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What's the matter with mental health?

Annie Facchinetti

You can hardly watch the news these days without hearing a reference to mental health issues in some form or other. As our understanding of the role that mental health plays in everything from crime to homelessness to relationships and school achievement has grown, so too has our approach to student wellbeing evolved in schools. According to *The Melbourne Declaration on Educational Goals for Young Australians* (MCEETYA, 2008, p.7), Australia's school system should be providing an environment for students that fosters 'equity and excellence', enabling students to become 'successful learners', 'confident and creative individuals' and 'active and informed citizens'. These are noble aims, and are explicitly underpinned by a belief in the importance of not only developing students in an academic sense, but also of nurturing them in a holistic sense so that they develop a range of attributes that will equip them to live healthy and fulfilling lives (MCEETYA, 2008, p.9).

There is strong evidence that mental health issues can have a profound effect on students' academic outcomes and that students with good mental health fare better in a range of measures against their peers (Kisdmatter, 2016a; Spencer, 2013; Vannest, Temple-Harvey, & Mason, 2009). But with mental health issues affecting one in seven young Australians (Kisdmatter, 2016a), and high rates of bullying reported by students (Rigby, as cited in Woolfolk & Margetts, 2007, p.144), more than ever schools need to be actively addressing the wellbeing needs of their charges. If there were one

clear methodology to follow in order to get optimum results, undoubtedly educational institutions and psychologists alike would adopt it. But schools are complex entities, and given that the field of psychology is equally complex, it is often a precarious area to navigate.

Australia has an aging teaching workforce, with a high proportion of teachers falling into the over 50 age range compared with the OECD average (Earp, 2014; McKenzie, Weldon, Rowley, Murphy, & McMillan, 2014). There is therefore an enormous challenge in disseminating new information regarding social-emotional approaches to the more than 260,000 practising teachers in Australian schools (Australian Bureau of Statistics, 2013).

The Australian Temperament project, a longitudinal study of Victorian children and their parents from birth through to adulthood, has highlighted the importance of an understanding of biological factors and their influence on behaviour for schools. The study concluded that, 'Genetic factors also increased the risk of anxiety and depression for some, by increasing their susceptibility to challenging life events or decreasing their ability to "bounce back" after experiencing difficult circumstances' (Vassallo, Sanson, & Olsson, 2014). It can be tempting for teachers to label students with adjectives such as 'sensitive' or 'anxious', but emerging research such as this is a reminder that some students need extra support in social-emotional areas, just as other students need more support in

numeracy or literacy. Ensuring that teachers have access to such research is an issue that has not yet been adequately addressed.

What is also critical is ensuring that teachers understand the aspects of emotional intelligence that it is most useful to focus on. For example, perseverance or 'grit' is a popular area often incorporated into social-emotional learning in schools (e.g. the You Can Do It! program), and according to a recent *Age* article, a current buzzword in education (Reischer, 2016). Without suggesting that this is not a worthwhile trait to develop, a recent Yale Center for Emotional Intelligence study indicates that it has less of a bearing on school success than many might believe, and that conscientiousness and emotional regulation are better predictors of student outcomes (Ivcevic & Brackett, 2014). Do schools have this sort of information to enable them to make considered decisions about social-emotional learning? This also links with schools' access to and use of evidenced-based programs to address mental health issues.

There is certainly a case for a more systemic approach to mental health and wellbeing programs and services for young people in schools that offers a framework to ensure adequate information and support to assist educational institutions to strategically balance prevention and intervention initiatives

(Gostelow, 2016; Leadbeater and Gladstone, 2016; Merrell *et al.*, 2012; Rissel and Rowling, 2000; Spencer, 2013). This, of course, is much easier said than done.

In Canada, Leadbeater and Gladstone (2016, p.36) conducted research to evaluate the provision of mental health promotion programs that target children and young people and concluded that, 'Widespread social problems that threaten their mental health may require widespread adoption of evidence-based solutions.' To help schools navigate their way through the multitude of initiatives on offer, Leadbeater and Gladstone (2016, p.36) advocate a number of measures such as establishing 'knowledgeable champions' who could advise schools in a particular district about effective programs that might suit them.

