

Introduction

Mitey is a unique cutting-edge approach to mental health education that was originally designed specifically for New Zealand primary schools by the Sir John Kirwan Foundation in partnership with the University of Auckland. It's revolutionary approach attempts to change the way schools educate children about mental health, in order to meet the dire needs most terribly displayed in our suicide and self-harm statistics. Mitey is based on Indigenous Māori constructs of mental wellness as defined by different dimensions of mana. These are woven into the Western thinking that informs the New Zealand curriculum. Mitey is the first whole school mental health education approach in New Zealand schools to have been shaped by peer reviewed research and underpinned by a bicultural approach. It is richly and deeply informed by international research literature that affirms the whole school approach central to Mitey. An overview of that research is presented in the following pages.

The Mitey approach draws on a critical pedagogy ontology. Critical pedagogical approaches acknowledge that schools can, rather than be places where existing injustices and ills of society are reinforced, be sites for meaningful social change. Recognising that the relationship between teacher and student sits at the heart of all learning in schools, Mitey repositions teachers and students onto a mutual journey towards health and wellbeing. The transformation sought by Mitey is that, through education, children are taught the understanding, knowledge and skills they need to be able to recognise and positively respond to their own and others' mental health. Achieving this requires making schools more human, where children and teachers engage in rich meaningful learning about the world and their places in it and become their best and most authentic selves. The Mitey approach is underpinned by the recognition that the mana of everyone in a school must be acknowledged, respected and honoured.

The research literature in this document affirms the critical pedagogical approach that underpins the Mitey approach.

Literature Review: Effective Mental Health Education in Primary Schools

Addressing the Elephant in the Room: The Concept of Mental Health

To “Ensure healthy lives and promote wellbeing for all at all ages” is one of the Sustainable Development Goals of the United Nations (2015). ‘Mental health promotion’ is defined as any action aimed at supporting individuals, groups and societies to improve their social and emotional health. This comprises adopting and creating healthy lifestyles and living environments and enhancing the capacity of people to experience and sustain positive mental health, often, and hereafter, termed ‘wellbeing’ (Adelman & Taylor, 2006; Graham et al., 2011; Herrman & Jané-Llopis, 2012; World Health Organisation, 1998). Provisions that facilitate teaching and learning about mental health and support the development of emotional literacy, hereafter subsumed under the term ‘mental health education’, are hence an integral part of mental health promoting endeavours. Such ventures can only be effective if they address the often hidden but stigma-laden nature of the conceptualisation of mental health prevalent in many societies (Holt, 2020).

The term ‘mental health’ frequently carries an unquestioned but ubiquitous pathology-oriented understanding. A disease-focused approach to pertinent educational strategies is prevalent in schools (Graham et al., 2011). How school staff understand the term mental health impacts on how they develop mental health education policies, how they put mental health education into practice, and how they integrate this practice into the school system. A medical, jargon-laden or poorly developed vocabulary hinders the ability of teachers to effectively explore the topic of mental health with their students. If a school community equates mental health with mental illness, teachers are likely to assume that they are neither competent enough to deal with nor responsible for mental health education. School organisational support is vital to introduce, nurture and uphold an alternative definition of mental health across the school. By fostering the confidence and openness students need to explore the topic of mental health among the school community, and by reducing the prevalent stigma associated with mental health, a positive conceptualisation of mental health can pave the way for effective approaches to mental health education (Ekornes et al., 2012).

A potent alternative definition of mental health transcends the traditional deficit model that defines mental health in medical, euphemistic terms. This deficit model problematically equates mental health with mental ill health and focuses on the elimination of mental disorder and risks to positive mental health (Holt, 2020). In contrast, a holistic asset model for positive mental health promotion usefully regards mental health as a capacity like physical health, that is, as a capacity that everyone has, and as an open continuum between wellbeing and mental illness that is experienced by everyone (Danby & Hamilton, 2016). Such an understanding urges educators to engage all children in a school in mental health education, regardless of their current mental health status (Glazzard, 2019). Such an understanding resonates with the World Health Organisation’s (2001) integrated notion of mental health. The WHO considers mental health to be not merely the absence of mental illness but a state of physical, mental, spiritual, emotional and social wellbeing “in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (p. 1).

This alternative conceptualisation of mental health usefully acknowledges “health as a state of balance including the self, others, and the environment” (Herrman et al., 2004, p. 12) and suggests that mental health is a type of “fitness” (p. 14), a pool of resources individuals can continuously practice to draw on. Such a salutogenic competence and strength-oriented perspective on mental health recognises that mental health is created in our everyday lives, for example, at home and at school. It transforms mental health from belonging to the realm of medical professionals and to potentially stigmatising discourses to being “everyone’s business” (Weare & Markham, 2005, p. 120). Genuine engagement with people to catalyse their active participation in improving their own mental health and that of their communities moves to the centre of initiatives promoting mental health (Herrman et al., 2004).

