

# Mental Health and Wellbeing

EDUCATIONAL PERSPECTIVES

Edited by  
**Rosalyn H. Shute**

with  
Phillip T. Slee  
Rosalind Murray-Harvey  
Katherine L. Dix

Flinders Centre for  
Student Wellbeing & Prevention of Violence

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*This book is dedicated to Michael J. Lawson, Professor of Instructional Psychology and inaugural Director of the Flinders Educational Futures Research Institute.*

*The establishment of Flinders University's research centre 'Student Wellbeing & Prevention of Violence' (SWAPv) and the production of this book, its first major publication, owe much to the leadership and support that Mike Lawson has provided to scholars in the School of Education and beyond over many years. Mike has, with modesty, knowledgeably and sensitively nurtured research and researchers, instilling in those who know him a strong sense of confidence and belief in themselves, and in the value of scholarly endeavour.*



## Foreword

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This book represents much more than a compilation of chapters authored by individuals with an interest in mental health and wellbeing from a variety of educational perspectives. The contributors to this inaugural publication of the Flinders University Research Centre: Student Wellbeing & Prevention of Violence (SWAPv), have in their own way supported its milestone publication beyond that of submitting chapters. Their contributions serve to encourage, support and expand research in the related fields of mental health and violence prevention in educational contexts.

More than half the chapters in this book are the result of scholarly collaborative endeavours between members of SWAPv or of SWAPv members' research collaborations with colleagues in other countries. The remaining contributions come from recognised researchers who have forged mutually supportive connections with members of the Centre.

The perspectives on mental health and wellbeing that are explored in the book highlight the diversity of approaches taken by authors in their examination of the issues. A rich variety of viewpoints is evident through the methodologies that some researchers have used, and from others through their practice.

Bringing together their diverse experience and expertise in areas such as bullying, pedagogy, public health and mental health will prove to be a valuable source of information and ideas for researchers, educators and policy makers, including those in leadership roles, as well as for tertiary students in areas such as teaching, public health and educational psychology.

In this way, the book will play a part in fulfilling the mission of SWAPv: to making a difference to the wellbeing of young people's lives focusing on promoting mental health and preventing violence in educational settings.



Professor Phillip Slee  
SWAPv Co-Director



Professor Rosalind Murray-Harvey  
SWAPv Co-Director

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## Preface

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In recent years, concern has grown internationally about high levels of mental health problems in children and adolescents. In response to these concerns, initiatives in various countries to promote good mental health and wellbeing are increasingly being introduced into educational settings, particularly schools. This represents a shift from a former role of schools in promoting physical health to promoting mental health (Srabstein, Chapter 25). As an ever-increasing array of programs becomes available, it is timely to take stock and examine what lessons can be drawn from research and practice to date. This book offers a range of perspectives from academics, practitioners and policy-makers, with backgrounds as diverse as education, psychology, medicine, public health, Indigenous affairs and screen production. The book has an international reach, with contributions from Australia, Greece, Hong Kong, Japan, Lebanon, Malta, Spain, the United Kingdom and the United States.

While definitions vary somewhat among authors, we can note that the term ‘wellbeing’ is a broad one, referring to good functioning in a number of domains, such as the cognitive, emotional, social, physical and spiritual spheres. The links between these domains are well acknowledged in the book, though most authors focus particularly on social and emotional aspects. There are also occasional references to related notions, such as ‘resilience’, ‘happiness’ and ‘quality of life’, all having a positive connotation. The term ‘mental health’ carries the more negative historical stigma of ‘mental illness’, although the present authors generally use the term in a broader and positive sense equivalent to ‘mental wellbeing’. As such, ‘mental health’ is not clearly distinguishable from the aspects of wellbeing that are mainly considered in this book, although the term may be preferred when ‘indicated’ interventions are under consideration, that is, interventions for those with identified difficulties, as opposed to universal interventions or those for at-risk groups.

Most contributors focus on school settings, though not exclusively. Depending on country of origin, children and adolescents are referred to as pupils or as students. While it is the wellbeing of children that is

the focus of many chapters, that of other groups, particularly teachers, is also given some consideration. Each chapter is structured so that key issues, educational implications and issues for the future are clearly expounded.

The opening chapter provides a broad – indeed, global – perspective on education for wellbeing, setting the context for the rest of the book, which is divided into a number of sections. The first section, *Promoting Social and Emotional Wellbeing*, comprises chapters that provide broad guidelines or frameworks for the implementation of social-emotional programs in educational settings. The second section is *School Bullying – A Threat to Wellbeing*, a theme that is also addressed from various perspectives elsewhere in the book. The third section, *A Focus on Teachers*, examines different aspects of the role of teachers in promoting the wellbeing of students, as well as considering teachers' own wellbeing. The following section takes *A Relationships Perspective* on aspects of mental health and wellbeing in areas including bullying, trauma recovery and everyday difficult interactions in schools. The fifth section considers a neglected area: *The Role of Teaching and Learning in Student Mental Health and Wellbeing*, while Section Six explores the notion of *Crossing Boundaries*, such as those between cultures and professions, in order to achieve a comprehensive and unified approach to promoting wellbeing; this section includes viewing issues through a public health lens. Section Seven represents a change of format, in presenting seven briefer Portraits of Practice, or case studies, which provide examples of various challenges in promoting mental health and wellbeing in educational contexts and how these challenges were met in practice. The book ends with an editorial chapter that draws out some of the book's recurring themes and considers these in the light of research literature and recent world events.

The editor-in-chief and associate editors warmly thank all contributors for their enthusiasm and courtesy in the process of putting together this book. We very much hope that our readers will be informed and inspired by the result.

Rosalyn H. Shute, Phillip T. Slee, Rosalind Murray-Harvey and  
Katherine L. Dix

Adelaide, November 2011

## Acknowledgements

The Editor and Associate Editors are grateful to the following people who assisted us with peer reviewing the contributions to this book: Marilyn Campbell, Paul Cooper, Fernando Marmolejo-Ramos and John Keeves. We also thank Grace Skrzypiec for editorial assistance and Jason Shute for help with proof-reading. Thanks must also go to the Flinders Educational Futures Research Institute for supporting the production of this book. Particular appreciation is also extended to Flinders University Pro-Vice Chancellor (Research) – Professor David Day – for his support in helping establish and promote the SWAPv Centre.

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support for inquiry, the International Baccalaureate and inquiry, developing quality assurance systems for educational initiatives, and working with students in the middle years context. Prior to her university research and teaching, she taught for more than 20 years in South Australian primary schools.

Dr **Ben Wadham** ([ben.wadham@flinders.edu.au](mailto:ben.wadham@flinders.edu.au)) is a sociologist of Education. He co-authored *Culture and education* (Pearson Education, 2007) and produced the Young Men Stopping Violence video *Fathers and sons talk about violence*. Ben researches boys, masculinity and violence in schools, and militarism in Australia. Ben works in the School of Education at Flinders University and has published on issues such as men's health and violence, white masculinities and Aboriginal reconciliation, military culture and rural sustainability. He is a reviewer for the *Journal of Men and Masculinities* and the *Journal of Sociology*.

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**Erin K. Willer** ([erin.willer@du.edu](mailto:erin.willer@du.edu), PhD, University of Nebraska-Lincoln, 2009) is an Assistant Professor in the Department of Communication Studies at the University of Denver, United States. Dr. Willer's overarching program of research focuses on the communicative management of relational difficulty within intra/intergroup contexts. As such, she studies topics such as social aggression and popularity, compassionate care within the infertility patient-healthcare provider relationship, and mother-daughter socialisation. An ultimate goal of this work is to develop intervention strategies designed to teach people how to manage difficulty in a manner that is predictive of individual and relational health, as well as acceptance and understanding of outgroup members.



**Siân Williams** (*sianwilliams.work@yahoo.co.uk*) has a wealth of experience in education, having spent nine years as a secondary school teacher in inner London and seven as a local authority adviser where she led strategy for Children's Services in social and emotional learning, anti-bullying and restorative practice. Siân now works as the Head of Support for the National Youth Orchestra of Great Britain and as a freelance education consultant and trainer; in this latter capacity she is currently involved in projects focusing on sexual bullying, residential learning (with the Paul Hamlyn Foundation) and restorative practice. She is also a trained and practising mediator and restorative justice conference facilitator.

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## **An Introduction**

## **An introduction**

This opening chapter, by John Keeves and I Gusti Ngurah Darmawan, provides a broad – indeed, global – perspective on education for wellbeing. In considering the objective of *Education for All*, it sets a broad context for the rest of the book.

# 1

## Globalisation and education for human wellbeing and development

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*This chapter focuses on quality of life and examines the ways in which information can be obtained through measurement and reporting at the three levels of student, school and country, and the interrelationships between these three levels. The discussion takes a global perspective rather than an individual-country perspective, although some consideration is given to the Australian situation.*

### Introduction

At the start of the twentieth century, in most countries of the world formal education barely existed. It was only in the more developed and industrialised nations of Western Europe and North America and the former British colonies of Australia and New Zealand that universal and formal education had been established (Connell, 1980, p.3). At the beginning of the nineteenth century, the world's population was approximately one billion. By the fourth decade of the twentieth century it had doubled to two billion, and now less than 80 years later it has recently exceeded seven billion. The countries of the world that form the United Nations now number approximately 200 members. The

United Nations Organization (UNO) was formed with an operational headquarters in New York after the termination of hostilities in 1945. This was a turning point in the movement towards globalisation. Many specialist agencies were also established, namely the International Court of Justice, the International Atomic Energy Agency, the International Monetary Fund, the World Bank, the World Health Organization, the World Trade Organization, the International Labour Office, the Food and Agriculture Organization, the United Nations Children's Emergency Fund (UNICEF), and the International Development Organization. In 1946, the United Nations Educational Scientific and Cultural Organization (UNESCO) was founded. This organisation has had, through education, a highly profound influence on globalisation.

These many agencies introduced moves towards globalisation in their different fields of interest. Giddens (1999) argued that globalisation involved the view that today "we now all live in one world" (p.7), although many people mistakenly thought globalisation to be largely economic. UNESCO's fields are also educational, social, cultural, technological and political, and all fields influence and are heavily influenced by the movement towards a united world. Within UNESCO, education is increasingly seen as operating across all stages of human life, from early childhood through schooling, to technical training and higher education in universities and institutes of technology, as well as in life-long and recurrent educational activities.

This chapter takes not only a global view of education and human development, but also a multilevel perspective that while education involves students, those students are nested within institutions and schools, which in turn are nested within regions and countries. It posits that education is not only formal in nature but also informal and non-formal in the way that it is shaping the wellbeing of the seven billion people living on planet Earth.

## **Context: Globalisation and the Reshaping of Human Lives**

Maringe and Foskett (2010) have identified five key definitions of globalisation, several involving an economic perspective. However, with an interest in the reshaping of human lives, the approach endorsed by Giddens (1999) is seen here to be the view with the greatest relevance. Giddens accepted the increasing influence on our everyday activities of computer-based devices, and recognised that major problems arose from climatic change and the population explosion, as

well as the greater consumption of potable water, food and fossil-based fuels that are in limited supply. Furthermore, he argued that the huge levels of trade and financial flow between countries could have destabilising effects on economies in ways that favoured the rich. However, underlying these risks, associated with what Giddens referred to as a ‘runaway world’, there was concern for family values, the need for greater equality between men and women, the serious loss of cultural traditions and customs, the increasing addiction to alcohol and drugs, and the increasing problems associated with mental health. Giddens also drew attention to the remarkable spread, since the mid-1970s, of democracy. The number of countries with democratic governments had more than doubled between the mid-1970s and before the end of the twentieth century. Democratisation continues and is occurring on all continents. It can be argued that this important development flows from the establishment of the UNO and the growth of educational services that have been promoted and supported by one of its agencies – UNESCO. Thus, globalisation, in this chapter, relates to the creation, across all countries of the world, of an interdependence that involves the social, cultural, technological, political and ideological aspects of life through the power of the processes of education.

A further turning point towards globalisation occurred around 1990, with the unification of East and West Germany, followed by the dissolution of the Soviet Union. This relieved the tensions that had operated for three decades in Western Europe, and the countries of the North Atlantic Treaty Organization (NATO) redefined their roles in a global world. Another important development was undertaken in 1990 by UNESCO following a World Conference at Jomtien in Thailand. UNESCO initiated, endorsed and supported educational activity and a drive towards globalisation. After more than 40 years of operation and the publication of two important reports, (a) *Learning to Be* under the editorship of Faure (1972), and (b) *Learning the Treasure Within* under the editorship of Delors (1996), UNESCO shifted the focus of its programs towards ‘*Education for All*’.

The program of *Education for All* did not merely concern itself with compulsory initial education in primary schools, but sought to achieve, by the year 2000 through concerted efforts, specific targets with respect to six dimensions:

- Expansion of early childhood care and development;
- Universal access to completion of primary education;
- Improvement in learning achievement;
- Increase in adult literacy rates;

- Expansion of provision of basic education and training in the essential skills required by youth and adults; and
- Increased acquisition by individuals and families of the knowledge, skills and values necessary for better living and improved quality of life. (Maclean & Vine, 2003, p.18)

The concluding phrase ‘improved quality of life’ in this ambitious list of six objectives is directed towards the wellbeing of the seven billion people now living in the 200 countries of the world. A comprehensive review of progress on the implementation of policies concerned with basic education was held during the World Education Forum at Dakar in April 2000. No region of the world had been successful in achieving the goals set at the Jomtien conference by the turn of the new millennium, and the participants at the Forum reaffirmed their commitment towards achieving *Education for All* by the year 2015.

Half a century earlier, the UNESCO Institute for Education (UIE) was established in Hamburg in West Germany with a focus on ‘lifelong education’. Within this institute in 1958, a group of scholars from several highly developed countries resolved to investigate the factors that influenced the outcomes of educational programs in an international context. From this group the International Association for the Evaluation of Educational Achievement (IEA), led by Torstén Husén from Sweden, was formed within Belgian law to operate from the UNESCO Institute in Hamburg. In 1990, IEA reoriented its activities from a policy-research focus, towards a monitoring program of educational outcomes. This task of monitoring educational outcomes across 200 countries worldwide has become so great that Benevot and Tanner (2007) reported on the need for six separate organisations, operating in 70 per cent of countries. While the focus of their activities is primarily concerned with achievement in a wide range of aspects of the school curriculum, the skills of Literacy and Numeracy are also strongly emphasised. Moreover, some specific programs are directed towards adult literacy and the acquisition of both attitudes and values in their assessment and evaluation projects. The strong emphasis in many of these studies on the fields of Literacy in Reading, Mathematics and the Sciences is in recognition that without these basic skills and the associated foundational knowledge people are unable to have active and fulfilling lives in the modern world. Progress towards the attainment of these skills through the *Education for All* program is thus being monitored alongside essential knowledge in order that all people in the world can share in the limited resources of the planet with a sense of happiness, wellbeing and a high quality of life.

## **Key Issue: Raising the Quality of Life through Education**

Formal education is undertaken by students who are learning within schools and institutions of higher education located across countries and regions of the world. In each of the four contexts involved, namely, the students, schools, institutions of higher education and national as well as regional settings, the forces of globalisation are giving rise to changes directed towards human development and wellbeing. The emphases presented here are on the changes that arise from globalisation, and specifically on the assessment, evaluation and investigation of the changes occurring, and the use of indicators that serve to monitor them.

### **Students and the quality of school life**

One of the most important tasks facing the providers of education in schools is to ensure that the environments of the home and the school are able to develop the attitudes and values of each student through a school life of the highest quality that supports and fosters learning. Some students attain a high sense of wellbeing from their lives at school, while others regard school life as dull and depressing. Without enjoyment and satisfaction being derived from schooling, the levels and standards of education experienced by each individual student are likely to be greatly and prematurely reduced.

In general, the 'quality of school life' is defined as a construct with three basic components, namely, (a) a feeling of wellbeing, (b) the opportunity for the individual students to fulfil their potential to succeed, and (c) a positive sense of social involvement in school learning. Thus, indicators of each student's ideas, attitudes, values and views of his or her quality of school life are focused on (a) an expressed sense of wellbeing, (b) attitudes and views of personal experiences and the opportunities made available by the school, and (c) interactions and involvement in the formal and informal social and educational experiences during schooling.

Research within this field in the social psychology of education was initiated in North America by the influential studies of Epstein and McPartland (1976) with a scale to assess quality of school life. The work that followed in Australia by Williams and Batten (1981) identified six domains, including status, identity, adventure, opportunity, negative affect and general satisfaction, with related concepts of worth, honour, intimacy, acceptance, adequacy, potency, security and autonomy. Scales to assess attitudes and values were



developed and validated and formed the basis of further studies (Batten & Butcher, 1981). The findings of these and other studies (Karatzias, Power, Fleming, Lennan & Swanson, 2002; Karatzias, Power & Swanson, 2001) showed that student quality of school life was influenced by student background characteristics, self-esteem, locus of control and educational and occupational aspirations, as well as age, gender, level of educational achievement and peer group relationships.

### **Schools and the quality of school life**

Spady and Mitchell (1977) introduced the conceptualisation of the school operating as a social system to influence the personal development and wellbeing of individual students. This approach has recently been extended by Resnick (2010), whereby the classroom within the school and the school within the district are seen as nested learning systems where processes operate “along a chain of linked policies and actions” (p.187). A systemic view of operation is involved and can be linked to the higher levels of countries and regions within a process of globalisation.

The examination of the influences of schools on their students and their quality of school life involves three dimensions. The first is concerned with the teachers within each school whose attitudes and actions combine to influence successively over the years of schooling the students whom they teach. Thus, both individually and as a collective group the teachers form a dimension of the operation of a school. The second dimension arises from the students who attend each school and who are also a collective group forming the social climate of the school, which is also reflected by community characteristics. This dimension is commonly indicated by an aggregation of the characteristics of the students themselves, or the characteristics of their parents, such as their socioeconomic status. A third dimension is associated with the characteristics of the school as an organisation, namely, its size, type, facilities and traditions, since these influence the quality of life of the school and all who work within it.

### **Higher Education and the effects of globalisation**

Maringe and Foskett (2010) reported that on a global scale the number of students in higher education grew from 13 million in 1960 to 150 million by 2008. This growth in just less than 50 years is quite remarkable, since it is influencing the wellbeing of those individuals who are having a profound and positive influence on seven billion people on planet Earth. This growth has been accomplished through the

globalisation movement and the drive and support provided by three organisations that have highly specific goals:

- (a) UNESCO, for the promotion of world peace,
- (b) Organization for Economic Cooperation and Development (OECD), for building economic and trade relations, and
- (c) World Bank, for the reduction of poverty (Bassett, 2010).

However, all three orientations towards the expansion of higher education are being achieved by the processes of internationalisation and globalisation for advancing the wellbeing of all people towards peace, prosperity and the reduction of poverty. These processes currently involve the huge flow of students and their teachers between countries at the university level, the transfer of information through electronic technology, and the emergence of English as a global language. They have enabled the globalisation movement to flourish in the fields of higher education during recent decades. Large numbers of fee paying international students are now leaving their homelands to study overseas, especially in English-speaking countries such as the United Kingdom, the United States, Canada and Australia. The aim of such study is not merely to obtain an overseas qualification, but also to develop a higher level of proficiency in the English language. This facilitates (a) the reading of scholarly books and periodicals, (b) operating more effectively in business transactions, (c) communicating more readily on the internet and (d) interacting with people in neighbouring countries in English in preference to their national language. Thus, the English language is rapidly becoming the second language, across the world, in non-English speaking countries.

In addition, a range of strategies is operating across many countries in order to advance the internationalisation of higher education. These strategies include:

- (a) staff and student exchange programs that operate in older universities;
- (b) the teaching of joint programs through international partnerships that operate mainly in newer universities;
- (c) the development of cross-national cooperative research studies and programs that operate in universities among well-established research scholars;
- (d) the establishment of small overseas university centres to overcome a deficiency in courses offered in a particular country

in order to attract international students to meet a particular need, and

- (e) the internationalisation of particular curricula (Maringe & Foskett, 2010).

These international developments are leading, in European countries in particular, towards the introduction of both the Bologna Process (Wachter, 2004), which aims to establish a common degree framework, and an international aptitude test for entry to higher education, in order to facilitate the movement of students between universities and across countries.

### **Educational Implications: Monitoring Global Developments in Wellbeing**

The establishment of the United Nations Organization (UNO), and especially UNESCO, initiated and supported the drive towards globalisation across the countries of the world during recent decades. Changes are occurring at student, school, country and regional levels as a result of advances in formal education, the *Education for All* program and the internationalisation of higher education. The effects of globalisation are also being monitored with respect to the challenges associated with (a) the resources available for human life, (b) the climate conditions across the planet, (c) the flow of financial transactions around the world and (d) the advancement of democracy among the nations. Moreover, programs are in operation to assess literacy performance at different educational levels in two-thirds of the countries of the world. Research is also being undertaken to assess the attitudes, values and wellbeing of students in schools, as well as the level of student wellbeing associated with the educational institutions involved. In addition, the levels of performance of students on entry and on completion of higher education programs are under consideration in some countries, particularly the European countries. However, the ultimate outcome of interest is the wellbeing of the seven billion individuals living on planet Earth. These people are assembled in schools and other educational institutions, in approximately 200 countries and in six major regions of the world. An essential task facing those concerned with education is to monitor over time the changes that are taking place with respect to the development and wellbeing of all human beings.

### The Human Development Index (HDI)

Indices are used by the United Nations Development Program (UNDP) to monitor change within countries and regions with respect to human development. The Human Development Index (HDI) focuses on the essential aspects of human development that are acceptable to a wide range of cultures as well as being meaningful and useful for making policy decisions on health, the national economy and the provision of education. Each year UNDP collects information on four aspects of human development to form the basis of the HDI:

- Life expectancy at birth (years),
- Mean years of schooling,
- Expected years of schooling,
- Gross national income per capita.

In 2010, complete data were available from 169 countries out of 194 countries or territories currently listed.

Values of the HDI are recorded in Table 1.1 for two groups of developed countries and for the developing countries in six major geographical regions of the world for 2010. Australia currently has the very high ranking of 2, behind Norway, that arises from its very high level of life expectancy, as well as from its high level of health services, its climate and the high quality of food available. Moreover, there is a very high level of expected years of education in Australia.

**Table 1.1. Human Development Indicators (HDI) for 2010**

Country or Region	HDI	Life Expectancy at Birth <sup>a</sup>	Mean Years of Schooling <sup>a</sup>	Expected Years of Schooling <sup>a</sup>	GNI per capita <sup>b</sup>
<b>Developed Countries</b>					
OECD	0.879	80.3	11.4	15.9	37,077
Non-OECD	0.844	80.0	10.0	13.9	42,370
<b>Developing Countries</b>					
Arab States	0.588	69.1	5.7	10.8	7,861
East Asia & Pacific	0.643	72.6	7.2	11.5	6,403
Europe and Central Asia	0.702	69.5	9.2	13.6	11,462
Latin America	0.704	74.0	7.9	13.7	10,642
South Asia	0.516	65.1	4.6	10.0	3,417
Sub-Saharan Africa	0.389	52.7	4.5	9.0	2,050
World	0.624	69.3	7.4	12.3	10,631

Source: UNDP, 2010, p.H:146. Notes (a) in years; (b) US\$

## Future Directions: Global Advances in Human Wellbeing

The establishment of the UNO and its many agencies, especially UNESCO, has initiated and supported a drive towards globalisation across the countries of the world during recent decades. This movement has been strengthened by the internationalisation of higher education by educating very large numbers of qualified scholars and professional workers. Consequently, the HDIs have recorded striking growth that endorses the view that the human race, in spite of an explosion in the global population, is advancing in quality of life and human wellbeing. The movement initiated by UNESCO in 1990 identified by the title '*Education for All*' has led to a marked expansion in the provision of schools and has increased the emphasis placed on the quality of school life. At the individual level, the growth in levels of literacy and the consequent gains in a sense of wellbeing, together with the spread of democracy to a larger number of countries across all continents of the world, provide strong evidence of advances in the quality of human lives. Problems remain of war, profiteering and poverty, issues of mental health, and global warming. Nevertheless, the strength of the movement towards sharing the limited resources of the planet is such that the negative view of a 'runaway world' can be rejected for a broadly positive view of the future wellbeing of humanity.

## References

- Bassett, R.M. (2010). International organizations and the tertiary education sector: Understanding UNESCO, the OECD, and the World Bank Linking-pin Organizations. In F. Maringe, & N. Foskett, (Eds.), *Globalization and internationalization in higher education* (pp.277-290), London: Continuum.
- Batten, M., & Butcher, S. G. (1981). *Perceptions of the quality of school life. A case study of schools and students*. Melbourne: ACER.
- Benevot, A., & Tanner, E. (2007). *The growth of national learning assessments in the world 1995-2006*. Paper commissioned for the EFA Global Monitoring Report 2008.
- Connell, W. F. (1980). *A history of education in the twentieth century world*. New York: Teachers College Press, Columbia University.
- Delors, J. (1996). *Learning: The treasure within*. Report to UNESCO of the International Commission of the Development of Education. Paris: UNESCO.
- Epstein, J. L., & McPartland, J. M. (1976). The concept and measurement of the quality of school life. *American Educational Research Journal*, 13, 15-30.

- Faure, E. (1972). *Learning to be*. Report to UNESCO of the International Commission of the Department of Education. Paris: UNESCO.
- Giddens, A. (1999). *Runaway world: How globalization is reshaping our lives*. London: Profile Books.
- Karatzias, A., Power, K. G., & Swanson, V. (2001). Quality of school life: Development and preliminary standardization. *School Effectiveness and School Improvement*, 12, 265-284.
- Karatzias, A., Power, K. G., Fleming, F., Lennan, F., & Swanson, V. (2002). The role of demographics, personality variables and school stress. *Educational Psychology*, 22(1), 34-50.
- Maclean, R., & Vine, K. (2003). Achieving 'Education for All' in the Asia-Pacific Region. In J. P. Keeves, & R. Watanabe (Eds.), *International handbook of educational research in the Asia-Pacific Region*. (pp.17-28). Dordrecht, Netherlands: Kluwer.
- Maringe, N., & Foskett, N. (Eds.). (2010). *Globalization and internationalization in higher education*. London: Continuum.
- Resnick, L. B. (2010). Nested learning systems for the thinking curriculum. *Educational Researcher*, 39(3), 183-197.
- Spady, W., & Mitchell, D. E. (1977). The uses of authority and power in the organization and control of school task performance. Unpublished AERA symposium paper.
- United Nations Development Programme (UNDP) (2010). Human development report, 2009 statistical annex. Retrieved from [www.undp.org](http://www.undp.org)
- Wachter, B. (2004). The Bologna process: Developments and prospects. *European Journal of Education*, 39, 265-73.
- Williams, T. H., & Batten, M. (1981). *The quality of school life*. Melbourne: ACER.





# Section One

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**Promoting Social and  
Emotional Wellbeing**



## **Promoting social and emotional wellbeing**

This section comprises chapters that provide broad guidelines or frameworks covering what the evidence tells us about the effectiveness of social-emotional (SE) programs (Carmel Cefai) and of different types of psychological and educational interventions (Paul Cooper), as well as the role of SE programs in fostering wellbeing of students with disabilities (Katherine Dix). Jan Warren, Susanne Koen and Leigh Burrows describe how the learning-wellbeing connection has guided education policy development in South Australia, and Penny Van Deur completes this section with a discussion about the importance of seeking students' own perspectives on their mental health and wellbeing.

# 2

## A framework for the promotion of social and emotional wellbeing in primary schools

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*Social and emotional education is a basic, fundamental educational goal directly related to learning, behaviour, and mental health of all students at school. It has been found to lead to improved school attendance and higher motivation, more positive behaviour, enhanced academic achievement, greater social inclusion, healthier peer relations and improved mental health. This chapter presents a comprehensive whole-school framework for the promotion of social and emotional education in Maltese primary schools, based on current research on what works in effective social and emotional education. The framework proposes that social and emotional education is both explicitly taught in the classroom and embedded within the classroom and whole school layers, provides both universal and targeted interventions, builds from one year to the next, includes the social and emotional wellbeing of all school members, and is well-planned, well-implemented and well-evaluated.*

## Introduction

The Maltese National Curriculum Framework (Ministry of Education, Employment and the Family, 2011) proposes a balanced, holistic and broad education for school children in Malta, underlining the need to balance academic with social and emotional learning. It reflects the current changes in the Maltese educational system, which is striving to address the realities and changes of the twenty-first century and make education relevant and meaningful to children and young people today. Schools are increasingly being held responsible for putting in place curricula and practices that promote children's wellbeing and positive behaviour and prevent social, emotional and behaviour problems. Rather than "a transitory blip on the radar screen of education", however, social and emotional education needs to establish itself as "a permanent fixture" (Bernard, Stephanou & Urbach, 2007, p.2). It is integral to good learning and teaching and needs to become closely integrated into the daily practices and activities in classrooms and schools (Department for Education and Skills, 2005).

This chapter discusses the benefits of social and emotional education in primary school, what has been found to work in social and emotional learning programs in other countries, and then proposes a framework for the introduction of social and emotional education as a core competence in primary schools in Malta.

## Context: Social and Emotional Education in School

Various terms have been coined to define this domain, such as emotional intelligence (Mayer & Salovey, 1997), emotional literacy (Antidote, 2003) and social and emotional learning (Collaborative for Academic, Social and Emotional Learning (CASEL), 2005). The term 'social and emotional education' (SEE) which may be defined as *the process by which an individual develops social and emotional competence, which in turn develops through a social learning process* (Cefai & Cooper, 2009) is preferred for various reasons. The word 'education' places the emphasis on the conditions and processes which contribute to the development of social and emotional competence. SEE is thus concerned with the broad, multi-dimensional nature of learning and teaching, including biological, emotional, cognitive and social aspects.

CASEL identifies the particular skills required by children and young people in social and emotional learning, namely

the skills to recognize and manage their emotions, demonstrate caring and concern for others, establish positive relationships, make responsible decisions, and handle challenging situations effectively. These skills provide the foundation for academic achievement, maintenance of good health, resilience, and civic engagement in a democratic society. (CASEL, 2005, p.7)

CASEL groups these skills into five major areas, namely self-awareness (ability to recognise emotions, describe interests and values, and accurately assess strengths), self-management (ability to manage emotions and behaviour, manage stress, control impulses, and persevere in overcoming obstacles), social awareness (ability to take the perspective of and empathise with others and recognise and appreciate similarities and differences), social management (ability to establish and maintain healthy and rewarding relationships based on cooperation) and responsible decision making.

Research and theory in child development and learning underline the need for educational practices that are informed by a developing understanding of the ways in which social, cognitive and emotional factors interact and contribute to the learning process. Effective cognitive functioning is predicated on emotional competencies that involve the understanding and regulation of emotions as well as the ability to read and empathise with the emotional states of others. Developmental theorists Bowlby (1980) and Maslow (1971) indicated that children could only achieve self-reliance, self-esteem and other higher needs, once their basic emotional needs had been adequately addressed. A sense of security and belonging helps the child to remain focused on task, attend to instructions and put all his or her mental energy into solving problems and constructing knowledge. Positive emotions such as pleasure and fun in learning, as well as intrinsic motivation, also facilitate the operation of the working memory, including the processing of information and the retaining and recalling of that information (Greenberg, 2010; Greenberg, Riggs & Blair, 2007). Emotionally literate children are better able to regulate their emotions, cope better with classroom demands and frustration, and solve problems more effectively. They are able to relate better with both the teacher and peers, which not only helps them to avoid unnecessary conflicting situations, but also widens their opportunities for learning (Durlak, Weissberg, Dymnicki, Taylor & Schellinger, 2011; Payton et al., 2008; Zins, Weissberg, Wang & Walberg, 2004).

## **Key issues: What works in Social and Emotional Education**

There is consistent evidence that SEE programs in schools lead to improved school attendance and higher motivation, more positive and less anti-social behaviour, enhanced academic achievement, greater social cohesion and inclusion, healthier peer relations and improved mental health (Askell-Williams, Lawson & Slee, 2010; Durlak et al., 2011; Greenberg, 2010; Hoagwood et al., 2007; Payton et al., 2008; Weare, 2010). The evidence points to the positive effects of such programs on children of diverse backgrounds from kindergarten to secondary school in both academic achievement and social behaviour (Durlak et al., 2011; Greenberg et al. 2003; Payton et al., 2008; Zins et al., 2004).

In a meta-analysis of more than 200 studies of universal, school-based SEE programs from kindergarten to secondary school, Durlak et al. (2011) found clear evidence for the multiple benefits of such programs. Program students showed significant improvements in their social and emotional literacy, their attitudes towards school, their classroom behaviour, academic performance and social relationships, as well as a decrease in conduct problems and emotional distress. These benefits persisted over time. The study underlined the significant increase in the academic performance of SEE students, who scored significantly higher on standardised achievement tests when compared to peers not participating in the programs. This is also reflected in a study just published by Dix, Slee, Lawson & Keeves (2011) who found that the quality of the implementation of KidsMatter initiative was positively related to the level of student academic achievement, equivalent to six months more schooling by Year 7, over and above any influence of socioeconomic background.

A recent report on SEE in the United Kingdom underlined the value of programs such as Social and Emotional Aspects of Learning (SEAL) in primary schools and their long term positive effects on children's and young people's wellbeing, particularly those facing adverse circumstances in their development (Morrison, Gutman, Brown, Akerman & Obolenskaya, 2010). An evaluation of KidsMatter in primary schools in Australia reported a significant reduction in mental health difficulties for students receiving the program, with the greatest impact being for those with social, emotional and behaviour difficulties (Askell-Williams et al., 2010). The results suggested that the program was associated with a systematic pattern of positive changes to schools, teachers, parents and students, underlining that a whole school

approach helps to enhance academic and social competencies through more positive interactions amongst all members of the school community. Dix et al. (2011) similarly reported that schools that were committed to the effective school-wide implementation of KidsMatter, were better placed to support both students' mental health and their academic outcomes.

One of the most consistent findings in the literature is that the promotion of social and emotional education is likely to be effective in the long term if it combines a positive and healthy school environment with direct instruction in social and emotional education as part of the core curriculum for all school children from kindergarten to secondary school (Adi, Killoran, Janmohamed & Stewart-Brown, 2007; National Institute for Health and Clinical Excellence, 2008; Weare, 2010; Weissberg, Walberg, O'Brien & Kuster, 2003; Wells, Barlow & Stewart-Brown, 2003). The World Health Organization framework for health promotion in schools recommends a whole school approach which includes addressing social and emotional issues in the curriculum and in the organisation of teaching and learning, the development of a supportive school ethos and environment, and partnerships with the wider school community (World Health Organization, 2007). In a systematic review of the effectiveness of promoting social and emotional wellbeing in primary school, Adi et al. (2007) reported that the most effective interventions were multi-component programs which covered classroom curricula and school environment, together with programs for parents. Children received a comprehensive curriculum in the development of social and emotional literacy while the teachers were trained both in the new curriculum to be offered and in behaviour management. The National Health Service Clinical Report on the wellbeing of children in the United Kingdom (NIHCE, 2008), argues for the need of a whole school approach to the social and emotional health of pupils in primary schools, integrating a supportive school environment with both universal and targeted interventions for pupils in difficulty. Such an approach would also help to avoid inappropriate referrals to intervention and support services, while identifying the needs of children who may need within-school support as early as possible.

International research indicates the ineffectiveness of fragmented, add-on SEE programs, while clearly showing the effectiveness of programs taught and reinforced by the classroom teacher (Durlak et al., 2011; Greenberg et al., 2003; Office for Standards in Education, Children's Services and Skills (OFSTED), 2007). In their meta-analysis of over 200 studies, Durlak et al. (2011) found that when classroom programs

were conducted by the teachers themselves, they were found to be effective in both academic and social and emotional literacy, and that only when school staff conducted the programs did students' academic performance improve. They recommend that SEE needs to become a core area of the curriculum without the need for outside staff for its effective delivery (Durlak et al., 2011, p.417). In another meta-analysis, Weissberg (2008) similarly reported that only when school staff delivered the SEE programs themselves did students' academic performance improve significantly, not only because teachers were involved in the delivery of the mainstream curriculum and thus more likely to infuse the skills in their daily classroom practice, but also as this was a reflection of a SEE-supportive whole school culture.

An evaluation of SEAL by OFSTED (2007) in the United Kingdom arrived at the same conclusion, arguing that SEE needs to be integrated into the curriculum for it to be effective. When SEE remained a so-called 'bolt-on' to Personal Social and Home Economics or to form tutors' lessons, it was found to be largely ineffective. The greatest impact of the program was when it was embedded in the curriculum, with the classroom teachers developing an understanding of students' social and emotional literacy skills, and using that understanding to develop healthier relationships with the students and to adjust their pedagogy according to the students' needs. Such an approach was found to be particularly useful in promoting prosocial behaviour amongst all students in the classroom, including those considered at risk (OFSTED, 2007).

Various authors such as Greenberg (Jennings & Greenberg, 2009; Greenberg, 2010) and Weare (Weare & Gray, 2003; Weare, 2010), have also focused on the social and emotional wellbeing of the staff and parents themselves besides those of the students. For adults to be able to teach, role model and reinforce SEE, they would need first to be socially and emotionally literate themselves. This requires support structures which provide information and education for staff and parents on developing and maintaining their own social and emotional health. The focus is on the whole school community operating as an emotionally literate community, with each system connecting to, and supporting, the others (cf. Bronfenbrenner, 1989).

The literature has underlined the need for universal programs targeting all school children. This does not exclude, however, interventions and support structures for students who are at risk or who are already facing difficulties in their social and emotional development. Interventions for such students form an important element of a comprehensive whole

school approach to SEE. They are necessary for school children who are not responding to universal education or who need extra support in view of the risks or difficulties they are experiencing (Greenberg, 2010; NIHCE, 2008; Payton et al., 2008; Weare, 2010). The greater conceptual precision, intensity and focus of these kinds of interventions may be particularly effective in this regard (Greenberg, 2010). Targeted interventions are particularly essential in preschool and primary school years to reduce the development of more severe difficulties in secondary school, at which stage it is more difficult to change behaviour (Domitrovich, Cortes & Greenberg, 2007).

## **Educational Implications:**

### **The Implementation of SEE in Primary Schools**

SEE is a basic, fundamental educational goal directly related to learning, behaviour and mental health of all pupils at school. It needs to be grounded in theory and research, based on sound theories of child development and include approaches which have been found to be effective in promoting SEE. On the basis of evidence about effective approaches for the promotion of SEE in primary schools, including KidsMatter and MindMatters in Australia, SEAL in the United Kingdom, and various SEL programmes in the United States, a comprehensive, whole-school SEE framework in Maltese primary schools is described below. It consists of five elements, namely: multi-dimensional; multi-stage; multi-target; multi-intervention; and well-planned, well-implemented and well-evaluated.

#### **Multi-dimensional**

SEE is organised as a comprehensive, universal approach at individual, classroom and whole-school levels. Explicit and regular teaching of SEE as a core competence by the classroom teacher is one of the key components of the framework. Direct teaching of evidence based and developmentally and culturally appropriate SEE with application to real life situations is required in the classroom. This necessitates a set curriculum and available resources to support consistency of delivery, one of the key criteria of program effectiveness (CASEL, 2008; Durlak et al., 2011). One-off, pull-out, add-on, programs are unlikely to have any long-term effect on pupils' behaviour.

The teaching of SEE may follow the SAFE approach, that is, it is sequenced, active, focused, and explicit. Research on the effectiveness of SEE programs provides consistent evidence that effective programs make use of a sequenced step by step approach, make use of



experiential, participative learning, focus on skills development, and have explicit learning goals (CASEL, 2005; Durlak, Weissberg & Pachan, 2010; Durlak et al., 2011).

SEE is infused with the other academic subjects in the curriculum in a structured way. Opportunities are provided by the classroom teacher for the students to practise and apply the skills learned both in the classroom and outside.

A positive classroom climate where pupils feel safe and cared for and where they have the opportunity to practice the SEE skills being learned is another component of the promotion of SEE in school. Indicators for the classroom teacher and the pupils may help the teacher to evaluate the classroom community and make any changes necessary to make it more conducive to SEE.

A whole-school approach where the school community, together with parents and the local community, promotes SEE in all aspects of school life, and where the skills addressed in the classroom are promoted and reinforced at the whole-school level in a structured and complementary way, helps to organise the school as a caring community for all its members as well as parents.

### **Multi-stage**

The structured and developmental teaching and promotion of SEE at individual, classroom and whole-school levels takes place throughout the kindergarten and primary school years. Weissberg & Greenberg (1998) argue that the learning of social and emotional skills involves a similar process to that of other academic skills, with increasing complexity of behaviour, and social contexts requiring particular skills at each developmental level. A developmental approach strengthens and builds on basic SEE skills from one year to the next, building on what pupils have already learned and equipping them with skills needed for different stages in their development.

Four major areas of SEE related to self-awareness, self-management, social awareness, and social skills, form the basis of the curriculum from kindergarten to the final year of primary education, but with different learning objectives, standards, benchmarks and indicators for each key stage in each of the four areas. A spiral curriculum, straddling the kindergarten and primary school years, revisits each of the four areas at developmentally appropriate levels, which are also adapted according to the individual needs of the pupils.

SEE is evaluated at individual pupil level through a checklist of competencies for each key stage and Year completed by the classroom teacher and the pupils. The focus of the checklists, however, is formative and developmental, providing the classroom teacher with an indication of the strengths and needs of the pupils in the various areas of SEE.

### **Multi-target**

Although SEE is primarily targeted at pupils, the training, education and wellbeing of both staff and parents are critical for its success. A whole school approach includes education programs in social and emotional literacy and wellbeing for both staff and parents.

### **Multi-intervention**

SEE is implemented through a universal approach for all pupils, but it also includes targeted interventions for pupils facing difficulties in their social and emotional development at small group and individual levels. A staged, school-based approach puts the onus on the school, in partnership with professionals, services and the community, to provide the necessary support for students experiencing difficulties in their social and emotional development. This prevents unnecessary referrals to mental health services, and directs those services to the school as much as possible.

### **Well-planned, well-implemented and well-evaluated**

A needs assessment of the school community to match interventions according to the needs of the school is another component of the framework. This includes identifying those practices and policies that the school has been doing well in SEE and incorporating them into the program. Schools are provided with a guide to choose those available programs which might work best for them, underlining programs which have been found to be based on a sound theoretical and research basis, with evidence for their effectiveness (cf. Askill-Williams et al., 2010; CASEL, 2008). All school staff members involved receive specific training in delivering the SEE curriculum, as well as mentoring and supervision by specialised staff. The program is implemented by the classroom teachers as a regular subject in the timetable, with fidelity to program and reflective practice underpinning the implementation process. The school makes provision for organisational supports and policies to safeguard the success of the program, including supportive management, active participation in planning and implementation of

the whole school community, provision of adequate resources, and alignment with regional, district and school policies.

SEE is monitored, evaluated and improved regularly at individual, classroom and whole-school levels. Pre- and post-program pupil outcomes help to determine the effectiveness of the program in terms of pupils' behaviour, social and emotional literacy, and academic learning. Evaluation is collected from pupils, staff and parents, assessing pupils' behaviour through behaviour scales as well as pupils', staff's and parents' perceptions about the program. Programs that are not adequately coordinated, monitored and evaluated are unlikely to work in the long term (CASEL, 2008; Greenberg, 2010; Weare, 2010).

## Future Directions

As Greenberg and colleagues (2003) argue, we now have the science to foster children's social and emotional education. We now have enough evidence about how educational systems without a heart can lead to a considerable number of pupils becoming alienated, disaffected and unprepared for life outside schools. We have evidence, on the other hand, that educational systems which have made SEE a core aspect of their ethos and culture, lead to healthier, happier and more successful children, young people and families. Schools now have a very clear choice. Education needs to be grounded in the current realities and challenges if it is to remain valid and relevant to the lives of children in the twenty-first century. We need both Head and Heart in education.

## References

- Adi, Y., Killoran, A., Janmohamed, K., & Stewart-Brown, S. (2007). *Systematic review of the effectiveness of interventions to promote mental wellbeing in primary schools: Universal approaches which do not focus on violence or bullying*. London: National Institute for Clinical Excellence.
- Antidote (2003). *The emotional literacy handbook: A guide for schools*. London: David Fulton.
- Askill-Williams, H., Lawson, M. J., & Slee, P. T. (2010). Venturing into schools: Locating mental health initiatives in complex environments. *International Journal of Emotional Education*, 1(2), 14-33.
- Bernard, M. E., Stephanou, A., & Urbach, D. (2007). *ASG Student Social and Emotional Health Report*. Australia: Australian Scholarships Group.
- Bowlby, J. (1980). *Attachment and Loss*. London: Hogarth.
- Bronfenbrenner, U. (1989). Ecological systems theory. *Annals of Child Development*, 6, 187-249.

- Cefai, C., & Cooper, P. (2009). What is emotional education? *International Journal of Emotional Education*, 1(1), 1-7.
- Collaborative for Academic, Social, and Emotional Learning (CASEL). (2005). *Safe and sound: An educational leader's guide to evidence-based social and emotional SEL programs*. Retrieved from: [www.casel.org/projects\\_products/safeandsound.php](http://www.casel.org/projects_products/safeandsound.php)
- Collaborative for Academic, Social, and Emotional Learning (CASEL). (2008). *Social and Emotional Learning (SEL) programs* (Illinois Edition). Chicago, IL: CASEL.
- Department for Education and Skills (DfES). (2005). *Primary National Strategy. Excellence and enjoyment: Social and emotional aspects of learning guidance*. London: DfES.
- Dix, K. L., Slee, P. T., Lawson, M. J., & Keeves, J. P. (2011). Implementation quality of whole-school mental health promotion and students' academic performance. *Child and Adolescent Mental Health*, (early view).
- Domitrovich, C. E., Cortes, R., & Greenberg, M. T. (2007). Improving young children's social and emotional competence: A randomized trial of the Preschool PATHS Program. *Journal of Primary Prevention*, 28(2), 67-91.
- Durlak, J. A., Weissberg, R. P., & Pachan, M. (2010). A meta-analysis of after school programs that seek to promote personal and social skills in children and adolescents. *American Journal of Community Psychology*, 45, 294-309.
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82, 474-501.
- Greenberg, M. T. (2010). School-based prevention: Current status and future challenges. *Effective Education*, 2(1), 27-52.
- Greenberg, M. T., Riggs, N. R., & Blair, C. (2007). The role of preventive interventions in enhancing neurocognitive functioning and promoting competence in adolescence. In E. F. Walker, & D. Romer (Eds.), *Adolescent psychopathology and the developing brain: Integrating brain and prevention science* (pp.441-462). New York: Oxford University Press.
- Greenberg, M. T., Weissberg, R. P., O'Brien, M. U., Zins, J. E., Fredericks, L., Resnik, H., & Elias, M. J. (2003). Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. *American Psychologist*, 58, 466-474.
- Hoagwood, K. E., Olin, S. S., Kerker, B. D., Kratochwill, T. R., Crowe, M., & Saka, N. (2007). Empirically based school interventions target at academic and mental health functioning. *Journal of Emotional and Behavioral Disorders*, 15, 66-94.
- Maslow, A. (1971). *The further reaches of human nature*. London: Penguin.
- Mayer, J., & Salovey, P. (1997). What is Emotional Intelligence? In P. Salovey, & D. Sluyter (Eds.), *Emotional development and emotional*

- intelligence: Educational implications* (pp.10-11). New York: Basic Books.
- Ministry of Education, Employment and the Family (MEEF). (2011). *Towards a quality education for all. The national curriculum framework 2011*. Malta: Ministry of Education, Employment and the Family.
- Morrison Gutman, L., Brown, J., Akerman, R., & Obolenskaya, P. (2010). *Change in wellbeing from childhood to adolescence: Risk and resilience*. London: Institute of Education, University of London.
- National Institute for Health and Clinical Excellence (2008). *Promoting children's social and emotional wellbeing in primary education*. London: National Health Service.
- Office for Standards in Education, Children's Services and Skills (OFSTED), (2007). *Developing social, emotional and behavioural skills in secondary schools*. Retrieved from: [www.OFSTED.gov.uk](http://www.OFSTED.gov.uk).
- Payton, J., Weissberg, R. P., Durlak, J. A., Dymnicki, A. B., Taylor, R. D., Schellinger, K. B., & Pachan, M. (2008). *The positive impact of Social and emotional learning for kindergarten to eighth-grade students. Findings from three scientific reviews*. Chicago, IL: CASEL.
- Weare, K. (2010). Mental health and social and emotional learning: Evidence, principles, tensions, balances. *Advances in School Mental Health Promotion*, 3(1), 5-17.
- Weare, K., & Gray, G. (2003). *What works in developing children's emotional and social competence and wellbeing?* Nottingham: DfES Publications.
- Weissberg, R. (2008). *The positive Impact of SEL for kindergarten to eighth-grade students: Findings from three scientific reviews*. Retrieved from: [www.casel.org/publications](http://www.casel.org/publications).
- Weissberg, R. P., & Greenberg, M. T. (1998). School and community competence enhancement and prevention programs. In W. Damon (Ed.), *Handbook of child psychology: Child psychology in practice* (Vol. 4, pp. 877-954). New York: Wiley.
- Weissberg, R. P., Walberg, H. J., O'Brien, M. U., & Kuster, C. B. (Eds.). (2003). *Long-term trends in the wellbeing of children and youth*. Washington, DC: Child Welfare League of America Press.
- Wells, J., Barlow, J., & Stewart-Brown, S. (2003). A systematic review of universal approaches to mental health promotion in schools. *Health Education*, 103(4), 197-220.
- World Health Organization. (2007). *What is a health promoting school?* Retrieved from [www.who.int/school\\_youth\\_health/gshi/hps/en/](http://www.who.int/school_youth_health/gshi/hps/en/)
- Zins, J. E., Weissberg, R. P., Wang, M. C., & Walberg, H. J. (Eds.). (2004). *Building academic success through social and emotional learning: What does the research say?* New York: Teachers College Press.

# 3

## Educational and psychological interventions for promoting social-emotional competence in school students

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*This chapter reviews common evidence-based educational-psychological interventions for promoting social-emotional competence in young people, including behavioural, cognitive behavioural, humanistic and systemic interventions. Interim findings from the United Kingdom and Australia (referred to as ‘the EU/AAS project’) are drawn on to illustrate current issues and practice. A key theme of the chapter is the need for systematic understanding of these intervention approaches to be embedded in the thinking and practice of professionals working in educational contexts and with school students.*

### Introduction

This chapter reviews common educational-psychological interventions for promoting social-emotional competence in young people. After a brief exploration of social-emotional competence in the context of Social, Emotional and Behavioural Difficulties (SEBD) in schools, an account is given of some major approaches, including behavioural,

cognitive behavioural, humanistic and systemic interventions. Emphasis is placed on empirical evidence concerning the efficacy of the different approaches, and interim findings from the United Kingdom and Australia (referred to as ‘the EU/AAS project’) are drawn on to illustrate current practice. This project is a study of the perceptions of staff (n=70) working with young people with SEBD in various school and other settings in the United Kingdom and Australia. The sample includes a small number of academics and administrators in this field. The study is aimed at establishing participants’ perceptions of factors associated with the development and alleviation of SEBD with a particular emphasis being placed on interventions being delivered within or in relation to educational contexts.

SEBD can be said to exist when aspects of observed behaviour are interpreted as being seriously disturbing and/or disruptive to a social situation. Disturbing behaviours are often interpreted as reflecting underlying emotional problems (Bennathan & Boxall, 2000). It must be emphasised that the surface appearance of SEBD may, on closer investigation, be less a matter of individual dysfunction and more a matter of dysfunction in the social environment of the individual (Cooper & Upton, 1990). Theories of underlying causation vary widely, from those emphasising within-person (bio-psychological) causes, to those emphasising primarily environmental (often social) causes. Recently, attention has been given to the ways in which within-individual and environmental factors can interact to produce SEBD (Hernandez & Blazer, 2006).

## Context

In recent years, SEBD among school students has become a subject of increasing concern to governments in many countries (Cooper & Jacobs, 2011). Interim findings from an ongoing EU/AAS qualitative study (Cooper & Grandin, 2011) indicate deep concerns among front-line educational professionals in Australia and the United Kingdom working with SEBD, over the extent to which common organisational, pedagogical and curriculum practices in some regular schools serve to exacerbate SEBD.

These (tentative) findings are in line with existing studies, which have, over many years, indicated that formal schooling can have unintended negative consequences for vulnerable students. In a seminal study, Hargreaves, Hester and Mellor, (1975) found that school students who came to develop deviant identities were often the victims of a process of so-called ‘typing’. In such cases, teachers fostered the social

construction of these identities by making summative judgements about students based on a biased appraisal of selected items of evidence chosen to conform to their own beliefs and assumptions. A central issue here is the consequence for the 'deviant' student, who comes to internalise the deviant identity and to behave accordingly. This process has been detected in the life histories of students who were formally designated as presenting with SEBD (Cooper, 1997), and others with a history of exclusion from mainstream schools (Cooper, Drummond, Hart, McLaughlin & Lovey, 2000).

### **Key Issues and Educational Implications**

In recent years, one important response from some researchers to this view of schools, has been to acknowledge the power of schools to influence students in negative ways and to explore ways in which schools may influence students in positive ways (e.g. Cooper et al., 2000). A major theme in this more positive approach has been the search for school factors that may contribute to the development of personal qualities and protective mechanisms associated with successful social adaptation, including the achievement of academic and social competence (Cefai, 2008).

Benard (2004) has identified three categories of school qualities which have been found to promote positive academic and social outcomes among at risk students:

1. caring relationships between pupils and teachers based on teacher concern, care, respect and support for pupils;
2. student-centred approaches which utilise pupils' strengths and interests and their intrinsic motivation to learn and which involve high expectations for pupil outcomes;
3. the meaningful social and cognitive engagement of students in learning coupled with opportunities to exercise responsibility, express opinions, make choices, solve problems, and work with and help others in a caring and healthy environment.

It is argued that these categories can be usefully related to existing well researched and theorised psychological interventions, knowledge of which will help facilitate the achievement of these qualities in educational settings. These approaches and their educational implications are outlined in the following sections.



### **Psychodynamic approaches**

Early therapeutic approaches to SEBD, which can be traced back to the first half of the twentieth century in both the United States and United Kingdom, were heavily influenced by Freudian psycho-analytic theory (Bridgeland, 1971). This approach is concerned with the ways in which an individual's current behaviour is associated with feeling-states that relate directly to their early life experience. Unresolved problems relating to childhood relationships with significant others, such as parents, create a barrier to the formation of trusting social and personal relationships in later life, because the individual is unconsciously preoccupied with the consequences of the unsatisfactory early relationship. This relationship is sometimes relived through the process of 'transference', whereby the individual identifies a different individual, for example a teacher, with the object of the unresolved relationship, for example, his or her father. Interventions based on this approach focus on the establishment of ego-strengthening relationships which enable the individual to form reciprocal attachments with others, and through these gain a sense of self-worth and psychological independence.

This approach continues to be influential though the Freudian dimension is no longer prominent in educational provision. An impressive example of a contemporary educational application of psychodynamic principles is to be found in Nurture Groups (NG) (Bennathan & Boxall, 2000), which, drawing on attachment theory (Bowlby, 1969), focus on providing students who find difficulties engaging in mainstream provision with ego-strengthening experiences. The main therapeutic vehicles are interpersonal and group processes within the context of a relatively intimate setting designed for a small student group (usually <12) and staffed by a NG trained teacher and teaching assistant.

Studies of staff perceptions of the effects of NG placement reveal widespread beliefs that NGs lead to improvements in pupils' self-management behaviours, social skills, self awareness and confidence, skills for learning and approaches to learning (e.g. Boorn, 2002). Other studies have found statistically significant gains in measures of cognitive and emotional development, social engagement and behaviours indicative of secure attachment among children attending NGs (e.g., Cooper & Whitebread, 2007). Significant improvements in self-esteem, self-image, emotional maturity and attainment in literacy have also been attributed to NG placement (Reynolds, MacKay & Kearney, 2009).

Staff interviewed in the EU/AAS project referred repeatedly to the centrality of the fostering of positive and supportive relationships with students. The repeated claim that such relationships help to build a sense of security and self-esteem in students with SEBD, and that these foundations enable the development of empathy and the building of positive relationships with peers resonate powerfully with psychodynamic principles, indicating the strong, albeit often tacit, legacy of this approach. It seems likely that knowledge of psychodynamic theory may well help staff to understand relationship building more fully.

### **Behavioural interventions**

Behaviourism, which has its origins in the early twentieth century, continues to have strong influence on educational approaches to SEBD. Unlike psychodynamic and humanistic approaches, behavioural approaches concern themselves not with internal processes, but with the ways in which external factors influence and shape behaviour (Watson, 1924).

The most common applications of behavioural approaches are in relation to contingency management strategies, including positive reinforcement and time-out (Embry & Biglan, 2008). The Good Behaviour Game (GBG), (Barrish, Saunders & Wolf, 1969) stands out as one of the most empirically supported applications of behavioural principles to problem behaviour. The GBG has enjoyed significant success in Europe and North America since the 1960s. This longevity has enabled its effects to be measured longitudinally (e.g., Kellam & Anthony, 1998). Evidence indicates that the GBG is effective for a wide range of SEBD and with students from 4 to 18 years of age (Tingstrom, Sterling-Turner & Wilczynski, 2006). The GBG is played between teams of students and is based on interdependent group contingencies in which each member of a team is rewarded for the aggregate behavioural performance of their team. This means that group members must try both to regulate their own behaviour and help fellow team members to do the same in order to gain the reinforcing reward. The largest RCT to date on the GBG found significant improvements in students' (n=2311) levels of aggression and shyness (Poduska et al., 2008).

Behavioural approaches are also found to be prominent among 'whole school' approaches to SEBD, such as School-Wide Positive Behavioural Support, which has been found to promote positive behavioural change in mainstream school communities (e.g., Lassen, Steele & Sailor, 2006).

References to behavioural strategies are common in the EU/AAS study data. Participants often commend the use of positive reinforcement as a means of encouraging student engagement and supporting the development of positive self-esteem. Some practitioners also refer to the value of helping students to make positive choices through the use of ‘natural consequences’, whereby aversive outcomes associated with negative behaviour are allowed to transpire. Having said this, staff working with students in non-mainstream educational settings are often critical of the ways in which negative and punitive applications of behavioural principles in some mainstream schools, particularly in the context of ‘zero tolerance’ policies, serve to exacerbate SEBD in the most vulnerable students and often lead to their social and educational exclusion.

### **Humanistic approaches**

The 1980s saw the application of humanistic approaches in schools, largely on the basis of the therapeutic theories of Carl Rogers which originated in the 1940s and 50s (Rogers, 1951). The shift towards humanistic approaches was influenced by concerns about the association between behavioural approaches and a coercive approach to social control (Hall, Hall & Ramazan, 1997). Humanistic approaches, on the other hand, emphasise the primacy of the individual’s sense of self and the development of self-esteem and affiliation through the exercise of empathy.

One of the most widely used socio-emotional interventions, worldwide, is Circle Time (CT) (Mosley, 1993). CT seeks to promote unconditional positive regard in which children feel that their views are heard, valued, and supported by staff and peers. Although the approach is strongly identified with the specific strategy of configuring the pupils in a circle in which they share thoughts and feelings in a non-judgemental atmosphere, this is merely one facet of the approach, which demands that CT principles are embedded in the social and educational environment. Failure to acknowledge the importance of such embeddedness may account for the sometimes mixed findings from evaluation studies (Taylor, 2003).

In spite of the shortage of convincing evidence for the efficacy of CT, it continues to be widely used internationally, and is a frequently mentioned intervention in the EU/AAS study, often being incorporated within relationship oriented interventions, such as Nurture Groups and other therapeutic interventions.

### **Cognitive Behavioural approaches**

Cognitive Behavioural (CB) approaches, though originating much earlier, began to make a significant impact in educational settings in the 1990s. These approaches combine the precision of behaviourism with the emphasis on personal agency that is a key feature of the humanistic approach. CB approaches are concerned with the ways in which the relationship between external stimuli and target behaviours can sometimes be influenced by thought processes, often involving the teaching of self monitoring, self regulation and problem solving strategies (Meichenbaum, 1977). The aim of CB therapy is to challenge and change ways of thinking that underpin an individual's dysfunctional behaviour.

Evidence suggests the efficacy of CB approaches with problems as diverse as self-monitoring difficulties among children with Attention Deficit Hyperactivity Disorder (ADHD) (Shapiro & Cole, 1999), self-control among children with Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD) (Kazdin, 2002), and anxiety and depressive disorders (Fonagy & Kurtz, 2002; Kendall, 1994). CB interventions include behavioural training strategies such as modelling, *in vivo* exposure, role-playing, relaxation training, contingent reinforcement, social reinforcement and self-reinforcement. Other important school based applications of CB approaches are in the related areas of social problem solving and anger management. Social problem solving is directed at providing students who exhibit difficulties in engaging in harmonious social relationships with their peers and others, with the skills necessary to identify the ways in which they might contribute to these problems and strategies for overcoming them. Anger management involves enabling students to identify triggers to aggressive outbursts and strategies for controlling these. There is evidence to show that CB strategies (including goal directed group cooperation, rule reinforcement through positive interpersonal relationships, group discussion for social understanding, the highlighting of pro-social values and peer helping activities) can significantly improve cognitive problem solving skills and the use of more pro-social resolution strategies in young children (Battistich, Solomon, Watson, Solomon & Schaps, 1989). Such interventions are also associated with positive outcomes in relation to anger management (e.g., Kellner, Bry & Colletti, 2001).

CB approaches also lend themselves to large scale universal intervention programs such as (in the United Kingdom) Social-Emotional Aspects of Learning (SEAL) (Weare & Gray, 2003); (in the

United States) PATHS (Greenberg, Kusche, Cook & Quamma, 1995), and in Australia FRIENDS (Barrett, Farrell, Ollendick & Dadds, 2006). These complex and multi-dimensional programs focus on providing students with social-emotional coping skills. A recent review (Cooper & Jacobs, 2011) found the FRIENDS program, which is concerned with providing coping skills for anxiety, to be the most strongly supported of these approaches, though particular components of the other two, more wide-ranging, programs were also found to have significant empirical support.

Interestingly, in the EU/AAS study few references were made by participants to research and evaluation evidence as a basis for employing a particular intervention. Rather, there is a tendency to employ interventions without either theoretical or empirical justification. Some participants spoke of the overwhelming number of possible intervention approaches and the difficulties involved in discriminating between them. Having said this, preferences were often expressed for CB type approaches which reflected a generalised humanistic perspective embracing the importance of the 'empowerment' of young people with SEBD, and eschewed overly directive approaches perceived to undermine individual autonomy.

### **The systemic (or ecosystemic) approach**

The systemic approach (Bronfenbrenner, 1979) focuses on the ways in which SEBD can be understood as the product of interactions between individuals and groups, and is often employed in conjunction with other approaches. Central to the systemic approach to SEBD is the idea that simple cause and effect theories of human behaviour, such as the Pavlovian stimulus-response model, whilst being demonstrably effective in shaping behaviour in a given context, depend for their effectiveness on the ability of the interventionist to exert control over the perceived causes and/or consequences of problematic behaviour (Cooper & Upton, 1990). By contrast, psychodynamic, humanistic and cognitive behavioural approaches rely on cause and effect principles in relation to emotional, cognitive and interpersonal/social functioning. Such approaches are effective, but not always so. The systemic approach comes into its own when these 'lineal' approaches fail, looking beyond the obvious cause and effect explanations and applying a 'systemic' analysis to the apparent problem (Bronfenbrenner, 1979).

Ecosystemic approaches fall into two main categories (Cooper & Upton, 1990). The first addresses the micro level, such as the classroom level where, for example, the teacher might employ systems thinking to

address apparently intractable problems by using a technique such as ‘reframing’, whereby new, often counter-intuitive ways of thinking lead to changes in behavioural responses to ‘problem’ situations (Molnar & Lindquist, 1989). These approaches are often based on ‘paradoxical’ techniques pioneered by systemic family therapists (e.g. Selvini-Palazzoli, Boscolo, Ceccin & Prata, 1973). The second level of ecosystemic intervention operates from a higher vantage point from which a wider range of sub systems can be viewed through the application of multi-agency and multi-disciplinary approaches. An example of this level of systemic intervention is provided by Multi-Systemic Therapy (Henggeler, Cunningham, Pickrel, Schoenwald & Brondino, 1996), which has been rated as one of the most effective interventions for adolescent Conduct Disorder (Kazdin, 2002).

An important development informed by systems thinking is the biopsychosocial approach (Hernandez & Blazer, 2006) which posits that nature (genetic inheritance) and nurture (environmental influences) are best understood as being in constant fluid and dynamic interaction. Just as the systemic approach has the effect of synthesising other, often individualised, approaches to SEBD, whilst drawing attention to social environment influences, so the biopsychosocial approach takes this synthesis a stage further, by integrating fully the internal and external biological and intra-psychic dimensions with the interpersonal and social dimensions. Thus the approach can be seen as being essentially ecological in nature, making it holistic and, therefore, capable of capturing the complexities of SEBD.

In the EU/AAS project there are no overt references to systemic approaches, though there is an acute awareness of the need for multi agency/multi-disciplinary co-operation in order to meet the complexity of SEBD which are often perceived to be influenced by multiple factors in different sub-systems. It is also noted that whilst participants’ insights into SEBD are sometimes influenced by evidence from genetics and cognitive neuroscience, these views are often lacking in an appreciation of the ways in which biopsychosocial factors interact systemically. This would suggest understanding of the systemic approach could be of value to staff across different professional disciplines.

## **Future Directions**

The diversity and utility of empirically supported psychological interventions for SEBD have been emphasised in this chapter. It has also been shown that these various approaches continue to be relevant

to the thinking and perceptions of professionals working in the field. The growing international commitment to enabling regular schools to accommodate an increasingly diverse student population makes the need for widespread knowledge of these approaches (and ability to employ them effectively) essential within the skill set of teachers and related professionals in the twenty-first century. Without such a commitment the Inclusive Education agenda runs the risk of derailment. For the necessary developments to take place there needs to be a major review of the training needs of teachers and a recognition of the central role of social-emotional learning in human development, and the key role that education systems have to play in promoting such learning.

## References

- Barrett, P., Farrell, L. J., Ollendick, T. H., & Dadds, M. (2006). Long-term outcomes of an Australian universal prevention trial of anxiety and depression symptoms in children and youth: An evaluation of the FRIENDS program. *Journal of Clinical Child and Adolescent Psychology, 35*(3), 403-411.
- Barrish, H. H., Saunders, M., & Wolf, M. W. (1969). Good Behavior Game: Effects of individual contingencies for group consequences on disruptive behavior in a classroom. *Journal of Applied Behavior Analysis, 2*, 119-124.
- Battistich, V., Solomon, D., Watson, M., Solomon, J., & Schaps, E. (1989). Effects of an elementary school program to enhance prosocial behavior on children's cognitive-social problem-solving skills and strategies. *Journal of Applied Developmental Psychology, 10*(2), 147-169.
- Benard, B. (2004). *Resiliency. What we have learned*. Oakland, CA: WestEd.
- Bennathan, M., & Boxall, M. (2000). *Effective intervention in primary schools: Nurture Groups* (2nd ed.). London: Fulton.
- Boorn, C. (2002). Locating a Nurture Group: Identifying and evaluating features within a school that would make a suitable host. Unpublished MSc Thesis. University of Sheffield.
- Bowlby, J. (1969). Attachment and loss, Vol 1: Attachment. *The International Psycho-Analytical Library, 79*, 1-401. London: Hogarth Press and The Institute for Psycho-Analysis.
- Bridgeland, M. (1971). *Pioneer work with maladjusted children*. London: Staples.
- Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.
- Cefai, C. (2008). *Promoting resilience in the classroom. A guide to developing pupils' emotional and cognitive skills*. London: Jessica Kingsley Publishers.

- Cooper, P. (1997). Biology, behaviour and education: ADHD and the bio-psycho-social perspective. *Educational and Child Psychology*, 14(1), 31-38.
- Cooper, P., Drummond, M., Hart, S., McLaughlin, C., & Lovey, S. (2000). *Positive alternatives to exclusion*. London: Routledge.
- Cooper, P., & Grandin, R. (2011). Positive mental health in schools (Package 2). Interim Report, Unpublished.
- Cooper, P., & Jacobs, B. (2011). *From inclusion to engagement*. Chichester: Wiley.
- Cooper, P., & Upton, G. (1990). An ecosystemic approach to emotional and behavioural difficulties in schools. *Educational Psychology*, 10(4), 301-321.
- Cooper, P., & Whitebread, D. (2007). The effectiveness of Nurture Groups on student progress: Evidence from a national research study. *Emotional and Behavioural Difficulties*, 12(3), 171-190.
- Embry, D. D., & Biglan, A. (2008). Evidence-based kernels: Fundamental units of behavioral influence. *Clinical Child and Family Psychology Review*, 11, 75-113.
- Fonagy, P., & Kurtz, A. (2002). Disturbance of conduct. In P. Fonagy, M. Target, D. Cottrell, J. Phillips, & Z. Kurtz (Eds.), *What works for whom?* New York: Guilford.
- Greenberg, M. T., Kusche, C. A., Cook, E. T., & Quamma, J. P. (1995). Promoting emotional competence in school-aged children: The effects of the PATHS curriculum. *Development and Psychopathology*, 7, 117-136.
- Hall, E., Hall, C., & Ramazan, A. (1997). The effects of Human Relations Training on reported teacher stress, pupil control ideology and locus of control. *British Journal of Educational Psychology*, 67(4), 483-496.
- Hargreaves, D., Hester, S., & Mellor, F. (1975). *Deviance in classrooms*. London: Routledge.
- Henggeler, S. W., Cunningham, P. B., Pickrel, S. G., Schoenwald, S. K., & Brondino, M. J. (1996). Multisystemic Therapy: An effective violence prevention approach for serious juvenile offenders. *Journal of Adolescence*, 19, 47-61.
- Hernandez, L., & Blazer, D. (2006). *Genes, behavior and the social environment*. Washington, DC: NIH.
- Kazdin, A. (2002). Psychosocial treatments for conduct disorder. In P. Nathan, & J. Gorman (Eds.), *A guide to treatments that work* (2nd ed.). Oxford: Oxford University Press.
- Kellam, S. G., & Anthony, J. C. (1998). Targeting early antecedents to prevent tobacco smoking: Findings from an epidemiologically based randomized field trial. *American Journal of Public Health*, 88(10), 1490-1495.
- Kellner, M. H., Bry, B. H., & Colletti, L. (2001). Teaching anger management skills to students with severe emotional or behavioral disorders. *Behavioral Disorders*, 27(4), 400-407.



- Kendall, P. C. (1994). Treating anxiety disorders in children: Results of a randomized clinical trial. *Journal of Consulting and Clinical Psychology, 62*(1), 100-110.
- Lassen, S. R., Steele, M. M., & Sailor, W. (2006). The relationship of school-wide positive behavior support to academic achievement in an urban middle school. *Psychology in the Schools, 43*(6), 701-712.
- Meichenbaum, D. (1977). *Cognitive Behavioural Modification: An integrative approach*. New York: Plenum.
- Molnar, A., & Lindquist, B. (1989). *Changing problem behavior in school*. San Francisco, CA: Jossey-Bass.
- Mosley, J. (1993). *Turn your school round*. Wisbech, Cambs: LDA.
- Poduska, J. M., Kellam, S. G., Wang, W., Brown, C. H., Ialongo, N. S., & Toyinbo, P. (2008). Impact of the good behavior game, a universal classroom-based behavior intervention, on young adult service use for problems with emotions, behavior, or drugs or alcohol. *Drug and Alcohol Dependence, 95*(Suppl. 1).
- Reynolds, S., Mackay, T., & Kearney, M. (2009). Nurture Groups: A large scale, controlled study of effects on development and academic attainment. *British Journal of Special Education, 36*(4), 204-212.
- Rogers, C. (1951). *Client Centered Therapy*. Boston, MA: Houghton Mifflin.
- Selvini-Palazzoli, M., Boscolo, L., Ceccin, G., & Prata, G. (1973). *Paradox and counter paradox*. New York: Aronson.
- Shapiro, E., & Cole, C. (1999). Self-monitoring in assessing children's problems. *Psychological Assessment, 11*, 448-457.
- Taylor, M. (2003). *Going round in circles: Implementing and learning from Circle Time*. Slough: NFER.
- Tingstrom, D. H., Sterling-Turner, H. E., & Wilczynski, S. M. (2006). The Good Behavior Game: 1969-2002. *Behavior Modification, 30*(2), 225-253.
- Watson, J.B. (1924). *Behaviorism*. New York: Norton.
- Weare, K., & Gray, C. (2003). *What works in developing children's emotional and social competence and wellbeing?* London: DFES.

# 4

## Students with a disability: The potential of KidsMatter

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*This chapter draws key findings from a South Australian study, KidsMatter for Students with a Disability, in order to extend the discussion on whether whole-school mental health promotion initiatives are equally supportive of students with and without a disability. This discussion contributes to overcoming the lack of evidence-based research in this area and proposes new opportunities to better support all students with disabilities, whether identified or unrecognised.*

### Introduction

Children with a disability, world-wide, are defined by profiles that include physical, neurological and social impairments to body function that limit, restrict or exclude their participation in day-to-day activities (Ministerial Advisory Committee: Students with Disabilities, 2007; World Health Organization, 2002). Behind this definition are the real challenges faced by children and students in educational settings as a result of disabilities, ranging from minor to severe. Education services classify disability into categories such as intellectual disability, global developmental delay, autism and Asperger's disorder, communication disorder, speech and language impairment, sensory impairments (vision and hearing), physical disability, severe multiple disability, significant

challenging behaviour and social-emotional disability. Some younger children's additional needs are classified in terms of having undiagnosed disability but significant needs (Department of Education and Children's Services, 2007).

The Australian government uses disability categories to provide education jurisdictions with additional funds to support children and students with a disability and additional needs in mainstream classrooms. One of the aims of the Australia-wide survey conducted by Sawyer et al. (2000, p.2), investigating the mental health of young Australians, was to examine the 'degree of disability' associated with mental health problems. According to the World Health Organization (2011, p.1), "Depression is among the leading causes of disability worldwide" and yet 'having a mental health problem' is generally not perceived or regarded as 'having a disability', because of its 'invisible' nature. This becomes even more complex when a student with a diagnosed disability has mental health problems. The literature on this topic shows that few studies have investigated the mental health of children in the context of identified disability (Vostanis, 2006), and those studies that do, describe mental health problems as 'disabling', but not as a 'disability'. Clearly, the term 'disability' has many interpretations and any discussion regarding the mental health of children with a disability must be mindful of the complexity and heterogeneity of the group.

It is reported that the prevalence of mental health problems among children with a disability is greater than in the general population (Davies, 2005; Einfeld & Tonge, 1996; Ghaziuddin, Ghaziuddin & Greden, 2002; Gillott, Furniss & Walter, 2001; Hackett, Theodosiou, Bond, Blackburn & Lever, 2011). It is also widely acknowledged that living with any type of disability can contribute to the development of mental health difficulties because of adverse individual and environmental conditions associated with disabilities (Kim, Szatmari, Bryson, Streiner & Wilson, 2000; Royal College of Psychiatrists, 2004; World Health Organization, 2002). Brereton, Tonge and Einfeld (2006) reported that students with disabilities had a greater chance of developing mental health problems than students without disabilities. Thus, physical and intellectual disabilities are listed among risk factors for mental health problems (Ministerial Advisory Committee: Students with Disabilities, 2007). For example, 41 per cent of students with intellectual disability, 4 to 18 years of age, were also diagnosed with emotional and behaviour disorders such as depression and Attention Deficit Disorder (Brereton et al., 2006). When comparing children with and without intellectual disability, Kaptein, Jansen, Vogels &

Reijneveld (2008) reported that 61 per cent with disability were found to have mental health difficulties compared to 10 per cent of children without disability. In one school district in Australia, Conway (2006) reported that over 35 per cent of all students identified with a categorised disability also had a diagnosed mental health problem. Conway (2006, p.17) found that, “all jurisdictions recognise some form of severe emotional disturbance or mental health status as qualifying for additional funds” to support children’s participation at school.

Whether mental health problems are called a ‘disability’ or not, it is evident from the literature that a large number of students with a disability are identified and funded in mainstream schools on the basis of co-morbidity with mental health issues. Moreover, Sawyer et al. (2000) suggest that there appears to be no natural point at which students with mental health problems, no matter how minor, cease to have difficulties in other areas of their lives. A continuum exists where increasing mental health difficulties proportionally impact upon other aspects of life – a situation potentially exacerbated for students with a disability.

In Australia, 89 per cent of school-aged children with a disability attend an ordinary mainstream school, with around 63 per cent experiencing difficulty at school, in terms of intellectual or learning difficulties, fitting in socially, and communication difficulties (Australian Institute of Health and Welfare, 2006). Teachers in approximately 7,600 Australian primary schools from government, Catholic and independent sectors, are called upon to facilitate genuine learning experiences for children with additional needs in age-appropriate classroom settings (Eichinger, Downing & Hicks, 2008). In an Australian study regarding the inclusion of students with disabilities in regular classes, Westwood and Graham (2003) found that of all the types of disability, teachers were most challenged by students with emotional and behavioural difficulties. Although some of these behaviours were secondary to another type of disability (e.g., intellectual disability or autism), most students were identified specifically as having a mental health-related behaviour problem.

Recommendations have been made in Australia, that children with a disability who are at increased risk of developing mental health problems be identified by governments and agencies providing mental health care, and that services should be prioritised for these children and their families (see for example, Ministerial Advisory Committee: Students with Disabilities, 2007). The recent development, internationally, of nation-wide initiatives that focus on students’ mental

health and wellbeing might well benefit students with a disability (for example, Collaborative for Academic, Social, and Emotional Learning, 2008; Department for Children, Schools and Families, 2009; European Network for Social and Emotional Competence, 2009; KidsMatter, Graetz et al., 2008; MindMatters, Wyn, Cahill, Holdsworth, Rowling & Carson, 2000). Although there has been growing evidence to suggest that school-wide mental health promotion initiatives benefited the mental health and wellbeing of students in general (for example, Slee et al., 2009), little evidence existed to indicate that all students with a disability benefited equally. In a review of literature, no studies were found that investigated the impact of a whole-school mental health promotion program on students with an identified disability.

The present chapter contributes to this under-researched field. It draws upon a report (Dix, Shearer, Slee & Butcher, 2010) involving the Australian KidsMatter Primary initiative, and extends the discussion on whether whole-school mental health promotion is equally supportive of students with and without a disability. Because KidsMatter uses a whole-school approach, the initiative did not specifically focus on students with a disability, even though they were a known group at greatest risk of mental health problems. Accordingly, this chapter proposes that there are new opportunities to better support all students with identified or unrecognised disabilities.

### **Context: KidsMatter Primary**

Recognition of the need for schools to formally adopt a population health model led to the Australian federally funded initiative called KidsMatter Primary. This was developed with the aims of “improving the mental health and wellbeing of students, reducing mental health problems among students, and achieving more support for students experiencing mental health difficulties” (Graetz et al., 2008, p.15).

The implementation of KidsMatter involves a whole-school systemic approach that was guided by a conceptual framework, a seven-step implementation process, and comprehensive resources, including professional learning for staff. The intervention was designed to support and involve all members of the school community through a four-component conceptual framework focusing on (a) Component 1: Positive school community, (b) Component 2: Social and emotional learning for students, (c) Component 3: Parenting support and education, and (d) Component 4: Early intervention for students experiencing mental health difficulties (Graetz et al., 2008).

