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The Sustainability of Mentally Healthy Schools Initiatives: Insights from the Experiences of a Co-Educational Secondary School in Aotearoa/New Zealand

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**Introduction**

Over the past decade, the promotion of young people’s mental and emotional well-being and the prevention of mental illness have been highlighted in both health and education sectors as deserving attention (Education Review Office, 1997, 1998; Mrazek & Haggerty, 1994). Community surveys conducted in Aotearoa/New Zealand and elsewhere have indicated that young people of secondary school age are currently experiencing high levels of psychosocial distress, symptoms of depression, suicidal ideation and suicidal behaviour being common (Adolescent Health Research Group, 2003; Waters *et al.*, 2001).

Broad factors such as ‘cultural beliefs and practices, and social, political, economic, health and educational systems’ influence mental health (Rowling, 2002), as well as personal characteristics which include negative thoughts (Clarke *et al.*, 1999), challenging life events (Seiffge-Krenke, 2000), poor coping styles (Garnefski *et al.*, 2002) and genetic and biological risk factors (Mauris *et al.*, 2001). These factors, combined with the normative biological, psychological and social developmental changes associated with adolescence, can place further demands on young people’s healthy development (Lewinsohn *et al.*, 1997).

Resiliency research has shown that protective factors such as caring relationships within the family and school, access to adults who care and are available, experiencing a sense of belonging and connectedness, being treated respectfully and fairly, being able to contribute and being needed, achieving at school and self-esteem can and do contribute to positive mental health outcomes (McNeely *et al.*, 2002; Resnick *et al.*, 1997). Resnick *et al.* (1997) found...
that perceived ‘school connectedness’ and ‘parent-family connectedness’ were protective against health risk behaviours such as emotional distress, suicidal thoughts and behaviours, and use of cigarettes, alcohol and marijuana.

The interaction between schools and young people provides ‘a window of opportunity’ to initiate mental health promotion (MHP), mental health education and early intervention strategies that can be sustained and reinforced over time (Glover et al, 1998; Patton; Wyn et al, 2000). Whole-school approaches to MHP build an infrastructure that aims to maximise mental health and well-being for all members of the school community. Such an approach operates from a strength-building framework which aims to build resilience in the context of supportive environments and signals a ‘way of working’ that can operate across promotion and prevention initiatives with whole populations, groups and individuals (Joubert & Raeburn, 1999).

Initiatives such as Mentally Healthy Schools (Aotearoa/New Zealand) and MindMatters (Australia) are examples of multi-layered approaches to promoting young people’s mental and emotional well-being.

**Mentally Healthy Schools in Aotearoa/New Zealand**

In 1997, the Mental Health Foundation of New Zealand developed and implemented the Mentally Healthy Schools (MHS) pilot initiative in seven schools in the Auckland and Northland regions of Aotearoa/New Zealand. The package was unique in that the schools were required to explore a whole-school approach to MHP and implement a mental health education component, Mental Health Matters (Dickinson & Robertson, 1996). Given that MHP was an emerging discipline using many principles of generic health promotion, the task of introducing schools to the MHS initiative was rather challenging. The primary challenge was the term ‘mental health’ and the stigma associated with the word ‘mental’.

Young people and staff in the seven schools participated in ‘mental health conversations’ with their peers to find out their perceptions and understandings of mental health, how their schools promote and support the mental health of students and staff, what needed to happen for them to feel emotionally safe at school and how they could involve their local communities in mentally healthy school initiatives. Some young people described their mental health from a well-being perspective such as ‘feeling good about yourself’, ‘being safe and happy at school’, and ‘healthy minds’, while others associated mental health with mental illness and referred to ‘mental disability’, ‘something wrong with the brain’, and ‘whether people are crazy’. Students’ responses to the questions ‘How do you think your school could better support the mental health of students?’ were:

- caring teachers who are willing to listen and help students with problems
- other students must care for each other
- less violence
- reducing stress
- more peer support
- cut down on harassment
- support groups for students having trouble
- coping
- opportunities to learn more about mental health.

School staff also had their own ‘mental health conversations’ using the same questions. They stated that increased workload had created ‘high levels of stress’ which was having a major impact on their mental and emotional well-being. They were also concerned about ‘challenging student behaviour’ and considered that there were ‘high levels of verbal harassment and bullying’ in their schools.

These ‘mental health conversations’ enabled schools to examine the similarities and differences between student and staff perspectives. Similarities related to the need to do more to reduce verbal harassment and provide more peer support for students and more mental health education for senior students. One outstanding concern identified by both staff and students was summed up as the need to develop more respectful relationships and communication between students and staff. This led to the development of charters of Rights and Responsibilities and Safe School Agreements.

