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Edited by Stan Kutcher, Yifeng Wei and Mark D. Weist

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Chapter

1

The global advancement of school mental health for adolescents

Mark D. Weist, Stan Kutcher, and Yifeng Wei

Adolescence is a time of significant development across all dimensions – physical, cognitive, emotional, behavioral, and social. It is also a time of significant vulnerability to life stress; negative family, peer, and neighborhood influences; and the development of mental illness, with around one in five youth showing signs of notable emotional/behavioral impairment (see Merikangas *et al.*, 2010; Romero *et al.*, 2014; Strang, Pruessner, & Pollack, 2011; Weist, Ginsburg, & Shafer, 1999).

The school mental health (SMH) field is growing around the world (Kutcher & McLuckie, 2013; President's New Freedom Commission, 2003; Rowling & Weist, 2004; Wei & Kutcher, 2012; Weist & McDaniel, 2013; Weist, Lever, Bradshaw, & Owens, 2014), related to fundamental recognition that: (1) children, adolescents, and families usually make no or very poor connections to specialty mental health (Atkins *et al.*, 1998; Catron, Harris, & Weiss, 1998); (2) schools are where children and youth are; and (3) many advantages accrue when education, mental health, and other youth-serving systems join together to better meet the mental health needs of students, in ways that reflect reducing and removing barriers to learning (Andis *et al.*, 2002; Weist, 1997). National and global networks are increasingly recognizing the centrality of the SMH agenda as reflected in increasing funding, growing training opportunities, key policy initiatives, and an advancing research base that involves localities, states, regions, and countries pursuing common themes. Sadly, in some countries this agenda is receiving increased support through school shootings and the concomitant recognition of students' need for mental health services and missed opportunities for early identification and intervention (United States White House, 2013).

A critically important agenda, and reflecting the public health approach (see Blau, Huang, & Mallery, 2010) is to develop a full continuum of effective promotion, prevention, early intervention, and treatment for adolescents in schools, and for this agenda to consider unique cultural, socioeconomic, and governmental factors as reflected in differences across nations. That is the purpose of this book, which we hope will spur advancements in research, practice, and policy in SMH for adolescents around the world.

In this regard, it should be noted that much of the literature on SMH reflects the experience of developed nations, and there is a need for global dialogue that includes the experience of low- and middle-income nations. For example, Wei and Kutcher (2012) emphasize that a challenge faced by many countries is to provide adequate human resources for delivery of essential mental health interventions, and in many nations, even in developed ones, these resources are not adequate. Given these realities, new strategies for SMH need to

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be developed consistent with other strategies such as working in primary care and with other community-based programs (e.g., in recreation centers, through sports) and empowering and equipping non-specialist providers, such as healthcare workers, consumers of care, caregivers, teachers, and others with the skills to identify and assist youth with mental health challenges, as well as help to spur broader mental health promotion initiatives (Wei & Kutcher, 2012, Weare, 2004).

Related to these recognitions, international organizations including the United Nations, World Health Organization, World Federation for Mental Health, and the Global Consortium for Promotion and Prevention in Mental Health have endorsed the need for effective school mental health promotion and intervention (Vince-Whitman *et al.*, 2007). Beginning early in the 2000s, the International Alliance for Child and Adolescent Mental Health and Schools (INTERCAMHS) began to advance a global network for SMH, including national leaders from Australia, Canada, Germany, Great Britain, Ireland, Jamaica, and Norway. INTERCAMHS organized a series of global conferences on SMH promotion in conjunction with World Conferences for Mental Health Promotion led by the Clifford Beers Foundation and collaborators (see worldcongress2014.org) held in London (2002), Auckland (2004), Oslo (2006), Melbourne (2008), Washington, DC (2010), and Perth (2012).

Emerging from INTERCAMHS, the School Mental Health International Leadership Exchange (SMHILE) is bringing together leaders from regions and countries across the world to share knowledge; co-create dissemination and leadership strategies; and signal best research, policy, and practice directions for the field (Short, Weist, & McDaniel, 2014). SMHILE aims to offer a credible and authoritative international resource on topics related to SMH leadership, including a focus on workforce development; interdisciplinary and cross-system collaboration; family, student, and stakeholder involvement; implementation of evidence-based practices; and quality assurance. Working with the Clifford Beers Foundation, SMHILE coordinated a set of 30 presentations on SMH held at the Eighth World Conference on Mental Health Promotion held in London in September 2014, and is preparing an even larger program focused on SMH to be held at the Ninth World Conference to be held in Columbia, South Carolina in September 2015.