KidsMatter Primary was piloted and independently evaluated during 2007-08 in 13 primary schools in South Australia, selected to be representative across location (metro, rural, remote), size and sector (Catholic, independent, public). Ethics approval was sought and gained from all partners, in addition to the Flinders University Ethics Committee.

Parents and teachers of 555 randomly selected South Australian primary school students (mean age=9.0 years, SD=1.7) participated in the KidsMatter Evaluation. These students were verified as to whether they had a disability in accordance with the state government disability criteria (Department of Education and Children's Services, 2006).

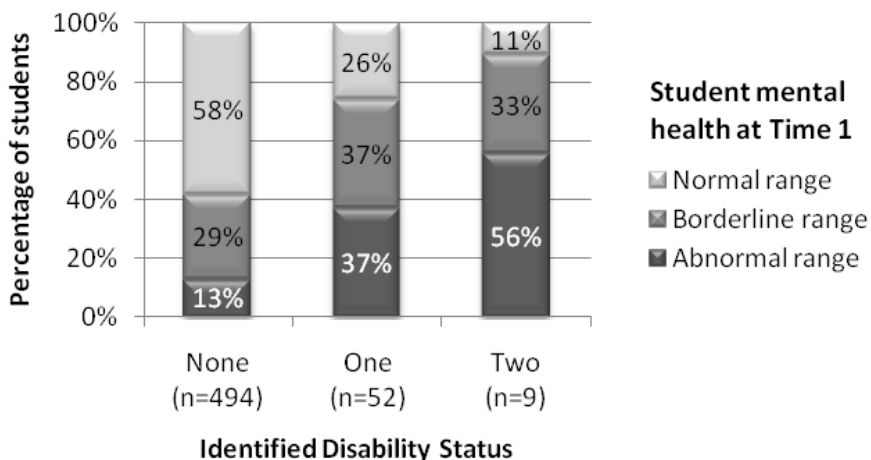
A total of 61 students with an identified disability participated in KidsMatter, which is approximately 11 per cent of the total sample of 555 South Australian students. In this sample, 52 students had received verification of one disability and nine students had received verification of two disabilities. The majority had a communication disability (n=44; 72%), which included students with autism or Asperger's disorders.

The mental health status of students was assessed by their parents and teachers using multiple measures to identify improvement in students' mental health over time. Goodman's *Strengths and Difficulties Questionnaire* (Goodman, 2005) provided the main instrument for the assessment of mental health, complemented by two other purpose-designed measures, namely, the *Mental Health Strengths* scale, and the *Mental Health Difficulties* scale (Dix, 2009). Data were collected on four occasions at six month intervals (Time 1 to Time 4) over the two year implementation period. Having multiple informants reporting on the mental health status of students was valuable because psychosocial problems have been shown to be highly situational (Achenbach, McConaughy & Howell, 1987), as indeed seemed to be the case in this sample. One simple explanation for differences may be that students act differently at school than in the home. In order to bring these various assessments together and categorise the mental health status of each student, a technique called Latent Class Analysis was used (Dix, 2009). The range of students' mental health was defined according to Goodman's (2005) cut-points as 'normal' (no mental health problems), 'borderline' (at risk of mental health problems), or 'abnormal' (experiencing mental health problems).

## Key Issues

### Co-morbidity of students with an identified disability and mental health difficulties

Central to this investigation was the key issue of whether students with a disability were more likely to experience mental health problems than their peers without a disability. Analysis of the South Australian data at Time 1 revealed that 55 per cent of students (both with and without disability) were identified within the normal range, 29 per cent were within the borderline range, and 16 per cent were within the abnormal range of mental health. Further analysis of students' mental health, based on disability status, separated the group into those with none, one or two identified disabilities. Figure 4.1 presents the percentage distribution of students in each of the mental health ranges against their disability status. This breakdown suggests that co-morbidity was present and that a child with a disability was also more likely to have mental health problems. For the South Australian student representative sample at the start of KidsMatter (Time 1), the results suggested the following. Students without a disability had a one in eight chance of having mental health difficulties (i.e., being in the abnormal range), students with one identified disability had a one in three chance, while students with multiple disabilities had a one in two chance of having mental health difficulties.



**Figure 4.1.** Assessment of the co-morbidity of student mental health and disability at Time 1

### Impact of KidsMatter for students with a disability

KidsMatter was designed to improve mental health and wellbeing and to reduce mental health difficulties for all students. Based on the

evidence provided from the national evaluation, positive changes did occur and were consistent with the purpose of KidsMatter in its mental health promotion, prevention and early intervention strategies (Slee et al., 2009). An issue that was not considered in this report was whether KidsMatter was supportive for students with disability.

In order to test for significant change in student mental health over time and significant differences between students with and without disability, three-level hierarchical linear modelling (HLM) was used, since it took into consideration the nested nature of the data and did not depend on assumptions of normality (Dix, Keeves et al., 2010; Raudenbush, Bryk, Cheong & Congdon, 2000). The full discussion and analysis are given in Dix, Shearer et al. (2010), with only a summary of the relevant findings presented here.

Importantly, there were practically significant improvements in mental health and wellbeing for students with a disability, attributable to the positive impact of KidsMatter. For all students, the findings indicated improvement in student wellbeing and reduction in mental health difficulties over time. However, for students with a disability, the findings also suggested that the school context provided a challenging environment, such that teachers were more likely to rate down students' mental health strengths and rate up students' mental health difficulties, compared to the views of parents. One possible explanation is that students with a disability found the school environment more challenging and, in response, exhibited different behaviours in the school context than in the home. In addition, teachers might have found it more challenging to provide for the particular needs of students with a disability in their classroom.

However, parents of students with a disability perceived schools to be significantly less effective in meeting the additional needs of their child or in helping their child with social and emotional problems, than parent of students without a disability. The results also indicate that schools were significantly less effective in supporting parents of students with a disability, compared to those without a disability, in the area of parent learning, suggesting that there may be opportunities for KidsMatter to provide better support for parents of students with a disability.

### **KidsMatter resources**

Another key issue, highlighted by the Ministerial Advisory Committee: Students with Disabilities report (2007, p.7), was the need to “ensure the inclusion of children and students with a disability” in relation to



mental health resources. At the time of the evaluation in 2007-08, the KidsMatter professional learning events, the *Implementation Guide*, and online resources did not contain any specific content about supporting students with a disability. However, as summarised in Table 4.1, this has since been and continues to be addressed with additional resources available at the KidsMatter website under *Component 1* and *Component 4* (KidsMatter, 2009a, 2009b).

**Table 4.1. KidsMatter resources for children with additional needs**

Children with:	Overview	Parent info	Suggestions for		Other resources
			parents	teachers	
Additional needs and mental health problems	Understanding	Supporting kids with AN	Children with AN	Children with AN	Additional needs
Attention Deficit Hyperactivity Disorder	How it affects children	Why can't Jason sit still?	Assisting children	Assisting children	ADHD
Anxiety problems	How it affects children	When will Sara stop worrying?	Assisting children	Assisting children	Anxiety
Depression	How it affects children	What's making Dan moody?	Assisting children	Assisting children	Depression
Serious behaviour problems	How it affects children	Sam is on a short fuse	Assisting children	Assisting children	Serious behaviour problems
Autism Spectrum Disorders	How it affects children	Ash is on his own track	Assisting children	Assisting children	Autism Spectrum Disorders

## Educational Implications

The greater prevalence of mental health difficulties among students with a disability, compared to their non-disabled peers, is evident in the findings of previous research and has been further confirmed by the research study by Dix, Shearer et al. (2010) undertaken in South Australia. Although only 11 per cent of students were identified with a disability, 57 per cent of these students (close to 63% reported by the Australian Institute for Health and Welfare, 2006) were identified by parents and teachers as experiencing social, emotional or behavioural difficulties to the extent of needing school-based or professional intervention. In comparison, only 24 per cent of students without a disability were similarly identified.

Successfully including students with a disability and those with mental health difficulties in mainstream classrooms is a significant challenge faced by teachers, with insufficient support or training. For students

with a disability, it was apparent that the school context was a challenging environment that might have elevated externalising behaviours, such that teachers were more likely to rate down students' mental health strengths and rate up students' mental health difficulties, compared to the views of parents. Moreover, parents of students with a disability may need more consideration when it comes to supporting the school's capacity to meet their child's mental health needs. There may be opportunities for schools to better provide for the additional needs of students with a disability and to engage their parents more purposefully.

In response to the title of this chapter and drawing upon evidence of reduced mental health difficulties and improved wellbeing, KidsMatter seems very well placed to assist in supporting the special needs of students with a disability.

## **Future Directions**

It is a positive step forward, for KidsMatter, that a profile of students with a disability and their needs have been more explicitly identified. However, it remains to be seen whether the new resources (see Table 4.1) and the professional learning for teachers that accompanies them, shift teachers' views and behaviours about students with a disability so that assessment of mental health strengths and difficulties by teachers is not so markedly different from that of parents.

While these findings are important, it is with caution that they should be generalised to Australian schools in other states or territories. Clearly, there is opportunity to expand this state-based project to a national level.

Given the ambiguity regarding mental health difficulties as an identified disability and the prevalence of mental health difficulties in students with and without disability, further consideration needs to be given to reconceptualising mental health difficulties (e.g., depression), as a funded disability group.

At the heart of KidsMatter is a model of inclusivity such that all students with additional needs, including those with mental health difficulties, are given the best possible opportunity to learn as part of a coherent school-wide program. Realising the potential and acting upon it at a national level, is now the greatest challenge.

## References

- Achenbach, T., McConaughy, S., & Howell, C. T. (1987). Child/adolescent behavioral and emotional problems: Implications of cross-informant correlations for situational specificity. *Psychological Bulletin*, *101*, 213-232.
- Australian Institute of Health and Welfare (AIHW) (2006). *Disability updates: Children with disabilities, Bulletin*, *42*. Canberra: Australian Government. Retrieved from: [www.aihw.gov.au/publications/aus/bulletin42/bulletin42.pdf](http://www.aihw.gov.au/publications/aus/bulletin42/bulletin42.pdf)
- Brereton, A.V., Tonge, B.J., & Einfield, S.L. (2006). Psychopathology in children and adolescents with Autism compared to young people with intellectual disability, *Journal of Autism and Developmental Disorders*, *36*, 863-870.
- CASEL (2008). *Social and emotional learning (SEL) and student benefits: Implications for the safe schools/health students core elements*. Chicago, IL: Collaborative for Academic, Social, and Emotional Learning. Retrieved from: [www.casel.org/downloads/EDC\\_CASELSELResearchBrief.pdf](http://www.casel.org/downloads/EDC_CASELSELResearchBrief.pdf)
- Conway, R. (2006). Students with emotional and behavioral disorders: An Australian perspective. *Preventing School Failure*, *50*(2), 15-20.
- Davies, K. (2005). Depression and Asperger syndrome: An overview of some issues. *Intellectual Disability Australasia*, December, 11-12 & 14-15.
- DCSF (2009). *Promoting and supporting positive behaviour in primary schools. Developing social and emotional aspects of learning (SEAL)*. Nottingham, UK: Department for Children, Schools and Families.
- Department of Education and Children's Services. (2006). *Disability support program: 2007 eligibility criteria*. Adelaide: The Government of South Australia.
- Department of Education and Children's Services. (2007). *Disability support program: Information for parents and caregivers*. Adelaide: The Government of South Australia. Retrieved from: [www.decs.sa.gov.au/svpst/pages/info/dsp/](http://www.decs.sa.gov.au/svpst/pages/info/dsp/)
- Dix, K. L. (2009). Identifying categories of student mental health with multiple measures and multiple informants using Latent Class Analysis. In B. Matthews, & J.A. Gibbons (Eds.), *The process of research in education: A festschrift in honour of John P Keeves AM*, (pp.135-150). Adelaide: Shannon Research Press.
- Dix, K. L., Keeves, J. P., Slee, P. T., Lawson, M. J., Russell, A., Askell-Williams, ... Spears, B. (2010). *KidsMatter Primary Evaluation technical report and user guide*. Adelaide: Shannon Research Press.
- Dix, K. L., Shearer, J., Slee, P. T., & Butcher, C. (2010). *KidsMatter for students with a disability: Evaluation report*. Adelaide: Ministerial Advisory Committee: Students with Disabilities.
- Eichinger, J., Downing, J. E., & Hicks, S. J. (2008). Instructions in the general education environment: The age of accountability. In J. E. Downing

- (Ed.), *Including students with severe and multiple disabilities in typical classrooms: Practical strategies for teachers* (pp.21-48). Maryland, USA: Paul. H. Brookes Publishing.
- Einfeld, S. L., & Tonge, B. J. (1996). Population prevalence of behavioural and emotional disturbance in children and adolescents with mental retardation: II Epidemiological findings. *Journal of Intellectual Disability Research, 40*, 99-109.
- ENSEC (2009). European Network for Social and Emotional Competence. Retrieved from: [www.enseceurope.org/](http://www.enseceurope.org/)
- Ghaziuddin, M., Ghaziuddin, N., & Greden, J. (2002). Depression in persons with Autism: Implications for research and clinical care. *Journal of Autism and Developmental Disorders, 32*, 299-306.
- Gillott, A., Furniss, F., & Walter, A. (2001). Anxiety in high-functioning children with autism. *Autism, 5*, 277-286.
- Goodman, R. (2005). Strengths and Difficulties Questionnaire. Retrieved from: [www.sdqinfo.com](http://www.sdqinfo.com).
- Graetz, B., Littlefield, L., Trinder, M., Dobia, B., Souter, M., Champion, C., ... Cummins, R. (2008). KidsMatter: A population health model to support student mental health and wellbeing in primary schools. *International Journal of Mental Health Promotion, 10*(4), 13-20.
- Hackett, L., Theodosiou, L., Bond, C., Blackburn, C., & Lever, R. (2011). Understanding the mental health needs of pupils with severe learning disabilities in an inner city local authority. *British Journal of Learning Disabilities, 39*, 1-7.
- Kaptein, S., Jansen, D. E., Vogels, A. G., & Reijneveld, S. A. (2008). Mental health problems in children with intellectual disability: Use of the Strengths and Difficulties Questionnaire. *Journal of Intellectual Disability Research, 52*, 125-131.
- KidsMatter (2009a). Component 1: A positive school community resources. Melbourne: Commonwealth of Australia. Retrieved from: [www.kidsmatter.edu.au/resources/information-resources/component-1-a-positive-school-community-resources/](http://www.kidsmatter.edu.au/resources/information-resources/component-1-a-positive-school-community-resources/)
- KidsMatter (2009b). Component 4: Early intervention for students resources. Melbourne: Commonwealth of Australia. Retrieved from: [www.kidsmatter.edu.au/resources/information-resources/component-4-early-intervention-for-students-resources/](http://www.kidsmatter.edu.au/resources/information-resources/component-4-early-intervention-for-students-resources/)
- Kim, J. A., Szatmari, P., Bryson, S. E., Streiner, D. L., & Wilson, F. J. (2000). The prevalence of anxiety and mood problems among children with autism and Asperger syndrome. *Autism, 4*(2), 117-132.
- Ministerial Advisory Committee: Students with Disabilities (2007). *Mental health and children and students with a disability*. Adelaide: MAC: SWD.
- Raudenbush, S. W., Bryk, A. S., Cheong, Y., & Congdon, R. T. (2000). *HLM 5: Hierarchical linear and nonlinear modeling*. Chicago: Scientific Software International.

- Royal College of Psychiatrists (2004). Mental health and growing, Third edition—Chronic physical illnesses: The effects on mental health. Retrieved from: [www.rcpsych.ac.uk/info/mhgu/newmhgu27.htm](http://www.rcpsych.ac.uk/info/mhgu/newmhgu27.htm).
- Sawyer, M. G., Arney, F. M., Baghurst, P. A., Clark, J. J., Graetz, B. W., Kosky, R. J., ... Zubrick S.R. (2000). *The mental health of young people in Australia*. Canberra, Australia: Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care.
- Slee, P. T., Lawson, M. J., Russell, A., Askill-Williams, H., Dix, K. L., Owens, L., ... & Spears, B. (2009). *KidsMatter Primary Evaluation final report*. Melbourne: beyondblue.
- Vostanis P. (2006). Strengths and Difficulties Questionnaire: Research and clinical applications. *Current Opinion in Psychiatry*, 19, 367-72.
- Westwood, P., & Graham, L. (2003). Inclusion of students with special needs: Benefits and obstacles perceived by teachers in New South Wales and South Australia. *Australian Journal of Learning Disabilities*, 8(1), 3-15.
- World Health Organization. (2002). *International classification of functioning, disability and health (ICF)*. Geneva: WHO.
- World Health Organization. (2011). Depression. Retrieved from: [www.who.int/mental\\_health/management/depression/definition/en/](http://www.who.int/mental_health/management/depression/definition/en/)
- Wyn, J., Cahill, H., Holdsworth, R., Rowling, L., & Carson, S. (2000). MindMatters: A whole-school approach promoting mental health and wellbeing. *Australian and New Zealand Journal of Psychiatry*, 34, 594-601.

# 5

## Fostering the wellbeing for learning connection

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*The DECS Learner Wellbeing Framework for Birth to Year 12 (DECS, 2007) is a policy resource, developed by the South Australian Department of Education and Children's Services (DECS), that guides educators in government schools and pre-schools in promoting and improving the wellbeing of children and students. The Framework recognises the strong and mutual interconnection between wellbeing and learning. It connects and makes coherent a number of South Australian initiatives that have been developed to improve learning outcomes while focusing on the whole learner. When staff in pre-schools and schools saw wellbeing for learning as 'core business' by embedding it across the site, by fostering a learner centred ethos and by working in partnership with colleagues, students and the wider community, they demonstrated both improved wellbeing for learning and learner achievement.*

### Introduction

The *DECS Learner Wellbeing Framework for Birth to Year 12* (DECS, 2007) has a focus on the wellbeing of children and students in schools and pre-schools. Wellbeing is a complex, multi-faceted construct: a

commonly held research-based model was selected to capture a holistic and developmental view of all learners. Thus the Framework consists of a series of mental models designed to individually and collectively help educators think about and act to promote learner wellbeing. Its rationale emphasises the strong and mutual interconnection between wellbeing and learning. Rather than providing a definition, the Framework describes parameters for and characteristics of learner wellbeing. Whilst it connects and makes coherent a range of initiatives developed to improve learning outcomes in South Australia, it focuses particularly on the whole learner. As a target of the *DECS Statement of Directions 2005–2010* (DECS, 2005), the Framework was intended to foster better understandings of the learning-wellbeing connection and to guide wellbeing inquiries into improving child and student wellbeing and engagement.

## Context

The Framework emerged from work done by the DECS Drug Strategy Team to support educators and schools, not only in responding to drug-related incidents, but also in increasing resilience and wellbeing in children and students. What became clear was that the complexity of young people's lives due to continuous and rapid change necessitated a deeper inquiry into new ways of working to support their wellbeing and to demonstrate the wellbeing and learning connection.

The DECS Wellbeing Team emerged from the Drug Strategy Team to work on this inquiry with pre-schools, schools, Central and District Offices and partners, including families, other agencies and experts. Using an inquiry approach, DECS began with a forum for leaders in 2004 from which a working paper was developed for broad circulation in 2005.

Pre-schools and schools were invited to participate in the inquiry by using the draft framework to guide their own local aspect of learner wellbeing. Fifty three inquiry sites participated, ranging from pre-schools to senior secondary schools. Their responses guided the final version of the *DECS Learner Wellbeing Framework for Birth to Year 12* (DECS, 2007). The Framework was not only a summary of current knowledge about learner wellbeing, but also grounded in local practice. It supported all pre-schools and schools to include wellbeing as a focus within their 2007 site learning plans by taking a local inquiry-minded approach to improving wellbeing for all learners.

The Framework recognises four domains of educator practice:

- the learning environment
- curriculum and pedagogy
- partnerships
- policies and procedures.

Each may impact on and affect learner wellbeing either positively or negatively.

Five dimensions of wellbeing overlap and interconnect with each other to provide learners with resilience and confidence:

- **Cognitive** aspects include information processing, memory, curiosity, mastery, motivation, persistence, thinking and intelligence.
- **Emotional** aspects are closely linked with social aspects and include emotional development and control, coping, autonomy, positive self-development, trust and attachment.
- **Physical** aspects include nutrition, physical activity, physical safety, preventive health care, reproductive health and substance abuse.
- **Social** aspects include parent-child relationships, sibling relationships, peer relationships, positive social behaviour, empathy and sympathy.
- **Spiritual** aspects include beliefs, values, morals and ethics; a sense of meaning and purpose; altruism; and a sense of connectedness to something larger than oneself.

Fundamental to the goal of improving learner wellbeing is for schools and pre-schools to take a rigorous inquiry approach to reflect on learner wellbeing as a component of continuous improvement. By inquiring within and across the four domains of educator practice and the five dimensions of wellbeing, schools develop strategies to respond to specific local circumstances.

## Key Issues

The strong and mutual connections between wellbeing and learning are strengthened when schools take a whole-site approach in which wellbeing is embedded in all domains of practice.

School effectiveness studies demonstrate that the influence of teachers in care, pre-schools and schools accounts for no less than 30 per cent of the variance in student achievement (Hattie, 2003). When educators understand the social circumstances which contribute to a state of



wellbeing, build protective factors and ameliorate risk factors through the domains of educator practice, they can positively impact upon learner wellbeing.

A positive learning culture involves and recognises that people and communities can collaborate to transform the capacity of their own system through a strengths-based approach which focuses on building strengths rather than fixing deficits.

Three underpinning principles were developed through extensive consultations with inquiry sites in the early phases of developing the *DECS Learner Wellbeing Framework for Birth to Year 12*:

- Principle 1: Wellbeing is central to learning and learning is central to wellbeing
- Principle 2: Educators make a positive contribution to learner wellbeing
- Principle 3: Wellbeing is built on the strengths of individuals, groups and communities working together.

The inquiry sites involved in the Wellbeing for Learning Inquiry 2008–2010 confirmed the significance of the three principles underpinning the Learner Wellbeing Framework.

## **Educational Implications**

A summary of inquiry site findings appear below, reflected within the three principles of the *DECS Learner Wellbeing Framework for Birth to Year 12*.

### **Principle 1: Wellbeing is central to learning and learning is central to wellbeing**

Exploring and discussing the strong and mutual connections between wellbeing and learning has always been integral to teachers' work: educators know that the more engaged, motivated and successful learners are, the greater will be their sense of wellbeing.

Because of the interconnectedness of wellbeing and learning, implementing initiatives to increase learner wellbeing cannot be seen as merely adding to existing structures. Wellbeing for learning improves when shared understandings are fostered and when learner wellbeing is embedded into site improvement planning processes and self review.

A whole site approach means supporting the wellbeing of all learners rather than just those learners identified as at risk. This means

promoting democratic relationships and creating caring, safe and rich learning environments in which every young person feels safe to take the risks inherent in learning. When peer and staff/student relationships are good and attention is paid to learner wellbeing and engagement, site attendance and behaviour issues improve.

Implicit in this is increasing the social and emotional competencies of children and students by teaching them the skills of negotiation and positive interaction. Wellbeing for learning increases when schools create more positive learning cultures in which learners are supported to experience success, enthusiasm, commitment and energy. Learner achievement improves when individual learning plans and learning goals are negotiated, so that learning is strengths-based, where learners utilise their preferred learning styles and participate in collective and individual inquiry.

### **Principle 2: Educators make a positive contribution to learner wellbeing**

There is overwhelming evidence that teachers make a difference to learner wellbeing, engagement and learning achievement (Hattie, 2003). When we consider the variance in student achievement, whilst students' abilities account for 50 per cent, and home and school together account for 10–20 per cent, it is teachers who account for about 30 per cent of the variance in learning outcomes (idem).

When educators work, learn and reflect together in professional learning communities (Stoll et al., 2006), they develop and foster shared values and vision. They use professional inquiry to interrogate meaningful data and observations; they reflect on new research, understandings and knowledge to promote learning and to inform educator practice. When leaders recognise the importance of wellbeing, when staff are provided with regular release time, and when wellbeing becomes a priority at staff meetings, staff take collective responsibility to build their personal, professional, relational and strategic capacities.

Relationships are at the heart of teaching and learning. The effect of the learner-teacher relationships on learning and wellbeing is well documented in the research literature (Miller & Stiver, 1997; Morris, 2009; Murray-Harvey & Slee, 2010). Relational teachers are those who engage personally with their students and who develop classrooms which act as communities in which students personally engage with each other (Cohen, 2006, as cited in Burrows, 2010).

Learner wellbeing is significantly influenced by their teachers' social and emotional wellbeing (Hargreaves & Fullan, 1998). An educator's

wellbeing therefore impacts on their ability to influence learner wellbeing: it affects their own feelings of self worth and therefore their own ability to learn and work with children and students in a positive manner.

School and work climates are predominantly influenced by leadership behaviour: that is, the principal's personal behaviours dictate approximately 70 per cent of the school climate (Hay Group in Avenell, 2009). Effective leaders and leadership teams intentionally develop collaborative school and pre-school cultures which transform learning communities and facilitate whole-of-site wellbeing. Whilst focusing on local wellbeing issues, they map approaches and initiatives to the Learner Wellbeing Framework and address learning and wellbeing needs through the five dimensions for wellbeing for learning: cognitive, emotional, physical, social and spiritual.

### **Principle 3: Wellbeing is built on the strengths of individuals, groups and communities working together**

A positive learning culture involves people transforming the capacity of their own system through a strengths-based approach which recognises that people or communities have the power to change their own situations.

Synergy happens when a range of voices and perspectives are heard, including the voices of staff, parents, community and learners. When these voices are encouraged, for example through a dedicated wellbeing action committee, to collaboratively inquire into strategies to improve learner wellbeing, multiple talents are simultaneously harnessed and communities of learners share their skills and knowledge to benefit the whole learning community.

By focusing on continuous improvement through a collaborative inquiry approach, school communities strengthen positive learning cultures when everyone recognises the significance of the connection between wellbeing and learning. Inquiry approaches develop educator capacity and generate motivation to create genuine change.

Encouraging student voice means much more than token consultation about yard rules, uniforms and bullying: it means creating opportunities for students to learn the responsibilities of effective leadership. Student voice is about a true partnership with adults to ensure that "student issues within the learning environment are addressed" (Manefield, Collins & Moore, 2007, p.6). It includes participation on student representative councils and acting as school ambassadors, as

researchers, and, more radically, as representatives on governing councils and staff appointment panels (Fielding, 2006).

Developing the conditions for wellbeing for learning takes time and can challenge comfort zones. An inquiry approach emphasises understanding before action: it enables the process to slow down and draw people together to communicate and contribute (Jordan, 2005). Adapting and adopting practices with an orientation to inquiry requires an ability to vision a different future with a different pedagogy. Allowing time is essential to clarify, reflect and evaluate change (Fullan, 2005).

## **Future Directions**

The inquiry project and other forms of collaborative research have contributed to the development of increasingly more sophisticated understandings of wellbeing. However, there remain issues of concern.

Different approaches are needed to support learner wellbeing in primary and secondary schools which respond to both learner and educator needs (Murray-Harvey & Slee, 2010). Students' rating of their general contentment and ability to cope with different aspects of school reaches a high point on leaving primary school, but declines as they move into high school, with a low point in Year 10.

Further professional development is needed to assist those teachers who fail to see that wellbeing is everybody's responsibility, that supportive or stressful learner-teacher relationships impact on wellbeing, and that a holistic focus on wellbeing for all learners is essential. Furthermore, more schools need encouragement to engage in collegial inquiry into record keeping and data collection to foster understandings of the wellbeing and learning interconnection. Those teachers who lack the confidence or trust in their peers could be supported to work collegially as learners to share, negotiate and engage in new ways of 'deep thinking' to change embedded practices and to also envisage learners as co-inquirers into policies and procedures.

A greater focus is needed on building supportive relationships to create a more positive 'relational field' that contributes to the experiences of learners, educators, parents and other professionals and community members working in sites (Centre for the Analysis of Educational Futures (CAEF), 2010).

There needs to be a broader focus on the issue of 'inequity and strategies for closing the gap in learner wellbeing' as there is too much responsibility for wellbeing placed on the individual child and the

individual educator (Peppard, 2009). Whilst many educators approached inquiry projects with a strong understanding of the impact of political, cultural and social factors on individual learner wellbeing, those learners who experience non-wellbeing due to social conditions risk further marginalisation when wellbeing is regarded as an ‘individual problem for both teacher and child’ (Krieg, 2009), rather than a whole-school concern. For example, the concept of school bullying as an individual-perpetrator-vs-victim pathology needs a shift to focus on wider school-community relationships that also consider families and teachers, along with individuals and peers (Murray-Harvey & Slee, 2010).

Students’ use of cognitive and metacognitive strategies could be further woven “into the fabric of regular class lessons” (CAEF, 2010, p.16). This is known to have a positive and powerful effect on learning achievement, particularly for those students who cope less well with schoolwork.

Educator wellbeing could be better understood, particularly the impact of the schoolyard on the physical, emotional and social wellbeing of educators: approximately 25 per cent of educators report that yard duty has a negative impact on their wellbeing (CAEF, 2010).

The extensive and rich findings from the 53 inquiry sites informed *Thriving at our place: Findings from the Wellbeing for Learning Inquiry* (DECS, 2011), which is published on the DECS Learner Wellbeing website. It draws together the learning and good practice derived from site research within the three principles. It also reflects the research partnership with Flinders University’s School of Education through the Flinders/DECS Australian Research Council (ARC) Linkage Project. A full transcript of the document is available at [www.decs.sa.gov.au/learnerwellbeing/pages/wellbeing/whatsnew/](http://www.decs.sa.gov.au/learnerwellbeing/pages/wellbeing/whatsnew/).

## References

- Avenell, K. (2009). The importance of relational pedagogy. *Australian Educational Leader*, 31(2), 31-32.
- Burrows, L. (2010, August). Going deeper with relational learning through the experience of relational mindfulness. Presentation to *Learner Wellbeing Professional Learning Day*, Adelaide. Retrieved from: [www.decs.sa.gov.au/learnerwellbeing/files/links/Going\\_Deeper\\_with\\_Relation.pdf](http://www.decs.sa.gov.au/learnerwellbeing/files/links/Going_Deeper_with_Relation.pdf)
- Centre for the Analysis of Educational Futures. (2010). Building the capabilities of school communities to improve their wellbeing. *Interim*

- Report for an Australian Research Council Linkage Grant Project.*  
Adelaide: Flinders University.
- Department of Education and Children's Services. (2005). *DECS Statement of Directions 2005–2010*. Adelaide: DECS.
- Department of Education and Children's Services. (2007). *DECS Learner Wellbeing Framework for Birth to Year 12*. Adelaide: DECS.
- Department of Education and Children's Services. (2011). *Wellbeing for Learning Inquiry 2008–2010*. Adelaide: DECS.
- Fielding, M. (2006). Leadership, radical student engagement and the necessity of person-centred education. *International Journal of Leadership in Education*, 9(4), 299-313.
- Fullan, M. (2005). *Leadership sustainability: System thinkers in action*. Thousand Oaks, CA: Corwin Press.
- Hargreaves, A., & Fullan, M. (1998). *What's worth fighting for out there?* New York, NY: Teachers College Press.
- Hattie, J. (2003). Distinguishing expert teachers from novice and experienced teachers. Teachers make a difference: What is the research evidence? Paper presented at the *Australian Council for Educational Research Annual Conference on Building Teacher Quality*, Melbourne, October.
- Jordan, J. (2005). Fostering social inclusion through a culture of inquiry. Retrieved from: [www.decs.sa.gov.au/learnerwellbeing/files/links/Fostering\\_Social\\_Inclusion.pdf](http://www.decs.sa.gov.au/learnerwellbeing/files/links/Fostering_Social_Inclusion.pdf)
- Krieg, S. (2009). Wellbeing and the "normal" child'. *Curriculum Perspectives*, 29(3), 77-81.
- Manefield, J., Collins, R., & Moore, J. (2007). *Student voice: A historical perspective and new directions*. Paper No. 10, April, State of Victoria, Department of Education.
- Miller, J. B., & Stiver, I. (1997). *The healing connection*. Massachusetts: Beacon Press.
- Morris, I. (2009). *Teaching happiness and wellbeing in schools: Learning to ride elephants*. London: Continuum International.
- Murray-Harvey, R., & Slee, P. T. (2010). School and home relationships and their impact on school bullying. *School Psychology International*, 31(3), 271-295.
- Peppard, J. (2009). A class(y) approach to wellbeing. *Curriculum Perspectives*, 29(3), 77-81.
- Stoll, L., MacMahon, A., Bolam, R., Thomas, S., Wallace, M., Greenwood, A., & Hawkey, K. (2006). *Professional learning communities: Source materials for school leaders and other leaders of professional learning*. London: Innovation Unit, DfES, NCSL and GTC.



# 6

## Seeking students' perspectives on their social and emotional wellbeing

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*While the views of teachers and parents are being sought as part of an initiative to promote students' mental health and wellbeing, students' perspectives are not being sought. The views of children are important and could be captured by their ratings of a few short statements about the way they think and feel. Seeking students' views is consistent with the whole-of-child approach promoted by positive psychology that links social and emotional wellbeing to the child's material wellbeing, and their ability to problem solve and manage life tasks as they adapt to change. My Thoughts and Feelings has been developed to assist school staff to collect students' perspectives on their social and emotional wellbeing as part of the KidsMatter Primary program. This short rating survey enables school staff to focus on developing particular aspects of students' mental health and wellbeing in their classrooms.*

### Introduction

Increasingly over the last decade there has been concern about mental health in the general population, and about the mental health and wellbeing of school students in particular. Principals surveyed from 27



countries estimated that one in five of their students needed preventative or intervention services (Rowling, Whitman & Biewener, 2009). They identified bullying and harassment, impulse control and anger management as the top three emotional/mental health and wellbeing issues. They emphasised that their most important concerns related to increasing students' awareness of wellbeing issues, identifying those in need of services and gaining access to services. For staff, principals saw stress, anxiety and depression as the major emotional/mental health and wellbeing issues, indicating that the difficulties faced by children could be negatively influencing teachers' wellbeing (Rowling et al., 2009). The findings are consistent with other international research on mental health and wellbeing and also with a recent surge in the number of children diagnosed with psychiatric conditions such as bipolar disorder (Kaplan, 2011).

The aforementioned reports illustrate an increasingly negative approach to social and emotional wellbeing, with a focus on mental illness and psychiatric disorders, depression, behavioural problems such as bullying and disruptive behaviour, risky behaviours such as drug and alcohol misuse, and underachievement at school (Hamilton & Redmond, 2010, p.viii). I believe the time is right for a positive approach to children's social and emotional wellbeing, one that focuses on building personal strengths and enhancing their quality of life.

Psychology has become synonymous with diagnosing mental illness and repairing damage (Seligman & Csikszentmihalyi, 2000). By contrast, positive psychology discards the disease framework, favouring instead the development of personal strengths and resilience. It aims to prevent mental illness and enhance quality of life by building on people's positive qualities, with an emphasis on humans as self-organising, self-directed, adaptive entities who thrive in positive communities and positive institutions (Seligman & Csikszentmihalyi, 2000).

Positive psychology is important in this discussion because it recognises the importance of developing in children the capabilities of resilience, attentiveness, confidence, social skills, positive affect, positive self-concept, self-worth, sense of belonging, and enjoyment of school. This is in line with the work of prevention researchers who have found that human strengths, such as optimism, hope, and perseverance, act as buffers against mental illness (Seligman & Csikszentmihalyi, 2000). The reports by Rowling et al. (2009) and Kaplan (2011) highlight the need to develop these positive qualities in primary school children as a way of buffering against mental illness.

## **Context: An Australian Initiative to Promote Mental Health and Wellbeing in Primary School Children**

In response to national concern regarding mental health and the need for coordinated and strategic action on this issue, the Commonwealth of Australia (2009) developed KidsMatter, a national mental health promotion, prevention and early intervention initiative now being implemented in more than 2,000 primary schools across Australia. It emphasises the importance of students' mental health to their learning and wellbeing, and has teachers educating students about social and emotional skills. KidsMatter Primary aims to improve the mental health and wellbeing of primary school students, reduce mental health difficulties such as anxiety, depression and behavioural problems, while increasing support and assistance for any students at risk of, or experiencing, mental health difficulties (Commonwealth of Australia, 2009, p.4). The program also promotes the importance of a positive school environment and involves parents, families, and community groups due to the influence they have on children. The initiative is based on Bronfenbrenner's theory of ecological development, which fits well with positive psychology because it seeks to operationalise the 'whole child' approach by measuring child development and child wellbeing across multiple dimensions from within a human rights framework (Hamilton & Redmond, 2010).

Central to KidsMatter is the belief that children with good mental health have good coping skills, and with support are able to manage environmental stressors. It describes mentally healthy students as arriving at school 'ready' to learn and being more likely to achieve academic success owing to being more motivated learners who have fewer behavioural problems and show greater commitment to their schoolwork (Commonwealth of Australia, 2009, p.1).

The KidsMatter documents also state that poor mental health reduces students' ability to learn; those with emotional disturbances have the highest failure rates and 50 per cent of these students drop out of high school (Commonwealth of Australia, 2009, p.2). This academic failure has lasting consequences because it limits students' chances of future success. Importantly, it is argued that schools are more likely to achieve goals related to learning and academic success when students' mental health is prioritised and addressed to the same degree as numeracy or literacy. Thus, the benefits of effectively teaching students about mental health and wellbeing extend beyond increasing students' happiness to improved academic outcomes (Dix, Slee, Lawson & Keeves, 2011).

The KidsMatter initiative targets “the mental health and wellbeing of all students in primary schools through creating a positive school environment and providing education on social and emotional skills” (Commonwealth of Australia, 2009, p.3). This initiative is a good example of a positive approach to mental health and wellbeing with its emphasis on promotion, prevention and early intervention in children.

## **Key Issues**

### **The rights of a child to express an opinion on matters affecting them**

A positive approach to social and emotional wellbeing would seek children’s own perspectives. Article 12 of the United Nations Convention on the Rights of the Child states that it is the child’s right to express an opinion, and to have that opinion taken into account, in any matter or procedure affecting him or her (Lewis & Lindsay, 2000). Hamilton and Redmond (2010) agree and state that from a child’s rights perspective it is important to obtain the child’s views on their social and emotional wellbeing. Fattore, Mason and Watson (2009, p.59) also argue that children have the right to have their viewpoints taken seriously and to be involved in decisions affecting their lives. In Australia, this could be done as part of KidsMatter, and would be in step with wider international efforts to develop wide-ranging indexes of child and youth wellbeing.

### **The importance of wellbeing for engagement at school**

When elementary students feel unhappy at school or do not feel accepted by others they begin to withdraw (Mukoma & Flisher, 2004) and this affects their wellbeing. In 2007-2008 Willms (2008) carried out an interview study with 85,000 Canadian students on their health and wellness. The study found that students with low levels of intellectual engagement at school were more likely to experience anxiety, and if they had low levels of a sense of belonging they were more likely to experience both anxiety and depression. On the other hand, engaged students identified with and valued schooling outcomes, participated in academic and non-academic school activities, and had high levels of a sense of belonging at school (Willms, 2008, p.18). They were able to make a serious psychological investment in learning and used their higher order thinking skills to increase their understanding as they solved complex problems and constructed new knowledge. In contrast to disengaged students, the highly engaged students had a positive sense of social and emotional wellbeing.

The study by Rowling et al. (2009) found that most school principals believed that emotional/mental health and wellbeing were very important for academic achievement. This view is supported by the results of a recent study that found schools implementing effectively a program to improve mental health and wellbeing showed improved learning outcomes for students of as much as six months more schooling (Dix et al., 2011). This is important news because it indicates that the benefits of effective implementation of a program on mental health go beyond developing social and emotional wellbeing to improving children's academic achievement.

### **Asking children for their perspectives on social emotional wellbeing**

The voices of children, especially young children, are often dismissed in qualitative research. This is based on the misconception that what they have to say is not as important as older children, adolescents and adults, yet children can provide important information about their lives (Drummond, Drummond & Birbeck, 2009). Hamilton and Redmond (2010) take this further by stating that children are able to become actively and critically involved in the research process so that they could begin to design their own indicators of social and emotional wellbeing. The importance of the knower as the framer of knowledge is shown by Fattore et al.'s (2009, p.59) use of 'standpoint theory' that was used to collect students' views on wellbeing. Their comments were interpreted in terms of a positive sense of self, agency and security. The challenge for researchers using this approach is to be open to accepting children's perspectives, because children report on what they see as important and this may not be congruent with adult interpretations.

Another study sought the views of rural children in Sweden on social capital from perspectives of wellbeing (Eriksson, Asplund & Sellstrom, 2010). The children's stories revealed that their sense of local community involved spending time with pets or someone similar to themselves, and that they felt it was important to belong somewhere and to know that you always had somewhere to go. The study showed that talking to children was an effective way to learn about their ideas about being connected with others and the contribution of this to their wellbeing. These studies show that there is Australian and international interest in seeking children's views about their wellbeing.

## The influence of risk and protective factors on children's mental health

Initiatives such as KidsMatter recognise that individual, family and school factors can positively affect children's mental health through protective factors or negatively through risk factors (Commonwealth of Australia, 2009), as shown in Table 6.1. KidsMatter Primary aims to strengthen the protective factors for students' mental health and minimise the risk factors (Commonwealth of Australia, 2009, p.5) through four components: (1) A positive school community; (2) Social and emotional learning for students; (3) Parenting education and support, and (4) Early intervention for students who are at risk or experiencing mental health difficulties.

**Table 6.1. Risk and protective factors associated with children's mental health**

	<b>Protective factors</b>	<b>Risk factors</b>
<b>Individual</b> Children's abilities and needs	Good social and emotional skills, positive coping style and optimism	Poor social and emotional skills, impulsivity and low self-esteem
<b>Family</b> Circumstances and relationships	Supportive and caring parents, family harmony and stability	Family disharmony, neglect and instability; harsh or inconsistent discipline style
<b>School</b> Practices and environment	Positive school climate where students feel a sense of belonging & connection	Negative school climate where students experience bullying, peer rejection, and have poor attachment to school

The second component is particularly relevant to this discussion because it involves teaching students social and emotional skills to strengthen their mental health, based on the model developed by the Collaborative for Academic Social and Emotional Learning (CASEL, 2006, cited in Commonwealth of Australia, 2009). The five areas are: (1) self-awareness; (2) self-management; (3) responsible decision-making; (4) relationship skills; and (5) social awareness. Children who have these skills are more easily able to manage themselves, relate to others, resolve conflict, and feel positive about themselves and the world around them (Commonwealth of Australia, 2009).

## **Educational Implications: Seeking Students' Perspectives on their Social and Emotional Wellbeing**

The views of teachers and parents are sought as part of KidsMatter Primary but it is important to note that this program does not seek the perspectives of children on their social emotional learning. The views of children are important and could be captured by self-ratings for a few short statements about the way they think and feel. These ratings could be included as part of the implementation of KidsMatter.

There are numbers of existing assessments that ask children to complete questionnaires or rate aspects of their social and emotional wellbeing. Appendix 1 shows 17 self-assessments taken from Denham, Ji and Hamre's (2010) *Compendium of pre-school through elementary school social-emotional learning and associated assessment measures*. These measures have been developed to gain students' views about various aspects of their social and emotional wellbeing. Teachers could choose from these to assess particular skills, for example, relationship skills in middle childhood (Friendship Quality Questionnaire).

In 2010, the Australian Council for Educational Research (ACER) released the *Social and Emotional Wellbeing Survey*, a strength-based survey for students in early childhood programs, primary and secondary schools (aged 3-18 years). The survey is designed to provide an ecological view of students' wellbeing (cited in Hamilton & Redmond, 2010, p.49). It collects data on both positive and negative indicators of students' social and emotional development and facilitates the allocation of resources to areas of greatest need. It is available to schools for a cost per student and if schools 'opt in' ACER prepares a report for the school on students' social and emotional wellbeing (Hamilton & Redmond, 2010). The ACER survey could provide valuable information to teachers in schools but could be prohibitive for some schools due to cost.

The *Personal Wellbeing Index for Schoolchildren* (Cummins & Lau, 2005, cited in Hamilton & Redmond, 2010) is a survey that has short positive and direct measures of social and emotional wellbeing. It has questions like: *How many close friends do you have?* (to capture the child's environment) and *How happy are you with your life as a whole?* (children respond with a rating of 1-10 to this question about social and emotional wellbeing). These assessments could be very useful for learning children's views about their general wellbeing but could be more effective if integrated into an existing classroom program.

I have designed a short self-rating scale called *My Thoughts and Feelings* that could be used as part of the KidsMatter Primary program. It is to be used to collect children's perspectives on their social and emotional wellbeing at school, and enables school staff to focus on developing particular aspects of students' mental health and wellbeing in their classrooms as part of the working on KidsMatter Component 2.

The survey is composed of five short statements about social and emotional learning based on the model developed by the CASEL (2006, cited in Commonwealth of Australia, 2009) on which Component 2 of the KidsMatter Primary program has been based. The survey, shown in Table 6.2, could be completed by children before, during, and after working on Component 2 and has a five-point Likert scale where 1 = I don't agree, 3 = Not sure, 5 = I do agree.

The marking key developed for teachers to interpret the results for the survey is in line with the KidsMatter staff surveys and is presented in Table 6.3. Each child's response for each statement is recorded and any area with a high priority to be worked on is indicated in the Priority column with a tick.

The survey could be used as a pre-assessment to determine which aspects of KidsMatter Component 2 might be best used first and then to monitor children's development of social emotional skills.

**Table 6.2. Areas of social emotional learning and the survey questions**

	CASEL (2006) Areas	My Thoughts and Feelings: Survey Questions
1	<b>Self-awareness:</b> recognising emotions and thinking about what to do	<i>When I am angry or upset I am usually able to work out what to do next to fix the problem.</i>
2	<b>Social-awareness:</b> understanding another person's perspective	<i>I understand that people might see things in a different way from the way I do.</i>
3	<b>Self-management:</b> understanding that you can use strategies to calm down	<i>If I have a problem I am able to think through slowly what I need to do.</i>
4	<b>Responsible decision-making:</b> thinking about what you can do to fix a situation now and prevent it happening another time	<i>When things go wrong I can decide what I need to do to fix the problem now and also try to make sure it doesn't happen again.</i>
5	<b>Relationship skills:</b> being able to discuss issues with another person and explain your feelings	<i>If I am unhappy with what another person is doing I know that I can talk to the person and tell him/her how I feel.</i>

**Table 6.3. Marking key for student survey: My Thoughts and Feelings**

Child's name:	1	2	3	4	5	Priority
Date:	Disagree		Unsure		Agree	
1. Self-awareness						
2. Social-awareness						
3. Self-management						
4. Responsible decision-making						
5. Relationship skills						

Priority: Tick areas that you believe are a high priority to be worked on with the child

## Future Directions

The preceding discussion leads to a number of recommendations for gaining students' perspectives on their social and emotional wellbeing at school.

### **Include students' perspective as part of classroom work on social and emotional wellbeing**

It is important to incorporate *seeking student perspectives* into initiatives like the KidsMatter Primary program. Teachers need to see students as important commentators on what is working well for them in the classroom and what could be changed. It would mean that classroom work on social emotional learning would be truly 'student-centred.'

### **Seek student perspectives on a regular basis during the year**

Students' perspectives could assist educators to monitor improvements in school and classroom climate as well as student wellbeing and engagement. It would be necessary to seek students' perspectives regularly during the year as part of classroom work so that changes in social and emotional wellbeing could be monitored and any changes could be made to the implementation of programs such as KidsMatter Primary.

### **Approach social and emotional wellbeing on a school wide scale**

Studies have linked positive school climate with student achievement and behavioural adjustment (Bryk & Schneider, 2002, cited in Domitrovich et al., 2008, p.15; Esposito, 1999, cited in Domitrovich et al., 2008, p.15) so it is relevant to consider the views of children across a school to determine each school's collective level of social and



emotional wellbeing. It is also important to look at perspectives of students in particular groups such as gifted students, students with learning difficulties or disabilities, and students with English as a Second Language due to the known prevalence of bullying of students in these groups.

### **Consider students' perspectives on all aspects of learning**

Collecting students' perspectives as part of working on any aspect of the curriculum highlights the need to create legitimate and valued spaces within which students can speak, so that teachers are able to listen and hear what they say, and then redirect their actions in response (Cook-Sather, 2002, p.4). Such a change in the way teachers think about attending to students' views could lead to changing school structures so that it becomes 'natural' to ask students for their views on issues related to their wellbeing and learning in general.

### **Embrace student-centred learning in all curriculum areas**

Cook-Sather (2002) argues that "It takes time and continued effort to change what are deeply inscribed ways of thinking about who has authority on education" (p.8). Thus, teachers who have always directed classroom learning may find this change in the power relationship particularly difficult to embrace. Listening to students' views in general would mean that teachers (and curriculum developers) would need to be open to the possibility of revising what is taught and how. The example of seeking students' perspectives in KidsMatter Primary shows that it is possible to insert a short survey into an existing program and suggests that this could be done in any curriculum area if teachers truly value students' views on their learning. The challenge, for researchers and educators around the world, is to examine existing or new programs to see how students' perspectives on their social and emotional wellbeing, and learning in general, could be included.

## **References**

- Commonwealth of Australia (2009). Why social and emotional learning is important. Retrieved from: [www.kidsmatterprimary.edu.au/uploads/2009/09/social-andemotionaloverview.pdf](http://www.kidsmatterprimary.edu.au/uploads/2009/09/social-andemotionaloverview.pdf)
- Cook-Sather, A. (2002). Authorizing students' perspectives: Toward trust, dialogue, and change in education. *Educational Researcher*, 31(4), 3-14.
- Denham, S., Ji, P., & Hamre, B. (2010). Compendium of pre-school through elementary school social-emotional learning and

- associated assessment measures. Social and Emotional Learning Research Group (CASEL). Retrieved from: [casel.org/publications/compendium-of-sel-assessment-tools/](http://casel.org/publications/compendium-of-sel-assessment-tools/)
- Dix, K., Slee, P., Lawson, M., & Keeves, J. (2011). Implementation quality of whole-school mental health promotion and students' academic performance. *Child and Adolescent Mental Health*, (early view).
- Domitrovich, C. E., Bradshaw, C. P., Poduska, J. M., Hoagwood, K., Buckley, J. A., Olin, S., ... Ialongo, N. S. (2008). Maximizing the implementation quality of evidence-based preventive interventions in schools: A conceptual framework. *Advances in School Mental Health Promotion*, 1(3), 6-28.
- Drummond, M., Drummond, C., & Birbeck, D. (2009). Listening to children's voices in qualitative health research. *Journal of Student Wellbeing*, 3(1), 1-13.
- Eriksson, U., Asplund, K., & Sellstrom, E. (2010). Growing up in rural community – children's experiences of social capital from perspectives of wellbeing. *The International Electronic Journal of Rural and Remote Health Research, Education and Policy*. ARHEN. Retrieved from: [www.rrh.org.au](http://www.rrh.org.au)
- Fattore, T., Mason, J., & Watson, E. (2009). When children are asked about their wellbeing: Towards a framework for guiding policy. *Child Indicators Research*, 2, 57-77.
- Hamilton, M., & Redmond, G. (2010). *Conceptualisation of social and emotional wellbeing for children and young people and policy implications*. Perth: Australian Research Alliance for Children and Youth and the Australian Institute of Health and Welfare.
- Kaplan, S. (2011). Mommy, am I really bipolar? *Newsweek*, CLVII(26), June 27, 2011. NY: Times Printers and Ringier Print.
- Lewis, A., & Lindsay, G. (2000). *Researching children's perspectives*. Buckingham, Great Britain: Open University Press.
- Mukoma, W., & Flisher, A. J. (2004). Evaluations of health promoting schools: A review of nine studies. *Health Promotion International*, 19(3), 357-368.
- Rowling, L., Whitman, C. V., & Biewener, M. (2009). *Report of major findings: International survey of Principals concerning emotional and mental health and wellbeing*. Conducted by International Association of Child and Adolescent Mental Health and Schools and the International Confederation of Principals. EDC Health and Human Development Programs. Newton, USA.
- Seligman, M., & Csikszentmihalyi, M. (2000). Positive Psychology: An introduction. *American Psychologist*, 55(1), 5-14.

Willms, J. D. (2008). Student engagement and mental health. *Manitoba Association of School Superintendents Journal*, Fall, 18-20.

### Appendix 1. Self-assessments of social emotional learning

Title	Reporter	Comments
Southampton Test of Empathy for Preschoolers (STEP)	Self	Performance based - adults assign ratings for reactions to vignettes
Behavior Assessment System for Children, Second Edition (BASC-2)	Self Teacher Parent	Rating for social skills.
Positive and Negative Affect Scale (PANAS) and Positive and Negative Affect Scale, Child Version (PANAS-C)	Self	For elementary school Grades 4-8 Children rate how they feel for 12 negative emotions.
Social Skills Rating System (SSRS)	Self	Ratings on 3 point scale are made for items about self-management, relationship skills, responsible decision making, academic competence.
Social Skills Improvement System (SSIS)	Teacher Parent Self	Ratings on self-management, relationship skills, responsible decision-making, academic competence.
Behavioral and Emotional Rating Scale-Second Edition (BERS) Parent Rating Scale (PRS), Youth Rating Scale (YRS)	Self Teacher Parent	Ratings on self-awareness, social awareness, self-management, relationship management. (students aged 11+)
Bryant Empathy Scale for Children	Self	Questionnaire measures students' dispositional sympathetic tendencies - social awareness and relationship skills (first Grade through junior high-Grades 1-7). 16 items, e.g., I feel sorry for kids who don't have the things I have). Responses are scored so that higher scores reflect greater empathy; sum across items, with italicised item numbers weighted negatively.
Child/Teacher/Parent rating Scale	Self Teacher Parent	Scales - self-management, relationship skills, lack of disruptive behaviours and internalising symptoms. Assesses problem behaviours and social competencies in the school context. 24 items for elementary and intermediate children
Children's Emotion Management Scales: Anger and Sadness.	Self	Measures self-awareness and self-management in elementary school children. Self-rating. Coping, inhibition, dysregulated-expression. Children respond to items on a 3-point scale 1 - hardly ever, 2 - sometimes, 3 - often. e.g., coping ...I stay calm and don't let sad things get to me.

Title	Reporter	Comments
Emotion Expression Scale for Children (EESC)	Self	Middle school adolescence. Assesses children's awareness of their own emotions and their ability to express negative emotions. Rating - 5-point Likert scale 1 (not at all true), 5 (extremely true)
Feelings About School (FAS)	Self	Assesses self-awareness and attachment to school and teacher (K-2). Assesses perceptions of competence in Maths and Literacy, feelings about teachers - general attitudes about school. 1-5 Likert scale.
Friendship Quality Questionnaire	Self Peer	Assesses relationship skills in middle childhood.
Measure of Prosocial and Aggressive Behavior	Self Teacher Parent Peer	Elementary school. Physical and verbal aggression (20 items) and prosocial behaviour (10 items).
Multidimensional Self-Concept Scale (MSCS) measures self-perceptions for 9-19 years.	Self	Assesses self-concept in terms of social competence related to interactions with others; success/failure in attainment of goals; recognition of affective behaviours; academic achievement and competence in other school-related activities; competence related to interactions with family members; physical attractiveness and prowess. 4-point Likert scale
Resiliency Inventory	Self	Assesses self-awareness, self-management, social awareness, relationship skills. It assesses optimism, self-efficacy, relationships with adults, peer relationships, interpersonal sensitivity, emotional control. Participants indicate how well each item describes them using a 5-point Likert scale (1=always false; 5=always true) For 4 <sup>th</sup> Grade through adolescence
Revised Children's Manifest Anxiety Scale (RCMAS)	Self	There are 37 items, answered in yes/no format (e.g., I worry a lot of the time) For children 5-19 years.
Sense of Classroom as a Community Scale - 'Feelings about My Classroom'.	Self	Assesses students' feelings of caring/supportiveness and autonomy and influence in their classroom ( their sense of the classroom as a community) 5-point-scale 1=disagree a lot — 5=agree a lot. Elementary children

Source: Denham, Ji & Hamre (2010)





# Section Two

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**School Bullying:  
A Threat to Wellbeing**

## **School bullying: A threat to wellbeing**

Phillip Slee and Rosalind Murray-Harvey's opening chapter provides a good overview and argues that bullying is, at its core, a problem of relationships – a theme that is also apparent in other contributions to this section, including the following one on cyberbullying, by Marilyn Campbell. Barbara Spears, Dawn Jennifer and Siân Williams show that girls, as well as boys, continue to subject other girls to sexual victimisation, while Larry Owens, Grace Skrzypiec and Ben Wadham demonstrate the relationship between bullying and distorted cognitions.

# 7

## School bullying: A matter of mental health and wellbeing

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*This chapter considers the issue of school bullying from a mental health and wellbeing perspective. Reflecting on current work in the field, the authors propose that four sources of support are needed to underpin effective educational intervention and prevention efforts: (i) teachers, (ii) parents, (iii) schools, and (iv) communities. Since students live, work and learn in a relationship-rich environment anti-bullying interventions need to address the relationship context in order to be effective. Further, in order to promote well-informed violence prevention practice better 'knowledge transfer' is needed to translate research into policy and practice.*

### Introduction

In Australia, school bullying is attracting considerable media, research and government policy attention. The multiplicity of publications and conferences focusing on school bullying in recent years highlights the increasing global concern with the issue. With this attention has come a general shift in understanding of the nature and complexity of the issues involved. The focus of this chapter is the relationship bullying and victimisation have with mental health and wellbeing – a connection that brings with it increasingly strong evidence for the need to consider prevention and intervention support efforts to reduce bullying



victimisation and the matter of how best to translate research into policy and practice. The matter of schools as sites for intervention in relation to bullying prevention and mental health intervention is an increasing research focus. The evidence from longitudinal research of the strong relationship between school bullying and victimisation with later health outcomes (see Ttofi, Farrington & Lösel, 2011) supports their reminder that “School psychologists, social workers and school teachers need to be aware of the negative long-term impact of bullying victimization on children’s wellbeing” (p.62).

## **Context**

### **Background factors in school bullying in Australia**

While bullying at school has been documented in Australian literature over a long period of time, empirical research into the problem really did not begin until 1989-90. An interesting question concerns just why school bullying has become the focus of so much research in Australia? Part of the answer lies with the impetus that has come from international research. Further momentum for research within Australia arose from the 1994 Federal Government inquiry into violence in Australian schools, which concluded that while violence was not a major problem in Australian schools, bullying was. A recommendation of the inquiry was for the development of intervention programs to reduce school bullying.

### **Schools as sites and contexts for intervention**

A body of recent literature has highlighted the potential advantages of working through schools as sites for intervention for several reasons. Schools have ready-made populations of students that can be identified for general, as well as specific, socio-emotional initiatives, e.g., bullying or mental health (Slee et al., 2009). Effective intervention in the early stages of a mental health difficulty is considered to be a key strategy for achieving successful mental health outcomes. Durlak, Weissberg, Dymnicki, Taylor and Schellinger (2011) have identified school-based interventions as significant points of entry for programs focused on children’s physical and mental health.

Quite apart from schools being physical sites they are also a significant ‘context’ for intervention. Murray-Harvey and Slee (2010) report that a student’s negative school relationships impact on their mental health and wellbeing and the level of bullying and victimisation they report.

Before considering the inter-relationship of bullying and mental health an understanding of key issues relating to both concepts is needed.

## **Key Issues**

### **How is mental health conceptualised?**

The definition of student mental health needs some consideration. Various lines of argument give support to the perspective taken by the World Health Organization (2004) that mental health is not simply the absence of mental disorder or illness; it is also a positive state of mental wellbeing (World Health Organization, 2004). This position reflects views such as those of Roeser, Eccles and Strobel (1998), which conceptualised mental health as consisting of two dimensions, namely (a) the absence of dysfunction (impairment) in psychological, emotional, behavioural and social spheres, and (b) the presence of optimal functioning in psychological and social domains.

Among the general population, mental health disorders, which include depression, aggressive behaviour, feeling down, and alcohol and drug misuse, are amongst the greatest health problem in high-income countries. Internalising problems, such as anxiety and depression, are increasingly recognised as imposing a significant mental health burden. Graetz et al. (2007), in a review of the KidsMatter mental health and wellbeing initiative pilot study, conducted across 100 Australian primary schools, noted that mental health problems are common among children of primary school age. They cite prevalence figures from the Australian National Survey of Mental Health and Wellbeing indicating that one in seven primary school aged children has a mental health problem (Sawyer, Miller-Lewis & Clark, 2007). In particular, anxiety, depression, hyperactivity and aggression are among the more common problems. Children with mental health problems experience considerable distress and have reduced capacity to engage with their schooling and to form and maintain positive peer relationships (Kochenderfer-Ladd & Ladd, 2001).

### **The changing face of school bullying**

A review of the literature over the past 30 years suggests that the face of school bullying has changed with the times. This does not imply that the forms of bullying first noted in the research literature (e.g., Rigby & Slee, 1991) are no longer employed, but it does highlight that there have been shifts in the research foci and emphases over the last three decades as researchers have become more sophisticated in how they

approach it. At the same time, clear societal and technological shifts have occurred which have enabled researchers to access different behaviours at different times. There have therefore been shifts in examining: *direct* behaviours to *indirect*; *physical* to *verbal* to *psychological*; the *seen* to the *unseen*; and the *overt* to the *covert*. The challenge in today's highly technological world is to monitor the *latest*, namely that of *cyberbullying* (Campbell, 2005; Spears, Slee, Owens & Johnson, 2009). The act of bullying is not only part of the schoolyard but has emerged to lurk behind the screens in the private worlds of technology. Targets would appear to be more accessible than ever before: 24 hours a day, seven days a week, expressly due to the use of technology as a social vehicle.

In Australia, Campbell (2005) has explored the impact of mobile phones on young people's social lives, noting that the mobile phone has shifted from being a technological and safety device to a social tool indicative of social connectedness and status. Campbell has also explored the notion of cyberbullying, reporting on various methods being used including: texting derogatory messages on mobiles; sending threatening emails; forwarding a confidential email to all address book contacts.

The international research suggests that despite some cultural differences many of the broad features of bullying are similar across countries (Smith, 2011). For example, there appear to be characteristic sex differences, with boys using and experiencing more physical means of bullying and girls experiencing or using more indirect and relational means. It is also commonly found that many victims do not report bullying or seek help.

### **The bullying and mental health nexus**

Early research by Hawker and Boulton (2000) showed that there are significant negative physical and mental health outcomes associated with bullying. Based on their meta-analytic review, evidence was provided from cross-sectional studies to

... demonstrate that victims of peer aggression suffer a variety of feelings of psychosocial distress. They feel more anxious, socially anxious, depressed, loneliness and worse about themselves than nonvictims. (p.453)

They further noted "The evidence suggests that these feelings occur among victims of both sexes, of all age groups, and of all subtypes of aggression" (p.453). More recent reviews have reached similar

conclusions regarding the significant impact of bullying on mental health (e.g., Berger, 2007).

The mental health aspect may in fact be exacerbated if it is understood as Pepler, Craig, O'Connell, Atlas & Charach (2004) have suggested that bullying is not only a group-related behaviour, but is a *relationship problem*. If, as Pepler et al. suggest, bullying is indeed a relationship issue requiring relationship solutions, then placing bullying within a positive, wellbeing framework would seem to enable more opportunities for successful intervention than framing it as a deficit, where the bully is demonised and the victim 'problematised'.

Moreover, Pepler et al. (2004) contend that the power-related aggressive behaviours enacted on the playground by children become translated into various forms of sexual harassment, dating aggression, workplace harassment, marital aggression and elder abuse as children age. This is a significant cause for concern because it means that bullying cannot be construed as something that children will grow out of, or that is restricted to the schoolyard or workplace; it has continuity and transforms into other behaviours related to interpersonal violence in society.

### **Victimisation as a precursor to maladjustment**

There is an emerging body of research indicating that chronic victimisation may in fact lead to greater levels of mental health problems in young people (e.g., Kochenderfer-Ladd & Ladd, 2001). Trajectory analysis indicates that the longer children are victimised the more likely that their mental health adjustment problems will be maintained or intensified. Kochenderfer-Ladd and Ladd conclude that peer victimisation is predictive of maladjustment.

In summary, then, there are separate bodies of research relating to the fields of young people's mental health and to school bullying. These two fields have co-existed without any significant attempt to relate them. The weight of evidence would support the view that peer victimisation is in fact a precursor to maladjustment. This finding has significant implications for school-based interventions.

Various sources of possible support may be linked to mental health and wellbeing and could be argued to underpin effective educational intervention and prevention efforts: (i) teachers (ii) parents (iii) schools (iv) communities. Particular note is made of the need to consider the relationship connection between school bullying victimisation and student mental health and wellbeing.

### **The nature of school-based interventions**

Before considering the matter of school-based interventions it is important to appreciate that they may be directed: (a) *universally* at whole populations; (b) *selectively* at a population at risk; or (c) *indicatively* at ‘high-risk’ individuals. This conceptualisation aligns with the current Response to Intervention (RTI) framework being promoted in United States schools where a tiered (usually three tiers) approach to intervention aims to match the type and intensity of the evidence-based intervention to school and student needs (National High School Center et al., 2010; Reschly & Wood-Garnett, 2009).

Another inclusive approach advocated in line with the principles that underpin the ethos and culture of the ‘health promoting school’ is one that advocates a ‘whole-school’ approach for bullying interventions. As noted by the National Safe Schools Framework (Commonwealth of Australia, 2003) a whole school approach is one that involves all the members of the school community (students, staff, parents and carers, and other community members), and works across all the areas of school life. Implicit in the description is that learning occurs not only through the formal curriculum, but also through students’ daily experience of life in the school – and beyond.

### **Essential elements in school-based interventions**

**Teachers:** As previously noted, a number of researchers have identified that the issue of school bullying is a relationship matter and in this regard the student-teacher relationship has been the focus of recent research attention (Murray-Harvey & Slee, 2007). School climate literature suggests that the quality of the students’ relationships and interactions within the school and classroom impact upon their social and academic development (Benbenishty & Astor, 2005). Supportive student-teacher relationships can provide a protective buffer against the stress of school life, including bullying. Since teachers are the key implementers of any intervention their acceptance of, and commitment to, the intervention are critical both for the quality of the intervention and its sustainability. A whole-school approach where teachers “perceive their interventions as a means of school improvement are more favourably disposed to implementing HP [health promoting] programmes” (see Jourdan, Stirling, McNamara & Pommier, 2011, pp.6-7).

**Peers:** There is a considerable body of research linking peer relation problems, bullying and maladjustment. Aggressive behaviour is linked with relationship problems at school. Schwartz, Proctor and Chien

(2001) proposed that children's behaviour problems place them at risk for rejection by their peers. Alternatively it has been shown that friendship can act as a buffer against bullying (Hodges, Boivin, Vitaro & Bukowski, 1999). A good deal of research into interventions in relation to both bullying and mental health has been directed at providing peer support for those at risk. The pivotal role of relationships in the student's learning points to the need for schools to not only have policies and procedures for dealing with aggressive behaviour, but to also bring a positive relationship building dimension to the interactions among teachers and students and between students at school.

**Parents:** In a study of 15- to 18-year-old adolescents, Berger (2007) reports that female students as well as male students are at high risk for developing mental health problems if parental support is low. Although one might have expected the moderating effect of parental support to attenuate with age, their results contradict this assumption. Parental support seems to be more necessary for 15- to 18-year-old male adolescents than for 11- to 14-year-old adolescents, which suggests that for male middle school students, other protective factors might be more effective than parental support, e.g., support from good friends.

**School support:** A whole school approach to tackling bullying in schools relies on school leadership support for professional learning and training needs of school staff (administrative as well as teaching staff), providing resources to teachers, empowering students (e.g., through peer mediation skills development and decision-making) as well as working collaboratively with specialists and outside organisations. School anti-bullying policies and procedures that are visibly and explicitly connected to the school's strategic goals will provide an ethos and environment that buffers students from the effects of victimisation.

**Community support:** It is now more commonplace that interventions to address school violence and bullying draw on collaborative school-community partnerships. In Australia a number of school-community interventions have been implemented and the reduction in bullying in the schools involved with their wider community provides evidence for the efficacy of this approach in addressing school bullying (e.g., Slee & Mohyla, 2007).

The twin issues of bullying and mental health have historically been considered as separate fields of study but in this chapter an argument has been presented for seriously considering their inter-related nature, particularly in light of emerging evidence that victimisation is a

precursor to maladjustment. In addition, a ‘whole school’ approach has been identified as a way to draw together the levels of support needed to underpin success of the educational interventions.

## Educational Implications

There are a number of educational implications in relation to intervening in order to effect school-based change in terms of school bullying and mental health. In this chapter interventions in relation to school bullying and mental health have typically embraced a whole of school approach or primary intervention. However, there is an argument to be made for attending carefully to the need for secondary and tertiary focused interventions that meet the needs of those most vulnerable in the school community. For example, Skrzypiec, Slee, Murray-Harvey and Pereira (2011), in an Australian study of 452 high school students, found that students bullied in multiple ways (e.g., physical, verbal, social) and utilised different coping strategies than not bullied students. Students bullied in multiple ways were more likely to use avoidant coping (e.g., ‘pretend it is not happening’) rather than problem focused strategies (e.g., ‘talk to a teacher’). This research suggests that it is important to identify students who are at risk and to moderate the intervention strategies utilised.

There is also the important matter of how best to translate research findings into school settings. Increasing attention is being given to the difficulties inherent in transferring knowledge about what works (i.e., the research-based evidence) into everyday school and classroom practice. Durlak and DuPre (2008) point to the complexity of “transferring effective programs into real world settings and maintaining them” (p.327) across four phases: (1) *dissemination* of information about the program and its value; (2) readiness and preparedness for *adoption* of the program; (3) the quality of program *implementation*, taking account of fidelity and dosage, particularly as this relates to context-specific adaptations; and, (4) the extent to which the program is maintained – its *sustainability*. The goal for designers of intervention programs and those who work with them is to achieve the required balance of flexibility within a program so it can be adapted to different local contexts at the same time as ensuring the core components of the program are implemented as intended.

## Future Directions

The transmission of knowledge from the academy (science) to the domains of social policy and practice is a formidable task. (Shonkoff, 2000, p.101)

There now exists a body of knowledge relating to school bullying and its impact, particularly on the mental health of those involved. The suggestion is that bullying is a precursor to maladjustment, which highlights the importance of school-based interventions. Considerable gains have been made in the understanding of what constitutes effective interventions (Rigby & Slee, 2008) but these gains have also exposed a range of challenges (see Durlak & DuPre, 2008) in relation to how research findings regarding bullying and mental health can be translated into policy and practice.

Shonkoff's (2000) representations of the worlds of 'science', 'policy' and 'practice' as constituting three separate 'cultures' with their own understandings, rules of evidence and language provide a useful rubric for translational research. In Shonkoff's view the world of science is driven by the quest for new knowledge and understanding, the world of policy by the need to mobilise information to support a particular agenda and the world of practice by the need to take action to effect change.

Future directions in the field of school bullying and mental health will necessarily give attention to translating research into policy and practice by navigating the three worlds. The shared mission will inform how to best act upon the knowledge we now have that school bullying impacts on the mental health and wellbeing of the whole school community.

## References

- Berger, K. S. (2007). Update on bullying in schools: Science forgotten. *Developmental Review, 27*, 90-126.
- Benbenishty, R., & Astor, R. A. (2005). *School violence in context*. New York: Oxford University Press.
- Campbell, M. A. (2005). Cyber bullying: An old problem in a new guise? *Australian Journal of Guidance and Counselling, 15*, 68-76.
- Commonwealth of Australia (2003). *National Safe Schools Framework*. Retrieved from: [www.dest.gov.au/sectors/school\\_education/publications\\_resources/profiles/national\\_safe\\_schools\\_framework.htm](http://www.dest.gov.au/sectors/school_education/publications_resources/profiles/national_safe_schools_framework.htm)
- Durlak, J. A., & DuPre, E. P. (2008). Implementation matters: A review of research on the influence of implementation on program



- outcomes and the factors affecting implementation. *American Journal of Community Psychology*, 41, 327-350.
- 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, 405-432.
- Graetz, B., Littlefield L., Trinder, M., Dobia, B., Souter, M., Champion, C., ... Cummins, R. (2008). KidsMatter: A population health model to support student mental health and wellbeing in primary schools. *International Journal of Mental Health Promotion*, 10(4), 13-20. Retrieved from: [www.kidsmatter.edu.au/publications/](http://www.kidsmatter.edu.au/publications/)
- Hawker, S. J., & Boulton, M. (2000). Twenty years' research on peer victimisation and psychosocial maladjustment: A meta-analytic review of cross-sectional studies. *Journal Child Psychology & Psychiatry*, 41(4), 441-455.
- Hodges, E., Boivin, M., Vitaro, F., & Bukowski, W. (1999). The power of friendship: Protection against an escalating cycle of peer victimization. *Developmental Psychology*, 35(1) 94-101.
- Jourdan, D., Stirling, J., McNamara, P. M., & Pommier, J. (2011). The influence of professional factors in determining primary school teachers' commitment to health promotion. *Health Promotion International*, (early view)
- Kochenderfer-Ladd, B., & Ladd, G. W. (2001). Variations in peer victimization: Relations to children's maladjustment. In J. Juvonen, & S. Graham (Eds.), *Peer harassment in school* (pp. 25-48). London: The Guilford Press.
- Meyers, A. B., & Swerdlik, M. E. (2003). School-based health centers: Opportunities and challenges for school psychologists. *Psychology in the Schools*, 40(3), 253-264.
- Murray-Harvey, R., & Slee, P. T. (2007). Supportive and stressful relationships with teachers, peers and family and their influence on students' social/emotional and academic experience of school. *Australian Journal of Guidance and Counselling*, 17(2), 126-148.
- Murray-Harvey, R., & Slee, P. T. (2010). School and home relationships and their impact on school bullying. *School Psychology International*, 31, 271-295.
- National High School Center, National Center on Response to Intervention, & Center on Instruction. (2010). *Tiered interventions in high schools: Using preliminary "lessons learned" to guide ongoing discussion*. Washington DC: American Institutes for Research.

- Pepler, D. J., Craig, W. M., O'Connell, P., Atlas, R., & Charach, A. (2004). Making a difference in bullying: Evaluation of a systemic school-based program in Canada. In P. K. Smith, D. Pepler, & K. Rigby (Eds.), *Bullying in schools: How successful can interventions be?* (pp.125-140). Cambridge: Cambridge University Press.
- Reschly, D. J., & Wood-Garnett, S. (2009). *Teacher preparation for response to intervention in middle and high schools*. Washington DC: Learning Point Associates, National Comprehensive Center on Teacher Quality.
- Rigby, K., & Slee, P. T. (1991). Bullying among Australian school children: Reported behaviour and attitudes to victims. *Journal of Social Psychology*, *131*, 615-627.
- Rigby, K., & Slee, P. T. (2008). Interventions to reduce bullying. *International Journal of Adolescent Medicine and Health*, *20*, 165-83.
- Roeser, R. W., Eccles, J. S., & Strobel, K. R. (1998). Linking the study of schooling and mental health. *Educational Psychologist*, *33*(4), 153-176.
- Sawyer, M. G., Miller-Lewis, L. R., & Clark, J. J. (2007). The mental health of 13-17 year-olds in Australia: Findings from the national survey of mental health and wellbeing. *Journal of Youth and Adolescence*, *36*, 185-194.
- Schwartz D., Proctor, L. J., & Chien, D. H. (2001). The aggressive victim of bullying. Emotional and behavioural dysregulation as a pathway to victimization by peers. In J. Juvonen, & S. Graham (Eds.), *Peer harassment in school: The plight of the vulnerable and victimized* (pp. 147-175). New York: Guilford Press.
- Shonkoff, J. (2000). Science, policy and practice: Three cultures in search of a shared mission. *Child Development*, *71*, 81-87.
- Skrzypiec, G., Slee, P. T., Murray-Harvey, R., & Pereira, B. (2011). School bullying by one or several ways: Does it matter? *School Psychology International*, *32*(3), 288-311.
- Slee, P. T. (2001). *The PEACE Pack. A program for reducing bullying in our schools* (3<sup>rd</sup> ed.). Adelaide: Flinders University.
- Slee, P. T., Lawson, M. J., Russell, A., Askill-Williams, H., Dix, K.L., ... Spears, B. (2009). *KidsMatter Primary Evaluation Final Report*. Adelaide: KidsMatter and the Centre for Analysis of Educational Futures.
- Slee, P. T., & Mohyla, J. (2007). The PEACE Pack. An evaluation of a school based intervention to reduce bullying in four Australian primary schools. *Educational Research*, *49*(2), 103-115.

- Slee, P. T., Lawson, M. J., Russell, A., Askell-Williams, H., Dix, K. L., ... Spears, B. (2009). *KidsMatter Primary Evaluation Final Report*. Melbourne: beyondblue. Retrieved from: [www.kidsmatter.edu.au/uploads/2009/10/kids\\_matter-full-report-web.pdf](http://www.kidsmatter.edu.au/uploads/2009/10/kids_matter-full-report-web.pdf)
- Smith, P. K. (2011). Bullying in schools. Thirty years of research. In C. P. Monks, & I. Coyne (Eds.), *Bullying in different contexts* (pp. 36-61). London: Cambridge University Press.
- Ttofi, M. M., Farrington, D. P., & Lösel, F. (2011). Health consequences of school bullying. *Journal of Aggression, Conflict and Peace Research*, 3(2), 60-62.
- Spears, B., Slee, P. T., Owens, L., & Johnson, B. (2009). Behind the scenes and screens. Insights into the human dimension of covert and cyberbullying. *Journal of Psychology*, 217(4), 189-196.
- World Health Organization (2004). *Promoting mental health: Concepts, emerging evidence, practice: Summary Report*. Geneva: World Health Organization. Retrieved from: [www.who.int/mental\\_health/evidence/MH\\_Promotion\\_Book.pdf](http://www.who.int/mental_health/evidence/MH_Promotion_Book.pdf)

# 8

## Cyberbullying: A threat to student mental health and wellbeing

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*Cyberbullying is a threat to student mental health and wellbeing. As predicted the consequences of cyberbullying have been shown to be more detrimental to students than traditional bullying because of the wider audience and the 24/7 nature of this form of bullying. It is becoming an increasingly vexatious problem for victims, students who bully, educators and parents. Parents and the community are turning to schools to provide preventative strategies and to manage incidents of cyberbullying. Some sections of the community believe there is a technological solution to the problem, or that the law should be overhauled to address the problem more effectively. However, bullying is a deeply embedded social relationship problem, of which cyberbullying is one form. Therefore, planned prevention and intervention strategies need to be considered in the context of the social relationships in the whole school community.*

### Introduction

Young people's mental health is a growing concern in Australia, with substance use disorders and mental health accounting for over 50 per cent of the burden of disease in young people (Australian Institute of Health & Welfare, 2007). While in 2001 Sawyer and colleagues found

that 14 per cent of young people aged 4-17 years showed evidence of a mental health disorder, this has risen in 2011 to 19 per cent of adolescents aged 13-17 years (McGorry & Goldstone, 2011). This is particularly concerning as mental ill health can disrupt young people's developmental trajectory, even if it is relatively mild and brief, thus limiting a young person's potential.

