rating of importance of emotional/ mental health and well-being in terms of student performance and academic achievement

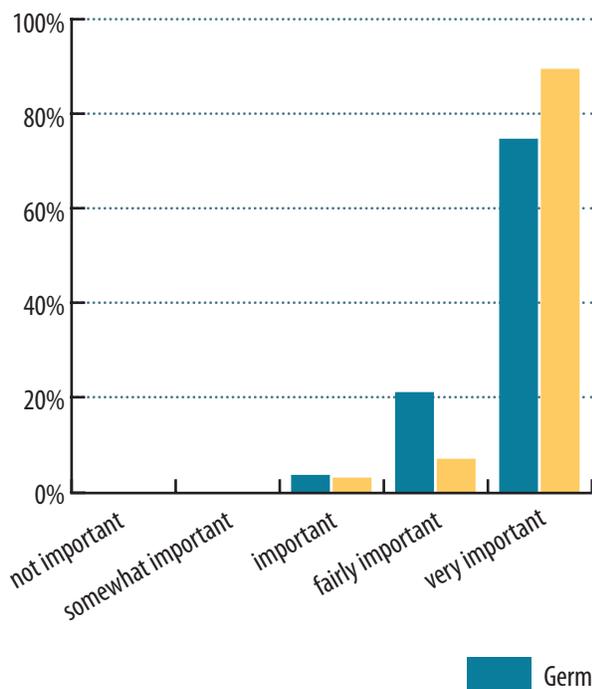
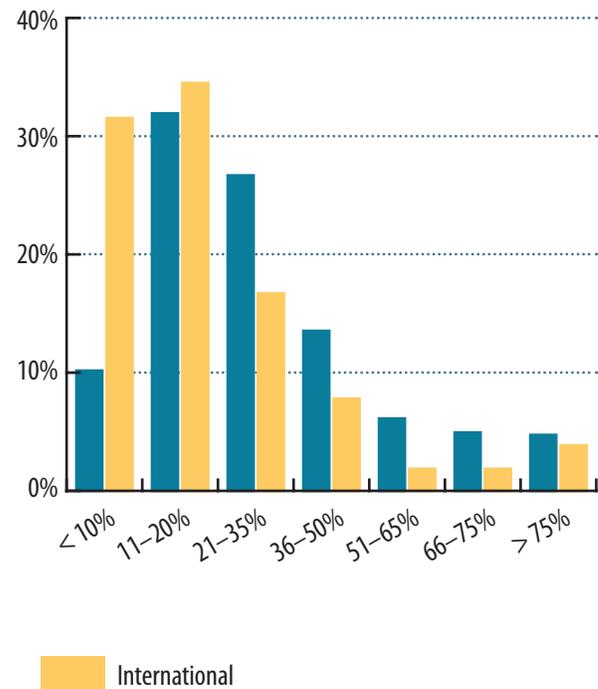


Figure 1b: Principals’ estimate of the percentage of their students needing services



Voice from the field

“I deem this research approach very important, since the burnout syndrome will eventually affect nearly all colleagues, and this happens ever more early and rapidly. For the students, the issue is equally important, since no more than 20 % of the kids still grow up in healthy environments.” (Principal of an elementary school [151-400 students] in North Rhine-Westphalia)

2. Major student issues

The three most significant areas of mental health are “family dysfunction or other family problems”, “impulse control” and “other behavioural problems”. Further, principals state that, in their daily work, they most often face “bullying and harassment”, “family dysfunction and other family problems” and “stress/ anxiety or depression”.

On a scale of 1 (“Not Important”) to 5 (“Very Important”), principals rated the importance of 16 issues, presented in a checklist. These 16 issues came from the international literature regarding the prevalence and importance of specific conditions. German principals rank family dysfunction or other family problems, impulse control, and other behaviour problems as the three leading issues they need to address among their students. Except for small differences in the ranking of single problems, the same problem areas are to be found in Table 2a for the German and the international sample.