Beyond the Othered Few: Mental Health Education for All

On the one hand, millions of dollars are committed to alleviating ill-health through individual intervention. Meanwhile we ignore what our everyday experience tells us, i.e. the way we organize our society, the extent to which we encourage interaction among the citizenry and the degree to which we trust and associate with each other in caring communities is probably the most important determinant of our health.” (Lomas, 1998, p. 1181)

The traditional but prevalent medical conception of mental health, which proposes that medical specialists must fix malfunctioning individuals by bestowing them with function does not serve as a model for effective mental health promoting initiatives (Herrman et al., 2004). While the WHO’s Ottawa Charter for Health Promotion argued in 1986 that such a perspective must give way to an inclusive, holistic approach if the health of all individuals and communities is to improve, we still face a pressing need for an urgent paradigm shift as regards educating students about mental health in schools (Koller & Svoboda, 2002). This paradigm shift must normalise conversations about mental health among children and adults and focus on protective factors rather than dangers and risks. (Danby & Hamilton, 2016).

‘Universal interventions’ are approaches that are facilitated for all children, whereas ‘targeted initiatives’ are approaches delivered to selected children who show signs or symptoms of negative mental health. Research emphasises that approaches are effective if they are universal and promote positive mental health for all, rather than if they are targeted and focus on preventing or treating of mental illness of (Graham et al., 2011; Herrman & Jané-Llopis, 2012; Weare & Markham, 2005). It is as important for schools to develop proactive strategies that promote mental wellbeing for all as it is to ensure that school staff are able to recognise the needs of children with mental health issues and to refer them to targeted support or treatment (Danby & Hamilton, 2016; Herrman & Jané-Llopis, 2012; Holt, 2020; Lynn et al., 2003; Weare & Nind, 2011). Yet, many contemporary mental health promotion programmes in schools focus on attempts to ‘fix’ children at risk by didactically disseminating messages

about unhealthy or disruptive habits, such as behaving defiantly, taking drugs or bullying, or by engaging children in isolated activities that temporarily improve their wellbeing in the short term, through positive affirmation games or resilience skills training. The ubiquitous, exclusive preoccupation with those labelled ‘ill’ undermines the provision of educational initiatives that promote and sustain positive mental health for all (Le Galès-Camus, 2004).

There is a call for a broader focus on the embedding of universal approaches that promote the social and emotional learning of all children into the everyday life and activities at school, since children on all points of the mental health spectrum benefit from mental health promoting initiatives (Durlak et al., 2011; Graham et al., 2011; Herrman et al., 2004; Holt, 2020; Weare & Nind, 2011). In fact, children with risk factors or mental health issues benefit more from universal approaches in which they work together with others rather than from approaches that target only them (Weare & Markham, 2005). It is also worth noting that, if it targets an arbitrary percentage of children, an intervention may fail to provide for children who have mental health struggles but do not show symptoms or for those who might have poor mental health in the future (Glazzard, 2019). Additionally, universal approaches minimise stigma and discrimination, the biggest barricades hindering people from seeking help when struggling with negative mental health (Weare & Markham, 2005).

It is as important for schools to develop proactive strategies that promote mental wellbeing for all as it is to ensure that school staff are able to recognise the needs of children with mental health issues and to refer them to targeted support or treatment

Primary Schools as Sites of Change

Half of psychological disorders start before a young person reaches the age of 14 (Kessler et al., 2007). Early mental health education for children of primary school age is therefore crucial (Danby & Hamilton, 2016; Herrman & Jané-Llopis, 2012; Weare & Markham, 2005; Weare & Nind, 2011). Schools are key players in the development of the social-emotional competence that is a prerequisite for positive mental health (Weare, 2000; World Health Organisation, 1997). As children spend much of their time in schools, these are the principle settings for their socialisation. Schools should provide children with opportunities to learn about mental health and develop socio-emotional skills that enable them to create and maintain wellbeing (Adelman & Taylor, 2006; Herrman et al., 2004; Holt, 2020; Mazzer & Rickwood, 2015). Schools can play a critical role in de-stigmatising mental illness since they can establish a culture of openness and empathy that encourages respectful dialogue about feelings. Schools can normalise the topic of mental health by giving it the status of an important but ordinary core subject (Glazzard, 2019).

Mental Health Education as Collaborative Social Action: The Whole School Approach

Social contexts and mental health are situated in continuous, self-actualising feedback loops. Social contexts, consisting of everyday relationships, interactions, societal structures, resources and cultural values influence both the mental health of individual children and the collective mental health of a school community (Holt, 2020). The state of a community's individual and collective mental health, in turn, determines the nature of any social context. From this perspective, mental health is a community responsibility, not just a personal matter, and the promotion of mental health is a collaborative social action (Herrman et al., 2004). Everyone belonging to the wider school community – school staff, students and their whānau – become central players effecting childrens' socio-emotional development and mental health (Holt, 2020). Effective mental education approaches must therefore focus on both the individual and the environment by adopting a wider ecological perspective (Durlak et al., 2011).