One threat to student mental health and wellbeing is cyberbullying. Cyberbullying is generally considered to be "an aggressive, intentional act carried out by a group or individual, using electronic forms of contact, repeatedly and over time against a victim who cannot easily defend him or herself" (Smith et al., 2008, p.376). While traditional (non-cyber) bullying uses the three defining characteristics of intention to hurt, repetition and power imbalance, there is still some controversy as to whether these concepts all apply to cyberbullying and in what capacity.

The characteristic of the intention to hurt by students who bully is usually applied to cyberbullying. However, there is a possibility of misunderstanding of intent with electronic communication more than in traditional bullying because of the reduced social cues available (Vandebosch & van Cleemput, 2009). The characteristic of repetition is questionable in the case of cyberbullying. Many authors argue that it is not necessarily repetition by the student who bullies that defines this characteristic, but rather the ability of the technology to reach a wide audience, the opportunity for the bullying to go 'viral', as well as the permanency of postings on the internet (Raskauskas, 2010). The imbalance of power which is crucial for distinguishing bullying as a subset of aggression is the most disputed characteristic. In traditional bullying, this power has typically been thought of as physical strength or powerful social relationships. In cyberbullying, some contend that power can come from having superior technological knowledge (Jordan, 1999), the power of anonymity (Fauman, 2008), or as in traditional bullying, the known physical, psychological and/or social power of the perpetrator.

## **Context**

### **Prevalence of cyberbullying**

Cyberbullying, whatever its characteristics, is a significant problem among young people with the latest estimates of prevalence in Australia being about 14 per cent of students who self-reported being cyberbullied (Campbell, Spears, Slee, Butler & Kift, 2011a). In the first

Australian study of 120 Grade 8 students, it was found that 14 per cent reported being targets of cyberbullying while 11 per cent identified themselves as bullying others using technology (Campbell, 2005). A survey of 2,027 11-12 year-olds attending Western Australian Catholic schools found that almost 10 per cent had been sent hurtful messages on the internet during the past school term, with the figure being as high as 12.5 per cent among girls (Epstein, Waters & Cross, 2006). Similar data from the Child Health Promotion Research Centre's (CHPRC) Survey Service (collected from secondary schools across Australia from 2005-2006) indicates that 13 per cent of the 1,286 students participating in the survey had received hurtful messages using SMS, while 15 per cent had received hurtful messages through the internet (Epstein, Waters & Cross, 2006).

The Australian Communications and Media Authority investigation into young people's use of online social media (see Click and Connect Report, 2009) found that the incidence of cyberbullying increased with age, with nearly one in five (19%) of 16-17 year-olds reporting having experienced some form of cyberbullying. By contrast, only 1 per cent of 8-9 year-olds and 10 per cent of 10-11 year-olds reported having experienced it. Cyberbullying was more prevalent over the internet than the mobile phone, with 10 per cent of 16-17 year-olds reporting having been cyberbullied over the mobile phone and 17 per cent reporting bullying over the internet. While cyberbullying occurs with less frequency than traditional bullying, its prevalence is still appreciable and possibly increasing in Australia, as is the case elsewhere in the world (Smith, Mahdavi, Carvalho & Tippett, 2006). It is noted that as technology has become more available in more sophisticated and diverse forms, bullying has emerged via each medium; initially through emails, then text messages and mobile phones and, most recently, through photographs, websites and social networking sites.

## **Key Issues**

It is well established that traditional bullying has negative consequences for both the students who are victims and those who bully. The consequences of traditional bullying for victims include increased levels of depression, anxiety and psychosomatic symptoms (Kaltiala-Heino, Rimpela, Rantanen & Rimpela, 2000). The bullied students also feel more socially ineffective and have greater interpersonal difficulties (Craig, 1998), together with higher absenteeism from school and lower academic competence (Rigby, 1997). However, it is still unclear whether these symptoms are

antecedents or consequences of bullying (Roland, 2002). Thus the direction of causality may be both ways (Kaltiala-Heino et al., 2000). The consequences for students who bully off-line include higher levels of anti-social, violent and/or criminal tendencies as adults (Kulig, Hall & Kalischuk, 2008).

As cyberbullying differs from traditional bullying because of the characteristics of the medium used to bully, it has been hypothesised that its effects would be more severe than traditional bullying (Campbell, 2005). Depending on the particular circumstances, reasons for this may include a wider audience, anonymity of the bully, the more enduring nature of the written word, and the ability to reach the target at any time and in any place, including the target's home. Furthermore, cyberbullies may feel emboldened because they cannot see their targets or their immediate responses and believe that, because of their anonymity, they will not be detected. It has been suggested that this anonymity may increase the intensity of the attacks and encourage them to continue for longer than they would otherwise do face-to-face (Conn, 2004). While it is true that cyberbullying can only threaten physical violence rather than inflict it, research has shown that verbal and psychological bullying may have more negative long-term effects (Reid, Mosen & Rivers, 2004).

### **Subjective impact of cyberbullying versus traditional bullying**

Student interview data recently collected in Australia showed that many young people feel that cyberbullying is far more harmful than traditional bullying. Some reasons for this include: the finding that nearly 50 per cent of those bullied indicated they did not know who was doing the bullying; many finding it hard to get away from the bullying which now followed them into their home; and more young people claiming they would bully others more often using technology and that they could be nastier than they could be face-to-face (Cross et al., 2009). Contrary to this, another Australian study found that over half the victims of traditional bullying perceived it as being harsh or very harsh, compared with 41 per cent of victims of cyberbullying who thought their bullying was harsh to very harsh. Thirty-seven percent of the victims of traditional bullying believed it had a great impact on their lives, while 20 per cent of cyberbullying victims reported this level of impact (Campbell et al., 2011a). Slonje and Smith (2008) found that students reported that they felt text messaging and email bullying had less of an impact than traditional bullying, but that bullying by pictures or video clips had a higher negative impact than traditional bullying.

### **Self-reported emotional consequences**

The consequence for students who have been cyberbullied is increased emotional stress. This has been shown simply in some studies where students were asked to self-report which emotion they had experienced when cyberbullied. For example, in a recent Australian study of 548 cyberbullying victims, Price and Dalgleish (2010) reported that students said they felt sad, annoyed, embarrassed and afraid. Other impacts of anxiety, feeling bad about yourself and not trusting people have also been reported by cybervictims (Raskauskas, 2010). Anger was the most dominant emotion for both cyber and traditional victims in a Spanish sample of 12-17 year-olds (Ortega et al., 2009). More severe cyberbullying was correlated with a profile of emotions labelled “alone, defenceless and depressed” (p.202).

### **Mental health consequences of cyberbullying**

As well as impacting on students’ wellbeing, cyberbullying has also been found to impact on their mental health. Raskauskas (2010) found in a New Zealand study of secondary school students (11-18 years old) that cybervictims reported significantly more depressive symptoms than nonvictims, with all victims reporting above the cut-off score of mild to moderate symptoms on the Centre for Epidemiological Studies-Depression measure. Experiencing cyberbullying more frequently was shown to correlate with an increase in self-reported depressive symptoms (Raskauskas, 2010).

In an Australian study, the consequences for all types of bullying for victims’ mental health were found to be significantly worse than for students who had not been bullied (Campbell, Spears, Slee, Butler & Kift, 2011b). In addition, there were significant differences in consequences depending on how the victims were bullied. That is, the victims of cyberbullying were significantly more anxious and depressed than the victims of traditional bullying. Those who were bullied in both ways had similar anxiety and depression scores to cyberbullying victims. Cybervictims also reported a higher level of social difficulties than those who had been traditionally bullied. These findings were supported by an Australian and Swiss comparison of secondary school students where cybervictimisation was a significant predictor of depressive symptoms, and was found to be over and above that of being victimised by traditional bullying (Perren, Dooley, Shaw & Cross, 2010). Students who have been cyberbullied have also been shown to have significantly lower self-esteem than those who were not cyberbullied (Patchin & Hinduja, 2010).



There have been few studies which have focused on the consequences for those students who cyberbully. One, however, found that these students were at significantly more risk than non-bullies for externalising adjustment disorders similar to students who traditionally bully (Gradinger, Strohmeier & Spiel, 2009).

As the research on cyberbullying is still in its infancy, there are quite a few methodological problems with existing research on consequences. The first of these is the extent to which studies have accurately identified those students who have been involved in cyberbullying. This is most commonly accomplished by self-report; however, there is controversy over whether there has been an accurate definition included in surveys. For example, in some studies cyberbullying has been defined as any mean message sent electronically (Juvonen & Gross, 2008), therefore inflating the number of students involved as the characteristics of repetition and the imbalance of power were not used. Other surveys also have different time periods in which students are asked whether they have been cyberbullied (in the last month, etc.), as well as different frequencies, ranging from once to once every few months. Surveys also either ask a global question as to whether a student has experienced cyberbullying, or students may be given discrete behavioural examples. These two measures give different results (Cross et al., 2009).

Secondly, many early case studies on the consequences of cyberbullying did not consider the overlap of traditional and cyberbullying, and failed to account for the considerable overlap of students who are involved in both traditional bullying and cyberbullying. Studies by Cross et al. (2009) found 92 per cent of students who were cyberbullied were also traditionally bullied.

Finally, all studies conducted so far have been cross sectional, and therefore it is not known whether the effects reported are consequences or antecedents. Longitudinal research is needed to disentangle these.

## **Educational Implications**

Although it has been shown that cyberbullying is mainly conducted outside of school hours and outside of school grounds (Cross et al., 2009; Smith et al., 2008), it is a vexatious problem for schools. Parents and the community are increasingly turning to schools to provide preventative strategies and to manage incidents of cyberbullying.

### **Proposed technological solutions**

Some sections of the community believe there is a technological solution to the problem. There are many websites (such as the Cybersmart website, set up by the Australian Communications for Media and Technology) and authors giving advice such as “Block the person. This will stop you seeing messages from a particular person.” This may give some temporary abatement from the cyberbullying, but if someone is intent on bullying they will usually find other ways to overcome the block or to ‘get’ the victim by other mediums. Some authors advocate restricting friends on Facebook or changing an avatar if they have been bullied (Juvonen & Gross, 2008). Some advice is to turn off the computer or mobile phone so that bullies cannot contact the victim (Patchin & Hinduja, 2010). It is interesting to note, however, that in most studies students have been shown not to use these technological solutions (Smith et al., 2008). The use of an Australia-wide filter has also been proposed by some sections of the Federal government (Parliament of the Commonwealth of Australia, 2011). However, filters are probably more appropriate for restricting unintentional access to pornography, and not for policing nasty comments made by young people.

### **Proposed legal solutions**

Other sections of the community believe the law should be overhauled to more effectively address the problem of cyberbullying. Non-lawyers often think of ‘the law’ in terms of a clear rule that exists to punish/regulate behaviour that is obviously wrong (there being a clear distinction between right and wrong), and therefore will be a quick and easy fix to the problem. Spears, Campbell, Slee, Butler and Kift (2010) found that teachers and parents saw the law as part of the solution to the problem. In addition, there is an online petition that calls for all the “people of Australia to petition for new legislation and amendments regarding bullying and psychological abuse in all its forms” (antibullyinglaw.org). It is true that under Australian and New Zealand law, bullying (and therefore cyberbullying) is not a criminal offence *per se*. However, the law names criminal offences most associated with bullying as assault, threats, extortion, stalking or harassment (Campbell, Butler & Kift, 2008). If cyberbullying and traditional bullying are similar, and most victims and perpetrators are the same students, then perhaps using the existing law is sufficient and there is no need for additional laws. However, as Nicholson (2006) argues, using laws which were not designed for bullying means that legal solutions for bullying are rarely satisfactory. These laws were often

drafted before the advent of the technology used for cyberbullying and prosecutors have to 'shoehorn' cyberbullying into the existing laws.

There are also many different areas or types of law which could apply to cyberbullying: criminal, vilification, law of torts, defamation, privacy and discrimination to name a few. Despite this complexity, schools want clarification of their legal rights and responsibilities in responding to bullying, especially cyberbullying.

With a legal system founded on geographical boundaries, this is going to be a difficult process especially for cyberbullying as cyberspace has no boundaries. A school's understanding of the law is that if the offence is not committed on school grounds or on school equipment or in school time, then it is not the school's responsibility. However, some people argue that the emphasis is more on the nature of the relationship between teachers and students. This relationship is based on the authority and control which the school exercises over its students. Thus the school's duty of care extends beyond the school gates to students coming and going from school and at all school-related activities (Nicholson, 2006). Therefore, if a school is made aware of bullying as students are coming to or going home from school, then they have a duty of care to intervene. Nicholson (2006) also writes "it may also be that the school and teachers could be liable, even if the bullying took place at home" (p.34) referring to cyberbullying. However, the law is far from clear on this.

### **Proposed whole school solutions**

It is known that the most successful intervention studies on traditional bullying have been those where whole school approaches have been taken rather than curriculum implementation alone. This means the intervention views bullying as a social systemic problem and targets individuals, classrooms and the school community. In a meta-analysis of 44 school-based intervention programs where a whole school approach was taken, traditional bullying was reduced by an average of 20 per cent (Ttofi & Farrington, 2011).

Unfortunately, there are only a few published interventions on cyberbullying to date. Most studies which explore coping strategies for cyberbullying are purely descriptive or small scale. For instance, it has been found that upper primary students from a school where a 'philosophy for children' program claiming to increase social skills (Trickey & Topping, 2006) is run reported more traditional bullying than a matched sample from schools where philosophy was not conducted. There were no differences in reported involvement in

cyberbullying between the two samples for both students who had been cyberbullied and students who cyberbullied (Tangen & Campbell, 2010).

## Future Directions

There is a considerable overlap between those students who traditionally bully and those who cyberbully. In addition, victims of traditional bullying are 10 times more likely to be a cybervictim. It follows then that evidence-based strategies such as the KiVa program (Salmivalli, Karna & Poskiparta, 2010) should be a starting point for schools dealing with cyberbullying. Salmivalli and colleagues used this program to show that all bullying – cyberbullying as much as traditional bullying – was reduced by 35-40 per cent. However, research using large scale randomised control designs for cyberbullying is needed so that schools will have some evidence on which to base their prevention and intervention strategies for cyberbullying. Additionally, research on a consensual definition of cyberbullying is needed so that the whole school community agrees on what cyberbullying is and when the incident is aggression and not bullying. Further work is also needed on an agreed measure of determining cyberbullying incidence so that schools will have accurate baseline data on which to determine whether the prevention and intervention strategies are effective.

## References

- Australian Communications and Media Authority (2009). *Click and Connect: Young Australians' use of online social media*. Canberra: Australian Commonwealth and Media Authority.
- Australian Institute of Health and Welfare (2007). *Young Australians: Their health and wellbeing*. Canberra: Australian Institute of Health and Welfare.
- Campbell, M. A. (2005). Cyberbullying: An old problem in a new guise? *Australian Journal of Guidance and Counselling*, 15, 68-76.
- Campbell, M. A., Butler, D., & Kift, S. (2008). A school's duty to provide a safe learning environment: Does this include cyberbullying? *Australian and New Zealand Journal of Law and Education*, 13(2), 21-32.
- Campbell, M. A., Spears, B., Slee, P., Butler, D., & Kift, S. (April, 2011a). *The prevalence of cyberbullying in Australia*. Paper presented at the International Observatory on Violence in School Conference, Mendoza: Argentina.

- Campbell, M. A., Spears, B., Slee, P., Butler, D., & Kift, S. (2011b). *Consequences of cyberbullying: Effects on student perception and their mental health*. Paper in preparation.
- Conn, K. (2004). *Bullying and harassment: A legal guide for educators*. Alexandria: ASCD.
- Craig, W. M. (1998). The relationship among bullying, victimisation, depression, anxiety, and aggression in elementary school children. *Personality and Individual Differences, 24*, 123-130.
- Cross, D., Shaw, T., Hearn, L., Epstein, M., Monks, H., Lester, L., & Thomas, L. (2009). *Australian Covert Bullying Prevalence Study (ACBPS)*. Western Australia: Report prepared for the Department of Education, Employment and Workplace Relations (DEEWR).
- Epstein, M., Waters, S., & Cross, D. (2006). *Supportive schools project 2006 annual report*. Perth: Edith Cowan University.
- Fauman, M. A. (2008). Cyber-bullying: Bullying in the digital age (book review). *The American Journal of Psychiatry, 165*, 780-781.
- Gradinger, P., Strohmeier, D., & Spiel, C. (2009). Traditional bullying and cyberbullying: Identification of risk groups for adjustment problems. *Journal of Psychology, 217*, 205-213.
- Jordan, T. (1999). *Cyberpower: The culture and politics of cyberspace and the Internet*. London: Routledge.
- Juvonen, J., & Gross, E. F. (2008). Extending the school grounds? Bullying experiences in cyberspace. *Journal of School Health, 78*, 496-505.
- Kaltiala-Heino, R., Rimpela, M., Rantanen, P., & Rimpela, A. (2000). Bullying at school – An indicator of adolescents at risk for mental disorders. *Journal of Adolescence, 23*, 661-674.
- Kulig, J., Hall, R., & Kalischuk, G. (2008). Bullying perspectives among rural youth: Mixed methods approach. *The International Journal of Rural & Remote Health Research Education, Practice & Policy, 8*, 1-11.
- McGorry, P., & Goldstone, S. (2011). Is this normal? Assessing mental health in young people. *Australian Family Physician, 40*(3), 94-98.
- Nicholson, A. (2006). Legal perspective on bullying. *Teacher, 2*, 22-37.
- Ortega, R., Elipe, P., Mora-Merchán, J. A., Calmaestra, J., & Vega, E. (2009). The emotional impact on victims of traditional bullying and cyberbullying: A study of Spanish adolescents. *Journal of Psychology, 217*, 197-204.
- Parliament of the Commonwealth of Australia (2011). *High-wire act: Cyber-safety and the young*. Interim Report of the Joint Select Committee on Cyber-Safety. Canberra: Parliament of the Commonwealth of Australia.
- Patchin, J. W., & Hinduja, S. (2010). Cyberbullying and self-esteem. *Journal of School Health, 80*, 614-621.
- Perren, S., Dooley, J., Shaw, T., & Cross, D. (2010). Bullying in school and cyberspace: Associations with depressive symptoms in Swiss and Australian adolescents. *Child and Adolescent Psychiatry and Mental Health, 4*(28), 1-10.

- Price, M., & Dalgleish, J. (2010). Cyberbullying: Experiences, impacts and coping strategies as described by Australian young people. *Youth Studies Australia, 29*(2), 51-59.
- Raskauskas, J., (2010). Text-bullying: Associations with traditional bullying and depression among New Zealand adolescents. *Journal of School Violence, 9*, 74-97.
- Reid, P., Monsen, J., & Rivers I. (2004), Psychology's contribution to understanding and managing bullying within schools. *Educational Psychology in Practice, 20*, 241-244.
- Rigby, K. (1997). What children tell us about bullying in schools. *Children Australia, 22*(2), 28-34.
- Roland, E. (2002). Bullying, depressive symptoms and suicidal thoughts. *Educational Research, 44*, 55-67.
- Salmivalli, C., Karna, A., & Poskiparta, E. (2010). Development, evaluation, and diffusion of a national anti-bullying program, KiVa. In B. Doll, W. Pfohl, & J. Yoon (Eds.), *Handbook of youth prevention science* (pp.238-252). New York: Routledge.
- Sawyer, M. G., Arney, F. M., Baghurst, P. A., Clark, J. J., Graetz, B. W., Kosky, R. J., Nurcombe, B., & Stephen, R. (2001). The mental health of young people in Australia. *Australian and New Zealand Journal of Psychiatry, 35*, 806-814.
- Slonje, R., & Smith, P. K. (2008). Cyberbullying: Another main type of bullying. *Scandinavian Journal of Psychology, 49*, 147-154.
- Smith, P. K., Mahdavi, J., Carvalho, M., & Tippet, N. (2006). *An investigation into cyberbullying, its forms, awareness and impact, and relationship between age and gender in cyberbullying*. Research Brief No RBX03-06. London: DfES.
- Smith, P. K., Mahdavi, J., Carvalho, M. Fisher, S., Russell, S., & Tippett, N. (2008). Cyberbullying: Its nature and impact in secondary school pupils. *Journal of Counselling Psychology and Psychiatry, 49*, 376-385.
- Spears, B., Campbell, M. A., Slee, P., Butler D., & Kift, S. (2010). *What students, teachers and principals want to see done about cyberbullying*. Paper in preparation.
- Tangen, D., & Campbell, M. A. (2010). Cyberbullying prevention: One primary school's approach. *Australian Journal of Guidance and Counselling, 20*, 225-234.
- Trickey, S., & Topping, K. (2006). Collaborative philosophical enquiry for school children: Socio-emotional effects at 11 to 12 years. *School Psychology International, 27*, 599-614.
- Ttofi, M., & Farrington, D. (2011). Effectiveness of school-based programs to reduce bullying: A systematic and meta-analytic review. *Journal of Experimental Criminology, 7*(1), 27-56.
- Vandebosch, H., & van Cleemput, K. (2009). Cyberbullying among youngsters: Profiles of bullies and victims. *New Media and Society, 11*, 1349-1371.



# 9

## Girls, verbal sexual harassment and sexual bullying: Implications for wellbeing

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*This chapter reviews two studies of adolescent girls' perceptions and experiences of verbal sexual harassment (VSH) and sexual bullying, undertaken more than a decade apart, in two cultural contexts. Study 1 explored female-to-female bullying in single-sex and co-educational schools in South Australia in the mid 1990s, using survey methodology. Study 2 explored girls' perceptions and experiences of sexual bullying in co-educational settings in the United Kingdom in the late 2000s using Q method. Results suggest that not much has changed over the last decade for girls in school settings in terms of sexual harassment and sexual bullying. The South Australian girls reported experiencing VSH from girls – a bullying strategy used to manipulate the peer group. The more recent United Kingdom sample also experienced sexual bullying from same and cross-gender peers, which included the use of technology. Implications of these findings for educators and girls' wellbeing are discussed.*

### Introduction

Recent research shows that girls' experiences of *male-to-female* sexual harassment impacts on their developing sexual identity, mental health

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Spears, B., Jennifer, D., & Williams, S. (2011). Girls, verbal sexual harassment and sexual bullying: Implications for wellbeing. In R.H. Shute, P.T. Slee, R. Murray-Harvey, & K.L. Dix (Eds.), *Mental health and wellbeing: Educational perspectives*, (pp.103-116). Adelaide: Shannon Research Press.



and wellbeing through, for example, its association with: poorer mental and physical health (Gruber & Fineran, 2008; Timmerman, 2005); lower self-esteem (Ormerod, Collinsworth & Perry, 2008; Timmerman, 2005); feeling unsafe while at school (Ormerod et al., 2008); and withdrawal from school, either temporarily or through transfer (Duncan, 2004; Ormerod et al., 2008; Osler, 2004).

The World Health Organization (n.d., accessed online) defines mental *health* as a *positive* notion, consisting of more than the absence of mental disorder:

...**a state of wellbeing** in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Wellbeing, then, is a multidimensional construct which broadly relates to the overarching positive aspects of life: health, happiness, and prosperity.

This chapter reviews two studies of adolescent girls' experiences of *verbal* sexual harassment (*VSH*) and *sexual* bullying. Conducted a decade apart, using different methodologies, they reveal a complexity of interactions that intersect with gender and power, which reaches across time and cultural context and which have clear implications for educators and girls' social and emotional wellbeing.

## Definitions

Bullying is generally regarded as a sub-set of aggressive behaviour, comprising three agreed-upon components: a deliberate intent to hurt or harm; a power differential between the parties; and repetition over time, where the target/victim feels defenceless and helpless to respond (Olweus, 1991).

In the mid 1970s, a new area of human rights investigation emerged, which examined sexually aggressive behaviours such as suggestive jokes, leers and staring, unwelcome touching or cornering (Spears<sup>1</sup>, in press). There was, however, no single term which described these acts (Australian Human Rights and Equal Opportunity Commission, HREOC, n.d.). Since then, HREOC has defined sexual harassment as "...any unwanted or unwelcome, uninvited sexual behaviour, which makes a person feel offended, humiliated or intimidated".

*Verbal* SH does not include physical touching, but refers to the use of sexual language to offend, humiliate or intimidate.

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<sup>1</sup>Formerly Leckie

Whilst *bullying* and *sexual harassment* emerged as contemporary terms some 35 years ago, *sexual bullying* amongst young people has only been acknowledged as a term in the last decade. Coined by Duncan (1999) it was described as:

...sexualised name calling and verbal abuse; rubbishing sexual performance; ridiculing physical appearance; criticising sexual behaviour; spreading rumours; aggressive propositioning; threatening behaviour; unwanted touching and physical assault. (p.127)

Since then, Maxwell and Wharf (2010) have defined it as:

...behaviour which is repeated over time and intends to hurt someone by using that person's gender, sexuality or sexual (in)experience to hurt them. (p.3)

## Gender

Internationally, the role of gender in aggression and bullying was examined in detail from the late 1980s (Crick & Grotpeter, 1995; Duncan, 1999; Lagerspetz, Björkqvist & Peltonen, (1988); Leckie<sup>2</sup> 1997a; 1997b; 1999a; 1999b; Owens, 1996; Owens, Shute & Slee, 2000; Rys & Bear, 1997; Salmivalli & Kaukiainen, 2004; Underwood, Galen & Paquette, 2001). This research established that the preferred aggressive style employed by females reflects indirect, relational and socially manipulative and controlling behaviours, in contrast to that preferred by boys, which is more overt, verbal and physical. Both genders, however, can and do engage in all forms of aggression.

The relationship between gender and sexual harassment, however, is less well articulated, as traditionally sexual harassment is perceived as a predominantly male-female form of aggression (See Spears, in press). Stein (1995) found that sexual harassment was a form of *gendered violence* which interfered with equal educational opportunity. Shute, Owens and Slee (2008, p.477) in their study of boys' victimisation of girls, found that verbal and indirect victimisation was an everyday occurrence, almost entirely sexual, and reflected gendered power structures. Leckie (2000) and Spears (2002, 2003a, 2004b), by way of contrast, reported on *girls'* use of sexually denigrating language as a bullying strategy, suggesting that it was designed to impugn another girl's emerging sexual reputation, and reflected sexual jealousy, mate guarding and competition for mates (Spears, 2004b, p.496).

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<sup>2</sup> Leckie reverted to her family name: Spears

## Context

In Australia, schools exist within a dual system: Government (Public/Secular: 66%) and non-government (Private/Independent: 34%), where the schools often have some religious affiliation (Australian Bureau of Statistics, 2009). Similarly in the United Kingdom, there are government-funded state schools (90% of children attend these) and fee-paying schools. Schools in the United Kingdom are either secular, i.e., not aligned with any specific religion, or faith-based, i.e., wholly or partly governed by a religious organisation. While home schooling exists in both countries, it is not common.

In Australia, students generally commence a non-compulsory Reception year (age 5-6) continuing until Year 6/7 (age 11-12) as Primary school students, then transfer to Secondary school until Year 12 (age 17-18). Early years' education through pre-schools is common. The statutory system of education in the United Kingdom comprises three progressive stages: primary (age 5-10), secondary (age 11-16 plus) and further education for young people (age 16-19; Education Act 1996). Further education (FE) colleges also provide work-related learning for school children aged 14 to 16.

Overall, most public schools in Australia, and state schools in the United Kingdom are co-educational, with single-sex schools mostly existing within the non-government/independent sectors in both countries. Generally, in both countries, primary schools are small (200-400 pupils<sup>3</sup>) and secondary schools are large (1000+ pupils).

## The studies

Different temporal, cultural and methodological approaches provide an opportunity to triangulate findings across time and context and therefore provide greater insights into girls' experiences of these negative behaviours and the implications which arise for educators and girls' wellbeing in school settings.

**Study 1:** The overall aim of Study 1, undertaken in 1994/1995, was to explore *girl-girl* peer relationships, bullying and aggression (N=987) in single-sex (N=5) and co-educational (N=2) settings, from Years 6 (*M* age=10.99, *SD*=0.38) to Year 10 (*M* age=14.97, *SD*=0.55). A secondary aim explored girls' understandings and experiences of same-gendered VSH and whether it was a girls' bullying strategy. Survey methodology, which included specific questions concerning girls' use of VSH and the language used when name-calling (direct) and spreading rumours (indirect) was employed.

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<sup>3</sup> Some Australian rural schools are very small

Qualitative analysis involved a process of data reduction, as per interpretative phenomenological approaches (see Smith & Eatough, 2007). Maximum variation sampling (Patton, 1990, p.172) ensured that the patterns which emerged from the diversity provided by many hundreds of girls' voices, across 7 schools and from 2 settings (single-sex and co-educational) represented *central core experiences*.

**Study 2:** The aim of Study 2, undertaken in 2009, was to explore sexual bullying between young women and men in education settings in the United Kingdom. Only the findings for adolescent girls are reported here. Q methodology was employed in a group setting (4 to 5 students per group) to collect and analyse data produced by 21 girls from two co-educational state schools: one faith, one non-faith (see previous descriptions) and one further education (FE) college. Participants were drawn from Years 8 (age 12-13), 10 (age 14-15) and 12 (age 16-17). Statements (Q sets) were ranked relating to "things that boys do that upset girls" according to what participants thought happened in their school most often, to those they thought happened in school least often. Statements represented a continuum of behaviours ranging from sexualised name-calling and verbal abuse through to unwanted touching and physical assault. Individual Q sorts were analysed using PQMethod software (Schmolck, 2002), which subjects the rankings to a form of factor analysis.

## Results of Study 1

### *VSH amongst girls*

Over half (52.5%, n=366) of the girls from all schools (single-sex and co-educational, N=700) perceived that *girls could verbally sexually harass each other*, i.e., that VSH could be *same-gendered* aggressive behaviour. However, 43 per cent (n=302) reported being *unsure* and only 4.6 per cent (32) indicated that they definitely could not (Spears, 2002, 2003a, 2003b, 2004b).

Qualitative analysis of girls' responses to what behaviours comprised VSH *amongst girls* indicated that their understanding reflected the Human Rights and Equal Opportunity Commission definitions of sexual harassment (see Definitions).

Because the emphasis in this study was on *verbal* sexual harassment, girl-to-girl inappropriate touching or physical contact was not mentioned.

Girls identified that VSH by girls involved girls engaging in verbal abuse or comments that put you down, "Making crude statements about

people's sexual status and sexuality" (F9<sup>4</sup>), or "Saying rude or crude remarks about one's body" (E10), and as unwanted or unwelcome sexual behaviour, "...threatening to do sexual things to you that you don't want" (A8).

Name calling, hurling insults and spreading rumours *by girls, to girls about girls*, were forms of direct and indirect verbal aggression, designed to inflict psychological hurt or harm. They were bullying strategies, which consistently and repeatedly impugned a girl's developing sexuality, sexual activity and sexual reputation around the following key themes which emerged from the responses across all age groups and schools:

- *Names* (e.g., bitch, slut, tart, slag, fuck-ass, cow, whore, ho, lesbian, root-rag, cunt, mole);
- *Body size/shape/appearance* (e.g., "She's anorexic" A8; "You're flat and ugly" E7);
- *Sexuality* (e.g., "Was she a good lezzo root?" F9);
- *Sexual activity/behaviours* (e.g., "Did he kiss your pink bits?" AS10. "She lets the boys feel her up in the corridors" (F9); "She is diseased" (E9).

These themes were found to reflect issues of sexual jealousy, mateguarding and competition for mates (Spears, 2004a, p.497).

### *VSH as girls' bullying*

VSH *as bullying* was considered by girls (N=654) to be much clearer: 72.1 per cent (n=493) indicated that it *was bullying*; 24.3 per cent were *unsure* (n=166) and 3.7 per cent (n=25) said VSH was not bullying.

In both instances, there was no relationship for school type or sociometric status, but there was a significant relationship for Year, with older girls reporting being *more definite that girls could engage in VSH of each other* ( $X^2_{(8, N=700)}=26.58, p=.001$ ) and *that it was a bullying behaviour* ( $X^2_{(8, N=654)}=25.05, p=.002$ ).

## **Results of Study 2**

### *Sexual bullying of girls by boys*

Analysis of the focus group discussions from the recent United Kingdom study revealed that adolescent girls experienced sexual bullying perpetrated by boys on a daily basis.

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<sup>4</sup> Coding for schools: A-G, Grade level

“All the time, every day...every minute of every day” was a typical response from the Year 10 girls when asked whether boys ever called them “ugly, butters<sup>5</sup> or rude”. Sexual bullying occurred mainly in public places, such as classrooms, corridors, and dining halls and varied across educational settings. Common to both secondary schools (faith and non-faith) were, “asking a girl if she’s a virgin” and “making remarks about who a girl is going out with”.

Common to the faith secondary school and the FE college were, “calling a girl sexy/boom-ting/choong-ting”<sup>6</sup>.

Common to the non-faith secondary and the FE college were, “staring at or eyeing up a girl’s body” and “showing off about the size of their dick to a girl”.

Where the three settings diverged was in terms of: unwanted sexual attention (non-faith secondary); distinguishing behaviours that constituted physical and verbal behaviours (faith secondary); and gender harassment using cyber-techniques (FE college).

#### *Non-faith secondary*

The expressions of sexual bullying at the non-faith secondary school were differentiated from the other two institutions by their *explicit sexual nature*, that is, behaviours that were uninvited and overtly communicated sexual intentions towards another individual. For example, “asking a girl if she’s a virgin”, “making jokes about a girl’s periods” and “standing too close behind a girl, leaning over her or pressing against her”.

Indeed, this latter behaviour was defined by non-faith secondary girls as “dagging”<sup>7</sup> and “backshot”<sup>8</sup>.

One Year 8 girl commented, “These days it’s dangerous just to pick up stuff from the floor”.

#### *Faith secondary*

Girls from the faith school, in contrast, experienced sexual bullying in the form of *gender harassment and gender violence*, distinguished by unwelcome verbal or visual comments and remarks that insult individuals because of their gender, “calling a girl sexy/boom-ting/choong-ting”, and physical aggression, “hitting a girl”.

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<sup>5</sup> Local slang meaning ugly

<sup>6</sup> Boom-ting means “you’re pretty nice”; choong-ting means “you’re luscious” (Yr 10 girls)

<sup>7</sup> Dagging is defined by Urban Dictionary as “dry sex on the dance floor of a dance or party, where a man and a woman are dancing in a provocative manner”.

<sup>8</sup> Urban Dictionary defines “backshot” as “the act of sex with a woman from behind”.

### *FE college*

Behaviours experienced by girls from the FE college were characterised by the use of *technology*, that is, “sending sexual messages about, or photos of, a girl on their mobile phone” and “posting sexual photos/videos or writing about a girl on the internet”.

Although not the focus of Study 2, all participants noted the role of *girls* in spreading sexualised rumours about other girls, particularly online.

### **Discussion**

Both studies have captured insights into girls’ daily lives at school: from two continents, several schooling settings, different age groups and temporal contexts. Whilst VSH and sexual bullying are more commonly conceived of as being a male to female behaviour, girls from Study 1, undertaken in the early 1990s, made it clear that *girls* were engaging in a *sexually abusive form of bullying towards each other*, in *both* schooling sectors: single-sex and co-educational, and that there were no differences found for school type or popularity (sociometric status) (Spears 2004b). This sexual denigration of each other would seem then to be quite normative behaviour for girls (Spears, 2004a), and has clear implications for wellbeing, occurring at the time when girls are establishing their sexual reputations, identities and emerging sexuality.

Girls in the second study, undertaken less than two years ago, confirm the findings of previous studies where boys have sexually harassed girls on a daily basis (e.g., Duncan, 1999; Shute, Owens & Slee, 2008), but determined that *girls* spread sexualised rumours online, and that the *schooling context* differentiated the behaviours: from explicitly sexual, to gendered violence, to cyberbullying, raising issues regarding the power of a setting’s dominant discourse, values and social norms to influence behaviours.

Clearly there is much which has remained the same in terms of girls’ experiences of sexual harassment and sexual bullying in school settings, but this chapter draws attention to the importance of recognising the role that *VSH by girls, of girls* plays in the overall social interaction and bullying context, as well as raising concerns that girls are still being subjected to sexual harassment by boys, decades after the first legislation appeared. That there is legislation to protect against sexual harassment in workplaces and educational settings, but not sexual *bullying*, requires consideration. That these studies also found that independent/faith-based schools were not immune,

challenges the notion that a particular school ethos (e.g., religious focused) may act as a protective factor.

Taken into consideration with previous work which has examined male-to-female sexualised aggression and bullying behaviours (Duncan, 1999; McMaster, Connolly, Pepler & Craig, 2002; Shute, Owens & Slee, 2008; Stein, 1995; Timmerman, 2003) it is evident that girls in co-educational settings are potentially experiencing a ‘double social-emotional whammy’: being targeted by both boys *and* girls, in sexualised ways, but perhaps serving differing goals.

A significant social change which has occurred in the years between Study 1 and Study 2, is the advent of technology, which now enables such behaviours as ‘sexting’ and cyberbullying, increasing the sexual bullying load on girls in school settings. Study 2 found that these behaviours were being employed in the FE college between boys and girls, though girls were also found to have spread sexualised rumours online about other girls. How *girls* are using this form of bullying to continue their *same-gender sexual harassment* of other girls is an area ripe for investigation, particularly in terms of any impact on their emotional and mental health and wellbeing.

## Key Issues

Several key issues arise from these studies in terms of considering girls’ wellbeing and the implications for education:

- Triangulating the findings from two studies across time and context demonstrates that the essence of the sexualised language used in VSH and sexual bullying has not changed in 15 years;
- VSH and sexual bullying are *not* the sole domain of male-to-female interactions: girls use sexually derogatory language to bully other girls, and to subsequently construct their femininity and sexuality in negative ways;
- Girls experience a fairly constant level of sexual bullying from boys on a daily basis;
- The differences found for the school settings in Study 2<sup>9</sup>, point to the power of a setting’s dominant discourse, values and social norms regarding cultures of acceptance and rejection, gender stereotypes, and gender inequalities, which can either serve to perpetuate VSH and sexual bullying or act as means to challenge it.

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<sup>9</sup> Spears found school setting differences for other aspects of girls’ bullying but not VSH



## Educational Implications

As little has seemed to change for girls, these two studies suggest that schools, FE colleges and other education settings need to:

- Ensure that existing behaviour policies and practices engage the whole-school community and relate to *all* types of bullying behaviour: including VSH and sexual bullying, *regardless of gender of the perpetrator*;
- Create a positive ethos and culture where VSH and sexual bullying *by either gender* are not tolerated;
- Provide curriculum opportunities for students to discuss respectful and positive peer relationships, both on- and off-line;
- Enhance adults' knowledge, understanding and recognition of VSH and sexual bullying and how to prevent and respond to it;
- Develop a range of prevention and intervention strategies that address VSH and sexual bullying, including support for the victim as well as the perpetrator.

## Future Directions

These results could be used as a basis for further enquiry and research in order to extend knowledge about the issues raised. For example, by:

- Investigating current physical sexualised behaviours experienced by girls from boys, such as, “dagging” and “backshot”, and the impact of these on emotional and mental health and wellbeing;
- Exploring the gendered impact of VSH and sexual bullying on girls' learning and achievement;
- Researching the nature of girls' intra-gender relationships and behaviour and the effect these have on their inter-gender relationships and behaviour and vice versa;
- Applying this sexualised bullying lens to behaviours currently being employed in cyberbullying and social media.

Gendered violence and gendered power structures in schools are important considerations for the wellbeing of girls at any time. Two things are clear from this review, however: girls are vulnerable to sexual harassment and bullying from *both* genders, and the advent of technology has given rise to new ways of doing it.

Given the known impact of sexualised and bullying behaviours on emotional and mental health, and considering that legislations specifically exist in relation to sexual harassment, schools have a responsibility to ensure that regardless of the gender of the perpetrator, VSH and sexual bullying are recognised for what they are, and that practices and interventions that minimise harm and manage risk are put in place, in order to maximise girls' wellbeing and learning outcomes.

## References

- Australian Bureau of Statistics. (2009). *Schools Australia 4221.0*. Retrieved from: [www.abs.gov.au/ausstats/abs@.nsf/Previousproducts/4221.0Main%20Features22009?opendocument&tabname=Summary&prodno=4221.0&issue=2009&num=&view](http://www.abs.gov.au/ausstats/abs@.nsf/Previousproducts/4221.0>Main%20Features22009?opendocument&tabname=Summary&prodno=4221.0&issue=2009&num=&view).
- Crick, N. R., & Grotpeter, J. K. (1995). Relational aggression, gender and social-psychological adjustment. *Development and Psychopathology*, 8, 367-380.
- Duncan, N. (1999). *Sexual bullying: Gender bullying and pupil culture in secondary schools*. London: Routledge.
- Duncan, N. (2004). It's important to be nice, but it's nicer to be important: Girls, popularity and sexual competition. *Sex Education*, 4(2), 137-152.
- Education Act 1996. Retrieved from: [www.legislation.gov.uk/ukpga/1996/56/contents](http://www.legislation.gov.uk/ukpga/1996/56/contents).
- Gruber, J. E., & Fineran, S. (2008). Comparing the impact of bullying and sexual harassment victimization on the mental and physical health of adolescents. *Sex Roles*, 59, 1-13.
- Human Rights and Equal Opportunity Commission (n.d.). Retrieved from: [www.hreoc.gov.au/sexualharassment/index.html](http://www.hreoc.gov.au/sexualharassment/index.html).
- Lagerspetz, K. M. J., Björkqvist, K., & Peltonen, T. (1988). Is indirect aggression typical of females? Gender differences in aggressive-ness in 11- to 12-year-old children. *Aggressive Behavior*, 14, 403-414.
- Leckie, B. A. (1997a). *Girls, bullying behaviors and peer relations: The double edged sword of exclusion and rejection*. Paper presented at the Australian Association for Research in Education Conference, November 30-December 4, Brisbane, Queensland.
- Leckie, B. A. (1997b). *Girls, peer relationships and bullying behaviors*. Paper presented at the Australasian Human Development Conference, 10-12 July, 1997, Adelaide, South Australia.

- Leckie, B. A. (1999a). *Girls' perceptions of two sub-types of aggression: Are there differences and does sociometric status play a mediating role?* In D. S. J. Hawker, & N. H. Bartlett (Chairs) Poster Symposium: Subtypes of Aggression and Victimization: Current Issues and Controversies. Presented at the Society for Research in Child Development Biennial Meeting, April 15th-18th, 1999, Albuquerque, New Mexico.
- Leckie, B. A. (1999b). *She likes me a lot, she dislikes me a lot: Controversial girls, peer relationships, bullying and indirect aggression.* Poster presented at the Society for Research in Child Development Biennial Meeting, April 15-18, 1999, Albuquerque, New Mexico.
- Leckie, B. A. (2000). *Verbal sexual harassment in schools: It's not just the boys.* Paper presented at the International Network of Personal Relationships International Conference, June 27-July 2, Brisbane, Queensland.
- Maxwell, C., & Wharf, H. (2010). *Preventing violence, promoting equality: Act now.* London: WOMANKIND and Institute of Education, University of London.
- McMaster, L. E., Connolly, J., Pepler, D., & Craig, W.M. (2002). Peer to peer sexual harassment in early adolescence: A developmental perspective. *Development and Psychopathology, 14*, 91-105.
- Olweus, D. (1991). Bully/victim problems among schoolchildren: Basic facts and effects of a school based intervention program. In D. J. Pepler, & K. H. Rubin (Eds.), *The development and treatment of childhood aggression* (pp. 411-448). Hillsdale, NJ: Lawrence Erlbaum.
- Ormerod, A. J., Collinsworth, L. L., & Perry, L. A. (2008). Critical climate: Relations among sexual harassment, climate, and outcomes for high school girls and boys. *Psychology of Women Quarterly, 32*, 113-125.
- Osler, A. (2004). Excluded from school: A gendered story of behaviour. In H. Claire (Ed.), *Gender in education 3-19: A fresh approach* (pp. 68-79). London: Association of Teachers and Lecturers.
- Owens, L. (1996). Sticks and Stones and Sugar and Spice: Girls' and boys' aggression in schools. *Australian Journal of Guidance and Counselling, 6*, 45-55.
- Owens, L., Shute, R., & Slee, P. (2000) "Guess what I just heard..." Indirect aggression amongst teenage girls in a South Australian school. *Aggressive Behavior, 26*, 67-83.
- Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park: Sage.
- Rys, G. S., & Bear, G. C. (1997). Relational aggression and peer relations: Gender and developmental issues. *Merrill Palmer Quarterly, 43*(1), 87-106.

- Salmivalli, C., & Kaukiainen, A. (2004). Female aggression revisited: Variable and person centred approaches to studying gender differences in different types of aggression. *Aggressive Behavior, 30*(2), 158-163.
- Schmolck, P. (2002). *PQMethod v2.11*. Retrieved from: [www.lrz-muenchen.de/~schmolck/qmethod/](http://www.lrz-muenchen.de/~schmolck/qmethod/)
- Shute, R., Owens, L., & Slee, P. (2008). Everyday victimization of adolescent girls by boys: Sexual harassment, bullying or aggression? *Sex Roles, 58*, 477-489.
- Smith, J. A., & Eatough, V. (2007). Interpretative phenomenological analysis. In E. Lyons, & A. Coyle (Eds.), *Analysing qualitative data in psychology*. London: Sage.
- Spears, B. A. (2002). *Same-gender verbal sexual harassment: A sub-set of girls' bullying and aggression*. In P. Slee (Chair) Girls' peer conflict and victimization. Symposium conducted at the International Society for the Study of Behavioural Development, 17th Biennial Meeting, August 2-6<sup>th</sup>, Ottawa, Canada.
- Spears, B. A. (2003a). *Girls, bullying and same-gender verbal sexual harassment: A developmental perspective*. Paper presented at the XIth European Conference on Developmental Psychology, Catholic University, August 27-31, Milan, Italy.
- Spears, B. A. (2003b). *You Do, You Don't, You're Gay*. Paper presented at the Australian Family Therapy Conference, 22-23 October, Adelaide.
- Spears, B.A. (2004a). *Aggressive-victims amongst girls: An exploratory study*. Paper presented at the International Society for Research on Aggression, Santorini, Greece, September 2004.
- Spears, B. A. (2004b). South Australian middle-school girls' perceptions, understandings and experiences of peer relationships, bullying and aggression in single-sex and co-educational settings. (Unpublished doctoral thesis). Adelaide: Flinders University.
- Spears, B. A. (in press). Sexual harassment. In D. J. Christie (Ed.), *Encyclopedia of Peace Psychology*. Hoboken, NJ: Wiley-Blackwell.
- Stein, N. (1995). Sexual harassment in K-12 schools: The public performance of gendered violence. *Harvard Educational Review, 65*(2) Summer, 145-162. Special issue: Violence and youth.
- Timmerman, G. (2003). Sexual harassment of adolescents perpetrated by teachers and by peers: An exploration of the dynamics of power, culture and gender in secondary schools. *Sex Roles, 48*(56), 231-244.
- Timmerman, G. (2005). A comparison between girls' and boys' experiences of unwanted sexual behaviour in secondary schools. *Educational Research, 4*(3), 291-306.

Underwood, M., Galen, B. R., & Paquette, J. A. (2001) Top ten challenges for understanding gender and aggression in children: Why can't we all just get along? *Social Development, 10*, 248-266.

World Health Organization (n.d.). Retrieved from: [www.who.int/features/factfiles/mental\\_health/en/index.html](http://www.who.int/features/factfiles/mental_health/en/index.html)

# 10

## Thinking patterns, anti-social behaviour and bullying: Implications for practice

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*This chapter describes the relationships between thinking patterns and anti-social and aggressive behaviours and in particular bullying amongst young adolescents. We outline the usefulness of the EQUIP program for intervening with delinquent and adult offenders and the potential utility of EQUIP for Educators in working with secondary school populations. EQUIP for Educators focuses on three areas – thinking skills and anger management, social skills development, and promotion of social-moral reasoning. While evidence for the effectiveness of this program is mixed, a study in a South Australian secondary school where staff had expressed concerns about anti-social and aggressive behaviour, revealed high levels of cognitive distortions among the students and links between students with high cognitive distortions and bullying. With modifications that take account of communication strategy research, EQUIP for Educators has potential to be very useful as a prevention curriculum in South Australian secondary schools.*

### Introduction

According to social cognitive theory, the way people behave is determined by the way they think about or interpret social events. Anti-social behaviour, therefore, is the result of deficient ways of

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Owens, L., Skrzypiec, G., & Wadham, B. (2011). Thinking patterns, anti-social behaviour and bullying: Implications for practice. In R.H. Shute, P.T. Slee, R. Murray-Harvey, & K.L. Dix (Eds.), *Mental health and wellbeing: Educational perspectives*, (pp.117-128). Adelaide: Shannon Research Press.

interpreting events. These cognitive distortions are biased means used by some individuals to confer meaning to personal experiences and they may contribute to responses which are emotionally and behaviourally problematic (Barriga & Morrison, 2001). If used repeatedly, these distortions can cause the development of psychopathological tendencies, involving both self-debasing, internalising behaviours, such as anxiety and depression, and self-serving, externalising behaviours, including aggression and delinquency (Barriga, Landau, Stinson, Liao & Gibbs, 2000). Sykes and Matza (1957) described the role of self-serving distortions as neutralising guilt and obstructing the development of empathy, while Bandura (1991) suggested that they enable moral disengagement.

Research involving self-serving cognitive distortions has been pivotal in explaining anti-social behaviour (Barriga & Morrison, 2001) and several programs have been developed with the aim of reducing anti-social behaviour through the process of correcting thinking errors (Gibbs, Potter & Goldstein, 1995; Goldstein, 1999; Goldstein, Glick & Gibbs, 1998; Goldstein & McGinnis, 1997). One of the best known interventions is a multi-component youth treatment program called EQUIP (Gibbs et al., 1995). This program combines peer-helping group methods with cognitive development and social skills training designed to help at-risk youth to think and act responsibly. It aims to correct cognitive distortions, social skills deficiencies and socio-moral developmental delays. Several studies have shown the effectiveness of the EQUIP program with juvenile delinquents in reducing self-serving cognitive distortions and promoting a less positive attitude toward anti-social behaviour (Nas, Brugman & Koops, 2008), and reducing recidivism and improving conduct (Leeman, Gibbs & Fuller, 1993; Liao et al., 2004). Adaptations of the EQUIP program have also been successful in reducing cognitive distortions and in improving behaviour and reducing recidivism among adult offenders (Devlin & Gibbs, 2010; Liao et al., 2004).

When using the EQUIP program, it is important to obtain baseline data on amounts of self-serving cognitive distortions. An instrument specifically developed for this purpose is the How I Think (HIT) questionnaire (Gibbs, Barriga & Potter, 2001). This is a 54 item self-report Likert scale instrument, which measures four types of cognitive distortions:

1. Being Self-Centred (9 items) - e.g., 'Getting what you want is the only important thing';

2. Blaming Others (10 items) – e.g., ‘If someone leaves a car unlocked, they are asking to have it stolen’;
3. Minimising/Mislabelling (9 items) – e.g., ‘Everybody breaks the law. It’s no big deal’;
4. Assuming the Worst (11 items) – e.g., ‘I can’t help losing my temper a lot’.

These cognitive distortion items have content relating to four categories of anti-social behaviour derived from the Conduct Disorder and Oppositional Defiant Disorder syndromes listed in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSMIV) (American Psychiatric Association, 1994) – opposition/defiance; physical aggression; lying; and stealing.

In a study which set out to investigate the validity and reliability of the HIT questionnaire (Nas et al., 2008), it was found that not only did delinquent youth exhibit higher levels of cognitive distortions but so too did non-delinquent young people with lower levels of education. The authors concluded that studies were needed of the prevalence of cognitive distortions among non delinquent adolescents. This chapter examines the research concerning thinking patterns and anti-social and aggressive behaviour (particularly bullying) and the interventions (including EQUIP) to redress these behaviours. We refer specifically to a study we conducted in a South Australian metropolitan secondary school on thinking patterns, anti-social behaviour and bullying and we suggest possible directions for the school to adopt to reduce these behaviours amongst the students.

## Context

Despite considerable efforts to address the social and educational needs of students in a low-income Adelaide metropolitan secondary school, senior staff were concerned about disengagement by the students and frequent outbreaks of aggression, bullying and anti-social behaviour. In discussions with the staff, it appeared that the student behaviour was associated with low levels of empathy and care and lack of self-responsibility by individuals for their actions. This appeared to be consistent with a social-cognitive psychology explanation which, as explained above, links behaviour to the way one thinks about situations. Because we believed that the anti-social and aggressive behaviours at the study school may be related to the students’ thinking, we administered the HIT survey instrument in order to reveal levels of cognitive distortions amongst the adolescents.



To measure bullying we used the bullying experiences questionnaire (BEQ) (Owens & Slee, 2006), a self report instrument which has items ranging from traditional physical, verbal and indirect bullying, through cyberbullying to more extreme and more anti-social behaviours including extortion and use of weapons.

In addition to bullies and victims, Salmivalli, Lagerspetz, Björkqvist, Österman and Kaukiainen (1996) have identified other groups involved in bullying. These include bully-victims, who bully others and are themselves also victimised and a larger group of ‘not involved’ people who play no part in the bullying. Since cognitive distortions are associated with aggressive behaviour it was hypothesised that bullies and bully-victims would be more likely than these other groups to exhibit cognitive distortions.

We administered the HIT questionnaire and the BEQ to 317 Grade 8 to 10 students (age ranges, 13 to 16 years, mean 14.1 years,  $SD=0.82$ ). Full details of the study were presented by Owens, Skrzypiec and Wadham (2011). In summary, the results revealed that: the students at the school have high levels of cognitive distortions – higher than Barriga et al.’s (2001) published norms; and there was a direct relationship between distorted thinking and whether or not students were bullies or bully-victims.

The question that then arises is what to do about these results in this school. While the EQUIP program was developed as a treatment program for older youth and adult offenders, a prevention version of the program has been developed for use in secondary schools (DiBiase, 2010; DiBiase, Gibbs & Potter, 2005). We now turn to the key issues relating to using such a program in secondary schools.

## **Key Issues**

In deciding to use a program in secondary schools with the aim of reducing anti-social, aggressive and bullying behaviours, a number of key issues need to be considered (see DiBiase, 2010).

- The amount of general anti-social and aggressive behaviours in schools is increasing (Tremblay, 2006).
- Early intervention is important in reducing the chances of delinquency and offending behaviour (Gibbs, Potter, DiBiase & Devlin, 2009; Lane, Wehby & Barton-Arwood, 2005).

- Because aggressive behaviours have behavioural, cognitive and emotional components, they are particularly difficult to change (Gibbs, Potter, DiBiase & Devlin, 2008; Gibbs et al., 2009).
- It is important for school bullying interventions to take account of the group nature of bullying and many programs do this, e.g., Method of Shared Concern and Circle of Friends (see Rigby, 2010; Taylor, 1996). However, few programs focus on prevention via working with all students in a class over a prolonged period of time (van der Meulen, Granizo & del Barrio, 2010).
- Because anti-social behaviour patterns and particularly aggression (including bullying) are multi-faceted, intervention in schools needs to embrace a range of elements including social skills training, moral development, anger management, and problem solving.
- The EQUIP for Educators program (DiBiase et al., 2005) is a multi-component prevention program that aims to reduce anti-social behaviour by decreasing cognitive distortions (particularly relating to anger management), developing social skills and stimulating moral development in the context of a positive peer culture. While DiBiase (2010) found the program to be effective in achieving its aims, van der Velden, Brugman, Boom and Koops (2010) found the program only partially successful – there was a reduction in attitude toward anti-social behaviour and in self serving cognitive distortions but not in the prevalence of anti-social behaviour and there was no improvement in moral judgement.
- In a quasi-experimental study of peer victimisation in secondary schools (van der Meulen et al., 2010), EQUIP was found to be partially successful in reducing cognitive distortions and in reducing some types of bullying and social exclusion (but only among the students whose cognitive distortions reduced) even though there was no overall reduction in victimisation.

In summary, the key issues point to the need for comprehensive, prolonged, evidence-based prevention programs to reduce anti-social, aggressive and bullying behaviours in schools. The EQUIP for Educators program seems to be promising, although studies of the effectiveness of this program have produced mixed results.

## **Educational Implications**

Given the relationships previously shown between thinking distortions and aggressive and anti-social behaviours and that we established a link

between cognitive distortions and bullying behaviour among students, there is good reason to believe that the behaviours that the staff members in the study school were concerned about are linked to these thinking patterns in their students. Our results suggest that interventions at the school which address thinking patterns are needed to try to reduce the troublesome high scores of students on the HIT questionnaire which may in turn reduce the anti-social, aggressive and bullying behaviours by students. EQUIP for Educators (DiBiase et al., 2005) is one such program that may be useful and we now turn to a more detailed description of it.

The EQUIP for Educators program aims to educate secondary schools students to think and act responsibly using a peer-helping approach. McGinnis (2003) described three types of prevention – primary, which is directed toward 80 per cent of the school population who do not have serious behaviour problems but who may act out under certain circumstances; secondary prevention is for the 15 per cent of students who have not responded to primary prevention and are at risk; tertiary prevention is for the 5 per cent of students whose behaviour problems are much more serious. EQUIP for Educators is directed at primary and secondary prevention. The EQUIP for Educators program focuses on: establishing a positive social climate in the classroom; developing perspective taking skills in students; and helping students to identify and correct thinking errors (DiBiase et al., 2005).

The program consists of 32 classroom lessons structured around three main components – anger management and thinking error correction, social skills development through role plays, and social decision making to aid moral development. Ideally, the lessons are 50 to 60 minutes long and held three times per week for a 10 consecutive week period. The first component contains lessons where students identify the four types of cognitive distortions and learn how to correct these errors. It also focuses on anger and aggression and techniques to reduce them including relaxation exercises, self-talk strategies, understanding of consequences, and self-evaluation. The second component comprises the 10 social skills with which students at risk have the most difficulty (Goldstein et al., 1998). These include expressing complaints constructively, overcoming negative peer pressure, staying out of fights, managing angry people, and responding to failure. Each social skill is taught via a four phase sequence: modelling the skill; enacting the skill; providing feedback on the skill; and practising the skill. The third component provides a series of scenarios which involve moral challenges to which the students are guided to respond. This component is based on an adaptation of Kohlberg's (1984) stage model of moral

development. Students displaying responses in stage 1 (Power: ‘Might makes right’) and stage 2 (Deals: ‘You scratch my back, I’ll scratch yours’) are seen as having immature moralities. Students with mature moralities are in stage 3, characterised by mutuality (‘Treat others as you would hope they would treat you’), and stage 4, where the focus is on contributing to the common good (‘Are you contributing to society?’).

In order to measure the effectiveness of the 10 week program, it is recommended that pre- and post-program assessments be conducted. The authors suggest specific assessment tools for each of the key program components including the HIT questionnaire described above. It is also advised that ground rules for working together are communicated and that thinking error vocabulary is taught via one of two specially designed group games.

## Future Directions

Although EQUIP for Educators has to date produced mixed results, because of its comprehensiveness and the success of the parent EQUIP program, we believe that with further modification it could form the basis of a very successful program for use in Australian secondary schools such as the one that we surveyed. According to Yeager and Walton (2011) an understanding of the psycho-social elements of behaviour can be used in interventions to influence individuals’ thinking and to subsequently change behavioural outcomes. From their research, Yeager and Walton (2011) concluded that

social-psychological interventions change students’ behaviour by targeting students’ experience ... from the student’s perspective and deploying powerful yet stealthy persuasive tactics to deliver the treatment message effectively without generating problematic side effects, such as stigmatizing. (p.19)

In their review of school interventions Yeager and Walton (2011) showed that it is possible to change behaviour by targeting “students’ thoughts, feelings, and beliefs” (p.1) using interventions which are not heavy-handed, which do not stigmatise students or identify them as being in need, which minimise resistance to the message and which actively engage students in the intervention. While the studies Yeager and Walton reviewed were interventions which aimed to improve school achievement, it is possible to transfer some of the strategies and methods that were used. This is because the tools which were developed in the interventions were reliant on “a rich tradition of research on persuasion and attitude change to powerfully convey

psychological ideas” (p.9). This research could therefore inform the design and development of a psychological intervention aimed at preventing anti-social behaviours (Yeager & Walton, 2011).

Further clues for the development of a suitable intervention program can also be found in research by Fishbein (2008) who determined that

we can identify the beliefs that would have to be changed or strengthened in order to change or reinforce a given behaviour ... [*but*] ... we need to understand the factors influencing whether a given piece of information will be accepted or rejected. (p.843)

Fishbein (2008) stressed that while beliefs associated with the antecedents of behaviour could be identified and strategies developed to influence those beliefs, the key to evoking effective influences on behaviour was in designing successful *communications* for this purpose – in other words, in determining how messages could be most effectively received by adolescents. While this would, of course, involve further research, a starting point would be to draw on the studies carried out by other researchers investigating psychological interventions in schools.

For example, some direction may be drawn from research carried out by Jemmott and Jemmott (see Jemmott, Jemmott, Hines & Fong, 2001; Jemmott & Jemmott, 2007; Villarruel, Jemmott & Jemmott, 2006), who developed an intervention program designed to increase behaviours that would reduce adolescents’ risk of contracting HIV and sexually transmitted diseases (STDs) and which was so successful that it was incorporated into a ‘programs that work’ initiative and distributed to United States schools (Jemmott, Jemmott, Fong & Morales, 2010). Based on intervention research spanning nearly two decades, Jemmott and Jemmott (2007) outlined the method used by them to design successful HIV risk-reduction interventions, which were implemented amongst young adolescents and which involved a number of steps. They specified that in developing their intervention it was important to not only provide participants with information, but to also provide them with the skills and confidence to develop their abilities to choose safe behaviours. In other words, part of the intervention aimed to develop agency and self-efficacy for participants to act safely in their sexual encounters. Transference of this approach to an anti-social behaviour prevention intervention would mean that strategies should be included to develop adolescents’ agency and self-efficacy to engage in behaviours that were not anti-social.

The type of activities that would be appropriate for the targeted age group was also a consideration by Jemmott and Jemmott (2007). They concluded that

adolescents would benefit most from short activities that involve active participation, concrete concepts, sufficient variation to keep their interest, and sufficient repetition to ensure integration of the most important beliefs. (p.248)

They recognised that participants were accustomed to watching television, so they utilised videos to depict various realistic situations to which students could relate. The specially produced videos evoked students' feelings, attitudes, beliefs and thoughts about HIV and provided messages about prevention in an interesting and entertaining way.

Application of a similar approach to that developed by Jemmott and Jemmott would be an intervention which includes videos and role playing scenarios, aimed at building skills and self-efficacy, and where posters and T-shirts could be used to reinforce the program. Testing, piloting and evaluating processes undertaken in a variety of settings, which were instrumental in the success of the interventions developed by Jemmott and Jemmott (2007) and which facilitated implementation, should also be used in the development of effective interventions.

If we were to use the ideas of the researchers mentioned above to strengthen the EQUIP for Educators program, it would be possible to successfully design and implement intervention programs which are effective in reducing anti-social and aggressive behaviour including bullying. These ideas provide a starting point for how an intervention might be developed. When applied in this context an intervention would be designed in a manner that utilised the best known communication strategies and which would best suit adolescent youth.

## References

- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental health disorders (4th ed.)*. (DSMIV). Washington, DC: American Psychiatric Association.
- Bandura, A. (1991). Social-cognitive theory of moral thought and action. In W. M. Kurtines, & J. L. Gewirtz (Eds.), *Handbook of moral behavior and development: Vol. 1. Theory* (pp. 45-103). Hillsdale, NJ: Erlbaum.
- Barriga, A. Q., Gibbs, J. C., Potter, G. B., & Liau, A. K. (2001). *How I Think (HIT) Questionnaire Manual*. Champaign, IL: Research Press.
- Barriga, A. Q., Landau, J. R., Stinson, B. L., Liau, A. K., & Gibbs, J. C. (2000). Cognitive distortion and problem behaviors in adolescents. *Criminal Justice and Behavior*, 27(1), 36-56.

- Barriga, A. Q., & Morrison, E. M. (2001). Moral cognition: Explaining the gender difference in antisocial behavior. *Merrill-Palmer Quarterly-Journal of Developmental Psychology*, 47(4), 532-562.
- Devlin, R. S., & Gibbs, J. C. (2010). Responsible Adult Culture (RAC): Cognitive and behavioral changes at a community-based correctional facility. *Journal of Research in Character Education*, 8(1), 1-1-20.
- DiBiase, A.-M. (2010). The impact of a psycheducational prevention program for behaviorally at-risk students: EQUIP For Educators. *Journal of Research in Character Education*, 8(1), 21-59.
- DiBiase, A.-M., Gibbs, J. C., & Potter, G. B. (2005). *EQUIP for educators: Teaching youth (Grades 5–8) to think and act responsibly*. Champaign, IL: Research Press.
- Fishbein, M. (2008). A Reasoned Action approach to health promotion. *Medical Decision Making*, 28, 834-844.
- Gibbs, J. C., Barriga, A. Q., & Potter, G. B. (2001). How I Think (HIT) Questionnaire. Champaign, IL: Research Press.
- Gibbs, J. C., Potter, G. B., DiBiase, A.-M., & Devlin, R. (2008). The EQUIP program. *Reclaiming Children and Youth*, 17(2), 35-38.
- Gibbs, J. C., Potter, G. B., DiBiase, A.-M., & Devlin, R. (2009). The EQUIP Program: Social perspective-taking for responsible thought and behavior (2nd ed). In B. Glick (Ed.), *Cognitive behavioral interventions for at-risk youth* (2nd ed.). Kingston, NJ: Civic Research Institute.
- Gibbs, J. C., Potter, G. B., & Goldstein, A. P. (1995). *The EQUIP program: Teaching youth to think and act responsibly through a peer-helping approach*. Champaign, IL: Research Press.
- Goldstein, A. P. (1999). *The prepare curriculum: Teaching prosocial competencies* (Rev. Ed.). Champaign, IL: Research Press.
- Goldstein, A. P., Glick, B., & Gibbs, J. C. (1998). *Aggression replacement training: A comprehensive intervention for aggressive youth* (Rev. ed.). Champaign, IL: Research Press.
- Goldstein, A. P., & McGinnis, E. (1997). *Skillstreaming the adolescent: New strategies and perspectives for teaching social skills*. Champaign, IL: Research Press.
- Jemmott, J. B., III., Jemmott, L. S., Fong, G. T., & Morales, K. H. (2010). Effectiveness of an HIV/STD risk-reduction intervention for adolescents when implemented by Community-Based Organizations: A cluster-randomized controlled trial. *American Journal of Public Health*, 10(4), 720-726.
- Jemmott, J. B., III., Jemmott, L. S., Hines, P. M., & Fong, G. T. (2001). The theory of planned behavior as a model of intentions for fighting among African American and Latino adolescents. *Maternal and Child Health Journal*, 5(4), 253-263.
- Jemmott, L. S., & Jemmott, J. B., III. (2007). Applying the Theory of Reasoned Action to HIV risk-reduction behavioral interventions. In I. Ajzen, D. Albarracin, & R. Hornik (Eds.), *Prediction and change of*

- health behavior: Applying the reasoned action approach* (pp. 243-264). Mahwah, NJ.: Lawrence Erlbaum Assoc.
- Kohlberg, L. (1984). *The psychology of moral development: Essays on moral development* (Vol. 2). San Francisco: Harper and Row.
- Lane, K. L., Wehby, J., & Barton-Arwood, S. M. (2005). Students with and at risk for emotional and behavioural disorders: Meeting their social and academic needs. *Preventing School Failure, 49*(2), 6–9.
- Leeman, L. W., Gibbs, J. C., & Fuller, D. (1993). Evaluation of a multi-component group treatment program for juvenile delinquents. *Aggressive Behavior, 19*, 281-292.
- Liau, A. K., Shively, R., Horn, M., Landau, J., Barriga, A. Q., & Gibbs, J. C. (2004). Effects of psycho-education for offenders in a community correctional facility. *Journal of Community Psychology, 32*(5), 543–558.
- McGinnis, E. (2003). Aggression Replacement Training: A viable alternative. *Reclaiming Children and Youth, 12*, 161-166.
- Nas, C. N., Brugman, D., & Koops, W. (2008). Measuring self-serving cognitive distortions with the How I Think Questionnaire. *European Journal of Psychological Assessment, 24*(3), 181-189.
- Owens, L., Skrzypiec, G., & Wadham, B. (2011). *The relationship between thinking and aggressive and anti-social behaviour of adolescents in a South Australian metropolitan secondary school*. Paper presented at the International Observatory on Violence in Schools 5th World Conference and 4th Ibero-American Congress, Mendoza: Argentina.
- Owens, L., & Slee, P. T. (2006). *Bullying experiences questionnaire (BEQ)*. Flinders University, Adelaide: Author.
- Rigby, K. (2010). School bullying and the case for the Method of Shared Concern. In S. Jimerson, S. Swearer, & D. Espelage (Eds.), *The handbook of bullying in schools: An international perspective* (pp. 547-558). New York: Routledge.
- Salmivalli, C., Lagerspetz, K., Björkqvist, K., Österman, K., & Kaukiainen, A. (1996). Bullying as a group process: Participant roles and their relations to social status within the group. *Aggressive Behavior, 22*, 1-15.
- Sykes, G. M., & Matza, D. (1957). Techniques of neutralization: A theory of delinquency. *American Sociological Review, 22*, 664-670.
- Taylor, G. (1996). Creating a circle of friends: A case study. In H. Cowie, & S. Sharp (Eds.), *Peer counselling in school* (pp. 73-86). London: David Fulton.
- Tremblay, R. E. (2006). Prevention of youth violence: Why not start at the beginning?. *Journal of Abnormal Child Psychology, 34*, 481–487.
- van der Meulen, K., Granizo, L., & del Barrio, C. (2010). Using EQUIP for educators to prevent peer victimization in secondary school. *Journal of Research in Character Education, 8*(1), 61.
- van der Velden, F., Brugman, D., Boom, J., & Koops, W. (2010). Effects of EQUIP for Educators on students' self-serving cognitive distortions, moral judgement, and antisocial behavior. *Journal of Research in Character Education, 8*(1), 77-95.



- Villarruel, A. M., Jemmott, J. B., III., & Jemmott, L. S. (2006). A randomized controlled trial testing an HIV prevention intervention for Latino youth. *Archives of Pediatrics and Adolescent Medicine, 160*(8), 772-777.
- Yeager, D. S., & Walton, G. M. (2011). Social-psychological interventions in education: They're not magic. *Review of Educational Research, 81*(2), 267-301.



# Section Three

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**A Focus on Teachers**

## **A focus on teachers**

The first chapter in this section, by Rosalyn Shute, continues the theme of bullying with a consideration of the role of teachers in addressing it. The next two chapters concern teacher learning with regard to student mental health: Katherine Dix and Rosalind Murray-Harvey draw attention to broad issues of professional development, while Helen Askill-Williams and Michael Lawson suggest how to build bridges between teacher prior knowledge and mental health promotion. The latter two authors join Mirella Wyra in the concluding chapter of this section, to demonstrate the effects of schoolyard duty on teacher wellbeing.

# 11

## School bullying: The role of teachers

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*Bullying in schools is a serious impediment to student wellbeing, and teachers are seen as having a crucial role to play in reducing it. For example, Australian schools are expected to train staff to understand the impact of bullying and to be proactive in addressing it. In reality, however, teachers are often unaware of, or fail to intervene in, bullying incidents. This chapter will identify some of the factors influencing whether and how teachers respond to bullying between students. Certain personal characteristics of teachers play a part, and examining these fits a western, individual-focused, psychological tradition. However, there are also broader systemic factors that impinge on teacher responses to bullying, such as school culture, type of school anti-violence policy and societal gender relations. Understanding this broad range of issues may enable a more holistic perspective to be taken on the role of teachers in addressing school violence.*

### Introduction

I am grateful for the excellent grounding in grammar that I received, as a teenager, from my English teacher. We did not, however, look forward to her classes, but listened apprehensively for her approaching shoes, the signal that we should sit upright and silently, with precisely

the right books at the ready. Which hapless girl, having left a bag protruding into the aisle between desks, would she label a ‘slut’ today? Prime candidates were the girl with a disability and the one who struggled with lessons. We were all targets of her game in selecting the person to stand and give an account of the latest chapter of *Jane Eyre*, when she would slowly pace the classroom, her body language suggesting a few likely victims, then wheel around and pick someone who thought she had escaped. Her authority as a teacher, coupled with her sarcasm and disdainful looks, gave her power that was palpable. The word ‘bully’ never crossed our minds, back in the 1960s, but from the vantage point of the twenty-first century, the following definition of bullying is certainly apposite: “physical, verbal or psychological attack or intimidation that is intended to cause fear, distress or harm to the victim, and where the intimidation involves an imbalance of power in favour of the perpetrator” (Slee, 2003, p.307).

## Context

While bullying by teachers has not disappeared (Delfabbro et al., 2006), today’s teachers certainly operate in a very different milieu. In many countries, threats of litigation and dismissal now hang heavily and teachers have a duty of care toward their students that was undreamed of in the 1960s (e.g., Akiba, Shimizu & Zhuang, 2010). This includes protecting students from bullying by their school peers.

The strengthening push for teachers to take responsibility in this area has been spurred by accumulating evidence that bullying is associated with mental health problems among victims, some perpetrators and, especially, bully-victims (e.g., Glew, Fan, Katon & Rivara, 2008). Furthermore, the relationship between bullying victimisation and mental health problems is being increasingly identified as causal, with serious long-term outcomes including suicidality, violence and even psychotic symptoms (Arsenault, Bowes & Shakoor, 2009). From this perspective, schools and teachers who address bullying effectively are playing a crucial preventative role in student mental health.

Australia’s National Safe Schools Framework, under which all members of the school community have a right to a safe and supportive learning environment, is an example of government-led policy to counter bullying and promote wellbeing (Ministerial Council on Education, Early Childhood Development and Youth Affairs, 2011). It recognises the important role of teachers in both proactively building a safer school community and in reacting effectively to violent incidents, and lays out the duty of schools to provide appropriate professional

development opportunities for teachers. Such initiatives are not limited to western societies: in Japan too, for example, teachers are seen as having a critical role (Akiba et al., 2010). This represents great progress considering how recently some Japanese teachers engaged in physical violence against students (Takeuchi, personal communication, 2009) or even colluded with students in bullying: several teachers participated in a mock funeral for one tormented student, who later suicided (Naito & Gielen, 2005; Toda, Chapter 15).

Despite positive moves internationally, anti-bullying initiatives yield only modest outcomes (Merrell, Gueldner, Ross & Isava, 2008). While there may be many reasons for this, it is clear that no program can work well without the effective participation of those working at the coalface – the teachers. Teachers are crucial for achieving program fidelity by both ‘talking the talk’ (for example, accurately implementing classroom-based social skills activities) and by ‘walking the talk’, or dealing spontaneously with day-to-day incidents (Hirschstein, Edstrom, Frey, Snell & MacKenzie, 2007). These informal teacher responses may be especially powerful (Hirschstein et al.), and are the main focus of the present chapter.

## **Key Issues**

### **Do teachers intervene in bullying incidents?**

As discussed further below, a major obstacle for teachers is that students are reluctant to disclose bullying to them. Unfortunately, teachers also tend to over-estimate their own ability to recognise and inclination to address bullying (e.g., Atlas & Pepler, 1998). They also report less, and more lenient, intervention for social exclusion than for verbal and physical aggression, despite the former being particularly hurtful (e.g., Ellis & Shute, 2007). Gendered victimisation may also fail to yield teacher support (Meyer, 2008). These are important issues, as teacher avoidance of dealing with school violence is associated with higher levels of student victimisation (Marachi, Astor & Benbenishti, 2007).

In some cases, teachers may not recognise bullying, for example, mistaking physical bullying for play fighting (Beran, 2006). Preschool or kindergarten teachers may believe that young children are not capable of bullying, contrary to research evidence (e.g., Alsaker & Valkanover, 2001) and parents of bullied preschoolers may find their concerns rejected by teachers (Humphrey & Crisp, 2008).

Some types of bullying are inherently difficult to detect, including cyberbullying, which follows victims home and contributes significantly to adolescent depression over and above traditional bullying (Perren, Dooley, Shaw & Cross, 2010). Covert bullying, involving behaviours such as rumour-spreading and nasty nonverbal behaviours, is also difficult for teachers to observe (by definition), enabling perpetrators to maintain an air of innocence (Shute, Owens & Slee, 2002).

### **Bullying and student help-seeking from teachers**

A major challenge for teachers in responding to bullying is that students often do not disclose to them or indeed to anyone, or prefer peers as an informal source of help (Mishna & Alaggia, 2005). One solution is to establish peer support schemes (e.g., Toda, 2004), and the teacher's role is then one of program facilitator.

However, teachers generally remain an untapped source of direct support for bullied students. The potential of homeroom teachers in particular has been examined, in light of evidence that positive student-teacher relationships promote student resilience and wellbeing. In Japan the homeroom teacher has a recognised role in promoting class harmony and the social-emotional wellbeing of students (Akiba et al., 2010). While such a role may be less explicit in other countries, homeroom teachers nevertheless have the opportunity to form a closer relationship with students than do subject teachers, through their daily interactions with them. Yablon's (2010) research in Israel shows that younger children and girls are more likely to turn to homeroom teachers for help with bullying than are older students and boys; while this may partly reflect societal help-seeking norms, it is also because they have better relationships with these teachers. However, for weapons violence, the student merely wants to know that the teacher can help. Such findings suggest that if teachers foster good interpersonal relationships with students and create a sense of being an effective source of assistance, then students will be more likely to turn to them for help with bullying.

### **Teacher characteristics influencing response to bullying**

Perhaps the most important teacher characteristic influencing response to bullying is their belief about its seriousness. Teachers are more likely to intervene if they believe bullying is an extensive problem in their school (Dake, Price, Telljohann & Funk, 2003), and perceived seriousness of particular bullying incidents is a strong predictor of their

likelihood of intervening (e.g., Dedousis-Wallace & Shute, 2009). However, in comparison with direct physical and verbal bullying, teachers are less aware of the impact of indirect, or covert, bullying and rate it as less serious than physical and verbal bullying (e.g., Ellis & Shute, 2007). This contrasts with students' own reports that indirectly aggressive behaviours are very harmful, with consequences such as suicidality and wanting to leave the school (Owens, Slee & Shute, 2000).

Empathy is another teacher characteristic contributing significantly to likelihood of intervening. A colleague running teacher education sessions on the effects of bullying observed that when she mentioned youth suicide some teachers rolled their eyes. My shock was probably unwarranted since I was well aware of research showing that some community members view youth suicide attempts as mere attention-grabbing behaviour. Teachers are less empathic than school counsellors toward victims of bullying (Jacobsen & Bauman, 2007), and those expressing least empathy toward victims are least likely to help (e.g., Yoon, 2004). One study found teacher empathy to account for their likelihood of intervening in indirect, but not direct, bullying (Dedousis-Wallace & Shute, 2009).

Teacher bullying-related knowledge, skills and self-efficacy are other relevant factors, and we would expect these to increase through teacher education. Teachers trained in violence prevention are more likely to set aside classroom time for it (Dake et al., 2003). Surprisingly, teacher knowledge about the mental health impact of indirect bullying on students does not predict the likelihood that they will intervene; on the other hand, how seriously a teacher perceives indirect bullying *is* a predictor of intervening, and this can be raised by an educational intervention (Dedousis-Wallace & Shute, 2009). Teacher skill in classroom management is also important: an authoritative style, combining warmth with appropriate control, counteracts the development of a bullying ethos (Allen, 2010).