In addition to the checklist, the survey asked principals to respond in their own words to what they see as the most important emotional and mental health issues to address for their students. They most frequently report problems from the area of bullying and harassment (16 %), followed by family conflicts and problems (14 %) and stress, anxiety or depression (12 %), while questions regarding cooperation and access to external services and student self-esteem and resilience are rated as less relevant (Table 2b).

Table 2a: German principals’ ratings of major emotional/mental health and well-being issues to address among students, based on average rating (1=Not Important, 5=Very Important) from checklist)

Areas	Germany	Int’l
Family dysfunction or other family problems	4.00	3.89
Impulse control	3.83	3.99
Other behaviour problems	3.72	3.96
Anxiety	3.71	3.93
Bullying and harassment	3.44	3.38
Stress	3.30	3.49
Average (all issues)	3.04	3.21

Table 2b: German principals’ open-ended responses as to their views of important issues to address among students.

Areas	Frequency in %
Bullying and aggression	14.1
Family problems and conflicts	13.4
Stress, anxiety, depression	12.9
Psychosocial / somatic problems/disorders	9.5
Contact / counselling with parents (due to student problems)	9.3
Anger, attention, or impulse control problems	7.8
Pressure to perform, failure, underperformance	4.0
Cooperation with / access to services	2.4
Self-esteem / resilience	1.3
Other	25.2

Voice from the field

“The whole area approached in this survey must rapidly come into the focus of schools and school administrations, since the societal conditions have changed to such an extent and are still changing so considerably, that this problem (among students, families and increasingly also among teachers) cannot be properly dealt with by conventional means. Teachers often feel overburdened by excessive demands or left alone.” (Principal of a special school [151-400 students] in Schleswig-Holstein)

3. Major staff issues

Major emotional/mental health and well-being issues are “stress”, “anger management” and “anxiety”. In their work with the staff, principals most often face the problem areas “stress”, “anxiety and depression”, “mental disorders and their treatment” and need “support in dealing with parents”.

As they did for students, principals rated the importance of 11 given issues for staff using the same scale of 1 (“Not Important”) to 5 (“Very Important”). Likewise, in response to an open-ended question, principals shared, in their own words, what they see as the most important emotional and mental health issues to address for their staff.

As shown in Table 3a, in both the global data and the German sample, principals cited the great importance of “stress”. In contrast, only German principals rated “anger management” as very important. However, principals in the global and German samples on average rate teacher issues as lower in importance than student issues (2.55 versus 3.04). On the whole, female principals attach more relevance to problems of students and staff than male principals.

Concerning the question which concrete staff problems they face in their day to day work, one third of the principals cite aspects which can be condensed into the category “problems related to stress and emotions”, followed by “mental disorders and their treatment” (Table 3b).

Table 3a: German principals’ ratings of major emotional/mental health and well-being issues to address among staff, based on average rating (1=Not Important, 5=Very Important) from checklist

Bereiche	Germany	Int’l
stress	4.27	3.72
Anger management	3.27	2.56
Anxiety	2.83	3.14
Depression	2.64	2.84
Average (all issues)	2.55	2.61

Table 3b: German principals’ open-ended responses as to their views of important issues to address among staff

Areas	Frequency in %
Stress, anger, depression / helping to build resilience	30.1
Identifying mental health problems / access to services	9.2
Support for staff in dealing with parents	5.6
Support for staff who have students with problems	5.3
Mobbing and conflicts with colleagues and students	5.1
Framework conditions, school culture, school environment	4.2
Private conflicts / problems	3.8
Other health problems	3.8
Anger management / impulse control	3.5
Other	26.2

Voice from the field

“At present, the mental health of my staff is afflicted by continually increasing demands, by [...] requirements from the ministerial bureaucracy, and by lacking time for the most important tasks of our profession: preparing lessons carefully and having time for the children. The students suffer from family problems, but also from increasing pressure to perform, exerted by the parents from grade 3 on, since each child is to have a recommendation for the Gymnasium (most prestigious school form in Germany)”
(Principal of an elementary school [151-400 students] in Lower Saxony)

4. Ministry of Education policies

While more than two thirds of German principals state, that they know of regulations and decrees on general health problems, this only applies to about 50 % of the respondents, where problems of mental health are concerned. Principals who know of at least one regulation on mental health, significantly more often report to implement strategies and programmes relating to mental health, at their schools.