There are many issues being confronted across nations in the emerging SMH field. In addition to resource limitations reviewed above (Wei & Kutcher, 2012), a critical challenge is to convince policy makers of the value of mental health in schools. For example, school leaders may not support this agenda based on the view that schools are not in “the mental health business” and/or concern of taking on a responsibility that will be burdensome in terms of time and cost (Weist *et al.*, in press). In addition, education administrators uniformly endorse the value of academic success, but may not see the value of positive emotional/behavioral functioning in contributing to it (Klern & Connell, 2004).

In many nations, a significant problem is high variability in governmental approach and associated initiatives for children, adolescents, and families across jurisdictions and regions, contributing to a hodge-podge of experiences and programs that lack coherence. A challenge is that SMH initiatives should reflect local culture and characteristics, while moving to some level of uniformity and consistency. This is particularly difficult given site-based decision making and high organizational fluidity in schools; for example, as shown by high rates of mobility and turnover among administrators, teachers, and other school personnel (Guarino Santibañez, Daley, & Brewer, 2004). For the establishment and growth of effective SMH programs within nations, working agreements regarding roles, functions, and communication between mental health staff and schools typically need to be negotiated

and maintained on a building-by-building basis (Weist *et al.*, in press). Further, as mentioned above, in some nations there will not be a mental health workforce, and the press will then become one of empowering others, such as teachers and healthcare providers, to attain skills to move this agenda forward (Wei & Kutcher, 2012). A very significant concern is limited resources in nations for education, let alone supportive programs and services for students in schools such as SMH. This is a monumental challenge in impoverished developing nations (see Chapter 17, detailing experiences in northern Ghana), and one that is present even in highly developed nations. For example, a survey of SMH programs in the United States (likely the global leader in this field) indicated that more than 70% of district leaders reported an increase in need for services, while experiencing funding levels that were actually decreasing (Foster *et al.*, 2005). This connects to a related social marketing agenda for SMH, for communities to rally around the message that this may be *the most important* set of actions to engage in, since effective mental health in schools is about promotion of positive emotional, behavioral, and social functioning; engagement in school; improved learning; and improved achievement and contribution to society (Kutcher & McLuckie, 2013; Weist *et al.*, 2014).

As some of the above policy-related challenges are navigated, schools, communities, and governments should focus on building capacity for effective SMH, including strategies for training, coaching, and ongoing implementation support, evidence-based practice, family and youth engagement and empowerment, quality assessment and improvement, assuring cultural competence, and evaluation (Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005; Weist *et al.*, 2014). A major irony in the SMH field is that *when done well* – that is when programs pay significant attention to these dimensions – services actually lead to valued outcomes, including improved student behavior, emotional functioning, and academic performance, and positive evaluation findings can be used to leverage increased resources and capacity for the field (Weist, Evans, & Lever, 2003). However, many programs will not focus on these dimensions, continue to engage in reactive, ineffective practices, resulting in no change, and consequent failure to document positive outcomes and build policy support.

A way forward is for systematic sharing of experiences across communities, states/regions and nations, for example, through a National Community of Practice on SMH such as in the United States (Cashman, Rosser, & Linehan, 2013; Wenger, McDermott, & Snyder, 2002) and through SMHILE, mentioned earlier.

We are enthused to bring you this volume – *School Mental Health: Global Challenges and Opportunities*. The book builds from and amplifies themes from prior books on SMH (Clauss-Ehlers, Serpell, & Weist, 2013; Evans, Weist & Serpell, 2007; Robinson, 2004; Weist *et al.*, 2003; 2014) and is the first to emphasize international themes and experiences particularly relevant for adolescents. Chapters include those from developed nations and reflecting relatively advanced experiences in SMH (e.g., Chapter 2, Australia; Chapters 4, 5, and 6, Canada; Chapter 11, Ireland; Chapter 12, Israel; Chapter 16, New Zealand; Chapter 21, the United Kingdom; and Chapters 22 and 23, United States); from developed nations with more recent but growing initiatives (Chapters 13 and 14, Japan; Chapter 15, Chile; Chapter 18, Singapore; Chapter 19, Turkey); and programs that are just emerging in countries experiencing economic, sociodemographic, and/or racial/ethnic challenges (Chapter 3, Brazil; Chapters 7 and 8, China; Chapter 9, India; Chapter 10, Iraq; Chapter 17, northern Ghana; Chapter 20, Ukraine). Diverse themes in this book (reflecting some presented in this brief review and many others) underscore the potential for a global agenda for SMH for adolescents and strategies to move

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forward. As shown in all chapters of the book, this work is hard and challenging, but of the highest promise for adolescents and their families, schools, and other youth-serving systems.