Everyone belonging to the wider school community – school staff, students and their whānau – become central players effecting childrens' socio-emotional development and mental health

A holistic, proactive whole school approach to mental health education works with all children and considers the social-ecological situatedness of the school in which the approach takes place. It integrates teaching and learning about mental health into everyday school life and pedagogical practices (Askill-Williams & Lawson, 2013; Elfrink et al., 2017). Multi-modal mental health initiatives that focus on improving both individual skills and school ecology are effective in making long-term changes in children's skills, knowledge, understanding, attitudes and behaviours (Herrman et al., 2004; Weare & Markham, 2005; Weare & Nind, 2011).

Whole school approaches are more effective than curriculum-based approaches that rigidly focus on individual children, involve isolated classroom practice, and aim for discrete skill development (Weare & Nind, 2011). An effective whole school approach addresses the classroom curriculum, existent educational philosophies in action and the wider school context. It focuses on teaching content and learning outcomes as well as the nature of pedagogical practices, ways of working, organisational processes and management structures, and relationship-building across the school to ensure that teachers' work on mental health education inside classrooms is endorsed throughout (Holt, 2020; Weare & Markham, 2005). It incorporates processes of continual review and improvement of the psychosocial environment and pedagogies at play across the whole school (Askill-Williams & Lawson, 2013; Thomas & Aggleton, 2016).



An effective approach also highlights the importance of both a positive school ethos as well as healthy relationships among the wider school community

An effective approach also highlights the importance of both a positive school ethos as well as healthy relationships among the wider school community (Elfrink et al., 2017). It acknowledges that all school staff, children, parents and community members are an integral, active part of nurturing a positive school ethos and school connectedness, which are the prerequisites for effective approaches (Weare & Markham, 2005). It recognises parents and the wider family as a vital resource in promoting the wellbeing of children, and considers collaboration with parents, parenting education and community involvement in its planning (Glazzard, 2019; Herrman & Jané-Llopis, 2012; Nielsen et al., 2015; Weare & Markham, 2005; Weare & Nind, 2011).

Conducting a careful needs assessment is the first step to developing an effective whole-school approach to mental health education. In collaboration with the local community, this needs assessment should identify local perspectives on what may influence children's mental health, problems to be addressed and goals to be worked towards (Herrman & Jané-Llopis, 2012). It must take into consideration the community's resources, priorities, history and structure (Herrman et al., 2004). The wider school community, including children, should be consulted as partners during the planning, implementation, and evaluation of whole school approaches so they can all contribute their perspectives and feel a sense of connectedness and ownership (Glazzard, 2019; Weare & Markham, 2005). The establishment of partnerships with parents and the local community is essential to ensure that the approach responds to wider socio-cultural contexts and fits the community's cultures, needs and aspirations (Glazzard, 2019). These partnerships can catalyse urgently required discussions about factors impacting the mental health of the respective community (Holt, 2020; Thomas & Aggleton, 2016).

Encouraging Collaboration & Connectedness: Shifting School Ethos

Social and emotional development are deeply intertwined. Through negotiating, creating, and experiencing relationships with others, children learn about themselves and their own emotions and encounter the emotions of others (Holt, 2020, Newman & Blackburn, 2002). An effective approach to mental health education recognises that the socio-emotional environment in the school influences children's mental health, learning and academic achievements, and that the relationships between children and the school community impact on children's mental health and their confidence in learning and talking about mental health (Calear & Christensen, 2010; Jamal et al., 2013). Having a sense of school connectedness, a feeling of belonging and connection to the school environment, has been established to be a protective factor for children's wellbeing and thus a crucial factor for effective approaches to mental health education (Rowe & Stewart, 2009).

Learning about emotions and mental health requires the establishment of a consistent school-wide culture that promotes wellbeing by valuing respect, care, participation, empathy and inclusion (Holt, 2020; Weare & Nind, 2011). An effective approach nurtures a positive psychosocial environment, characterised by a supportive atmosphere of cooperation and active learning, and encourages school communities to create relationships that bring about safe and supportive spaces for learning characterised by a sense of belonging, safety and acceptance (Adelman & Taylor, 2006; Herrman et al., 2004; Holt, 2020). The entire school community must be aware and understand the integral roles they play in creating and maintaining such a school ethos (Hornby & Atkinson, 2003; Oldfield et al., 2016). An effective approach promotes cohesion between school values and the values of the wider community and creates positive home/school relations (Danby & Hamilton, 2016; Weare & Markham, 2005).

Fostering Emotional Literacy: Towards an Embedded Mental Health Curriculum

An effective approach to mental health education develops children's emotional literacy. Emotional literacy comprises the development of the social and emotional competencies needed to experience, observe, recognise, manage, express, name and understand one's own emotions, to reflect upon them, and to discern and empathise with the emotions of others (Holt, 2020). The development of these competencies enables children to successfully grapple with fundamental tasks, such as: learning, creating and maintaining respectful, healthy social situations and relationships; struggling with the unpredictability and complexity of everyday life; and using these skills, at least in part, altruistically (Herrman et al., 2004; Nielsen et al., 2015). Emotional literacy is fundamental to resilience, the ability to grapple with complex internal feelings and thoughts triggered by external events that a child perceives as stressful or challenging (Keyes, 2002; World Health Organisation, 1998). An effective approach also facilitates the development of self-reflection skills that enable children to explore how they learn best (Weare & Markham, 2005).