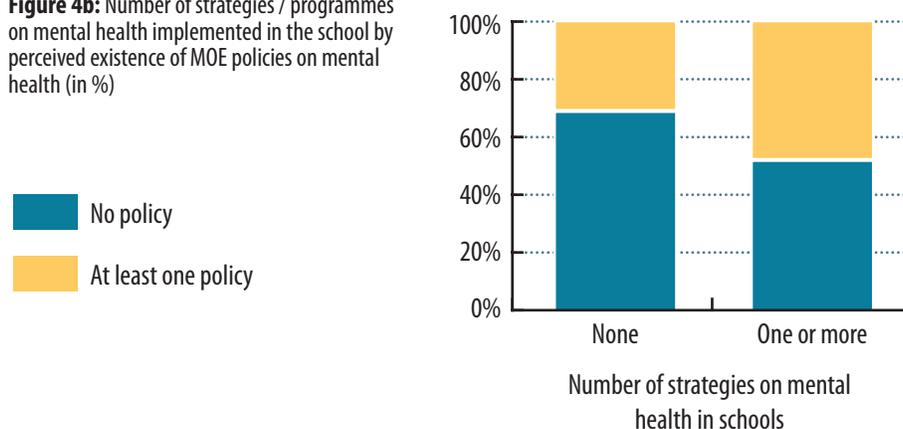
As Table 4a shows, the rate of German respondents who know of Ministry of Education (MOE) regulations and decrees on general health is fairly high (nearly 80 % for regulations on student health / 71 % for regulations on staff health). Concerning MOE policies on mental health, however, this only applies to 35 % of German respondents. Thus, there are clear differences between the findings from the German as compared to those from the international sample. While German principals know of twice as many educational policies on teachers' general health, their international colleagues considerably more often indicate knowledge about educational policies on students' mental health.

The results of the open-ended questions show: Principals, who know of the existence of an education policy on the mental health of students or teachers, more frequently implement strategies, projects and programmes with reference to mental health at their schools (Table 4b).

Table 4a: Existence of German MOE policies to address health and mental health among students and staff through schools (global data are provided in parentheses)

Policy	Yes	No	Don't know
Student health through schools	79.5% (74.1%)	11.5% (14.1%)	8.9% (11.9%)
Student mental health through schools	34.8% (55.4%)	35.7% (27.7%)	29.5% (16.8%)
Teacher health through schools	71.3% (33.5 %)	18.1% (42.8%)	10.6% (23.7%)
Teacher mental health through schools	34.5% (24.8%)	37.9% (41.7%)	27.6% (23.5%)

Figure 4b: Number of strategies / programmes on mental health implemented in the school by perceived existence of MOE policies on mental health (in %)



Voice from the field

“The biggest challenge in keeping them all (students and staff) in good health is for me to wrap up everything that comes from the ministry in such a way, that it makes a minimum of sense for us, in our everyday work. We have no time to think things through and/or really give them a try. That renders dissatisfied and sad.” (Principal of an elementary school [151-400 students] in North Rhine-Westphalia)

5. Impact of student family income

The perceived family income of students is clearly associated with the total score of all student and staff problems, as well as with specific problem areas. Lower income levels are associated with higher ratings of importance that principals place on student and staff issues. For single problem areas, this also applies to a high family income.

Student family income levels reported by German principals are roughly the same as those in the global sample. More than half (59%) of German principals estimate the family income of their students as being low, a further 38% as average and only 3% as high.