Moral orientation of teachers also plays some role. Those whose personal moral code is driven by a concern for justice favour interventions based upon rules and sanctions, whereas those whose moral orientation is based on care for others prefer interventions based on problem solving (Ellis & Shute, 2007). The nature of the anti-bullying policy at a particular school may therefore fit better with the personal style of some teachers than others.

Teacher perceptions of a range of other matters influence their tendency to respond to bullying. For example, particularly at a



preschool level, teachers may not intervene in the belief that children learn socially by sorting out disputes themselves; the danger here is that if bullying behaviour is overlooked, bully and victim roles tend to consolidate (Alsaker & Valkanover, 2001). A perceived lack of support from their institution and fear of a backlash from parents are both reasons given by teachers for not responding to gendered victimisation (Meyer, 2008). In terms of prevention, if teachers see it as only moderately effective, they may decide not to spend precious class time on it (Dake et al., 2003). It is important, then, to continue research which provides a deeper understanding of teachers' perspectives on the factors that help or hinder them in efforts to deal with bullying.

### **A learning theory approach**

Prevention programs often explicitly or implicitly adopt principles of learning theory, for example, reducing opportunities and removing rewards for bullying, enforcing sanctions and reinforcing alternative, cooperative behaviours; other approaches may be more based on problem solving (Ellis & Shute, 2007). Both place teachers as key players in recognising bullying and intervening (e.g., Yoon, 2004). If they do not, bullying behaviours may be reinforced. Intermittent reinforcement is well-established as a strong way of increasing a behaviour, so inconsistent responding by teachers could actually increase bullying by providing perpetrators with intermittent rewards, whether a sense of power or fun, popularity with peers or extorted lunch money (Dedousis-Wallace & Shute, 2009). This perspective highlights the importance of consistent responding by teachers and of creating a better understanding of the facilitators of, and barriers to, such responding.

### **The interpersonal context**

While taking a relationships approach to education has become more common, its application to school violence is relatively recent (Marachi et al., 2007). I have already discussed the role of teacher empathy in helping bullied students and of the student-teacher interpersonal relationship in determining whether a student will ask for a teacher's help. Considering the interpersonal context more broadly, the notion of school culture has been given particular attention, especially in terms of whether it is authoritarian or democratic (Hyman & Snook, 2000). The former, where student behaviour is controlled externally by teachers, is characterised by bullying and unruly behaviour in the absence of teachers, while in the latter students behave cooperatively even when teachers are not present. While this evidence appears to clearly support

the superiority of democratic school cultures for bullying prevention, a caveat is that in some cultures student participation might be perceived as anarchic and disrespectful, which might foster the victimisation of students by teachers (Marachi et al., 2007).

School culture should not be seen simply as an external factor constraining teachers' behaviour. There is evidence of interactions that are probably reciprocal between student social relationships and bullying and how teachers manage their classrooms; teachers who are aggressive to students, or sarcastic and disparaging, contribute to a culture that promotes bullying (Allen, 2010). The teacher I described at the opening of this chapter was fortunately an exception in the school, but it is not difficult to imagine the ethos of a school where such teacher behaviour is common.

### **An ecological approach**

Our consideration of the role of teachers exemplifies a move toward a broader perspective on bullying in comparison with an earlier focus on individual bullies and victims. A social-interactional, ecological or systemic perspective is often now espoused. This views bullying behaviour as resulting from complex interactions between individual characteristics and the social context. For example, Swearer and Espelage (2003) draw upon ecological systems theory in an effort to promote the understanding of bullying within a complex of dynamically-interacting systems including the school, community and family. A focus on bullies as 'bad apples' fails to take account of the 'barrel' of systemic factors that promote their behaviour. The widespread nature of bullying also brings it into the purview of sociology as something that is potentially structural (Yoneyama & Naito, 2003).

These newer perspectives mean that the broader contexts within which teachers operate must be considered. For example, the context for bullying in the United States differs from that in other countries because of the gun culture and an associated climate in many schools that is characterised by fear and a sense of crisis (Devine & Lawson, 2003). Cultural values with regard to gender can foster a school climate in which sexual bullying flourishes (Shute, Owens & Slee, 2008). Teachers in different parts of the world may work within different definitions of bullying and within systems which either delegate or centralise school policies and practices (Devine & Lawson). Expectations of teachers vary between cultures: for instance, in Japan the homeroom teacher is expected to forge strong bonds with students,

while elsewhere teachers may need to collaborate more with others, such as school counsellors, in resolving school bullying cases (Akiba et al., 2010).

Under an ecological view, teachers' responses to bullying are seen as in a state of dynamic interchange with a host of individual, relational, organisational and cultural factors. Culture itself is fluid, and the changes in attitudes to bullying in recent years are profound, in that bullying in schools is now clearly recognised and condemned in many countries as harmful to student wellbeing. This is a welcome, if incomplete, cultural shift.

## **Educational Implications**

Teacher education is an obvious place to address some of the potential barriers to their effective intervention in bullying. Pre-service training should include a needs assessment of pre-service teachers and a focus on knowledge, skills and confidence to deal with bullying (Beran, 2006). Essential knowledge and skills include the ability to: identify and name types of bullying; identify helpful resources; support and discipline students appropriately; manage a classroom and communicate well with students; model assertiveness; and deal with school systems (Beran, 2006). An example of an attempt to incorporate teaching about bullying into the pre-service curriculum is described by Mainwaring-Betts (2005): the Australian Catholic University aims to provide the opportunity for 'deep learning' through an assessed literature review on bullying, requiring conceptual links between theories, research and practical applications.

Regarding inservice training, schools need to foster a community of learning among staff, supporting peer mentoring and reflective practice (Allen, 2010). This is in line with an ecological perspective, the support of school administrators being essential (Beran, 2006). Educating teachers to recognise bullying (even among young children), to appreciate its seriousness (especially indirect bullying) and to respond appropriately and consistently are all potential avenues.

Again in keeping with an ecological approach, the responsibility for addressing bullying should be shared between teachers and others in the community. Implementing a whole school approach requires collaborative effort (Devine & Lawson, 2003) and advocacy in order to garner widespread support from not only teachers and principals but from parents and students (Dake et al., 2003).

## Future Directions

The ecological perspective means keeping an open mind and thinking ‘outside of the box’ with which we are personally familiar. For some teachers, this might require willingness to take on board insights offered by researchers who are not teachers, or to put oneself in the shoes of a bullied child or their concerned parent. For researchers, it might mean seeking a clearer perspective on teachers’ lives in dealing with bullying as just one of a host of daily pressures. For some psychologists, it might mean not dismissing as ‘unscientific’ insights into teachers’ role in bullying gained through qualitative inquiry, and for some sociologists it might mean acknowledging the importance of individual differences between teachers as well as structural factors that support or ameliorate bullying. All this will involve mutual respect and the fostering of collaborative relationships across different disciplines and community groups.

From a research perspective, there is much more that we need to discover. What are the best ways to promote teacher education about bullying? How can pre-service teachers best learn communication skills that reduce a reliance on coercing students? What is the best way to convince the unconvinced teacher about the seriousness of bullying and youth suicide? What are the lived experiences of teachers in dealing with bullying, and what insights can teachers offer researchers and policy makers? Is it possible to raise teacher empathy? What are the most effective tools that can be put in the hands of teachers to help them in addressing bullying? Answers to such questions will help to support teachers in fostering school climates in which young people are free from bullying and can thrive and grow into psychologically healthy adults.

## References

- Akiba, M, Shimizu, K., & Zhuang, Y-L. (2010). Bullies, victims, and teachers in Japanese middle schools. *Comparative Education Review*, 54(3), 369-392.
- Allen, K. P. (2010). Classroom management, bullying, and teacher practices. *The Professional Educator*, 34, 1-15.
- Alsaker, F. D., & Valkanover, S. (2001). Early diagnosis and prevention of victimization in kindergarten. In J. Juvonen, & S. Graham (Eds.), *Peer harassment in school: The plight of the vulnerable and victimized* (pp.175-195). New York: Guilford.
- Arsenault, L., Bowes, L., & Shakoor, S. (2009). Bullying victimization in youths and mental health problems: “Much ado about nothing”? *Psychological Medicine*, 40, 717-729.

- Atlas, R. S., & Pepler, D. J. (1998). Observations of bullying in the classroom. *Journal of Educational Research, 92*, 78-82.
- Beran, T. N. (2006). Preparing teachers to manage school bullying: The hidden curriculum. *The Journal of Educational Thought, 40*(2), 119-128.
- Dake, J. A., Price, J. H., Telljohann, S. K., & Funk, J. B. (2003). Teacher perceptions and practices regarding school bullying prevention. *Journal of School Health, 73*(9), 347-355.
- Dedousis-Wallace, A., & Shute, R. (2009). Indirect bullying: Predictors of teacher intervention, and outcome of a pilot educational presentation about impact on adolescent mental health. *Australian Journal of Educational and Developmental Psychology, 9*, 2-17.
- Delfabbro, P., Winefield, T., Trainor, S., Dollard, M., Anderson, S., Metzger, J., & Hammarstrom, A. (2006). Peer and teacher bullying/victimization of South Australian secondary school students: Prevalence and psychosocial profiles. *British Journal of Educational Psychology, 76*, 71-90.
- Devine, J., & Lawson, H. A. (2003). The complexity of school violence: Commentary from the US. In P. K. Smith (Ed.), *Violence in schools: The response in Europe* (pp.332-350). London: RoutledgeFalmer.
- Ellis, A., & Shute, R. (2007). Teacher responses to bullying in relation to moral orientation and seriousness of bullying. *British Journal of Educational Psychology, 77*, 649-663.
- Glew, G. M., Fan, M-Y., Katon, W., & Rivara, F. P. (2008). Bullying and school safety. *Journal of Pediatrics, 152*, 123-128.
- Hirschstein, M. K., Edstrom, L. V. S., Frey, K. S., Snell, J. L., & MacKenzie, E. P. (2007). Walking the talk in bullying prevention: Teacher implementation variables related to initial impact of the *Steps to Respect* program. *School Psychology Review, 36*, 3-21.
- Humphrey, G., & Crisp, B. R. (2008). Bullying affects us too: Parental responses to bullying at kindergarten. *Australian Journal of Early Childhood, 33*, 45-49.
- Hyman, I. A., & Snook, P. A. (2000). Dangerous schools and what you can do about them. *Phi Delta Kappan, 81*(7), 489-98, 500-501.
- Jacobsen, K., & Bauman, S. (2007). School counsellors' responses to school bullying scenarios. *Professional School Counseling 11*, 1-9.
- Mainwaring-Betts, D. (2005). Increasing teacher education students' awareness of effective strategies to reduce and prevent school bullying. In B. Bartlett, F. Bryer, & D. Roebuck (Eds.), *Stimulating the 'Action' as participants in participatory research, Vol. 3* (pp.1-14). Nathan, Queensland: Griffith University School of Cognition, Language and Special Education. Retrieved from: [search.informit.com.au/documentSummary;dn=295592863253250;res=IELHSS](http://search.informit.com.au/documentSummary;dn=295592863253250;res=IELHSS)
- Marachi, R., Astor, R. A., & Benbenishti, R. (2007). Effects of teacher avoidance of school policies on student victimization. *School Psychology International, 28*, 501-508.

- Merrell, K. W., Gueldner, B. A., Ross, S. W., & Isava, D. M. (2008). How effective are school bullying intervention programs? A meta-analysis of intervention research. *School Psychology Quarterly, 23*, 26-42.
- Meyer, E. J. (2008). Gendered harassment in secondary schools: Understanding teachers' (non) interventions. *Gender and Education, 20*(6), 555-570.
- Ministerial Council on Education, Early Childhood Development and Youth Affairs (revised, 2011). *National safe schools framework*. Carlton South, Victoria: MCEECDYA.
- Mishna, F., & Alaggia, R. (2005). Weighing the risks: A child's decision to disclose peer victimization. *Children and Schools, 27*(4), 217-226.
- Naito, T., & Gielen, U. (2005). Bullying and *ijime* in Japanese schools: A sociocultural perspective. In F. L. Denmark, H. H. Krauss, R. W. Wesner, E. Midlarsky, & U. P. Gielen (Eds.), *Violence in schools: Cross-cultural and cross-national perspective* (pp.169-190). New York: Springer.
- Owens, L., Slee, P., & Shute, R. (2000). "It hurts a hell of a lot..." The effects of indirect aggression on teenage girls. *School Psychology International, 21*(4), 359-376.
- Perren, S., Dooley, J., Shaw, T., & Cross, D. (2010). Bullying in school and cyberspace: Associations with depressive symptoms in Swiss and Australian adolescents. *Child and Adolescent Psychiatry and Mental Health, Vol. 4*, p.28.
- Shute, R., Owens, L., & Slee, P. (2002). "You just stare at them and give them daggers". Nonverbal expressions of social aggression in teenage girls. *International Journal of Adolescence and Youth, 10*, 353-372.
- Shute, R., Owens, L., & Slee, P. (2008). Everyday victimization of adolescent girls by boys: Sexual harassment, bullying or aggression? *Sex Roles, 58*, 477-489.
- Slee, P. T. (2003). Violence in schools: An Australian commentary. In P. K. Smith (Ed.), *Violence in schools: The response in Europe* (pp. 301-316). London: RoutledgeFalmer.
- Swearer, S., & Espelage, D. (2003). Research on school bullying and victimization: What have we learned and where do we go from here? *School Psychology Review, 32*(3), 365-383.
- Toda, Y. (2004). Bullying and peer support systems in Japan: Intervention research. In D. Schwalb, J. Nakazara, & B. Schwalb (Eds.), *Applied developmental psychology in Japan*. (pp.301-320). Greenwich, CT: Information Age Publishing.
- Yablon, Y. B. (2010). Student-teacher relationships and students' willingness to seek help for school violence. *Journal of Social and Personal Relationships, 27*(8), 1110-1123.
- Yoneyama, S., & Naito, A. (2003). Problems with the paradigm: The school as a factor in understanding bullying (with special reference to Japan). *British Journal of Sociology of Education, 24*(3), 315-330.

Yoon, J. S. (2004). Predicting teacher interventions in bullying situations. *Education and Treatment of Children, 27*, 37-45.

# 12

## Teacher professional learning: Towards a shared understanding about student mental health

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*Increasingly in Australia and overseas, attention has been given to the possibility of working through schools to improve the mental health of children. KidsMatter Primary, the Australian mental health promotion, prevention and early intervention initiative, is one such possibility but places growing expectations on teachers about their capacity to promote wellbeing and to recognise and support children with mental health difficulties. Discussion highlights issues related to professional learning, particularly for teachers since they are positioned as key facilitators of classroom participation in the national mental health agenda that will ultimately drive the sustainability of initiatives like KidsMatter.*

### Introduction

This chapter addresses issues of professional learning that relate to the attitudes, skills and knowledge needed by school communities to effectively implement a whole-school approach to student mental health and wellbeing. The term ‘health promoting schools’ is used commonly in Australia and internationally with reference to schools



who adopt a whole-school and community approach to improving student health and wellbeing across its many dimensions (Mukoma & Flisher, 2004). It is now well accepted that education is positively related to health, and that schools are ideal sites for implementing educational programs by playing a key role in promoting healthy behaviours and attitudes. As Murray-Harvey and Slee (2010) have noted "...it is important that schools provide an environment that makes it possible for their students to thrive and to achieve, not only academically but in all ways that relate to their overall wellbeing" (p.271). It is also widely reported that most mental health problems develop during childhood (Rickwood, 2005) and that with appropriate early intervention, mental health difficulties are significantly reduced. KidsMatter, as a whole-school intervention, acts to make the relationship between education and health explicit. KidsMatter provides an educative framework to promote mental health and wellbeing, which further facilitates a cycle of improved educational and health outcomes for students, their parents and teachers. The significant and positive outcomes from the pilot evaluation of KidsMatter during 2007-08 in 100 Australian primary schools (Slee et al., 2009) have led to federal government support for more extensive national dissemination. As part of managing the broader reach of KidsMatter, attention is being given to the challenges, one of which is delivering the professional learning needed to implement KidsMatter effectively and sustainably.

The issue is an important one, and recognised as such, in the recommendations of a recent *Inquiry into the Potential for Developing Opportunities for Schools to become a focus for Promoting Healthy Community Living* (Parliamentary Education and Training Committee, 2011),

...that the Department of Education and Early Childhood Development [in Victoria, Australia] establish a comprehensive professional development program for teachers and school leaders to develop the advanced knowledge and skills required to plan, implement and evaluate school-based health promotion initiatives. (Recommendation E, p.6)

## Context

Central to any whole-school approach to improving mental health and wellbeing outcomes for students, is that the school explicitly addresses, not only through the curriculum, but also through its ethos and learning environment, the needs of all students, staff and the wider community. Figure 12.1 captures these central ideas as a tripartite framework, based on the Australian Health Promoting School Association website

([www.ahpsa.org.au](http://www.ahpsa.org.au)), and highlights this broader conceptualisation of the holistic approach of a health promoting school. This requires a commitment by all members of a school's staff, beyond the few already invested with expert knowledge and skills. In relation to KidsMatter, this holistic approach relies as much on the personal perceptions (attitudes), knowledge and confidence (self-efficacy) of staff around their mental health and wellbeing classroom and school practice, as it does on contextual factors such as policies and procedures (Askill-Williams, Lawson & Dix, 2011; Jourdan, Stirling, McNamara & Pommier, 2011).



**Figure 12.1. A health promoting school framework**

The Australian education system is in the process of systematic reform of national curriculum, and assessment and teaching standards related to wellbeing and social emotional learning are now included. Accompanying this change, the discourse about wellbeing and social emotional learning is beginning to filter into broader discussions about pedagogical quality (Ingvarson & Rowe, 2008). Nevertheless, gaps clearly exist in graduate and in-service teacher preparedness to be knowledgeable and competent in social-emotional learning, mental health promotion, and early identification. The nature of those gaps, their implications, and how to overcome them, are increasingly the focus of debate.

## **Key Issues**

### **Learning about mental health and mental illness**

A key issue for professional learning in the area of mental health, a core feature of KidsMatter, is, as with any new learning, how best to address core content around social and emotional health and wellbeing, and for teachers particularly, to connect the positive interrelationship of these dimensions with improving academic learning. Alongside the

need for staff to embrace an inclusive, holistic model of wellbeing as integral to their practice, is how to address learning around the ‘hidden’ disabilities related to mental health. The significant level of unidentified and untreated children with mental health problems represents a service gap between whole-school mental health intervention and external mental health service providers. Fealy and Story (2006) report that “at any given time as many as 10 per cent of the school-aged population have untreated and possibly unidentified mental health problems” (p.3). Because teachers are uniquely placed to promote wellbeing and to identify at-risk students in the school context, enabling earlier intervention, they are also uniquely placed to address these gaps but require improved pre-service training and in-service professional learning. Mental Health professional learning for teachers is not about learning the specifics of mental health conditions or their symptoms and treatments – that is the domain of health professionals. As Clark (2010, p.2) states

It is about developing awareness and understanding of mental health issues and their impact on learning and achievement...because our mental health impacts on everything we do, including our ability to learn and work.

In order for professional learning around the mental health-illness continuum to be enacted, it will require KidsMatter, or any other school-based initiative with a focus on mental health, to address staff attitudes, perceptions and beliefs. Consistent with any model of effective implementation, staff will need to feel motivated (committed) to adopt new practices, to be convinced of the benefits of the changed practice, and to feel confident and supported to implement the practice (Askill-Williams et al., 2011; Durlak & DuPre, 2008; Jourdan et al., 2011).

### **Proliferation of programs**

The increasing evidence (e.g. Durlak, Weissberg, Dymnicki, Taylor & Schellinger 2011; Murray-Harvey, 2010) that positive mental health is clearly linked to positive learning, has recruited teachers into providing a pivotal role in its active promotion and delivery. In Australia, there are over 70 school-based programs<sup>1</sup> that include not only knowledge-based curricula to promote students’ social-emotional awareness, but also process-based programs to foster the development of students’ social-emotional skills. Identifying and selecting the appropriate programs for schools has been a challenging and unstructured process

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<sup>1</sup> Based on the KidsMatter listing as of April 2011  
[www.kidsmatterprimary.edu.au/programs-guide/programs-in-the-guide](http://www.kidsmatterprimary.edu.au/programs-guide/programs-in-the-guide)

for teachers, done by-and-large on the basis of bottom-up assumptions about implementation that rely on individual teachers using their own skills, knowledge and resources. This is evidenced by the responses from school wellbeing coordinators in 58 KidsMatter pilot schools, that 74 per cent of these schools had adopted one or more programs prior to commencing KidsMatter.

*Social and Emotional Learning: A Teacher's Guide*, has been disseminated by the Hunter Institute of Mental Health as “particularly useful for students in their final years of study and will prove a handy reference in their early years of teaching” (ResponseAbility, 2010). *MindMatters*, now in its tenth year, has been implemented by approximately 40 per cent of secondary schools in Australia and claims awareness of their resources across 98 per cent of schools nationally. Schools are provided with 12 hours of professional learning to improve staff knowledge of mental health in each of the four components of KidsMatter, in addition to introductory and implementation professional learning events. However, none of these professional learning actions has assessment or feedback systems that assess the quality of what teachers *know* and are able *do*, following the professional learning. Timperley, Wilson, Barrar and Fung (2007) refer to this as a ‘black box’ in the professional learning (PL) literature where “little is known about how teachers interpret the available understanding and utilise the particular skills offered during PL opportunities, or the consequent impact of these on teaching practice and student outcomes” (p.xxiii). This professional learning into practice issue is likely to be exacerbated when schools feel overwhelmed by the number of programs and frameworks being promoted to them (Askill-Williams et al., 2011; Askill-Williams, Lawson & Murray-Harvey, 2007; Jourdan et al., 2011).

### **Essential elements of professional learning**

Consistent with a whole-school approach, staff involvement is required at the planning, implementation and evaluation phases of embarking on initiatives like KidsMatter, a point discussed later in the chapter. There is consensus in the literature (see Timperley et al., 2007) on a number of elements that are essential to meaningful professional learning:

- providing time;
- engaging external expertise;
- engaging teachers in learning;
- challenging problematic discourses;
- establishing a community of practice;

- ensuring content is consistent with policy; and
- active involvement of leaders in the professional learning.

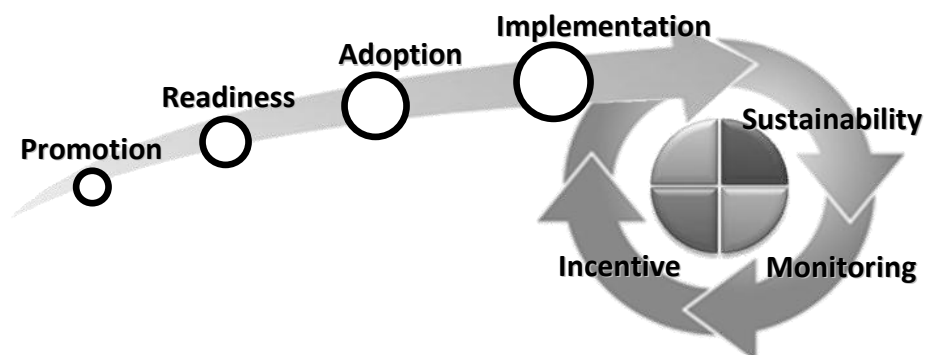
Importantly, the issue of note emerging from this literature is that any one attribute or action will not, in itself, be the catalyst for changing practice. The issue of time allocation for professional learning is a case in point. While extended time is necessary for extensive learning, how time is used is more important than the amount of time, with extended (sometimes costly) opportunities to learn not necessarily proving more effective than shorter events. Notwithstanding the lack of clarity about optimum exposure to professional learning, the evidence is clear that teachers who engage in professional learning relevant to their classroom practice are more likely to implement a program or initiative in line with its intentions (fidelity).

## **Educational Implications**

Understanding about the key stages and processes that are integral to successful whole-school and whole-system reform needs to be part of professional learning. According to Fullan and Levin (2009) “The basic premise is respect for teachers and for professional knowledge, but this is accompanied by intensive development of the profession to a high standard of practice based on evidence” (p.30). Learning for teachers needs to address diversity and inclusivity in the same way as it applies to the students they teach. Teachers are self-regulating professionals who construct their own learning experiences and who need that learning to be meaningful in the context of their teaching practice. In order for professional learning activities and resources to have impact, they must be appropriately paced and matched to the phases that a school proceeds along when implementing a whole-school program.

A review of the literature indicated a number of phases along a path or trajectory that a school would typically take when implementing a whole-school initiative. Successful implementation at each phase relies on professional learning. Stith et al. (2006) recommended that effective school-based prevention programming should consider the issue of school readiness. Durlak and DuPre (2008) discussed phases that involved dissemination, adoption, implementation and sustainability. The literature also mentioned additional important factors for success, including ongoing monitoring and feedback (Fixsen, Naoom, Blasé, Friedman & Wallace, 2005; Fullan & Levin, 2009; Greenhalgh et al., 2005), and an incentives system responsive to implementation (Fixsen et al., 2005; Fullan & Levin, 2009). Accordingly, the proposed

trajectory of a school implementing KidsMatter involves seven phases as presented in Figure 12.2.



**Figure 12.2. KidsMatter phases of implementation**

Brief discussion is made of the importance of professional learning at some of these phases.

**1. Promotion** considers how school leaders or other education and health professionals in a community hear about the program and have access to initial information.

**2. Readiness** for a school to undertake a program is reported in the literature as an important phase to assess. It refers to the extent to which the school recognises there is a problem to be addressed, is willing to address it and, importantly, has the capacity to do so. While it is likely that a school will drive this stage, in some cases it may be community agencies that perceive the need and approach their local school to implement the program. Either way, the school principal must understand the time and resources involved in implementing the program and assess whether the school is ready.

**3. Adoption:** The literature indicates that a key person, such as the school principal, may take the initiative to drive the adoption of an intervention. This may be undertaken through a whole-school decision-making process and may also be informed by community and external agency input.

Since one of the characteristics of high quality professional learning is that it aligns with school goals, school leaders need to engage with their staff at each of the preparatory phases of a new program or initiative. Professional learning may be needed to explicate the compatibility of a program with the school's strategic goals, with teachers' roles, and with current practices (Jourdan et al., 2011).

**4. Implementation** considers how well the program is conducted during the start-up period. The initiative must meet the local needs of the community in which the intervention is taking place and must be responsive to local conditions. Central to this stage is the establishment and resourcing of a school action team that plans and drives the implementation of the program, supported by local parenting and mental health professionals, online resources and a regional program coordinator. Durlak and DuPre (2008) are emphatic that “Effective leadership is crucial to implementation” (p.338), and Timperley et al. (2007) point to evidence that ‘effective’ leadership includes active support for the professional learning of staff, including themselves.

**5. Sustainability** considers whether the fidelity, dosage and quality of the program are maintained over time in the manner intended. Follow up to the KidsMatter pilot suggests that when there are changes to leadership or other staff invested with responsibility for driving the initiative, threats to sustainability arise when knowledge (through professional learning) has not been distributed widely enough across the school and its wider community.

**6. Monitoring:** An accurate monitoring and feedback system should be integrated into the operation of the program.

**7. Incentive:** Infrastructure that provides incentives or recognition to schools and individuals within schools for achieving implementation milestones feed into a cycle of continual improvement.

The proposed delivery of professional learning in KidsMatter, as it is disseminated to 2100 schools nation-wide by 2014, is based on a train-the-trainer model that comprises a staged process of professional learning events underpinned by a planned strategic whole-school approach. The staged process is designed to guide a school along a path of whole-school awareness about KidsMatter through to sustainability for the longer term. Table 12.1 maps the first five phases of implementation onto the professional learning events.

However, because professional learning in school is generally conducted by a trained member of staff using a set of specific resources the opportunity to assess the quality of delivery and the improved knowledge of staff, in the traditional sense, is not possible. Inability to assess standards of delivery and standards of learning does provide a challenge to ensuring that quality of implementation is maintained during the national expansion of KidsMatter. For KidsMatter to be sustainable and continue to have improved outcomes for students to the

extent experienced in the pilot evaluation (Slee et al., 2009), solutions to this issue need to be found as KidsMatter expands.

**Table 12.1. KidsMatter Professional Learning Events mapped to the phases of whole-school implementation**

Phase	Event	Description
Promotion; Readiness	<i>KidsMatter Briefing</i>  for School leaders and other school, education and health personnel	Provides preliminary information about KidsMatter and how it can support the work of school leaders, school, education and health personnel
Adoption; Sustainability	<i>Overview of KidsMatter</i>  for School Action Teams, new staff, and education, health and community personnel	Provides a deeper understanding of the KidsMatter framework, its underpinning mental health concepts and what it can mean for various roles within the school.
Implementation	<i>Getting Started: Professional Learning for Action Team Members</i>  for Staff within schools taking a lead role implementing KidsMatter in their school	This session provides information about the content of KidsMatter, its underpinning mental health concepts and processes and tools for aiding implementation of KidsMatter while supporting school priorities and strategic planning.
Implementation; Sustainability	<i>Implementation support and network meeting</i>  for Action Teams from other schools and community agency personnel working with KidsMatter schools	These workshops provide an opportunity for sharing of experiences in implementing KidsMatter. In addition to building networks and collegial support, these workshops also provide additional professional learning and support from KidsMatter staff to enhance the implementation process.
Implementation; Sustainability	<i>Facilitating Component 1: A positive school community</i> <i>Facilitating Component 2: Social and emotional learning for students</i> <i>Facilitating Component 3: Working with parents and carers</i> <i>Facilitating Component 4: Helping students experiencing mental health difficulties</i>  for the School Staff Trainer	Each event familiarises the trainer (school staff or external education or health agency person) with the content of each of the four component areas and the whole-school staff processes of the professional learning. It also prepares the trainer to deliver effectively the 3-4 hours per component of professional learning to school staff.

## Future Directions

As KidsMatter expands over the coming years and infrastructure to support national implementation and quality assurance is developed, there is, for the first time in Australia, an opportunity to also develop a systemic and quality assured approach to improving pre-service and in-service teachers' knowledge, competence and confidence in the area of student mental health and wellbeing. Even with the development of high quality resources and programs in Australia, mental health and



wellbeing initiatives will continue to rely on teachers' accepting, implementing and evaluating them. Providing teachers with the expertise and confidence to undertake these complex tasks can only be achieved by supporting their ongoing professional learning needs.

## References

- Askell-Williams, H., Lawson, M. J., & Dix, K. (2011). What is professional development for mental health promotion in schools like? Perspectives from school leaders and teachers in 100 Australian KidsMatter Primary schools. *The Clute Institute International Academic Conferences*, Barcelona, June 2011. Retrieved from: [conferences.cluteonline.com/index.php/IAC/2011SP/paper/view/581](http://conferences.cluteonline.com/index.php/IAC/2011SP/paper/view/581)
- Askell-Williams, H., Lawson, M. J., & Murray-Harvey, R. (2007). Teaching and learning about mental illness: An Australian perspective. *International Journal of Mental Health Promotion*, 9(4), 26-36.
- Clark, T. (2010). *Mental health matters for FE teachers toolkit*. Leicester, UK: National Institute of Adult Continuing Education.
- Durlak, J. A., & DuPre, E. P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology*, 41, 327-350.
- 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 intervention. *Child Development*, 82(1), 405-432.
- Fealy, S., & Story, I. (2006). The mental health Risk Assessment and Management Process (RAMP) for schools: I. *The Model*, 5(3), 284-294.
- Fixsen, D. L., Naoom, S. F., Blasé, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication No.231).
- Fullan, M., & Levin, B. (2009). The fundamentals of whole-system reform: A case study from Canada. *Education Week*, 28, 30-31.
- Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., Kyriakidou, O., & Peacock, R. (2005). Storylines of research in diffusion of innovation: A meta-narrative approach to systematic review. *Social Science and Medicine*, 61, 417-430.
- Ingvarson, L., & Rowe, K. (2008). Conceptualising and evaluating teacher quality: Substantive and methodological issues. *Australian Journal of Education*, 52(1), 5-35.
- Jourdan, D., Stirling, J., McNamara, P. M., & Pommier, J. (2011). The influence of professional factors in determining primary school teachers'

- commitment to health promotion. *Health Promotion International*, 26(3), 302-320.
- Mukoma, W., & Flisher, A. J. (2004). Evaluations of health promoting schools: A review of nine studies. *Health Promotional International*, 19(3), 357-368.
- Murray-Harvey, R. (2010). Relationship influences on students' academic achievement, psychological health and wellbeing at school. *Educational and Child Psychology*, 27(1), 104-115.
- Murray-Harvey, R., & Slee, P. T. (2010). School and home relationships and their impact on school bullying. *School Psychology International*, 31(3), 271-295.
- Parliament of Victoria Education and Training Committee. (2009). *Inquiry into effective strategies for teacher professional learning*. Final Report. Melbourne, Australia. Parliament of Victoria.
- ResponseAbility Education (2010). *Social and emotional learning: A Teacher's Guide*. Canberra: Commonwealth of Australia. Retrieved from: [www.responseability.org/site/index.cfm?display=134877](http://www.responseability.org/site/index.cfm?display=134877)
- Rickwood, D. (2005). Supporting young people at school with high mental health needs. *Australian Journal of Guidance and Counselling*, 15(2), 137-155.
- Slee, P. T., Lawson, M. J., Russell, A., Askill-Williams, H., Dix, K. L., Owens, L., ... Spears, B. (2009). *KidsMatter Primary Evaluation final report*. Melbourne: beyondblue.
- Stith, S., Pruitt, I., Dees, J., Fronce, M., Green, N., Som, A., & Linkh, D. (2006). Implementing community-based prevention programming: A review of the literature. *The Journal of Primary Prevention*, 27(6), 599-617.
- Timperley, H., Wilson, A., Barrar, H., & Fung, I. (2007). *Teacher professional learning and development: Best evidence synthesis iteration (BES)*. Wellington: New Zealand. Ministry of Education.



# 13

## A framework that builds bridges between teachers' prior knowledge and mental health promotion in schools

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*It is increasingly recognised that initiatives for mental health promotion can be appropriately located in school settings. However, some reports suggest that teachers may feel uncertain about their roles and expertise in this relatively new curriculum domain (Rowling, 2007). This chapter proposes that teachers' educational and student support roles, both for typical subject-matter teaching and for mental health promotion, can be understood as forms of instructional intervention (Mageean, 1991). Using instructional intervention as a linking concept, we propose a practical framework to support teachers to explicitly identify and use their existing knowledge to assist them to construct new knowledge about their professional roles in school-based mental health promotion initiatives.*

### Introduction

Models for health promoting schools, including mental health promotion, outline initiatives that rely upon teachers (and other school staff) to work in connected areas such as school policies, physical and social environments, building individual and collective competencies,

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Askill-Williams, H., & Lawson, M.J. (2011). A framework that builds bridges between teachers' prior knowledge and mental health promotion in schools. In R.H. Shute, P.T. Slee, R. Murray-Harvey, & K.L. Dix (Eds.), *Mental health and wellbeing: Educational perspectives*, (pp.155-164). Adelaide: Shannon Research Press.

and developing links with communities and health services (International Union for Health Promotion and Education, n.d.; World Health Organization, 2007; World Health Organization and Health and Welfare Canada, 1986). However, reports indicate that some teachers feel ill-equipped and/or anxious about their roles in the domain of mental health promotion in schools (Askell-Williams, Lawson & Dix, 2011; Rowling, 2007). For example, Reinke, Stormont, Herman, Puri and Goel (2011) reported that although 89 per cent of the teachers in their study agreed that schools should be involved in addressing the mental health needs of children, only 34 per cent of teachers reported that they felt they had the skills necessary to support such needs. Reinke et al. also reported that the teachers felt that school psychologists had a greater role than teachers in teaching social emotional lessons, and that the teachers felt that they lacked professional training in the field of mental health promotion. Similarly, reports from teachers in the Australian KidsMatter Primary mental health promotion initiative indicated that although approximately two-thirds of teachers felt confident about their ability to support students' development of social and emotional competencies, one-third of teachers reported that they lacked efficacy in that domain (Slee et al., 2009). And from an evaluation of the MindMatters secondary school mental health promotion initiative came the sentiment: "This is not our area of teaching: how can you expect us to deal with any of this?" (Askell-Williams, Lawson & Murray-Harvey, 2005, p.34).

## Context

Woven into such concerns are degrees of uncertainty and stigma associated with the field of mental health promotion. In particular, although the language of mental health promotion is being refined for better professional usage in some domains (e.g., pre-service teacher education, see Hunter Institute of Mental Health, 2001), in the general community and in the longstanding teaching workforce the language of mental health promotion suffers from imprecision. A comment from a school counsellor involved in the KidsMatter initiative highlights the nature of this issue: "I think people still think mental health means you are mentally ill" (Slee et al., 2009, p.65).

In typical usage, the term 'mental health' means positive mental health when referring to mental health promotion initiatives, such as whole school approaches to building a positive school community. However, the term 'mental health' is also used more negatively to refer to mental health problems when used in relation to targeted groups or indicated

students referred for programs of intervention. This imprecision of language when referring to different levels of mental health promotion and intervention arguably points to a major underlying cause of the tensions that teachers might feel when the broad term ‘mental health’ is used to describe reforms in their schools. A failure to recognise and differentiate the nature and level(s) of mental health promotion or intervention being proposed in their schools, and what responsibilities might be added to, or removed from, their portfolios, has the potential to cause teachers to doubt their efficacy in this field.

It must be recognised that mental health promotion initiatives in schools do rely critically upon teachers, not just upon psychologists, counsellors and other support personnel. For example, in mental health promoting schools, teachers engage with explicit teaching of social and emotional skills, and identification of students at risk of potential difficulties with a view to precipitating processes of early intervention (KidsMatter, 2010; Reinke et al., 2011). It is also the case that, as Fullan (2007) highlighted, teachers can act to facilitate, or present barriers to, such new initiatives in schools. Therefore, to achieve success, the design of mental health promotion initiatives *must* address the perceptions, attitudes and concerns of teachers. Venturing into schools with the latest mental health promotion initiative, while at the same time raising teachers’ anxieties about their roles, knowledge and self-efficacy for mental health promotion, is not the way to start along the path to school renewal (Askill-Williams, Lawson & Slee, 2009).

## Key Issues

### The three-level model of mental health promotion

As Rowling (2007) noted, in keeping with the overall approach of health promotion initiatives, the structures and processes for mental health promotion in schools draw from medical models of practice (International Union for Health Promotion and Education, n.d.). For example, KidsMatter Primary (KidsMatter, 2010) is based upon a health-promoting-schools conceptual model whereby interventions may be targeted at whole populations, or selectively at sub-groups at risk, or more narrowly at indicated ‘high-risk’ individuals (Graetz et al., 2008; Mrazek & Haggerty, 1994). Universal and selective interventions are usually identified in terms of ‘prevention’, whereas indicative interventions encompass ‘early intervention’. This three-level model is arguably well understood in medical contexts, such as universal (e.g., immunisation), targeted (e.g., HIV/AIDS education) and indicated (e.g., high blood pressure medication) initiatives. But how well does

this tiered intervention model transfer to mental health promotion in school settings? What bridges need to be built to facilitate this transfer?

There are indications that the three-level model of health promotion and intervention can be mapped onto similar tiers of intervention in schools (National High School Center, Washington DC, 2010). Importantly, however, the language used and examples of practices in school and medical contexts, are different. Schools do deliver universal programs, such as enhancing literacy for all students. Schools also deliver targeted programs, such as transition programs for students moving between schools. And schools deliver indicated programs, such as extension programs for gifted students, and learning assistance programs for students struggling with, say, literacy or numeracy.

A view from educational psychology is helpful for finding common ground between models for mental health promotion and typical school curricula. Mageean (1991) argued that (educational) psychological intervention is instruction, and also, that teaching is instruction. So interventions, or instruction, or teaching, about, say, music, maths or mental health, are all instructional interventions designed to influence students' knowledge and capabilities. Conceptualising mental health promotion and school-based teaching as belonging to the same class of operations, namely instructional interventions, builds a conceptual bridge between everyday practices in schools and mental health promotion initiatives.

### **Constructivism**

Accepting that mental health promotion and teaching share the common purpose of instructional intervention, a key argument of this chapter is that teachers' existing knowledge can be actively and explicitly used to support their construction of new knowledge about mental health promotion in schools. Using existing knowledge as the foundation for acquisition of new knowledge is based upon constructivist principles of learning, which provide the dominant contemporary model for good quality teaching and learning (Resnick, 2010).

A major constructivist principle is that new learning must connect with what learners already know and can do (Bransford, Brown & Cocking, 2000). As Anderson, Reder and Simon (1998) explained, "people do not record experience passively but interpret new information with the help of prior knowledge and experience. The term 'constructivism' is used in this sense" (p.232). Similarly, Resnick (2010) argued that thinking abilities have to develop in the course of reasoning about

specific information and knowledge, and again, according to constructivist theory, this thinking and reasoning must begin with what learners already know. Learners need experiences with concrete and practical examples to lay the foundations for abstraction and higher order conceptualisation of ideas. Resnick provided the example of mathematics teaching, which has developed a wide range of activities for teaching basic mathematical concepts before moving students on to symbolic representations and abstractions of mathematical principles. Although Resnick was referring to school students, her arguments apply equally as well to adult learners, such as teachers faced with developing the new knowledge necessary to support changes in their workplace (Bransford et al., 2000; Claxton, 1999; Wenger, 1998). From practical experiences and abstraction of main ideas, people construct cognitive models to organise the components of their knowledge. These cognitive models enable learners to make links between what they already know, and what they are trying to learn (Bruning, Schraw & Norby, 2010).

Teachers possess a range of different types of knowledge to support their professional activities, such as knowledge of learners and their characteristics, subject-matter knowledge, pedagogical subject-matter knowledge and general pedagogical knowledge (Grossman, 1995; Shulman, 1986, 1987). For example, as part of their everyday work, teachers design integrated units of work, develop the methods, scope and sequence of topic delivery, and identify students who need extension or remedial activities: “Teachers act – they say things, do things, prepare materials, present materials to students, interact with students [and other staff], and assess students’ work” (Lawson, Askell-Williams & Murray-Harvey, 2009, p.244). Working from this existing knowledge base, a constructivist approach can be used to scaffold the entry of teachers into the relatively new domain of mental health promotion in schools. In the next section of this chapter we set out a framework, based on the key themes outlined above, to highlight the links between typical teaching practices and mental health promotion in schools. The foundations of the framework are as follows:

1. From educational psychology, the proposition that psychological intervention and teaching are both types of instructional interventions,
2. From constructivist learning theory, the principle that people build new knowledge based upon their existing cognitive models,
3. From models of mental health promotion, the 3-level structure of universal, targeted and indicated prevention and intervention, and



4. From theories of teachers' knowledge, knowledge about learners and their characteristics, and pedagogical knowledge used by teachers.

## **Educational Implications**

Table 13.1 shows an integrative framework that incorporates the above four concepts. From Table 13.1 it can be seen that Column 1 details the structure of three levels of intervention: universal, targeted and indicated, while Column 2 delineates whether the focus is prevention or enhancement/remediation. The entries in Column 3 refine the language used to describe activities associated with mental health promotion in schools. Whereas whole school mental health promotion initiatives often operate at all three levels (KidsMatter, 2010), the major focus of many programs (such as social and emotional education) is at levels 1 and 2. However, due to the fuzzy language of mental health promotion, there may well be a tendency for teachers to assume that the mental health promotion initiative being introduced to their school is a level 3 initiative. Column 3 makes explicit the targets of each level of intervention, such as whole communities, as in a 'whole school approach', selected groups who are known to be 'at risk' of developing difficulties (often distally), or individuals identified as needing additional support immediately.

Columns 4 and 5 provide typical examples of what teachers know and do in schools, and how mental health promotion initiatives, such as generic social and emotional education, or indicated behaviour support groups, can be aligned to such typical practices. It can be seen from Table 13.1 that although all school staff are involved in whole school approaches to mental health promotion, different staff are involved in different ways at different levels. For example, all staff would be involved in modelling productive social and emotional capabilities; teaching staff would be involved in explicitly teaching social and emotional skills; teachers in discussions with administrators would be involved in referring students considered to be at risk; and specialist staff, in consultation with teachers and medical professionals, would work directly with referred students. This model of distributed expertise makes it clear that a whole school approach to mental health promotion means not only targeting all students in the school, albeit in different ways, but also that such an initiative needs to ensure that school personnel take on roles that are appropriate to their developed and developing expertise (Wenger, 1998).

Table 13.1. Framework for instructional interventions in schools

Level	Focus	Clients	Professionals involved	Typical knowledge, resources & processes	Examples from school contexts
Universal	Positive Promotion Prevention	Whole communities, e.g., schools, towns, countries	Teachers; school staff, sports coaches; community health workers; medical and para-medical workers; media	Teachers' knowledge of students' characteristics and how students learn; integrated curriculum; modelling desired behaviours; explicit teaching; visiting speakers; commercial curriculum resources; open forums; parent nights; media campaigns; school newsletters; art; drama	Anti-smoking/alcohol/drugs; anti-bullying; good nutrition; sun protection; seat-belts; bike helmets; book week (literacy); tournament of the minds (science); regular & embedded social and emotional education; parenting education; building positive school communities
Targeted	Positive Promotion Prevention Early intervention	Identified groups; e.g., high academic achievers; teenagers; low socio-economic clusters; family indicators	Teachers; specialist teachers; social workers; psychologists; other health professionals	Referrals; case-based teams; teacher-family conferences; intensive teaching	Cyber bullying program; defensive driving course; teenage suicide prevention; safe sex education; additional social and emotional education
Indicative	Early intervention Enhancement Remediation Management	Selected individuals, e.g., high IQ; learning difficulties; expressed behavioural or emotional difficulties	Specialist teachers; psychologists; psychiatrists; other health professionals	Referrals; extension intervention; remedial intervention; case-based teams; family involvement	Class streaming; gifted education;; remedial classes; learning assistance; behaviour support; anger management; social and emotional support programs

## Future Directions

This chapter argues that it is important to actively and explicitly scaffold the construction of teachers' knowledge for mental health promotion in schools. Using principles from educational psychology and constructivist theory, a bridge can be built between teachers' existing knowledge and the knowledge required for their roles in mental health promoting schools. This bridge is founded upon the concept of instructional intervention, which describes both everyday classroom activities and mental health promotion in school settings. The proposed framework aligns the knowledge and practices that teachers already have with the knowledge and practices required for different levels of mental health promotion in schools. The proposed framework can be used as a tool to guide professional learning activities for mental health promotion in schools. Readers are encouraged to modify the examples provided in the framework to suit their local contexts, and to use the framework during discussions with school staff who wish to learn more about mental health promotion in their schools.

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## References

- Anderson, J. R., Reder, L. M., & Simon, H. A. (1998). Radical constructivism and cognitive psychology. In D. Ravitch (Ed.), *Brookings Papers on education policy*, (pp.227-278). Washington, DC: Brookings Institution.
- Askell-Williams, H., Lawson, M. J., & Dix, K. L. (2011). *What is professional development for mental health promotion in schools like? Perspectives from school leaders and teachers in 100 Australian KidsMatter primary schools*. Paper presented at the Clute Institute International Academic Conferences, Barcelona Spain.
- Askell-Williams, H., Lawson, M. J., & Murray-Harvey, R. (2005). Teaching and learning about mental illnesses: An Australian perspective. *International Journal of Mental Health Promotion*, 9(4), 26-36.
- Askell-Williams, H., Lawson, M. J., & Slee, P. T. (2009). Venturing into schools: Locating mental health initiatives in complex environments. *International Journal of Emotional Education*, 1(2), 14-33.

- Bransford, J. D., Brown, A. L., & Cocking, R. R. (2000). *How people learn: Brain, mind, experience, and school (Expanded edition)*. Washington, DC: National Academy Press.
- Bruning, R. H., Schraw, G. J., & Norby, M. M. (2010). *Cognitive psychology and instruction* (5th ed.). Boston: Pearson.
- Claxton, G. (1999). *Wise-up: The challenge of lifelong learning*. London: Bloomsbury.
- Fullan, M. (2007). *New meaning of educational change* (4th ed.). New York: Columbia University.
- Graetz, B., Littlefield, L., Trinder, M., Dobia, B., Souter, M., Champion, C., ... Cummins, R. (2008). KidsMatter: A population health model to support student mental health and wellbeing in primary schools. *International Journal of Mental Health Promotion, 10*(4), 13-20.
- Grossman, P. L. (1995). Teachers' knowledge. In L. W. Anderson (Ed.), *International encyclopedia of teaching and teacher education* (2nd ed., pp. 20-24). Tarrytown, NY: Pergamon.
- Hunter Institute of Mental Health. (2001). *Response Ability: Resources for teacher education*. Canberra, ACT: Commonwealth of Australia.
- International Union for Health Promotion and Education. (n.d.). Achieving health promoting schools: Guidelines for promoting health in schools. Retrieved from: [www.ahpsa.org.au/media/Guidelines%20for%20HPS%2026-08-08%20\(3\).pdf](http://www.ahpsa.org.au/media/Guidelines%20for%20HPS%2026-08-08%20(3).pdf).
- KidsMatter. (2010). *KidsMatter Primary Framework*. Retrieved 1st Feb 2011, from [www.kidsmatter.edu.au/kidsmatter-overview/framework/](http://www.kidsmatter.edu.au/kidsmatter-overview/framework/)
- Lawson, M. J., Askell-Williams, H., & Murray-Harvey, R. (2009). The quality of teacher's knowledge. In L. J. Saha, & A. G. Dworkin (Eds.), *International handbook of research on teachers and teaching* (Vol. 1, pp. 243-258). New York: Springer.
- Mageean, B. (1991). Self rapport: A note on psychology and instruction. *Australian Journal of Education, 35*(1), 49-51.
- Mrazek, P. J., & Haggerty, R. J. (Eds.). (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research*. Washington, DC: National Academy Press.
- National High School Center (2010). *Tiered interventions in high schools: Using preliminary "lessons learned" to guide ongoing discussion*. Washington, DC: National High School Center, National Center on Response to Intervention, and Center on Instruction.
- Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly, 26*(1), 1-13.
- Resnick, L. B. (2010). Nested learning systems for the thinking curriculum. *Educational Researcher, 39*, 183-197.
- Rowling, L. (2007). School mental health: Politics, power and practice. *Advances in School Mental Health Promotion, 1*(1), 23-31.

- Shulman, L. S. (1986). Those who understand: Knowledge growth in teaching. *Educational Researcher*, 15(2), 4-14.
- Shulman, L. S. (1987). Knowledge and teaching: Foundations of a new reform. *Harvard Education Review*, 57, 1-22.
- Slee, P. T., Lawson, M. J., Russell, A., Askeil-Williams, H., Dix, K. L., Owens, L., ... Spears, B. (2009). *KidsMatter evaluation: Final report*. Adelaide: Flinders University.
- Wenger, E. (1998). *Communities of practice. Learning, meaning, and identity*. Cambridge: Cambridge University Press.
- World Health Organization (2007). What is a health promoting school? Retrieved from: [www.who.int/school\\_youth\\_health/gshi/hps/en/index.html](http://www.who.int/school_youth_health/gshi/hps/en/index.html)
- World Health Organization and Health and Welfare Canada. (1986). *Ottawa Charter for Health Promotion*. Ottawa, Canada: World Health Organization.

# 14

## Teachers' wellbeing during schoolyard supervision: A photovoice study

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*Teachers' work encompasses roles that reach beyond classroom teaching. One integral part of teachers' work in Australia is 'yard duty' (supervision of students), which is performed in non-teaching spaces and times. In order to understand the complexities of this area of teachers' work, we undertook a study that explored schoolyard interactions using the voices of students to elicit the voices of teachers. The main aims of our study were to find out, from the perspectives of teachers: (a) what happens in schoolyard places where students said they feel 'OK' or 'not OK'?; and (b) what are the roles of the teachers in those places? In this photovoice research, teachers' perceptions about the schoolyard provide an insight into teacher and student wellbeing in non-teaching times and places.*

### Introduction

Students and teachers spend significant amounts of time at school taking programmed breaks outside classrooms. It is common, during these break-times, for interactions among students and teachers, and among students themselves, to result in both positive and negative

outcomes. It is well known that both types of outcomes impact on the wellbeing of students (Blatchford & Sumpner, 1998). However, we know less about the impacts of events during break-times on the wellbeing of teachers who supervise students during those times. In this paper we report on characteristics of the roles played by teachers during their supervision of students in the schoolyard, and on features of schoolyard supervision that can impact on teachers' wellbeing.

## Context

Part of the work of many teachers extends beyond classrooms to include supervision of students during non-teaching times in non-teaching spaces. In Australia, this supervision is typically called 'yard duty' and can occur in school grounds during recess and lunch, before and after school at school gates and bus zones, and in lesson transition spaces.

During a yard duty session, one or more teachers will be responsible for observing what can sometimes be quite large areas of school grounds. In Figure 14.1, the grounds of one of the secondary schools involved in the research reported in this chapter are outlined. You will notice that the outlined area contains many school buildings that provide areas that are not readily visible to teachers from a distance, areas that are open-space, and treed areas.



**Figure 14.1. The outlined area of the grounds of a secondary school in South Australia**

Yard duty supervision is part of teachers' duty of care for their students. The schoolyard is also a 'key learning area', although not one to which teachers usually perceive themselves to be appointed. In

particular, the schoolyard is a site of significance for investigations of social competence in a school community, for it is the place where many of the difficulties related to social competence arise (LeLant, 2004). For example, in an early study, Kretsinger (1930) argued that supervision of the school playground gives the supervising teacher an unequalled opportunity to study children experiencing problems, and to establish sympathetic comradeship. Positive relationships with teachers are important for students' success (Konishi, Hymel, Zumbo & Li, 2010; Murray-Harvey, 2010). The time that teachers and students spend in the schoolyard provides an important opportunity for the formation of such relationships.

Much of the available research on the positive features of schoolyard activity focuses on students' reports. In a survey of Victorian primary school students, Evans (1996) found that the great majority of students valued the time and the activities they undertook during break times. Students appreciated the break from classroom work, the opportunities for interaction with their friends, and the chance to play games. Of the approximately 10 per cent of students who preferred to stay inside during break times, the most common reason for such a choice was to avoid teasing or bullying. Evans noted that, overall, his findings closely paralleled those of an earlier study in United Kingdom schools by Blatchford, Creaser and Mooney (1990).

At a general level, a study by Boulton (1999) showed that playground behaviour contributes to children's peer acceptance and to later psychosocial adjustment. With respect to teacher action, research by Lewis, Colvin and Sugai (2000) indicated that quiet children tend to be ignored by teachers on yard supervision, while aggressive students get attention. Teachers' behaviours and attitudes can also have a direct impact on aggression in the playground (Wohlwend, 2004). The significance of research in this area is further indicated by the findings of Pellegrini, Blatchford, Kato and Baines (2004), who found that their playground intervention reduced problem events by children, but did not increase active supervision by playground monitors (teachers).

However, there is surprisingly little research specifically focused on the topic of yard duty and its impacts on the wellbeing of teachers and students, although this topic does receive indirect attention in the research literature about other areas of school life, particularly the more negative consequences that arise from student misbehaviour, bullying or violence.

Some of the experiences of supervising teachers can be gleaned from research on situations in the schoolyard where students experience



negative events. Astor (1998) referred to non-teaching areas (hallways, lunchrooms, bathrooms) as violence-prone subcontexts within schools, and reports about bullying, harassment and school violence are frequently connected with schoolyards (e.g., Astor, Meyer, Behre & Bortz, 1996; Behre, Astor & Meyer, 2001; Slee, 1995; Whitney & Smith, 1993). A recent large-scale study of Canadian elementary and high school students indicated that many areas outside classrooms were regarded by students as unsafe (Vaillancourt et al., 2010). Elementary school students who were involved in bullying found the schoolyard especially hazardous. In the secondary schools, the school hallways and cafeterias were considered to be the most unsafe areas. Vaillancourt et al. called for increased supervision of all of these areas, supervision that in Australia would be the responsibility of teachers.

Negative events experienced by students during the time they spend in the schoolyard can also be expected to have some negative effects for teachers. Given that a major cause of teacher stress is student misbehaviour (Abel & Sewell, 1999), teachers who experience negative student-related events in the schoolyard can be expected to find these events stressful. Blatchford and Sumpner (1998) noted that in the United Kingdom, a 1989 government report described the lunchtime break as “the single biggest behaviour related problem that [staff] face” (p.80). In Australia, Burke and Jarman (1994) reported that female teachers of upper-primary boys in a Brisbane school found the behaviour of some of the boys difficult to manage: “Their greatest difficulties occurred in the playground where they confronted greater verbal or physical resistance, unwelcomed teasing, verbal aggression, and offensive and obscene behaviour” (p.55).

A recent survey of a large group of teachers in New Zealand secondary schools reported that a ‘significant number’ of teachers experienced physical aggression from students (Marsh, Williams & McGee, 2009). Marsh et al. also reviewed evidence from the United States, United Kingdom and Australia that indicates that there was a level of violence against teachers by students.

Against this research background, and in discussions with teachers and leaders in schools who had formed a research partnership with us, we were interested to gain further understanding about potential positive and negative influences on teacher wellbeing arising from their yard duty roles and experiences.

## Key Issues

The first issue of concern in this research was to gain a greater understanding of the roles played by teachers as they undertook yard duty. A second concern was to examine how such roles might impact on the wellbeing of the teachers. These concerns had emerged during discussions with school leaders and teachers in our four partner schools located in the Adelaide metropolitan area. The schools comprised three secondary and one primary school, including students from low to upper middle socio-economic groups.

To stimulate teachers to reflect upon their experiences with yard duty, we first worked with the students at each school. The research procedure we used has been described as photovoice, with photography being used as a medium of “accessing other people’s worlds and making those worlds accessible to others” (Booth & Booth, 2003, p.431). We asked students who were selected from a range of groups in each school to work with their peers to identify places in their own schoolyards that they classified as ‘OK’, and places that they classified as ‘Not OK’. The terms ‘an OK place’ and ‘a Not OK place’ were selected to encompass more than just feelings of safety, and were used as indicators of broad emotional, social and physical wellbeing.

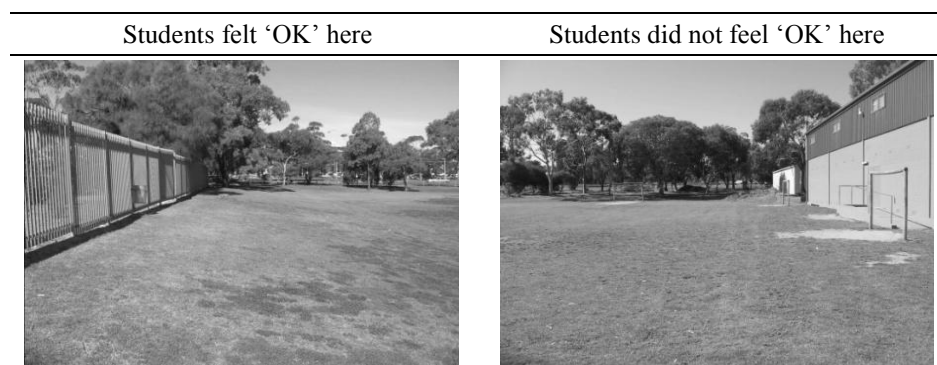
We asked students to take photos of the places, and then to work together to reach agreement to reduce the number of photos to six for each school: three places classified as OK and three classified as Not OK. Figure 14.2 and Figure 14.3 provide examples of the places selected by the students.

In each school we asked teachers to view the photos of the six student-selected places in their school and to write answers to two questions for each photograph: What is your role in this place? What happens in this place? The teachers were not made aware of the classifications (OK or Not OK) made for the places by the students. We received responses from 148 teachers. We classified the teachers’ responses into two categories, namely, ‘OK places’ and ‘Not OK places’. For example, a teacher’s comment: “I go there reluctantly because it is usually confrontational” was classified as Not OK for the teacher’s wellbeing. The comment: “Generally a pleasant work place to be in” was classified as OK for the teacher’s wellbeing.

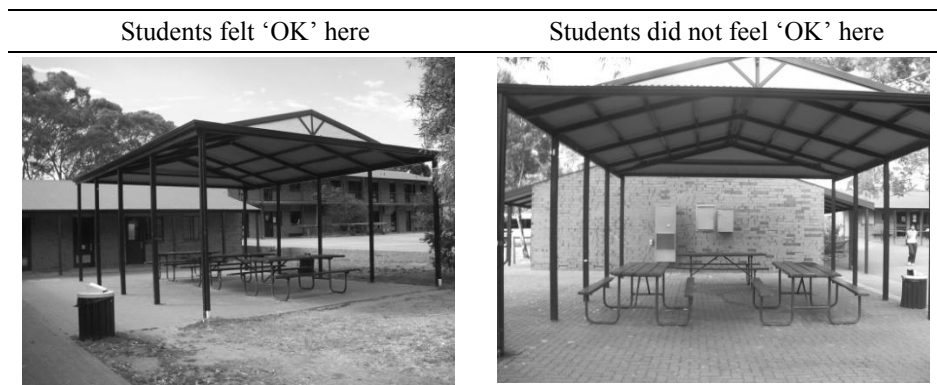
### The places

Interestingly, the areas chosen by students as OK or Not OK did not appear to have any unique physical features. For example, school ovals

(playing fields) could be both OK, and Not OK (see Figure 14.2). Similarly, lunch sheds were nominated as both OK and as Not OK (see Figure 14.3). This suggests that it was the nature of the social interactions developed in those contexts that created the character of each place, and that the character of the place has the potential to change as social interactions change.



**Figure 14.2. Open areas: similar places, different experiences**



**Figure 14.3. Lunch sheds: similar places, different experiences**

### Teachers' judgements about student selected places

The patterns of classifications of teachers' and students' responses about whether a place was OK or Not OK are shown in Table 14.1. (Note that not all participating teachers made explicit comments about each place.) For example, in School 1, 20 teachers commented that the student-rated OK places were OK for teachers, and three teachers commented that the student-rated Not OK places were OK for teachers. The levels of agreement between student and teacher judgements in the

four schools for each place were: School 1 71 per cent, School 2 68 per cent, School 3 62 per cent and School 4 64 per cent.

**Table 14.1. Numbers of teachers judging each photographed place as OK or Not OK, according to students' judgements of each place as OK or Not OK**

Teachers' judgements of photographed places	Students' judgements of photographed places							
	School 1		School 2		School 3		School 4	
	OK	Not	OK	Not	OK	Not	OK	Not
OK	20	3	6	2	30	13	1	2
Not OK	6	24	2	2	14	20	3	2
Total Not OK (%)	51%		33%		57%		50%	

### Teachers' yard duty roles

When teachers described their roles in the photographed places, there was a high degree of overlap of roles in places that students had judged as being OK or Not OK (see Table 14.2). Across both OK and Not OK places, there were both positive and negative reactions from teachers contained in their descriptions of their roles, such as: *duty of care*, *teaching*, *interact with students* versus *patrol*, *keep the peace*, *walk past*. From Table 14.2, it can be seen from the teachers' role descriptions located at the bottom of the 'Not OK' places column that there are indications of potentially negative outcomes for teachers' wellbeing.

**Table 14.2. Teachers' descriptions of their roles in OK and Not OK places**

Places identified by students as OK	Places identified by students as Not OK
yard duty	yard duty
monitoring	monitoring
teaching	teaching
interact with students	interact with students
keep peace	keep peace
move students on	move students on
patrol	patrol
cleaning rubbish	cleaning rubbish
duty of care	duty of care
don't go there	don't go there
no role	no role
walk past	walk past
	avoid the area
	call admin
	dealing with outsiders / evict

## What happens in this place?

### *Positive outcomes for teachers*

Teachers identified positive aspects of yard duty in terms of the opportunities provided for them to chat with students, or sometimes (in the primary school), to play a game with students. Teachers also used the time to chat with other teachers and to give themselves a break from the classroom. These themes are reflected in the words used by teachers to describe their positive interactions with students, which included, *socialise, play games, relax, happy, hang out, eat, chat, be busy, positive.*

Examples of teachers' descriptions of these positive experiences included the following:

- *I also enjoy duties in this area because of the trees, plants.*
- *I walk around the oval for exercise and conversation (with another teacher).*
- *I have done yard duties there and have had pleasant times chatting to students.*
- *Generally a pleasant work place to be in.*
- *I walk past and say 'Hi'.*
- *I kick a ball with students.*
- *I talk to students when on yard duty.*
- *I supervise this area, I know all the kids here really well.*

These positive evaluations support the position of Konishi et al. (2010) noted above, in that yard duty can provide opportunities for the strengthening of relationships between students and teachers, which would be expected to be associated with a positive impact on teacher wellbeing.

### *Negative outcomes for teachers*

In the bottom row of Table 14.1, it can be seen that teachers reported substantial levels of concern about their own wellbeing in some of the photographed areas of the school. Only in School 2 did fewer than 50 per cent of the teachers' judgements about the places indicate a concern about teacher wellbeing. In the three other schools, at least half of the teachers' responses indicated that there was something about the photographed places that was Not OK for teachers.

In the teachers' written comments there were some quite negative views of their yard duty experiences. The language of the teachers

included terms such as, *intimidating, poor behaviours, threatening area, infusion of emotions, fights, physical injury, outsiders, territorial, fear, bullying and harassment, pushing and shoving, unpleasant.*

The teachers' written descriptions indicated some of the reasons behind their use of such terms:

- *I feel that this is an unsafe area, an occupational hazard, I always avoid it as the walking space is narrow and congested with energetic and boisterous boys. I walk past this area, I approach the people there in a friendly manner but will always meet with an altercation.*
- *Can be threatening for staff at times.*
- *In the past I used to be on yard duty here and I loathed it.*
- *Threatening for staff on yard duty, large groups of lads.*
- *Threatening...[I] don't like to be there even for first aid.*
- *High traffic but loud and boisterous – could be quite intimidating for many students and staff.*
- *Mostly I have been involved in breaking up fights and other unsavoury student behaviours around this area.*
- *This is a mecca for scrubbers ... Students who gather here are essentially non-compliant.... It is not an OK area for many students and staff...It also attracts unsavoury ex-students.*
- *I never feel OK in this area. It is used for hiding or running away from staff on yard duty.*
- *I never have to go there, thank goodness!! A hard area to police.*
- *I walk past uncomfortably.*
- *This area is unwelcoming, a haven for outsiders, poor behaviours and vandalism. Not a great place to do yard duty.*
- *I've given up on confronting incoming students. I hate challenging students who are coming back from the service station.*
- *I go there reluctantly because it is usually confrontational.*
- *...always leading to a minor-major altercation when you ask the students to pick up their rubbish.*
- *[I] have had incidents with ex-students loitering and being a pain.*
- *Some smokers/groups hanging. Have had issues in the past with intruders in this area and "exchanges".*

Although some of these comments refer to situations that might be merely annoying, or the consequences of needing to manage a large

group of students, other reactions indicate strong emotional reactions, including anxiety and fear. These latter responses suggest that, for these teachers, their emotional wellbeing has been, or could be, compromised by their yard duty experiences. These experiences are of the kind that would be expected to increase teacher stress (Friedman, 2000; Howard & Johnson, 2004).

## **Educational Implications**

The area of teachers' work requiring supervision of students in the schoolyard should be considered as a topic of concern for schools, policy makers and researchers. The research reported in this paper indicates that:

- The schoolyard deserves further attention as a site that impacts on both teacher and student wellbeing.
- When teachers report avoiding a schoolyard area while on yard duty, this should be considered a reason for concern, indicating that teachers' emotional or physical wellbeing may be at risk in such places.
- Some teachers indicated that they find their work in the schoolyard particularly challenging, and it is likely that these teachers would benefit from a program of professional learning related to the yard duty components of their work.
- Making schoolyard interactions better for students and teachers is of great significance, as such improvement may lead to increased job satisfaction for teachers.
- The findings attest to the need for schools to have a range of support systems for teachers while they undertake yard duty.

## **Future Directions**

Schools need to be supported and encouraged to take a closer look at schoolyard events and yard duty, and to find ways of addressing any negative impacts of yard duty on teachers' wellbeing. Policy makers also need to give due recognition to the fact that, although teachers are not appointed to schools to an area called 'yard duty', this work is a key component of the everyday operation of schools. The findings reported in this descriptive study also point to yard duty as an important area for further research with teachers. In addition, there is a parallel strand of research to be carried out with students, to understand further why specific school places are OK or Not OK for them.

## References

- Abel, M. H., & Sewell, J. (1999). Stress and burnout in rural and urban secondary school teachers. *The Journal of Educational Research, 92*, 287-293.
- Astor, R. A. (1998). Moral reasoning about school violence: Informational assumptions about harm within school subcontexts. *Educational Psychologist, 33*(4), 207-221.
- Astor, R. A., Meyer, H. A., Behre, W. J., & Bortz, A. M. (1996). Unowned places and times: Maps and interviews about violence in unsafe high schools (Reports – Research Speeches/Meeting Papers). *Annual Meeting of the American Psychological Association*. Toronto, Canada
- Behre, W. J., Astor, R. A., & Meyer, H. A. (2001). Elementary- and Middle-School teachers' reasoning about intervening in school violence: An examination of violence-prone school subcontexts. *Journal of Moral Education, 30*(2), 131-153.
- Blatchford, P., Creeser, R., & Mooney, A. (1990). Playground games and playtime: The children's view. *Educational Research, 32*(3), 163-174.
- Blatchford, P., & Sumpner, C. (1998). What do we know about breaktime? Results from a national survey of breaktime and lunchtime in primary and secondary schools. *British Educational Research Journal, 24*(1), 79-94.
- Booth, T., & Booth, W. (2003). In the frame: Photovoice and mothers with learning difficulties. *Disability & Society, 18*, 431-442.
- Boulton, M. J. (1999). Concurrent and longitudinal relations between children's playground behavior and social preference, victimization, and bullying. *Child Development, 70*, 944-954.
- Burke, C., & Jarman, K. (1994). Disruptive and anti-social behaviour in the middle years of schooling: Approaching the primary-secondary divide. *Unicorn, 20*(2), 52-57.
- Evans, J. (1996). Children's attitudes to recess and the changes taking place in Australian primary schools. *Research in Education, 56*, 49-61.
- Friedman, I. A. (2000). Burnout in teachers: Shattered dreams of impeccable professional performance. *Journal of Clinical Psychology, 56*, 595-606.
- Howard, S., & Johnson, B. (2004). Resilient teachers: Resisting stress and burnout. *Social Psychology of Education, 7*, 399-420.
- Konishi, C., Hymel, S., Zumbo, B. D., & Li, Z. (2010). Simply put, the results of our multilevel analyses confirm that interpersonal relationships within the school environment influence academic achievement. *Canadian Journal of School Psychology, 25*, 19-39.
- Kretsinger, R. (1930). Yard duty assignments. *National Education Association Department of Elementary School Principals Bulletin, 9*, 347-351.
- LeLant, C. (2004). *What makes school an engaging place for students*. Unpublished honours thesis, Flinders University, Adelaide.



- Lewis, T. J., Colvin, G., & Sugai, G. (2000). The effects of pre-correction and active supervision on the recess behavior of elementary students. *Education & Treatment of Children, 23*(2), 109-121.
- Marsh, L., Williams, S., & McGee, R. (2009). Teachers' perceptions of physical aggression among secondary school students: A New Zealand view. *Australian Journal of Education, 53*(3), 245-260.
- Murray-Harvey, R. (2010). Relationship influences on students' academic achievement, psychological health and wellbeing at school. *Educational and Child Psychology, 27*(1), 108-119.
- Pellegrini, A. D., Blatchford, P., Kato, K., & Baines, E. (2004). A short-term longitudinal study of children's playground games in primary school: Implications for adjustment to school and social adjustment in the USA and the UK. *Social Development, 13*(1), 107-123.
- Slee, P. T. (1995). Bullying in the playground: The impact of inter-personal violence on Australian children's perceptions of their play environment. *Children's Environments, 12*(3), 320-327.
- Vaillancourt, T., Brittain, H., Bennett, L., Arnocky, S., McDougall, P., Hymel, S., ... Cunningham, L. (2010). Places to avoid: Population-based study of student reports of unsafe and high bullying areas at school. *Canadian Journal of School Psychology, 25*(1), 40-54.
- Whitney, I., & Smith, P. K. (1993). A survey of the nature and extent of bullying in junior/middle and secondary schools. *Educational Research, 35*(1), 3-25.
- Wohlwend, K. E. (2004). Chasing friendship: Acceptance, rejection, and recess play – First-Grade children frequently blurred the line between acceptance and rejection while they worked through peer relationships within the complex social web of playground friendships. *Childhood Education, 81*(2), 77.



# Section Four

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**A Relationships Perspective**

## A relationships perspective

Further developing a theme apparent in some of the previous chapters, this section adopts a relationships focus, beginning with Yuichi Toda's account of bullying (*ijime*) in Japan. Moving on to Spain, Irene Feria, Rosario Ortega and Rosario Del Rey introduce the notion of '*convivencia*', or living together. Neil Welch discusses the importance of relationships in adapting to trauma, while Leigh Burrows presents a study suggesting that mindfulness training for teachers may offer a route to improved relationships in school contexts.

# 15

## Bullying (*Ijime*) and its prevention in Japan: A relationships focus

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*Over the past three decades, bullying (*ijime*) has been identified as a serious problem in Japanese schools. In this chapter, it is considered as a 'disease' of the classroom, as a relationship-based problem, and as a process. Pupil-based initiatives to prevent *ijime* are discussed, and some future directions identified.*

### Introduction

Bullying (*ijime*) has been one of the most problematic phenomena in Japanese schools in the last three decades. *Ijime* has not only affected the wellbeing and mental health of children, but has even resulted in suicides. This chapter provides context in the form of a short history of *ijime*, then explains the nature of *ijime* as a relationship-based problem, requiring intervention not only with individuals but also with the quality of relationships.

### Context

The 1980s saw the peak of the Japanese economy in the period after World War II. Though the numbers of severe delinquent behaviours

were then decreasing, following a chaotic post-war period, the media in the early 1980s focused on issues such as school violence toward teachers. To maintain order, some of the teachers controlled children by creating an aura of power and punishment, not only verbally but sometimes physically. This was ineffective in reducing the problems, but growing problematic relationships among pupils were reported by some teachers. The problem was labelled as '*ijime*', and some of the earliest books on *ijime* reported the suicide of an 8<sup>th</sup> Grade boy of Korean ethnicity, in 1986.

Japanese society was shaken by news of this suicide. The boy had been bullied not only by peers but also by his teachers. They bullied him, for example, by writing goodbye messages on a card and placing it on the boy's desk with a flower vase in the classroom, which indicated a mock funeral. It was followed by his real one. The boy had left the names of the perpetrators, so they were taken to the police, and the case was brought to court, where the school was judged guilty.

In subsequent years, the amount of bullying reported by teachers decreased, and the media focus and people's interest turned to school absenteeism. Then most schools changed their policy from controlling pupils to listening to them carefully. However, *ijime* had just changed its visibility, and the second media focus occurred in 1994, when a 14-year-old boy hanged himself. It stemmed from crime rather than trouble in school, as the perpetrators had extorted more than one million Japanese Yen from the victim while severely harming him physically, and finally they were arrested. The tremendous efforts made to change schools seemed in vain.

Introducing the Sheffield project (Sharp & Smith, 1994), the PEACE pack (Slee, 1996), and other programs may have had some impact on Japanese schools, but unfortunately perhaps not enough, as a third wave of media focus happened in 2006-2007, reporting sequential *ijime* suicides. Most media criticised schools and local educational committees, which created additional stressors for schools and teachers.

In short, over the past three decades, Japanese society has experienced three periods of media focus concerning *ijime* suicide at approximately ten-yearly intervals. This seemingly affected the number of presentations concerning *ijime* at the annual conferences of the Japanese Society of Educational Psychology, with three peaks coinciding with each media focus (Toda, 2010).

## Key Issues

### 1. *Ijime* as a 'disease' of the classroom

The first and most prevalent theory of *ijime* was presented in detail by Morita and Kiyonaga (1986). It was written in a book titled "*Ijime – disease of the classroom*". Their Four Layer Structure model distinguishes bully, victim, onlooker and bystander, which is similar to the 'participant role' model of Salmivalli (1999). Morita et al. (2001) also reported the results of cross-national research: in comparison with the Netherlands and Britain, fewer Japanese young teenagers answered that they would try to stop bullying, so this may have contributed to the lack of improvement. Actually, the 1986 case was soon followed by the arrest of another student, due to bullying in the same school. Not only individual students, but also the school as a whole, were problematic.

This would be true whether we consider bullying or *ijime*. Salmivalli, Kärnä and Poskiparta (2010) note that there is a "long research tradition on bullying as a group phenomenon" (p.238), and "there is something in individual children, but also something in the classroom context that drives the behaviour of children in bullying incidents" (p.239). For both *ijime* and bullying, we should not neglect the group nature of the problem.

### 2. *Ijime* as a relationship problem

The importance of the context has also been described by Smith and Sharp (1994), pointing out that the nature of bullying is a "systematic abuse of power" (p.2). Power is inevitable for human beings to survive in the world, but its use differs between individuals. Power can be used sometimes for dominating others, and sometimes for supporting others. The former may bring bullying and other problems, while the latter may provide care or empowerment. Pepler (2006) highlights bullying as a relationship problem, which explains why victims do not tell someone with power to stop the victimisation. People can more readily tell adults or ring the police, if the perpetrator is neither a peer nor a family member. In sum, the nature of bullying should be considered as a kind of relational problem due to the systemic abuse of power, which may have similarities with harassment, domestic violence, and child abuse. This notion was included in the Kandersteg Declaration (2007), which described bullying as "a form of aggression, involving the abuse of power in relationships".

In line with these notions, Toda, Strohmeier and Spiel (2008) depicted the core of bullying (*ijime*) as repetitive aggression in a relationship. 'In

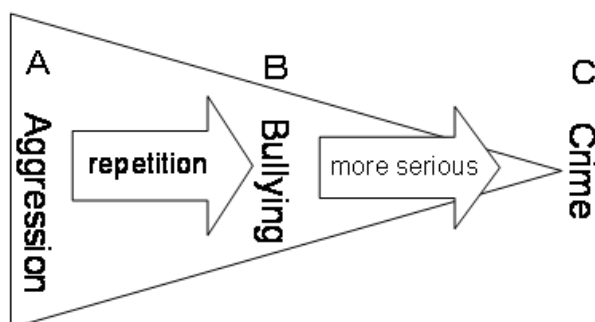
a relationship' implies its nature as a relationship problem, while 'repetitive' indicates a high frequency of showing aggression in a certain period of time; this accords with the frequency options for behaviours given in the traditional style of bullying questionnaire (e.g., 'none', 'seldom', 'sometimes', 'often'). Just as 'typhoon' and 'hurricane' are local names for a certain low pressure weather phenomenon, *ijime*, bullying, etc. should be local names for repetitive aggression in a relationship among peers. Of course, the local names bring detailed individual nuance in addition to their common meaning, as shown in detail by Smith et al. (2002).