Only a school-wide ethos that fosters relationships characterised by care, safety and trust will support the development of emotional literacy among learners (Holt, 2020). Emotional literacy is, in turn, necessary to the creation and nurturing of such relationships. Isolated emotional skill development as part of discrete classroom sessions is therefore not enough to facilitate effective approaches. Rather, learning about emotions should be integrated into developing and learning about cognition, communication and behaviour. Exploring and practicing emotional skills should go hand in hand with fostering social interaction skills (Durlak et al, 2011). The entirety of such socio-emotional development should take the form of structured learning experiences integrated into the standard curriculum across the whole school, so that emotional literacy becomes an equal part of academic learning alongside other core subjects (Askill-Williams & Lawson, 2013; Beames et al., 2020; Durlak et al., 2011; Glazzard, 2019; Nielsen et al., 2015; Weare & Nind, 2011). Approaches should be structured in such a way that children can explicitly make connections between explorations made during class time, general school life, and their life outside of school (Holt, 2020).

...Isolated emotional skill development as part of discrete classroom sessions is therefore not enough to facilitate effective approaches. Rather, learning about emotions should be integrated into developing and learning about cognition, communication and behaviour.

An effective approach to mental health education is integrated into pedagogical practice and everyday social experiences of school routines. It engages teachers, draws on teachers' knowledges and builds on already existent resources to normalise talking about mental health throughout the whole school (Durlak et al., 2011; Holt, 2020; Lynn et al., 2003). In this way, children can recognise that mental health concerns all aspects of life (Glazzard, 2019). All teachers must be aware of the chosen approach and be confident enough to be able to facilitate and make links to it and to reinforce and integrate the mental health curriculum into their everyday interactions with pupils (Elfrink et al., 2017). Children will then be able to test out, practice and apply their emerging knowledges, skills and understandings in and outside the classroom and make crucial personal connections to their own life worlds. Teachers will be also able to evaluate their teaching strategies (Holt, 2020; Thomas & Aggleton, 2016; Weare & Nind, 2011). Teachers should try to make links between the topics explored at school and children's home lives to find opportunities to include the knowledges of parents and whānau in the explorations of the children (Holt, 2020). If mental health education approaches are integrated into everyday learning, staff are likely to be more supportive of and more willing to participate in such approaches, and students are more likely to perceive them as valuable learning experiences (Rowe & Stewart, 2009).

While school ecology and ethos are integral to a whole-school approach, opportunities for children to not only

explore emotions generally, but also explicitly learn about mental health within the curriculum are also crucial. The development, implementation and evaluation of a carefully conceptualised mental health curriculum that is embedded in the everyday pedagogical practice of the whole school can aid in destigmatising mental health and enable children to develop skills, knowledges and understandings about mental health (Glazzard, 2019). Having mental health literacy can enable children to discern signs of negative mental health in themselves and others and to develop knowledges and understandings about how to devise coping strategies and get support (Weare & Markham, 2005).

Teachers: Everyday Experts in the Field

In long-term, universal approaches to mental health education, the employment of trained external mental health professionals is not only unnecessary, but unsustainable (Durlak et al., 2011; Shucksmith et al., 2007). It is more effective to engage everyday staff such as teachers, who are ordinarily part of everyday school life. It is essential that these staff take over the implementation of the approach if it is to be sustainable, successfully embedded in school life, and impactful on academic achievement (Weare & Nind, 2011). At the same time, it is crucial to define the role of the teacher in mental health promoting approaches. Teachers are not specialist staff, or “fixer[s]” (Holt, 2020, p. 30), who can be expected to facilitate therapeutic programmes. Rather, teachers should be conceptualised as “facilitator[s]” (Holt, 2020, p. 30) capable of contributing, given the adequate support, to the creation and implementation of whole school approaches that nurture a healthy school ethos, facilitate the development of emotional literacy, and identify mental health needs (Glazzard, 2019; Mælan et al., 2018).

Teachers are not specialist staff, or “fixer[s]”, who can be expected to facilitate therapeutic programmes. Rather, teachers should be conceptualised as “facilitator[s]”

School leaders must become passionate advocates for the approach, be genuinely committed to creating a healthy ethos of care and connectedness among the entire school community, and be enthusiastic about developing, promoting and implementing the approach