Figure 5a shows that principals serving students in low-income families indicate the highest mean score for student and staff emotional and mental health issues. This applies to the German as well as to the international sample. However, ratings of importance are higher for student issues than for those of staff, though both are affected by student family income level.

This tendency also continues in relation to the rating of specific problem areas for students and staff. Figure 5b shows exemplary problem areas from Tables 2a and 3a with the highest relevance for students (family dysfunction or other family problems, impulse control) and for staff (stress, anger management). Clear correlations are to be found for the problem area family dysfunction or other family problems (students) whereas for anger management (staff) as well as for impulse control (students) the only distinct differences occur between low and average resp. high income, but not between average and low incomes.

Figure 5a: German principals' mean ratings of importance of emotional/mental health and well-being issues for students and staff, by student family income level, in comparison to international ratings (1=not important, 5=very important)

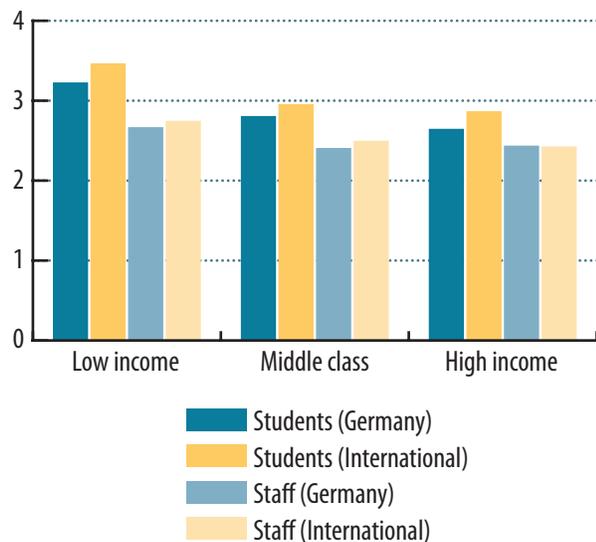
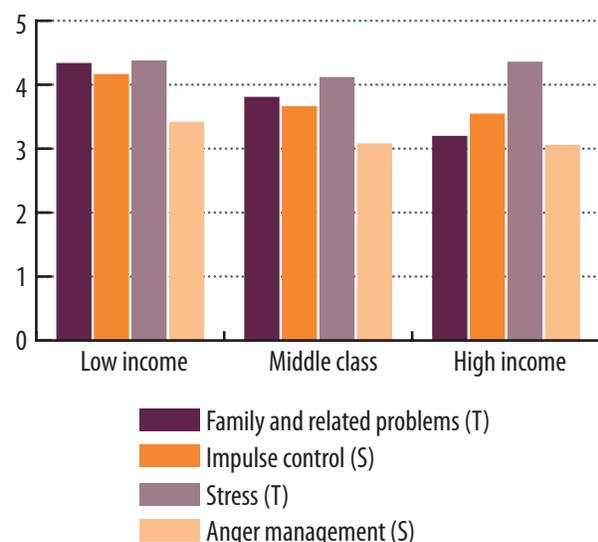


Figure 5b: Connections between specific areas of mental problems for students (S) and teachers (T) by family income of students, (mean scores; 1=not important, 5=very important)



Voice from the field

“At the moment, the most important supportive measure would be the permanent provision of a trained in social worker [...] who could help us in handling our problems. Due to the expansion of our task spectrum in recent years, we’ve got too little time for giving our students the attention they do not get at home either (families with many children, parents educationally inexperienced, partly material poverty).” [Principal of a special school [up to 150 students] in Lower Saxony]

6. Need for resources and materials

Principals want resources, training and materials to address five critical areas, including “support for students and families in distress”. Principals report that training programs and materials for their staff, especially in the form of DVDs and videos and Web-based courses, as well as exchange with other principals and experts, would be most useful.