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Chapter

2

Developing and sustaining mental health and wellbeing in Australian schools

Louise Rowling

Introduction

This chapter documents the evolution of a suite of mental health promotion interventions designed and implemented nationally over a 15-year period. Three noteworthy themes that emerged from this work are: the critical role of the implementation context; the linking of school mental health and educational research and practice; and the utilization of a public health approach.

In the 1990s in Australia, significant mental health reform began at a national level. The first two national mental health plans involved a shift in thinking about mental health service delivery from institutionalized care to supporting individuals in the community, and included recognition of the need for increasing attention to be given to promoting mental health and preventing mental illness (Parham, 2007). The first National Mental Health Plan (Australian Health Ministers [AHM] 1992) had as some of its priorities: consumer rights; the relationship between mental health services and the general health sector; linking mental health services with other sectors; and a service mix. However, the plan acknowledged that treatment interventions alone could not significantly reduce the burden of mental illness and that prevention and promotion approaches were important. The Second National Mental Health Plan (AHM, 1998) had three priority areas: promotion and prevention; partnerships in service reform and delivery; and quality and effectiveness. However, it was widely recognized there was little understanding within the mental health sector about how to progress this agenda (Parham, 2007). The national-level policy making included multi-disciplinary debate and discussion around areas of policy and practice such as identifying areas of focus: including promoting wellbeing of populations; promoting mental health of individuals with existing mental health problems; intervening early to promote mental health and prevent mental health problems; developing population approaches to improve the mental health status of all; as well as developing appropriate strategies to ensure that all of these domains are addressed (Walker and Rowling, 2007). The re-conceptualization of mental health from an illness perspective to a positive concept of resilience and wellbeing was also a challenge, given that professional groups were trained to focus on risk and disease. To address this, the Australian government established the National Promotion and Prevention Working Party to guide and oversee the development of a National Action Plan for Promotion, Prevention and Early Intervention for Mental Health. The Working Party consisted of representatives from key groups leading the mental health and public health sectors in Australia at that time. This collaboration between sectors was an important step

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recognizing that the mental health sector alone could not achieve desired outcomes (Parham, 2007). Additional discussions focused on the aims of actions to be taken. Should the focus be on building resilience at the individual level, or should we be concerned with altering social and economic environments and in so doing focus on the prevention of illness at its source? In addition, if we are to build resilience while at the same time addressing the environments that impact negatively on health, then which professions have a role to play in this work? The resultant framework addressed a spectrum of required policies, programs, organizations, and workforce development in order to promote mental health and prevent escalating levels of mental illness, as well as identify the range of required services.

This breadth of national mental health policy development that included mental health promotion was a unique characteristic of the Australian focus. Capacity mapping for mental health promotion in four European countries in early 2000 did not find this breadth of action (Jané-Llopis and Anderson, 2005). While these researchers did identify policies about mental health, it was established that mental health promotion was less a priority than the policies indicated, with low levels of resources available in all but one of the countries. For young people, within this policy and strategic approach, concern has not only been about service provision, but early intervention, awareness-raising promotion, and prevention. Additionally, unlike many other countries' approaches, mental health promotion focusing on mental health and wellbeing (rather than mental illness) for populations as well as individuals, has been an integral component. This expands the more traditional clinical service models to actions that address whole populations, settings, and determinants of mental health and wellbeing.

A number of key themes will be interwoven through this chapter, which explores the multidisciplinary theoretical and empirical frameworks that have been utilized to guide planning, implementation, and evaluation in Australia. These themes – context, linking school mental health and educational research and practice, implementation, and a public health population approach – together helped to establish a new science base for school mental health promotion and contribute to sustainability of actions. Important national government-funded school mental health interventions will be described to exemplify significant issues.