Simultaneously with the five-year pilot phase of the MHS initiative, mental health education gained wider recognition through the implementation of the Health and Physical Education Curriculum in New Zealand (Ministry of Education, 1999). The MHF, in collaboration with other stakeholders, made a significant contribution to providing additional mental health education resources to support this area of learning for young people. *Change, Loss & Grief* (Dickinson & Tonkin, 2000) was developed in response to health education teachers needing more in-depth material and training in this area. The foreword to this resource stated that:

*Change, Loss and Grief is the first resource on this universal and challenging aspect of life experience*
schools throughout the Health Education curricula. The authors have brought to their task not only expert knowledge in the fields of loss and grief and Health Education, but also a keen perception of the reality of young people’s experiences and needs (Agee, 2000).

During 2001 additional resources were completed to enhance learning for and about mental health. Hikoi ki te Hauora - Journey to Wellbeing (Dickinson & Manning, 2000), based on the fable Gem of the First Water (Phillips & Brewer, 1993), provided, in the pilot phase, first-year secondary school students in five secondary schools with the opportunity to acknowledge their uniqueness as individuals, their spirituality and their resilience. Young people have reported feeling personally strengthened through their participation in this health education programme. Frida summed up her experience of Hikoi ki te Hauora by saying:

‘I think this health course has helped me in many ways. For example, I know what to do now in different situations. When I’m scared I know that fear can be overcome, maybe not straight away because it takes courage. I know how to react when I’m angry – just stop and think for a while about why I am angry, how I got angry and how I can get over it. I know how to act towards other people – just control my behaviour and give them respect. I also know how to cherish valuable things and not take them for granted’.

Another important mental health concern was distressed young people and their access to support. A significant development was a comic book resource titled SPIN developed for the Ministry of Youth Affairs (Horrocks, 1999). The comic provided two scenarios, female and male, of young people experiencing distress and their pathways to accessing support. The comic was pilot-tested in five secondary schools, but was not formally evaluated. Feedback from young people indicated that the style of the comic appealed to them and that they could relate to the scenarios. To use the SPIN comic more fully, SPIN - Help and Help Seeking was developed to provide secondary school students with opportunities to explore concepts of resilience and coping and their understanding of help, helping and help-seeking (Dickinson & Hirsh, 2001).

The MHS pilot phase work provided a basis for further national professional development for school Board of Trustees members, school managers and teachers in the area of MHP and mental health education funded by the Ministry of Education. The main thrust of this work was to ensure wider implementation of mental health education in schools, in the context of a whole-school approach.

A Mentally Healthy School case study: Glendowie College

This case study represents an urban co-educational secondary school in Aotearoa/New Zealand. The school’s roll is 883, comprising Pakeha/European 66%, Asian 24%, Pasifika 6%, Maori 3% and Others 1%. For the past six years Glendowie College has been implementing a comprehensive whole-school approach to promoting and supporting the mental health of students and staff.

In the first year of the MHS initiative, all students (years 9-13) completed a Mentally Healthy Schools survey which included questions on the school environment such as verbal teasing, sexual harassment, physical violence, racism and student assessment of school-based support services. One of the most significant findings was that nearly 70% of students reported experiencing verbal teasing. Glendowie College decided, initially, to focus on strategies to reduce verbal teasing and put-downs and to explore ways to foster more respectful student and teacher relationships.

Additional data on bullying was also collected by a staff member as part of his Masters thesis. These findings indicated that major barriers to the prevention of bullying were that students did not feel that they would be listened to if they reported bullying and they were afraid that the perpetrators would further harass them if the reporting was discovered (Trenwith, 2001). One approach to addressing these barriers was to develop visual materials to emphasise the types of behaviour that were unacceptable, the consequences for such behaviour and how to seek help. These materials, developed in consultation with students and staff, were displayed in classrooms and public areas of the school and at the same time the messages were communicated to students and staff through assemblies and in form time.

Implementation of Mental Health Matters

Glendowie College also included Mental Health Matters in the school’s health education programme. While it was not possible to measure the impact of this programme on students’ mental health, the school counsellor reported that a number of Year 9 students had self-referred for counselling as a direct result of experiencing a learning activity that
involved students positioning themselves on a mental health continuum according to how good they were feeling about themselves at the current time.

**Partnership with the local adolescent mental health service**

The LEAP (Liaison Education Adolescent Project), developed by a local adolescent mental health service, aimed to provide a school-based consultation service to facilitate:

- more appropriate referrals to their service
- school-based support for young people experiencing mental health problems
- education workshops for school staff to increase their knowledge and understanding of adolescent mental health concerns.