When German principals were given a list of types of materials or resources and asked to indicate how useful they believed each to be to address emotional / mental health and well-being issues among their students and staff, respondents reported only three of eight formats as useful or very useful (“Training programmes and materials for school staff” and “Exchange with principals and experts, nationally and internationally”) ($M \geq 3$) (Table 6a). In comparison with the international sample, German principals rated the different resources more critically. In all, respondents feel that “training programmes and materials for school staff” would be most useful.

Table 6a: German principals’ average ratings of usefulness of various professional development and educational materials and resources (1 = Not Useful, 5 = Very Useful)

Type of material or resource	Germany	Int’l
Training programmes and materials for school staff	3,76	3,96
Exchange with principals and experts from your country	3,64	3,52
Exchange with other schools and experts internationally	3,03	3,27
Videos, DVDs	2,82	3,58
Print, how-to manual	2,80	3,27
Web-based course or interactive web-based learning material	2,26	3,41
Web-based resources and publications	2,24	3,47
Dedicated column in principals’ association newsletters	2,12	2,70

When offered a list of 13 issues for professional development and training that principals might want (representing a holistic approach to school health), they gave an average rating of 4.00 or higher on a 5-point scale to 5 of the 13 issues provided, illustrated in figure 6b and ranging across the continuum from basic understanding of risk and protective factors to how to provide student and family supports for more serious problems. As in the global sample, German principals reported that “student and family supports for those with more serious problems” are of highest concern to them. Consistent with Finding 3, principals report that “developing specific mental health policies for staff” is of lower concern to them.

Table 6b: German principals’ average ratings of issues of greatest importance to be addressed through training, educational materials, and resources (1 = Not Important, 5 = Very Important)

Issue or topic	Germany	Int’l
Student and family supports for those with more serious problems	4,25	4,42
Knowledge of effective promotion / prevention strategies and their implementation	4,23	4,31
How to make early identification of symptoms of mental health problems	4,19	4,25
Programmes / strategies to teach students emotional and social learning skills	4,17	4,31
How to create effective linkages between schools and MH services / support, etc.	4,00	4,15
Creating a whole-school approach to emotional / mental health and well-being	3,95	4,20
Knowledge of prevalence and nature of common mental illnesses in kids	3,84	4,00
Integrating emotional / mental health and well-being into school policy / mission	3,80	3,94
Building relationships with family members around student mental health	3,73	4,16
Developing specific mental health policies for staff	3,52	3,74
Basic understanding of risk and protective factors for mental health and well-being	3,46	4,15
Stigma and discrimination related to mental health and how to overcome them	3,30	3,87
Research on link between emotional / mental health and academic performance	3,25	3,94

Conclusions and recommendations

The Principals Survey offers data from a sample of German principals to begin to understand the issues they see in student and staff emotional/mental health and well-being. Since this was a global survey, the data gathered in the German part survey can be compared to those of the other participating countries. Additionally as part of a larger global data set, they offer a valuable base for building on the strengths and strategies of other countries. However, this comparison has to take into account differences between the German and the international survey, which is not only a result of different school systems and framework conditions: on the one hand, the percentage of female principals in the German sample is lower (52.5%) than in the international sample (57%) and, on the other hand, the percentage of those in service for more than 11 to 14 or even more than 15 years is considerably higher in the German sample (53.6% vs. 34.2%).

From the data described in this report, it is apparent that these issues are of paramount importance to principals, administrators, and all educational personnel. The survey results indicate the importance that principals give to the issue of emotional/mental health in relation to academic performance. In accordance with the findings of representative investigations into childhood and adolescence (e.g. KiGGS), one third of all principals report that one out of five students needs offers of mental prevention and intervention. Moreover, a further 50% of the respondents are of the opinion that the share of students needing support and help is higher than indicated here. Finally, the respondents report the basic requirement for supporting materials and resources.