### 3. A focus on the process

Morita and Kiyonaga (1986) described *ijime* as a group-interaction process, in their definition. A Japanese psychiatrist, Nakai (1997), described three steps of such a process of victimisation, considering retrospectively his own experience of being victimised: isolation, helplessness and invisibility. The isolation begins with targeting to let others know who is marked out to be attacked, followed by spreading propaganda to justify the victimisation; pupils are ultra-sensitive to salient differences of behaviour or appearance. At the second step, the victim is forced to learn helplessness through violence from which they are not protected, and receives punishment for telling adults, and punishment for psychological resistance. Due to this process, the victim comes to look as if they are obeying voluntarily, and the perpetrators have a sense of superiority in maintaining their dominant power. Eventually, the completion of this process makes the victim surrender simply by being threatened. The last step is invisibility. The victim gradually loses his/her own pride and dignity. And with the conspiracy of the onlookers, the *ijime* then cannot be recognised. The perpetrators control the victims psychologically, for example, depriving them of their right to speak out against *ijime* by forcing them to join in with *ijime* toward other pupils. In addition, victims' money is wasted or belongings easily taken and damaged by the perpetrators, which harms the self-esteem of the victim. The weakened victim cannot escape from the relationship with the perpetrators.

Following such understandings of bullying and *ijime*, Toda, Strohmeier and Spiel (2008) presented a process model of bullying (Figure 15.1). The model explains the need to distinguish between aggression, bullying and crime. Practically, ignorance of their differences may lead to misunderstandings among parents and teachers when they talk about bullying-related matters happening in schools. Academically, trends in aggression research and in bullying research should be integrated using

such models. However, the spectrum nature of the behaviours will evoke some definitional problems.



**Figure 15.1. Process model of bullying (Toda, Strohmeier & Spiel, 2008)**

In reviewing Japanese *ijime*-related studies in the last decade, it is apparent that some are focusing on the *process* of the *ijime* phenomenon. At the beginning of the process, jokes can be turned into aggression. Hayama and Sakurai (2010) examined a personality factor and situational factors as determinants of listeners' reactions to aversive jokes. Some reactions may evoke more aversive jokes and furthermore bullying. Masataka (1998) explains the process of bullying using the analogy of a nuclear reaction, comparing the acceleration of conformity from a certain point with that of nuclear reaction speed. Toda, Strohmeier and Spiel (2008) also showed a contingency between group size and frequency of victimisation: when the aggression was not frequent, in both Austria and Japan the number of perpetrators was one or two in around 80 per cent of the cases; on the other hand, when the aggression was frequent, around 80 per cent in Japan and about half in Austria were done by a group. In both countries, there was a contingency between group size and frequency of victimisation, and the tendency seemed stronger in Japan than Austria.

Honma (2003) tried to clarify characteristics and factors relating to the cessation of *ijime*, suggesting that intervention with students belonging to 'bullying-maintaining groups' should involve not only individual bullies but also the bullying groups and other classroom members.

Hashimoto (1999) depicts a developmental change of *ijime* from types in elementary schools to those of junior high schools. The classification has not been applied to the process of each *ijime* phenomenon but to the change of the *ijime* phenomenon itself alongside the development of children.



## Educational Implications: Pupil-based initiatives to prevent *ijime*

### 1. Background context for prevention practices in Japan

The three decades of the *ijime* problem occurred at a time of methodological competition on the Japanese educational front, following ideological opposition between the government and the teachers' union of the former generation. Not a few younger teachers were attracted by the notion of sharing skills for promoting better education, and most of them seemed to be disgusted by the period of ideological controversy. In the methodologically-focused period, various psycho-educational programs were imported from western countries (assertiveness training, social skills education and stress management). These were usually transplanted into classes by some influential researchers or practitioners, so sometimes conflicts happened between groups recommending different programs. In some regions, the local educational committee tried to implement a certain program into schools in the region. However, in most cases, these huge efforts seemed to activate some teachers only for a few years, and evoked complaints against the top-down implementation. Such a situation made one veteran teacher bemoan, "It is like a shower of new methods and programs".

What we should consider is the preparation of a sequence and combination of practices suitable to each school. For example, Taki (2002) presents his oblique model, which classifies individual practice into a matrix with two oblique dimensions: teacher-led vs. pupil-led and intervention vs. prevention. When we prepare preventive practice led by pupils, the most important issue is how to guarantee the implementation of their initiatives. The teacher who wrote Practice Portrait 6 says, "If we teachers change pupils' decisions after letting them decide, they don't trust us nor think independently anymore. That's why we staff discuss thoroughly which aspects are to be decided by pupils before letting them think and decide" (Takeuchi, personal communication, 2011).

### 2. Introduction and modification of peer support in Japan

Detailed information concerning bullying (*ijime*) and peer support can be found in Toda (2005). Among various types of peer support (peer counselling, peer mediation, peer tutoring, etc.), Toda (2005) has introduced an original Japanese type of peer support, named the Q&A Handout Method, in which pupils may write their concerns using a pen-

name or anonymously and post them into a box, which will be opened by teachers who are responsible for the activity. The teachers decide whether the concern should be handled by a peer supporter or by teachers, due to its urgency or severity. If sharing the concern is regarded as safe and useful for the pupils, the teachers rewrite them to conceal the handwriting and private information, and hand them to peer supporters, who read them and write their replies to the concerns reflecting their own experience and opinions, under teacher supervision. Replies judged adequate are printed on the Q&A handout and delivered to all members of the school (Toda, Nishiumi & Yoshida, 2003). Interestingly, parents were reading these more than pupils were, in one elementary school (Toda & Yoshida, 2006).

This method aims to achieve the sharing of concerns and advice within a community, nurturing their attitude toward mutual support in the internet community. In addition, this activity tries to show the students that sharing serious problems with those without expertise can be dangerous and thus there is a need to set a limit to daily mutual support.

### **3. Wisdom in practice**

The Q&A handout practice can be done on an interschool basis, as with the intervention described in Portrait 6. Now, the method has been expanded into an interschool practice involving all 12 junior high schools in the city, which also implement peer mediation. Further improvement to the practice would be desirable. Newspapers and television reports about the initiative have not only motivated schools, but have also brought hope to the local community. One of the news writers commented that the practice is “cool & good”. Usually, delinquent pupils seem to consider being bad to be cool. The media broadcasts may have helped to make the practice cooler than activities such as breaking rules.

## **Future Directions**

Research and practice should be renewed continuously alongside advances in technology and changes in problems. Here, some ideas for new research and practice are noted.

### **1. Relationships between relationship problems**

As Monks and Coyne (2011) point out, repetitive aggression in a relationship (or a systematic abuse of power) occurs not only among peers as bullying (*ijime*) but also among family members as domestic violence or child abuse. We researchers are usually doing research

depending upon our own discipline and using terms related to our particular problem of interest. Then, the individual nuances of each problem are apparent. However, consideration of the common elements in such relationship problems would be useful for exchanging knowledge and skills to cope with similar problems, and for preventing inter-relationship or intergeneration transference of the relationship problems. As an initial example, Meyer (2008) has presented a Venn diagram to show the relationship between bullying and harassment.

## **2. Measures to access *ijime* in classrooms**

Though, as argued above, *ijime* has a group nature, most research on the actual prevalence of *ijime* uses simple counts of victims and perpetrators. Toda, Strohmeier and Spiel (2008) presented a new way of accessing the severity of *ijime* (and bullying) in a class, by calculating the ratio of bullies per victim in a class (B/V ratio). If the number of victims is similar but the ratio is bigger, that means more bullies on one victim, which makes the situation much more difficult to escape from. This situation implies the isolation step indicated by Nakai (1997). The ratio has a practical utility: as there would be few classes with no victims/perpetrators, it can be difficult to decide which class should be looked after first; however, if we can trust most replies to questionnaires and compare the B/V ratio, we may be able to decide the order of priority (Toda & Kanetsuna, 2011).

Of course, we should not depend too much on questionnaire research, as it is too difficult to examine the invisibility step described by Nakai (1997). For detecting pupils who might be victimised to the stage of invisibility, teachers ought to watch carefully and notice, for example, cynical laughter among perpetrators.

## **3. Tackling cyberbullying with its problem of anonymity**

In recent years, studies on cyberbullying have been increasing and actions on the internet to prevent the problem seem improved. Ono and Saito (2008) have reviewed Japanese studies on cyberbullying and deduced three main features in comparison to traditional bullying: anonymity, rapid increase of perpetrators, and its non-escapable nature. Victims cannot escape from rapidly growing aggressive messages from anonymous perpetrators even after school. This means that the time scale and space limitation are quite different from traditional bullying, which may occur gradually in face-to-face communities (school, work place, etc.). Also, there is the importance of a belief in anonymity, whether real or imagined. Even for indirect bullying, or relational

aggression, it is often done with a belief in anonymity. However, cyberbullying may be even more easily done with a stronger belief in anonymity.

We maybe ought to deeply consider the problem of the anonymity belief and develop practice to tackle the problem. From this viewpoint, a method introduced in Toda (2010) should be of interest. Pupils are asked to write down their names and their opinions on a famous athlete's derogatory comments about other sports. Then the pupils are asked to compare their opinions with aggressive responses against the athlete's ideas, which were actually written on the internet. Through this process, pupils come to understand that the difference between their giving calm opinions and aggressive responses may depend on whether they hide or reveal their names. Some of the pupils observed that the anonymous writers might have been good persons, if they had been able to talk to them face to face. This practice may therefore provide a chance for pupils to start to think about the contingency of the anonymity belief and the escalation of aggression.

#### **4. Relations between prevention programs and academic achievement**

If we consider that schools are just for academic achievement, the various kinds of prevention programs discussed here may be seen as an unwanted load. However, if we consider that schools are also for preparing pupils to live in society, then overcoming relationship problems and sharing wisdom about coping is valuable for pupils' immediate and future wellbeing. In addition, resilience provides a good basis for learning. For example, for the KiVa program in Finland, the impact of the program on academic achievement has been considered (Salmivalli, Garandeau & Veenstra, in press). Further research in this area would be valuable.

#### **References**

- Hashimoto, S. (1999). The dynamic process in "ijime" situations: Focusing on the bystanders. *The Journal of Educational Sociology*, 64, 123-142.
- Hayama, D., & Sakurai, S. (2010). Rejection sensitivity and situational factors as determinants of listeners' reactions to aversive jokes. *The Japanese Journal of Educational Psychology*, 58(4), 393-403.

- Honma, T. (2003). Cessation of bullying and intervention with bullies: Junior high school students. *The Japanese Journal of Educational Psychology*, 51(4), 390-400.
- Kandersteg Declaration (2007). Retrieved from: [www.kandersteg.declaration.com/original-in-english-2007](http://www.kandersteg.declaration.com/original-in-english-2007)
- Masataka, N. (1998). *Psychology on by-standing bullying*. Tokyo: Iwanami Shoten.
- Meyer, E. J. (2008). Gendered harassment in secondary schools: Understanding teachers' (non) interventions. *Gender and Education*, 20, 555-570.
- Monks, C.P., & Coyne, I. (Eds.) (2011). *Bullying in different contexts*. Cambridge: Cambridge University Press.
- Morita, Y., Soeda, H., Taki, M., Hoshino, K., Takemura, K., Matsu'ura, Y., ... Soeda, K. (2001). *Cross-national studies on bullying*. Tokyo: Kaneko Shobo.
- Morita, Y., & Kiyonaga, K. (1987). *Ijime – the disease of the classroom*. Tokyo: Kaneko Shobo.
- Nakai, H. (1997). *Ariadone kara no Ito*. Tokyo: Misuzu Shobo.
- Ono, A., & Saito, F. (2008). Educational psychological review about understanding and coping with cyber bullying. *The Journal of Senri Kinran University*, 5, 35-47.
- Pepler, D. J. (2006). Bullying interventions: A binocular perspective. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 15, 16-20.
- Salmivalli, C., Garandeau, C., & Veenstra, R. (in press). KiVa antibullying program: Implications for school adjustment. In G. Ladd, & A. Ryan (Eds.), *Peer relationships and adjustment at school*. Charlotte, NC: Information Age Publishing.
- Salmivalli, C., Kärnä, A., & Poskiparta, E. (2010). Development, evaluation, and diffusion of a national anti-bullying program, KiVa. In B. Doll, W. Pfohl, & J. Yoon (Eds.) *Handbook of youth prevention science* (pp.238-252). New York: Routledge.
- Salmivalli, C. (1999). Participant role approach to school bullying: Implications for interventions. *Journal of Adolescence*, 22, 453-459.
- Sharp, S., & Smith, P. K. (1994). *Tackling bullying in your school. A practical handbook for teachers*. London: Routledge.
- Slee, P. T. (1996). The P.E.A.C.E. Pack: A programme for reducing bullying in our schools. *Australian Journal of Guidance Counselling*, 6, 63-69.

- Smith, P. K., Cowie, H., Olafsson, R. F., Liefoghe, A. P. D., Almeida, A., Araki, H., ... Wenxin, Z. (2002). Definitions of bullying: A comparison of terms used, and age and gender differences, in a fourteen-country international comparison. *Child Development*, 73, 1119-1133.
- Smith, P. K., & Sharp, S. (Eds.) (1994). *School bullying: Insights and perspectives*. London: Routledge.
- Taki, M. (2002). A study on the philosophy and the method of guidance and counselling in Japanese schools: Guidance and counselling model and the three approaches. *Japanese Journal of Guidance and Counselling*, 1, 76-85.
- Toda, Y. (2010). The understanding and interventions of aggressive words by children. *Child Study*, 64, 897-906.
- Toda, Y., & Kanetsuna, T. (2011). The evaluation of anti-bullying programs led by student committee. *Paper to 15<sup>th</sup> International Conference on Developmental Psychology, Bergen, Norway, August 2011*.
- Toda, Y., Strohmeier, D., & Spiel, C. (2008). Process model of bullying. In T. Katoh, & H. Taniguchi (Eds.), *Dark side of interpersonal relationships* (pp.117-131). Kyoto: Kitaohji-Shobo.
- Toda, Y., & Yoshida, H. (2006). The evaluation of peer support practice by children and their parents. *ISSBD, 19th Biennial Meeting*, Melbourne, 2006.
- Toda, Y. (2005). Bullying and peer support systems in Japan: Intervention research. D. Shwalb, J. Nakazawa, & B. Shwalb (Eds.), *Applied developmental psychology: Theory, practice, and research from Japan*. Greenwich, CT: Information Age.
- Toda, Y., Nishiumi, M., & Yoshida, H. (2003). The evaluation of an 'on paper method' peer support practice in an elementary school. Annual Report of Centre for Educational Research and Practice, Faculty of Education and Human Sciences, Niigata University, 2.



# 16

## Convivencia: An educational model of wellbeing in schools

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*Convivencia, a popular concept in Hispanic cultures, concerns the way in which people who share living spaces and maintain stable relations organise their life together. The study of school convivencia in Spain has been linked to studies on the prevention of school violence and bullying, which have demonstrated successful results (Ortega & Del Rey, 2001), and aroused a growing interest in the development of school convivencia at a deeper and more explicit level. In Spain, the Education Law has incorporated amendments since 2006: the text makes direct reference to working together in the classroom as an essential part of the curriculum, and convivencia planning is now required for all schools. Initiatives include 'Schools, peace spaces' (in Andalusia: Junta de Andalucía, 2011) and recently, the inclusion of key competences as the backbone of teaching and learning in the classroom, and consideration of the role of cyberbehaviour and cyberbullying in the network of relationships that is convivencia.*

### Introduction

The term *convivencia* is prominent in Spanish speaking countries and is deeply rooted in Spanish and Latin American cultural heritage (Ortega, 2010). It translates as 'living together.' This term emphasises all those aspects that can lead to a positive life together when shared norms are



accepted in a democratic and pacific way. Current analysis has made clear that it is not only a word colloquially used and understood by all, but also a complex construct. It concerns the way in which people establish positive interpersonal relationships in order to create healthier and enriching shared life spaces and activities. In the school context, *convivencia* acquired a significant relevance when it was conceived as a way of preventing and coping with relationship problems that may take place in schools, particularly bullying behaviour. In Spain, the management and improvement of *convivencia* is required to be included in the objectives of each school, with a dual purpose: to improve interpersonal relationships within and among the various subsystems of relationships (students, teachers and families), and to prevent and respond to problems such as school violence and bullying (Ortega et al., 1998) and, ultimately, cyberbullying.

## Context

The study of *convivencia* emerged in the mid-nineties as a result of the successful findings of some of the pioneering anti-bullying programs in our country (Carbonell, 1999; Ortega & Del Rey, 2001; Ortega, Del Rey & Mora-Merchán, 2004). This work contributed decisively to increased interest in, and recognition of the need for, in-depth study of social life within the classroom and, in particular, the prevention of bullying (Ortega, 2007). *Convivencia* arises as a set of concrete actions aimed at preventing conflict and bullying among school children and improving the climate of interpersonal relations in the school. It must, however, take into account the broader socio-cultural contexts of education.

The educational authority in the Kingdom of Spain is divided into autonomous regions which determine their own educational competences, but under general guidelines established by the central State. This has provided some variety of approaches to the model of *convivencia*, although all share the principle of seeking to promote welfare. Since the first education law in our recent history, the General Education Act (1970), the principle of *convivencia* has existed in school life as the search for shared values and attitudes. Twenty years later, the Education Act established under a formal political democracy (LOGSE, 1990) included explicitly, and for the first time, the promotion of civic and ethical moral values that all schools should promote and develop in their students. The current law (LOE 2006) makes direct reference to the term in its preamble, declaring an aim “of education in the exercise of tolerance and freedom within the

democratic principles of *convivencia*” and including schools’ obligation to design, implement and evaluate *convivencia* planning. The LOE, following the European guidelines (Organisation for Economic Cooperation and Development: OECD, 2005) has organised the school curriculum in terms of key competencies, using ‘social and civic competence’ as a way of articulating the principle of education for *convivencia*. It means that good *convivencia* forms the basis for achieving specific instructional objectives and goals in the school curriculum.

Set by law, these general guidelines have specific implications for the Regional Educational Authority that promotes actions for the improvement of *convivencia* in schools where they have competences. These actions are always linked to specific programs for schools and institutions or to cross-institutional projects such as the creation of Observatories on the state of *convivencia* and other general measures that aim to help teachers and families to educate their children in school values of *convivencia* and the prevention of bullying and school violence. Some awards have been created for the best initiatives to improve *convivencia* such as national ‘IRENE Awards’ (MEC, 2011a) and the national Best Practices Competition for the promotion and improvement of *convivencia* (MEC, 2011b) and, at regional level, the award for Positive Promotion of *Convivencia* in schools.

## Key Issues

The Plans for *Convivencia* are a good example of a whole policy approach where it is intended that as many actors as possible are involved and that actions to be taken affect different levels (school, classroom, pupils). Perhaps one of the key ideas currently is the need for both initial assessment and final process evaluation. The educational proposals that are activated under the label of *convivencia*, adapted to the characteristics of the social context of each school, are often focused on interpersonal relationships, but also include specific plans related to the development of the curriculum. At the start of any program, it is important to involve all community sectors (teachers, pupils, families and even social agents) in order to promote the contribution from the entire school community, according to their role, to the goals that are indicated in *Convivencia* Planning. That did not occur in the early years but, since the SAVE Program (Ortega & Del Rey, 2001) a pre- and post-evaluation has been included. As Ttofi and Farrington (2009) said, it is important to perform both a process and a final evaluation to know what are the strengths and weaknesses of the

actions developed in order to have systematised information for eventual improvements. A summary of the most important processes of *convivencia* programs includes the following:

### **1. Analysis and intervention in interpersonal relationships**

To develop in teachers the ability to analyse the quality of communication and practices that affect interpersonal relationships established within the school, focusing particularly on student peer relations. While school *convivencia* is based on three major subsystems, students, teachers and families, it is students who are of central importance in the teaching-learning process. It is essential, therefore, to work on personal and collective knowledge of peer networks, bearing in mind the different perceptions of students, teachers and families in interpreting social events (Ortega & Del Rey, 2004).

### **2. Improving the instructional process**

To promote motivation and active participation of students through cooperative work, in order to stimulate greater awareness of others and themselves, to accept their limitations and enhance their capabilities. Also, to help students to perceive themselves as proactive in their own learning, from the negotiation of meanings with teachers and peers. Key to this is teacher training in teaching and learning styles and methodologies that will help to create classroom dynamics that will optimise student personal development as well as the educational task.

### **3. Proper management of discipline and conflict**

The interactive dynamic that constitutes *convivencia* in schools would not be such without confrontations and conflicts of interest. Knowing the rules put into play when there are shared spaces and common activities allows the proper management of conflicts and compliance with rules that have previously been assumed by all. Thus, a key to *convivencia* is the promotion of education in attitudes such as collective decision-making, accountability, mutual respect and self-training by staff, coping with problems and peaceful conflict resolution (Ortega, Del Rey, Córdoba & Romera, 2008).

### **4. Detection of, and intervention for, serious problems of *convivencia***

When a conflict begins to escalate, the school must take concrete and effective measures to prevent the continuation of the problem into a

health risk to the students. The key is therefore to stimulate awareness of these behaviours throughout the school community, together with action-specific training in relation to school, family and societal contexts.

### **5. Real inclusion and active involvement of families**

One of the great weaknesses of education systems is the lack of coordination with the students' home environment, sometimes due to the lack of interest by the families, but sometimes because the school does not promote their involvement, considering it irrelevant. This disconnection with school has produced large disagreements between families and schools (especially teachers), but this has begun to change in recent times. Continuous cooperation and communication between school and family is a key that should not be overlooked in any process for improvement of *convivencia*, promoting mutual understanding, sharing of information and mutual assistance (O'Moore, 2010).

### **6. Emotional and moral education**

Observing *convivencia* as a complex set of relationships, activities, rules and conventions, we can highlight its emotional and moral background. It is important to develop positive attitudes towards other members of the school community, especially in student peer networks. Thus, the enhancement of emotional and moral aspects of the individual that can create emotional ties and guard against unwanted situations in *convivencia*, is another key to promoting the welfare of all. As Palomera and Salguero (2010) say, in order for *convivencia* to be positive, the educational institution has to respond to the emotions of all who live together.

## **Educational Implications**

Developing a school *convivencia* program means that each school should promote the teaching and learning process from a global perspective, focusing on the socio-moral goals that students need to reach in order to build a civic and ethical mentality. For this to occur, it is necessary to cease the traditional view of schoolwork, as focused on academic content, as Program for International Student Assessment (PISA) reports have indicated (OECD, 2003, 2006, 2009), in favour of further work on the personal and social competence of students. This necessitates strengthening each and every one of the keys which we consider essential in order to develop good *convivencia*, and is embodied in the following concrete actions by schools:

1. Achieving a climate of healthy relationships requires activities in school aimed at promoting dialogue and effective communication. Participation in extracurricular activities that allow students, teachers and families to interact out of the strictly academic times, can be a valuable resource to enhance positive relationships in the school community (Bolívar, 2006, 2010; Tuvilla, 2005).
2. Active participation of students in their own learning is promoted by methodologies such as discovery learning, problem-based learning and cooperative work groups.
3. Proper management of discipline and conflict requires a shared and consensual system of school rules and the consequences for breaking them, determined by the entire school community. Activities such as assemblies and classroom discussions are important to create training in negotiation with others and mutual respect (Fernández, Villaoslada & Funes, 2002).
4. To detect and intervene in an effective way in serious problems of *convivencia*, a resource needed is the creation of protocols in collaboration with institutions of higher education and legal and social institutions, not only to cope with the problems, but also for their early detection. This will assist in the development of knowledge about various kinds of problems, especially those that have recently emerged, as in the case of cyberbullying (EMICI, 2011). It will also help schools to draw upon the evidence base concerning interventions such as the Method of Shared Concern (Pikas, 1989), Quality Circles (Sharp, Cowie & Smith, 1994), conflict mediation (Fernández, 1998) and peer support programs (Cowie & Wallace, 1998).
5. The involvement of families in their children's school life. It is necessary to push the limits of the Parents Associations, which have traditionally served to ensure that families have a more symbolic than a real presence in the schools. A motivating approach is the creation of Parents' Schools where they can not only express their opinions but have an opportunity to train on issues related to the development and education of their children (Martinez & Alvarez, 2005).
6. Finally, it is necessary to develop deeper emotional and moral education in students by teachers trained in the new challenges of *convivencia* and in the creation of a positive emotional climate in classrooms. The development of assertiveness and empathy strategies (Ortega, Del Rey & Córdoba, 2010) can contribute to the

prevention of direct or indirect involvement in phenomena that can adversely affect the quality of interpersonal relationships and the psycho-emotional wellbeing of individuals (Elipe, Ortega, Del Rey & Mora-Merchán, 2009; Elipe, Ortega, Hunter & Del Rey (under review); Ortega, Elipe, Mora-Merchán & Del Rey, 2009).

## Future Directions

The school, as an ecosystem of relationships, has always been the ideal setting for studying and intervening in *convivencia*. However, actions to improve *convivencia* in schools have yet to impact upon society more broadly. Knowledge gained in the school setting could therefore usefully be transferred to other settings. At the same time, it is necessary that university researchers become sensitive to the reality of schools and advance theoretical knowledge on the basis of school practices.

Furthermore, massive access to new technologies and the internet is allowing students to establish and maintain relationships with their peers beyond the school environment. Good levels of computer literacy for children and young people have been acquired (Livingston & Hadden, 2009a, 2009b; Garmendia, Garitaonandia, Martínez & Casado 2011), and the digital world further extends communication skills and information-sharing with others. While the internet makes possible the extension of shared spaces for children and youth, in 2007 a new phenomenon was born with great appeal to them: social networks. This scenario, in which teenagers and young people design and modulate their interactions and information, presents a great opportunity for shared learning which, as with their other school learning, should be subject to training in the exercise of respect for others and for themselves. Researchers have realised this, and already in more recent work, consideration of the role of cyberbehaviour and cyberbullying in interpersonal relations is included (Ortega, Del Rey & Sanchez, in press). Researchers are also exploring the cognitive, emotional and affective aspects that come into play in the interactions carried out through social networks.

*Convivencia* goes beyond the prevention or alleviation of school violence and bullying. It offers a path by which the welfare and comprehensive education of young adolescents are encouraged.

## References

- Bolívar, A. (2006). Familia y escuela: dos mundos llamados a trabajar en comun. *Revista de Educación*, 339, 119-146.

- Bolívar, A. (2010). El liderazgo educativo y su papel en la mejora: una revisión actual de sus posibilidades y limitaciones. *Psicoperspectivas*, 9 (2), 9-33.
- Carbonell, J. L. (Dir.) (1999). *Programa para el desarrollo de la convivencia y la prevención de los malos tratos. Convivir es vivir* (1-155). Ministerio de Educación y Cultura.
- Cowie, H., & Wallace, H. (1998): *Peer Support: A teacher manual*. London: The Prince's Trust.
- Elipe, P., Ortega, R., Del Rey, R., & Mora-Merchán, J. A. (2009, September). Inteligencia emocional percibida en alumnos de secundaria implicados en bullying. Comunicación presentada en el *II Congreso Internacional de Inteligencia Emocional*. Santander, España.
- Elipe, P., Ortega, R., Hunter, S., & Del Rey, R. (under review). Inteligencia emocional percibida e implicación en diversos tipos de acoso escolar.
- EMICI, (2011). *Protocolo de actuación escolar ante el ciberbullying* (pp.1-115). Gobierno Vasco.
- Fernández, I. (1998). *Prevención de la violencia y resolución de conflictos. El clima escolar como factor de calidad*. Madrid: Narcea.
- Fernández, I., Villaoslada, E., & Funes, S. (2002). *Conflicto en el centro escolar. Modelo de Alumno ayudante como estrategia de intervención educativa*. Madrid: Catarata.
- Garmendía, M., Garitaonandía, C., Martínez, G., & Casado, M. A. (2011). *Riesgos y seguridad en Internet: los menores españoles en el contexto europeo* (1-91). Universidad del País Vasco-Euskal Herriko Unibertsitatea. Bilbao: EU Kids Online.
- Ley 14/1970, (LGE) de 4 de agosto, General de Educación y Financiamiento de la Reforma (B.O.E. de 6 de agosto de 1970).
- Ley Orgánica 1/1990, (LOGSE), de 3 de octubre de 1990, de Ordenación General del Sistema Educativo (BOE número 238 de 4/10/1990).
- Ley Orgánica 2/2006, (LOE) de 3 de mayo, de Educación (BOE, 4/5/2006).
- Livingstone, S., & Haddon, L. (2009a). *EU Kids Online: Final report*. LSE, London: EU Kids Online.
- Livingstone, S., & Haddon, L. (Eds.) (2009b). *Kids Online: Opportunities and risks for children*. Bristol: The Policy Press.
- Martínez, R. A., & Álvarez, L. (2005). Fracaso y abandono escolar en educación secundaria obligatoria: Implicación de las familias y los centros escolares. *Aula Abierta*, 85, 127-146.
- MEC, (2011a). *Premios IRENE 2011: La paz comienza en casa*. Madrid: Secretaría de Estado de Educación y Formación Profesional. Retrieved from: [www.boe.es/boe/dias/2011/04/27/pdfs/BOE-A-2011-7513.pdf](http://www.boe.es/boe/dias/2011/04/27/pdfs/BOE-A-2011-7513.pdf)
- MEC, (2011b). *Concurso nacional de Buenas Prácticas para el impulso y mejora de la Convivencia Escolar curso 2010/2011*. Madrid: Secretaría de Estado de Educación y Formación Profesional. Retrieved from: [www.boe.es/boe/dias/2011/04/04/pdfs/BOE-A-2011-6060.pdf](http://www.boe.es/boe/dias/2011/04/04/pdfs/BOE-A-2011-6060.pdf)

- Organisation for Economic Cooperation and Development (OECD), (2003). *Programa para la Evaluación Internacional de los alumnos. Informe Español*. Ministerio de Educación. Retrieved from: [www.maticasbachiller.com/anejos/noticia/pdf/2003.pdf](http://www.maticasbachiller.com/anejos/noticia/pdf/2003.pdf)
- OECD (2005). The definition and selection of key competencies. Executive Summary. Retrieved from: [www.pisa.oecd.org/dataoecd/47/61/35070367.pdf](http://www.pisa.oecd.org/dataoecd/47/61/35070367.pdf)
- OECD (2006). *Programa para la Evaluación Internacional de los alumnos. Informe Español*. Ministerio de Educación. Retrieved from: [www.mec.es/multimedia/00005713.pdf](http://www.mec.es/multimedia/00005713.pdf)
- OECD (2009). *Programa para la Evaluación Internacional de los alumnos. Informe Español*. Ministerio de Educación. Retrieved from: [www.educacion.gob.es/dctm/ministerio/horizontales/prensa/notas/2010/20101207-pisa2009-informe-espanol.pdf?documentId=0901e72b806ea35a](http://www.educacion.gob.es/dctm/ministerio/horizontales/prensa/notas/2010/20101207-pisa2009-informe-espanol.pdf?documentId=0901e72b806ea35a)
- O'Moore, M. (2010). El modelo ABC para prevenir y afrontar el bullying. En R. Ortega (Coord.), *Agresividad injustificada, bullying y violencia escolar* (1-416). Madrid: Alianza Editorial
- Ortega, R. (2007). La convivencia: Un regalo de la cultura a la escuela. *Revista de Educación de Castilla la Mancha*, 4, 50-54.
- Ortega, R. (Coord.) (2010). *Agresividad injustificada, bullying y violencia escolar* (1-416). Madrid: Alianza Editorial.
- Ortega, R., Del Rey, R., & Córdoba, F. (2010). Construir la convivencia para prevenir la violencia. Un modelo ecológico, en R. Ortega (Coord.) *Agresividad injustificada, Bullying y Violencia Escolar*, pp.299-320.
- Ortega, R., Mora-Merchán, J., Fernández, V., Gandul, M. I., Del Rey, R., Palacios, R., ... Blanca Gómez, B. (1998). *La convivencia escolar: Qué es y cómo abordarla* (1-267). Sevilla: Consejería de Educación y Ciencia.
- Ortega, R., & Del Rey, R. (2001). Aciertos y desaciertos del proyecto Sevilla Anti-violencia Escolar (SAVE). *Revista de Educación*, 324, 253-270.
- Ortega, R., & Del Rey, R. (2004). *Construir la convivencia* (1-248). Barcelona: Edebé.
- Ortega, R., Del Rey, R., Córdoba, F., & Romera, E. M. (2008). *Disciplina y gestión de la convivencia. 10 ideas clave* (1-132). Barcelona: Graó.
- Ortega, R., Del Rey, R., & Mora-Merchán, J. (2004). SAVE Model: An anti-bullying intervention in Spain. In P. K. Smith, D. Pepler, & K. Rigby (Eds.). *Bullying in schools: How successful can interventions be?* UK: Cambridge University Press.
- Ortega, R., Del Rey, R., & Sánchez, V. (In press). *Nuevas dimensiones de la convivencia escolar y juvenil. Ciberconducta y relaciones en la Red: CIBERCONVIVENCIA*.
- Ortega, R., Elipe, P., Mora-Merchán, J. A., & Del Rey, R. (2009, September). *Inteligencia emocional percibida y cyberbullying en estudiantes de secundaria*. Comunicación presentada en el "II Congreso Internacional de Inteligencia Emocional". Santander, España.



- Palomera, R., & Salguero, J. M. (2010). Inteligencia emocional docente y clima escolar positivo. En J. L. Gázquez, y M. C. Pérez, *Convivencia escolar. Aspectos psicológicos y educativos*. Granada: GEU.
- Pikas, A. (1989). The common concern method for the treatment of mobbing. In E. Roland, & E. Munthe (Eds.). *Bullying: An international perspective* (pp.91-105). London: David Fulton.
- Sharp, S., Cowie, H., & Smith, P. K. (1994): Working directly with pupils involved in bullying situation. In P. K. Smith, & S. Sharp (Eds.). *School bullying*. London: Routledge.
- Ttofi, M., & Farrington, D. (2009). What works in preventing bullying: Effective elements of anti-bullying programmes. *Journal of Aggression, Conflict and Peace Research* (1) 1, 13-24.
- Tuvilla, J. (2005). *Convivencia Escolar y Resolución Pacífica de Conflictos*. Consejería de Educación y Ciencia. Dirección General de Orientación Educativa y Solidaridad. Junta de Andalucía. Retrieved from: [www.juntadeandalucia.es/educacion/portal/com/binconvivencia/contenidos/Materiales/PublicacionesdelaConsejeriadeEducacion/convivenciaescolar/1176980175677\\_convivencia\\_resol\\_conflictos\\_tuvilla-1.pdf](http://www.juntadeandalucia.es/educacion/portal/com/binconvivencia/contenidos/Materiales/PublicacionesdelaConsejeriadeEducacion/convivenciaescolar/1176980175677_convivencia_resol_conflictos_tuvilla-1.pdf)

# 17

## Adapting to negative life events

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*This chapter brings together understandings from the author's own experiences as a school counsellor, psychologist, and researcher, with an extensive review of the research literature into the impact of negative life events. It discusses key issues that have important ramifications for the adaptation and rebuilding of lives following adverse life events, and in promoting mental health and wellbeing. It is argued that relationships and social processes play a critical role in adapting to negative life events and that adaptation and coping with negative life events is not something individuals usually achieve alone but in collaboration with others, and that the reactions, actions and coping of significant others are key influences on this process.*

### Introduction

Many students experience negative life events during the school years that disrupt some, if not all, areas of their lives. These events can have a significant impact on their in-school functioning and relationships. Some students experience a succession of such events. While for some students, these disruptions may be of a relatively short duration, for others it can last for months and even years. For example, in relation to divorce, Hetherington (1999) found that “Restabilization of the family

and a new homeostasis in family functioning usually are attained three to four years following divorce, accompanied by improvement in parent-child relations and in the adjustment of children” (p.94). Similarly, the loss of a parent can have far reaching consequences and a long term impact on a student’s life and development.

Educators have an important role to play in supporting students whose lives are in flux and who are dealing with the added challenges associated with negative life events and their evolving aftermath. Negative life events can provide valuable opportunities to learn important life skills and understanding that will enhance students’ future resilience, as long as they are provided with the conditions, resources and support to facilitate this. Although educators have limited influence over what happens out-of-school, they are still in a position to make a very real difference within the school situation, and through working in partnership with parents and other support personnel.

This chapter highlights a number of key findings from the research literature that looks at adaptation to negative life experiences from a ‘big picture’ perspective. It endeavours to shed light on the question “Why do some people quickly adapt and get on with their lives after adverse life events, while others do not?”

## **Context**

None of us is immune from experiencing adverse life disrupting events and many students experience such events during their school years. These events include divorce or death of a parent, accidents, serious illness or injury, natural disasters (floods, fire, earthquake), loss or death of a close friend, physical assault, abuse and bullying. Such events are usually unexpected and yet can result in lives being shattered and key relationships disrupted, broken or lost, and it may take a long time before a new normality re-emerges. During periods of upheaval, circumstances change and adaptation depends on how successfully students, and those around them, meet the evolving challenges.

This chapter identifies some key ideas, from the research literature and professional practice, that can assist teachers and parents in supporting students and their families in positively adapting to negative life events and their aftermath. Supporting and facilitating positive adaptation is critical in promoting student school engagement and functioning, and their mental health, wellbeing and resilience.

## Key Issues

The following nine interrelated key points are provided as a framework to assist in understanding the processes involved in adapting to negative life events. Such understanding is an important step prior to developing support plans and interventions.

### **1. Adapting to negative life events is not just one person's journey**

Negative life events do not just impact on the individual directly affected, but also on a person's family and significant others. Coping with adversity is not a solitary journey, but is interwoven with the lives, coping and adaptation of others.

As Brody and Farber (1989) point out, "Change in any one family member will have inevitable and myriad effects on all other members of the family" (p.116). Thus, we need to conceptualise adapting to negative life events more in terms of the adaptation of families, groups and communities than of individual coping. This reflects the reality that we live communally, that our lives are interdependent, and that we achieve many of our needs and goals through cooperative interactions with others, and communal coping.

### **2. People have very different experiences of adverse life events and their aftermath**

Everyone has their own unique circumstances, challenges and problems to contend with in the aftermath of adverse life events. No two people have identical social lives, resources, experiences, or circumstances and each has his or her unique set of risk and protective factors. The aftermath of traumatic events is shaped by pre-existing challenges and circumstances, by unfolding difficulties, and by how relationships and social circumstances evolve over time, not just by the impact of negative life events *per se*. There is much more happening in people's lives than traumatic or negative life events, and negative life events are not the sole causes of subsequent events.

The reactions and actions of significant others play a critical role in shaping people's evolving aftermath experiences. When talking about traumatic events, Denham (2008) reported that

Individuals, as well as societies, differ in the manner in which they experience, process and remember events. Thus, distress resulting from a trauma experience is not due to the traumatic event *per se*, but the response attributed to, or the meaning derived from the trauma experience. (p.395)

Memories are not static, and a person's understanding, meaning and memory of events can change over time, as memories are reframed and reinterpreted as a result of new information, new life experience, forgetting and reflection.

Children also perceive events very differently from adults. As Garbarino (2008) states, "Child development research teaches us that children are not just short adults. They think and feel in ways that are different from the ways adults think and feel, and these develop over time." (p.4).

This is because children view their world through the goggles of their own experiences, knowledge, and understanding. They may even blame themselves and feel guilty for events such as divorce, accidents, or abuse, over which they had no control. Such perceptions can be extremely detrimental to their sense of self, wellbeing, and their ability to adapt.

### **3. Relationships are a central and necessary part of people's lives**

Every aspect of our lives involves relationships and we live in a network of interdependent interacting relationships. Relationships are a living legacy of our past, and are able to help provide us with a sense of historical and social continuity.

Relationships are important to us because they serve many critical functions in our lives (Dunn, 2004). Among the things they provide us with are companionship, partnership, emotional and social support and intimacy. People with stable supportive relationships are well placed to live satisfying, fulfilling and adaptive lives. Without such relationships and the functions and roles they provide, people face loneliness, unhappiness, insecurity and mental health difficulties (Pilgrim, Rogers & Bentall, 2009).

Since relationships are so central and necessary to our lives, any loss or significant change to key relationships can have a profound impact. Loss or significant change to key relationships can occur in multiple ways such as injury, illness, death, divorce, relationship breakup, social rejection and relocation.

Reciprocity is fundamental to the establishment and maintenance of relationships. According to Allan (1989) friendship is an equal relationship based on reciprocity, therefore anything that gets in the way of this will change the nature and quality of the relationship. Difficulties in maintaining reciprocity can occur because of changed

availability, mobility, physical capacities, lifestyle, finances or location. Thus negative life events have a number of ways by which they contribute to relationship loss and change. Anything that changes the situational context of a relationship ipso facto alters the nature of the relationship involved.

It can be extremely difficult to adjust to the loss of a key relationship such as the death of a parent, partner or close friend. Different types of relationships serve separate functions and roles and provide distinct types of support (Wellman & Wortley, 1990). Mothers, fathers, siblings, partners, grandparents and close friends can each play a very distinct and separate role in a person's life. Substituting for the loss of a key relationship is not simply a matter of acquiring a new friendship or arranging for a current friend to fill the gap. Different types of relationships are not interchangeable (Allan, 1998). They are shaped and forged over time by history, circumstances, opportunities and inter-relationships with others. Relationships do not exist in a vacuum, and are not just dyadic or personal, but are shaped and embedded in a person's wider social, economic and cultural contexts (Allan, 1998). It takes time and availability of the 'right' opportunities and social circumstances for new key relationships to develop (Allan, 1989, 1998; Fehr, 1996). These opportunities and conditions are not always available.

Perceived similarity has been found to facilitate the development of friendships and lack of it to impede this process (Rose, 2002). When negative life events result in people experiencing atypical negative experiences, this can change perceptions of similarity adding to the challenges in the development of new close friendships.

From recent research we know that relationships play a central role in the creation and amelioration of mental health problems (Pilgrim, Rogers & Bentall, 2009) and that "at key turning points in children's lives ... having a close friend can make a real difference to how children manage those transitions" (Dunn, 2004, p.3). Thus, relationships can be important assets at times of negative life events.

Relationship loss and change can result in losses of other resources as well. This includes provision of social support, both emotional and instrumental. Substantial literature now exists linking social support to wellbeing and adaptive functioning. "Meta-analyses have demonstrated that lack of social support is one of the most robust predictors of Post Traumatic Stress Disorder" (Frazier et al., 2011, p.28). Of course, who provides the support may be as important as the nature of the support provided (Revenson & Majerovitz, 1991).

Given the importance of relationships for our lives and the difficulty in replacing them, it is understandable why anything that negatively impacts on them can pose significant challenges to our adaptation to negative life events. Research highlights the practical importance of relationships, and the skills of developing, maintaining and repairing them for student wellbeing and functioning at school.

#### **4. Families play a pivotal role in the support and adaptation of their children**

According to Luthar (1999) “The wellbeing of every child is intricately tied in with the functioning of his or her parents ...” (p.41) and “... having family around you helps, if the family members themselves are coping” (Jones, 2004, p.205). Unfortunately, family members do not always cope well with the challenges they face.

Our society is based on the assumption that families perform critical adaptive functions for students including at times of crisis and adversity. Power (2004) provides evidence that parents play a key role in helping children cope with problems and stress through shielding them from negative experiences, assisting them with appraisal of stressors and choice of coping strategies, and in enlisting assistance. He concludes that parenting predicts children’s adjustment to stress.

De Anstiss, Ziaian, Procter, Warland & Baghurst (2009) warn that “as children seldom seek help for themselves, recognition of problems by the adults in their social networks is critical if they are to receive the care they need” (p.590). Thus parents have a critical role in protecting, supporting and enlisting assistance for their children.

Of course, parents also have a key educative role in helping their children learn life skills, values and problem solving, critical to their future lives, relationships and wellbeing. Within the context of the family, children learn about relationships, trust, being supportive, managing emotions and conflicts, goal setting and problem solving. Children learn not just how to solve problems but what things are problems and what are not, which problems are worth solving, which problems are serious, and when, if and how to go for help, and who to go to. Where such learning is dysfunctional, students are disadvantaged in their personal development and life skills.

Some families confront multiple complex challenges and are situated in contexts of social exclusion and disadvantage. In such families, it is extremely difficult for parents to provide high quality parenting, to be emotionally available and responsive to their children, and to provide effective support at times of negative life events.

### **5. Re-establishing daily life routines and activities**

Whenever people's lives are disrupted by traumatic or negative life events, it is important, when practicable, for them to return to their normal activities and routines as soon as possible, in order to restore interpersonal connections, lifestyle and functioning (Omer & Alon, 1994). This reconnects them into their personal communities and helps normalise their experiences and lives.

Returning to normal activities as soon as possible may be important because these activities keep people informed about the relative needs of network members and provide the best forums for the sharing of experiences and feelings that are believed to be so important for disaster victims. (Norris, Friedman & Watson, 2002, p.248)

### **6. Normalising experiences and the emotional processing of experiences**

It is important to normalise and validate people's feelings and experiences in the aftermath of negative life events, so they perceive their experiences, fears and concerns as not unique. Lack of knowledge and understanding of what reactions or phases to expect can result in exacerbated feelings of anxiety and aloneness. For example, it is normal for children to have night terrors and be afraid of the dark even months after an earthquake, and without knowing this is a normal reaction, the parents and child are likely to be unnecessarily distressed (Sahlin, Yilmaz & Batigun, 2011). Normalising fears, concerns, experiences and possible phases of recovery reduces anxiety, facilitates calming, and helps people process their experiences without them wondering whether they are sick or crazy. Children may also need help in recognising and understanding feelings such as grief, guilt, anger, abandonment and betrayal, and in knowing how to deal with them.

After negative life events, people need time to grieve, make sense of their experiences and process the emotions involved. This best occurs in a safe environment in dialogue with trusted supportive relationships. When these conditions are unavailable this is a barrier to adaptation and recovery (Klingman & Cohen, 2004). When parents are emotionally unavailable, their children learn to live highly private emotional lives and to hide their feelings behind a mask.

### **7. Choice of and use of coping strategies determine how well people adapt**

People's own behaviour and choice of coping strategies play an important role in determining how things unfold after negative life events (Rutter, 1996). Negative events alone do not determine how



people cope (Moffatt, 2010). Prior learning and the influence of others play key roles in such decisions.

Collaborative coping and problem solving offer the most promising pathway for positive adaptation, since collaboration helps liberate people from isolating views and dysfunctional thinking, and provides emotional and practical support and additional resources.

Social disconnection, disengagement and isolation can be major barriers to positive adaptation because this deprives people of opportunities for positive social experiences and support, and can instead lock them into a private world of distrust, alienation and self imposed exile. People using such strategies are vulnerable to the development of depression and other mental health difficulties. Adopting strategies of disconnection for survival leads to what Jean Baker Miller calls 'condemned isolation' (Jordan, 2006, p.85).

### **8. Positive adaptation requires enabling social circumstances and contexts**

Enabling conditions are critical if people (especially children) are to adapt well to negative life events. Hobfoll et al. (2007) highlight the importance of a sense of safety, connectedness, hope, self and community efficacy and of calming, as among the most essential conditions needed immediately following traumatic incidents. These are all areas in which parents and educators have a key role to play.

How successfully these conditions can be provided depends on pre-existing relationships and circumstances. When people already feel socially disconnected, lonely, powerless, inadequate and rejected by peers, provision of enabling conditions is a major challenge that is unlikely to be achieved.

### **9. Positive adaptation means mental health and wellbeing**

Mental health and wellbeing are inextricably linked to relationships, social connection and social wellbeing. Much research attests to the critical role of relationships in the development, maintenance and recovery from mental health difficulties (Horwitz, 2003; Joiner & Coyne, 1999; Pilgrim, Rogers & Bentall, 2009; Segrin, 2001). Recently, for example, Shochet (2009) discovered evidence that lack of school connectedness predicted depression in adolescents.

Given the central importance of relationships in our lives and the adaptive functions they perform, it is not unexpected that mental health can be understood as a problem of social relationships (Horwitz, 2003;

Martín-Baró, 1994). Rehman, Gollan and Mortimer (2008) state that “depression has interpersonal causes, is interpersonally mediated, and interpersonal factors are linked to depression relapse” (p.180). In looking at the issue of mental health, it is important to recognise help seeking, diagnosis and treatment as social and psychological processes as well as medical ones.

When key relationships are lost, disrupted, or changed by chronic illness or injury, or become negative and non-supportive, people can react in detrimental ways. If they adopt a form of protracted social avoidance or disconnection as a means of coping, mental health difficulties are likely to develop (Welch, 2004). Unfortunately if such problems develop, medical treatment alone will not repair or reestablish key relationships, remove people from intolerable social circumstances, make people more trusting of others, or address issues of loneliness, boredom or social isolation. Recovery from mental health difficulties requires changing the person’s social world and their relationships, not just changing the individual.

## **Educational Implications**

Explanations give people the power to change things. This chapter has identified a number of key processes that shape adaptation to negative life events and foster personal wellbeing. It highlights the critical importance of relationships and the roles they play in people’s lives, and the importance of building and maintaining strong, rewarding and supportive relationships. As McEwen and Lasley (2002) state, “strong relationships remain some of the most powerful bastions against the trials of life” (p.184).

There are many messages the reader can take from this chapter. While it does not specify particular ‘solutions’, it does imply what to look for and where to look when seeking to understand adaptation to negative life events. From an educator’s viewpoint, it is important to address the social and emotional needs of students, and their need to develop and maintain supportive friendships, as well as to support and empower parents so they can provide a safe, supportive and healing context for their children. Breaking down the social isolation of families can be important in helping overcome the social isolation of children.

## **Future Directions**

Too much current research pays inadequate attention to relationships and social context. These need to be studied more routinely in educational and psychological research. More research is also needed

in the area of how best to help people in different circumstances to cope with the loss and repair of significant relationships.

## References

- Allan, G.A. (1989). *Friendship: Developing a sociological perspective*. London: Harvester Wheatsheaf.
- Allan, G. A. (1998). Friendship, sociology and social structure. *Journal of Social and Personal Relationships*, 15(5), 685-702.
- Brody, E. M., & Farber, B. A. (1989). Effects of psychotherapy on significant others. *Professional Psychology: Research and Practice*, 20(2), 116-122.
- De Anstiss, H., Ziaian, T., Procter, N. G., Warland, J., & Baghurst, P. (2009). Help-seeking for mental health problems in young refugees: A review of the literature with implications for policy, practice, and research. *Transcultural Psychiatry*, 46(4), 584-607.
- Denham, A. R. (2008). Rethinking historical trauma: Narratives of resilience. *Transcultural Psychiatry*, 45(3), 391-414.
- Dunn, J. (2004). *Children's friendships: The beginnings of intimacy*. Maiden, MA: Blackwell.
- Fehr, B. A. (1996). *Friendship processes*. Thousand Oaks, California: Sage.
- Frazier, P. A., Gavain, M., Hirai, R., Park, C., Tennen, H., Tomich, P. L., & Tashiro, T. (2011). Prospective predictors of Posttraumatic Stress Disorder symptoms: Direct and mediated relations. *Psychological Trauma: Theory, Research, Practice and Policy*, 3(1), 27-36.
- Garbarino, J. (2008). *Children and the dark side of human experience: Confronting global realities and rethinking child development*. New York: Springer.
- Hetherington, E. M. (Ed.). (1999). *Coping with divorce, single parenting and remarriage: A risk and resiliency perspective*. Mahwah, New Jersey: Lawrence Erlbaum.
- Hobfoll, S. E., Watson, P. J., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., ... Ursano, R. J.. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry*, 70(4), 283-315.
- Horwitz, A. V. (2003). *Creating mental illness*. Chicago: University of Chicago Press.
- Joiner, T., & Coyne, J. C. (Eds.). (1999). *The interactional nature of depression: Advances in interpersonal approaches*. Washington, DC: American Psychological Association.
- Jones, L. (2004). *Then they started shooting: Growing up in wartime Bosnia*. Cambridge, Massachusetts: Harvard University Press.
- Jordan, J. V. (2006). Relational resilience in girls. In S. Goldstein, & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp. 79-90). New York: Springer.
- Klingman, A., & Cohen, E. (2004). *School-based multisystemic interventions*

- for mass trauma*. London: Kluwer Academic/Plenum.
- Luthar, S. S. (1999). *Poverty and children's adjustment*. Thousand Oaks, California: Sage.
- Martín-Baró, I. (1994). *Writings for a liberation psychology*. Cambridge, Massachusetts: Harvard University Press.
- McEwen, B. S., & Lasley, E. N. (2002). *End of stress as we know it*. Washington, DC: Joseph Henry Press.
- Moffatt, G. K. (Ed.). (2010). *Survivors: What we can learn from how they cope with horrific tragedy*. Santa Barbara, California: Praeger.
- Norris, F. H., Friedman, M. J., & Watson, P. J. (2002). 60,000 disaster victims speak: Part 11. Summary and implications of the disaster mental health research. *Psychiatry*, 65(3), 240-260.
- Omer, H., & Alon, N. (1994). The Continuity Principle: A unified approach to disaster and trauma. *American Journal of Community Psychology*, 22(2), 273-287.
- Pilgrim, D., Rogers, A., & Bentall, R. (2009). The centrality of personal relationships in the creation and amelioration of mental health problems: The current interdisciplinary case. *Health*, 13(2), 235-254.
- Power, T. G. (2004). Stress and coping in childhood: The parents' role. *Parenting: Science and Practice*, 4(4), 271-317.
- Rehman, U. S., Gollan, J., & Mortimer, A. R. (2008). The marital context of depression: Research, limitations, and new directions. *Clinical Psychology Review*, 28, 179-198.
- Revenson, T. A., & Majerovitz, S. D. (1991). The effects of chronic illness on the spouse: Social resources as stress buffers. *Arthritis Care and Research*, 4(2), 63-72.
- Rose, R. J. (2002). How do adolescents select their friends? A behavior-genetic perspective. In L. Pulkkinen, & A. Caspi (Eds.), *Paths to successful development: Personality in the life course* (pp. 106-125). Cambridge: Cambridge University Press.
- Rutter, M. (1996). Stress research: Accomplishments and tasks ahead. In R. J. Haggerty, L. R. Sherrod, N. Garmezy, & M. Rutter (Eds.), *Stress, risk, and resilience in children and adolescents: Processes, mechanisms, and interventions* (pp.354-385). New York: Cambridge University Press.
- Sahlin, N. H., Yilmaz, B., & Batigun, A. (2011). Psychoeducation for children and adults after the Marmara earthquake: An evaluation study. *Traumatology*, 17(1), 41-49.
- Segrin, C. (2001). *Interpersonal processes in psychological problems*. New York: Guilford.
- Shochet, I. (2009). *Unraveling the links between connectedness, self-regulation and mental health: Towards an integrative clinical framework*. Paper presented at the Brisbane APS Conference November, 2009.

- Welch, N. R. (2004). Social disconnection and depression. In T. Bowles, & Z. J. Pearce (Eds.), *Conference proceedings: Relationship transitions* (pp.145-149). Melbourne: Australian Psychological Society.
- Wellman, B., & Wortley, S. (1990). Different strokes From different folks: Community ties and social support. *American Journal of Sociology*, 96(3), 558-588.

# 18

## Practising relational mindfulness in school communities

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*Avenell (2009) has argued that teacher and leader behaviours directly shape the relational qualities of the classroom and whole school community (p.32). However, behaviour can be difficult to change even when people are willing. This chapter is focused on relational case study research involving six teachers and school leaders who wished to develop a more positive relationship with an identified student or colleague through the practice of mindfulness. As a result of practising mindfulness activities over a six week period participants noted that their identified relationship improved as a result of being more able to listen, and to be more empathic and less reactive and judgemental. This study supports previous research in mindfulness that people can and do influence the internal state of the other through their own internal state which then affects the relational field around those people and the organisation as a whole.*

### Introduction

Just then the door to the office burst open and he stormed in and glared aggressively straight at her, saying: 'I hate you. I hate you.' and stormed out again. She absorbed the full force of his anger and sat very still in shock. She felt a mixture of emotions, fear, anger, frustration, embarrassment, and she suddenly realised she also felt very cold. The principal said to her: 'He is probably angry because you are talking to

me before going to see him. That's what he's like. It's all about him.' Even though she understood how stressed he was she found it very hard when he spoke to her as he did. It had shaken her to her core. Perhaps, because it was so sudden and she was unprepared. (Burrows, 2011, p.173)

Teachers and leaders are role models who continuously induce and respond to the emotional expressions of their students (Jennings & Greenberg, 2009) and others in the school community. Teachers and school leaders are constantly exposed to emotionally provocative situations yet it often seems that in the busy-ness of daily school life, emotions are noticed only when it is almost too late to repair an escalating incident.

Teacher and leader behaviours directly shape the relational qualities of the classroom and school community (Avenell, 2009). Teachers are expected to be objective, calm and mature mentors and leaders and therefore, "as teachers we can feel guilty or unprofessional as we express or even notice strong emotions; we have little training or experience otherwise" (Brown, 2002, p.3).

For Jennings (in Lindenbaum, n.d.):

Being in the classroom today requires a new skill that was never in teacher training. If we can help teachers recognize and master emotional reactions and the expression of emotions then we can help them create a more caring communal environment in which children are more receptive to learning (website).

Teaching is a 'relational profession' (Connelly & Clandinn, 1999, p.85) and "gaining access to the inherent relational complexity of teaching and learning situations is essential to learning to teach" (Latta & Field, 2005, p.649). While teachers and leaders believe their training prepared them well in terms of curriculum knowledge they often feel unprepared to meet the challenges presented by complex relationships in school communities. Current professional development for teachers does not take enough account of the need for "developmental links between cognitive, emotional, social and personal development in the journey towards expertise" (Day, 2004, p.69).

Teaching about implicit processes such as the ability to self-reflect and give oneself space to consider one's behavioural options rather than simply reacting to interpersonal events appears to be largely neglected in professional training, even counselling training (Burns & Beckman-Brindley, as cited in Hick, Bien, Zindel & Segal, 2010).

My own previous experience developing and researching interventions for vulnerable young people who challenge education systems to

provide for their complex needs (see Burrows, 2008, 2009, 2010, 2011) required me to learn how to maintain equanimity in extremely charged emotional environments such as the one described above.

This extended into a desire to assist teachers and leaders to recognise, accept and respond effectively to the moment to moment intra- and interpersonal fluctuations and ruptures that inevitably occur in relationships in schools. I therefore decided to develop and research a pilot professional learning intervention that could potentially assist teachers and leaders to cultivate the relational skills and qualities needed by those working in a 'relational profession'. Fulton (2005) has related these skills to mindfulness, which he believes, when practised implicitly as part of one's professional way of being, can be a significant resource because of its capacity to build the skills needed for relational competence. This chapter focuses on a pilot research project aimed at exploring whether a relational approach to mindfulness practice can cultivate the relational qualities needed if teachers and leaders are to effectively deal with unsettling relational incidents in school communities.

## Context

This project involved meeting weekly over a six week period with six teachers/leaders from four different sites who volunteered to take part after hearing a presentation on relational mindfulness. Mindfulness can be described as:

a state in which one is highly aware and focused on the reality of the present moment, accepting and acknowledging it, without getting caught up in thoughts that are about the situation or in emotional reactions to the situation. (Bishop, 2002, p.71)

Mindfulness allows one to consider alternative ways to perceive and respond to a situation beyond what one previously realised (Siegal, 2008). A relational approach to mindfulness extends the focus on the individual self and involves:

...deepening awareness of the present relational experience, with acceptance where connection is described as the core of psychological wellbeing and is the essential quality of growth fostering and healing relationships. (Surrey, 2005, p.92)

Relationally oriented mindfulness practice can therefore help build more caring and attuned relationships between professionals and those with whom they work (Siegal, 2008).

Weekly group activities included mindful meditation, movement, conversation, listening, drawing, storytelling and reflective writing.



There was case study sharing and an artistic activity. Participants were invited to listen mindfully to the person speaking, watch their own state of reactivity and notice the urge to comment, contradict, judge, advise or try to solve problems for others. For the case studies and journal reflection, participants were asked to choose a student whose behaviour was causing them some concern. Participants were also asked to practise mindful meditation, movement exercises and a weekly reflective journal for homework.

In relational case study research, as in relational professional practice “we seek to build a bridge to others, using our special awareness, skills, experience and knowledge” (Finlay & Evans, 2009, p.3). Data were generated through weekly email reflections and responses to allow the self of the participant to emerge through using his or her own language (Clarke & Hoggett, 2009). Participants were asked to reflect in their journals on any changes they noticed in themselves or their chosen relationship, and to select their own pseudonyms:

- Jill, a primary school counsellor and special education coordinator
- Kate, an upper primary teacher
- Lucinda, an upper primary teacher
- Layla, an assistant principal
- Aung San, a secondary mathematics teacher
- Tom, a wellbeing/ behaviour advisor

## **Key Relational Issues: Emerging Insights**

In this section I explore the central research question of whether a relational approach to mindfulness practice was able to cultivate the relational qualities needed by those working in relational professions. Selected quotes from the participants’ journals were themed according to Fulton’s (2005) list of key relational qualities that he argues can be developed through mindfulness. Of significance is the choice of half the participants to focus their case study on a colleague rather than a student, even though all had regular contact with students with challenging behaviours.

### **Paying attention**

Developing the skill to pay genuine and wholehearted attention can considerably enhance our capacity to develop connections with others (Fulton, 2005). Lucinda noted that an issue for her was the challenge of giving ‘proper attention’ to her students:

In the hubbub of instantaneous responding it is very easy to not give the proper attention to a child... they can often tell when they are being listened to well... when caring for children you have to be there for them where they are. (journal, week 1)

Meanwhile Kate noted that:

With children, especially children who have challenging behaviours, it can be easy to respond in a reactive or surface way (journal week 1)

After practising relational mindfulness for a few weeks Lucinda wrote of the benefits of paying attention to her student even when she was not physically with her:

I practised stillness of thought with my focus child. I thought of her kindly before I slept last night. She did a whole page of neat work the next day. I thought this was a great effort from a child whose books were full of torn pages, scribbles and angry looking graffiti. (journal, week 5)

Similarly, Kate found:

.... we have certainly enjoyed a better relationship and as a result of giving her my full attention when I was helping her with her work we began to have friendly, uncharged and relaxed exchanges. She then became consistently on task and happily engaged in her maths for a long time. (journal, week 5)

### **Affect tolerance**

The ability to witness one's own powerful emotions without feeling the need to react is an important skill (Fulton, 2005) since if professionals cannot contain their own emotions they are likely to be overwhelmed by the strong emotions of others. This journal entry from Jill highlights how difficult it can be to work in environments in which emotionally provocative incidents occur regularly:

I have chosen a staff member who I find controlling and aggressive as my case study. The students' moods seem to coincide with her own. Children she couldn't cope with would be sent to me, always the same children. Today at work she really got under my skin. I had spent all morning negotiating something and then she went to the principal and got things changed without consulting me. This made my blood boil! I was furious! I felt personally attacked/undermined by the teacher and principal. The principal came to apologise but I was still so angry I couldn't communicate my point clearly and she still didn't get it. I know I hate conflict and tend to become a people pleaser not necessarily true to myself. (journal, week 1)

An entry by assistant principal Layla indicates similar concerns about the complexity of a professional relationship:

I have to talk to the teacher about a host of truly difficult, personal and agonising situations not only for me but for my colleagues who are all regularly exposed to the habitually disrespectful and bullying behaviour of this person. (journal, week 1)

After practising mindfulness for a few weeks she noted:

I now find myself being mindful when approaching her to concentrate on breathing and my level of calmness, focusing on just listening without input or action and then dealing with the situation in a manner totally different to previous approaches. (journal, week 4)

Kate similarly found that as a result of practising mindfulness negative emotions became less overwhelming:

Since acknowledging the feelings and observing the emotions I have been able to clearly see the reaction/emotions and hear the thoughts as if they are amplified... it is reducing the negative emotions and stress and shifted my focus away from the negative aspects of my relationship with my student. (journal, week 6)

### **Practising acceptance**

Allowing thoughts and emotions to arise in our consciousness or be expressed by others without needing to judge them is a skill that can be developed through relationally oriented mindfulness (Fulton, 2005). Layla's journal entry demonstrates her movement towards acceptance:

Where previously I felt an overwhelming need to support and provide possible solutions I can now listen deeply and as difficult as it is for me personally I can now give her reflection time on her own to map her own solutions and make her own decisions. I have received such a positive message from her about how supportive, helpful, non judgemental and valued I have been. (journal, week 5)

Behaviour advisor Tom expressed a similar idea:

I am now actively seeking opportunities to practise non judgemental listening in my place of work. I really like the opportunity within the sessions to find peace and acceptance on some level, within myself, to be still, attuned to my body's aches or tingles or tensions and feel encouraged by my progress in letting my thoughts just be. (journal, week 4)

### **Empathy and compassion**

“Mindfulness practice may be the most potent method” for the cultivation of empathy (Fulton, 2005, p.63). For Layla this meant that:

I was able to empathise with a situation that I still had great difficulty in accepting and allowed her to discuss all of her thoughts, feeling, and

reasonings. This resulted in the situation feeling calm although still very emotional. (journal, week 4)

Kate reflected similarly:

I have learned to take a step back, calm myself down, and then respond to students with more empathy. I can resolve issues more quickly and my students are now showing genuine concern for each other now I am giving them more space. (journal, week 6)

While Lucinda is aware of a change:

I believe I am becoming more compassionate without giving up my rights so I am actually feeling less stressed and stronger and more empowered. (journal, week 5)

### **Equanimity and the limits of helpfulness**

For Fulton (2005) equanimity has two meanings. It conveys an open, calm receptivity but also a kind of realistic attitude that there are limits to what professionals can do to help since the responsibility for change rests with the individual. Layla's reflection describes this quality:

...taking the step back, being more mindful of what was happening and not taking ownership of the problem and trying to provide answers and trusting her to make a decision that was right for her at the time enabled just an incredibly positive outcome. This I realised was not my decision but hers to make with guidance and support without control. (Layla, week 6)

### **Learning to see**

This concerns learning to see differently, without limiting preconception (Fulton, 2005). Kate's journal entry highlights her realisation that:

.....pausing to listen to our thoughts before we respond can allow us to see through the surface to what is happening deeper down. Opening our minds to new ideas and slowing us down to consider our options. That space allows the other person time or room to move around and that can help us to respond in a new or different or more personal way. (journal, week 6)

Similarly for Aung San:

I am now more aware of thoughts and at the same time more detached from them. I am now often able to direct myself to go into the mindful mode when I noticed myself becoming too attached to my thoughts. (journal, week 4)

### **Exposing our narcissistic needs**

For Fulton (2005) many professionals have an incessant concern with self-esteem and self-image which can interfere with their capacity to be

fully present for others. Lucinda reflected on her growing awareness of pulling back:

Knowing who you are and what you stand for means you don't have to get involved proving or defending yourself or impose yourself on others, you can just stay still and calm in the moment and focus on what's happening which leads to insights and greater understanding of the situation. (journal, week 7)

### **Learning to not know**

Most professional training emphasises theory and its application to practice. This knowledge should be held lightly since it may prevent professionals from developing more nuanced understanding of the situation of the other (Fulton, 2005), as highlighted by Tom:

Sustaining a non-judgemental 'beginner's mind' to relationships, conversations and approaches to problem solving when the system in which we work demands instant answers and feedback will be a challenge. (journal, week 5)

Similarly for Aung San:

I've been able to now become an ear that will hear her without needing to give her advice. I think this is very useful in my work as I'm able to listen and ask clarifying questions of students ... without giving them my opinion. (journal, week 6)

While Kate's development of the capacity to suspend her previous knowing is evident here:

Working with my case subject has challenged my core principles on learning and teaching practice.... My role as educator in the past has been clear. I was there to teach the curriculum. It is however very easy to assess academic learning but not so easy to determine the long term effect of your impact on children emotionally. (journal, week 6)

These journal entries demonstrate an emerging awareness of a wider repertoire of skilful and empathic responses to both self and other, encompassing the key relational qualities that, according to Fulton (2005), can be cultivated through the practice of mindfulness.

### **Educational Implications**

This pilot project reinforces the research findings of both Day (2004) and Jennings and Greenberg (2009) that there is a need to support teachers and leaders to become more aware of the role their own emotions play in challenging interactions with students. According to Jennings (in Lindenbaum, n.d.):

We will provide a great service if we can help teachers apply mindfulness to their emotions in the intense classroom environment. If

teachers can notice the emotion within their body they can stop and make choices. Instead of seeing children with challenging behavior as problems, they can experience them as suffering human beings who need compassion. Over time, that will change how they lead their classrooms. (website)

This study suggests that becoming more aware of thoughts, feelings and bodily reactions can facilitate self-regulation skills and the capacity for a calm, focused mind – a mind with the openness, responsiveness and sensitivity for optimal teaching, guiding, and learning.

Furthermore, the challenging relationships that can arise between adults in school communities urgently need to be addressed. Several participants identified a relationship with a colleague that was causing them considerable concern and, in some cases, contributing to feelings of frustration, anger, stress, emotional imbalance, anxiety and professional ineffectiveness. This supports the findings of both Little (1996) and of Nias (1996) that the most intense, hostile and deeply disturbing emotions tend to arise in relationships with other adults, particularly colleagues, parents, school governors and inspectors. Given the very high demands placed on teachers it is of concern that they are rarely able to access training to assist them to develop the relational skills to successfully handle social and emotional issues whether they arise in relation to students or colleagues.

While this pilot study was small and exploratory its effects are potentially sustainable as suggested in the following email from Jill four months after the project ended:

This year, despite starting a different job as student counsellor in a high school, I feel far less stressed and far more mindful. I am often able to take a few minutes before meeting with students to settle myself and really appreciate having this skill. I am a better counsellor for being able to empty my mind before sessions and be free to experience the new situation without pre-conceived ideas or my mind racing to other places. The skills we practised have certainly remained with me and are part of my daily life. Thank you. (email, 12/4/2011)

## **Future Directions**

This journey began for me with learning how to maintain equanimity in extremely charged emotional environments and extended into a desire to learn how to help students, teachers, parents and leaders disentangle themselves from destructive relational scenarios in school communities. I learnt how to work through a deep engagement in relational counselling and mindfulness meditation, which provided me with implicit skills not generally available in teacher training but

arguably necessary for teachers and leaders to be able to deal with relational complexity.

A relational mindfulness approach is oriented towards a focus on the being of the teacher and leader and therefore potentially generalises to all academic content and activities to infuse the ongoing social and emotional learning and atmosphere of the whole school community. This study has shown that it is possible for teachers and leaders to consciously and willingly change their way of relating with students and colleagues for the benefit of all concerned. While these findings are promising there is a need for more substantial research into the efficacy of a relational mindfulness approach to teacher professional development. There is also a need to consider how to train others who may wish to facilitate such trainings, since the literature on the pedagogy of mindfulness-based approaches places considerable emphasis on the importance of the teacher embodying the spirit and essence of the practices being taught and how this is the vehicle through which the teacher communicates the potential of bringing mindfulness to personal experience (see McCown, Reibel & Micozzi, 2010).

## References

- Avenell, K. (2009). The importance of Relational Pedagogy. *Australian Educational Leader*, 31 (2), 31-2.
- Bishop, S. R. (2002). What do we really know about mindfulness-based stress reduction? *Psychosomatic Medicine*, 64, 71-84.
- Brown, R. (2002). Taming emotion: Tibetan meditation in teacher education. In J. P. Miller, & Y. Nakagawa (Eds.), *Nurturing our wholeness: Perspectives on spirituality in education*. New York: Foundation for Educational Renewal.
- Burns, M., & Beckman-Brindley, S. (2010) Cited in S. Hick, T. Bien, V. Zindel, & Z. Segal, *Mindfulness and the therapeutic relationship* (p.214). New York: Guilford Press.
- Burrows, L. (2008). Max and the Knight: How a therapeutic story provided a connection point for child, family, school, human service agencies and community. In Bottrell, D., & Meagher, G. (2008). *Communities and change: Selected papers*. Sydney: Sydney University Press.
- Burrows, L. (2009). Towards a 'spirited' approach to wellbeing for children who challenge the system. *Curriculum Perspectives*, 29(3), 73-76.
- Burrows, L. (2010). I just want friends. A relational wellbeing approach to autism support. *Australian Journal of Student Wellbeing*, 3(2), 1-11.
- Burrows, L. (2011). Feeling real: It's like putting your hand through a wall into another world. Queensland: Post Pressed.

- Clarke, S., & Hoggett, P. (2009). *Researching beneath the surface: Psycho-social research methods in practice*. London: Karnac.
- Connelly, F. D., & Clandinin, D. J. (1999). (Eds.). *Shaping a professional identity. Stories of educational practice*. New York: Teachers College Press.
- Day, C. (2004). *A passion for teaching*. UK: Routledge/Falmer.
- Finlay, L., & Evans, K. (2009). *Relational centred research. Exploring meanings and experience*. West Sussex: John Wiley.
- Fulton, P. (2005). Mindfulness as clinical training. In C. Germer, R. Siegal, & P. Fulton (Eds.), *Mindfulness and psychotherapy*. (Chapter 3). New York: Guildford Press.
- Gallego, M. A., Hollingsworth, S., & Whitenack, D. A. (2001). Relational knowing in the reform of educational cultures. *Teachers College Record*, 103(2), 240-267.
- Jennings, P. A., & Greenberg, M. (2009). The Prosocial Classroom: Teacher social and emotional competence in relation to child and classroom outcomes. *Review of Educational Research*, 79, 491-525.
- Latta, M., & Field, J. (2005). The flight from experience to representation: Seeing relational complexity in teacher education. *Teaching and Teacher Education*, 21, 649-660.
- Lindenbaum, J. (n.d.). CARE Program teaches educators to manage their emotions. Retrieved from: [www.edutopia.org/meditation-teacher-stress-care](http://www.edutopia.org/meditation-teacher-stress-care)
- Little, J. W. (1996). The emotional contours and career trajectories of (disappointed) reform enthusiasts. *Cambridge Journal of Education*, 26(3), 345-359.
- McCown, D., Reibel, D., & Micozzi, M. (2010). *Teaching mindfulness. A practical guide for clinicians and educators*. New York: Springer.
- Nias, J. (1996). Thinking about feeling: The emotions in teaching. *Cambridge Journal of Education*, 26(3), 293-306
- Siegel, D. (2008). *The mindful brain. Reflection and attunement in the cultivation of wellbeing*. New York: Norton.
- Surrey, J. (2005). Relational psychotherapy, relational mindfulness. In C. Germer, R. Siegal, & P. Fulton (Eds.). *Mindfulness and psychotherapy*. (Chapter 5). New York: Guildford Press.







# Section Five

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**The Role of Teaching and  
Learning in Student Mental  
Health and Wellbeing**

## **The role of teaching and learning in student mental health and wellbeing**

In this section, both Bob Grandin and Jane Jarvis propose that more attention should be paid to the possibility that pedagogy affects mental health and wellbeing, while Michael Lawson and Helen Askill-Williams make proposals for ensuring high-quality learning in social-emotional programs.

# 19

## School diversity disengagement: The impact of schooling on the wellbeing of students

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*While the goals of schooling are expressed by Western Governments in terms of building a democratic, equitable and just society, the practice in schools tends to be a grading process that rewards a limited number of cognitive skills or cultural capital. It is well recognised that there is a diversity of learners in the classroom based upon learning approaches, cultural differences, social status and developmental stages. The intense focus on testing as an assessment process creates disengagement for many students as the narrow focus on content reproduction limits the opportunity for many to show what they know. This has led to conflict between staff and students resulting in disengagement with learning and frequently discharge from school. Evidence will be drawn from experience in schools, mental health institutions and flexible learning environments that support the disenfranchised. It is argued that the reluctance to change the process is creating a situation in which many students reflect upon their schooling as a waste of time.*

### Introduction

When one can read in the press that there have been 62,800 suspensions in the last year in Queensland State Schools (*Courier Mail*, 30 April 2011) it would appear that there is a severe breakdown of relationships between teacher and student. Headlines indicate that this is an outcome

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Grandin, B. (2011). School diversity disengagement: The impact of schooling on the wellbeing of students. In R.H. Shute, P.T. Slee, R. Murray-Harvey, & K.L. Dix (Eds.), *Mental health and wellbeing: Educational perspectives*, (pp.227-236). Adelaide: Shannon Research Press.

of ‘rogue’ behaviour by students. The Minister for Education, while supporting Principals for their tough stance on misbehaviour, also “feared that the system did not adequately support students who were disengaged, fell behind and became disruptive, or those who had personal and family problems” (ibid.). Those who have taught in a modern classroom recognise that there is at least an equal number of students who are disengaged, but do not engage in disruptive behaviour. Those involved in mental health interventions with school-aged children realise that there is an increasing number of young people presenting to them with a range of disabling morbidities. These include anxiety, depression and attention-deficit/hyperactivity, which can lead to self-harm and even suicide (Barrett & Pahl, 2006).

I found in a search of the literature there was little work that had focused on the possibility that the structures and process of traditional schooling may be implicit in the development of mental health issues for many students. Experience at different levels of schooling as a teacher and an educational consultant is outlined below to demonstrate how easily problems can be created – and overcome.

## Context

The Government of Australia, in conjunction with the States and Territories, develops the Educational Goals for Young Australians. Representatives of these governments meet about every four years and create a ‘motherhood’ statement, which is designed to guide the operation of the schooling system. The latest set of goals was drawn up in Melbourne in 2008 (Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA), 2008). The breadth of the Australian nation, in its diversity of cultures, its diversity of environments and its diversity in social capital, means that it is very difficult to imagine a process that will meet the needs of all children equally. However, the nation is moving towards a National Curriculum and National Testing. This uniform process creates a range of challenges under Goal 1 to “provide all students with access to high-quality schooling that is free from discrimination based on gender, language, sexual orientation, pregnancy, culture, ethnicity, religion, health or disability, socioeconomic background or geographic location” (MCEETYA, 2008, p.7). Further challenges exist under Goal 2, aimed at ensuring that all young Australians become successful learners in that they “develop their capacity to learn and play an active role in their own learning” (MCEETYA, 2008, p.8). The traditional academic process of schooling that National Curriculum and Testing represent is

a very narrow approach to teaching and learning and is in stark contrast to the learning needs of the diversity of students that represent the Australian school population.

It is argued in this chapter that until the curriculum delivery practices of schools are genuinely inclusive of the needs of all children it will not be possible to create an engaged classroom. To provide the skills to meet the challenges of the society within which the children live, the curriculum must cover many relationship skills that vary from context to context and which cannot be measured by a common test. It is not envisaged that there will be different qualities of education in different environments, but that the rate of progress may vary from place to place and the focus may vary depending upon the specific needs of groups of children within the school. It cannot be a 'one size fits all' approach. Mental health is the casualty of such an approach.

## **Key Issues**

### **Key issues in early childhood schooling**

Tension and pressure for achievement is evident in Early Childhood Centres. The current system of schooling transfers to the level below the responsibility to have students at an appropriate level of preparedness. This is usually established by a set of criteria that it is expected each child will be able to perform. The reason for this process is embedded in the concept that there are standards to which each successful student will be able to perform at the beginning of the year and the teacher will raise these levels of performance to the next standard by the end of the year. Consequently, preschool or kindergarten teachers are required to bring each and every child to a set level of performance in word recognition and classroom behaviour by the end of the year.

Obviously children bring to Early Childhood Centres a wide range of readiness skills (Meisels, 1999). These depend upon such diverse things as cultural background, social advantage or disadvantage, previous preschool experience, and level of developmental maturity. For most it is their first real experience of discovering who they are as an individual away from the protection of their home and family. One would consider that it would be a time of discovering a sense of self-identity and initial socialisation (e.g., Rydland & Aukrust, 2008). Unfortunately, the pressure on the teacher to implement 'quality control' measures requires the teacher to identify as soon as possible those individuals who are not progressing at the expected rate. Special support programs are then implemented to try and correct the apparent

defects in this child. While occasionally they discover a medically based learning need, it is possible that they may sometimes be identifying children who learn in ways differently from those of the traditional process (e.g., Dunn & Dunn 1992; Gardner 1983; Johnston, 1996; Myer & Briggs, 1976).