School Leadership: Passionate Advocates as the Foundation for Change

Whole-school approaches to mental health are only successful if school leadership ensures that there is a consistent, shared definition of mental health, a shared school vision, and a shared pedagogy (Gu & Day, 2007; Milkie & Warner, 2011). Nurturing positive student-teacher relationships, keeping track of children’s wellbeing, and establishing partnerships between children, parents and external agencies are key indicators of an effective senior leadership team (Glazzard, 2019). Above all, however, to provide quality mental health education, school leaders must acknowledge that children need to be mentally healthy in order to achieve academic success, and that the promotion of wellbeing and the goal of improving scholastic standards go hand in hand (Glazzard, 2019). School leaders must become passionate advocates for the approach, be genuinely committed to creating a healthy ethos of care and connectedness among the entire school community, and be enthusiastic about developing, promoting and implementing the approach (Beames et al., 2020; Danby & Hamilton, 2016; Holt, 2020). They must ensure that the approach is embedded in the school’s organisational structure, and that collaboration with school staff sits at the heart of implementing the approach (Lynn et al., 2003). School leaders must motivate and inspire staff to engage in the facilitation of the chosen approach, ensure that continuous reflection on and development of the approach takes place, and invest in professional development (PD) for teachers (Askell-Williams & Lawson, 2013; Ekornes et al., 2012; Greenberg et al., 2003; Hallam, 2009; Han & Weiss, 2005; Herrman et al., 2004).

PD should be simple and interactive, and focus on practical strategies that can be applied in the classroom.

Rethinking Professional Development: Ownership, Collaboration and Reflection

It is during the first of such PD sessions that teachers should experience relevant practical strategies and activity-based resources for mental health education; they should not just encounter them in the classroom (Elfrink et al., 2017). PD should be a collaborative teacher-led inquiry characterised by “a coaching culture” (Glazzard, 2019, p. 260) that provides ample opportunities for supervision and mentoring (Askell-Williams & Lawson, 2013). PD should be simple and interactive, and focus on practical strategies that can be applied in the classroom (Danby & Hamilton, 2016; Graham et al., 2011; Mazzer & Rickwood, 2015; Shelemy et al., 2019; Thomas & Aggleton, 2016). Senior leadership must ensure that the approach and the pertinent PD are not ‘add on’ activities that bring more time pressure to the teachers’ workload; instead, these should present opportunities for staff to contribute, share their expertise as teachers, take ownership, and thrive in partnership with each other and with their students (Glazzard, 2019; Weare & Markham, 2005).

PD must provide teachers with opportunities to explore the extent, structure and pedagogical and conceptual underpinnings that underlie the approach

For an approach to mental health education to be more than a resource-driven add-on to the curriculum, and for a shift in pedagogical mental health promoting practice across the whole school to occur, PD must provide teachers with opportunities to explore the extent, structure and pedagogical and conceptual underpinnings that underlie the approach (Askell-Williams & Lawson, 2013). Effective PD provokes teachers to make connections between their everyday practices and the theoretical framework of the approach. During effective PD, explicit, specific, clearly defined hypotheses, goals and motives underlying the approach, as well as clear guidelines and clarification of roles and responsibilities, must be communicated adequately to school staff, so that they can link these back to their pedagogical practice (Weare & Nind, 2011). Effective PD asks teachers to:

- recognise how their own interactions with children and other school staff can influence mental health
- critically reflect on, question, and debate their practice and the personal and wider socio-political environment in which it is situated
- integrate new pedagogical insights into their existing classroom philosophies and practices; and devise strategies for future engagement with students (Glazzard, 2019; Holt, 2020).

Prioritising Teacher Wellbeing

For approaches to mental health education to be effective, children should experience and relate to their teachers first and foremost as humans (Rowe & Stewart, 2009). If senior leaders prioritise and promote the wellbeing of not just children, but also school staff. Teachers are more likely to be willing and able to invest emotionally in their pedagogical practice and their relationships with their students (Holt, 2020). Promoting teacher wellbeing requires a whole-school culture of whakawhānaungatanga, dialogue, reflection, honesty and care, characterised by practical and emotional support and realistic workloads (Glazzard, 2019; Graham et al., 2011; Thomas & Aggleton, 2016; Weare & Markham, 2005). Since teachers themselves and their professional relationships provide important models for children and are crucial socio-cultural determinants of children’s mental health, such a climate among school staff models an important ethos for children (Askell-Williams & Lawson, 2013; Herrman et al., 2004).

Creating Common Knowledge bases and Strategic Direction

Senior leadership must develop clear policies that buttress and outline the whole-school approach to enacting a mental health promoting curriculum, including clear roles and responsibilities, and facilitate the establishment of working partnerships between children, parents, and external agencies (Danby & Hamilton, 2016; Glazzard, 2019). These policies must ensure that mental health is explicitly part of the school agenda (Holt, 2020). Common policies should create a common knowledge base and ensure that pertinent PD takes place consistently (Askell-Williams & Lawson, 2013; Ekornes et al., 2012). Whole-school policies can contribute to the reduction of barriers to the development of positive mental health for all by formulating a consistent, shared vision for school staff and the school community. This vision provides guidelines as to how pertinent strategies and principles are to be consistently embedded into the everyday pedagogy of the school (Holt, 2020). Embedding mental health promoting approaches as part of policies provides the chosen approaches with the status and strategic direction they need to both be acknowledged as essential part of school life by school staff and the community and to be implemented effectively (Herrman et al., 2004). Students should be consulted about the introduction of such policies (Glazzard, 2019).