Compared to the international sample, some differences can be found in the German part study. German principals estimate the percentage of students in need higher than the international colleagues do for their countries. Relating to the areas of students' mental problems, there are only small differences in importance except for "Bullying and harassment" and "Family dysfunction and other family problems". In contrast, the German respondents attest considerably more importance to the staff problems "Stress" and "Anger management". International principals know of more MOE regulations on the mental health of students, and German principals estimate the different resource formats as less useful and potential topics for resources and materials as of less importance.

The findings provide a valuable guidance for identified follow-up activities for all actors in the area of health and education. Those concerned with school mental health should, through these findings, be encouraged to work in close collaboration with principals, researchers, and policy makers to enact more progressive educational policies that use a whole-school promotion and prevention approach and place emotional/mental health and well-being of students and staff higher on the educational agenda. Additionally, German principals agree that more child mental health services linked to schools are needed, directly or in close connection with schools. Moreover, recognizing the school as a workplace and addressing not only student mental health and well-being but also that of staff (principals, teachers, and non-instructional staff) is an essential step in a comprehensive response.

It will be necessary to focus on issues rated of high importance, as well as on schools serving students with low family incomes. The data suggest that professional development events, tools, training, and other materials must be developed and made available at the school level. From numerous statements of principals, it is apparent that the conditions of the individual schools have to be adequately included into the design of the measures. The results of the studies have to be made available to all relevant political levels and ministries. These data can be used as a foundation from which policy makers and educational leaders can work in partnership to achieve positive mental health and enhanced academic outcomes of students in German schools. Specifically, it is recommended that:

- Actors working on the issues of health and education in Germany should use the findings (a) to foster discussion of the issues and (b) make an effort to advocate for the issue of mental health in school settings and (c) plan next steps toward putting in place needed and effective policies and programs related to school mental health.

- In order to obtain synergetic effects, organizations involved in school mental health in Germany are encouraged to work at the national level and to connect with Intercamhs and ICP at the international level in providing more educational resources and training activities for school leaders through newsletters, conferences, web sites, and other means.
- Intercamhs and ICP will work to develop a specific plan of action to secure funding that will support development of the needed education and training materials identified through this survey to be adapted and used globally.
- Educational and children's mental health organizations in Germany should publicize these results broadly within the country to enhance awareness and dialogue, while working to develop a shared language and agenda for school mental health in Germany to support action for change.

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Appendices

Appendix I: ICP and Intercamhs collaboration

What is ICP?

The International Confederation of Principals (www.icponline.org) is the only global school leaders' umbrella professional organization. Its members are the national associations of school leaders. It has developed a purposeful network that develops and encourages opportunities in an inclusive, affiliated democratic manner. The Confederation is non-political and non-sectarian. Its vision is to link and support the international community of school principal organizations to enhance their members' learning and the life opportunities of their students.

What is Intercamhs?

Intercamhs (www.intercamhs.org) is the first and only global organization that promotes the international exchange of ideas and experiences and acts as a forum for researchers, policy makers and practitioners in education and mental health to advance initiatives that benefit the well-being of young people. The primary constituents of Intercamhs are the current 300 members with varying disciplinary backgrounds, as well as the international organizations which collaborate to offer symposia. The Health and Human Development Division (www.hhd.org) at Education Development Center, Inc., serves as Secretariat to Intercamhs. EDC is an international non-profit organization dedicated to enhancing learning, promoting health, and fostering a deeper understanding of the world.

What is the Interconnexions Project?

In 2007, the two organizations joined together to “take actions so schools around the world will increasingly understand the value and importance of teacher and student mental health to successful learning and adopt policies and programs that address the continuum from mental health promotion to prevention of disorders and early intervention.” The agreement to collaborate was based on the recognition that the advocacy of principals in this area is critical to change. Additionally, when trained, school staff can recognize student problems early, gaining the necessary services for students and their families to prevent and reduce later harm. By creating positive environments, schools can foster emotional and mental health and well-being among their students and staff. Through partnerships among practitioners, educators, policy-makers and academics, the positive linkages between health and education can be strengthened.