As an example, an Intervention Referral Team (IRT) meeting at an Early Childhood Centre had ten students referred half way through the school year. In their referrals the teachers indicated off-task behaviours that would mean the students would not reach the required level by the end of the year. By this early referral, the teachers believed that they were meeting their responsibilities and that parents would see that action was being taken to assist their child's performance. It was not expected that the intervention would actually mean that these students would achieve the required level by the end of the year. More accurately it was recognition by the teacher that this student was not at a level of learning maturity or was not likely to be at the level by the end of the year to achieve to the level of performance expected. Action at this time prepared the way for placement in a transition year or, more accurately, they were to be retained a year.

A refocus on what the child could do and an action plan report to the Year 1 teacher initiated a new process that did not start the process of schooling delay, isolation from peers, and the creation of low self-esteem as the child recognises that they are not good at 'school' (Sherwood, 1993).

### **Key issues in primary school**

In the primary classroom the development of order is an important issue. Children are socialised to behave in a responsive manner to the teacher, to wait until called upon to talk, to only talk to the teacher, and to work on experiences as planned by the teacher. While this training has been justified as the way in which schools can be most productive, and the necessary state for the rate of progress to be consistently maintained (Paulsel, 2004), I would suggest that it is contrary to the exuberance and enthusiasm for life that many children feel. The natural curiosity of young children, their egocentric level of development, and the way they engage with excitement in activity, all work against a quiet orderly interaction with experiences (Gardner, 1991).

It is unfortunate in many ways that the means to developing controlled behaviour is an external punishment system. Most classrooms have some form of a behaviour chart that plots the appropriateness of the child's activity. Students who do not respond in the accepted fashion

are moved on the chart with points at which they recognise they will be detained at the teacher's pleasure, that there will be a note home, or they will be sent to the Principal's office. Because teachers are caught up in the constant rate of progress that must be achieved by the class group, they rarely have personal opportunity to develop intrinsic motivation with the individual child. As an observer in these classrooms, it has been fascinating to see how often it is a failure to connect with the learning experience, or the way that the teacher wants the experience to proceed, which creates the child's challenge to good order. Initially it is an innocent and automatic response according to the way the child approaches learning, but unfortunately it can quickly become a negative means to gain attention.

As a child progresses through the first three years of primary school, he or she establishes an understanding about whether they can please within this environment, or whether they do not appear to be able to please and might as well stop trying to do so (Duncan, 1991). Too often, in my experience, children have established their potential to succeed or fail at schooling by Grade 3 and this attitude remains with them for the rest of their schooling. Many students who have been referred into discipline situations at this level lead active lives away from school, but fail to find relevance in the topics taught at school or the approach to learning that tends to be abstract and without practical activity. Their subsequent impatience with schooling often leads to avoidance of work, minimal effort or rushed work that illustrates little concern or effort. These approaches bring more negative attention, punishment, and referral to special classes plus criticism from parents. 'Quality control' measures at this stage often initiate the move out of the mainstream; this may fertilise incipient mental health problems that may later emerge in the form of problems such as depression, substance abuse and suicidality (e.g., Medina & Luna, 2006).

### **Key issues in middle school**

By middle school, experience illustrated that the perceived problem had grown to the extent that groups of students were formed and put into separate classes with one specialist teacher. These classes were labelled, and were clearly understood to contain, 'emotionally disturbed' students. The predominant reasons these students were referred included that they did not exhibit satisfactory class behaviour, were disruptive for other students in the class, and had poor grades. This disruptive behaviour also excluded these children from the support of other special education programs. It was interesting to note that if the



student had been in similar classes in previous years he or she was automatically placed in these classes.

In one school the most significant concern for the teacher of one of these classes was that they could not pass the Grade 8 reading test, and hence could not be promoted. The students used the internet regularly and appeared to have an understanding of the information they were reading. They were asked to prepare a talk based upon their readings and it was indicated that they could develop a 'prop' to support their presentation. One boy immediately built a DNA model from coloured pipe cleaners and discussed genetic engineering. As an action research study, the teacher got approval for the class to choose their own novel by the author of the assigned text, and to verbally test them on their comprehension. She was concerned because most chose a book that had a higher reading level than the assigned text and definitely higher than their recorded reading level. The differences in the students' recorded reading level to story reading level ranged from 5.7 to 6.8 for one student up to 3.7 to 8.2 for another. The teacher video recorded the application of the test orally, which was the same test as all other students had to complete. All students answered the ten comprehension questions satisfactorily. Most interestingly, the video illustrated the animation that the students used during the explanation of their answers.

Unfortunately, this variation to the process was a rare occurrence. I would argue that these students were suffering from strict 'quality control' measures that rarely allowed for any alternative indicators of an 'acceptable' product. As the production line continued forward at a set rate, they were 'side tracked' and placed on a conveyor belt that led eventually to the 'scrap heap'. None of these students was returned to the traditional pathway in following years. Unfortunately, the students also lost the will to try and return. A typical response from the students was "What's the point?" as they lost contact with the process of schooling and developed the signs of depression and loss of self-worth.

### **Key issues in high school**

There is an increasing number of non-traditional/non-mainstream courses being developed in high school. Most fall under the umbrella of helping students not achieving in the mainstream. Many have a vocational inclination while they provide support in coping with traditional subject material. Unfortunately, these 'side tracks' do not have academic standing and do not provide an opportunity to achieve equal 'quality' outcomes. While they recognise that some students

prefer to learn through other, usually more practical, ways, they do not recognise that students may be able to show competence at traditional academic disciplines in alternative ways. Attempts to ‘help’ the students are usually more intense, slower, application of the basic techniques, but have the impact of intensifying the failure to perform in the accepted fashion, and make no attempt to discover the other ways that the student may learn the processes.

As the adolescent desire to establish one’s identity blossoms, anger can emerge when it is perceived that those relating to you do not appear to understand you (Grandin, 2006; Johnston, 1996). The young person has a sense of how they learn to understand the world; they recognise what they feel are uninteresting ways to learn about things; they know that there are many things that they understand but cannot relate back to the teacher in an acceptable format. Their sense of powerlessness causes many of them to express themselves in ways that they know will upset their teacher in a perverse sense of power (Grandin, 2008). Alternative environments that choose to empower the student in the learning process have demonstrated that it is possible to help this anger to subside. Because of the sequential nature of the schooling process and its use of common testing, it is often extremely difficult to recover academic standing as so much work has to be recovered to pass the ‘quality control’ measures. Where alternative environments have been able to negotiate other forms of assessment, it has been possible to recover a student’s will to learn and successfully place them in environments of post-school learning (Grandin, 2006).

### **Key issues in transitional education centres**

Many juveniles who attend court for a wide range of misdemeanours are sent to Transitional Education Centres as an alternative to youth detention centres in the United States. At these centres teachers provide a program of schooling that will enhance the juvenile’s future. Some of these centres choose to try and understand the learning approach of the students. It could be argued that the failure of the schooling system to cater for their individual approach to learning was a partial cause of the poor self-esteem felt by these young people, which is often associated with anti-social behaviour. As one student observed during a discussion of learning approaches, “This is the first time anyone has listened to me, to what I need to learn.” Mental health interventions with these students illustrated an alienation from the opportunities offered by society, traditionally education through schooling, as they felt that their particular problems were not taken into account.

## Educational Implications

As part of an International Research Staff Exchange Scheme (IRSES), investigation has been carried out into issues of mental health for school aged students, especially those disenfranchised by traditional school (FP7-PEOPLE-2009-IRSES, Ongoing). The perception of those who deal with these students is that many of the students' issues are caused by the failure of the traditional schooling system to recognise their needs. The mental health services, such as Australia's Headspace ([www.headspace.org.au](http://www.headspace.org.au)), believe that the ever growing numbers of students presenting to their service illustrate a breakdown of the relationship between students and schooling. While they do not wish to blame schools, as there are also many family and social issues involved, the perception of staff in these services is that the intense focus on testing and its companion comparative grading, result in many students quickly recognising their inability to be regarded as successful in this competition. The empowerment of young people in today's society means that they often do not simply obey and comply with authority. For many, the escape options of drugs, alcohol and physical abuse become the activity of choice. The long-term effect of these decisions is not apparent to the young (personal perceptions from interviews, 2011).

The experiences for students outlined in this paper are not profound. It is accepted and expected practice within the schooling system that some students will 'fail.' Currently, fewer than 40 per cent of students in Queensland complete a university preparation pathway, the anticipated outcome from a successful schooling (Queensland Tertiary Admission Centre Annual Report, 2010). What is profound is that there is such consistency in the way 'failing' students approach learning. It is also significant that we have the knowledge and understanding to change the schooling approach. However, we have national leaders focusing on better percentage outcomes from schooling, but unfortunately choosing to increase the use of the very instruments that create the failure. The social fabric of our society is being drawn apart as the focus remains on an education process that brings advantage to less than half and does not support the needs of those who struggle with an academic testing regime. On the other hand we have a world demanding equality of opportunity, highlighting the wide range of discriminations that current practices embed in the fabric of society. It is the contention of this chapter that until we recognise within the 'quality control' processes of schooling the natural diversity in the way individuals approach learning, it will not be possible to be more

inclusive. It is essential that we allow greater diversity in the opportunity to learn, and how we display what has been learned, if we are to minimise the negative mental health impact of schooling.

## **Future Directions: A Call for Transformation**

Two recent documents provide a different perspective on the role of teaching and learning. The United Nations Educational, Scientific and Cultural Organization in its document *Changing teaching practices: Using curriculum differentiation to respond to students' diversity* (UNESCO, 2004), writes in support of teachers:

Working within the context of syllabi or ministerial curriculum guidelines, the main impact that teachers have is through what is happening in the classroom. By increasing awareness of different learning styles, backgrounds, experiences and learning needs, teaching becomes a more reflective practice. By reflective practice we mean that the teacher observes his or her own teaching, what is happening in the learning process and makes a critical assessment as to what is working and what is not. (p.7)

In *The learning compact redefined: A call to action*, a Report of the Commission on the Whole Child, the Association for Supervision and Curriculum Development (ASCD) in 2007 called in the Foreword for

... recasting the definition of a successful learner from one whose achievement is measured solely by academic tests, to one who is knowledgeable, emotionally and physically healthy, civically inspired, engaged in the arts, prepared for work and economic self-sufficiency, and ready for the world beyond schooling. (p.4)

The outcome of the traditional schooling process has been disengagement by a significant proportion of the student population. This covers many more students than those actually disciplined or excluded by the system. This has occurred because of the disenfranchising nature of teacher directed delivery in a one-size-fits-all approach to pedagogy. While much has been written in policy documents about diversity and inclusion, observation of school classrooms indicates that the approach to behaviour management has been through teacher applied power. This dictatorial situation exacerbates the relationship with students who are struggling to find a 'place' or 'relevance' in the classroom. When added to the life experience of many students the outcome is an increasing number of young people with many health problems that need support during this period of their life. Experience in many schools that apply alternative approaches to pedagogy and curriculum delivery has been that health

and wellbeing have been supported and a break-down of relationships between teachers and students minimised (Grandin, 2006).

## References

- Association for Supervision and Curriculum Development (ASCD), (2007). *The learning compact redefined: A call to action*. VA, USA: ASCD.
- Barrett, P., M., & Pahl, K., M. (2006). School-based intervention: Examining a universal approach to anxiety management. *Australian Journal of Guidance & Counselling*, 16(1), 55-75.
- Courier Mail (2011, 30 April). Retrieved from: [deta.qld.gov.au/publications/annual-reports/09-10/performance-reports/foundations/student-wellbeing](http://deta.qld.gov.au/publications/annual-reports/09-10/performance-reports/foundations/student-wellbeing)
- Duncan, R. (1991). An examination of Vygotsky's theory of children's private speech. Paper presented to the *Society for Research in Child Development*, April 18-20, Seattle, WA.
- Dunn, R., & Dunn, K. J. (1992). *Teaching elementary students through their learning styles*. Boston: Allyn & Bacon.
- FP7-PEOPLE-2009-IRSES, (Ongoing). Work package 2 – Individual and small group level interventions: Social skills training. Nurture groups, alternative programmes for disaffected students.
- Gardner, H. (1983). *Frames of mind: The Theory of Multiple Intelligences*. New York: Basic Books.
- Gardner, H. (1991). *The unschooled mind*. London: Harper Collins.
- Grandin, R. G. (2006). *Following Vygotsky to a learner centred school*. Teneriffe: Post Pressed.
- Grandin, R. G. (2008). Is disenfranchised a more appropriate term than disengaged? *New Transitions, Journal of the Youth Affairs Network of Queensland*. May, 1-6.
- Johnston, C. A. (1996). *Unlocking the will to learn*. CA: Corwin Press.
- Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA), (2008). *Declaration on educational goals for young Australians*. Melbourne: Australian Government.
- Medina, C., & Luna, G. (2006). Suicide attempts among adolescent Mexican American students enrolled in special education classes. *Adolescence*, 41(162), 299-312.
- Meisels, S. J. (1999). Assessing readiness. In R. C. Pianta, & M. J. Cox (Eds.), *The transition to kindergarten* (pp.39-66). York PA: Brookes.
- Myers, I., & Briggs, K., (1976). *Myers-Briggs type indicator*. Palo Alto, CA: Consulting Psychologist Press.
- Paulsel, M. L. (2004). Effective instructional practice. *Communication Teacher*, 18(2), 44-48.
- Queensland Tertiary Admission Centre Annual Report (2010). Education Queensland. Retrieved from: [education.qld.gov.au](http://education.qld.gov.au)
- Rydland, V., & Aukrust, V. G. (2008). Identity revealed through talk among young language-minority children in Norwegian classrooms. *International Journal of Educational Research*, 47, 301-311.
- Sherwood, C. (1993). Retention in grade: Lethal lessons? Report: ED 361122. Retrieved from: [www.eric.ed.gov/](http://www.eric.ed.gov/)
- UNESCO (2004). *Changing teaching practices: Using curriculum differentiation to respond to students' diversity*. France: UNESCO.

# 20

## Promoting mental health through inclusive pedagogy

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*There is a tendency in the literature to separately discuss mental health and classroom pedagogy. However, in inclusive learning environments characterised by appropriate levels of challenge and support, students are more likely to develop self-regulation, self-efficacy and problem solving skills that are associated with mental health. They are also more likely to feel secure, respected and connected to school. This chapter examines the link between the pedagogical environment of the classroom and students' development of psychological resources associated with resilience and mental health. This link may be particularly relevant to students with learning difficulties, academically gifted students, and other marginalised groups for whom a lack of fit between individual needs and a traditional, 'one size fits all' classroom environment may serve as a risk factor for behavioural and mental health difficulties. It is argued that discussions of classroom practices should be acknowledged as discussions of mental health promotion.*

### Introduction

It is impossible for a student to feel safe, supported and affirmed in a classroom where work is consistently too hard or too easy... adapting instruction to attend to readiness has a positive impact on students'

sense that the teacher understands and cares about them and wants them to succeed. (Sousa & Tomlinson, 2011, p.92)

It might strike the reader as unusual to find a chapter on teaching in a text on mental health and wellbeing. Typically in education, matters of curriculum and pedagogy are discussed without explicit reference to mental health, while the reverse also holds true except insofar as a dedicated curriculum and set of teaching materials might form part of a mental health initiative. In Australia as elsewhere, an increasing focus on mental health issues in children and young people has included recognition of schools as important environments for fostering social and emotional competencies and for preventing or ameliorating future difficulties (Askell-Williams, Lawson & Slee, 2009). However, while whole-school approaches have highlighted the social and emotional environment of the classroom, the critical role of the *pedagogical* environment has received far less attention.

Any learning task in any curriculum area carries the potential for both cognitive and emotional growth, and occasions a combination of cognitive and emotional responses; these domains of functioning are inextricably connected in an individual's integrated experience of the world (Urquhart, 2009). This connection is emphasised in research highlighting the link between social and emotional competence and academic achievement (Diamond, 2010; Dix, Shearer, Slee & Butcher, 2010). However, there has been less acknowledgement that teachers' pedagogical decisions have consequences for the student's emotional experience of school and not only for academic achievement – an impact that is cumulative over the thousands of learning interactions that shape a school career. Moreover, academic learning experiences across the curriculum provide rich opportunities for the development of psychological resources such as self-regulation, self-efficacy and problem solving skills that are associated with resilience and mental health.

This chapter represents an attempt to bring discussions of pedagogy into the same conversation as discussions of mental health and wellbeing. In particular, it explores some implications of the extent to which daily learning opportunities in the classroom are matched to individuals' background knowledge, skills, interests, and other learning profile characteristics. It is argued that in inclusive, effectively differentiated classrooms where teachers regularly seek to achieve this match, students are more likely to experience conditions conducive to mental health.

## Context

The World Health Organization (2004) defines mental health as “a state of wellbeing in which the individual realises 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 definition reflects a broad understanding of mental health as more than simply the absence of disease or identified difficulties. Education shapes the extent to which individuals are likely to realise potential and meaningfully contribute across a range of domains, and is important to health promotion for individuals and communities. Accordingly, contemporary whole-school approaches to mental health promotion focus not only on identifying and intervening for individuals at risk of difficulties, but proactively building supportive school communities that promote engagement and growth for all students (Wyn, Cahill, Holdsworth, Rowling & Carson, 2000). Many elements of school organisation and practice, and local contextual factors, are apposite to the development of comprehensive mental health initiatives. Perhaps not surprisingly, these overlap considerably with elements of policy, practice and school culture advocated in whole-school approaches to inclusive education, which is concerned with the removal of barriers to presence, participation, achievement and a sense of belonging for all community members (Booth & Ainscow, 2002).

In addition to broader aspects of school functioning, initiatives in mental health promotion have focused on the development of young people’s personal psychological resources associated with resilience. Resilience refers to a set of competencies and dynamic processes that enable individuals to adapt in the face of adversity (Luthar, Cichetti & Becker, 2000; Masten, 2001). While the traditional concept of resilience focuses on at-risk individuals coping with conditions of significant hardship (Garmezy, 1981), primary prevention efforts in schools aim to build associated competencies such as self-efficacy, problem solving skills, and self-regulation in populations of young people even where identified risk or extreme adversity has not been identified (Masten & Obradović, 2006). This more ‘everyday resilience’ or competency focus is consistent with contemporary definitions of mental health, and is relevant to discussions of students’ adaptation to typical classroom situations (Martin & Marsh, 2008).

Rather than broadly examining mental health promotion in schools, this chapter draws specific attention to inclusive teaching as one, typically overlooked, aspect of school functioning. How might young people’s classroom learning experiences across the curriculum, mediated



through teachers' pedagogical practices, have a cumulative impact on competencies associated with mental health? Considering the link between pedagogical practices and mental health may be particularly important in relation to students from traditionally marginalised groups, who may bring heightened vulnerabilities for poor social and emotional outcomes, academic underachievement and disengagement from school. These include students with identified special educational needs, including learning or behavioural difficulties or disabilities (Dix et al., 2010; Hallahan, Kauffman & Pullen, 2012); students from minority cultural and linguistic backgrounds, including Indigenous students (Andersen & Walter, 2010); low SES students (Bradley & Corwyn, 2002); and students identified as academically gifted (Peterson, 2009). While the determinants of mental health and related outcomes are complex, students from marginalised groups are among those particularly unlikely to be served well by traditional, teacher-directed, 'one-size-fits-all' pedagogies. For any student whose characteristics and needs place him or her outside the 'norm' of a student group at any point in time, much depends on the classroom teacher's commitment and capacity to apply flexible, inclusive teaching practices for the full range of learners.

## Key Issues

Faced with any academic task, the extent to which a student will engage and learn depends on a range of variables. These include the student's existing knowledge and skill in relation to task demands – what Tomlinson (2001) terms 'readiness' – which determines whether he or she will experience the moderate level of challenge that supports learning. Vygotsky's (1978) influential concept of the 'zone of proximal development' emphasises that cognitive growth is facilitated when a student is stretched at the upper limits of his or her existing competence. Contemporary theories posit that, given optimal conditions, this growth proceeds in a series of cycles of cognitive and brain development as the individual moves towards greater independence (Fischer, 2008).

Although solving challenging problems requires considerable mental effort, mastery affords a sense of cognitive and emotional satisfaction that encourages an individual to seek out similar experiences in the future (Willingham, 2009). In a challenging task, the student cannot immediately see a solution, but must select and apply a range of strategies, persist in the face of difficulty, and cope with the cognitive complexity of working gradually towards a solution. The student must

draw on relevant supports, regulate his or her emotions and maintain task motivation. In this way, engaging with a well-designed, moderately challenging task provides the opportunity for a student to develop and practise essential skills in problem solving, metacognition and self-regulation.

Tasks matched to an individual's readiness encourage self-efficacy. Bandura (1994) posits that the "most effective way of developing a strong sense of efficacy is through mastery experiences" (p.2), whereby the individual feels the effects of his or her personal agency or control. The experience of progress as a result of effort may also reinforce the belief that intelligence is malleable through hard work and challenge, rather than a static trait that determines one's place in the classroom 'pecking order'. This belief is central to an 'incremental' mindset, through which students interpret success and failure in relation to personal effort rather than external forces, and seek out opportunities for new learning even where these entail the risk of making mistakes (Dweck, 1999). Both self-efficacy and the related incremental mindset are strongly associated with intrinsic motivation, appropriate goal setting, persistence, and the capacity to overcome failure and disappointment (Bandura, 1994; Dweck, 2006), all of which are important to mental health.

While matching the task to the student's level of readiness is critical for learning, a student is more likely to engage with such a task when it seems appealing and worthwhile (Willingham, 2009). The role of interest in motivation and engagement has been acknowledged by researchers and educators (Silvia, 2008; Sousa & Tomlinson, 2011; Tomlinson, 2001), who note that learning and performance can be enhanced when tasks are novel and interesting. Csikszentmihalyi (1997) explains how, when an individual engages with a task characterised by just the right amount of challenge, with clear expectations for success, where feedback is immediate and ongoing, and in a domain of interest, he or she can become engrossed to the point that self-consciousness (including thoughts of failure and performance anxiety) is diminished and the activity becomes its own reward. Thus, both readiness and interest are important considerations in designing learning opportunities.

Other characteristics of a student's learning profile may be important to address in achieving a productive student-task fit. The methods and modes through which content is represented, and through which students engage with and express ideas can be critical in the extent to which learning is accessible (Gargiulo & Metcalf, 2010). For many

students, the use of inclusive and assistive technologies and other adjustments can remove significant barriers to curriculum access. Attending to a range of learning preferences, which may be shaped by culture, gender, prior experiences, and multiple other factors, can facilitate task engagement in ways that help each student build key capacities related to academic learning and wellbeing (Tomlinson, 2003).

Learning tasks that are consistently matched to a student's readiness, interest and learning profile characteristics offer the best chance for achievement of key academic outcomes, but also for the development of psychological competencies as the student strings together many mastery experiences over time. On the flipside of this picture sits the question of what happens for students who do *not* enjoy a positive experience of learning. That is, what are the mental health implications for students who arrive in the classroom lesson after lesson, day after day, and year after year, to be faced with work that is consistently too easy, too difficult, irrelevant, inaccessible, or which otherwise provides inadequate opportunities for learning?

Consider the student who is consistently assigned tasks beyond his current knowledge and skill and inconsistent with his preferred ways of working. He may be regularly expected to analyse texts that he cannot decode, much less comprehend. He may be assigned complex, multi-step mathematics problems before mastering prerequisite concepts. Or, he may be expected to copy copious notes from a whiteboard despite a specific difficulty that makes it tediously inefficient. In these situations, no amount of effort or motivation is likely to result in new learning and a mastery experience, no matter how ardently a teacher expounds the value of hard work. Rather, anxiety and frustration are likely to overwhelm the student and impede learning (Diamond, 2010).

Over time, this student is likely to experience the classroom as a stressful place where mastery and progress are continually out of reach. He may cope by avoiding tasks in order not to lose face with peers, such as through disruptive behaviour, absenteeism or simply quiet disengagement. A student's avoidance strategies may eventually be recognised as a pattern and even labelled as a problem of behaviour or underachievement. Educators may target or impose consequences on undesirable behaviour rather than examine the quality and appropriateness of classroom learning tasks. For some students, continual experiences of failure develop into a sense of 'learned helplessness', where the learned response to any challenge becomes to quickly give up, since no amount of effort is likely to engender success.

Perhaps not surprisingly, a profile of disengagement and learned helplessness is characteristic of students with some learning difficulties (Hallahan et al., 2012). It is very difficult to imagine how a student who consistently experiences work that is too difficult or inappropriately presented might develop a sense of self-efficacy. It is equally difficult to imagine how this student will conclude that he is not innately unintelligent compared with his peers, but can become smarter through hard work. This simply does not accord with his daily experience of the classroom.

Now consider the student who is consistently assigned learning tasks below her current level of readiness. The student might be asked to continually demonstrate mastery of outcomes she achieved several years earlier, or to engage at an introductory level with a topic about which she possesses advanced knowledge. She might be expected to complete extra work that is also too easy as she waits for others to ‘catch up’, or may be asked to teach less able peers. None of these tasks is designed to advance the student’s current knowledge and skill or to build her capacity for coping with challenge. This student might consistently achieve high grades, but is essentially rewarded for succeeding at what she can already do; the classroom becomes a place to perform, but does not afford the opportunity to learn.

For the advanced student, consistent exposure to inappropriately easy tasks may reinforce a trait mindset as she is consistently praised for ability rather than effort (Dweck, 1996); a student who is allowed to ‘cruise through’ academic tasks may internalise the message that success comes naturally. The student may feel frequently bored and eventually disengaged from school, and fail to develop strategies and internal resources for coping in the face of difficulty. She might resent being used as a teacher of less able peers rather than advancing her own learning, and may be rejected by peers and even teachers when she poses sophisticated questions in class discussions. All of these are among outcomes associated with students identified as academically gifted (Peterson, 2009). Clearly, the student’s classroom experiences bode poorly for long-term mental health.

Over the course of a school career, it is conceivable how thousands of appropriately designed learning opportunities might enable an individual student to build considerable capacities for problem solving, self-regulation and coping, to develop a strong sense of self-efficacy and to feel valued and connected to school. When these conditions are not present, a student is at risk of poor academic, social, and

behavioural outcomes and poor mental health. The following section explores the implications of these principles for schools and educators.

## Educational Implications

Increasingly, contemporary Australian classrooms are populated by students from diverse backgrounds and with diverse cognitive and emotional profiles that have a meaningful impact on learning. When a teacher attempts to employ a traditional, ‘one-size-fits-all’ approach in the face of such diversity, many students will consistently experience inappropriate learning opportunities. It is simply illogical to assume that presenting the same task in the same way at the same time to a class of 25 or 30 students will result in the right student-task fit for each individual. To establish the foundations for both academic progress and mental health, educators must acknowledge and systematically attend to student differences.

Of course, providing the right task to each student in a timely way is no easy enterprise. Effective differentiation relies on teachers knowing students as individuals and creating safe, supportive environments that value individual growth and offer both appropriate challenge and appropriate support. In her extensive work on differentiating instruction, Tomlinson (2003) defines a framework of principles and practices that enable teachers to proactively address differences in readiness, interests and other learning profile characteristics. In this model, effective differentiation is a coordinated approach to teaching with implications for every element of classroom practice, from curriculum and assessment to grouping practices, management of time and resources, and the shared responsibility for learning negotiated between teacher and students (Tomlinson & Jarvis, 2009). Indeed, recent Australian research indicates that teachers who effectively include students with identified special needs in mainstream classrooms are those who view *all* students as having individual needs, regularly monitor these needs and structure flexible learning opportunities accordingly (Shaddock, Smyth-King & Giorcelli, 2007).

Tomlinson (2003) suggests that differentiating learning opportunities goes beyond maximising academic progress, and is a matter of communicating a message of respect and caring to individual young people. Strong relationships with adults, grounded in mutual trust, encourage feelings of connectedness to school and are fundamental to the development of resilience (Masten, 2001). While schools may focus on creating supportive social and emotional environments for learning, appropriate pedagogical environments are also essential for developing

resilient, mentally healthy young people who reach their educational potential and are equipped to make productive contributions to their communities.

## **Future Directions**

While the need for more inclusive, effectively differentiated teaching practices is evident, research consistently suggests that both pre-service and practising teachers typically feel ill-equipped to manage diverse learning needs in mainstream classrooms, and report a lack of time, resources and support to improve their capacity to do so (Avramidis & Norwich, 2002; Forlin, 2001). Many schools refer to diversity and inclusion in their mission statements, but effective differentiation is more than a philosophy and more than a willingness to create a supportive environment, although both of these matter. As noted in a longitudinal study of Queensland classrooms, most schools and teachers express a commitment to supporting students from diverse backgrounds, but this does not always translate into specific practices that are consistently matched to students' needs and foster positive outcomes (Lingard et al., 2001). Teaching inclusively is a complex challenge and is most likely to stem from a coordinated, whole-school approach which acknowledges the magnitude of the cultural change for some teachers and in some settings.

Current, contextualised research in this area is needed to further develop an understanding of the multifaceted relationships between pedagogical environments and mental health. Questions remain as to whether the sort of 'everyday resilience' that helps students cope with setbacks and challenges in the classroom lays the foundation for resilience in the face of more extreme adversity, and about the extent to which academic self-efficacy and problem solving skills are transferable across domains. These lines of investigation will benefit from the combined perspectives and expertise of researchers and practitioners in mental health promotion, psychology, curriculum and pedagogy, and teacher education, among others.

This chapter highlights one aspect – inclusive teaching practices – of the classroom and school environments in which young people develop competencies related to mental health. This is not to deny the vital role of targeted programs that explicitly teach social and emotional competencies. Rather, it is suggested that those efforts will be reinforced when students consistently experience mastery through hard work and are supported to work to high standards in inclusive learning environments. To realise these conditions is to both embrace and enact

the principle that the teacher's role is not simply to teach 'Year Six Maths' or 'Year Ten History', but to foster meaningful connections between curricular content and individual learners in the context of diverse classrooms. This is both the fundamental challenge of contemporary teaching and a critical piece of the mental health and wellbeing puzzle.

## References

- Andersen, C., & Walter, M. (2010). Indigenous perspectives and cultural identity. In M. Hyde, L. Carpenter, & R. Conway (Eds.), *Diversity and inclusion in Australian schools* (pp.63-80). Sydney, NSW: Oxford.
- Askell-Williams, H., Lawson, M. J., & Slee, P. T. (2009). Venturing into schools: Locating mental health initiatives in complex environments. *The International Journal of Emotional Education*, 1(2), 14-33.
- Avramidis, E., & Norwich, B. (2002). Teachers' attitudes towards integration/inclusion: A review of the literature. *European Journal of Special Needs Education*, 17, 129-147.
- Bandura, A. (1994). Self-efficacy. In V. S. Ramachandran (Ed.), *Encyclopedia of human behavior* (Vol.4, pp.71-81). New York: Academic Press.
- Booth, T., & Ainscow, M. (2002). *Index for Inclusion: Developing learning and participation in schools*. United Kingdom: Centre for Studies on Inclusive Education.
- Bradley, R. H., & Corwyn, R. F. (2002). Socioeconomic status and child development. *Annual Review of Psychology*, 53, 371-399.
- Csikszentmihalyi, M. (1997). *Finding flow: The psychology of engagement with everyday life*. New York, NY: Basis Books.
- Diamond, A. (2010). The evidence base for improving school outcomes by addressing the whole child and by addressing skills and attitudes, not just content. *Early Educational Development*, 21(5), 780-793.
- Dix, K., Shearer, J., Slee, P., & Butcher, C. (2010). *KidsMatter for students with a disability: Evaluation report*. Adelaide: MAC: SWD.
- Dweck, C. S. (1999). *Self-theories: Their role in motivation, personality, and development*. Philadelphia, PA: The Psychology Press.
- Dweck, C. S. (2006). *Mindset: The new psychology of success*. New York: Random House.
- Fischer, K. W. (2008). Dynamic cycles of cognitive and brain development: Measuring growth in mind, brain and education. In A. M. Battro, K. W. Fischer, & P. J. Léna (Eds.), *The educated brain: Essays in neuroeducation* (pp. 127-150). Cambridge, UK: Cambridge University.
- Forlin, C. (2001). Inclusion: Identifying potential stressors for regular class teachers. *Educational Research*, 43, 235-245.
- Gargiulo, R. M., & Metcalf, D. (2010). *Teaching in today's inclusive classrooms: A universal design for learning approach*. Belmont, CA:

- Cengage Learning.
- Garnezy, N. (1981). Children under stress: Perspectives on antecedents and correlates of vulnerability and resistance to psychopathology. In A. I. Rabin, J. Aronoff, A. Barclay, & R. A. Zucker (Eds.), *Further explorations in personality* (pp.196–269). New York: Wiley.
- Hallahan, D. P., Kauffman, J. M., & Pullen, P. C. (2012). *Exceptional learners: An introduction to special education* (12<sup>th</sup>ed.). Sydney: Pearson.
- Lingard, B., Ladwig, J., Luke, A., Mills, M., Hayes, D., & Gore, J. (2001). *Queensland school reform longitudinal study: Final report*. Brisbane: Education Queensland.
- Luthar, S., Cichetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, *71*(3), 543-562.
- Martin, A. J., & Marsh, H. W. (2008). Academic buoyancy: Towards an understanding of students' everyday academic resilience. *Journal of School Psychology*, *46*, 53-83.
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, *56*(3), 227-238.
- Masten, A. S., & Obradović, J. (2006). Competence and resilience in development. *Annals of the New York Academy of Sciences*, *1094*, 13-27.
- Peterson, J. S. (2009). Myth 17: Gifted and talented individuals do not have unique social and emotional needs. *Gifted Child Quarterly*, *53*, 280-282.
- Shaddock, A., Smyth-King, B., & Giorcelli, L. (2007). *Project to improve learning outcomes of students with disabilities in mainstream classes in the early, middle and post-compulsory years of schooling*. Retrieved from: [www.dest.gov.au/sectors/school\\_education/publications\\_resources/profiles/learning\\_outcomes\\_students\\_disabilities.htm](http://www.dest.gov.au/sectors/school_education/publications_resources/profiles/learning_outcomes_students_disabilities.htm)
- Silvia, P. J. (2008). Interest: The curious emotion. *Current Directions in Psychological Science*, *17*, 57-60.
- Sousa, D. A., & Tomlinson, C. A. (2011). *Differentiation and the brain: How neuroscience supports the learner-friendly classroom*. Bloomington, Indiana: Solution Tree Press.
- Tomlinson, C. A. (2001). *How to differentiate instruction in mixed-ability classrooms* (2nd ed.). Upper Saddle River, NJ: Pearson Education.
- Tomlinson, C. A. (2003). *Fulfilling the promise of the differentiated classroom: Strategies and tools for responsive teaching*. Victoria, Australia: Hawker Brownlow Education.
- Tomlinson, C. A., & Jarvis, J. M. (2009). Differentiation: Making curriculum work for all students through responsive planning and instruction. In J. S. Renzulli, E. J. Gubbins, K. S. McMillen, R. D. Eckert, & C. A. Little (Eds.), *Systems and models for developing programs for the gifted and talented* (2nd ed.). Connecticut, USA: Creative Learning Press. (pp.599-628).



- Urquhart, I. (2009). The psychology of inclusion: The emotional dimension. In P. Hick, R. Kershner, & P. T. Farrell (Eds.), *Psychology for inclusive education: New directions in theory and practice* (pp.66-78). New York: Routledge.
- Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes*. Cambridge, MA: Harvard University Press.
- Willingham, D. T. (2009). *Why don't students like school? A cognitive scientist answers questions about how the mind works and what it means for the classroom*. San Francisco, CA: Jossey-Bass.
- World Health Organization (2004). *Promoting mental health: Concepts, emerging evidence, practice. Summary report*. Retrieved from: [www.who.int/mental\\_health/evidence/en/promoting\\_mhh.pdf](http://www.who.int/mental_health/evidence/en/promoting_mhh.pdf)
- Wyn, J., Cahill, H., Holdsworth, R., Rowling, L., & Carson, S. (2000). MindMatters, a whole-school approach promoting mental health and wellbeing. *Australian and New Zealand Journal of Psychiatry*, 34, 594-601.

# 21

## Constructing high quality learning in social-emotional education programs

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*Social-emotional learning (SEL) is becoming an increasing focus of schools, founded in a moral view of the responsibility of educational systems to address the development of the whole person, the psychological perspective that learning includes social and emotional components, and the recognition that SEL and desired academic outcomes are inter-related. At the core of SEL are two broad components, social-emotional content (SE) and self-regulatory competencies involved in learning (L). A focus on the second of these components supports recent moves to integrate SEL into mainstream curriculum areas which also draw on these self-regulatory processes. In considering moves to more fully integrate SEL into regular school curricula we argue that attention needs to be given to the quality of the implementation of the SEL program and in particular, to supporting the development of knowledge about the self-regulatory processes of learning. In the final section of this paper we outline a framework for representation of the quality of knowledge representation that provides a strong basis for teaching action that seeks to develop good quality social-emotional and self-regulatory knowledge.*

## Introduction

In many national systems schools are identified as key sites for the provision of programs that focus on social-emotional learning (SEL). Some proponents like Cohen (2006) see this as critical to enable students to be more informed citizens. The World Health Organization (2011) framework for health promotion in schools also presents a wide perspective on the place of social and emotional learning in the curriculum, addressing the organisation of teaching and learning, development of a supportive school ethos and environment, and partnerships with the wider school community. Others support the provision of social-emotional education on more practical grounds, emphasising its value for students' lives in schools (Elias, 2006; Merrell & Guelder, 2010).

There is strong evidence that systematic social-emotional education can have a positive impact not only on students' social and emotional states but also on their achievement. In a recent meta-analysis Durlak, Weissberg, Dymnicki, Taylor and Schellinger (2011, p.405) noted that, "Compared to controls, SEL participants demonstrated significantly improved social and emotional skills, attitudes, behavior, and academic performance that reflected an 11-percentile-point gain in achievement".

An earlier set of meta-analyses conducted by the same research group (Payton et al., 2008, p.6) generated a very similar pattern of findings, with effects evident for "students' social-emotional skills; attitudes towards self, school, and others; social behaviors; conduct problems; emotional distress; and academic performance".

## Context

When introduced to an already crowded curriculum many SEL interventions have been an additional component of teacher and student work that could be seen as comprising a separate curriculum area (e.g. Kellam, Ling, Merisca, Brown & Ialongo, 1998; Webster-Stratton, Reid & Stoolmiller, 2008). These programs typically include teacher training and use of a set of lessons under varying levels of guidance from program consultants. More recently there have been a number of programs that have sought to position SEL in a more integrated manner within the school curriculum. An example of such a program is the 4Rs Program (Reading, Writing, Respect and Resolution) described by Jones, Brown and Aber (2011). This program for children in K-5 classes uses children's literature as the stimulus for the development of SEL competencies. Jones et al. (2011) identify two major reasons for

such integration. First they note the growing body of evidence that shows the strong relationship between increase in social-emotional competence and improved achievement and related findings that poorly developed social-emotional skills co-occur with poor achievement and social adjustment: “shared or correlated risks underlie the development of poor social-emotional skills, aggressive behavior, and academic problems” (p.534). Secondly, these authors argue that sets of social-cognitive processes (e.g., strategies for interpersonal negotiation) and social-emotional processes (e.g., symptoms of depression and hyperactivity) underlie the social-emotional learning that produces the related changes observed across the different domains of the students’ lives.

## **Key Issues**

The move to greater levels of integration of SEL with the regular school curriculum seems warranted. However, we see that there is a further area of integration that can be investigated in the design of SEL interventions. This level of integration is concerned with providing an explicit emphasis on the L in SEL. In most current discussions of SEL there is a major emphasis on the SE content and too little concern with the content of the ‘L’, too little concern with how the social-emotional content is to be processed for later social-emotional problem solving (e.g., Elias, Kress & Hunter, 2006). In the remainder of this chapter we consider three arguments for this position: (1) the need to recognise the joint involvement of learning competencies and social-emotional competencies in SEL; (2) the need to be explicit about how to go about learning and (3) the need to focus on quality in teaching and learning about SEL.

### **The self-regulated nature of social-emotional learning and problem solving**

A foundational assumption in contemporary cognitive conceptions of learning was described by Anderson, Reder and Simon (1998, p.232), “A consensus exists within cognitive psychology that people do not record experience passively but interpret new information with the help of prior knowledge and experience”.

This makes clear that during learning, either with a teacher or without, it is learners who construct knowledge as they interpret what they are experiencing. Another way of saying this is to describe learning as a self-regulated activity. Indeed, theories of self-regulated learning (SRL) are now central to contemporary discussions of learning (see Winne,

2010; Zimmerman, 2002). Mayer (2008) described learners as being self-regulated when they “set goals for their learning and then attempt to monitor, regulate and control their cognitive processing during learning” p.425). In an earlier paper Mayer (1998) made clear that learning and problem solving can be seen from an SRL perspective as always involving motivational, cognitive and metacognitive elements. Whether involved in learning something new, say about social or emotional situations, or when using already acquired knowledge to attempt to solve, say, a social-emotional problem, learners activate and regulate motivational, cognitive and metacognitive knowledge, *in addition to* their social-emotional knowledge.

The emphasis in the previous sentence is intended to remind us that there are two broad domains of knowledge required when learning about social-emotional issues or when trying to solve social-emotional problems. Use of the SEL acronym can easily lead to an almost exclusive focus on the socio-emotional knowledge domain and relative neglect of the learning domain. Perhaps we should be advocating that the way of reminding us about the L domain is to rewrite the acronym to be SE+L! Whenever we engage students in learning, for example, about emotions, we are asking them to construct knowledge about emotions using their knowledge about learning. It is the latter type of knowledge that directs the interpretation process referred to in the Anderson et al. (1998) quotation above. Hence, when teaching students about social and emotional competencies, teachers need to ensure that students’ knowledge about learning is of good quality.

In Table 21.1, we have identified the SRL competencies that are assumed in the descriptions of the SEL competencies set out on the website of Collaborative for Academic, Social, and Emotional Learning (CASEL, 2011). These SEL competencies are described in the left-hand column of Table 21.1. In the middle column are listed the motivational, cognitive and metacognitive features that are required for acquisition of the SEL competencies. In the right-hand column the motivational, cognitive and metacognitive features of Winne’s (2010) description of self-regulated learning are noted. The argument we make in setting out the table in this way is that to develop each of the SE competencies a student must also engage the motivational, cognitive and metacognitive processes that are central to self-regulated learning. Thus, to *assess feelings* the students must also have developed knowledge about how to do the assessment, and so they must have effective *assessing strategies*. If teachers do not attempt to integrate teaching about these motivational, cognitive and metacognitive

processes into lessons then the students' construction of social-emotional knowledge is likely to be of lower quality.

**Table 21.1. The involvement of self-regulated learning in SEL**

Social –emotional competencies (CASEL, 2011)	Features of the CASEL social-emotional competencies	Features of self-regulated learning (Winne, 2010)
Motivational (M), Cognitive (C), Metacognitive (MC)		
<b>Self-awareness</b> , e.g., accurately assessing one's feelings, interests; maintaining a well-grounded sense of self-confidence	<ul style="list-style-type: none"> <li>• assessing (MC)</li> <li>• interests (M)</li> <li>• self-confidence (M)</li> <li>• knowledge of values, interests (C)</li> </ul>	<p><b>Phase 1:</b> Learners develop a perception of factors that are relevant to the task (M, C, MC), and use metacognitive monitoring and control (MC)</p> <p><b>Phase 2:</b> Learners set goals for the task (C, MC); learners develop plans to achieve the goals (C, MC), use metacognitive monitoring and control (MC)</p> <p><b>Phase 3:</b> Learners carry out plans (C), use metacognitive monitoring and control (MC)</p> <p><b>Phase 4:</b> Learners reflect on Phases 1 -3 (MC) and adapt or modify (C, MC)</p>
<b>Self-management</b> , e.g., regulating one's emotions to handle stress and persevere in overcoming obstacles; setting and monitoring progress toward personal and academic goals	<ul style="list-style-type: none"> <li>• regulating (MC)</li> <li>• persevering (M)</li> <li>• setting goals (MC)</li> <li>• monitoring progress (MC)</li> </ul>	
<b>Social awareness</b> , e.g., taking the perspective of and empathising with others; recognising and appreciating individual and group similarities and differences; recognising and using family, school, and community resources	<ul style="list-style-type: none"> <li>• taking other's perspective (MC)</li> <li>• recognising similarities and differences (C, MC)</li> <li>• knowledge of family, school and community resources (C)</li> </ul>	
<b>Relationship skills:</b> establishing and maintaining healthy and rewarding relationships based on cooperation; resisting inappropriate social pressure; preventing, managing, and resolving interpersonal conflict; seeking help when needed	<ul style="list-style-type: none"> <li>• knowing how to establish relationships (C)</li> <li>• resisting inappropriate pressure (MC)</li> <li>• managing and resolving conflict (MC)</li> <li>• seeking help (C)</li> </ul>	
<b>Responsible decision-making:</b> making decisions based on consideration of ethical standards, appropriate social norms; applying decision-making skills	<ul style="list-style-type: none"> <li>• knowledge of decision-making skills (C)</li> <li>• knowledge of ethical standards, social norms (C)</li> <li>• applying decision-making skills (C,MC)</li> </ul>	

### **Students' knowledge about regulating learning and learning strategies**

We have noted above that during their learning students construct the knowledge representations that are stored in memory. In classrooms, this construction is carried out with the assistance of a teacher and fellow students. However, it is important to acknowledge that much of the time in classrooms students are directing their own learning. Detailed studies of student-teacher interactions in classrooms in the United Kingdom (Black, 2004; Galton, Hargreaves, Comber, Wall & Pell, 1999) show that there is, on average, a large proportion of time in a typical lesson where students are not engaged in interactions with teachers or fellow students. This proportion is even larger in periods of private study or homework.

So at all times students must know how to direct their own learning. They must know how to be strategic in selecting key information, in relating that to what they already know, in organising their knowledge in memory and in reflecting on their knowledge and actions. They must also activate their motivational knowledge, such as how to persist in order to work through difficulties. It is these SRL competencies that students need to be able to use in the lessons when SEL is the focus. How well prepared are students for the directing of their own learning?

There is evidence to suggest that many students are not well prepared in this respect. Tran and Lawson (2007) reviewed evidence showing wide variations in university students' knowledge about learning and about how to act effectively in common teaching situations like class discussions. Askill-Williams, Lawson and Skrzypiec (in press) examined high-school students' reported strategy use across a three year period and showed no increase in their use of key cognitive and metacognitive strategies during that time. The pattern of these sets of findings points to the need for teachers to investigate the level of knowledge about learning that students have developed that will enable them to undertake high quality knowledge construction activities in the substantial periods of time when they are directing their own social-emotional learning.

### **Constructing high quality knowledge**

The issue of the quality of social-emotional learning will be impacted upon by both the quality of teaching and the quality of learning. We will focus on the latter here, except to note that in research emerging from the evaluation of the recent KidsMatter national trial in Australia (Slee et al., 2009), quality of implementation of the SEL program was

shown to be a statistically and practically significant predictor of academic performance (Dix, Slee, Lawson & Keeves, 2011). As is to be expected, the quality of the teaching about SEL is a key influence on students' social-emotional learning.

It might seem that we are going over well-researched ground to take up the issue of the quality of the learning actions and the knowledge representations that are constructed by the student during an SEL program or lesson. Our position is that this is time well spent because we do not currently have clear directions in the research literature about how to represent the nature of good quality learning. If we intend that students in our SEL programs will develop strong, good quality SE+L competencies, how should we characterise the quality of those competencies? The position we discuss here is derived from the work of Askell-Williams (2004) and is described in detail in that source and, more briefly, by Lawson and Askell-Williams (in press).

Descriptions of the characteristics of good quality learning have been phrased in both unidimensional and multidimensional terms. The most enduring single description of good quality learning is *deep learning*. The description of high quality learning as deep emerged from the levels of processing model of memory proposed by Craik and Lockhart (1972), in which deeper processing resulted in a more durable memory trace. The ideas of levels and depth of processing were taken up by researchers to describe differences in the quality of student learning actions, most notably by Marton (1975), Biggs (1979) and Entwistle, Hanley and Hounsell (1979). Deep learning has continued to be used as a synonym for high quality learning in both theoretical and practical treatments of learning and assessment.

Multidimensional descriptions of learning have been developed in several different branches of research. Here we can only include a selected set of examples of such analyses. In a review of research on expertise, Alexander (2005) included features of expert problem solvers such as extensive knowledge, deep knowledge, strategic processing, inter-related complex knowledge, and dispositions of high interest and willingness to expend effort. Other characteristics of expertise identified by Glaser and Chi (1988) were faster processing, deeper problem representation, more thorough problem analysis and better monitoring of performance.

In the *Structure of Observed Learning Outcomes* (SOLO), Biggs and Collis (1982) identified four features of quality in learning actions: (a) capacity, which is related to working memory; (b) relating operation, which refers to the way in which instructional cues and the student's



response are interrelated; (c) consistency and closure in relating data and conclusions; and (d) structure.

Another multi-feature perspective on the quality of a cognitive structure was proposed by White (1979) and White and Gunstone (1980). White's list of features were extent, precision, internal consistency, accord with reality, variety of types of memory element, variety of topics, shape, ratio of internal to external associations, and availability. The two-dimensional revision of Bloom's early Taxonomy of Educational Objectives by Anderson and Krathwohl (2001) included a qualitative ordering of processing events on one dimension, from simple processing to more complex processing (Remember, Understand, Apply, Analyse, Evaluate and Create), and different types of knowledge representations on the other dimension (Factual, Conceptual, Procedural and Metacognitive).

We have been very selective in this short review of descriptions of good quality learning. However, we consider that even in a more detailed review two major limitations of these accounts are evident. First, most discussions of quality of learning or knowledge representations do not make explicit connections to any of the other accounts in this field.

Secondly, because of this lack of explicit connections, contemporary accounts of the quality of learning actions and of knowledge representations constitute an unwieldy listing of features that need to be more explicitly organised. For this reason we have proposed a more systematic and parsimonious structure for considering the range of features of high quality learning which is shown in Table 21.2. We refer the reader to our other papers for more detailed descriptions of this framework.

**Table 21.2. Dimensions of knowledge quality**

<b>Dimension</b>	<b>Descriptions in literature</b>
Extent	Extent; extensive; quantity of major ideas; deep.
Well-foundedness	Accurate; in accord with reality; in accord with the relevant knowledge community; thorough understanding; deep.
Structure	Structure; economy; capacity; well integrated; deep.
Complexity	Relating operation; deep understanding; complex; degree of synthesis; logical coherence; internal consistency; integration.
Generativity	Supportive of transfer; flexible; powerful, extended abstract.
Representational format	Variety of types of memory element; knowing-in-action; declarative; procedural; semantic; episodic; verbal/visual.

## Educational Implications

We note three related implications of this discussion of the features of good quality learning actions and knowledge representations. First, quality needs to be recognised as being manifested in more than a single dimension. A second implication is that the actions used by both teachers and students will therefore need to be explicitly concerned with these different dimensions. It will not suffice for a teacher to focus just on extent of learning, without considering how the student should structure new knowledge and integrate that with existing knowledge. Thirdly, this framework suggests a set of teaching and learning actions that need to be built into the design of SEL programs, actions that are explicitly concerned with each of the six dimensions of good quality learning. So, for example, a SEL program needs to include explicit attention to knowledge of how to organise knowledge, how to integrate knowledge, and how to represent knowledge in different formats, in order to provide students with experience in use of knowledge in situations that vary from the initial teaching situation.

## Future Directions

In SEL programs it is important to ensure that students have good quality knowledge of the competencies in self-regulated learning that will enable them to construct good quality knowledge about social-emotional issues that they can then use in addressing the social-emotional problems that will emerge in their lives. Students need explicit teaching about both the SE and the L.

## References

- Alexander, P. A. (2005). Teaching towards expertise. In P. Tomlinson, J. Dockrell, & P. Winne (Eds.), *Pedagogy –Teaching for learning* (pp.29-45). Leicester, England: British Psychological Society.
- Anderson, J. R., Reder, L. M., & Simon, H. A. (1998). Radical constructivism and cognitive psychology. In D. Ravitch (Ed.), *Brookings Papers on education policy* (pp.227-278). Washington, D.C.: Brookings Institution.
- Anderson, L. W., & Krathwohl, D. R. (2001). *A taxonomy for learning, teaching, and assessing: A revision of Bloom's taxonomy of educational objectives* (Abridged ed.). New York: Longman.
- Askill-Williams, H. (2004). *The quality of learners' knowledge about teaching and learning*. Adelaide: Shannon Research Press.

- Askell-Williams, H., Lawson, M., & Skrzypiec, G. (in press). Scaffolding cognitive and metacognitive strategy instruction in regular class lessons. *Instructional Science*.
- Biggs, J. B. (1979). Individual differences in study processes and the quality of learning outcomes. *Higher Education*, 8, 381-394.
- Biggs, J. B., & Collis, K. F. (1982). *Evaluating the quality of learning: The SOLO taxonomy*. London: Academic Press.
- Black, L. (2004). Teacher-pupil talk in whole class discussions and processes of social positioning within the primary school classroom. *Language and Education*, 18, 347-360.
- Collaborative for Academic, Social, and Emotional Learning (CASEL). (2011). What is SEL? Retrieved from: [casel.org/why-it-matters/what-is-sel/](http://casel.org/why-it-matters/what-is-sel/)
- Cohen, J. (2006). Social, emotional, ethical, and academic education: Creating a climate for learning, participation in democracy and wellbeing. *Harvard Educational Review*, 76, 201-237.
- Craik, F. I. M., & Lockhart, R. S. (1972). Levels of processing: A framework for memory research. *Journal of Verbal Learning and Verbal Behavior*, 11, 671-684.
- Dix, K. L., Slee, P. T., Lawson, M. J., & Keeves, J. P. (2011). Implementation quality of whole-school mental health promotion and students' academic performance. *Child and Adolescent Mental Health*, (early view).
- 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, 405-432.
- Elias, M. J. (2006). The connection between academic and social-emotional learning. In M. J. Elias, & H. Arnold (Eds.), *The educator's guide to emotional intelligence and academic achievement: Social emotional learning in the classroom* (pp.4-14). Thousand Oaks, CA: Corwin Press.
- Elias, M. J., Kress, J. S., & Hunter, L. (2006). Emotional intelligence and the crisis in schools. In J. Ciarrochi, J. R. Forgas, & J. D. Mayer (Eds.), *Emotional intelligence in everyday life* (2nd ed.) (pp.166-186). Hove, UK: Psychology Press.
- Entwistle, N. J., Hanley, M., & Hounsell, D. (1979). Identifying distinctive approaches to studying. *Higher Education*, 8, 365-380.
- Galton, M., Hargreaves, L., Comber, C., Wall, D., & Pell, T. (1999). Changes in patterns of teacher interaction in primary classrooms: 1976-96. *British Educational Research Journal*, 25, 23-37.
- Glaser, R., & Chi, M. T. H. (1988). Overview. In M. T. H. Chi, R. Glaser, & M. Farr (Eds.), *The nature of expertise* (pp.15-28). Mahwah, NJ: Erlbaum.

- Jones, S. M., Brown, J. L., & Aber, J. L. (2011). Two-year impacts of a universal school-based social-emotional and literacy intervention: An experiment in translational developmental research. *Child Development, 82*, 533-554.
- Kellam, S. G., Ling, X., Merisca, R., Brown, C. H., & Ialongo, N. (1998). The effect of the level of aggression in the first grade classroom on the course and malleability of aggressive behavior into middle school. *Development and Psychopathology, 10*, 165-186.
- Lawson, M. J., & Askell-Williams, H. (in press). Dimensions of quality in learning. In M. J. Lawson, & J. Kirby (Eds.) *Enhancing the quality of learning*. New York: Cambridge University Press.
- Marton, F. (1975). On non-verbatim learning. *Scandinavian Journal of Psychology, 16*, 273-279.
- Mayer, R. E. (1998). Cognitive, metacognitive, and motivational components aspects of problem solving. *Instructional Science, 26*, 49-63.
- Mayer, R. E. (2008). *Learning and instruction* (2nd ed.). Upper Saddle River, N. J: Pearson.
- Merrell, K. W., & Guelder, B. A. (2010). *Social and emotional learning in the classroom*. New York: The Guilford Press.
- Payton, J., Weissberg, R. P., Durlak, J. A., Dymnicki, A. B., Taylor, R. D., Schellinger, K. B., & Pachan, M. (2008). *The positive impact of social and emotional learning for kindergarten to eighth-grade students: Findings from three scientific reviews*. Chicago, IL: Collaborative for Academic, Social, and Emotional Learning.
- Slee, P. T., Lawson, M. J., Russell, A., Askell-Williams, H., Dix, K. L., Owens, L., ... Spears, B. (2009). *KidsMatter Primary evaluation final report*. Melbourne: beyondblue.
- Tran, T. T., & Lawson, M. J. (2007). Students' pedagogical knowledge about teachers' use of questions. *International Education Journal, 8*, 417-432.
- Webster-Stratton, C., Reid, M. J., & Stoolmiller, M. (2008). Preventing conduct problems and improving school readiness: Evaluation of the incredible year teacher and child training programs in high risk schools. *The Journal of Child Psychology and Psychiatry, 49*, 471-488.
- White, R. T. (1979, November). *Describing cognitive structure*. Paper presented at the annual conference of the Australian Association for Research in Education, Melbourne, Australia.
- White, R. T., & Gunstone, R. F. (1980, November). *Converting memory protocols to scores on several dimensions*. Paper presented at the annual conference of the Australian Association for Research in Education, Sydney, Australia.
- Winne, P. H. (2010). Improving measurements of self-regulated learning. *Educational Psychologist, 45*, 267-276.

World Health Organization (2011). What is a health promoting school?

Retrieved from: [www.who.int/school\\_youth\\_health/gshi/hps/en/](http://www.who.int/school_youth_health/gshi/hps/en/)

Zimmerman, B. J. (2002). Becoming a self-regulated learner: An overview.

*Theory into Practice*, 41, 64-70.



# Section Six

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**Crossing Boundaries**

## **Crossing boundaries**

This section is concerned with ‘crossing boundaries’ of various kinds. The first chapter, by Grace Skrzypiec, Christina Roussi-Vergou and Eleni Andreou, exemplifies the problems inherent in importing interventions developed in other countries. Even within a country, the different cultures of policy, practice and research present challenges for collaboration, as discussed by Alison Wotherspoon, Greg Cox and Phillip Slee. Lesley Hughes takes up this theme, in discussing the need for integrated children’s services that require collaboration across professional and organisational boundaries. The final two chapters in this section take a broad public health perspective: Jorge Srabstein considers the role of schools in the prevention and detection of bullying related health and safety risks, while Judith Peppard and Denise Assaf take a look at health promotion in Lebanon through the eyes (literally) of undergraduate public health students.

# 22

## Common problems, common solutions? Applying a foreign 'coping with bullying' intervention in Greek schools

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*The 'coping with bullying' (CWB) intervention is an Australian school-based program (Slee, Skrzypiec & Murray-Harvey, 2009) developed as an extension of research by Frydenberg (2004), which showed that young people can be taught how to cope with stressful situations. Following a promising evaluation of CWB in Australia an opportunity arose to transfer the intervention to Greek schools. As the transfer process began, it became clear that the proposed method of program delivery involved assumptions that did not apply in the Greek context and that an 'emic' approach would be needed. We concluded that there is no 'one-size fits all' intervention program that can be easily transferred across cultures. Rather, where a program has been successfully developed in one country, a tailored approach which incorporates culturally appropriate modifications is required before it can be implemented in another country. It does not follow, therefore, that common solutions apply to common problems.*



## Introduction

It seemed a simple exercise. Merely translate all of the program materials and the evaluation questionnaire, subtitle the ‘coping with bullying’ (CWB) DVD, and implement the program in Greek schools. After all, the intervention had already been successfully tried in two Australian high schools (Slee et al., 2009) so all that would be needed would be some tweaking to suit the Greek context. We focused on the implementation documents and we planned a careful process that would involve back translations with different translators (Cha, Kim & Erlen, 2007). It soon became apparent however, that we were ‘putting the cart before the horse’.

## Context

### International context

Internationally, bullying in schools has been recognised as a complex problem resulting in a considerable amount of educational, psychological and cross-cultural literature (Smith, Cowie, Olafsson & Liefoghe, 2002; Smith, Kanetsuna & Koo, 2007). In Greek schools, the bullying phenomenon is characteristically similar to that which occurs in other cultural contexts. A study by Sapouna (2008) of 1,758 Greek primary and secondary school students showed that bullying in Greece differed little from bullying in other countries. Sapouna (2008) found that bullying was most prevalent amongst boys, in the early grades and that it decreased in secondary school. In Greece, like other countries, such as Australia (Skrzypiec, Slee, Murray-Harvey & Pereira, 2011) and the United States (Nansel et al., 2001), bullying most commonly took the form of name calling, while physical bullying was more evident amongst boys than girls, and girls were more prone to relational bullying, such as spreading rumours. It was therefore clear that young people in Greece were involved in bullying in a manner that was similar to Australian youth. Furthermore, an international study across 25 countries by Nansel, Craig, Overpeck, Saluja and Ruan (2004), which included Greece, found that in every country there was a consistent association between involvement in bullying (as a victim, bully or bully-victim) and greater health problems, school functioning difficulties (including poor peer relations) and diminished psychosocial capacities, such as emotional and social adjustment. Given the comparable nature of bullying in Greece with other countries, a logical next step was to consider the application of an intervention in Greece which had been tried and tested in Australia.

### **International research on coping with bullying**

While factors leading to bullying are multiple and complex (Murray-Harvey & Slee, 2010) researchers such as Kochenderfer-Ladd and Ladd (2001) and Kanetsuna, Smith and Morita (2006) have suggested that children who do not cope well with bullying and who respond in counter-productive ways to bullying, may actually reinforce victimisation. Several studies have shown that victims manage bullying less effectively by deploying coping strategies which are non-productive, such as responding passively, walking away or fighting back (Hunter, Mora-Merchan & Ortega, 2004; Smith, Shu & Madsen, 2001; Smith, Talamelli, Cowie, Naylor & Chauhan, 2004) and that such responses may increase the likelihood of continued victimisation (Kochenderfer-Ladd & Skinner, 2002; Shelley & Craig, 2009). However, research conducted by Frydenberg (2004) has provided some direction for assisting victims develop better coping strategies and hence reduce the likelihood of further victimisation.

In their research Frydenberg et al. (2004) showed that through explicit teaching young people can be taught how to cope with stressful life situations, such as bullying. Recognising that a coping strategy functions as a response to stress, Frydenberg (2004) argued that young people can develop resilience by reducing non-productive coping strategies and mastering more effective strategies, such as problem solving. In three settings involving over 400 youth aged 11-17 in Australia and Italy, Frydenberg demonstrated that it was possible for trained teachers to increase students' self-efficacy and to engender their use of new and more effective coping strategies. The CWB intervention was developed based on these findings.

### **The Coping with Bullying (CWB) intervention**

The CWB intervention was designed to teach young adolescent students effective coping strategies for handling bullying. A pivotal element of the CWB intervention is the CWB DVD, which comprises a number of scenarios depicting verbal, physical, relational and cyber-bullying. It was scripted and performed 'by students for students' under the direction of researchers (Wotherspoon, 2008). During a 40-50 minute class, students watch one of the DVD excerpts and then work in small groups to answer questions and consider strategies for coping with the particular type of bullying viewed in the DVD. Following this exercise or similar group activity, the teacher directs a class discussion about effective coping with bullying strategies. The CWB program involves eight sessions, where after watching one of the 5-10 minute

excerpts, students complete exercises in their workbooks on how best to cope with the bullying, as they work in small groups.

Utilising collaborative and small-group work dynamics (Cohen, 1994; Hertz-Lazarowitz & Miller, 1992), the program may facilitate changes in ways that are more than just discovering coping with bullying strategies. Collaborative learning research has indicated that there are many benefits for students engaged in this type of learning and that

providing children with the opportunity to cooperate and work together in structured cooperative learning groups on a regular basis helps children to be more involved with each other, to feel committed to the group, and to develop a sense of group cohesion ... [and] ... junior high school students benefit from participating in structured, cooperative learning experiences in their classrooms. (Gillies, 2003, p.146)

As students work together to find solutions they are forced to interact in a cooperative manner and they cannot help but get to know one another better. This has the potential to allow friendships to develop with victimised students. In addition, classroom discussions about bullying may engender empathy towards victims, which would facilitate bystander interventions in bullying incidents. Thus, the program impacts upon the many facets of bullying on a number of levels.

The CWB Program is delivered by teachers who receive a short training session about bullying and the program prior to the commencement of the intervention. Teachers are provided with a kit containing all the materials required to deliver the program, including lesson plans, student activity sheets, student pre- and post-intervention questionnaires and a personal feedback sheet.

An evaluation of the CWB program in two South Australian metropolitan high schools found that the intervention impacted upon seriously bullied students, i.e., students who reported that they were being bullied once a week or more often when the program began. Those who reported being seriously bullied pre-intervention were more likely to report less serious bullying post-intervention ( $F_{(2,158)}=3.3$ ,  $p<.04$ , Effect Size:  $r=.14$ ) (Slee et al., 2009).

## Key Issues

### Bullying in Greece

In Greece, studies involving mainly secondary students from the area of Athens have suggested that only a minority of students is involved in bullying and school violence (Gkotobos, 1996; Kalabaliki, 1995; Psalti & Konstantinou, 2007; Smith, Nika & Papisideri, 2004), although

evidence from other areas in Greece, such as Volos and Ioannina, has indicated that the incidence of bullying may be higher. Research undertaken by Andreou (2000, 2001) of children aged 8-12 years, found that the proportion of young people involved in bullying incidents (as bullies, victims or bully/victims) was between 46.3 per cent (2000) and 47.5 per cent (2001). These percentages were similar to those reported in elementary schools of the broader area of Athens (Chatzi, Choyntoyradi & Pateraki, 2000).

A study by Andreou (2001) of how Greek students coped with bullying suggested that children did not generally know how to deal with aggressiveness, or they approved of violence as a means of resolving conflict. Despite these findings, however, interventions of any kind in Greece are not common and as a result there is evidence that some children do not feel safe in Greek schools (Johnson & Papastylianou, 2001). About one in three (35%) students fear being victimised at school (Psalti & Konstantinou, 2007).

More recent studies of bullying in Greece have suggested that involvement in bullying continues to be an issue amongst school students. According to Giovazolias, Kourkoutas, Mitsopoulou and Georgiadi (2010) “this phenomenon seems to relate directly to one out of three children and adolescents in our country” (p.2208). Very rarely, however, are such research findings communicated outside the Greek academic community.

Ranked as having the fourth highest prevalence of involvement in bullying for boys and sixth for girls amongst a group of 40 countries (Craig et al., 2009), the exigency to address the issue of bullying in Greek schools is paramount. Researchers investigating bullying in Greek schools have not only been calling for bullying interventions (Andreou & Metallidou, 2004; Athanasiades & Deliyanni-Kouimtzi, 2010; Giovazolias et al., 2010; Sapouna, 2008) but have stressed the need for policy makers to acknowledge that bullying is a problem that warrants attention (Kalliotis, 2000; Smith, Nika et al., 2004). As Houndoumadi and Pateraki (2010) have argued “systematic initiatives should be taken to raise the students’, teachers’ and general public’s currently limited awareness of the phenomenon of bullying” (p.25) – a sentiment Andreou (2000) has been expressing for over a decade. It is the relative absence of practical solutions to such common problems that makes the implementation of the CWB program in the Greek environment unique and worthwhile.

### **Assumptions of CWB program not valid in Greece**

It was evident that the CWB intervention would be a useful program to test in Greek schools, but as the process of implementation began, it became clear that there were a number of assumptions underlying the delivery of the intervention that were not valid in the Greek context. These included:

1. An openly stated acceptance by school leaders that bullying was an issue;
2. A clear understanding of the bullying phenomenon;
3. Teacher/staff confidence or appropriate training to intervene in bullying incidents;
4. An anti-bullying policy or school rules concerning bullying;
5. Support by the Ministry of Education for anti-bullying policies and strategies;
6. The capacity for schools to deliver an anti-bullying intervention.

The ‘violation’ of these assumptions was apparent in all discussions conducted with teachers, school counsellors and psychologists from local services (where teachers, with parental consent, can refer a child who is victimised). It was evident that schools had serious bullying incidents but no means to deal with them.

During the course of discussions with stakeholders about the CWB intervention, a survey of 388 school teachers was being conducted by researchers from the University of Thessaly. The sample included elementary school teachers (with students 6-11 years old) and secondary school teachers (with students 12-14 years old) from the Thessaly area (where the pilot intervention was to take place). The survey examined teachers’ thoughts and experiences about bullying. While the findings are being collated for reporting elsewhere, some of the findings are pertinent here.

Although bullying was generally recognised by the teachers as a serious problem in schools, there is no official directive from the Greek Ministry of Education and very little (or nothing) was being done to assist teachers dealing with cases of bullying. For example, only 7.7 per cent of teachers claimed that they had any official information from the Ministry of Education about bullying. This lack of information to support teachers in dealing with bullying could be indicative of the minor importance that is paid to it by school leaders. Furthermore, 99 per cent of the survey participants claimed that they did not keep any records of bullying incidents when they occurred in their school.

The teachers also reported that they did not feel very confident about their knowledge of the phenomenon of school bullying. Nearly two thirds (60%) of the teachers evaluated their knowledge as 'average' or 'below average', and only one in eight (12%) declared that they felt confident about intervening in a bullying incident. Other Greek studies (Andreou, 2006; Athanasiades & Psalti, 2011) have shown that although teachers are capable of recognising the different forms of bullying, they tend to undervalue the phenomenon when they speak about it in their own school.

The results also indicated that in the majority (85%) of schools there were no anti-bullying policies. Unlike England and Australia, where all schools are required to have an anti-bullying policy (Kanetsuna, et al., 2006; McGrath & Noble, 2006) in Greece there is a lack of central guidance for the development of such policies in schools and this is reflected in the absence of any, orthodox or otherwise, preventative measures. The issue, however, is partially and indirectly addressed through other programs involving such topics as culture, ecology, health education, illicit drug use, sexual education, counselling and mental health, where bullying may be cursorily mentioned. The content of these programs is generally informational, aiming to raise awareness amongst students about current social challenges rather than to help them effectively deal with bullying and violence.

Furthermore, 82 per cent of the surveyed teachers claimed that schools were not in a position to deliver any anti-bullying programs. The survey found that teachers questioned the effectiveness of their actions when intervening in a bullying incident and they stressed that there was a need for further education and support within the context of the school community.

Some of the DVD content was also not deemed suitable for adolescent students in junior high school. Greek secondary school teachers are considered quite conservative and there were mixed thoughts amongst the research team about whether they would approve of some of the language used by Australian students in the CWB DVD. For example, in the verbal bullying scenario one student is called a 'dyke' (meaning lesbian) and it was thought that teachers would not be comfortable with having this word in a classroom film presentation. Although there would be a different meaning, one possible solution was to translate the word 'dyke' using the word '*agorokoritso*' (meaning tomboy). An alternative however, was to produce another DVD – one which would follow the same original approach as that used in Australia, so Greek

students would script and perform in the bullying scenarios, guided by researchers and a film crew.

In addition to students viewing the filmed scenes in their own language, there would be many advantages in producing a new Greek DVD. Firstly, the different bullying scenarios could be written to match the way they typically occur in the Greek schoolyard or classroom, using the same language and terminology commonly used by Greek students, so nothing would be lost in translation. The scenes would be filmed in surroundings familiar to Greek students in a typical schoolyard or classroom and with Greek high school male and female students wearing clothes commonly worn to school, because unlike most Australian students, Greek students do not wear a school uniform.

An assumption had also been made that it would be an easy task to translate the CWB written materials. However, another hurdle appeared at the onset of translation when it was found that there was no comparable word that could translate 'coping'. The closest translation was '*antimetopizo*' which means 'I am confronted with' or 'dealing with'. In the Greek language, the equivalent of the word 'coping' (as '*diahirizome*') was not suitable for use with the word 'bullying'.

It soon became apparent that the Greek context was a mosaic with a very different background for the CWB intervention than the one in which it had originally been developed.

## **Educational Implications**

The collaborative work with researchers in Greece highlighted the importance of context with regard to the CWB program, as the context in which it was delivered could be inextricably linked to its success. Unlike the majority of Greek teachers, in Australia teachers have a reasonable understanding of the bullying phenomenon and of the anti-bullying policies that exist in schools. They can exercise agency, both in delivering the CWB program and by intervening in bullying incidents, knowing that they have support from the school community, as well as from the state and federal ministries of education. However, the little attention paid to school bullying by the Ministry of Education and policy makers, despite the bullying research undertaken by Greek academics, has left Greek teachers disempowered, stranded and insecure about how best to deal with school bullying. This was a realisation that demanded attention as we pondered how it would impact upon the successful implementation of the CWB intervention (or any intervention, for that matter).

It was clear that the CWB program could not be delivered in Greece in the same way that it had been implemented in Australian schools but that a re-shaping of the intervention would be required. Using terminology first coined by Pike (Pike, 1993), what would be needed would be an ‘emic’ approach. In anthropological terms ‘emic’ refers to a description of beliefs, values or behaviour generated by a person within the culture, which carries conscious or sub-conscious meaning for a person in that culture, as opposed to a culturally neutral ‘etic’ account by an external observer.

An emic approach, where Greek researchers, armed with an understanding of Greek schools, teachers, students, culture and the Greek political environment, could adapt the CWB program in a manner that would suit the Greek milieu without compromising the theoretical underpinnings of the program. The CWB would need to be restructured and implemented the ‘Greek way’ and tested in a pilot study.

Furthermore, there was a resolve that teacher confidence would be raised through carefully planned professional development and that a promotion of bullying awareness across the country would occur concurrently with the pilot study. Led by researchers from the University of Thessaly, the process would proceed through the academic fraternity working collaboratively across four universities in Greece.

## **Future Directions**

While bullying is prevalent in Greek schools, the lack of direction and support provided by the Ministry of Education has left school communities in Greece ill equipped to address the bullying phenomenon. There is, however, no paucity of bullying research by both Greek academics and researchers in other countries, so using an emic approach it is possible to make use of this knowledge by altering a foreign intervention to fit the Greek context.

As we generalised our experiences we concluded that there is no ‘one-size fits all’ intervention that can be easily transferred across cultures. Rather, where a program has been successfully developed in one country, a tailored approach which considers the cultural milieu and incorporates culturally appropriate modifications is required before it can be implemented in another country. It does not follow therefore that common solutions apply to common problems.



## References

- Andreou, E. (2000). Bully/victim problems and their association with psychological constructs in 8 to 12 year-old Greek school children. *Aggressive Behavior, 26*, 49-56.
- Andreou, E. (2001). Bully/victim problems and their association with coping behaviour in conflictual peer interactions among school-age children. *Educational Psychology, 21*, 59-66.
- Andreou, E. (2006). Opinions and attitudes of teachers towards the problem of bullying. *Scientific Yearbook of the University of Thessaly: Alexander Delmoyzos, 2*, 73-88.
- Andreou, E., & Metallidou, P. (2004). The relationship of academic and social cognition to behaviour in bullying situations among Greek primary school children. *Educational Psychology, 24*(1), 27-41.
- Athanasiades, C., & Deliyanni-Kouimtzi, V. (2010). The experience of bullying among secondary school students. *Psychology in the Schools, 47*(4), 328-341.
- Athanasiades, C., & Psalti, A. (2011). Knowledge and attitudes of teachers for secondary education school bullying. *Hellenic Journal of Psychology, 8*, 66-94.
- Cha, E. S., Kim, K. H., & Erlen, J. A. (2007). Translation of scales in cross-cultural research: Issues and techniques. *Journal of Advanced Nursing, 58*(4), 386-395.
- Chatzi, X., Choyntoyradi, A., & Pateraki, L. (2000). Violence from pupils to pupils in the school. *Child and Adolescent: Mental Health and Psychopathologia, 2*, 97-111.
- Cohen, E. (1994). Restructuring the classroom: Conditions for productive small groups. *Review of Educational Research, 64*, 1-35.
- Craig, W., Harel-Fish, Y., Fogel-Grinvald, H., Dostaler, S., Hetland, J., Simons-Morton, B., ... Pickett, W. (2009). A cross-national profile of bullying and victimization among adolescents in 40 countries. *International Journal of Public Health, 54*, 216-224.
- Frydenberg, E. (2004). Coping competencies: What to teach and when. *Theory into Practice, 43*(1), 14-22.
- Frydenberg, E., Lewis, R., Bugalski, K., Cotta, A., McCarthy, C., Luscombe-Smith, N., & Poole, C. (2004). Prevention is better than cure: Coping skills training for adolescents at school. *Educational Psychology in Practice, 20*(2), 117-134.
- Gillies, R. (2003). The behaviors, interactions, and perceptions of junior high school students during small-group learning. *Journal of Educational Psychology, 95*, 137-147.
- Giovazolias, T., Kourkoutas, E., Mitsopoulou, E., & Georgiadi, M. (2010). The relationship between perceived school climate and the prevalence of bullying behavior in Greek schools: Implications for preventive inclusive strategies. *Procedia Social and Behavioral Sciences, 5*, 2208-2215.
- Gkotobos, A. (1996). *Youth and social change: Values, experiences and perspectives*. Athens: Gutenberg.

- Hertz-Lazarowitz, R., & Miller, N. (1992). *Interaction in cooperative groups: The theoretical anatomy of group learning*. New York: Cambridge University Press.
- Houndoumadi, A., & Pateraki, L. (2010). Bullying and bullies in Greek elementary schools: Pupils' attitudes and teachers'/parents' awareness. *Educational Review*, 53(1), 19-26.
- Hunter, S. C., Mora-Merchan, J., & Ortega, R. (2004). The long-term effects of coping strategy use in victims of bullying. *Spanish Journal of Psychology*, 7, 3-12.
- Johnson, N., & Papastilianou, A. (2001). *Forms of aggression, violence and protests at school*. Athens: Pedagogical Institute.
- Kalabaliki, F. (1995). Destructiveness, school experience and political behavior. *Contemporary Education*, 81, 32-41.
- Kalliotis, P. (2000). Bullying as a special case of aggression. Procedures for cross-cultural assessment. *School Psychology International*, 21, 47-64.
- Kanetsuna, T., Smith, P. K., & Morita, Y. (2006). Coping with bullying at school: Children's recommended strategies and attitudes to school-based interventions in England and Japan. *Aggressive Behavior*, 32, 570-580.
- Kochenderfer-Ladd, B., & Ladd, G. W. (2001). Variations in peer victimization: Relations to children's maladjustment. In J. Juvonen, & S. Graham (Eds.), *Peer harassment in school* (pp.25-48). London: The Guilford Press.
- Kochenderfer-Ladd, B., & Skinner, K. (2002). Children's coping strategies: Moderators of the effects of peer victimization? *Developmental Psychology*, 38, 267-278.
- McGrath, H., & Noble, T. (2006). *Bullying Solutions. Evidence-based approaches to bullying in Australian schools*. Canberra: Pearson Education.
- Murray-Harvey, R., & Slee, P. T. (2010). School and home relationships and their impact on school bullying. *School Psychology International*, 31, 271-295.
- Nansel, T. R., Craig, W., Overpeck, M. D., Saluja, G., & Ruan, W. J. (2004). Cross-national consistency in the relationship between bullying behaviours and psychosocial adjustment. *Archives of Paediatric and Adolescent Medicine*, 158, 730-735.
- Nansel, T. R., Overpeck, M. D., Pilla, R. S., Ruan, W. J., Simons-Morton, B. G., & Scheidt, P. (2001). Bullying behaviours among US youth: Prevalence and association with psychosocial adjustment. *Journal of the American Medical Association*, 285, 2094-2100.
- Pike, K. L. (1993). *Talk, thought and thing: The emic road toward conscious knowledge*. Dallas: Summer Institute of Linguistics.
- Psalti, A., & Konstantinou, K. (2007). Bullying in secondary schools. The influence of gender and ethnicity. *Psychology*, 14, 329-345.
- Sapouna, M. (2008). Bullying in Greek primary and secondary schools. *School Psychology International*, 29, 199-213.