An effective approach to pedagogy provokes not only superficial skill and knowledge acquisition and behavioural change, but also deeper shifts in attitudes, beliefs and values.

Collaborative Step-by-Step Learning

Everyday pedagogical practices are intricately intertwined with children's mental health and their learning about mental health (Graham et al., 2011). An effective approach to pedagogy provokes not only superficial skill and knowledge acquisition and behavioural change, but also deeper shifts in attitudes, beliefs and values. It is student-centred, participatory, hands-on, enjoyable and engaging (Rowe & Stewart, 2009; Weare & Nind, 2011). It employs practical, activity-based resources and enables a secure and inclusive learning environment (Elfrink et al., 2017). Experiential, explorative and interactive in nature, it uses coaching, role play, games, simulations and integration of collaborative whole and small group work with possibilities for one-one-one discussion and support. It comprises sets of highly structured activities that foster not only learning about mental health, but also student confidence, a sense of belonging and attainment of mastery (Mælan et al., 2018; Rowe & Stewart, 2009; Thomas & Aggleton, 2016). An effective approach to pedagogy creates challenging learning experiences that provoke children to reflect on how they learn and act in the world in order to foster a sense of ownership, independence and achievement (Holt, 2020). This is crucial because building people's capacity to manage and improve their own health and to work collaboratively towards community wellbeing is vital to health promoting approaches (Herrman et al., 2004; World Health Organisation, 1998).

A hope for diffuse, indirect impact must give way for a direct and explicit focus on learning outcomes (Durlak et al., 2011; Weare & Nind, 2011). An effective approach to pedagogy is therefore built on a solid pedagogical theoretical framework and clearly defined aims, roles and responsibilities (Browne et al., 2004). It is based on a developmental approach that acknowledges each stage in childhood requires different methods and strategies and which is sensitive to the needs of different groups in terms of age, gender and sociocultural context (Weare & Markham, 2005). It consists of a stepped progression of learning, or "a sequenced step-by-step training approach" (Durlak et al., 2011, p. 408) and allows enough time for learning, reflection and skill development to take place.

A Balancing Act: Navigating the Space between Flexibility & Fidelity

An effective approach has a bottom-up philosophy at its heart and is grounded in community. Such a perspective on community development emphasises school community participation in developing, implementing, and evaluating the approach, thereby valuing empowerment, autonomy, democracy, ownership, and adaptability to local contexts (Elfrink et al., 2017; World Health Organisation, 1997). Such a philosophy is likely to result in deeply ingrained changes of policy and practice. An effective approach provides well-structured support, materials and guidelines while remaining intentionally flexible, that is, principle-based and not rigidly prescriptive. Research recommends balancing a bottom-up approach with more concentrated and prescriptive components to solidify and establish processes more clearly to allow for sustainable, coherent interventions (Weare & Nind, 2011). Approaches implemented incompletely without clarity, accuracy, rigour and fidelity run the risk of becoming vague and internally inconsistent, and of losing their potential to have any actual impact (Askell-Williams & Lawson, 2013).

Only the work teachers do in classrooms can ensure the quality and fidelity of the approach. Hence, it is important to recognise that the provision of structured expert supervision and direction to guide teacher practice is as important as the emphasis on community participation in the bottom-up approach (Askell-Williams & Lawson, 2013). Schools should only commit to initiatives if they genuinely see that these initiatives suit their context and if it is feasible to implement them with fidelity and accuracy (Durlak et al., 2011). While it is crucial that approaches are not imposed on communities but agreed upon and co-created by them, it is also vital that structured training and quality maintenance are provided to ensure effectiveness (Weare & Nind, 2011). School communities must be given a degree of freedom to adapt a given approach to their needs and contexts. However, the essential pedagogical and philosophical principles of the approach must be maintained (Weare & Markham, 2005). Schools must perpetually monitor and reflect on the implementation and practice of the approach, as well as the change processes taking place, and constantly work towards productively balancing the demands of changing local circumstances and fidelity to the approach (Herrman et al., 2004).

Allowing Time, Envisioning Change: Towards Local Sustainability

Any whole school approach to mental health needs time to work, especially because genuine collaboration and partnership with a school and adherence to a developmental approach to teaching and learning take time (Askell-Williams & Lawson, 2013; Herrman & Jané-Llopis, 2012; Holt, 2020; Weare & Markham, 2005). An effective approach is implemented continuously for at least nine months to more than a year (Graham et al., 2011; Weare & Nind, 2011; Wells et al. 2003). An effective approach is sustainable, that is, capable of continuing to bring benefits beyond those achieved in the initial pilot project stage. An approach is sustainable if attempts to attain benefits persist, even given limited resources (Herrman et al., 2004). An approach is likely to be sustainable if: essential resources continue to be available to the school; the school community participates in the initial development of the approach and have a sense of ownership; the school and the approach have shared visions and goals; the approach and its policies, procedures and responsibilities are solidly incorporated and embedded into the school; and both senior leadership teams and the wider school community become committed advocates of the approach (Herrman et al., 2004).