Appendix II: Discussion questions

Finding 1: The link and those in need

1. What evidence do you see of this link in your school or country? Do others of your staff, your community, and your policy leaders also see the link?
2. What steps can principals take to increase awareness among policy makers, staff, union leaders, parents, mental health providers, community leaders, others? Why is it critical to do so?
3. How do your own countrywide estimates of students requiring prevention or intervention services compare to the survey estimates?
4. What services are available in your school or country? Needed?
5. What different types of programs are needed for all students?

Finding 2: Major student issues

1. Are these issues similar to your experience? If so, in what ways?
2. Are there other issues you see? What are some similarities or differences between the table in Figure 2a and the pie chart in Figure 2b?
3. What actions are you presently taking or might you want to take to address the issues you face?
4. What are a few of the most effective, research-based strategies you know of for specific issues?
5. Where can you turn for assistance and resources?
6. Are these issues common in your school? What role do you think stigma about mental health plays in terms of awareness of mental health problems, identification and diagnosis of those in need, and access to services? How can principals combat stigma?
7. Given the range of issues principals must address, how can student mental health become a higher priority?

Finding 3: Major staff issues

1. Does the ranking of issues above reflect what you see as the major staff issues? If not, what is different and why?
2. What are some similarities or differences between the table and the pie chart in Figure 3?
3. What is the importance and likely effect of these staff issues on the educational system? On students? On the quality of teaching and learning?
4. Who is responsible to address staff emotional and mental health and well-being? How and in what way might an effective response be designed?
5. Is stress adequately appreciated as an emotional/mental health concern among the staff and administration at your school?
6. What kind of resources might be needed and available to address these issues for staff?
7. Given the range of issues principals must address, how can staff mental health become a higher priority?

Appendix II: Discussion questions (continued)

Finding 4: Ministry of Education policies

1. What are the positive and important components of existing policies pertaining to emotional and mental health? How might they be strengthened?
2. What can principals and others do to influence and advocate for regional or national policy concerning staff emotional and mental health?
3. What can principals do at the school level to adopt policies in the absence of a national response?
4. Why is it important to address teacher health and mental health? Why might teacher emotional/mental health and well-being not be perceived as important for education policy makers? How can this situation be changed?
5. Who should take the lead? What can principals, teachers' unions, teachers, and others do to put teacher emotional/mental health and well-being on the national education policy agenda? Who needs to be involved? What would be the best points of leverage for change?

Finding 5: Impact of student family income

1. In your school, what role does family income level play in terms of student emotional/mental health and well-being, academic achievement, and the need for educational materials, training, and other resources? How do the specific issues listed in Figures 4 (a) and (b) align with problems you see in your school and where you feel resources would be best directed?
2. What policy changes at the national or school level could have a positive effect on student and families living in poverty, with benefits to their emotional and mental health?
3. What types of support programs and services could be of immediate help to students in low-income neighborhoods? How can community leaders and non-governmental organizations be involved?
4. What additional types of support might be made available to staff who are dealing with more acute needs of low-income/poverty students and families?

Finding 6: Need for resources and materials

1. Among the identified issues and formats, which are the most important for you and where will you dedicate attention?
2. How can you best use current or new professional staff development opportunities for principal and staff development on these issues? What formats would you prefer?
3. What professional associations, non-governmental organizations, universities or local mental health or social service agencies can you access and partner with to provide needed professional development on student/staff well-being, emotional and mental health?
4. Given the issues identified for staff, what formal and non-formal supports can the principal and others create to alleviate their stress, anxiety, and depression?
5. What actions can country affiliates of ICP play to place this issue higher on the agenda for ICP delivery of events and materials and resources?
6. Have you visited the Intercamhs website (www.intercamhs.org) to find resources there? What else might be needed?

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