- Shelley, D., & Craig, W. (2009). Attributions and coping styles in reducing victimization. *Canadian Journal of School Psychology, 20*, 1-17.
- Skrzypiec, G. K., Slee, P., Murray-Harvey, R., & Pereira, B. (2011). School bullying by one or more ways: Does it matter and how do students cope? *School Psychology International, 32*(3), 288-311.
- Slee, P. T., Skrzypiec, G. K., & Murray-Harvey, R. (2009). *The Coping with Bullying Intervention*. Paper presented at the ISSBD, Zambia.
- Smith, P. K., Cowie, H., Olafsson, R., & Liefhoghe, A. P. D. (2002). Definitions of bullying: A comparison of terms used, and age and sex differences, in a 14 country international comparison. *Child Development, 73*, 1119-1133.
- Smith, P. K., Kanetsuna, T., & Koo, H. (2007). Cross-national comparison of 'bullying' and related Terms: Western and Eastern perspectives. In K. Österman, & K. Björkqvist (Eds.), *Contemporary research on aggression: School violence. Proceedings of the XVI World Meeting of the International Society for Research on Aggression. Santorini, Greece, Volume 1.* (pp.3-9). Åbo, Finland: Åbo Academy University Press.
- Smith, P. K., Nika, V., & Papisideri, M. (2004). Bullying and violence in schools: An international perspective and findings in Greece. *Psychology, 11*, 184 - 203.
- Smith, P. K., Shu, S., & Madsen, K. (2001). Characteristics of victims of school bullying: Developmental changes in coping strategies and skills. In J. Juvonen, & S. Graham (Eds.), *Peer harassment in school* (pp.332-351). New York: Guilford.
- Smith, P. K., Talamelli, L., Cowie, H., Naylor, P., & Chauhan, P. (2004). Profiles of non-victims, escaped victims, continuing victims and new victims of school bullying. *British Journal of Educational Psychology, 74*, 565-581.
- Wotherspoon, A. (2008). Coping with school bullying. *Documentary drama series on bullying*. Adelaide: Flinders University.

# 23

## Working outside of the boundaries

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*This chapter examines the different types of knowledge that exist across the cultures of academia, policy and practice as it impacts on student wellbeing. Consideration is given to the idea that the type of knowledge that is valued varies between the different cultures of academia, policy and practice. Transactions between these cultures mean that individuals may find it necessary to work outside the boundaries of their disciplines and comfort zones. A case study concerning school bullying research is used to illustrate the different principles by which knowledge is transacted across the cultures, and the role that a fourth culture, that of filmmaking, can play in the process.*

### Introduction

In striving to meet the demand for provision of resources to address the issue of school bullying and its damaging after-effects, a number of challenges have been identified. A significant one concerns that of how research can be translated into policy and practice. To understand the nature of this challenge it is important to appreciate that the ‘worlds’ of research, policy and practice are each identifiable in terms of their own

‘language’, the priorities they attach to actions that must be taken and the way they interpret the action that is needed.

This chapter examines the different types of knowledge that exist across the cultures of academia, policy and practice, as identified by Shonkoff (2000). It also considers the role a fourth culture, that of filmmaking, can play in interdisciplinary teams working together to improve student wellbeing (Wotherspoon, 2011). The role of the filmmaker in this context can be critical in disseminating knowledge in an accessible way to a non-academic audience while accurately presenting the research findings outside the conventional boundaries of academic journals.

## Context

### **Bullying in Australian schools: Effects on student wellbeing**

The issue of school bullying has been studied in Australia for over 20 years following the publication of the first empirical research by Rigby and Slee (1991). Generally, the findings confirm that bullying is a physically harmful, psychologically damaging and socially isolating aspect of an unnecessarily large number of Australian children’s school experience (Slee, 1995). The damaging physical effects have been highlighted in Australian studies linking poor health, depression and suicidal ideation with bullying. Psychological wellbeing (e.g., self-esteem and happiness) has been shown to suffer through bullying, while loneliness and alienation from peers is also linked with victimisation. Research has clearly linked victimisation with poor school adjustment and suicidal ideation (Slee, 1995). While calls for intervention strategies soon followed the publication of the initial research by Rigby and Slee, the provision of evidence-based resources to meet this demand has proven elusive.

### **Developing a video-based resource for addressing bullying**

Although, nationally and internationally, resources have been developed to address the issue of school bullying since 2000, these resources have been, in the main, text based. As reported by Ttofi and Farrington (2009) the use of videos in schools is one of the most important program components associated with a decrease in bullying.

A Flinders University Industry Collaborative Research Grant (UICRG) produced an educational resource package called *Reducing bullying: Evidence based strategies for schools* in 2006, which consisted of seven educational documentaries and accompanying leaflets. The

evidence base that informed the production of this series was derived from quantitative and qualitative data collection from over 1,400 students from five high schools in South Australia. The professional development resource concerning the issues of bullying and wellbeing was designed for use by teachers and educational and health professionals in South Australian high schools and community health organisations.

The chief investigators on the project were a mix of academics from Flinders University, policy makers from the Department of Education and Children's Services, and social workers from the Northern Metropolitan Community Health Services (Department of Health), working with a documentary filmmaker. The data collected by the academic researchers also formed the basis for more traditional research outcomes in the form of journal articles and conference papers.

*Reducing bullying: Evidence based strategies for schools* had a theoretical framework informed by a 'whole school approach' which in the National Safe Schools Framework (NSSF) is described as

one that involves all the members of the school community (students, staff, parents and carers, and other community members), and works across all the areas of school life. It implicitly acknowledges that learning occurs not only through the formal curriculum, but also through students' daily experience of life in the school - and beyond.

Whole-school approaches seek to engage all key learning areas, all year levels and the wider community. They include many aspects of school life, such as curriculum, culture, teaching practices, policies and procedures. Advocates of whole-school approaches understand that real learning and sustainable change is most likely to occur when a common vision is widely shared throughout the school community, and when all members of that community are supported to operate in ways that are consistent with it. (MCEETYA, 2003, p.21)

It was envisaged by the UICRG partners that the resource would make a positive contribution towards changing bullying cultures within South Australian schools and would present, on screen, examples of evidence-based best practice that was proven to be effective in lessening the occurrence of bullying in schools.

The way in which interdisciplinary teams work with educational communities can be examined using the methodology of Participatory Action Research (PAR), in a context informed by the differing notions of cultures as defined by Shonkoff (2000). In developing the resource described here, the academic researchers, policy makers and practitioners worked with the documentary filmmaker through a PAR

process to gather information about bullying and wellbeing by immersing themselves in the school communities for whom the educational resources were being made. This immersion and the research questions that emerged from a PAR methodology informed the decisions made about what sort or style of films and written materials were required. The relationships that developed through the PAR process also influenced decisions made about how best to disseminate information about best practice relating to student wellbeing to schools. The collective interpretation of results allowed scripts to develop and through a consultative process choices were made about who should be represented on screen, who were the best people to interview, and how the interviewees were to be portrayed on screen.

### **Key Issue: The Nature of Knowledge in Research, Policy and Practice**

The key issue for consideration in this chapter includes the nature of knowledge which is valued across the three ‘cultures’ identified by Shonkoff, namely, research, policy and practice. A related issue is the way in which a film producer is required to navigate the different ‘worlds’ to produce an educational resource that is valued for its evidence base in terms of addressing the mental health issues associated with school bullying.

There are many challenges for researchers in transferring knowledge which has been proven to make positive change, into the communities with whom they are working. Community members may not access academic journals or scholarly books and consequently those in most need of such knowledge may not adopt ‘best practice’ principles. Policy makers in a position to fund programs to bring about change in school communities are often driven by different pressures from those of the academics and practitioners. Policy may be determined as a response to the priorities of Government, budget considerations, current concerns of the community or even how palatable the general public may deem the action. There is therefore often a complex process of navigation between the different cultures of academia, policy and practice in order to make changes, or to create successful outcomes, in areas such as public health, as described by Bales and Shonkoff (2011), or in education. Interdisciplinary teams working together in the area of student wellbeing, for example, may consist of academics, psychologists, social workers, health professionals, law enforcement officers and teachers. This mix of expertise requires consideration to be

given to what knowledge is being transferred and the way in which it is translated to the wider community.

The rationale for seeking the collaborative research grant was a recognition that bullying and other forms of school and community violence were now firmly on the research agenda for educationalists and human services agencies (Rigby & Slee, 1999).

The research team was able to argue that the South Australian school communities and the wider South Australian community had become more aware of, and sensitive to, bullying issues in high schools. This assumption was supported by an increased frequency of the reporting of bullying in the media, increased demands on school and community services for support in bullying related incidents, the reported increase in the use of school disciplinary procedures and the increasing numbers of requests made to some members of the research team for involvement in and the development of intervention programs based on best practice (Rigby, 2002).

One of the underpinning premises of the project was that there would be an innovative outcome in the form of a video that featured students, as well as a broad range of community members, involved in school-based anti-bullying interventions, and give them the opportunity to share their experiences and examples of best practice.

By the time this project gained support from the education sector the NSSF was being implemented in South Australian schools (2004-2008) and the then South Australian Minister for Education required all government schools to have a bullying policy in place in 2005. The lack of quality video productions to support schools in meeting these requirements created an ideal context for collaboration between policy advisors, social workers and the university sector, including university experts in screen production.

The UICRG project became linked to the pre-existing Five Schools Project. This involved five northern and north eastern Adelaide secondary schools meeting to support each other in collaboration with *Shopfront*, a youth counselling service. This collaboration, which had been in place for several years, provided the UICRG researchers access to teachers and social workers working within the five school communities and who were able to provide support for the data collection that created the content that underpinned the research project and documentaries.

As well as meeting the needs of the practitioners concerned with student wellbeing and with meeting government requirements, the



project met the objectives of the academics. They wanted to further their research into bullying in schools, discover what constituted best practice in bullying interventions and the best ways in which to change bullying cultures in high schools and increase student wellbeing. Once these interventions were identified and evaluated the research provided an evidence-based understanding of what could be recognised as best practice in South Australian high schools. The Five Schools provided an ideal sample.

Like the academics, the policymakers also wanted a resource that would be an effective package to assist schools in implementing sustainable anti-bullying interventions. If it was effective, the resource was potentially a tool that could assist school communities trying to change the culture within their school. It was hoped that the resource would challenge entrenched beliefs that bullying was endemic in all schools and impossible to manage. If successful, the resource would help a school to address bullying using a whole school approach, and change the culture of the school into one that would be more inclusive, more accepting of difference, less tolerant of bullying and more able to support student wellbeing.

Tensions among researchers, policymakers and practitioners are inevitable. Science is focused on *what we do not know*. Social policy and the delivery of health and human services are focused on *what we should do*. Scientists are interested in questions. Policy-makers and practitioners are interested in answers. Scholars embrace complexity. Policymakers demand simplicity. Scientists suggest that we stop and reflect. Service providers are expected to act. (Shonkoff, 2000, p.182)

The bringing together of partners from the cultures of academia, policy, and practice through filmmaking produced *Reducing bullying: Evidence based strategies for schools*. The ‘tensions’ referred to by Shonkoff that arose, e.g., different ideas about the methodologies to be employed, were resolved through discussions amongst the partners. The package consists of seven documentaries and accompanying leaflets that cover key issues to do with bullying interventions in school communities and complement the NSSF. The titles of the documentaries are:

- Bullying: An introduction;
- Policy;
- Power, disempowerment and bullying;
- Respectful Relationships;
- Adult relationships;
- The language of bullying; and

- Anti-bullying strategies: Bringing about changes.

The project was at times challenging and often time consuming. It required a commitment by all of the partners to work through the inherent differences and tensions that arise when working within an interdisciplinary team. The research team was interested in promoting anti-bullying interventions that would have a positive impact on the cultures within schools. To this end there was a shared interest in reaching an understanding of the way in which each of the cultures they represented worked, in acknowledging the different agendas at play and the need to find consensus so that the resource could be produced and distributed. There was throughout the project an ongoing need to negotiate the use of language due to terms such as power, bullying or harassment having a range of meanings, depending on whether an individual's perspective was that of an academic, policymaker, practitioner or filmmaker. The word research, for example, is used by academics to describe the gathering and analysis of data, whereas for a filmmaker it may entail going out into schools to identify suitable interviewees to film. The role of the filmmaker throughout the project was to recognise the different expertise held by each culture, and to translate this knowledge into a unified and engaging series of videos.

Although "Schools are among the safest places in the community for children and young people" (NSSF, MCEETYA, 2003, p.4; revised NSSF, MCEECDYA, 2011, p.2) the greater urgency in action by schools can be partly attributed to a community belief that school bullying and violence are increasing. A recent article by Smith and Rigby (2011) contradicts this community perception. They undertook a review of Australian research suggesting a reduction of bullying by 24.8 per cent for girls and 33.3 per cent for boys in Australian schools since the 1990s. The increasing awareness of issues to do with bullying in Australian schools since the late 1990s and the introduction of well-made and evidence-based resources such as *Reducing bullying: Evidence based strategies for schools* may well have contributed in some way to this quantifiable decrease.

## **Educational Implications**

The new media-rich world, in which today's students interact using modern technologies such as mobile phones and computers to communicate by text and via social networking sites, provides the environment for the development of high quality screen based resources. The online screen based resources by the Australian Government to educate students, parents and teachers on the topic of

cyber safety ( [www.cybersmart.gov.au](http://www.cybersmart.gov.au)) provide many examples of such resources developed by government in collaboration with educators and film makers. It also highlights the need for these resources to be well researched and evidence-based to be most effective.

Partnerships and creative collaborations forged between academics, policymakers, practitioners and filmmakers can be used to develop and deliver video-based resources that can be used to address issues such as school bullying. Filmmakers can play a critical role in navigating and translating between the worlds of research, policy and practice in order to deliver resources that speak to the media-saturated world of students.

## Future Directions

Twenty-first century screen consumers expect to be able to access information instantly and conveniently, often via hand held devices. In an era where screen consumption and the need for screen content is greater than at any other time in history, there is, a demand for educational screen content that is often unmet.<sup>i</sup> Clarke, Flaherty and Yankey (2006) found that 40 per cent of the school aged population and university students are visual learners and teachers are increasingly recognising the need to use visual material to engage and educate their students. Visual learning requires the delivery of information to go beyond the text based traditional forms of teaching. Many students have better learning outcomes if they learn visually and many teachers are embracing the need to teach visually (Stokes, 2001). Although currently it is often outside the boundaries of research and funding to include screen-based outcomes, the way in which people now engage with multiple screens, and the new digital distribution options now available, suggest that the market for educational documentaries distributed on a range of screen formats can only increase in the future (Carbo, Dunn & Dunn, 1986).

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<sup>i</sup> I am approached, in my capacity as Head of Screen Production at Flinders University, on a weekly basis by individuals and organisations offering our students the opportunity to make educational and promotional videos for them, usually for no budget, but with the promise of gaining experience.

## References

- Bales, S. N., & Shonkoff, J. P. (2011). Science does not speak for itself: Translating child development research for the public and its policymakers. *Child Development*, 82(January/February), 17-32.
- Carbo, M., Dunn, R., & Dunn, K. (1986). *Teaching students to read through their individual learning styles*. Englewood Cliffs, N.J.: Prentice-Hall.

- Clarke, I. I., Flaherty, T. B., & Yankey, M. (2006). Teaching the visual learner: The use of visual summaries in marketing education. *Journal of Marketing Education*, 28(3), 218 - 226.
- MCEECDYA (2011). *National Safe Schools Framework* (revised). Carlton South, Victoria: MCEECDYA.
- MCEETYA (2003). *National Safe Schools Framework*. Canberra: MCEETYA, Commonwealth of Australia.
- Rigby, K. (2002). *A meta-evaluation of methods and approaches to reducing bullying in pre-schools and early primary school in Australia*. Canberra, A.C.T.: Attorney-General's Department.
- Rigby, K., & Slee, P. T. (1991). Bullying among Australian school children: Reported behaviour and attitudes to victims. *Journal of Social Psychology*, 131(5), 615-627.
- Rigby, K., & Slee, P. T. (1999). The nature of school bullying: Australia. In P. K. Smith, Y. Morita, J. Junger-Tas, D. Olweus, R. Catalano, & P. Slee (Eds.), *The nature of school bullying: A cross-national perspective*. England: Routledge.
- Shonkoff, J. P. (2000). Science, policy, and practice: Three cultures in search of a shared mission. *Child Development*, 71(1), 181 -187.
- Slee, P.T. (1995). Peer victimization and its relationship to depression among Australian primary school students, *Personality and Individual Differences*, 18(1), 57-62.
- Smith, P., & Rigby, K. (2011). Is school bullying really on the rise? *Social Psychology of Education*. Retrieved from: [www.springerlink.com/content/60352w6572042lq1/fulltext.pdf](http://www.springerlink.com/content/60352w6572042lq1/fulltext.pdf)
- Stokes, S. (2001). Visual literacy in teaching and learning: A literature perspective. *Electronic Journal for the Integration of Technology in Education*, 1(1). doi:10.1007/s11218-011-9158-y
- Ttofi, M. M., & Farrington, D. P. (2009). What works in preventing bullying: Effective elements of anti-bullying programmes. *Journal of Aggression, Conflict and Peace Research*, 1(1), 13-24.
- Wotherspoon, A. J. (2011). *From evidence to screen: Towards a model for producing educational documentaries in the twenty-first century*. (unpublished PhD thesis) Adelaide: Flinders University.



# 24

## Integration of services requires collaborative working across professional and organisational boundaries

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*This chapter focuses on the relevance of integrated services and collaborative working to address children's mental health and wellbeing. It identifies how policy alone does not prepare organisations and individuals to work across a range of disciplines, and the relevance of education to support and sustain integrated services. Drawing on evidence from constraints upon developing inter-professional education and integrated services, the author proposes two models of learning that can be used to support participants in working together across professional disciplines to improve children's mental health and wellbeing: problem-based learning and action learning. It is demonstrated how they promote dialogue, reflection and decision making. These processes can be used by participants to generate debate and to share views related to children's mental health in order to influence the knowledge, skills and attitudes required for partnership working.*

### Introduction

Children's social and emotional wellbeing is important in its own right but also because it affects their physical health (in childhood and

adulthood) and can determine how well they do at school. For example, good social/emotional and physical health have been highlighted as important for protecting children against violence and crime, teenage pregnancy and the misuse of drugs and alcohol (Colman et al., 2009). Nevertheless, around one in 10 children aged 5-16 years in the United Kingdom has a clinically diagnosable mental health problem such as depression, anxiety or psychosis (Green, McGinnity & Meltzer, 2005), while the British Medical Association (BMA, 2006) suggests that as many as 20 per cent of young people experience a mental health problem at some point in their development,

Integrated services are seen as important for supporting children's mental health and wellbeing. Policy directives continue to prioritise a need for children's services to provide a coordinated service and for organisations to share resources and information across health, care and education. The reality of this for teachers, support workers and health and care professionals is neither apparent nor sustainable. It is evident that if organisations are to progress in developing integrated services, and in working collaboratively, more needs to be done to ensure inter-professional education is provided within organisations and within professional education programs.

## **Context**

The drive to promote positive mental health in schools comes from a recognition that emotional stability in childhood helps to protect children from the related problems of violence and crime and the risk of mental health problems in later life (Colman et al., 2009). Various attempts to prevent social/emotional and behaviour difficulties have been made through the development of intervention programs such as Sure Start (Glass, 1999), where support is given to vulnerable parents and children in their homes and community. Another example is Fast Track (Bierman et al., 2007), which includes multi-agency involvement from professionals in social work, mental health and education. According to Cooper (2010), initiatives such as these have been effective in supporting vulnerable families and their children in ways that lead to improved social and emotional functioning and positive engagement in education (Cooper, 2010). However, a number of high profile cases in the United Kingdom, which have resulted in tragic consequences for children (Butler-Sloss, 1988; Laming, 2003), have served to alert the government that services for children are fragmented and not meeting their needs. Although these cases were extreme examples of mismanagement and where collaborative working was not

effective, they nevertheless identify that where children have complex problems requiring input from a range of disciplines, greater integration is needed. There were examples of poor communication, and a failure to ask questions, raise concerns and share information across organisations. It was recognised that these are areas of professional practice that need to improve.

The government document *Every Child Matters* (Department for Education and Skills, 2004), which was a response to the Laming Inquiry, called for services to be reformed, with integrated working focused around the child and the family, with professionals working in collaboration with other members of a multidisciplinary team. The outcomes within the document are for children to be supported so that they can be healthy, safe, enjoy life and achieve, and for them to make a positive contribution to society and achieve economic wellbeing. These principles are endorsed through the Children's Act (DfES, 2004a & DfES, 2006), and through various other government policy directives (DCFS, 2007, 2008). The preferred model for achieving integrated services for children is through Children's Trusts, a partnership between a range of services from which resources are coordinated to improve outcomes for children. The Trusts bring together education, social services, youth services and other agencies under a single director, and provide the opportunity to offer additional services to children such as extended schools and children's centres.

Whilst it is recognised that the promotion of good emotional health carries a shared responsibility across schools, health and care services (Appleby, Shribman & Eisenstadt, 2006; National Institute for Clinical Excellence, 2008), there is evidence to suggest that collaborative working is being hampered. According to Rees (2007) there is a shortfall in the ability of schools to deal with mental health issues, with some teachers lacking the confidence required to support young people, especially those with complex mental health needs (Gowers, Thomas & Deeley, 2004). Such difficulties can lead to strained relations with mental health staff and a resistance to consultations (Birch, 2007; Gowers et al., 2004). In addition, it is suggested that even when organisations do attempt to achieve integration of provision, sustainability is a problem (Stead, Lloyd & Kendrick, 2003). It appears that from a policy perspective integration of services is endorsed, but at a practice level more is needed to support collaborative working and achieve positive outcomes.

A report from the Children's Workforce Audit Commission (CWDC, 2007) suggests that collaboration within Children's Trusts is poor, as



many lack clear direction and have made slow progress. The report found little evidence of improved outcomes for children and young people, and suggested that too much time was being spent on structures and processes. It made recommendations for how the Trusts could progress, and one recommendation was that there needed to be a greater involvement of General Practitioners and schools in the Trusts' activities as it found professionals were not readily talking to colleagues from other sectors. In a review of the literature on integrated working in children's services, Robinson, Atkinson and Downing (2008) identified that professions need clarity of purpose in partnership working and there was evidence of stereotyping of different professional beliefs. At an organisation level, there was tension around different policy agendas across agencies, especially around information sharing, and some instances where management did not view integrated services as a core element of their service provision (Robinson et al., 2008). At a practice level it was found that many participants remained unwilling to share resources and power (Williams & Sullivan, 2010).

More recently the need for collaborative working was endorsed in a report by the World Health Organization (WHO, 2010). The report suggests that organisations need more than policies and support networks for collaborative practice; a number of other factors also need to be in place. In particular it promotes the need for a working culture that encourages shared decision making and team meetings. Such opportunities are viewed as being essential in enabling professions to identify common goals and clarify management plans which can set out an individual's tasks and shared tasks, and in so doing provide a platform for negotiations to take place. Equally important is for the organisation to provide its workforce with clear guidance on its strategy for communication and conflict resolution (WHO, 2010).

It seems that for integrated services and collaborative working to be effective, direction and support need to be demonstrated at three levels: policy, organisation and individual. The common factor underpinning these levels is education – learning that will prepare individuals and organisations to engage in collaborative working (Hughes, 2011).

## **Key Issues**

### **What is inter-professional education?**

The idea that professionals should learn together in order to work together has been advocated by the World Health Organization since 1988 (WHO, 1988), and the drive for this continues at a global level

(WHO, 2010). Drawing upon Barr's (2002) distinction between multi-professional education and inter-professional education, the former can be characterised as 'occasions when two or more professions learn side by side for whatever reason, and the latter as occasions when two or more professions learn from, and about, each other to improve collaboration and quality of care'. Whilst this distinction is important for guiding educational programs, Carpenter and Dickinson (2008) suggest that two major themes need to underpin inter-professional education: the promotion of teamwork, and professions' understanding of the knowledge, values, functions and expertise of other professions. Such competencies include being knowledgeable about the roles of other professions, understanding the constraints of one's own roles, having good communication and negotiation skills, and having the ability to work with others (Oandasan & Reeves, 2005). Therefore, the philosophy adopted by some inter-professional programs is 'learning by doing', with task orientated and user-centred involvement (Lennox & Anderson, 2007). These approaches have been adopted as a means of improving participants' interpersonal and communication skills, promoting shared problem solving and offering opportunities for participants to reflect on common goals (Lennox & Anderson, 2007; O'Halloran, Hean, Humphries & Macleod-Clark, 2006).

However, according to Dobson et al., (2009) many educators struggle to integrate inter-professional competencies into their existing curriculum. In addition, attitudinal, cultural and economic barriers to inter-professional education, plus an increase in faculty workload, place constraints on its development (Gilbert, 2005). It may be that these constraints are less about a reluctance by individuals or educational establishments, and more related to an absence of a theoretical framework for inter-professional education. According to Barr et al. (2005) much of the literature about inter-professional education is descriptive, anecdotal and atheoretical, offering no clear theory to drive developments. This concern is echoed by Freeth et al. (2005), who suggest that theory needs to underpin the concepts of teamwork and inter-professional education to enable participants, the practice and the teaching process to be assessed and evaluated.

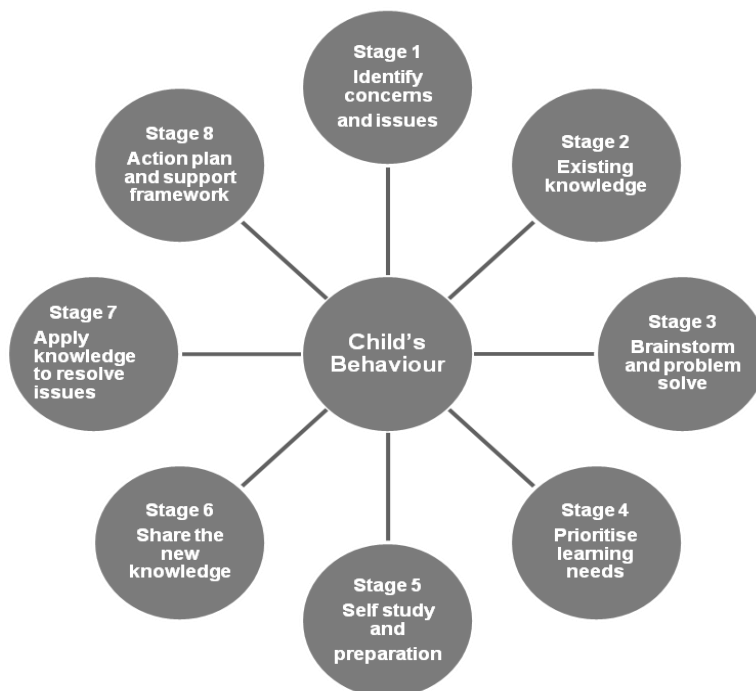
### **Inter-professional learning to increase cross-disciplinary understanding**

This section will explore two approaches to learning that can be used to increase cross disciplinary understanding, enabling participants from different professions or disciplines to come together to consider connections related to mental health in children and young people.

### *Problem-Based Learning*

Problem-based learning (PBL) is an educational methodology that applies cognitive science theory to real world settings of education by having participants learn in the context of solving complex problems (Boud & Feletti, 1998). The process has been adopted by a number of educational programs to achieve inter-professional education outcomes, and has been successful in enabling complex problems to be understood from the perception of a range of professions (Newton & Wood, 2009). The process can be used in any setting, at any academic level, and involve a range of disciplines (Chunta & Katrancha, 2010), to enable them to develop interpersonal skills and cooperate with participants beyond their own discipline (Wilhelmsson et al., 2009). Used in clinical settings, the process of PBL enables participants to link facts, concepts and principles to make decisions related to their particular situations (Chunta & Katrancha, 2010), and is therefore a useful process to increase cross-disciplinary understanding of children's mental health problems.

The PBL cycle has eight stages (Figure 24.1). Throughout the stages the group works to gain knowledge about the problem and develop insight into how to resolve the issues.



**Figure 24.1. The Eight Stage Problem-based Model - the process**  
(Adapted from Burrows & Tamblyn, 1980)

At the introductory stage information is shared about a client's situation and the group begins the PBL process. For example, in the case of a child who is displaying disruptive or emotional outbursts, participants from a range of professions consider this scenario from their own professional orientation and explain this to other participants. A teacher may define the problem as being a learning and/or behavioural problem, yet a social workers may have insight into the family background and perceive the child's behaviour to be a result of tension within the home. It is in the first three stages that participants formulate and analyse the problem and explore different perspectives and their similarities and differences, in order to understand the wider issues related to the child.

Then in stages 4 and 5 participants engage in self-directed learning to gather more information to gain clarity over issues that are not fully understood. In this phase it may be that a child's educational support worker is approached for information, or the child psychiatrist if they have been involved in the case. The final stages, 6 to 8, enable participants to set solutions into actions and provide an understanding of who is responsible for particular tasks and which tasks can be shared. Sharing knowledge in the group provides a horizontal collection of information that is pertinent to the problem (Woods, 1994) and gives a greater understanding, not only of the problem across settings, but how best to provide consistent support.

### *Action Learning*

Action learning is an interactive, experiential process involving a cyclical concept of learning with its roots in the work of Revans (1982). It was initially used in industry for work-based professional development (Keys, 1994) before becoming embraced as a learning process across a range of disciplines. The interactive process of action learning, through personal reflection and learning with and from one's own experience and from that of others enables individuals or groups to make changes to their issues of concern (Edmonston, 2003).

The process of action learning is shaped by the identification of the action or issue that a participant raises, and is made up of a learning set. A 'learning set' may comprise participants from a multi-agency team who are looking to identify a strategy for implementing integrated services for children with mental health problems. For the process of learning to flourish Edmonston (2011) believes that members share common values based upon:

- Trust and respect for individuals

- Openness of feelings
- Open communication
- Decentralised decision making
- Participation and contribution by all organisation members
- Collaboration and cooperation
- Genuine interpersonal relations.

It is these values that enable the learning set to openly discuss issues that are restricting developments. The learning set chooses when and how often members want to meet, which may depend on the urgency of the issue or task, and they meet for approximately six to eight sessions. The process of action learning changes the power relationship in the learning situation (Ballantine, 2003), which enables members to find new ways around a problem or a different approach to managing a situation (Rigg, 2008).

Action learning is therefore a useful vehicle for participants to learn how to ask appropriate questions in conditions that are complex, such as that of a child with mental health problems where their needs require input from a range of agencies (Figure 24.2). For example, some members within the set may be struggling to organise referrals across a range of services and the focus for that individual might be ‘team working’. It may be that another member identifies a problem within their organisation as being competing strategies, or limitation of resources.



**Figure 24.2. Action Learning Cycle (Adapted Preston & Biddle, 1994)**

The process of action learning within the learning set enables individuals to begin to reflect and identify a range of new ideas required to address the issue of concern. The process may identify other issues that have been underpinning the original concern such as confidentiality, different organisational cultures or competing targets. These emerging issues can be used to inform change in management approaches or the adaptation of existing strategies.

## **Educational Implications**

Four main implications are as follows.

- It is crucial that integrated working to support the mental health and wellbeing of children and young people is supported at the organisational and individual level through inter-professional education.
- Policy directives and guidelines set the scene for what is required for integration but the application and practice for collaborative working is everybody's business.
- Educators have a role to play in preparing professionals for collaborative working and for equipping them with the competencies to work across professional and organisational boundaries.
- Organisations have a role to play in establishing a culture that supports collaborative working in practice and in establishing a policy that includes how services will share knowledge, expertise and resources.

Two processes have been highlighted for supporting inter-professional education, in practice: problem-based learning and action learning. Both deal with real world problems and enable participants to engage with one another to resolve issues. Whilst these processes are aimed at professions in the workplace, more is required of educators to prepare the workforce for collaborative working. Inter-professional education should be a key component for undergraduate curriculum in teaching, health and care professional programs.

## **Future Directions**

Research is needed to explore how organisations implement and support integrated services for children and young people with mental health problems and the effect this has on children's health. More research is also needed to provide clarity and guidance on the

effectiveness of inter-professional education for achieving collaborative working in practice and how this affects workload and perceptions of colleagues from other disciplines. Finally, research is needed to identify whether integrating services has a positive impact on children's decision making in terms of future lifestyle and career.

## References

- Appleby, L., Shribman, S., & Eisenstadt, N. (2006). *Report on the implementation of Standard 9 of the National Service Framework for children, young people and Maternity Services*. London: Department of Health. Retrieved from: [nscap.org.uk/doc/Report%20Implementaion%20Std%209.pdf](http://nscap.org.uk/doc/Report%20Implementaion%20Std%209.pdf)
- Ballantine, M. (2003). David Sutton Fellowship Report. *Action Learning: Research and Practice*, 8(2), 93-102.
- Barr, H. (2002). *Inter-professional education today, yesterday and tomorrow*. London: LTSN-Centre for Health Sciences and Practice.
- Barr, H., Koppel, I., Reeves, S., Hammick, M., & Freeth, D. (2005). *Effective interprofessional education: Argument, assumption, and evidence*. Oxford, UK: Blackwell.
- Bierman, K. L., Coie, J. D., Dodge, K. A., Foster, E. M., Greenberg, M. T., Lochman, J. E., McMalon, R. J., & Pinderhughes, E. E. (2007). Fast track randomised controlled trial to prevent externalising psychiatric disorders: Findings from grades 3 to 9. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46(10), 1250-1262.
- Birch, K. (2007). *Mental health in colleges, education and health*. Retrieved from: [www.sheu.org.uk/publications/eh/ehFEwebkb.pdf](http://www.sheu.org.uk/publications/eh/ehFEwebkb.pdf)
- Boud, D., & Feletti, G. (Eds.). (1998). *The challenges of problem-based learning* (2<sup>nd</sup> ed.). London: Routledge Falmer.
- British Medical Association (2006). *Children and adolescent mental health – A guide for healthcare professionals*. London: BMA.
- Burrows, H. S., & Tamblyn, R. M. (1980). *Problem-based learning: An approach to medical education*. New York: Springer Publishing.
- Butler-Sloss, E. (1988). *Report of the inquiry into child abuse in Cleveland 1987*. Cm.413. London: HMSO.
- Carpenter, J., & Dickinson, H. (2008). *Inter-professional education and training*. Bristol: Policy Press.
- Children's Workforce Development Council (2007). *Moving toward integrated working: Progress report*. Retrieved from: [www.cwdcouncil.org.uk/projects/integratedworking.htm](http://www.cwdcouncil.org.uk/projects/integratedworking.htm)
- Chunta, S. K., & Katrancha, E. D. (2010). Using problem-based learning in staff development: Strategies for teaching registered nurses and new graduate nurses. *The Journal of Continuing Education in Nursing*, 41(2), 557-562.

- Colman, I., Murray, J., Abbott, R., Maughan, B., Kuhn, D., Croudance, T., & Jones, P. (2009). Outcomes of conduct problems in adolescence: Forty-year follow-up of a national cohort. *British Medical Journal*, 338, a2981.
- Cooper, P. (2010). Social emotional and behavioural difficulties in young people: The challenge for policy makers. *The International Journal of Emotional Education*, 2(1), 4-16.
- Department for Children, Schools and Families. (2007). *The Children's Plan: Building a brighter future*. London: HMSO.
- Department for Children, Schools and Families. (2008). The education of children and young people with behavioural, emotional and social difficulties as a special educational need. Retrieved: [www.dcsf.gov.uk](http://www.dcsf.gov.uk)
- Department for Education and Skills. (2004). *Every Child Matters: Change for children*. London: Department for Education and Skills.
- Department for Education and Skills. (2004a). *Children Act*. London: HMSO.
- Department for Education and Skills. (2006). *Care Matters: Transforming the lives of children and young people in care*. London: HMSO.
- Dobson, R. T., Stevenson, K., Busch, A., Scott, D. J., Henry, C., & Wall, P. A. (2009). A quality improvement activity to promote inter-professional collaboration across health professions students. *American Journal of Pharmaceutical Education*, 73(4), 1-7.
- Edmonston, J. (2003). *The action learners tool kit*. Aldershot, UK: Gower.
- Edmonston, J. (2011). Action learning and organisation development: Overlapping fields of practice, *Action Learning: Research and Practice*, 8(2), 93-102.
- Freeth, D., Reeves, S., Koppel, I., & Barr, H. (2005). *Evaluating Inter-professional education: A self-help guide*. Higher Education Academy Health Sciences and Practice Network. London: HEA.
- Gilbert, J. H. (2005). Inter-professional learning and higher education structural barriers. *Journal Interprofessional Care*, 19(Supp 1), 87-106.
- Glass, N. (1999). Sure Start: The development of an early intervention programme for young children in the United Kingdom. *Children and Society*, 13(4), 257-264.
- Gowers, S., Thomas, S., & Deeley, S. (2004). Can primary schools contribute effectively to tier 1 CAMHS? *Clinical Psychology and Psychiatry*, 9(3), 419-425.
- Green, H., McGinnity, A., & Meltzer, H. (2005). *Mental health of children and young people in Great Britain*. London: Palgrave.
- Hughes, L. A. (2011). Inter-professional education: Preparing professions to support children with SEBD. *ENSEC 3<sup>rd</sup> International Conference*, University of Manchester, UK, June, 2011.
- Keys, L. (1994). Action learning: Executive development of choice in the 1990s. *Journal of Management Development*, 13(8), 50-56.
- Laming, H. Lord. (2003). *The Victoria Climbié Inquiry*. London: The Stationery Office.



- Lennox, A., & Anderson, E. S. (2007). *The Leicester Model of Inter-professional Education: A practical guide to implementation in health and social care education*. Special Report 9. The Higher Education Academy Subject Centre for Medicine, Dentistry and Veterinary Medicine. London: HEA.
- National Institute for Clinical Excellence. (NICE 2008). *Guidance on promoting children's social and emotional well being*: London: NICE.
- Newton, C., & Wood, V. (2009). Reflections on facilitating an inter-professional problem-based learning module. *Journal of Inter-professional Care*, 23(6), 672-675.
- Oandasan, I., & Reeves, S. (2005). Key elements for inter-professional education. Part 1: The learner, the educator and the context. *Journal of Interprofessional Care*, 19(Sp.issue), 21-38.
- O'Halloran, C., Hean, S., Humphries, D., & Macleod-Clark, J. (2006). Developing common learning: The New Generation Project undergraduate curriculum model. *Journal of Interprofessional Care*, 20,12-28.
- Preston, A. P., & Biddle, G. (1994). To be or not to be: Making a professional career choice. *International Journal of Career Management*, 6(1) 28-32.
- Rees, D. (2007). The National CAMHS Support Service: Learning perspectives from the National Child and Adolescent Mental Health Service Improvement Programme: September, 2003 to December, 2006. Retrieved from [www.csip.org.uk/silo/files/ncss-learningperspectives.pdf](http://www.csip.org.uk/silo/files/ncss-learningperspectives.pdf).
- Revans, R. (1982). What is action learning? *Journal of Management Development*, 1(3), 64-75.
- Rigg, C. (2008). Action learning for organizational and systematic development: Towards a "both-and" understanding of "I and we". *Action Learning: Research & Practice*, 5(2),105-16.
- Robinson, M., Atkinson, M., & Downing, D. (2008). *Supporting theory building in integrated services research*. Slough, UK: National Foundation for Educational Research.
- Stead, J., Lloyd, G., & Kendrick, A. (2003). Participation or practice innovation: Tension in inter-agency working. *Children and Society*, 18, 42-52.
- Wilhelmsson, M., Pelling, S., Ludvigsson, J., Hammar, M., Dahlgren, L., & Faresjo, T. (2009). *Journal of Interprofessional Care*, 23(2), 121-133.
- Williams, P., & Sullivan, H. (2010). Despite all we know about collaborative working, why do we still get it wrong? *Journal of Integrated Care*, 18(4), 4-15.
- Woods, D. R. (1994). *Problem-based learning: How to gain the most from PBL*. Canada: Donald Woods.
- World Health Organization. (1988). *Learning together to work together*. Geneva: WHO.
- World Health Organization. (2010). *Framework for action on inter-professional education and collaborative practice*. Geneva: WHO.

# 25

## The prevention of bullying: A whole school and community model

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*The traditional role of schools in supporting the health and safety of students is now being challenged by the need to prevent the serious health risks associated with bullying. This chapter reviews the nature and ecology of this form of mistreatment, examines its association with health problems and proposes guidelines for its prevention within a whole school and community model.*

### Introduction

For more than a century schools have been at the forefront of public health efforts to preserve the physical and emotional wellbeing of their students. Already in the nineteenth century health officials and practitioners made inroads into establishing close collaboration with educators, making recommendations about the proper lighting, size, ventilation and temperature of the classrooms and ergonomics of tables and seats (Jones, 1881; Liebreich, 1873; Lundy, 1883). They advocated for the health benefits of physical education, cautioned against 'the cramming process in education' by reducing the number of subjects in the curriculum and shortening the period of study, and

suggested avoiding the promotion of a “spirit of rivalry” among students in order to prevent their “nervous excitement” (Lundy, 1883).

Through the first half of the twentieth century, schools were playing a pivotal role in the prevention of epidemics by enforcing vaccination requirements and cooperating with health officials to support the implementation of school health inspections, detection of symptoms of infections and supporting the quarantine of students affected by them (Baker, 1916; Jackson, 1969; Mitchell, 1901). Furthermore, this partnership between education and health officials supported efforts for the enforcement of sanitary conditions and detection of sensory defects and nutritional and dental problems, as well as implementation of physical education and health hygiene curriculum (Rogers, 1928).

With the advent of antibiotics and the decline in the prevalence of infectious diseases there has been a change in focus of school health programs towards other public health concerns. These include sexual risk taking behaviours (Kirby, 1992), substance abuse (Wenter, 2002) and obesity (Crawford, Gosliner & Kayman, 2011); as well as unintentional injuries, violence and suicide (Aseltine & De Martino, 2004; Centers for Disease Control and Prevention, 2001; West, Swahn & McCarty, 2010).

## Context

For the past 30 years, news of suicidal deaths among adolescents who have been bullied in school has challenged schools with the need to implement policies, strategies and programs for the prevention of this form of mistreatment (Donaldson, 2009; Government of New Brunswick, 2009; National Safe Schools Framework, 2011; New Brunswick, 55<sup>th</sup> Legislature, Bill 79, 2006; New South Wales Government, 2011; Olweus, 1994; Srabstein, Berkman & Pyntikova, 2008; World News Special Broadcasting Services, 2010). An increasing number of anti-bullying programs have now been developed around the world following the initial research of Olweus (Olweus, 2004; Rigby & Slee, 2008). The most promising outcomes have been found with the implementation of whole-school based intervention programs, but still the reduction of bullying prevalence they achieve does not exceed 50 per cent (Olweus, 2004; Rigby & Slee, 2008; Vreeman & Carroll, 2007). In the last few years there has been an evolving body of research and clinical experience documenting an array of serious health problems and safety risks affecting students who are being bullied and/or bully others (Kim & Leventhal, 2008; Srabstein, McCarter, Shao & Huang, 2006; Srabstein & Piazza, 2008;

Vieno, Gini & Santinello, 2011; Wang, Iannotti & Luk, 2010). So far, the brunt of responsibility for the prevention of bullying has been placed on the shoulders of educators and school administrators without a significant contribution by health officials and practitioners. Therefore, there is an urgent need to rekindle the traditional partnership of educators and health professionals to prevent bullying related health and safety risks. The goal of this chapter is to raise awareness about the nature and ecology of bullying from a public health perspective, by highlighting its toxicity and recommending a whole community strategy for its prevention.

## **Key Issue 1: The Nature and Ecology of Bullying**

### **A multifaceted form of mistreatment**

Bullying is a multifaceted form of abuse characterised by the repeated exposure of one person to physical and/or emotional harm by one or more people (Olweus, 1993) This concept encompasses physical aggression (hitting, pushing, punching, or kicking); verbal harassment (threatening, teasing, name calling, or making faces or dirty gestures); and indirect or relational mistreatment (ignoring someone or excluding him or her on purpose). Daring a person to perform a dangerous, illegal, or inappropriate action under the threat of losing approval or of not being liked or loved, should also be considered a form of bullying. What is understood as bullying varies according to human developmental stages and cultures (Smith & Monks, 2008).

### **Intentionality and recurrence from a health perspective**

Most of the research on bullying is based on the definition coined by Olweus, stating that “A student is being bullied or victimized when he or she is exposed, intentionally, repeatedly and over time, to negative actions on the part of one or more students” (Olweus, 1993, p.9). From the health perspective it is difficult to validate the intentionality component in the concept of bullying. Some students may bully others without planning or intending to do so, as their impulsive and aggressive behaviour could be the result of a faulty regulation in the control of impulses, as is found in the case of young people suffering from Tourette Disorder or Impulse Control Disorder. The victim still gets affected and feels bullied, regardless of intentionality. Furthermore, the Olweus definition calls for the need for bullying to be repetitive and over time. This aspect of the concept of bullying may be in contradiction to clinical reality about the ill effects of this form of

abuse, as one episode may be sufficient to cause significant emotional and/or physical harm.

### **The experience of being bullied is in the eye of the beholder**

In attempting to ascertain whether an episode of bullying actually happened, it is necessary to consider that the occurrence of bullying is in the ‘eye of the beholder’, as a person who was previously bullied may be sensitised to future occurrences and perceive an act of mistreatment when other people may not consider it as such.

### **Bullying happens everywhere**

Bullying is prevalent on a global scale (Due, Holstein & Soc, 2008), across the lifespan, and it can be simultaneously present in different social settings both in and beyond the school milieu. It occurs in schools, ‘after school’ programs, in the neighbourhood, over the internet and cellular phones, at home between siblings, in dating relationships, at summer camps, and in organised athletic activities. The developmental link between school bullying and its occurrence in adulthood has challenged health practitioners to extend the range of responsibility for bullying prevention programs through college and into the workplace.

## **Key Issue 2: Bullying Related Health and Safety Risks**

Students who are bullied and/or bully others, are at significantly higher risk, as compared with uninvolved peers, of suffering from a wide spectrum of physical and emotional symptoms, including depression, irritability, anxiety, sleeping difficulties, headaches and/or stomachaches, occurring almost daily (Srabstein et al., 2006). Furthermore, there is an evolving array of reports documenting that bullying-related illnesses increasingly include such serious problems as eating disorders, school absenteeism, running away, alcohol and drug abuse and, above all, self-inflicted or accidental injuries and suicidal behavior (Kim & Leventhal, 2008; Srabstein & Piazza, 2008; Vieno et al., 2011; Wang et al., 2010). Most of all, bullying is linked to premature mortality, due to suicide, homicide or accidental injuries (Srabstein, 2008).

Students who are in the dual roles of both being bullies and victims (victim-perpetrators) have been found to be the most vulnerable among those who participate in bullying and appear to experience a wide range of problems. They are especially at risk in attempting or completing

suicide before age 25, as well as in committing repeated criminal offences between ages 16 and 25 (Klomek et al., 2009; Srabstein et al., 2006). Moreover, they are usually misunderstood and less protected when they are judged to be responsible for their victimisation as they also mistreat others.

## **Educational Implications: Prevention of Bullying**

The all-pervading nature of bullying, across different social settings, and its significant toxicity, challenge the traditional role of schools in preserving the health of their students. What is needed is the implementation of strategies for the prevention of bullying, within a whole-community framework (Srabstein et al., 2008). Such an approach requires three levels of measures: to avert bullying before it starts (*primary prevention*); to detect and deter further occurrence of bullying (*secondary prevention*); and to refer students who present with bullying related health problems for medical evaluation and treatment (*tertiary prevention*).

### **Primary prevention of bullying**

It involves efforts to:

- *Raise awareness* about the nature and toxicity of bullying through the graduate curriculum of educators and health professionals, and students' health education programs and town meetings for parents and community
- *Enhance* the physical and emotional safety of school and other social environments through ongoing whole-school based programs that foster mutual respect, tolerance to diversity and sensitivity and support for others.

### **Secondary prevention of bullying**

It requires:

- *Detection* of bullying incidents, by parents and health professionals regularly asking whether their children and patients are being mistreated. School nurses and counsellors should inquire about bullying among students who present with health and safety risks.
- *Reporting* of bullying behaviours to facilitate school intervention to halt the recurrence of future incidents. Notification of bullying should be understood as a public health approach to ensure the

safety of both the victim and the perpetrator, and not as a way of getting somebody punished.

- *Intervention* by school counsellors to sensitise the student who bullies others about the harm linked to his/her behaviour; and to provide support for the student who has been bullied and ensure protection from further mistreatment.

### **Tertiary prevention of bullying**

It calls for:

- *Medical referral* of students who experience health problems associated with their participation in bullying behaviours as perpetrators, victims and/or as bystanders.
- *Medical referral* of students who are unable to stop bullying others in spite of school intervention.

### **Future Directions**

So far, legislative initiatives for the prevention of bullying have been developed in different countries (Government of New Brunswick, 2009; National Safe Schools Framework, 2011; New Brunswick, 55<sup>th</sup> Legislature, Bill 79, 2006; New South Wales Government, 2011; World News Special Broadcasting Services, 2008) at a provincial or state level. For the most part, they require the implementation of strategies to be shouldered by educators with the support of their communities, with no input expected from health officers or practitioners.

In testimony before the United States Congress (Srabstein, 2010) a recommendation was made for the development of legislation that articulates a national educational and public health policy for the prevention of bullying. Such a law should require a three-level whole-community prevention approach, as previously described in this chapter, to protect the wellbeing of all students through higher education, as well as those young people who are in juvenile detention facilities. Furthermore, it should provide a framework for national uniformity in how to implement strategies to ensure safe and healthy learning and working conditions, while reducing expenditure on bullying-related injuries and ill health.

## References

- Aseltine, R. J. Jr., & De Martino, R. (2004). An outcome evaluation of the SOS Suicide Prevention Program. *American Journal of Public Health, 94*(3), 446-51.
- Baker, S. J. (1916). The control of communicable diseases in school. *American Journal of Public Health (NY), 6*(10),1078-1082.
- Centers for Disease Control and Prevention (2001). School health guidelines to prevent unintentional injuries and violence. *MMWR Recomm Rep, 50*(RR-22):1-73. Retrieved: [www.cdc.gov/mmwr/PDF/rr/rr5022.pdf](http://www.cdc.gov/mmwr/PDF/rr/rr5022.pdf)
- Crawford, P. B., Gosliner, W., & Kayman, H. (2011). The ethical basis for promoting nutritional health in public schools in the United States. *Preventing Chronic Disease, 8*(5):A98. Retrieved from: [www.cdc.gov/pcd/issues/2011/sep/pdf/100283.pdf](http://www.cdc.gov/pcd/issues/2011/sep/pdf/100283.pdf)
- Donaldson, J. S. (2009). Teen commits suicide due to bullying: Parents sue school for son's death. *ABC News, April 2, 2009*. Retrieved from: [abcnews.go.com/Health/MindMoodNews/story?id=7228335](http://abcnews.go.com/Health/MindMoodNews/story?id=7228335)
- Due, P., Holstein, B. E., & Soc, M. S. (2008). Bullying victimization among 13 to 15-year-old school children: Results from two comparative studies in 66 countries and regions. *International Journal of Adolescent Medicine and Health, 20*(2), 209-21.
- Government of New Brunswick (2009). *POLICY 703, Positive learning and working environment*. Department of Education: New Brunswick. Retrieved from: [www.gnb.ca/0000/pol/e/703A.pdf](http://www.gnb.ca/0000/pol/e/703A.pdf)
- Jackson, C. L. (1969). State laws on compulsory immunization in the United States. *Public Health Reports, 84*(9), 787-95.
- Jones, H. I. (1881). School Hygiene. *Public Health Pap Rep., 7*, 2416. Retrieved from: [www.ncbi.nlm.nih.gov/pmc/articles/PMC2272397/pdf/pubhealthpap00022-0245.pdf](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2272397/pdf/pubhealthpap00022-0245.pdf)
- Kim, Y. S., & Leventhal, B. (2008). Bullying and suicide: A review. *International Journal of Adolescent Medicine and Health, 20*(2), 133-54.
- Kirby, D. (1992). School-based programs to reduce sexual risk-taking behaviors. *Journal of School Health, 62*(7), 280-7.
- Klomek, A. B., Sourander, A., Niemelä, S., Kumpulainen, K., Piha, J., Tamminen, T., ... Gould, M. S. (2009). Childhood bullying behaviors as a risk for suicide attempts and completed suicides: A population-based birth cohort study. *Journal of the American Academy of Child and Adolescent Psychiatry, 48*(3), 254-61.
- Liebreich, R. A. (1873). Contribution to school hygiene. *British Medical Journal, 1*(630), 86-8.
- Lundy, C. J. (1883). School hygiene. *Public Health Pap Rep., 9*, 137-48. Retrieved from: [www.ncbi.nlm.nih.gov/pmc/articles/PMC2272445/pdf/pubhealthpap00020-0142.pdf](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2272445/pdf/pubhealthpap00020-0142.pdf)



- Mitchell, H. (1901). Report on Committee on School Hygiene. *Public Health Pap Rep.*, 27, 260-85. Retrieved from: [www.ncbi.nlm.nih.gov/pmc/articles/PMC2329378/pdf/pubhealthpap00030-0272.pdf](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2329378/pdf/pubhealthpap00030-0272.pdf)
- National Safe Schools Framework (2011). Retrieved from: [www.deewr.gov.au/Schooling/NationalSafeSchools/Pages/nationalsafeschoolsframework.aspx](http://www.deewr.gov.au/Schooling/NationalSafeSchools/Pages/nationalsafeschoolsframework.aspx)
- New Brunswick (2006). *55th Legislature, Bill 79*. Retrieved from: [www.gnb.ca/legis/bill/pdf/55/3/Bill-79.pdf](http://www.gnb.ca/legis/bill/pdf/55/3/Bill-79.pdf)
- New South Wales Government (2011). Education and Training, *Bullying: Preventing and responding to students bullying in school policy*. Retrieved from: [www.det.nsw.edu.au/policies/student\\_serv/discipline/bullying/PD20100415.shtml](http://www.det.nsw.edu.au/policies/student_serv/discipline/bullying/PD20100415.shtml)
- Olweus, D. (1993). *Bullying at school: What we know and what we can do?* Oxford: Blackwell.
- Olweus, D. (1994). Bullying at school: Basic facts and effects of a school based intervention program. *Journal of Child Psychology and Psychiatry*, 35(7), 1171-1190.
- Olweus, D. (2004). The Olweus Bullying Prevention Programme: Design and implementation issues and a new national initiative in Norway. In P. K. Smith, D. Pepler, & K. Rigby (Eds.), *Bullying in schools: How successful can interventions be?* (pp.13-36). Cambridge: Cambridge University.
- Rigby, K., & Slee, P. (2008). Interventions to reduce bullying. *International Journal of Adolescent Medicine and Health*, 20(2), 165-8.
- Rogers, J. F. (1928). Present status of school hygiene in the United States. *American Journal of Public Health & the Nations Health*, 18(1), 53-65.
- Smith, P. K., & Monks, C. P. (2008). Concepts of bullying: Developmental and cultural aspects. *International Journal of Adolescent Medicine and Health*, 20(2), 101-12.
- Srabstein, J. C. (2008). Deaths linked to bullying and hazing. *International Journal of Adolescent Medicine and Health*, 20(2), 235-9.
- Srabstein, J. C. (2010). Testimony before the United States Congress, House Education and Labor Committee, Subcommittee on Healthy Families and Community. Ensuring student cyber safety. June 24. Retrieved from: [www.childrensnational.org/files/PDF/advocacy/OnCapitolHill/testimonyoncyberbullyingsrabstein.pdf](http://www.childrensnational.org/files/PDF/advocacy/OnCapitolHill/testimonyoncyberbullyingsrabstein.pdf)
- Srabstein, J. C., & Piazza, T. (2008). Public Health, safety and educational risks associated with bullying behaviors in American adolescents. *International Journal of Adolescent Medicine and Health*, 20(2), 223-33.
- Srabstein, J. C., Joshi, P., Due, P., Wright, J., Leventhal, B., Merrick, J., ... Riibner, K. (2008). Prevention of public health risks linked to bullying: A need for a whole community approach. *International Journal of Adolescent Medicine and Health*, 20(2), 185-99.
- Srabstein, J. C., McCarter, R. J., Shao, C., & Huang, Z. J. (2006). Morbidities associated with bullying behaviors in adolescents. School based study of

- American adolescents. *International Journal of Adolescent Medicine and Health*, 18(4), 587-96.
- Srabstein, J.C., Berkman, B.E., & Pyntikova, E. (2008). Antibullying legislation: A public health perspective. *Journal of Adolescent Health*, 42(1), 11-20. Retrieved from: [www.ncbi.nlm.nih.gov/pubmed/18155025](http://www.ncbi.nlm.nih.gov/pubmed/18155025)
- Vieno, A., Gini, G., & Santinello, M. (2011). Different forms of bullying and their association to smoking and drinking behavior in Italian adolescents. *Journal of School Health*, 81(7), 393-9.
- Vreeman, R. C., & Carroll, A. E. (2007). A systematic review of school-based interventions to prevent bullying. *Archives of Pediatrics and Adolescent Medicine*, 161(1), 78-88.
- Wang, J., Iannotti, R. J., & Luk, J. W. (2010). Bullying victimization among underweight and overweight U.S. youth: Differential associations for boys and girls. *Journal of Adolescent Health*, 47(1), 99-101.
- Wenter, D. L. (2002). Comprehensiveness of substance use prevention programs in U.S. middle schools. *Journal of Adolescent Health*, 30(6), 455-62.
- West, B. A., Swahn, M. H., & McCarty, F. (2010). Children at risk for suicide attempt and attempt-related Injuries: Findings from the 2007 Youth Risk Behavior Survey. Retrieved from: [www.ncbi.nlm.nih.gov/pmc/articles/PMC2941363/?tool=pubmed](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2941363/?tool=pubmed)
- World News Special Broadcasting Services (2010). Bullying suicide sparks school changes. 23 June, 2010. Retrieved from: [www.sbs.com.au/news/article/1285572/bullying-suicide](http://www.sbs.com.au/news/article/1285572/bullying-suicide).



# 26

## Health promotion in Lebanon: Imagery of undergraduate students

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*Lebanon is a country of approximately four million people and is recovering from a 16-year civil war and subsequent conflicts. As part of post-war reconstruction the country saw a role for health promotion, and university programs were introduced at undergraduate and postgraduate levels in the 1990s and early 2000. An exploratory qualitative study of health promotion education and the aspirations for health promotion in Lebanon was conducted from February to May, 2011. As part of the study, photovoice was implemented with university students in undergraduate health promotion and public health programs at a large multi-faith university. Photovoice is a method whereby people take photographs of community strengths and concerns as a means of communicating with policy makers to achieve change. This chapter will discuss the rationale for using photovoice, its implementation, the issues students identified and community responses to the exhibition of photographs. Finally the contribution of photovoice to the overall research will be discussed.*

## Introduction

Lebanon is a socially and politically complex country of approximately four million people. Its constitution recognises 18 different cultural and religious groups and the Parliament is structured along sectarian lines (MacQueen, 2009). From 1975 to 1990 Lebanon experienced a devastating civil war that ended with the Ta'if Accord (Traboulsi, 2007). However, the political history of the region, its borders with Israel and Syria and its strategic position on the Eastern Mediterranean Sea, mean that it continues to be a place where international power struggles are played out (Rogan, 2010). Destruction and loss of life during conflict, extremes of rich and poor (Makhoul, 2003; Makhoul & Ghanem, 2009; Makhoul, Abi Ghanem & Ghanem, 2003), insecurity and poor investment in public health infrastructure, have all had an impact on health in the country (Khawaja, Abdulrahim, Soweid & Karam, 2006; Korfali & Jurdi, 2009; Shediak-Rizkallah, Afifi Soweid, Farhat, & Yeretjian, 2000-2001).

Photovoice is a participatory research method pioneered by Wang and Burris in the 1990s (Wang & Burris, 1997). Informed by critical pedagogy (Freire, 1972) and feminist theory, photovoice gives cameras to people who do not have access to existing power structures, inviting them to record community strengths and concerns as a means of communicating with policy makers to achieve change (Wang & Burris, 1997, pp.371-372). Since the seminal work of Wang and Burris, photovoice has been implemented in a range of countries and contexts (Bukowski & Buetow, 2010; Castleden, Garvin & First Nation, 2008; Catalini & Minkler, 2010; Larkin et al., 2007; Olivier, Wood & DeLange, 2007; Prins, 2010; Purcell, 2009).

The photovoice research formed one component of an exploratory qualitative study investigating the aspirations of the emerging health promotion profession in Lebanon and its engagement with the World Health Organization's social determinants of health (Commission on Social Determinants of Health (CSDH), 2008; Marmot & Wilkinson, 2006). The method was chosen for its fit with critical theory (Crotty, 1998), which guided the study, and its success with young people (Larkin et al., 2007; Strack & Magill, 2004; Wang, Morrel-Samuels, Hutchinson, Bell & Pestronk, 2004) who are agents "within and being touched by multiple social and cultural contexts" (Woodgate & Leach, 2011, p.1174). In addition, "photovoice can affirm the ingenuity and perspective" (Wang & Burris, 1997, p.372) of groups whose voices are often excluded from official discourses.

Ethics approval was received from the Flinders University Social and Behavioural Research Ethics Committee. As part of the ethics process, advice about the safety of implementing photovoice was sought from the host university in Lebanon. It was deemed that participation would not put students at risk. Participation was voluntary and separate from study commitments. Participants could withdraw from the research at any time without penalty and they would decide whether or not to mount an exhibition. Photographs would not be taken of people, as this would have added another layer to the consent process.

The photovoice research was conducted in Beirut from mid-March to early May, 2011. The Chief Investigator (CI) was an Australian academic who had taught health promotion courses in Lebanon. The Research Assistant (RA) was Lebanese and a graduate of health promotion and public health programs. This offered what Wang and Burris (1997) refer to as ‘outsider’ and ‘insider’ facilitators. Wang and Burris note that outsider facilitators are learners, “For them, ‘the starting point should be humility, honesty, and openness in [their] participation and a recognition of the failure of solutions’ that do not consider the cultural patterns and social relations of people” (Wang & Burris, 1997, p.376). In this project, the insider researcher proved essential, acting as an interpreter of cultural and university norms, as did university colleagues and participants.

## **Context**

The Lebanese government was in caretaker mode during the time photovoice was conducted due to disputes about the legitimacy of the Special Tribunal for Lebanon (Shanahan, 2011). In addition, many countries in the Middle East and North Africa were engaged in protests against autocratic governments in what has become known as the ‘Arab Spring’ (Naguib, 2011). These factors added to general unease and uncertainty in Lebanon.

Participants were drawn from one of the country’s larger universities with students from a range of socioeconomic backgrounds and religious affiliations. While courses are not inexpensive, government scholarships are available via the university. The campus where the research was conducted is in a relatively affluent suburb of Beirut, with pockets of poverty. Students have good contact with each other and academic staff. While Arabic is the official language of Lebanon, French and English are also spoken and English is the language of instruction in the health sciences at this university. Initially undergraduate health promotion students were sought for photovoice,

but due to low numbers in the program, public health students were invited to participate, as they draw on similar concepts in their courses.

The photovoice advertisement was emailed to approximately 200 students. Nineteen expressed interest, 15 attended the information session and nine signed up. Of these, two were in first year, four in second year, and three in the third and final year of their program. With six young women and three young men, the group roughly reflected the gender profile and the range of socioeconomic and religious backgrounds of students in the undergraduate public health program.

## Implementation

Six workshops were planned and another added prior to the exhibition (see Table 26.1). The CI and RA met after each workshop to record their reflections and confirm plans for the following workshop. A summary of discussions and decisions made, and tasks to be completed before the next workshop, were emailed to participants. If there were any questions participants had access to the RA and CI between workshops.

**Table 26.1. Photovoice Process**

Workshop 1	<ul style="list-style-type: none"> <li>• Explain the research, time commitment and consent forms</li> <li>• Examples of photovoice projects</li> <li>• Ask respondents to bring two photographs to the next meeting: one that illustrates the health-enhancing aspects of life in Lebanon; and one that illustrates health issues that need attention.</li> </ul>
Workshop 2	<ul style="list-style-type: none"> <li>• Introduction/warm-up/group-building activity</li> <li>• Group agreement</li> <li>• Ethics of photography</li> <li>• Display and discussion of participants' found images</li> <li>• Task for next meeting: Observe images that illustrate some of the issues we've discussed</li> </ul>
Workshop 3	<ul style="list-style-type: none"> <li>• Photography workshop</li> <li>• Give out cameras</li> </ul>
Workshop 4	<ul style="list-style-type: none"> <li>• Individuals present and discuss photographs</li> <li>• Select photographs</li> <li>• Identify themes from the photographs</li> </ul>
Workshop 5	<ul style="list-style-type: none"> <li>• Plan the structure of the exhibition</li> <li>• Write SHOWeD forms</li> </ul>
Additional workshop	<ul style="list-style-type: none"> <li>• Preview exhibition</li> <li>• Decide: Title for exhibition; whether to have names on individual photographs; photos that stand out</li> </ul>
Workshop 6	<ul style="list-style-type: none"> <li>• Reflection on the project; recommendations for future projects.</li> </ul>

The first four workshops went to plan. During the first workshop the role of photovoice within the broader research project was explained, and the consent forms and time commitment discussed. Consent forms were returned prior to or at the second workshop. The main purpose of the second workshop was to establish the group and develop guidelines for ethical practice when taking photographs. Issues participants believed were important for effective group work included: respect for each other's ideas; not taking others' ideas about what photographs to take; confidentiality about personal matters and any criticisms made of society, the university and social structures; and freedom to critique – critique meaning to look at the positives and the challenges, “taking the whole picture into account” (Group agreement, March, 2011). The requirement of confidentiality about criticisms of society is indicative of the need for care around such matters in Lebanon.

Attention to the ethics of taking photographs is essential for photovoice (Prins, 2010; Wang & Redwood-Jones, 2001). Wang and Burris (1997, p.374) point out that “Persons who document community reality and discuss community change are committing political acts”. The guidelines participants developed suggest they understood this. They noted that, while they would not be taking photographs of people, they should show respect when taking photos of people's environments and belongings, that photos should not take advantage of people's vulnerability, nor undermine people's religion and culture – the latter being important anywhere, but particularly in the context of Lebanon. They also felt that photographers should “be true to the photo and don't try to change it to make another meaning” (Ethical guidelines, photovoice participants, March 2011). Ethical practice included personal safety. For example it was noted that taking photographs is forbidden in some parts of Lebanon. The workshop finished with participants' presenting their 'found' images (Pauwels, 2010, p.548) and a discussion of what the visual can add to an understanding of health and wellbeing.

A professional photographer conducted the third workshop, addressing the practicalities of photography with attention to the disposable camera participants would use. At the end of this workshop participants received their cameras with 27 exposures each, and had six days including a weekend, to take photographs that illustrated aspects of health and wellbeing in Lebanon. The instruction was deliberately open so that participants would be free to make sense of health and wellbeing in what they saw and experienced in their day-to-day lives.



Seven participants returned their cameras in time for photos to be processed before the fourth workshop when they received their prints. As is often the case with non-digital photography, participants were excited about some photos and disappointed with others, but most had no difficulty choosing three or four that conveyed their message. An important step in the photovoice process is contextualisation of the photographs; that is, participants “narrating the meaning of their photographs” (Wang & Burris, 1997, p.381). To this end the photographs were shared and their meanings and stories discussed. Then prominent themes were identified including: poor public health infrastructure such as roads, electricity and garbage disposal; environment – the natural beauty as well as deforestation and degradation; insecurity related to ongoing possibility of conflict; inequity in health; and tobacco control. At the end of the workshop participants agreed that there were enough photos (with two cameras still to come in) and ideas about health and wellbeing in Lebanon to mount an exhibition.

Only three of the nine participants were able to attend the fifth workshop; four had an exam on that day, and two were sick. The purpose of this workshop was to write the text that would accompany the photographs in the exhibition and finalise plans. The exhibition required written text to explicate the meaning of the photograph for the person who had taken it. Participants had the option of writing a story or using the mnemonic SHOWeD (Kramer et al., 2010). SHOWeD refers to five questions: What do you *See*? What is really *H*appening here? How does this relate to *O*ur lives? *Why* does this problem exist? What can we *Do* about it? All chose to use SHOWeD, with one participant also writing a poem to accompany one of the photos. Those unable to attend the workshop returned their SHOWeD forms the following day. In recognition of the multilingual nature of Lebanon, participants had the option of writing in the language most comfortable for them – Arabic, French or English. Most chose to write in English, several interspersed Arabic words within the English text, and one wrote in French.

An ethical matter arose about whether to include several photographs with people in them in the exhibition. Despite the criterion of not taking photographs of people, a few did have people in them incidentally, and one deliberately, although permission had been given for the photograph to be taken and faces were not shown. It was decided to include three of these photographs because the issues were important and the identity of the persons could be hidden, by blurring faces and any identifying features (Larkin et al., 2007, p.36).

Finalising themes for the exhibition proved more difficult. While some themes were clear, a number of photographs fitted into more than one, and others did not fit any. The matter was delegated to the CI and RA who, following advice from a colleague, decided to use a colour scheme to display the photographs. This had the advantage of avoiding themes being too contrived and allowing photos that did not fit into a theme to be included.

At a pre-exhibition meeting participants previewed their work. They were pleased with how their photographs looked and the use of colour frames to organise them. They thanked the CI and RA for their behind the scenes work on this. Most had helped when they could, but their study demands had to take priority. Participants decided on ‘Starting where we are – taking a closer look’ as the title for the exhibition. *Starting where we are* referred to the fact that the majority of photos had been taken around the campus or at participants’ homes and villages; *taking a closer look*, referred to the act of seeing. Participants had drawn attention to the ordinary, the ‘taken for granted’ images they encounter in their day-to-day lives and made them extraordinary, enabling ‘a closer look’. As Prins (2010, p.438) points out, “taking and viewing photographs helps make the familiar strange, allowing people to see commonplace things with new eyes”. Finally, participants made a decision not to have their name listed beside their photographs, preferring to be acknowledged as a group for the whole body of work, which they felt conveyed their collective message.

The exhibition was held in the student lounge, the students’ ‘second home’, where they relax, celebrate and express themselves; in short, their place of power. The participants were present to explain photovoice to the approximately one hundred people who attended, among them students in health sciences and university policy makers. They encouraged responses, giving out paper and pens, and 45 people provided written feedback.

## Key Issues

*Starting where we are – taking a closer look*, highlighted key issues for health promotion in Lebanon. They included representations of insecurity (Figures 26.1), inequity in health (Figure 26.2), poor public health infrastructure (Figure 26.3), apathy (Figure 26.4), smoking (Figure 26.5), and the natural beauty of the country as a strength (Figure 26.6), juxtaposed against the threat of urbanisation (Figure 26.7).

### *Military presence and insecurity*

**What do you See?**

*The Lebanese flag over the cement block used for security.*

**What is really Happening here?**

*Security is related to human health. It might be a reason in hypertension, stress and other psychological disorders.*

**How does this relate to Our lives?**

*It's our daily life in Lebanon. It's always safe here, but everything can change in a second.*

**Why does this problem exist?**

*It concerns all the Lebanese people, because with no security people will face death.*

**What can we Do about it?**

*Nothing. It's the way it is over here.*



**What do you See?**

*An abandoned house*

**What is really Happening here?**

*During the war people who owned this house were forced to abandon their home and move.*

**How does this relate to Our lives?**

*People abandon their own house due to war, find better job opportunities or even immigrate to other countries.*

**Why does this problem exist?**

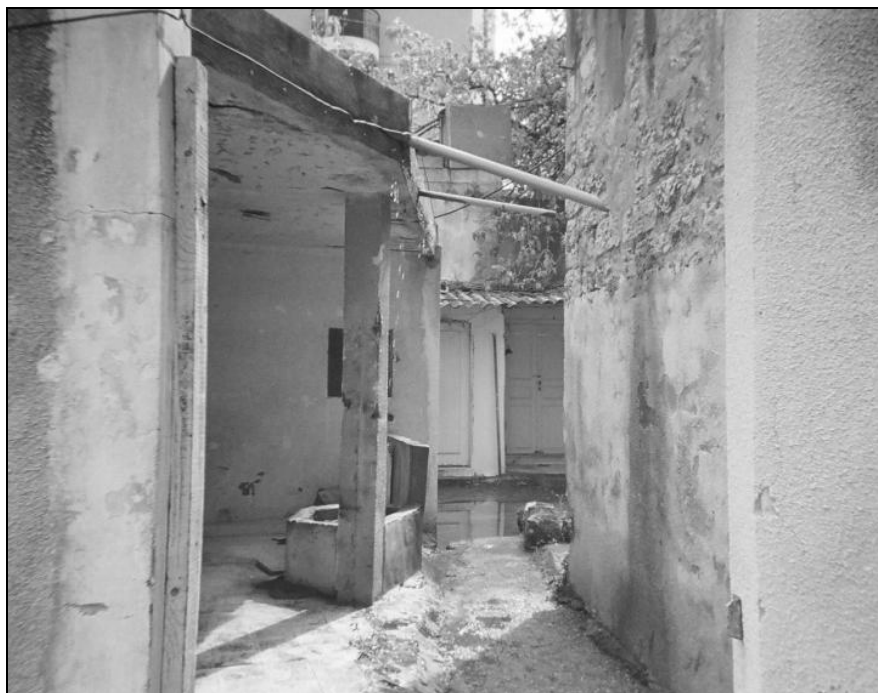
*This problem exists because of the war and the search for a better future.*

**What can we Do about it?**

*Improve the opportunities found in Lebanon. Provide help for people who witness war in their area (a place to live and feel safe).*



**Figure 26.1. Military presence and insecurity**

*Inequity in health***What do you See?**

*We see in the photo a poor house that is unhealthy to live in.*

**What is really Happening here?**

*Here in Ashrafieh, a very prestigious region, in the middle of the fancy buildings, we see a very unhealthy house with unhealthy infrastructure.*

**How does this relate to Our lives?**

*This is the fact that we are living in today-the very wide gap between the rich and poor and even in the wealthiest regions of Lebanon.*

**Why does this problem exist?**

*This problem exists because the gap is wide and because the government is not able to create justice between the rich and the poor.*

**What can we Do about it?**

*We should request the government to help the people that are in need of help and to be able to distribute the money almost fairly among the people.*

**Figure 26.2. Inequity in health**

### *Poor public health infrastructure*

**What do you See?**

*I see 2 buildings that are somehow old, with lots of Electric wires & cars parked at the right and left sides of the building.*

**What is really Happening here?**

*Cars are parked close to each other and people can't walk on sidewalks because of that.*

**How does this relate to Our lives?**

*Accidents could take place; electric wires could also cause accidents.*

**Why does this problem exist?**

*Because there is no awareness and no proper rules and regulations.*

**What can we Do about it?**

*Specify specific places for cars to park.*

*Ask the government to fix the electric wires.*

*Try to renovate the buildings*

**Figure 26.3. Poor public health infrastructure**

## Apathy

### **What do you See?**

*We see lots of trash on the ground.*

### **What is really Happening here?**

*Pollution is becoming more and more spread and green land masses are becoming extinct.*

### **How does this relate to Our lives?**

*This is something that is seen every day. People throw their garbage out of their windows instead of in the trash, since it is easier.*

### **Why does this problem exist?**

*It exists because Lebanese people don't care about the cleanliness of the environment and tend to throw garbage everywhere.*

### **What can we Do about it?**

*People can volunteer in community services to clean the environment. Campaigns for awareness must be formed. New laws must be created to punish people who pollute the environment.*



### **What do you See?**

*Electric wires + waste + water (rain).*

### **What is really Happening here?**

*It is something really dangerous e.g. electricity shock.*

### **How does this relate to Our lives?**

*It can make a disaster and harm many students.*

### **Why does this problem exist?**

*Lack of infrastructure maintenance.*

### **What can we Do about it?**

*Raise the issue to people who take care of these things.*



**Figure 26.4.** People don't care and something really dangerous

### *Smoking as a public health issue*



**What do you See?**

*I can see two doctors. One of them is smoking.*

**What is really Happening here?**

*It is very strange to see a doctor smoking. Why? Because a doctor is someone who takes care of humans' health. He is curing others' life and destroying his health.*

**How does this relate to Our lives?**

*It's amazing how mankind can excel in advising others and telling them what to do—what not to do, but when it comes to oneself it's very hard to apply them. Like this example, this doctor might advise his son not to smoke because it causes cancer...but eventually he smokes and can't stop.*

**Why does this problem exist?**

*Addiction is everyone's concern. It's not only about smoking; but all sorts of addiction is not good for one's health biologically, physically and especially mentally. Plus addiction presented in people who know that it's bad—this is a public health problem.*

**What can we Do about it?**

*How can public health deal with addiction; deal with well-informed people about changing their behaviours? This is a difficult task and more training can be done as more studies can be performed in order to know how to influence people like doctors to stop smoking or any other addiction.*

**Figure 26.5. Smoking as a health issue: “The sight of a doctor smoking kills me”**

*“Preserver la nature”***What do you See?**

*Les montagnes se reflètent dans le lac, ce qui donne un effet miroir. De plus, le soleil touche une partie du paysage, révélait deux couleurs différentes de l'herbe. Tout était symbole de calme, sérénité et beauté.*

*(The mountains are reflected in the lake, which gives the effect of a mirror. In addition the sun touches part of the countryside showing two colours, different from the grass. All is symbolic of calm, serenity and beauty.)*

**What is really Happening here?**

*La fin de l'hiver, l'arrive du printemps  
(The end of winter, the arrival of spring.)*

**How does this relate to Our lives?**

*Chaque matin, voila ce que la vie nous expose—la beauté de la nature. Et chaque jour, les humains sont entrain de tuer la pureté de la nature.  
(Each morning, life shows us the beauty of nature. And each day humans are in the process of killing the purity of nature.)*

**Why does this strength exist?**

*Cette force naturelle exist parce qu'elle fait partier de cycle de la vie.  
(This natural force exists because it is part of the cycle of life.)*

**What can we Do about it?**

*Preserver la nature!  
(Preserve nature!)*

**Figure 26.6. Natural beauty**



## Urbanisation



**What do you See?**

*I see the city from a high mountain*

**What is really Happening here?**

*The whole view is disturbed by an electrical tower. The view shows tranquillity disturbed by modernisation.*

**How does this relate to Our lives?**

*This shows how the city is reaching the villages and how urbanisation is extending more and more.*

**Why does this problem exist?**

*Because there is no civil organisation of buildings and preserve the nature*

**What can we Do about it?**

*We can make policies and awareness to conserve nature*

### Figure 26.7. Urbanisation

Prins (2010) points out that “Participant-photographers also make themselves more visible and hence susceptible to criticism” (p.435). The photovoice participants were aware of this and may have expected their work to be criticised or even ridiculed. The CI and RA shared these concerns, as it was their first experience of photovoice. The written feedback suggests that those who attended were moved by the photographs and identified with the issues presented. The following comments are typical of the response.