Context

There are a variety of ways of conceptualizing context as it applies to school mental health. These include reference to surroundings, circumstances, environment, and background, or settings which determine, specify, or clarify meaning (wiktionary [<http://en.wiktionary.org/wiki/context>]). Context is an important consideration in implementation. A focus on the support context addresses structures, strategies, and practices that stimulate smooth and efficient implementation of actions and activities (Weiner *et al.*, 2009). The following brief review of the contexts within which early school mental health promotion was initiated places national initiatives within a specific disciplinary culture and practices.

Political, social, and psychological environments

The Australian political structural context involves a federation of states and territories. Education and health are shared responsibilities between state and commonwealth (national) level. National programs need to gain the “buy in” of state jurisdictions to ensure successful implementation. Many health and social problems have been found to be connected, so addressing mental health has impacts wider than for the health sector. For example, in the early 1990s these links were obvious in etiological data internationally that

show connections between factors that affect mental health and factors associated with crime (National Crime Prevention, 1999), drug abuse (Resnick *et al.*, 1997) and academic achievement (Zubrick *et al.*, 1997). These factors include school attendance, connectedness to school and community, and opportunities for success at school. The resultant multidisciplinary foci involving varying ideologies, language and practice means mental health can be the purview of other disciplinary areas (Rowling, 2002). In this context the horizontal linking of practice, research, and development of policy, benefits from drawing on the different sectors' perspectives (Rowling and Taylor, 2005). Horizontal linking involves creating ties between equals – for example health sector research on policy development and implementation, and educational in the same areas. It can also link mental health with the health, education, employment, social welfare, justice, and family sectors. Additionally, a World Health Organization mental health report (WHO, 2004) recommended that programs should address multiple outcomes. One aspect of practice that was emphasized in Australian national policy was the role of consumers in decision-making about policy and their own care. These understandings were important elements for the development of effective interventions to maximize the connections of the preventive actions with young people's lives. This was consistent with the approach recommended by Durlak and Wells (1997), recognizing that mental health and mental disorders need to be conceptualized within communities of care and support, not solely as an individual's problem.

This emphasis continued. In early 2000 this need for partnership development was being utilized in the implementation of prevention programs in the United States. Ialongo (2002) argued for partnerships with those organizations for whom programs were designed and who would be responsible for their ongoing implementation. Further, prevention programs (see review by Greenberg *et al.*, 2001) that focused individually on the child were not as effective as those that simultaneously focused on the child, the school, and the family. Additionally, school health promotion research of the 1990s consistently found that greatest impact on pupils' health was achieved by a comprehensive approach (e.g., Olweus, 1995).

This contextual description provides an outline of the political, social, and psychological environments that formed the theoretical and empirical base to the conceptualization of school mental health promotion and prevention. This focus on the need to understand and engage with young people and their contexts for quality school mental health promotion established that using research on educational change as a theoretical and empirical base would be required.

Creating a new science base for school mental health promotion

Linking school mental health with educational change

The second theme that is interwoven into this chapter is the health–education nexus that has increasingly come to be utilized in assessing outcomes for school mental health (see Dix *et al.*, 2012). A complex dynamic of group behaviors and system changes operates within a school by staff and students, in collaboration with external stakeholders. Recent work on school health promotion has highlighted how critical an understanding of the complexity of quality practice in education is to school health programs (Samdal and Rowling, 2013).

Hoyle *et al.* (2010) have called for a re-focus, from getting support for health programs to “finding the niche of the [mental] health promotion process in on-going school improvement efforts” (p. 165). From this perspective the ultimate health-promoting aim of increased subjective wellbeing and behaviors conducive to health is not only an end-point, but also a premise for educational aims and educators (Samdal and Rowling, 2013). Recently a World Health Organization report (Suhrcke and de Paz Nieves, 2011) highlighted this need to shift perspective from seeing improved health as a product of education to seeing it as a factor that could determine educational outcomes. Subjective wellbeing may in this perspective be seen as an important prerequisite for learning and academic achievement in school (Basch, 2010).

It is only in the last few years that the importance of utilizing educational research about schools changing to promote teaching and learning for academic achievement combined with improving health outcomes, has been accepted as a key focus area. Prior to this, much health promotion implementation was designed from a health behavior change perspective, without any link or motivation to improve student academic performance in school (Valois *et al.*, 2011).