This 'knowledgeable champion' role is somewhat filled in Australia by Kidsmatter, an initiative jointly funded by the Australian Government and beyondblue that provides primary schools with readily accessible information and evaluations about a range of both preventative and responsive programs (Kidsmatter, 2016b), and its secondary equivalent Mindmatters. The Kidsmatter website offers a comprehensive reference tool describing available resources, but ultimately it is still left to school leaders to consider the

evidence and decide on the program they will use, on what is in effect an ad hoc basis (Rissel and Rowling, 2000). While few would dispute the need for schools to seek out initiatives that are proven to work, or the desirability of schools having autonomy in selecting programs that suit their contexts, it is clear that choosing evidence-based approaches to mental health is an ongoing challenge that has not been addressed in Australia on a large scale.

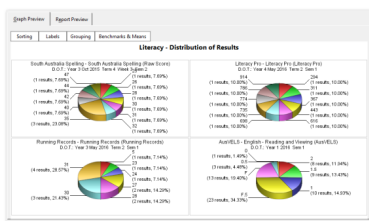
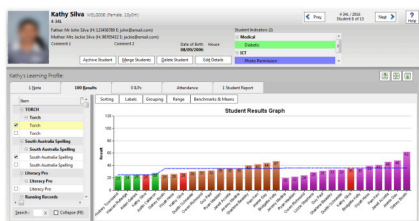
It is not, however, merely selecting the right approaches to promoting and maintaining student mental health that schools struggle with. Effectively implementing programs can also be a major stumbling block (Leadbeater and Gladstone, 2016, p.27). Teachers are often charged with responsibility to provide for an ever-expanding battery of competing needs and priorities identified by political agendas, societal pressures, curriculum demands and evolving pedagogical understanding (Leadbeater and Gladstone, 2016; Rissel and Rowling, 2000), and under those conditions, it is frequently the less tangible aspects of teaching and learning, such as wellbeing programs, that give way to subject areas where results can be more easily measured.

Teachers therefore need a great deal of support or professional development to be able to execute most social-emotional programs in the way they were intended,

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not just in the introduction phase, but on an ongoing basis (Leadbeater and Gladstone, 2016, p.31). Woolfolk and Margetts's (2007, p.129) guidelines for encouraging emotional intelligence, for instance, offer evidence-based examples for teachers, such as 'Follow through with fair consequences', but they do not actually outline what teachers need to say or do to enact these guidelines. Many social-emotional wellbeing programs require a high time commitment from schools. Feshbach (as cited in Woolfolk and Margetts, 2007), for example developed a 36-hour program to improve empathy in primary students; teachers perhaps need a similar time investment to equip them to adequately lead mental health initiatives in the classroom.

The difficulties with building teacher capacity to implement programs are also compounded by the complex nature of schools (Leadbeater and Gladstone, 2007, p.27). Kamensky (2001) differentiates between complicated problems, those that are predictable and linear and have a clear beginning middle and end, and complex problems, that are far more intricate. Implementing a whole school approach to mental health and wellbeing clearly falls into the latter category. Kamensky (2011, p.68) asserts that working with complexity necessarily entails a 'high degree of uncertainty and ambiguity', and this in itself presents challenges to school leadership. While it is desirable to have a program that is responsive to dynamic school needs, this also means that teachers, and possibly other stakeholders including parents and the students themselves, may need extra communication and support to ensure that they are up to date with the direction in which the school is heading.

As schools strive to meet the goals of *The Melbourne Declaration on Educational Goals for Young Australians* (MCEETYA, 2008, p.7), it is not always easy for them to enact the

vision it presents from the perspective of child and adolescent mental health. The lack of agreement about best practice, the complexity of making large-scale change throughout our school systems and the sometimes fragmented nature of the approach to both responsive and preventative mental health strategies are just some of the many challenges faced by schools. With clear evidence that social and emotional difficulties have negative impacts on student learning and development (Spencer, 2013; Woolfolk and Margetts, 2016) it is, however, critical that we continue to draw on the growing body of evidence to safeguard our students and provide them with the best support to become 'confident and creative individuals' and 'active informed citizens' (MCEETYA, 2008, p.7).

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