“Very enlightening, an eye-opener”

“Expressive of the things going on in Lebanon”

“Inspiring to look at such real views around us critically”

“It reveals Lebanon’s social problems and the way it is ruining its beauty & on the other hand how Lebanon could be very beautiful if we people could let it.”

“Pollution, chaos, contradiction in Lebanon—Beauty and Pollution, Zbele” (Trash)

Others commented on photovoice as a method, with one stating, “Very interesting and creative I wish we can all learn such techniques. Wonderful 😊.” Another was “looking forward for more”. The photos of the mountains elicited comments like “they bring us hope”, suggesting the importance of the positive and the enjoyment Lebanese people take in the natural beauty of their country.

“The two photos of the mountain and the lake...they’re so natural, colourful and full of life. They are a great source of inspiration...”

“Wow! Let’s fight for green places.”

As a method, photovoice was new to some members of the Faculty. A number expressed interest in finding out more, with one planning to introduce the method in future teaching.

## **Educational Implications**

The written and verbal feedback from the exhibition, and the evaluation forms completed by participants, suggest that photovoice was an effective way to communicate on health promotion issues. This is consistent with what other researchers have found: that photovoice can contribute to the development of critical consciousness among those who generate the photographs and the people who view the results. At the final workshop, held the day after the exhibition, the sense of achievement and confidence among participants was palpable and this was reflected in the evaluations. Participants were unanimously positive about the experience, saying that it had been interesting, fun, educational, and had addressed their area of study. All agreed that photovoice was a good way to highlight health concerns and indicated they would use it in their future practice. One commented that they valued the ethical approach taken to the work. Some suggested changes ranging from more time to take and submit photographs to changes to the workshops, and one preferred to work with a digital camera.

The photographs and ideas expressed in the SHOWeD mnemonic are indicative of the ideas students engage with in their health promotion and public health courses: inequity in health, social justice, environmental concerns, problems of urbanisation, the need for policy change and development of public health infrastructure. One participant described photovoice as “a translation – an image about public health to see health in reality”.

Voluntary participation is key in an emancipatory method such as photovoice, as is flexibility. As participants' study demands increased, it became difficult to find a time when all could meet. This meant the work needed to be carried out with those who were available, rather than wait for a time when all could attend. The involvement of a research assistant well known to and trusted by students was important, as was the support of the host university and Faculty leaders. Further, given the cross-cultural context of the research, collaboration with people who understood the context of Lebanon was essential.

Photovoice added unique data to the overall research on health promotion in Lebanon. While the health promotion issues identified are consistent with those reported in the literature and expressed in interviews conducted for the research, photovoice was the only method that identified the natural beauty of Lebanon as a force for health and wellbeing, perhaps due to the openness of this approach. Further, photovoice showed powerfully that the notion of social determinants of health is not merely an abstract concept but a lived experience. The students brought this home by 'starting where they were and taking a closer look'.

## Future Directions

The results of this small exploratory study suggest possibilities for future research. Given that the evaluations were conducted in the afterglow of a successful exhibition, it would be beneficial to do a follow-up study to find out whether participants use photovoice in their future work, develop their own photography projects, or act on the issues they raised. Secondly, it would be interesting to investigate whether Faculty members have followed up on their interest in photographic methods in teaching and research.

## References

- Bukowski, K., & Buetow, S. (2010). Making the invisible visible: A Photovoice exploration of homeless women's health and lives in central Auckland. *Social Science and Medicine*, 72(2011), 739-746.
- Castleden, H., Garvin, T., & First Nation, H. (2010). Modifying Photovoice for community-based participatory indigenous research. *Social Science and Medicine*, 66(6), 1393-1405.
- Catalani, C., & Minkler, M. (2010). Photovoice: A review of the literature in health and public health. *Health Education and Behaviour*, 37(3), 424-451.
- Commission on Social Determinants of Health (CSDH) (2008). *Closing the gap in a generation: Health equity through action on the social*

- determinants of health. Final Report of the Commission on Social Determinants of Health.* Geneva: World Health Organization.
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process.* St Leonard's, Australia: Allen and Unwin.
- Freire, P. (1972). *Pedagogy of the oppressed.* Harmondsworth: Penguin.
- Khawaja, M., Abdulrahim, S., Soweid, R. A., & Karam, D. (2006). Distrust, social fragmentation and adolescents' health in the outer city: Beirut and beyond. *Social Science and Medicine*, 63(5), 1304-1315.
- Korfali, S. I., & Jurdi, M. (2009). Provision of safe domestic water for the promotion and protection of public health: A case study of the city of Beirut, Lebanon. *Environment, Geochemistry and Health*, 31, 283-295.
- Kramer, L., Schwartz, P., Cheadle, A., Borton, J. E., Wright, M., Chase, C., & Lindley, C. (2010). Promoting policy & environment change using Photovoice in the Kaiser Permanente Community Health Initiative. *Health Promotion Practice*, 11(3), 332-339.
- Larkin, J., Lombardo, C., Walker, L., Bahreini, R., Tharao, W., Mitchell, C., & Dubazane, N. (2007). Taking it Global XPRESS: Youth Photovoice and HIV/AIDS. In N. de Lange, C. Mitchell, & J. Stuart (Eds.), *Putting people in the picture: Visual methodologies for global change* (pp. 31-43). Rotterdam/Taipei: Sense.
- Makhoul, J. (2003). A structural perspective on poverty and health inequalities in Lebanon. *Bulletin of the Royal Institute for Inter-Faith Studies*, 5(1), 25-41.
- Makhoul, J., & Ghanem, M. (2009). Displaced Arab families: Mothers' voices on living and coping in post-war Beirut. *Journal of Middle East Women's Studies*, 5(3), 54-73.
- Makhoul, J., Abi Ghanem, D., & Ghanem, M. (2003). An ethnographic study of the consequences of social and structural forces on children: The case of two low income Beirut suburbs. *Environment and Urbanization*, 15(2), 249-259.
- Marmot, M., & Wilkinson, R. (2006). *The social determinants of health* (2nd ed.). Oxford: Oxford University Press.
- MacQueen, B. (2009). *Political culture and conflict resolution in the Arab World: Lebanon and Algeria.* Melbourne, Australia: Melbourne University Press.
- Naguib, N. (2011). Basic ethnography at the barricades. *International Journal of Middle East Studies*, 43(3), 383-390.
- Olivier, T., Wood, L., & DeLange, N. (2007). Changing our eyes: Seeing hope. In N. de Lange, C. Mitchell, & J. Stuart (Eds.), *Putting people in the picture: Visual methodologies for global change* (pp.11-29). Rotterdam/Taipei: Sense Publishers.
- Pauwels, L. (2010). Visual Sociology reframed: An analytical synthesis and discussion of visual methods in social and cultural research. *Sociological Methods and Research*, 38(4), 545-581.
- Prins, E. (2010). Participatory photography: A tool for empowerment or

- surveillance? *Action Research*, 8(4), 426-443.
- Purcell, R. (2009). Images for change: Community development, community arts and photography. *Community Development Journal*, 44(1), 111-122.
- Shediak-Rizkallah, M. C., Afifi Soweid, R., Farhat, T. M., & Yeretjian, J. (2000–2001). Adolescent health-related behaviours in postwar Lebanon: Findings among students at the American University of Beirut. *International Quarterly of Community Health Education*, 20(2), 115-131.
- Rogan, E. (2010). *The Arabs: A history*. London: Allen Lane.
- Shanahan, R. (2011). *Justice or stability? Hizbullah, the special tribunal for Lebanon and consequences for the region*. Sydney, Australia: Lowy Institute for International Policy.
- Strack, R. W., & Magill, C. (2004). Engaging youth through Photovoice. *Health Promotion Practice*, 5(1), 49-58.
- Traboulsi, F. (2007). *A history of modern Lebanon*. London: Pluto.
- Wang, C. C., & Burris, M. A. (1997). Photovoice: Concepts, methodology and use for participatory needs assessment. *Health Education and Behavior*, 25, 369-387.
- Wang, C. C., & Redwood-Jones, Y. (2001). Photovoice ethics: Perspectives from Flint Photovoice. *Health Education and Behavior*, 28, 560-572.
- Wang, C. C., Morrel-Samuels, S., Hutchinson, P. M., Bell, L., & Pestronk, R. M. (2004). Flint Photovoice community building among youths, adults, policymakers. *American Journal of Public Health*, 94(6), 911-913.
- Woodgate, R. L., & Leach, J. (2011). Youth's perspectives on the determinants of health. *Qualitative Health Research*, 20(9), 1173-1182.



# Section Seven

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**Portraits of Practice**

## Portraits of Practice

In this section we present seven Portraits of Practice, or case studies, illustrating a range of interventions that have been put in place to promote better mental health and wellbeing in a number of educational contexts around the world. We begin with two examples of indicated interventions, i.e., those directed at students with identified difficulties. One, by Tommy MacKay and Anne Greig, has been developed in Scotland as a tool to enable educational psychologists to assist young people with Asperger's Syndrome to integrate with their school peers. The other, by Erin Willer in the United States, provides a method for teachers to work with girls distressed by social aggression. These are followed by two examples of targeted school-based interventions from Australia, i.e., programs directed at students at particular risk (in this case, adolescents). One has been developed by a teacher, Andrew Lines, to guide adolescent boys toward adulthood. The other, by clinical psychologists Michael Gradisar, Neralie Cain and Lynette Mosely, has been pilot-tested for its effectiveness in addressing adolescent sleep problems. Moving toward a universal approach, in the next Portrait Katherine Dix examines the Australian national mental health program KidsMatter, and the tensions inherent in academics' attempts to work across organisational systems that value different kinds of outcome. That discussion represents a more systemic perspective on mental health and wellbeing, which is also apparent in the next Portrait, an inspiring story by Japanese teacher Kazuo Takeuchi: it shows how a student-driven project which helped a school to overcome tragedy and disruption began to spread its effects into the broader community. The final Portrait, by Steve Hemming and Daryle Rigney, takes a truly holistic perspective on mental health and wellbeing, in its presentation of an Australian Indigenous approach, which encompasses not only learners but the whole community. This Portrait acts (almost literally) as a book-end, complementing the global perspective on mental health and wellbeing in education that was taken in the book's opening chapter.

# Portrait 1

## Asperger's Syndrome and cognitive behaviour therapy: An educational psychology intervention

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*Tommy MacKay and Anne Greig*

University of Strathclyde,  
Scotland

University of Strathclyde,  
Scotland

### **The Challenge**

The last 30 years has witnessed a considerable growth in the identification of children and young people with autistic spectrum disorders. Early prevalence studies indicated around 4/10,000 with classic autism, but with broader diagnostic criteria and the inclusion of Asperger's Syndrome the figure is now closer to 1/100. Associated mental health problems are common, with anxiety, depression, anger or stress reported in up to 65 per cent of adolescents with Asperger's Syndrome. A small number of studies has looked at the use of CBT interventions to address these difficulties (see Lang, Regeister, Lauderdale, Ashbaug & Haring, 2010, for a systematic review). The results are encouraging, but also indicate the need to work with wider social networks to maximise benefits. This presents a significant challenge to those who attend mainstream schools, with implications for the role of psychologists in supporting them, their teachers and their parents in the community.



## The Action

This new application is based on psychological theory and practice, and draws from evidence in cognition, meta-cognition, behavioural psychology and CBT. Asperger's Syndrome is defined on the basis of abnormalities in reciprocal social interaction, an unusually intense, circumscribed interest or restricted, repetitive and stereotyped patterns of behaviour, interests and activities, but with no clinically significant delay in language or cognitive development. Mainstream pupils with this profile represent both a special opportunity and a special challenge. Their difficulties are viewed as 'subtle' and are often underestimated; they may be judged by 'normal' rather than 'special' expectations; their good ability leads to higher demands; they are generally motivated to make friends, but lack the skills to do so; and they are more reflective, and therefore more aware of failure. Their elevated level of mental health difficulties makes them especially vulnerable in mainstream contexts.

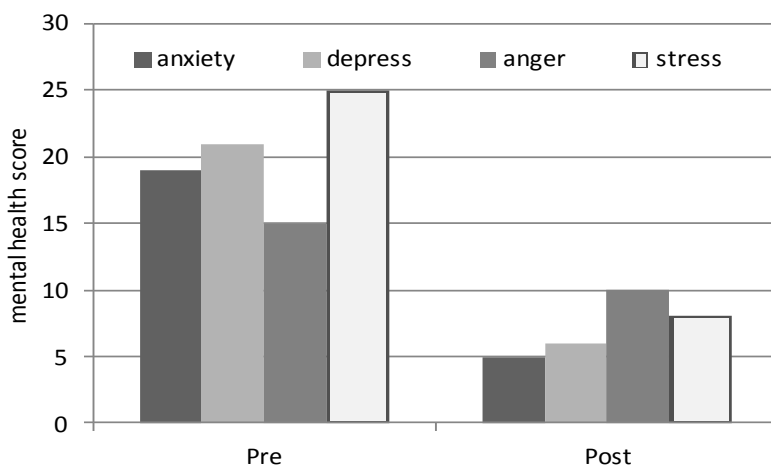
The first case study was a 12-year old boy, IB, in his first year in secondary school.

*The Homunculi* (Latin, 'little people') provides a cognitive regulator – an 'executor' that helps control thoughts, feelings and behaviour. In developing a visual aid to problem solving based on this concept we drew on many sources such as *The Numskulls*, a cartoon in *The Beano* comic based on characters who live inside a boy's head and have responsibility for regulating his thoughts, feelings and behaviour. In practical terms, a large frieze or cardboard sheet depicts the inside of a skull that can flexibly contain an eye department, sleeping department, eating department, conference room and other areas. The pupil creates his own Homunculi on the basis of problems he wishes to solve. IB created five main characters (Moody, Couch Potato, Gaffa, Chatterbox and Twitch) to deal with moods, sleep problems, friendships, communication and motor tics. In terms of the job description or script, Chatterbox helped him with talking. Special tools were made for each character. Gaffa had a friendship repair tool kit.

The 'Head Homunculus' is in charge and notices when problems arise by monitoring a 'thoughts and feelings screen' inside the skull and an early warning system of flashing traffic lights: 'red – stop, amber – think, green – do'. He alerts the Homunculi to the problem and decides who should be involved in helping the pupil. IB created two other key characters, Aspie (for Asperger's Syndrome) and Aspie Hunter. In this instance Aspie was unhelpful, blowing things out of proportion, making him feel bad, not looking for evidence and facts and other errors of

thinking. Aspie Hunter's job was to 'search and lock up Aspie'. Therapeutic sessions involve working through a specific problem visually using a range of detachable characters and tools, which can be moved to enact the problem story line visually. The pupil or therapist records the evolving story on a proforma. This provides a record of the session and may later be used by the pupil to create a cartoon strip as homework. At the end of a session, IB was set simple homework tasks around the cartoon creation and allowed 10 minutes on a computer game as a motivating reward. He was seen for 10 therapy sessions.

After 10 weeks the results were dramatic. Scores on anxiety, depression and stress all fell to below clinical thresholds (Briere Trauma Scales, Figure P1.1). Social competence scores rose significantly, comments from teachers were transformed, he acquired the skills to establish a group of friends and he developed a more positive view of Asperger's Syndrome.



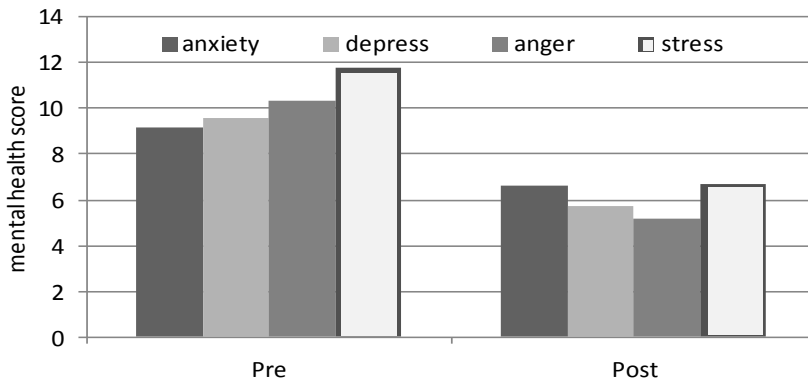
**Figure P1.1. IB's improvement in mental health scores**

The program was then used for group work with boys with Asperger's Syndrome at secondary school, and their mental health outcomes were comparable. We have also carried out a further research study involving over 30 young people aged 8-18 years. This was with a mixed group, with about half of the sample on the autistic spectrum and the rest with a wide range of other difficulties. Again significant change took place for these young people across all areas of difficulty (Figure P1.2).

## Reflections

The results show that the program is helpful for individual and group therapy in relation to Asperger's Syndrome and other difficulties across

a wide age range from about 8-18 years, and that it can also effectively address less extreme difficulties that are commonly encountered in mainstream settings (Greig & MacKay, in press). We are currently applying the program to a whole year group of vulnerable pupils (N=24) in the first year of secondary school as part of a program for building psychological resilience in terms of the Health and Wellbeing strand of the Scottish Curriculum for Excellence.



**Figure P1.2. Mental health improvements in a mixed group of young people**

## References

- Greig, A., & MacKay, T. (in press). *The Homunculi: A CBT pack for supporting young people on the Autistic Spectrum and with other difficulties*. London: Jessica Kingsley.
- Lang, R., Regeister, A., Lauderdale, S., Ashbaugh, K., & Haring, A. (2010). Treatment of anxiety in Autism Spectrum disorders using Cognitive Behaviour Therapy: A systematic review. *Developmental Neurorehabilitation*, 13(1), 53-63.

# Portrait 2

## **‘My stomach was upset, like when I eat vegetables’: Coping with social aggression via a narrative metaphor intervention**

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*Erin K. Willer*

University of Denver, United States

### **The Challenge**

Gossip, exclusion, and verbal and non-verbal attacks are forms of social aggression or behaviours that are potentially damaging to girls’ sense of self and/or their relationships with others. Research indicates that victimisation is related to internalising problems, including depression and anxiety. Despite the effects of social aggression on girls, few theoretically-based interventions with the goal of addressing wellbeing have been tested. Moreover, for teachers and parents who do not have therapeutic training few options exist for helping girls cope. Therefore, I tested an easily accessible *narrative metaphor intervention* with the goal of increasing girls’ wellbeing surrounding an experience with social aggression.

The intervention was grounded in the *Expressive Writing Paradigm* (Pennebaker, 1997). Research suggests that writing over time allows those experiencing distress to engage in catharsis, integrate the stressful event into their self-schema, and engage in self-regulation. Despite the health benefits for numerous adult samples, results are mixed in the

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Willer, E.K.. (2011). ‘My stomach was upset, like when I eat vegetables’: Coping with social aggression via a narrative metaphor intervention. In R.H. Shute, P.T. Slee, R. Murray-Harvey, & K.L. Dix (Eds.), *Mental health and wellbeing: Educational perspectives*, (pp.331-334). Adelaide: Shannon Research Press.

studies that have tested the method with young people. These findings may be the result of the difficulties that children and adolescents face because of their somewhat limited sense-making abilities. Therefore, the expressive writing method warranted revision in an effort to allow adolescent girls to incur the same benefits as adults. I modified the approach to include the principles of *storysharing*, *externalisation*, and *redemption*. Although I tested the intervention with 42 middle school girls in a Midwest region of the United States, I present a case study of one participant, whose pseudonym is Sophie.

## The Action

In line with expressive writing studies and in order to determine the impact of the intervention over time, I met with Sophie once a week for three consecutive weeks and one time six weeks later. Sophie, a Native American, was 13 and in 8th Grade. During the first session, I inquired whether she had a recent experience when another girl or girls had done something mean to her. Given that young people tend to have difficulty narrating stressful life events, rather than asking Sophie to write about it, we engaged in the process of storysharing so that I could guide her somewhat in her sense-making. To begin, I asked her to detail the experience with meanness. She briefly described that on her social networking MySpace page, there is a ‘truth box’ where others can anonymously post comments. Someone wrote in the box that Sophie was ‘stuck up.’ I then asked follow up questions. Her answers revealed other details, including that the comment was particularly hurtful because Sophie saw herself as a nice person.

During the second session, I engaged Sophie in an *externalisation* activity. Narrative therapists use externalisation to help clients to remove blame from themselves and to see *the problem as the problem rather than the person as the problem* (White, 2007). Given that art and metaphor are useful means for young people to express their emotions, Sophie engaged in an externalisation drawing. I explained what a metaphor is generally and then indicated that I wanted her to draw a metaphor representing what her experience with meanness felt like to her. Sophie drew a bowl of vegetables. In order to continue the process of storysharing, I asked Sophie to describe her drawing, including why she drew the images she did. She said that when her experience with meanness occurred, her stomach was upset, like it feels when she eats vegetables. She also said she used blue to draw the bowl because of the sadness she felt.

The third session was grounded in research suggesting that focusing on the redemptive aspects of a stressful situation is predictive of wellbeing (McAdams, Reynolds, Lewis, Patten & Bowman, 2001). As such, Sophie participated in a final sense-making process, which included drawing a *redemption metaphor*. I explained that sometimes when bad things happen to us we have a tendency to focus on how hurt and angry we are. I said that although those are natural ways to feel when girls are mean, I wanted her to set those feelings aside for a while. I asked her to draw a metaphor representing something positive that came out of her negative experience. Sophie drew a caution sign, as well as a stop sign and a stoplight. When I asked her to explain, she said that after the girl posted on MySpace that Sophie was stuck up, Sophie started being more cautious of how she behaves. She tries to think before she acts so people do not think she is mean.

During each of the aforementioned study sessions, Sophie completed measures of negative mental health symptoms and negative affect related to her experience with social aggression. The purpose of the fourth session was to determine whether there were changes after six weeks of time. Sophie's negative mental health symptoms slightly decreased after each of the four time periods. Her negative affect scores slightly decreased after the first three sessions, but remained stable from session three to four.

## Reflections

The overall results of the intervention indicated that participants' negative mental health symptoms were significantly lower after session three than they were pre-treatment during session one. In regards to negative affect, scores were significantly lower after sessions two, three, and four in comparison with pre-treatment. Given the changes in negative affect, the intervention may be most effective in helping girls feel better about their experience with social aggression. However, given the stressors that they may experience on a day-to-day basis, the sense-making processes may not have been enough to sustain changes in mental health symptoms over time. Therefore, the intervention could be modified in order to determine whether focusing on such everyday difficulties would be effective in increasing wellbeing.

During the fourth session, I asked Sophie what she liked about being in the study. She indicated that the drawings were her favourite part "because they make you think about the situation in a different way." Indeed, Sophie's words provide insight into the healing potential of the

narrative metaphor intervention. As she suggests, if we can help girls *think* a different way, *feeling* a different way is likely to follow.

## References

- McAdams, D. P., Reynolds, J., Lewis, M., Patten, A., & Bowman, P. J. (2001). When bad things turn good and good things turn bad: Sequences of redemption and contamination in life narrative and their relation to psychological adaption in midlife adults and in students. *Personality and Social Psychology Bulletin*, 27, 474-485.
- Pennebaker, J. W. (1997). *Opening up: The healing power of expressing emotions* (rev. ed.). New York, NY: Guilford.
- White, M. (2007). *Maps of narrative practice*. New York, NY: W.W. Norton.

# Portrait 3

## The Rite Journey

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*Andrew Lines*

The Rite Journey, Australia

### **The Challenge**

Over the last decade of teaching it became more and more clear to me that I was working with students who were grappling with a world that was significantly different from the one that I had grown up in.

One of the most significant issues was technology: the massive amount of information these young people had exposure to, students spending far more time in front of screens than in front of teachers, the shift from a 'question rich, answer poor' society to a 'question poor, answer rich' one, the plethora of young men playing video games awash with 'virtual violence', their relationships being conducted via a screen rather than in person and the subsequent lack of human connection.

The boys I taught displayed a number of problem areas including bullying, sexism, racism, homophobia and anger management. It also seemed that their lives were becoming 'bubblewrapped' and they were missing out on challenge and risk in preference for safety and predictability. The opportunities for building resilience were passing them by.

Many had family problems and perhaps the most striking of these was under-fathering: many lacked an adult male in their lives whom they trusted and who was able to provide a good, strong, gentle and positive model of manhood. The sports stars and musicians these young men admired exhibited an inappropriate treatment of women, excessive drug use and other socially destructive actions.



The girls were struggling with issues of their own. An increase in the prevalence in eating disorders amongst junior high school students reflected the increased pressure these girls were feeling regarding their appearance. Non-uniform days presented staff with challenges regarding the nature of girls' skimpy and sexually-oriented attire, and the statistics regarding increased risk behaviours including drug use and sexual activity were alarming.

Biddulph (2007) hit the nail on the head in a Sydney Morning Herald article and whilst speaking about girls his comment rang true for the experience of boys too: "A successful and happy adolescence entails hundreds of conversations about what matters, who you are and what you stand for. Yet many girls are basically abandoned by distracted parents and the impersonal melee of large secondary schools."

## The Action

It became clear to me that I had the opportunity, as a teacher, to create a subject which was all about having these absent conversations with male students, specifically exploring issues around developing into what Biddulph (2010, p.119) calls a 'good strong man', one with both 'heart and backbone', topics about being a respectful, responsible and resilient adult male. My aim was to develop a low cost program which would have minimal impact on school curriculum but maximum impact on the students. I targeted Year 9, that traditional year of disengagement.

Initially the program ran for one term but I became aware of the lack of time I had. "The best [school-wide boys' development] programs are integrated into the school curriculum and involve substantial and weekly contact over a year or two. Shorter programs than this appear to have little effect" (Currie, 2008, p.215).

I chose to create a curriculum, using three lessons a week, which was a journey for the student representing their unfolding adulthood:

Term 1 - Relationship with self - Who am I, really?

Term 2 - Relationship with others - How do I get along with others?

Term 3 - Relationship with spirit - Is there something more?

Term 4 - Relationship with the world - What do I have to give?

The final step of the process, and potentially the most unique and important, came about with the acknowledgment that there could be a deepening of a student's experience of this program by incorporating some form of ceremony and celebration around this program and hence The Rite Journey was born.

The importance of providing a form of rite of passage or initiation for young people in our society is being strongly recognised by many experts in education and psychology. Biddulph and other authors in the field of psychology, sociology and parenting all clearly extol the virtues of rediscovering such a process in contemporary society.

The use of the seven steps of the hero's journey was initiated as a template for forming the rites of passage. These seven steps (Calling, Departure, Following, Challenges, Getting Lost, Return and Homecoming) include a variety of celebrations, some of which involve just students and teachers while others include parents (or caregivers) and mentors. The students are taken on a powerful journey throughout the year which not only nurtures, guides and affirms, but also extends and challenges.

So in its final form The Rite Journey appears in the school setting as a 'subject' which typically consists of three lessons per week (approximately 120 – 150 mins) for the duration of the year. Along with this curriculum time there are seven 'ceremonies' which occur at various points throughout the year to celebrate the young person's passage on this journey.

The overwhelming interest in the program has resulted in a training package being created and now schools around Australia and New Zealand have the opportunity to provide the program for their students. In 2012 over 3000 students in 35 schools will undergo their own, personal, Rite Journey. One program evaluation has occurred, and others are in train.

## **Reflections**

The success of The Rite Journey in schools has been overwhelming with students, parents, teachers and principals noting the changes in students. Perhaps the most important learning has come in realising that such a program can lead to cultural change in schools and families. The Rite Journey is used as a punctuation point between childhood and beginning adulthood. Students progress from Year 9 into Year 10 with an expectation from the school and parents that things will change, that the young adult will step up in responsibility.

Another pleasing aspect of the program has been how widely it has been adopted. The Rite Journey is being implemented in public and private schools, urban and rural schools, large and small schools, Catholic, Anglican, Seventh Day Adventist, Jewish, Lutheran, Uniting Church and Non-Denominational Christian Schools.

It has been important to ensure that staff who are passionate about such a process are the ones guiding students through the program and that there is strong support from the leadership of the school.

As the number of Rite Journey schools builds we hope to create a community of teachers who share their ideas and we hope that slowly we can reverse the societal trend of adolescence expanding (some suggest the current range to be from 9 to 30 years of age) and begin to transform young people into a responsible, resilient and respectful beginning adulthood at a much earlier age.

## References

- Biddulph, S. (2007). Teenage girls under attack. *Sydney Morning Herald*. Retrieved from: [www.smh.com.au/news/opinion/teenage-girls-under-attack/2007/06/01/1180205509747.html](http://www.smh.com.au/news/opinion/teenage-girls-under-attack/2007/06/01/1180205509747.html)
- Biddulph, S. (2010). *The new manhood: The handbook for a new kind of man*. Sydney: Finch.
- Currie, M. (2008). *Doing anger differently: Helping adolescent boys*. Melbourne: Melbourne University Press.

# Portrait 4

## School-based sleep interventions for adolescent sleep problems

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### The Challenge

Sleep problems are very common during adolescence, with some reports suggesting one in two adolescents may experience such problems (Bootzin & Stevens, 2005). The most common sleep problem is a late sleep onset on school nights, which restricts the total amount of sleep adolescents obtain due to a fixed school start time. Across the week, this sleep restriction accumulates, often referred to as ‘sleep debt’. When weekend mornings are not restricted, adolescents catch up on lost sleep by sleeping-in very late (i.e., 2 hours past their usual wake up time on school mornings). Notwithstanding the benefit of catching up on sleep, these weekend sleep-ins have costs, including a further delay in their bedtimes, with the relief of sleep pressure making it difficult to fall asleep on Sunday evening. Thus, the cycle continues.

Unfortunately, evidence to date shows, in clinical settings, that adolescents are extremely unmotivated to attend sessions, are more likely than adults to drop out of treatment, and demonstrate poor compliance with techniques. Thus, innovative ideas were needed to overcome these barriers so adolescents could regularise their sleep times.

## The Action (Part 1)

One idea was to take the treatment directly to students through a school-based sleep intervention program (Moseley & Gradisar, 2009). A four-lesson program was developed for Year 11 students that promoted healthy lifestyle choices to improve general wellbeing. Included in this program was information about adolescent sleep and strategies for the students to trial to improve their sleep quality. The sleep-related components were embedded within the wider context of wellbeing to reduce demand effects on self-report outcome measures. The program used a cognitive behavioural therapy framework, providing education as well as behavioural and cognitive strategies.

Education about sleep included: (i) adolescent sleep needs and practices; (ii) consequences of poor sleep practices; and (iii) good sleep hygiene practices. Students were encouraged to: (i) regularise their sleep schedule by getting up earlier on weekends (to address delayed sleep timing); (ii) follow stimulus control therapy instructions (to address sleep-onset insomnia); and (iii) adopt cognitive and behavioural strategies (to reduce anxious thoughts at bedtime and poor sleep hygiene).

The program was delivered in two secondary schools in Adelaide, South Australia. Both schools provided one class to participate in the sleep-intervention program and a second class, who attended classes as usual, as a control group. Students completed a questionnaire battery one week prior to starting the program, one week after completion of the program, and six weeks after completion.

## Reflections (Part 1)

Pre-program sleep measures indicated that sleep problems were prevalent among adolescents (e.g., >50% reported difficulty falling sleep and insufficient sleep – less than 8 hrs – on school nights; more than 75% slept-in >2 hours on weekend mornings). Forty four percent were identified as having delayed sleep timing (DST) (i.e., >2 hours weekend sleep-in and insufficient school-night sleep).

Comparison of pre- and post-intervention results on a sleep knowledge quiz showed that students in the intervention classes increased their knowledge about sleep. However, as the control class did not complete the quiz, it could not be stated that sleep knowledge had increased as a direct result of the intervention. The study did show that students with DST in the intervention class significantly reduced their weekend sleep-in (by 30 min) at post-program when compared with their

counterparts in the control classes. This indicated that the simple behavioural strategy of regularising bedtimes could be a key technique in alleviating adolescent sleep problems. However, although the difference was statistically significant it was not clinically significant, with mean weekend sleep-in still well above the cut-off of 2 hours. There were no other effects on other sleep measures, and the regularisation with the DST students disappeared by the six-week follow-up.

Given evidence that adolescents do not routinely seek treatment for sleep problems, the retention rate of 83 per cent for those in the intervention program showed the potential for school-based sleep intervention programs to reach adolescents in their own environment. Student feedback suggested that while students wanted more sleep, they did *not* want to change their weekend and school morning behaviour to do this. The students' honesty suggested that there was no need to disguise sleep content within a broader program. Future programs could specifically provide more convincing information to motivate adolescents to change unhelpful sleep behaviours.

## **The Action (Part 2)**

A revised version of the program was developed and implemented two years later (Cain, Gradisar & Moseley, 2011). Considering students improved their sleep knowledge but remained ambivalent about reducing their weekend sleep-ins, the initial program was modified to incorporate principles of Motivational Interviewing aimed at improving students' motivation to change their weekend sleep behaviours. More interactive learning activities were included in the revised program, which focused solely on sleep.

The modified program included: (i) psycho-education to raise adolescents' awareness of their sleep health; (ii) decisional balance sheets and role-plays to raise ambivalence and motivate adolescents towards changing their behaviour; (iii) a behavioural experiment to engage adolescents in changing their sleep behaviours; and (iv) discussion on maintaining healthy sleep behaviours and relapse prevention. Program lessons were again held once per week for four weeks and students completed questionnaires pre- and post-intervention and at six-week follow up. Sleep knowledge was assessed for both classes pre- and post-program.

## Reflections (Part 2)

Similar to the previous study, sleep problems were common (e.g., 37.9% reported difficulty falling sleep, 59.2% reported insufficient sleep on school nights, and 74.8% reported a >2 hour weekend sleep-in).

Significant improvements were seen in students' sleep knowledge in the intervention classes relative to the control class. Furthermore, students' motivation to regularise their out-of-bed times increased during the program. A large proportion of students attempted to change aspects of their sleep-related behaviour. However, students found it very difficult to maintain these changes, with improvements in students' sleep (e.g., getting sufficient sleep, easier to fall asleep) not being significantly different from those in the control class.

Overall, our research has demonstrated that an increase in sleep knowledge does not always translate into changes in behaviour that are maintained over time. While our results suggest that school-based interventions can improve students' motivation to change sleep-related behaviours, and students are happy to engage with homework-based behavioural experiments, future research will need to focus on motivating students to maintain these changes over time.

## References

- Bootzin, R. R., & Stevens, S. J. (2005). Adolescents, substance abuse, and the treatment of insomnia and daytime sleepiness. *Clinical Psychology Review, 25*, 629-644.
- Cain, N., Gradisar, M., & Moseley, L. (2011). A motivational school-based sleep intervention for adolescent sleep problems. *Sleep Medicine, 12*, 246-251.
- Moseley, L., & Gradisar, M. (2009). Evaluation of a school-based intervention for adolescent sleep problems. *Sleep, 32*, 334-343.

# Portrait 5

## KidsMatter evaluation: Producing evidence-based research that matters

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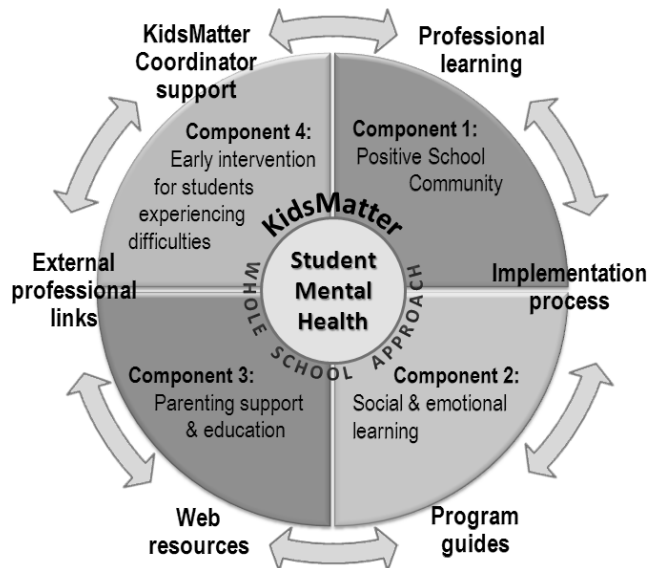
### The Challenge

If we want more evidence-based practice, we need more practice-based evidence. (Green & Glasgow, 2006, p.126)

It is well accepted that education is positively related to health, and that schools can play a key role in promoting healthy behaviours and attitudes. Improving our understanding of the relationship between education and health will help to identify where interventions, such as KidsMatter, are most appropriate and effective in improving both individual and population health. KidsMatter Primary is the Australian mental health promotion, prevention and early intervention initiative. As an intervention, KidsMatter acts to make this relationship explicit, by providing an educative framework to promote student mental health and wellbeing, which further facilitates a cycle of improved educational and health outcomes for students.

The KidsMatter model, shown in Figure P5.1, involves a whole-school systemic approach guided by a four-component framework, with the aims of (a) improving mental health and wellbeing of the students, (b) reducing mental health problems among students, and (c) achieving greater support for students experiencing mental health problems (Slee et al., 2009).





**Figure P5.1. The KidsMatter Primary model**

The KidsMatter model is designed to be a completely integrated part of a school's community and operation, and recognises that the positive development of students' mental health is situated in complex and dynamic systems. Evaluating a complex framework in complex environments also makes the evaluation itself unavoidably complex, particularly if it is to provide a strong evidence-base that informs national policy and funding decisions. A team comprising Flinders University's SWAPv members undertook the evaluation of KidsMatter Primary and was faced with this challenge.

## The Action

KidsMatter Primary commenced in 2006 as an ambitious trial in 101 primary schools across Australia. It was underpinned by a strong theoretical foundation, and efficacy trials were implemented with sufficient infrastructure and funding at federal level. The importance of what KidsMatter could mean for the future of Australian children, and the significance of this federally funded project, placed substantial responsibility on the Flinders University research team – responsibility to get the evaluation 'right', in terms of providing a comprehensive and statistically rigorous defensible report, accessible to an educated audience. Foundational to achieving this outcome were four cornerstones.

*Diverse expertise.* At every stage of the complex endeavour, elegant solutions to problems needed to be found through innovation and perseverance. Bringing together a diverse skill-set of practical and

theoretical expertise among a dedicated evaluation team ensured the final products were of the highest standard.

*Embracing collaborative complexity.* Evaluations, by nature, can put people on edge, and this can be further compounded by the stigma attached to mental health. Relationship building and developing a trusting collaborative partnership among all stakeholders was paramount at all stages. Managing this complexity served to ensure that research design and execution were responsive to project requirements and sensitive to the culture and capacity of participating school communities. The benefits of generating ‘good will’ through face-to-face, phone, email, Web 2.0 technologies, and written methods, optimised cooperation and resulted in high participation and engagement that facilitated the translation of analysis into a readable report, delivered on time.

*Valuing the time quality takes.* Collaborative research in all its forms takes time – time to meet and to work with participants, time to write informative progress reports, time to prepare data carefully and develop appropriate analytical methods, and time to translate the findings in order to achieve maximum reach.

*Rigour versus reach.* These ideals are usually at opposite ends of a continuum. The more specific and statistical a report, the less accessible to a general audience that report becomes. Hargreaves (2000) summed it up nicely: “Educational researchers write mainly for each other in their countless academic journals, which are not to be found in a school staffroom” (p.202). Regardless of what the results of the evaluation were, they had to be translated and understood, first by the team, and later by government advisors and school principals alike. The simple solution to this challenge was to produce two reports developed as two sides of the same coin: a highly accessible ‘popular’ Final Report (Slee et al., 2009), and a highly analytical Technical Report (Dix et al., 2010).

## Reflections

Producing educational research that has national impact is rare. One of the clearest findings, translated from complex statistical modelling into meaningful information, was the improvement in mental health of 1 in 20 students. Nearly one child in every classroom was less disruptive, less confrontational, more settled, and able to learn – a result attributable to the effectiveness of KidsMatter. On the basis of this and other positive evidence provided in the comprehensive Final Report, the Australian Government announced at the start of 2010, A\$18.4

million for the national rollout of KidsMatter Primary to 2100 schools by 2014, and the trial of KidsMatter in Early Childhood. This was a highly successful outcome and the future mental health of our children looks optimistic. This was also a successful outcome for the Flinders evaluation team and a measure of the quality of the research undertaken – or was it?

Schools of Education in Australian universities are well placed to produce the type of high-quality educational research increasingly demanded by government to inform their policy-making decisions. From this perspective there is an increasing need for undertaking practice-based evidence to inform evidence-based practice.

However, running counter to addressing this need is the unprecedented pressure to publish. Often the research that is born out of community and industry collaboration, that has the greatest opportunity to inform policy, is not initially publishable in scholarly journals. Time taken to nurture collaborative partnerships and generate ‘good will’ is time taken away from writing for scholarly publication. The evaluation of KidsMatter is a lived example.

This tension between conducting research that matters at the expense of career advancement is an important issue, particularly for early career academics. In the current Australian climate, the *quantity* of articles in so-called ‘A-listed’ journals is valued over and above the production of *quality* commissioned reports. The focus in Higher Education to support early career researchers seems amiss in the field of education. The wealth of experience, knowledge and professional development that comes from engaging in such projects should be career forming and not conditional on scholarly output as the only measure of success.

## References

- Dix, K.L., Keeves, J.P., Slee, P.T., Lawson, M.J., Russell, A., Askill-Williams, H., ... Spears, B. (2010). *KidsMatter Primary evaluation technical report*. Adelaide: Shannon Research Press.
- Green, L .W., & Glasgow, R. E. (2006). Evaluating the relevance, generalization, and applicability of research. *Evaluation and the Health Professions*, 29(1), 126-153.
- Hargreaves, D. H. (2000). Teaching as a research-based profession: Possibilities and prospects. In B. Moon, J. Butcher, & E. Bird (Eds.), *Leading professional development in education* (pp. 200-210). London: Routledge and Falmer.
- Slee, P.T., Lawson, M.J., Russell, A., Askill-Williams, H., Dix, K.L., Owens, L., ... Spears, B. (2009). *KidsMatter Primary evaluation final report*. Melbourne: beyondblue.

# Portrait 6

## Children's own initiative to change their school: A glimmer of hope after a tragic incident

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### **The Challenge**

One of my colleagues was knifed to death, in the back, at his school. It was on 14th February, 2005. The attacker was a 17-year-old boy who had graduated from the school several years before. Some newspapers reported that the boy was trying to kill not the victim, but his ex-teacher who was not there on that day. The reports also assumed that his unhappy school days were due to not getting on well with his friends.

The news really shook Japanese society and teachers. However, this shocking stone was thrown not into a calm pond, but into already choppy waters. Teachers were too busy to cope with daily challenges such as bullying, school non-attendance and delinquency, and this dreadful incident further undermined teachers' efforts. In April 2006, the students who had lost their teacher entered junior high (JH) school. They were very vulnerable to even minor problems.

Some teachers were helpless in coping with the situation and the relationship between elementary and JH schools got worse, as they did not know how to collaborate with one another. Parents and people living nearby were worried about students' behaviour and watched them nervously. There was an atmosphere of distrust among students,

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Takeuchi, K. (2011). Children's own initiative to change their school: A glimmer of hope after a tragic incident. In R.H. Shute, P.T. Slee, R. Murray-Harvey, & K.L. Dix (Eds.), *Mental health and wellbeing: Educational perspectives*, (pp.347-350). Adelaide: Shannon Research Press.

teachers and other adults. It was like a dark night after a devastating disaster. We JH school teachers had no plan, though we had to manage somehow. Some teachers scolded students on a daily basis, talked with their parents and even rang the police for help. We tried everything possible, but in vain.

## The Action

One day we had a meeting to talk with the students' teachers from the elementary schools, discussing ways to improve matters. The elementary school teachers told us, "You have to believe the students; only they know the way." At first, this was too difficult for us, but eventually we had no option but to try.

We stopped scolding loudly and started to talk calmly with the students. I myself even practised smiling in the mirror when shaving in the morning, and began to greet students at the school gate with a welcoming smile. Little by little, students began to tell us what they were feeling and why they did not obey teachers. We decided never to put forward our own ideas until students had presented their own. At first, only a few students listened to our words seriously. Then, when teachers truthfully confessed that they needed students' collaboration, children began to put forward their own ideas. They had unique ways of thinking, and their own logic for coping!

The teachers and students met many times in order to make our school better. Soon we teachers realised to what extent we did not know the actual situations of our students: only the children themselves knew what was really happening in our school. We discussed at staff meetings what students told us. We decided to believe them.

One day all the classrooms became full of paper planes made of exam papers. Posters warning about this activity, beautifully made by teachers, were soon torn off. Teachers were continually picking up the rubbish created by students, but we knew it was not the best way. So we talked with the students about what to do. They came to us to say, "We can change it!" and organised a volunteer team named SVT (Small Volunteer Team) to pick up the paper planes. Surprisingly, paper planes were never again thrown after their activity began.

We teachers praised them and asked them to give us more ideas to make our school better. They discussed this and presented three goals: 'A beautiful school', 'Keeping time', and 'Reducing bullying'. Teachers' support took the form of facilitating discussion and determining what kinds of things SVT members could decide and act

upon. The only thing the students were afraid of was negative rumour-mongering concerning their activities, for example, being regarded as teachers' pets. We countered this by inviting the involvement of a male student who was popular among the students, including the less well-behaved ones.

The SVT did many things to make our school better. They picked up rubbish during every recess and produced handwritten anti-littering posters; after that there was no rubbish in the corridor. A 'seating competition' solved the problem of students being late for class. They carried out questionnaire research and used it to write and act an anti-bullying drama. This created a glimmer of hope. Little by little, our school became a comfortable place for everyone.

Our school's practice was soon adopted by all JH schools in Neyagawa city. The first Student Summit of the schools was held in 2007 by student councils of 12 JH schools. Then, they discussed what they could do for their peers, and began to tackle bullying, to keep the schools clean, and to greet each other in a bright voice. Concerning bullying in particular, students again conducted a survey about their peers' conditions and opinions about school life. This revealed that the older students were no more willing to stop bullying than the younger ones; on the contrary, the responses 'to do nothing' [about bullying], 'to watch for fun', and 'to join in bullying' actually increased with grade.

To change these attitudes, Summit members decided to use the medium of drama, following the example of the first school. The story was written and acted by the students. The drama, which vividly described severe peer-relations difficulties, made a strong impact on audience members, bringing to tears many teachers who watched it. The Student Summit continued to produce new dramas yearly, and the number of bullying incidents reported in Neyagawa city has decreased by half.

The drama and other activities were often reported by TV and newspapers, and this enhanced the children's self-confidence. Residents living near to schools are no longer afraid of students and have changed their way of talking to them, from punitive to positive. Such interest and appreciation from the media and local society worked as real incentives for the students. Teachers were satisfied to see a circle of mutual trust slowly spreading, but some of the children were not fully satisfied with their great achievements, insisting that their purpose was not to 'decrease' bullying, but to 'exterminate' it.

The drama performance was invited by the Japanese Ministry of Education, Culture, Sports, Science and Technology to be shown to teachers from all over Japan. However, the plan was postponed due to the earthquake and associated disasters that happened on 11<sup>th</sup> March, 2011. At that point, students decided to change their focus of activity to help people in East Japan, collecting donations for them and so on.

## **Reflections**

The school community that faced challenges, and even tragedy, was able to move forward when teachers were prepared to adopt a collaborative stance with students. However, it was important for teachers to establish boundaries for student input. Positive change can spread gradually to the local community and beyond. The Student Summit will hopefully continue to provide a platform for student collaboration and mutual support, and they may continue to review their practices with us teachers. Although further tremors may shake our schools or society, we believe in the power and wisdom of younger generations.

# Portrait 7

## Ngarrindjeri Ruwe/Ruwar: Wellbeing through Caring for Country

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*Indigenous Australian philosophies of being are based on an interconnection between country, body and spirit. This interconnection is fundamental to wellbeing. The Ngarrindjeri nation in southern South Australia use the term Ruwe/Ruwar to encapsulate this concept and argue that healthy lands and waters are critical to healthy Ngarrindjeri people and culture. Ngarrindjeri have responsibility to care for Ruwe/Ruwar and are engaging in negotiations and agreement making with South Australian authorities to transform the existing natural resource and heritage management regimes in the region towards recognition and support for healthy Ngarrindjeri Ruwe/Ruwar. Underpinning these negotiations is a long-term Ngarrindjeri educational and political strategy.*

### Introduction

In 2009 the Ngarrindjeri nation in South Australia negotiated a new agreement with the State of South Australia that recognised traditional ownership of Ngarrindjeri lands and waters and established a process for negotiating and supporting Ngarrindjeri rights and responsibilities



for country (*Ruwe*) (see Hemming, Rigney & Berg, 2011). In line with Ngarrindjeri political and legal strategies, it takes the form of a whole-of-government, contract agreement between the Ngarrindjeri nation and the State of South Australia. Called a *Kungun Ngarrindjeri Yunnan* agreement (KNY: Listen to what Ngarrindjeri have to say), it provides for a resourced, formal structure for meetings and negotiations between the Ngarrindjeri Regional Authority (NRA: peak body) and government, universities and other non-Indigenous organisations (see Ngarrindjeri Nation, 2006). The NRA includes in its vision for Ngarrindjeri people, the following overarching statement:

Our Lands, Our Waters, Our People, All Living Things are connected. We implore people to respect our Ruwe (Country) as it was created in the Kaldowinyeri (the Creation). We long for sparkling, clean waters, healthy land and people and all living things. We long for the Yarlularu (Sea Country) of our ancestors. Our vision is all people Caring, Sharing, Knowing and Respecting the lands, the waters and all living things. (Ngarrindjeri Nation, 2006, p.5)

This vision makes clear the essential link between the wellbeing of Ngarrindjeri individuals, families, communities, and the place-based consciousness/pedagogy through connection to lands and waters. This Ngarrindjeri worldview is gaining high-level acceptance in the non-Indigenous context through official State Government recognition of the *Ngarrindjeri Nation Yarlularu-Ruwe Plan* (2006) and KNY agreements. Since the 1980s Ngarrindjeri educational programs such as *Camp Coorong: Race Relations and Education Centre* have developed and promoted it. It is also publicised through publications, Ngarrindjeri contributions to State education curricula, and cultural exhibitions in museums and art galleries (see Hemming, Rigney & Berg, 2010). In recent years the Ngarrindjeri political strategy, relying on a shift in non-Indigenous acceptance of Ngarrindjeri beliefs and traditions, has challenged the South Australian government to provide Ngarrindjeri with the capacity to take a leading role in caring for Ngarrindjeri country.

## The Challenge

Ngarrindjeri leaders argue that non-Indigenous respect for Ngarrindjeri beliefs and traditions is fundamental to social justice and is crucial in programs aimed at positive community development if ‘closing the gap’ between Indigenous and non-Indigenous Australians is to be achieved. In the twenty-first century, Ngarrindjeri have identified as a crucial challenge, the creation of a future centred on caring for country, which incorporates respect for traditions, cultural responsibility, self-

determination and economic development. Ngarrindjeri reconciliatory and broader educational initiatives require a parallel, strategic socio-political plan for a healthy future for Ngarrindjeri people. The severe drought devastating the Murray Darling Basin in the 2000s framed this ongoing Indigenous community challenge. Ngarrindjeri leaders sought a path through this environmental disaster that brought with it a greater opportunity for Ngarrindjeri to develop a long-term Ngarrindjeri Caring for Country program aimed at education, training, employment and a sustainable Ngarrindjeri regional economy.

## The Action

In 2009 a whole-of-government KNY agreement was set in place to frame the Ngarrindjeri strategy for negotiating Ngarrindjeri interests in NRM and, in particular, to enable Ngarrindjeri a key role in the South Australian government's long-term plan for the Coorong, Lower Lakes and Murray Mouth. This is a legal, binding agreement entered into between Ngarrindjeri and various Ministers of the Crown in South Australia to articulate specific rights and obligations that provide the beginnings of a new, more just relationship between the State and the Ngarrindjeri nation. Recitals D and E (KNY 2009 in Hemming, Rigney & Berg, 2011, p.110) provide an indication of the intentions of the agreement:

D. The Ministers have expressed a desire for a new relationship between the State of South Australia and Ngarrindjeri based upon mutual respect and trust acknowledging that Ngarrindjeri consider protection and maintenance of culture and cultural sites upon its land and water central in every respect to Ngarrindjeri community well being and existence.

E. By this Agreement the Ministers wish to provide support and resources to the Ngarrindjeri Regional Authority Inc and enter into negotiations and consultations with the Ngarrindjeri about the maintenance and protection of Ngarrindjeri culture and cultural sites and the natural resources of the Land [lands and waters].

This KNY agreement provides for the establishment and funding of a joint taskforce, creating a formal context for the NRA to negotiate with the South Australian government regarding its programs on Ngarrindjeri *Ruwe/Ruwar*. The agreement also includes recognition of Ngarrindjeri traditional ownership, the NRA as the Ngarrindjeri peak body, and an agreement to negotiate on key long-held Ngarrindjeri objectives such as the hand-back of the Coorong National Park. KNY taskforce meetings provide a forum for the NRA to work with the State government to build Ngarrindjeri Caring for Country programs, and to secure the resourcing and expertise to effectively respond to

government demands on Ngarrindjeri ‘informed consent’ and Ngarrindjeri ‘participation’ in the State’s environmental programs. Through a Federal/State Regional Partnership Agreement, the 2009 KNY agreement, and the Ngarrindjeri Partnerships Project (part of the State’s Murray Futures Program), the NRA has secured the establishment of specialised positions that support the ongoing responsibility of Ngarrindjeri people for maintaining the wellbeing of *Ruwe/Ruwar*. These funded programs also prioritise the development of Ngarrindjeri employment, training and economic opportunities associated with Caring for Country.

## Reflections

With formal agreements, careful planning and funded programs, the NRA has designed a strategic approach to secure improved Ngarrindjeri wellbeing for community, family and individuals. This approach to addressing Indigenous disadvantage and resultant poor health requires strong and experienced Indigenous leadership, partnerships with non-Indigenous specialists and generous government support. Governments need to support Indigenous self-determination through long-term, coordinated, regional programs. North American studies have shown that improved Indigenous wellbeing can be directly linked to governance, self-determination and economic development (see Hemming, Rigney & Berg, 2011).

## References

- Hemming, S., Rigney, D., & Berg, S. (2011). Ngarrindjeri futures: Negotiation, governance and environmental management, In S. Maddison, & M. Brigg (Eds.), *Unsettling the Settler State: Creativity and resistance in Indigenous-Settler state governance* (pp.98-115). Annandale, NSW: Federations.
- Hemming, S., Rigney, D., & Berg, S. (2010). Researching on Ngarrindjeri Ruwe/Ruwar: Methodologies for positive transformation. *Australian Aboriginal Studies*, 2, 92-106.
- Ngarrindjeri Nation. (2006). *Ngarrindjeri Nation Yarluywar-Ruwe Plan: Caring for Ngarrindjeri sea country and culture*, prepared by the Ngarrindjeri Tendi, Ngarrindjeri Heritage Committee and Ngarrindjeri Native Title Management Committee, Ngarrindjeri Land and Progress Association, Camp Coorong, Meningie, SA. Retrieved from: [www.environment.gov.au/indigenous/publications/pubs/ngarrindjeri-spc-2006-1.pdf](http://www.environment.gov.au/indigenous/publications/pubs/ngarrindjeri-spc-2006-1.pdf)



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**In Closing**

## **In closing**

The final editorial chapter by Rosalyn Shute draws out from the various chapters and Portraits of Practice a number of recurring themes, linking them with other research literature and touching upon recent world events. She rounds off the book by suggesting some challenges for the future.

# 27

## Educational perspectives on mental health and wellbeing: Themes and future directions

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*This final chapter draws together some of the main themes emerging from the preceding chapters and Portraits of Practice. A positive approach to mental health and wellbeing in educational contexts is apparent, and a systemic, or ecological, perspective emerges as an overarching theme. Within this is nested an understanding of educational contexts as essentially relational in nature. While educators worldwide can learn valuable lessons from one another, it is also essential to bear in mind local conditions and cultural differences, not only between countries but also between different organisations endeavouring to work together. In keeping with an ecological or relational perspective, the wellbeing of teachers as well as students must be considered, as well as the relationship between pedagogy and student wellbeing. Creating an appropriate knowledge base, and an understanding of, and respect for, the emerging evidence is essential. A growing appreciation of the role of educational contexts for promoting good student mental health and wellbeing has profound implications for teacher preservice and inservice education. Finally, some challenges for the future are considered.*

## Introduction

It has been a privilege to gather together the work of the contributors to this book. Coming from a range of countries and disciplinary and professional backgrounds, they have clearly laid out their perspectives on the actual and potential role of educational contexts for promoting good mental health and wellbeing, through their theoretical and empirical contributions and some inspiring personal stories. They demonstrate that education can shape wellbeing both through formal delivery of social-emotional programs (e.g., Dix, Portrait 5), through pedagogy (e.g., Jarvis, Chapter 20) and through informal routes such as everyday interactions between teachers and students (e.g., Shute, Chapter 11).

The contributors have also thrown out various challenges that must be faced if educational contexts are to fulfil their potential as spaces where individuals not only learn, but *become*, in a positive way. While there are many lessons to be gleaned from the various contributions, this chapter draws out some recurring themes and identifies some pathways for the future.

## Context

As explained in the Foreword, this book is an initiative of SWAPv (Student Wellbeing and Prevention of Violence), a research centre established at Flinders University, South Australia, in 2010.

## Key Issues

### A positive approach

The opening chapter (Keeves & I Gusti Ngurah) concluded that there is good reason to be broadly optimistic about worldwide wellbeing, in the wake of international moves towards '*Education for All*'. Many other contributions are similarly characterised by a positive approach, in contrast to a traditional deficit-based model of mental health (Van Deur, Chapter 6). There is a focus on the importance of creating caring relationships in schools, drawing upon students' strengths, engaging them meaningfully in learning (Cooper, Chapter 3), promoting resilience (Welch, Chapter 17) and celebrating success (Lines, Portrait 3).

### A systemic or ecological perspective

Also apparent at many points, explicitly or implicitly, is recognition of the need to take a systemic or ecological perspective on mental health

(e.g., Cefai, Chapter 2). Discourse and practice in mental health have hitherto been dominated by psychiatric diagnostic systems, privileging a biologically-based perspective, locating ‘faults’ in individuals, and discouraging a focus on contextual issues (Slee & Shute, 2003, p.41). By contrast, building upon the work of Bronfenbrenner (1974), a systemic or ecological perspective views individuals as developing within a web of interconnected and mutually-influential networks made up of other individuals and contexts such as families, peer groups, schools and countries (e.g., Keeves & I Gusti Ngurah, Chapter 1). Social-emotional or behavioural difficulties displayed by a particular student may result from an interaction between the environment and individual characteristics, an example being that biased teacher judgement of a student may actually foster deviant identity in that student (Cooper, Chapter 3).

A biosychosocial approach (Bronfenbrenner & Morris, 1998) is even more holistic, in recognising that an individual’s biological endowment is an integral part of a systemic approach. Portrait 4 (Gradisar, Cain & Moseley) exemplifies this: sleep problems in adolescents have become widespread in the face of recent lifestyle changes such as use of electronic communication devices late at night. Student wellbeing and learning are being affected to such an extent that there have even been calls to shift the start of the school day to accommodate these changes, though a socially less disruptive option may be for parents to set bedtimes for their adolescent children; this is known to be associated with better daytime wakefulness and less fatigue (Short, Gradisar, Wright, Lack, Dohnt & Carskadan, 2011).

A public health perspective (Peppard & Assaf, Chapter 26; Srabstein, Chapter 25) is in keeping with these broader approaches to mental health and wellbeing. It may help to build bridges between the clinic, the school and the broader community, by giving more recognition to interpersonal and societal factors that cause, maintain or protect against mental health problems, as well as giving a greater impetus to preventative measures in educational settings.

The various contexts within which children develop present both risks and opportunities for their wellbeing (Hetzl, 2010). The main context considered in this book is the school. However, this is not a walled-in institution: individual students bring qualities from their family and community that affect the functioning of the school, while events on school premises can spread to the broader community. An example of a risk factor spreading from the school would be when a school bullying culture spills over into later domestic violence (Slee & Murray-Harvey,



Chapter 7; Toda, Chapter 15). Conversely, positive change within a school has the potential to spread beneficial ripples to the local community and beyond, as demonstrated by Takeuchi (Portrait 6).

A systemic perspective is evidenced by a strong recognition that relationships within educational contexts and with external entities are crucial for student wellbeing. This is exemplified by the ‘whole-school’ approach to school bullying (Srabstein, Chapter 25) and by education policy aimed at creating synergy between a range of collaborators to promote learner wellbeing (Warren, Koen & Burrows, Ch. 5). A lack of a high-level supportive framework, in the form of appropriate legislation or government directives, can make it impossible for local policy-makers or practitioners to implement change that they perceive is needed (Skrzypiec, Roussi-Vergou & Andreou, Chapter 22). Lobbying for legislative change is therefore one path towards promoting good mental health and wellbeing (Srabstein, Chapter 25). On the other hand, we are warned that it is important not to see legislative change as a ‘fix’ for issues such as cyberbullying that are, at their core, based on relationships (Campbell, Chapter 8). Furthermore, those responsible for program delivery can resent top-down directives (Toda, Chapter 15). Therefore, it is important to ensure that new initiatives engage teachers. Building upon what teachers already know (Askell-Williams & Lawson, Chapter 13), engaging them in programs of inquiry (Warren, Koen & Burrows, Chapter 5) or taking up good grassroots initiatives (Takeuchi, Portrait 6) are all possible avenues for success. While high-level, government, initiatives can be positive, such as the requirement in Australia for all schools to address bullying (Ministerial Council for Education, Employment, Training and Youth Affairs, 2003), and in Spain for ‘*convivencia*’ to be promoted (Feria, Ortega & Del Rey, Chapter 16), some initiatives can filter down to the classroom with unintended negative consequences; it is argued that a national curriculum may act against teaching for a diversity of students, to the detriment of their current wellbeing and future prospects (Grandin, Chapter 19).

A truly holistic perspective on mental health and wellbeing of communities can be seen in the Australian Indigenous Practice Portrait (Hemming & Rigney, Portrait 7). The importance of connection with the natural world for wellbeing, integral to such Indigenous philosophies, is supported by recent research and acknowledged by the World Health Organization (Maller, Townsend, Pryor, Brown & St Leger, 2005). However, as the world population grows and more countries become industrialised and ‘developed’, biodiversity and natural spaces are being lost at an enormous rate and individuals are

losing their connectedness with nature (ibid.). It is interesting, therefore, that public health students in Lebanon came to realise this through a research project, but that it took a novel photographic method for them to do so (Peppard & Assaf, Chapter 26). New methods of inquiry may help to create new insights.

In order for a systemic approach to work in practice, it is necessary for established boundaries to be crossed and for individuals to work outside their usual zone of comfort (Wotherspoon, Cox & Slee, Chapter 23). Some concrete ways to facilitate collaboration across organisations, such as problem-based learning, are suggested by Hughes (Chapter 24).

### **Cultural issues**

One kind of boundary to be crossed, within an ecological framework, is that between cultures. For example, simply transposing a wellbeing program into another culture is doomed to failure if local conditions, customs and values are not taken into account. That quickly became apparent when an attempt was made to import an Australian bullying prevention program into Greece (Skrzypiec, Roussi-Vergou & Andreou, Chapter 22). A similar issue has been seen in Japan, where Toda (personal communication, 2009) has likened imported programs to Japanese *an pan* – these buns have bread (a non-traditional food in Japan) on the outside, but enclose sweet beanpaste – in other words, a program that looks superficially western must at its heart be Japanese in order to succeed there.

Locally, cultural differences may exist between organisations or disciplines, but with goodwill, time, effort and a common goal, these can come together to produce valuable outcomes, whether a video resource for bullying prevention (Wotherspoon, Cox & Slee, Chapter 23) or the provision of more effective services for children at risk (Hughes, Chapter 24).

### **A relationships focus**

In accord with a systemic approach, a focus on relationships is apparent. This comes through in discussions of bullying research, where the original focus on individuals who bully and on their victims is giving way to a relationships-oriented view (e.g., Slee & Murray-Harvey, Chapter 7). The quality of teacher-student relationships as a determinant of student help-seeking from teachers is discussed by Shute (Chapter 11), while relationship quality is seen as central for bullying prevention (Feria, Ortega & Del Rey, Chapter 16; Toda,

Chapter 15) and recovery from trauma (Welch, Chapter 17). The positive Hispanic notion of *convivencia*, or living together (Feria, Ortega & Del Rey, Chapter 16), reflects a collective view of society that runs counter to the individualistic view prevalent in many western cultures (Slee & Shute, 2003, p.149). Many of the contributions to this book suggest that western researchers and educators are becoming increasingly conscious of the need to move away from a perspective on mental health based upon individual dysfunction.

### **Individual characteristics as a target for intervention**

Viewing mental health and wellbeing through an ecological, systemic or relationships-based lens does not mean that the individual becomes unimportant. Individual characteristics affect relationships, wellbeing and learning, and therefore can be suitable points for intervention. Teaching for diversity, for example, means being sensitive to the needs of individual students (Grandin, Chapter 19; Jarvis, Chapter 20), such as whether there is a disability impacting upon their learning or wellbeing (Dix, Chapter 4). If a student thinks in a distorted way about peer relationships, antisocial behaviour can result (Owens, Skrzypiec & Wadham, Chapter 10). Two Portraits of Practice provide examples of individual intervention with students to improve peer relationships: an educational psychologist's use of cognitive behaviour therapy with students with Asperger's Syndrome (MacKay & Greig, Portrait 1), and a teacher using a narrative method to assist girls involved in social aggression (Willer, Portrait 2). The characteristics of individual teachers also contribute to school climate, for example, whether they are able to empathise with victimised students or perceive indirect aggression as serious enough to warrant their intervention (Shute, Chapter 11).

### **Pedagogy and student wellbeing**

It is well accepted that students with social-emotional or behavioural problems face an uphill battle to make the most of their educational opportunities, and enhancing learning outcomes and future life chances is a strong reason for addressing mental health problems. However, the possibility of the reverse situation is also raised – that the process of teaching affects student mental health. While the mutual influence of learning and wellbeing is beginning to be acknowledged in education policy (Warren, Koen & Burrows, Chapter 5), the potential effect of pedagogy on student mental health is a neglected area of research (Grandin, Chapter 19; Jarvis, Chapter 20). Lawson and Askell-Williams (Chapter 21) argue that, as social-emotional learning becomes

integrated into the mainstream curriculum, both can benefit from a focus on self-regulatory processes.

### **Teacher education and wellbeing**

At various points in this book it is claimed that teachers are being expected, or recommended, to undertake tasks for which they are ill-prepared. Dix and Murray-Harvey (Chapter 12) note the lack of research into teacher professional learning, and propose what its essential elements should be. Other broad guidelines proposed for professional learning, as mentioned previously, include building on what teachers already know (Askill-Williams & Lawson, Chapter 13) and engaging them as partners in inquiry (Warren, Koen & Burrows, Chapter 5).

While most contributors have focused upon the wellbeing of students, teachers' own wellbeing must not be forgotten, both for the sake of the teachers themselves and because they are in a reciprocal relationship with their students. For example, some interactions with students can create stress, or even fear, for teachers (Wyra, Lawson & Askill-Williams, Chapter 14). It is inevitable that teachers will face challenging situations in school on a daily basis, not only from students but also (and perhaps especially) from colleagues, and mindfulness training potentially offers a way to help teachers to take control of their emotions in a way that is both calming and productive (Burrows, Chapter 18). Furthermore, there is some evidence of mental health benefits to teachers who implement wellbeing programs with their students (Tyson, Roberts & Kane, 2009).

### **The role of evidence**

The importance of systematic, evidence-based and appropriately targeted approaches to social and emotional learning is evident throughout this book, which is replete with examples of quantitative and qualitative research and guidelines for practice. The need for baseline data for program evaluation is recognised (e.g., Campbell, Chapter 8). This is being addressed at a national level in Australia, with the recent establishment of the Australian Early Development Index, which in 2009 provided information about the development of 98 per cent of children across Australia in their first year of full time school (Brinkman, 2010).

Though researchers and policy makers emphasise the importance of a strong evidence base, it is of considerable concern that this does not appear to be a criterion that teachers use for selecting from the plethora

of available social-emotional programs (Cooper, Chapter 3). Teachers feel overwhelmed by the choice available (Dix & Murray-Harvey, Chapter 12; Toda, Chapter 15), and programs being pushed by those with particular interests may gain the upper hand (Toda, Chapter 15), regardless of effectiveness.

## **Educational Implications**

Perhaps the central implication to be drawn from all the contributions in this book is that mental health and wellbeing cannot be separated from the mainstream curriculum. While stand-alone programs are certainly one option for promoting social-emotional competence, wellbeing remains inevitably intertwined with teaching and learning across the board (Lawson & Askill-Williams, Chapter 21) and with the broader school climate. Many helpful practice guidelines have been presented in this book (e.g., Cefai, Chapter 2), and it is clear that the education of teachers and educational leaders is a central issue (e.g., Cooper, Chapter 3; Dix & Murray-Harvey, Chapter 12). Time and again contributors have mentioned the crucial role of leaders as setting the tone of a school, with school principals setting as much as 70 per cent of school climate (Warren, Koen & Burrows, Chapter 5).

The apparent lack of focus on evidence-based practice amongst teachers raises questions about how well-educated and well-resourced teachers and leaders are to be able to make good judgements about evidence. This is critically important at a time when science and science teaching are under public attack in some parts of the world, centred around certain religious views about the theory of evolution in the United States, and attacks on climate scientists in Australia, the United States and the United Kingdom. This is a concerning development for the future of evidence-based policy (Rosenstock & Lee, 2002).

## **Future Directions**

It goes without saying that ‘more research is needed’ into the various issues discussed in this book, but changes to teacher education and the translation of research findings into policy and practice seem to be two key issues for the future. Old definitions are also being challenged – for example, in the light of recent technological changes, does bullying need to be intentional and repeated? What other challenges and opportunities are new technologies offering? For example, young people may relate well to online mental health programs (Boyd, Aisbett, Francis, Kelly, Newnham & Newnham, 2006). Gender issues

are not prominent in the book, but the contributions by Spears, Jennifer and Williams (Chapter 9) and by Lines (Portrait 3) remind us that we must not neglect the impact of this dimension on wellbeing. Developmental issues, including lifelong learning, are also deserving of further consideration.

Although we have gathered together contributions from a number of countries, there are many missing, but important, voices. Economically rapidly developing countries such as India and China are not included, nor do we have contributions from South America or Africa, for example, nor from war-torn countries such as Iraq, though the after-effects of recent war years are seen in Peppard and Assaf's study in Lebanon (Chapter 26). The wellbeing of girls in South Africa is in a catastrophic state, with a girl born there today having a 50:50 chance of being raped and only a one in three chance of finishing school (Shields, 2010). Of the many millions of children of concern to the United Nations High Commissioner for Refugees, the majority are denied any educational opportunities (Right to Education Project, 2008). Indigenous voices also warrant further consideration, as globalisation further threatens customs, languages and sense of identity.

While the importance of families and their linkages with school are mentioned by numbers of contributors, this is another issue ripe for further exploration. Perhaps a lead could be taken here from Spain, with the idea of 'parents' schools', where they can learn about issues that affect their children (Feria, Ortega & Del Rey, Chapter 14). Parent-teacher partnerships are also important to examine. For example, young bullied children's wellbeing will be compromised if their parents' reports are not taken seriously by teachers (Humphrey & Crisp, 2008).

From a systemic perspective, future wellbeing initiatives will need to be responsive to emerging world events. This book was written during the upheavals of the Arab Spring and in the shadow of another looming global financial crisis with as many as 50 per cent of Spanish youth facing unemployment (BBC World Service radio report, 9.10.2011) and suicides and violence increasing in economically-struggling Greece (Kentikelenis, Karanikolos, Papanicolos, Basu, McKee & Stuckler, 2011). Rioting by youths has been seen on the streets of London.

All these examples draw fresh attention to issues of wellbeing even in affluent nations. It seems paradoxical that, as worldwide wellbeing measurably improves, mental health problems among young people are being identified as at epidemic levels in many industrialised nations, with high levels of problems such as depression, eating disorders and binge drinking. It is curious that Australia, despite being a wealthy

country and second only to Norway on objective measures of wellbeing (Keeves & I Gusti Ngurah, Chapter 1), is a place where “political rhetoric and social commentary continue to emphasise deprivation – as if we are living in the nineteenth century and the problems facing the country have arisen because we are not rich enough” (Hamilton & Denniss, 2005, p.3). Encouraging a sense of deprivation in a generally wealthy populace does not seem to be a recipe for creating a sense of wellbeing.

Reflecting on the London riots from a criminological perspective, Martin (2011) has suggested that these, in sharp contrast to those of the Arab Spring, were driven not by an explicit demand for political change, but by exclusion from consumer culture, combined with over-policing, in areas of entrenched relative deprivation. While policies to address poverty and growing wealth gaps are advocated (Fessler, 2011), broad concerns about the damaging effects of consumer culture have been expressed for some time:

The challenge facing us all – as relatives, teachers, friends – or even not-so-innocent bystanders – is to find ways to affirm children’s personal agency and their membership in a community of peers while insisting that they make the distinction between self worth and owning a Barbie or a Pokemon card – or anything, for that matter (Cook, 2001).

Perhaps the time has come to consider educating young people to challenge the consumer culture, in the same way that recent school-based programs are educating young people to challenge the damaging and unrealistic body images with which the media surround them (Wilksch & Wade, 2009).

Finally, it is time to hear more from children themselves (Van Deur, Chapter 6; Warren, Koen & Burrows, Chapter 5). Researchers are beginning to gain the perspectives of even young children on their own life experiences, resulting in rich information that complements that gained from significant others (e.g., Roberts & Shute, 2011). As Takeuchi (Portrait 6) says, on behalf of his teaching colleagues, “We believe in the power and wisdom of younger generations”.

## References

- BBC World Service radio report, 9 October 2011.
- Boyd, C. P., Aisbett, D. L., Francis, K., Kelly, M., Newnham, K., & Newnham, K. (2006). Issues in adolescent rural mental health in Australia. *Rural and Remote Health*, 6, 501. Retrieved from: [rrh.deakin.edu.au](http://rrh.deakin.edu.au).

- Brinkman, S. (2010). The Australian Early Development Index (AEDI). *Public Health Bulletin SA: Children and Public Health*, 7(3), 4-6.
- Bronfenbrenner, U. (1974). Developmental research, public policy, and the ecology of childhood. *Child Development*, 45(1), 1-5.
- Bronfenbrenner, U., & Morris, P. A. (1998). The ecology of developmental processes. In W. Denton (Series Ed.), & R. M. Lerner (Vol. Ed.), *Handbook of child psychology, Vol. 1 Theory*. New York: Wiley.
- Cook, D. (2001). Lunchbox hegemony? Kids and the marketplace – then and now. *LiP Magazine*, August 21. Retrieved from: [www.alternet.org/story/11370/lunchbox\\_hegemony\\_kids\\_%26\\_the\\_marketplace%2C\\_then\\_%26\\_now?page=5](http://www.alternet.org/story/11370/lunchbox_hegemony_kids_%26_the_marketplace%2C_then_%26_now?page=5)
- Fessler, P. (2011). New programs aim to close the wealth gap. *National Public Radio News*, 16 September. Retrieved from: [www.npr.org/2011/09/16/140438649/new-programs-aim-to-close-the-wealth-gap](http://www.npr.org/2011/09/16/140438649/new-programs-aim-to-close-the-wealth-gap)
- Hamilton, C., & Denniss, R. (2005). *Affluenza*. NSW: Allen & Unwin.
- Hetzel, D. (2010). Editorial. *Public Health Bulletin SA: Children and Public Health*, 7(3), 1-3.
- Humphrey, G., & Crisp, B. R. (2008). Bullying affects us too: Parental responses to bullying at kindergarten. *Australian Journal of Early Childhood*, 33 (1), 45-49.
- Kentikelenis, A., Karanikolos, M., Papanicolas, I., Basu, S., McKee, M., & Stuckler, D. (2011). Health effects of financial crisis: Omens of a Greek tragedy. *The Lancet Early Online Publication*, 10<sup>th</sup> October. DOI: 10.1016/S0140-6736(11)61556-0
- Maller, C., Townsend, M., Pryor, A., Brown, P., & St Leger, L. (2005). Healthy nature healthy people: ‘Contact with nature’ as an upstream health promotion intervention for populations. *Health Promotion International*, 21(1), 45-54.
- Martin, G. (2011). Why the U.K. riots have more to do with austerity than criminality. *On Line Opinion*. Retrieved from: [www.onlineopinion.com.au/view.asp?article=12470&pages=0](http://www.onlineopinion.com.au/view.asp?article=12470&pages=0)
- Ministerial Council for Education, Employment, Training and Youth Affairs, Student Learning and Support Services Taskforce (2003). *National Safe Schools Framework*. Retrieved from: [www.dest.gov.au/sectors/school\\_education/publications\\_resources/profiles](http://www.dest.gov.au/sectors/school_education/publications_resources/profiles)
- Right to Education Project (2008). Retrieved from: [www.right-to-education.org/node/618](http://www.right-to-education.org/node/618)
- Roberts, R., & Shute, R. (2011). Children’s experience of living with a craniofacial condition: Perspectives of children and parents. *Clinical Child Psychology and Psychiatry*, 16(3), 317-334.
- Rosenstock, L., & Lee, L.J. (2002). Attacks on science: The risk to evidence-based policy. *American Journal of Public Health*, 92(1), 14-18.
- Shields, R. (2010). South Africa’s shame: The rise of child rape. *The Independent*, 16<sup>th</sup> May. Retrieved from: [www.independent.co.uk/news/world/africa/south-africas-shame-the-rise-of-child-rape-1974578.html](http://www.independent.co.uk/news/world/africa/south-africas-shame-the-rise-of-child-rape-1974578.html)



- Short, M.A., Gradisar, M., Wright, H., Lack, L.C., Dohnt, H., & Carskadan, M.A. (2011). Time for bed: Parent-set bedtimes associated with improved sleep and daytime functioning in adolescents. *Sleep: Journal of Sleep and Sleep Disorders Research*, 34(6), 797-801.
- Slee, P., & Shute, R. (2003). *Child development: Thinking about theories*. London: Arnold.
- Tyson, O., Roberts, C. M., & Kane, R. (2009). Can implementation of a resilience program for primary school children enhance the mental health of teachers? *Australian Journal of Guidance and Counselling*, 19(2), 116-130.
- Wilksch, S. M., & Wade, T. (2009). Reduction of shape and weight concern in young adolescents: A 30-month controlled evaluation of a media literacy program. *Journal of the American Academy of Child and Adolescent Psychiatry*, 48(6), 652-661.

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*Mental Health and Wellbeing: Educational Perspectives* provides a significant overview of the matter of mental health and wellbeing with particular relevance to educational contexts. Comprising peer-reviewed chapter contributions from prominent Australian and international researchers and practitioners, this book presents an authoritative and diverse account of:

- links between wellbeing and learning
- interventions and initiatives in the field
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- policy and practice examples

This book is edited by Adjunct Professor Rosalyn Shute, with editorial contributions from Professor Phillip Slee, Professor Rosalind Murray-Harvey and Dr Katherine Dix, all of whom are members of the Flinders Centre for Student Wellbeing & Prevention of Violence (SWAPv), Flinders University, Adelaide, Australia.

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