Staff stress management workshops were also held. LEAP staff met every two weeks with the school counsellor and members of Glendowie College’s student support team to work collaboratively on the development of strategies to support students with mental health concerns. The LEAP team was able to identify young people with first-episode psychosis, bipolar disorder and obsessive compulsive disorder at the earliest possible stage and to provide intensive support. The LEAP project has been successful in providing a positive way to support the mental health of young people as well as educating the adults who interact with them to be more aware of serious emotional distress.

**Piloting the TRAVELLERS programme**

For the past three years (2001-2003) Glendowie College has been a trial school for the TRAVELLERS programme (Dickinson, 2002). This partnership involved Skylight (a charitable trust established to support young people experiencing loss and grief), the University of Auckland and the Ministry of Health. TRAVELLERS is a targeted small-group programme for 13-14 year old young people that enhances connectedness and supports changes on life’s journey. Young people who self-reported one or more of the following: not feeling good about themselves most of the time, moderate to high distress, four or more challenging life events experienced in the previous twelve months, and having ever attended seven or more schools, were potential programme participants (Dickinson et al, 2003). Written informed consent was required from parents and young people. The following comment characterises the feedback from young people who participated in the programme.

'I have changed, meeting new friends, outsiders, teachers that I never knew. It’s made me more connected and like the whole school knows me now. I knew some people and they still know me and I related to them better since I’ve been in the TRAVELLERS group. I related better to my parents.'

TRAVELLERS has also provided links with participants’ families. The quotation that follows provides an example of the feedback the school has received from a parent of a young person who has participated in the TRAVELLERS programme.

'I was very concerned about how my son was settling. It was such a huge change, moving countries and a new school. TRAVELLERS has really helped him settle and feel more positive about himself and his life here.'

One of the school counsellors who facilitated the programme highlighted how TRAVELLERS has become an integral part of the school’s pastoral care and guidance process.

'I’ve had about four or five parents in the last two years saying can their child be in it, somebody in the group told them about TRAVELLERS. So I think that means that it’s really quite integrated and it’s part of our pastoral care that we do. We’ve had a lot of success with a number of younger students who’ve come from overseas who’ve come into high school, done the programme and integrated. The link with the group has been really essential. And I also think it’s good for those young people who’ve had lots of grief experiences and the group normalises all those issues. So I think it’s become an essential part for us.'

Feedback from the school’s Principal also indicates that TRAVELLERS has been a valuable component of the school’s commitment to promoting and supporting mental health.

'The students who did this programme first will be in the senior school next year but they still reflect on how positive TRAVELLERS was for them and it was an opportunity that they’d never had that they could learn how to manage or deal with whatever their major issues were. A number of our students have moved to New Zealand and that’s been quite a
major shift for students and then at the same time grappling with a new school... So we're able to bring a better understanding to the student of some of those situations... I think it's an opportunity for the students to realise those things when in fact they may be hiding behind all kinds of feelings about whether those things are normal or not.'

Other MHP initiatives implemented by Glendowie College include anger management groups, peer mediation training, weekly staff professional development sessions, confidence-building groups for senior girls and a whole-school approach to stress management.

What contributes to the sustainability of mental health promotion initiatives at Glendowie College?

Glendowie College has demonstrated that MHP initiatives can be embedded in the philosophy and practice of the school. Clear goals have been set to foster positive education outcomes for young people, and the school is committed to addressing any challenges to learning that students may be experiencing. Long-term sustainability of MHP initiatives at Glendowie College appears to be strongly linked to the amount of support received by the school's management team, staff and students. The school's guidance and pastoral care network is an integral part of the school's management structure and ensures shared understanding of the factors that contribute to the positive development of young people. Staff professional development is a high priority for this school, and teachers now have the opportunity to attend weekly sessions that focus on a broad range of staff- and student-related issues, the key goal being to foster a positive, safe, supportive, relevant teaching and learning environment for staff and students. In addition, the school has embraced a number of innovative initiatives that have clearly contributed to the positive mental health of numbers of young people.

Glendowie College has a 'way of working' that is congruent with principles of MHP and positive youth development, namely fostering respectful relationships, building strengths, promoting individual resilience in the context of a supportive environment, and collaboration and partnerships with families and the local community. The following quotation from the school's Principal indicates the school's commitment to providing a supportive environment for young people.

'We hope that we provide an environment here that students can be open and transparent in a confidential manner so that we can eliminate barriers. We do a lot of assemblies based on values education but also around things like the importance of good communication, the importance of being open, the importance of identifying others who may need a helping hand... so it's a whole philosophy of being supportive.'

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References