Review, Reflection and Revision: The Importance of Evaluation

Sustainability requires that an approach be evaluated. More attention and resources should be given to evaluating new and existing approaches. Productive partnerships should be established between practitioners and research centres with expertise in the field (Weare & Markham, 2005). Models of best practices should be disseminated in order to advance knowledge about the effectiveness of mental health promoting initiatives while, at the same time, the quality of the approach under investigation undergoes continuous review, revision and improvement (Herrman et al., 2004). Evaluation research should include qualitative, process-oriented methods, such as the employment of case studies and narrative analyses (McQueen & Anderson, 2001).

References

- Adelman, H. S., & Taylor, L. (2006). Mental health in schools and public health. *Public Health Reports Association of Schools of Public Health*, 121(3), 294–298.
- Askill-Williams, H., & Lawson, M. J. (2013). Teachers' knowledge and confidence for promoting positive mental health in primary school communities. *Asia-Pacific Journal of Teacher Education*, 41(2), 126–143. <https://doi.org/10.1080/1359866X.2013.777023>
- Beames, J. R., Johnston, L., O'Dea, B., Torok, M., Boydell, K., Christensen, H., & Werner-Seidler, A. (2020). Addressing the mental health of school students: Perspectives of secondary school teachers and counselors. *International Journal of School and Educational Psychology*, 1–16. <https://doi.org/10.1080/21683603.2020.1838367>
- Browne, G., Gafni, A., Roberts, J., Byrne, C., & Majumdar, B. (2004). Effective/efficient mental health programs for school-age children: A synthesis of reviews. *Social Science and Medicine*, 58(7), 1367–1384. [https://doi.org/10.1016/S0277-9536\(03\)00332-0](https://doi.org/10.1016/S0277-9536(03)00332-0)
- Calear, A. L., & Christensen, H. (2010). Systematic review of schoolbased prevention and early intervention programs for depression. *Journal of Adolescence*, 33(3), 429–438. <https://doi.org/10.1016/j.adolescence.2009.07.004>
- Danby, G. & Hamilton, P. (2016). Addressing the 'elephant in the room'. The role of the primary school practitioner in supporting children's mental well-being. *Pastoral Care in Education*, 34(2), 90–103. <https://doi.org/10.1080/02643944.2016.1167110>
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405–432. <https://doi.org/10.1111/j.1467-8624.2010.01564.x>
- Ekornes, S., Hauge, T., & Lund, I. (2012). Teachers as mental health promoters: A study of teachers' understanding of the concept of mental health. *International Journal of Mental Health Promotion*, 14(5), 289–310.
- Elfrink, T. R., Goldberg, J. M., Schreurs, K. M. G., Bohlmeijer, E. T., & Clarke, A. M. (2017). Positive educative programme: A whole school approach to supporting children's well-being and creating a positive school climate: a pilot study. *Health Education*, 117(2), 215–230. <https://doi.org/10.1108/HE-09-2016-0039>
- Glazzard, J. (2019). A whole-school approach to supporting children and young people's mental health. *Journal of Public Mental Health*, 18(4), 256–265. <https://doi.org/10.1108/JPMH-10-2018-0074>
- Graham, A., Phelps, R., Maddison, C., & Fitzgerald, R. (2011). Supporting children's mental health in schools: Teacher views. *Teachers and Teaching: Theory and Practice*, 17(4), 479–496. <https://doi.org/10.1080/13540602.2011.580525>
- Greenberg, M., Weissberg, R., O'Brien, M., Fredericks, L., Elias, M., & Resnik, H. (2003). Enhancing school based prevention and youth development through coordinated social, emotional, and academic learning. *American Psychologist*, 58(6-7), 466–474.
- Gu, Q., & Day, C. (2007). Teachers resilience: A necessary condition for effectiveness. *Teaching and Teacher Education*, 23(8), 1302–1316.
- Hallam, S. (2009). An evaluation of the Social and Emotional Aspects of Learning (SEAL) programme: Promoting positive behaviour, effective learning and well-being in primary school children. *Oxford Review of Education*, 35(3), 313–330.
- Han, S., & Weiss, B. (2005). Sustainability of teacher implementation of school-based mental health programs. *Journal of Abnormal Child Psychology*, 33(6), 665–679.
- Herrman, H., Saxena, S., & Moodie, R. (2004). *Promoting mental health: Concepts, emerging evidence, practice: A report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne*. WHO Press.
- Herrman, Helen, & Jané-Llopis, E. (2012). The status of mental health promotion. *Public Health Reviews*, 34(2), 1–21. <https://doi.org/10.1007/bf03391674>
- Holt, D. (2020). *Promoting positive mental health in the primary school: Theory into practice*. Routledge. <https://doi.org/10.4324/9780429504051>
- Hornby, G., & Atkinson, M. (2003). A framework for promoting mental health in school. *Pastoral Care in Education: An International Journal of Personal, Social and Emotional Development*, 21(2), 3–9.
- Jamal, F., Fletcher, A., Harden, A., Wells, H., Thomas, J., & Bonell, C. (2013). The school environment and student health: a systematic review and meta-ethnography of qualitative research. *BMC Public Health*, 13(798), 1–11. <https://doi.org/http://www.biomedcentral.com/1471-2458/13/798> RESEARCH
- Kessler, R. C., Angermeyer, M., Anthony, J. C., De Graaf, R. O. N., K. Gasquet, I., & Kawakami, N. (2007). Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry*, 6(3), 168–176.