The gradual shift in approaches that has followed now involves research building on the premises and acknowledgment of: educational aims; school as an institution in constant change; and the development of integrating the principles of empowerment and participation in health promotion, to simultaneously promote both health and learning (Samdal and Rowling, 2013). This nexus between health and education disciplinary bases is a crucial element in the take-up by schools of interventions and their sustainability. The outcome involves building on existing school policies and activities, not treating schools as a vacuum for interventions.

Implementation

The third key theme is implementation. In considering the breadth of population groups (e.g., students, their teachers and parents, and health personnel), organizational systems (e.g., schools, mental health services, educational services) and the different epistemological positions of the health and education sectors about how to bring about and measure health behavior change, the complexity of implementation for school mental health becomes evident.

The population health approach for schools is operationalized as a “settings” approach to health promotion, namely health-promoting schools (WHO, 1998), and healthy schools (Department for Education and Employment (DfEE) and Department of Health, 1999). The importance of a whole-school approach is evident in addressing wellbeing which involves “mapping the whole of life and considering each life event or social context that has the potential to affect the quality of individual lives or the cohesion of society” (Trewin, 2001: 6).

For nearly two decades schools in Australia, Canada, England, Scotland, and other parts of Europe have been implementing a settings approach to school health, creating health-promoting schools. However, quality implementation has not been achieved despite the development of guidelines and indicators (Samdal and Rowling, 2011). This was the implementation context within which school mental health promotion was initiated in Australia. Implementation issues of acknowledging educational aims; seeing schools as institutions in constant change; and integrating the principles of empowerment and participation emerge as important influencing factors in school mental health promotion implementation in Australian national strategies (see descriptions in “A review of nationally funded Australian interventions” below).

Public health approach

A fourth theme in this chapter is one which globally was quite unique in the early 1990s, that the national policy makers took a public health perspective. The influence of public health is evident in the policy framework. The conceptual framework embraces a social view of health including defining mental health in terms of wellbeing, and articulating the social and economic determinants that influence mental health. Public health policy supports a health-promotion framework which emphasizes that health is created within the settings of everyday life (i.e., family, school, workplace, community); thereby locating mental health within a holistic framework of health (Parham, 2007). The underlying principle is that mental health is integral to overall health and therefore has universal relevance. Rather than a sole focus on prevention of specific health problems through teaching, or for mental health, through short-term interventions for at-risk young people, school health promotion in recent years has come to focus on the whole-school community.

Taken together the themes of context, health and education nexus, implementation and public health approach can inform a new science base for school mental health promotion.

A review of nationally funded Australian interventions

Australia's innovations in school mental health promotion and prevention over 15 years illustrate essential elements of a quality planning, implementation, evaluation, and dissemination of school mental health promotion and prevention. One of the first challenges in the 1990s was deciding on the language to be used, mental health (which was synonymous with mental illness and carried a great deal of stigma) or wellbeing. Program developers decided that while the use of the term mental health with its connotation of mental illness might present a barrier to implementation in school settings, de-stigmatizing language and concepts was viewed as an important and necessary process in awareness-raising among school personnel and parents.

Within the public health mental health policy context of partnerships, population health and mental health as positive concepts, a number of national initiatives were funded, including for school mental health promotion, MindMatters (Rowling, 2007). The MindMatters initiative began in 1997, and drew upon the then current knowledge about exemplary practice in education, including student engagement and alienation (Cumming, 1996); strategies need to “fit” the “growth” state of a particular school (Hopkins *et al.*, 1997); adequacy of implementation time (Huberman and Miles, 1984); variability of schools to engage in innovation (Fullan and Steigelbauer, 1991); building teacher efficacy (Ross *et al.*, 1996); and the research finding that varying support strategies are needed at different stages of school change (Hopkins *et al.*, 1997). This knowledge influenced the decisions about the curriculum, the professional development and the format of the trialing of the materials, although some decisions, such as the period of time available for trialing materials, were determined by the funding body.

MindMatters

MindMatters is a unique example of long-term implementation of school mental health and wellbeing promotion, prevention, and early intervention. It has broken new ground in a number of ways. In just over a decade, it has contributed to changing how mental health and wellbeing is addressed in secondary schools across Australia. The MindMatters materials