- Keyes, C. L. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behaviour*, 43, 207–222.
- Koller, J., & Svoboda, S. (2002). The application of a strengths-based mental health approach in schools. *Childhood Education*, 78(5), 291–295.
- Le Galès-Camus, C. (2004). Foreword. In *Promoting mental health: Concepts, emerging evidence, practice. A report from the World Health Organisation, Department of Mental Health and Substance Abuse, in collaboration with the Victorian Health Promotion Foundation (VicHealth) and The University of Melbourne* (n. p.). World Health Organization.
- Lomas, J. (1998). Social capital and health – implications for public health and epidemiology. *Social Science and Medicine*, 47(9), 1181–1188.
- Lynn, C. J., McKay, M. M., & Atkins, M. S. (2003). School social work: Meeting the mental health needs of students through collaboration with teachers. *Children & Schools*, 25(4), 197–209. <https://doi.org/10.1093/cs/25.4.197>
- Mælan, E. N., Tjomsland, H. E., Baklien, B., Samdal, O., & Thurston, M. (2018). Supporting pupils' mental health through everyday practices: a qualitative study of teachers and head teachers. *Pastoral Care in Education*, 36(1), 16–28. <https://doi.org/10.1080/02643944.2017.1422005>
- Mazzer, K. R., & Rickwood, D. J. (2015). Teachers' role breadth and perceived efficacy in supporting student mental health. *Advances in School Mental Health Promotion* 8(1), 29–41. <https://doi.org/10.1080/1754730X.2014.978119>
- McQueen, D. V., & Anderson, L. M. (2001). What counts as evidence: issues and debates. *Evaluation in Health Promotion: Principles and Perspectives. WHO Regional Publications, European Series*, 92, 63–81.
- Milkie, M. A., & Warner, C. H. (2011). Classroom learning environments and the mental health of first grade children. *Journal of Health and Social Behaviour*, 52(1), 4–22.
- Newman, T., & Blackburn, S. (2002). *Transitions in the lives of children and young people: Resilience factors*. Scottish Executive Education and Young People Research Unit.
- Nielsen, L., Meilstrup, C., Nelausen, M. K., Koushede, V., & Holstein, B. E. (2015). Promotion of social and emotional competence: Experiences from a mental health intervention applying a whole school approach. *Health Education*, 115(3/4), 339–356. <https://doi.org/10.1108/HE-03-2014-0039>
- Oldfield, J., Humphrey, N., & Hebron, J. (2016). The role of parental and peer attachment relationships and school connectedness in predicting adolescent mental health outcomes. *Child and Adolescent Mental Health*, 21(1), 21–29.
- Rowe, F., & Stewart, D. (2009). Promoting connectedness through whole-school approaches: A qualitative study. *Health Education*, 109(5), 396–413. <https://doi.org/10.1108/09654280910984816>
- Shelley, L., Harvey, K., & Waite, P. (2019). Supporting students' mental health in schools: what do teachers want and need? *Emotional and Behavioural Difficulties*, 24(1), 100–116. <https://doi.org/10.1080/13632752.2019.1582742>
- Shucksmith, J., Summerbell, C., Jones, S., & Whittaker, V. (2007). *Mental wellbeing of children in primary education (targeted/indicated activities)*. National Institute of Clinical Excellence.
- Thomas, F., & Aggleton, P. (2016). A confluence of evidence: What lies behind a “whole school” approach to health education in schools? *Health Education*, 116(2), 154–176. <https://doi.org/10.1108/HE-10-2014-0091>
- United Nations. (2015). *Transforming our world: the 2030 Agenda for Sustainable Development*. https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E
- Weare, K. (2000). *Promoting mental, emotional and social health: a whole school approach*. Routledge.
- Weare, K., & Markham, W. (2005). *What do we know about promoting mental health through schools? IUHPE – Promotion & Education*, 7(3–4), 118–122.
- Weare, K., & Nind, M. (2011). Mental health promotion and problem prevention in schools: What does the evidence say? *Health Promotion International*, 26(1), 29–68. <https://doi.org/10.1093/heapro/dar075>
- Wells et al. 2003 cited p 24
- World Health Organisation. (1997). *Life skills education for children and adolescents in schools: Introduction and guidelines to facilitate the development and implementation of life skills programmes*. WHO Press.
- World Health Organisation. (1998). *Health promotion evaluation: Recommendations to policymakers*. WHO Press.
- World Health Organisation. (2001). *Mental health: New understanding, new hope. The World Health Report*. WHO Press.